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For all issues regarding the INT-JECSE, please contact Prof. Dr. Ibrahim H. Diken, Editor-In-Chief,
INT-JECSE, Anadolu University, Research Institute for Individuals with Disabilities
Yunus Emre Campus, 26470, Eskisehir, TURKEY,
Phone #: +90-222-3352914/3545, Fax #: +90-222-3352914
e-mail: ihdiken@anadolu.edu.tr ; intjecse@gmail.com

From the editors,

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Dear INT-JECSE readers and contributors,

We are excited to be with you with the first issue of the eleventh volume of the INT-JECSE. We would like to extend our appreciations to all who contributes by submitting or reviewing manuscripts or have been readers of the INT-JECSE. In our first issue of the eleventh year, you will find seven articles on various topics of young children with special needs and their families or professionals.

The first manuscript was written by Ardic and Cavkaytar, entitled “The effect of the psychoeducational group family education program for families of childrens with ASD on parents: A pilot study”, investigated the effect of the Psychoeducational Group Family Education Program (PGFEP), developed by the researchers for families of children diagnosed with ASD within 0-2 years, on parents' stress, depression, social support perception, and family functions. Authors examined the effect of the PGFEP with a pilot study before the main implementation. Design of the study was pre-test post-test weak experimental design. Wilcoxon signed-rank test was used to analyze the data. After analyze of data, authors reached that the PGFEP reduced the stress and depression levels of the parents and increased the level of perceived social support in general. Though, authors observed that the program did not have a statistically significant effect on the family functions of the parents of children with ASD.

Dinnebeil, Weber and Mcinerney in the second manuscript studied “The challenges of itinerant early childhood special education: the perspectives of practitioners” The purpose of this study was to understand the kinds of challenges that itinerant ECSE teachers from one state face. According to content analysis of comments related to professional challenges yielded six themes that focused on logistics, caseload, confidence and competence, characteristics of teachers, parents, or early childhood programs, accessing resources and professional support, and meeting the needs of specific children. The comments generally centered on three issue, these are characteristics of teachers, parents or early childhood programs. Implications of research for future research include the need for replication with other groups of itinerant teachers. Implications for practice focus on the need to better prepare ECSE teachers for roles as itinerants.

In the third manuscript, Gezer and Aksoy investigated perceptions of Turkish preschool teachers’ about their roles within the context of inclusive education. The aim of the study was to evaluate preschool teachers’ perceptions of their roles within the context of inclusion education. Authors used semi-structured interviews with the teachers and according to responses they discussed the teachers’ role perceptions under six themes. Teachers are aware of some, but not all of their roles and responsibilities required of them by the relevant special law. They have significant deficiencies in knowledge and strategies necessary to adequately fulfill their legally defined roles.

The fourth manuscript written by Macy examines naturalistic teaching approach used with young children to facilitate learning and development which is Activity-based intervention (ABI). According to her there is a shortage of literature on how to use ABI to facilitate the acquisition of a second language. In her paper she describes ABI, showcases studies on ABI used to enhance children's Communication or language development, and demonstrates a model for using ABI for second language acquisition.

With the title of "Multi-component professional development for early interventionists", Spence and Santos examined facilitators and barriers to changes in participants' practices in working with families in the early intervention system. Authors gathered the data on the efficacy of the training components used during the 4-day, multi-component linked series. According to participants report teaming and collaboration were effective facilitators for change, and administrative issues served as barriers to change. Participants also reported that group discussions and videos were the most effective components that assisted in changing practices.

The sixth manuscript written by Sandström, Lundqvist and Axelsson, entitled "Parents' ıdeal type approaches to early education pathways: life stories from Sweden", examined parents' stories about their children; their children's preschool and preschool class; their children's educational transitions; and their own cooperation with staff. They collected data by way of life story interviews. In this study a qualitative bioecological content analysis and a quantitative content analysis were performed. The following ideal type approaches of the parents emerged: (1) involved and concerned parents; (2) involved but unconcerned parents; and (3) uninvolved and unconcerned parents. The number of involved and concerned parents increased from preschool to preschool class. This study has relevance for preschool and preschool class teachers, special educators, policy makers and researchers in inclusive and special education.

The last manuscript written by Böddi, Serfözö, Lassu and Kerekes was about "Integration-related experience and preparedness from the aspect of Hungarian preschool teacher candidates". The aim of this study was to examine the experience of graduating preschool teacher candidates related to children with special needs, moreover to reveal their attitudes and perceptions of preparedness and competence regarding integration. Data collected from 360 (mean age: 26.09 yrs.) graduating students attending 10 Hungarian preschool teacher training institutions. The main aim of this study was investigate the factors influencing the development of attitudes and perceptions of preparedness and competence. The hypotheses of study were justified: the more and positive experience gained related to children with special needs and integration lead to more positive attitudes and self-perceptions. Also the participants expressed the need for more practical training related to integration and inclusion. These results are a key of importance regarding the development of inclusion related elements of preschool teacher training.

Yours Sincerely,

Ibrahim H. Diken, Ph.D.
Editor-In-Chief

CONTENTS

Ardıç, A., & Cavkaytar, A. (2019). The effect of the psychoeducational group family education program for families of children with ASD on parents: A pilot study. *International Journal of Early Childhood Special Education, 11*(1), 1-17. DOI: 10.20489/intjecse.581495

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Avsar ARDIC [1]
ORCID: 0000-0002-9634-1437

Atilla CAVKAYTAR [2]
ORCID: 0000-0001-8067-1602

The Effect of the Psychoeducational Group Family Education Program for Families of Children Diagnosed with Autism Spectrum Disorder on Parents: A Pilot Study*

Abstract

Autism Spectrum Disorder (ASD) is a neurobiological developmental deficiency which manifests itself with social interaction and communication disorder and repetitive behaviors and concerns. The individual with ASD have some adverse effects on the family. There are research results in the literature which report that the levels of stress and depression in parents of children with ASD are high, their perceptions of social support are low, and their family functioning is impaired. This study aims to investigate the effect of the Psychoeducational Group Family Education Program (PGFEP), developed by the researchers for families of children diagnosed with ASD within 0-2 years, on parents' stress, depression, social support perception, and family functions. The effect of the PGFEP was examined with a pilot study before the main implementation. This study was conducted with the pre-test post-test weak experimental design. Data were analyzed by the Wilcoxon signed-rank test. When the data were analyzed, the PGFEP was observed to reduce the stress and depression levels of the parents and increase the level of perceived social support in general. However, it was observed that the program did not have a statistically significant effect on the family functions of the parents of children with ASD.

Keywords: Psychoeducational family education, autism spectrum disorder, parent's stress and depression, social support, family functions

Introduction

Autism Spectrum Disorder (ASD) is a developmental neuro-biological disorder which starts to manifest itself with some symptoms in the first three years of life, manifests itself with serious social interaction and communication disorder, social behavior, language, perceptual functions, repetitive behaviors and concerns, continues lifelong and varies from individual to individual in terms of the appearance and level of symptoms due to various causes (Aydın and Saraç, 2014; Fein and Dunn, 2007; Mastropieri and Scuggs, 2010; Webber and Scheuermann, 2008It is recognized in the literature that the participation of an individual with ASD in the family has some effects on the family (Küçüker, 1997; O'Shea, O'Shea, Algozzine and Hammitte, 2001).

[1] Ph.D., Ege University, Faculty of Education Department of Special Education, Izmir, TURKEY.
e-mail: avsarardic35@hotmail.com
*Corresponding author.
[2] Ph.D., Anadolu University Faculty of Education Deparment of Special Education, Eskisehir, TURKEY.
e-mail: atilla.cavkaytar@gmail.com
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Moreover, there are also studies in the literature, which demonstrate that families of children with ASD have lower psychological well-being than families of children with other developmental disabilities (Gallager and Bristol, 1989).

One of the possible reasons for the lower psychological well-being of families of children with ASD compared to families of individuals with other disabilities is stated to be the stress experienced by families of children with ASD. It is indicated in the literature that the individual with ASD represents a permanent source of stress for his/her family members (Sanders and Morgan, 1997) and that these families have sources of stress different from families of normally developed children (Hare, Pratt, Burton, Bromley and Emerson, 2004). The most significant source of this stress is demonstrated to be the responsibility undertaken by the family for the care and growth of their children with ASD (Baxter, Cummins and Polak, 1995; Prescott, & Hulnick, 1979). Furthermore, there are also research results demonstrating that families of children with ASD have different stress sources. These are stated to be the way the diagnosis is transmitted and interaction with experts (Jones and Passey, 2004; Todis and Spinger, 1991), the lack of information about ASD (Douma, Dekker and Koot, 2006; Girli et al., 1998; Jones and Passey, 2004), care needs of children with ASD (Benson, 2006; Fitzgerald, Birkbeck and Matthews, 2002; Lecavalier, Leone and Wiltz, 2006), ASD symptom level (Hastings and Johnson, 2001; Bouma and Schweitzer, 1990; Estes et al., 2009; Rodrigue, Morgan and Geffken, 1990), little acceptance of the child with ASD by the community (Sharpley, Bitsika and Efridimis, 1997), self-blame of the parents (Akçakın and Erdem, 2001; Rodrigue, Morgan and Geffken, 1990), lifelong care need of children with ASD (Bouma and Schweitzer, 1990; Sharpley, Bitsika and Efremidis, 1997), parenting stress and not receiving feedback about parenting from their children (Atkinson, Atkinson, Smith and Bem, 1993; Bouma and Schweitzer, 1990; Gupta and Singhal, 2005).

Another significant variable that influences the psychological well-being of parents of children with ASD is the perceptions of parents of themselves. Parents of children with ASD, especially mothers, confront a combination of feelings of sadness, shock, confusion, fear, anxiety, isolation, anger, numbness, and melancholy when their children are diagnosed with ASD (Gupta and Singhal, 2005; Siegel, 1997; Sullivan, 1997). In addition to these feelings, self-doubt, fear about the future and inhibition, avoidance to face the attitude of the external world, disappointment, and a decrease in self-confidence and self-respect are observed (Ataman, 1997; Gupta and Singhal, 2005; Özdoğan, 1997; Varol, 2005). This situation can be stated to affect the psychological well-being of parents negatively.

A significant variable affecting the psychological well-being of families of children with ASD originates from the nature of chronic stress. The effects of the situation that causes stress are not limited to a particular area of life due to its nature, it affects also other areas of life (Benson, 2006). Having a child with a disability can also affect the work and social lives of parents and other members of the family intensively. This situation may cause the family or family members to have new sources of stress. Branching of stress to other areas in this way (stress proliferation) and its creating new stress sources can adversely affect the psychological well-being and compliance (Benson, 2006). This situation is valid for families of all children with disabilities, as well as for families of children with ASD.

The increase in family needs is stated to be another significant variable affecting the psychological well-being of families of children with ASD. One of the family members (usually mothers) disconnects from work in order to provide care for the child with ASD and to organize his/her educational process, and this situation causes the family to encounter economic difficulties (Jarbrink, Frombonne and Knapp, 2003). It is reported in the literature that the decrease in economic resources causes the reduction of the economic expenses of the family, and families to mostly stay away from social activities (Sharpley, Bitsika and Efridimis, 1997). When this situation is combined with the negative emotional self-perceptions of family members, their lack of knowledge of how to explain it to the environment, and the little acceptance of children with ASD by the community, it results in that family members get lower social support. The common effects of these variables adversely affect the psychological well-being of the parents.

Depression remains another significant psychological phenomenon experienced by families of children with ASD. Research results indicate that parents of children with

ASD have a higher risk of being caught by depression and other mental health problems than parents of children with other disabilities (Fırat, 2000; Montes and Halterman, 2007). Similarly, there are also research results which indicate that these parents' depression levels are higher compared to parents of normally developed children and children with Down's syndrome (Dumas, Wolf, Fisman and Culligan, 1991). Briefly, it is possible to say that the most common psychological problem experienced by parents of children with ASD is depression (Benson and Karlof, 2009). Studies conducted in special education and related fields demonstrate that the level of depression observed in parents of children with ASD is related to (a) the level of ASD symptoms (Benson and Karlof, 2009), (b) stress and stress proliferation caused by the child with ASD (Benson, 2006), (c) hopelessness and lower self-efficacy perception (Hastings and Brown, 2002), and (d) parental anger (Benson and Karlof, 2009), and these variables predict the depression observed in parents.

Another significant effect of having a child with a disability on the family is the impairment of the family functions (Burrell, Thompson and Sexton, 1994). Similarly, the presence of children with severe developmental disabilities is known to affect marital relationships and reduce sexual intercourse between spouses (Powers, 1991). The literature states that parents of children with ASD have a considerable risk in terms of depression, social isolation, and marital problems (Gupta and Singhal, 2005).

As a result, it is possible to say that having a child with ASD constitutes new stress sources for families, these stress sources and stress spread over time with stress proliferation, this situation and causes originating from the nature of ASD affect the psychological well-being of parents adversely, the family loses its social support and family functions become impaired. In the literature, some studies have been done on the psychological well-being of parents of children with ASD and other disability. The stress and anxiety level of the parents of these studies (Ainbider et al., 1998; Aydın, 2002; Çelebi, 2003; Ergüner-Tekinalp and Akkök, 2004; Ersoy; 1997; Greaves, 1997; Ireys, Sills, Kolodner and Walsh, 1996; Kuloğlu-Aksaz, 1992; Stallard and Dickinson, 1994; Singer, Irwin and Hawkins, 1988; Valizadeh, Davaji and Dadkhah, 2009), parents' level of depression (Bristol, Gallagher and Holt, 1993; Çelebi, 2003; Girli, Yurdakul, Sarısoy and Özekes,1998; Ireys et al., 1996; Nixon and Singer, 1993; Singer et al., 1988; Tonge et al., 2006; Yukay, 1998), the level of social support that parents perceive (Ainbider et al., 1998; Feigin and Peled, 1998; Ireys et al., 1996) and family functions (Çelebi, 2003; Singer et al., 1999; Tonge et al., 2006; Yukay, 2008). The findings of these studies show that the programs cause different results. At the same time, it is seen that the program components used in these studies are different from each other. Therefore, this study aims to develop a Psychoeducational Group Family Education Program (PGFEP) for families of children newly diagnosed with ASD and to investigate the effects of the implementation of this program on the family's stress, depression, social support, and family functions. The effects of the family on a disabled child's having an independent life are widely accepted in the literature (Gupta and Singhal, 2005). It is considered that this study will have a positive effect on the family functions and the development of children with ASD, in case it meets the psychological well-being and needs of families. Therefore, it can be stated that the research results will make significant contributions to the field of special education both in theory and in practice.

Method

Research Design

The pilot study of this research was carried out with a one-group pretest-posttest experimental research design. The one-group pretest-posttest experimental research design is classified within weak experimental designs (Büyüköztürk, Kılıç-Çakmak, Akgün, Karadeniz and Demirel, 2014; Johnson and Christensen, 2014). In this design, the difference between the dependent variable level of the participants before applying the independent variable and the dependent variable level of the participants after applying the independent variable is compared (Johnson and Christensen, 2014). According to Johnson and Christensen (2014), since this experimental design cannot prevent the effect of external variables affecting the dependent variable, it is difficult to state that the change in posttest results is caused by the independent variable. The reason why is preferred in this research is that the researchers have limited possibilities. In addition, the fact

that this study was a pilot study led to the preference of this design.

Participants

The pilot study of the PGFEP developed by the researchers was carried out with 11 participants. Three fundamental criteria were used to determine the pilot study participants. These criteria are as follows: (a) The participants' children with disabilities should have been diagnosed with autism spectrum disorder within 0-2 years, (b) the level of education of the participants should be at least secondary school, and (c) the participants should have volunteered to participate in the study. The participants who met these criteria were included in the pilot study. The demographic information of the pilot study participants is presented in Table 1. The mean age of the participants' children with ASD was 3.4 years, the standard deviation was 2.22, and the range was 8 (N = 11). Eight of the participants' children with ASD were male, three were female.

Data Collection Tools

The effects of the PGFEP, which is the independent variable of this pilot study, on the parents' stress and depression levels, family functionality levels, and perceived social support level, and level of meeting the needs of parents were examined. The measurement tools used to measure these dependent variables are as follows:

Participant Information Form

It is the data collection tool developed by the researcher to collect data about the socioeconomic status and demographic information of parents participating in the PGFEP.

Questionnaire on Resources and Stress

The Questionnaire on Resources and Stress was developed by Holroyd (1987) to determine the stress levels of parents of children with special needs and caregivers. Initially, Akkök (1989) adapted it to Turkish, and it was re-adapted by Richter-Kanık (1998). The Questionnaire on Resources and Stress (QRS) consists of 30 four-point Likert-type items. The low score obtained from the questionnaire demonstrates the high stress level, and the high score demonstrates the low stress level. The reliability study of the questionnaire was investigated through internal consistency and item-total correlation. The Cronbach's alpha coefficient of the QRS is 0.92. The item-total correlation of the 30 items making up the scale ranged from .35 to .75.

Beck Depression Scale

The aim of the Beck Depression Scale (BDS) is to determine the level of depression in individuals and distinguish depression from other psychopathological conditions. The BDS, which is a four-point Likert-type, consists of 21 items including the depressive symptom category. The scale was adapted to Turkish by Teğin (1987). The reliability of the scale was tested by test-retest and two half-test reliability. The test-retest reliability of the scale was calculated using the Pearson Moments Multiplication technique, and the coefficient of uniformity was found to be .65. The two half-test reliability of the scale was .78 for students and .61 for depressive patients. In determining the validity of the Turkish version of the scale, both discriminant validity and criterion-referenced validity were tested. The analysis results demonstrate that the scale has both discriminant validity and criterion-referenced validity (Teğin, 1987).

Table 1.

The Age, Income, Number of Children, and Educational Status Frequencies of the Pilot Study Participants

	N	Age $\bar{X}$	Age Range	Monthly Income $\bar{X}$	Number of Children $\bar{X}$	Secondary Education (f)	Higher Education (f)
Mother	6	38.6	13	3250	1.5	3	3
Father	5	40.6	20	4400	1.8	1	4
Total	11	39	22	3800	1.6	4	7

Family Adaptability and Cohesion Scales-IV

The Family Adaptability and Cohesion Scale (FACES-IV) is a 42-item scale developed by

Olson, Gorall, and Tiesel (2004). The scale was developed to evaluate the healthiness of the families who were clinically studied (Olson, Gorall and Tiesel, 2004). The scale also includes the Family Communication Scale (FCS) and the Family Satisfaction Scale (FSS). The scales were developed based on the Circumplex Model of Marriage and Family Systems. The FACES-IV, FCS, and FSS were used in this study to determine the effect of the PGFEP on family functioning.

The FACES-IV includes six subscales. These subscales are as follows: cohesion, flexibility, disengaged, enmeshed, rigid, and chaotic. The scales (FACES-IV, FCS, and FSS) were adapted to Turkish by Çelimli (2009). The internal consistency of the scales was calculated with the Cronbach's alpha coefficient. According to the subscales, the Cronbach's alpha coefficients are as follows: .69 for the Chaotic subscale; .70 for the Rigid subscale; .76 for the Enmeshed subscale; .80 for the Disengaged subscale; .81 for the Flexibility subscale, and .83 for the Cohesion subscale. The Cronbach's alpha coefficient of the FCS was determined to be .92 and .91 for the FSS.

Spearman-Brown split-half reliability analysis was performed for the FACES-IV, FCS, and FSS (Çelimli, 2009). The split-half reliability coefficients of the FACES-IV subscales are as follows: .51 for the Chaotic subscale; .70 for the Enmeshed subscale; .73 for the Rigid subscale; .76 for the Flexibility subscale; .77 for the Disengaged subscale; .79 for the Cohesion subscale. The Spearman-Brown coefficient for the FCS and FSS was calculated to be .91.

The correlation between the scale and its subscales was examined in the evaluation of the construct validity of the FACES-IV. The correlation values between the subscales range from -.65 to .76 (Çelimli, 2009).

Revised Parental Social Support Scale

Revised Parental Social Support Scale was developed by Kaner (2003) to evaluate the social support perceptions of parents of children with special needs. The psychometric properties of the scale were reviewed by Kaner (2010), and in this study, the revised version of the scale was used. The Revised Parental Social Support Scale (RPSSS) includes two dimensions. The first one of these dimensions represents a quantitative dimension that demonstrates at which level individuals who will provide various supports are present. The second dimension is the qualitative dimension which indicates the level of satisfaction of the respondent with the supports in each item. In short, with these two dimensions, the RPSSS consists of two scales which assess both quantitative and qualitative aspects of social support (Kaner, 2010). The first one of these scales is the Revised Parental Social Support Scale - Perceived Social Support Level (RPSSS-PSSL), the second one is the Revised Parental Social Support Scale - The Level of Satisfaction with Perceived Social Support (RPSSS-LSPSS). As a result of the exploratory factor analysis, the scale was observed to consist of a total of 28 items in four subdimensions (Kaner, 2010). These dimensions are social cohesion support, information support, emotional support and care support, and the level of satisfaction of the variable measured by these subscales.

The reliability analysis of the RPSSS was performed by Cronbach's alpha, Spearman-Brown split-half reliability technique, and item analysis. While the Cronbach's alpha internal consistency coefficients range from .83 to .95 for the RPSSS-PSSL, the Cronbach's alpha internal consistency coefficients range from .85 to .86 for the RPSSS-LSPSS. The Spearman-Brown split-half reliability coefficients of the scale are between .86-.92 for the RPSSS-PSSL and between .84-.96 for the RPSSS-LSPSS. The lowest item discrimination index of the scale was calculated to be .48, while the highest item discrimination index of the scale was calculated to be .85. The validity of the RPSSS-LSPSS was assessed by confirmatory factor analysis. The results of the confirmatory factor analysis of two scales forming the RSPSS demonstrated that the scale was valid. The criterion-referenced validity of the RPSSS was examined with the Multidimensional Perceived Social Support Scale-Revised Form. The correlations between the two measurements are between .15 - .75 for the quantitative dimension and between .25 - .72 for the qualitative dimension (Kaner, 2010).

Psychoeducational Group Family Education Program Satisfaction Assessment Tool

The Psychoeducational Group Family Education Program Satisfaction Assessment Tool (SAT) is a five-point Likert type tool consisting of 16 items developed to determine the effect of the realized family education on

families and social validity. High scores obtained from the SAT demonstrate that participants are unsatisfied with the study. The range of 1-48 points can be accepted as the range which indicates that participants are satisfied with the study. Similarly, the range of 48-80 points can be said to be the range of points demonstrating that participants are not satisfied with the study at various levels.

Independent Variable

Development of the Psychoeducational Group Family Education Program

The development of the content of the PGFEP was performed in three stages. These stages are as follows: (a) needs analysis, (b) the creation of the content of the PGFEP on the basis of needs analysis, and (c) the pilot study of the program.

Needs Analysis: Preparing the content of family education practices according to the needs of the family and the parents increases the effectiveness of this practice (Brown, 2010). Therefore, it is critical for the content of the PGFEP to be developed according to the needs of parents of children diagnosed with ASD in terms of the applicability of the content and effectiveness of the program on the basis of the targeted variables. For this purpose, the needs of families and parents of children diagnosed with ASD were tried to be determined through semi-structured interviews.

The participants consist of nine parents, being seven mothers and two fathers. The researchers conducted semi-structured interviews with these participants. The ages of the participants range between 29 and 43 years. The ages of their children diagnosed with ASD range between 3 and 5.5 years.

The Semistructured Interview Questions were prepared by the researchers based on the literature. Then, the semi-structured interview questions were evaluated by four academicians in total, two special education specialists and two psychologists. In line with the corrections of the academicians, the final version of the semi-structured interview questions was prepared.

The Data Collection Process was carried out by the researchers of this study. The interview conducted with the participants lasted between 30 minutes and 60 minutes. At the beginning of the interview, the participants were informed about the subject, purpose, and content of the study, and both written and verbal permissions of the participants were obtained. The interviews were recorded by a tape recorder to be analyzed later.

The Data Analysis process was carried out by the researchers and two independent experts. The audio recordings obtained during the semi-structured interview were first documented by the researchers and then analyzed by the researchers and two independent experts by content analysis. In the evaluation of the themes revealed as a result of the data analysis, a common understanding with regard to the themes was achieved. Two researchers and two independent experts re-analyzed the data in terms of the commonized themes.

The Semistructured Interview Results were determined by content analysis. As a result of this analysis, it was observed that the needs of parents of children with ASD could be categorized under five main themes. These five main themes are as follows: (a) the need for information related to the nature and causes of ASD, (b) the need for information related to legal rights, (c) emotional awareness of inadequacy, (d) ways of coping with problem behaviors, and (e) the effect of the existence of the child with ASD on family structure and functioning. The content of the PGFEP, which represents the independent variable of this pilot study, was formed based on these themes.

Forming the Methodological Components and Content of the Psychoeducational Group Family Education Program.

In the literature review, it was observed that family education practices given to parents and families of children with special needs have some features. When these features are examined, the programs in the literature are usually observed to contain a single methodological component. The PGFEP, which is the independent variable of this study, is intended to include many of these methodological components that are observed to be effective in the literature. For this purpose, it was ensured that those of the effective program components in the literature, which may be compatible with each other, were included in the independent variable of this study. At the same time, the results of the needs analysis were also taken into account in the determination of these components.

The first component of the PGFEP is informative counseling. Informative counseling was based on the creation and

implementation of the program content to fulfill the information needs expressed by families of children with ASD in their needs analysis. The second component of the program was determined as small group discussions. Small group discussions were determined as the component of the program, in order to complete the information which was not understood by families of children with ASD or which remained insufficient during informative counseling. At the same time, this application was considered to contribute to the formation of group dynamics more quickly. Support group practices were determined as the third component of the program. Support group practices were made a component of the program to meet the social support needs of families. This practice was preferred because it provides the opportunity for families to transfer information about how they resolve the difficulties they face, and at the same time, to make emotional sharings. The fourth component of the PGFEP is the psychological components intended for emotional awareness and effective communication. These components were included in the program to fulfill the families' emotional awareness needs and also to contribute to the regulation of family functions. The fifth component of the PGFEP is skill teaching. The results of the needs analysis demonstrate that the resource of the most significant problems experienced by families is the problem behaviors of their children. Therefore, it was decided that one of the main components of the program should be gaining skills for the management of problem behaviors. The last component of the program is the accelerated learning model, which is based on both the preparation of the content and the application of the content to participants and which is used in adult education. The accelerated learning model is an educational practice model used for many years in adult education and observed to have effective and efficient results (Meier, 2000).

The content of the program was prepared firstly on the basis of these six components and the results of the needs analysis. For the content in question, opinions of two academicians from the field of special education and one academician from the field of psychology were received. Based on these opinions, necessary corrections were made in the content of the program. Professional expressions and concepts were avoided in the preparation of the content as much as possible. After the preparation of the program content, two files were created from the content in question. The first one of these files is the participant file. The participant file was given to the participants who took part in the education on the first day of the education.

The second file created from the program content is the practitioner file. The first step of preparing the practitioner file is to plan the sessions of the program. After the session plans were prepared according to the content and components of the program, the expert opinions of two academicians from the special education field and one academician from the field of psychology were received about these plans. In line with these opinions, necessary revisions were made, and the final version of the session plans was obtained. The practitioner file was prepared with these session plans.

After all these arrangements, the PGFEP consists of 17 sessions with one session per week. The distribution of the sessions by weeks and the content of the sessions are presented below. The contents of the sessions that took part in the first session (first week) are as follows: (a) introducing, (b) the nature, causes, and characteristics of ASD, (c) the nature, causes, and characteristics of ASD, and (d) emotional awareness and social interaction. The contents of the sessions that took part in the second session (second week) were determined to be as follows: (a) the legal rights of individuals with disability and their families, (b) the legal rights of individuals with disability and their families, (c) the legal rights of individuals with disability and their families, and (d) emotional awareness and social interaction. The contents of the sessions that took part in the third session (third week) of the PGFEP are as follows: (a) problem behaviors and the management of problem behaviors, (b) problem behaviors and the management of problem behaviors, (c) problem behaviors and the management of problem behaviors, (d) emotional awareness and family reactions after diagnosis. The contents of the sessions that took part in the fourth and final session (fourth week) of the PGFEP were determined to be as follows: (a) emotional awareness and social interaction, (b) regulation of the family structure and functioning, (c) regulation of the family structure and functioning, (d) regulation of the family structure and functioning, and (e) general evaluation and the closure.

*The implementation of the psychoeducational group family education program***.**

The pilot study of the PGFEP was carried out with the participation of 15 parents attending a special education and rehabilitation center in Denizli province. The implementer of the pilot program is the first author of this manuscript. The first author also collected data from participants. Both written and visual used in the sessions. Sessions were held on Sundays between 12.00 and 16.30. Since four of the parents did not participate in the sessions during the application, their data were not evaluated. The pilot study data were collected from 11 participants and analyzed.

Data Collection and Analysis

The pretest data were collected from the participants at the meeting conducted the day before the start of the implementation sessions in an environment where the researcher was also present. The posttest data were collected at the end of the implementation sessions.

Since the number of the participants in the pilot study was 11 and the data did not fulfill the criteria of normal distribution, the data obtained from the application were analyzed by the Wilcoxon signed-rank test among non-parametric techniques. This test is used to test the significance of the difference between the scores of the two related measurement sets (Büyüköztürk, 2010; Johnson and Christensen, 2014; Tabachnick and Fidell, 2001). In addition to providing information about the significance of the difference, this test also gives information about the direction of the difference.

Results

The Effect of the PGFEP on the Stress Levels of Parents of Children with ASD

One of the main purposes of the PGFEP prepared for families of individuals with ASD is to reduce the stress levels of parents of individuals with this disability. The data obtained from the related measurements were analyzed by the Wilcoxon signed-rank test. The analysis results are reported in Table 2. The results of the analysis demonstrate that there is a significant difference between the scores of the parents obtained from the QRS before and after the implementation ($z = 2.847$, $p<.05$). When the mean and sum of ranks of the difference scores are considered, this difference is observed to be in favor of the positive ranks, i.e. the posttest score because high scores received from the stress inventory indicate the low stress level, and low scores indicate the high stress level. The PGFEP, which is arranged according to these results, can be said to reduce the stress level of parents of children with ASD in a positive and statistically significant way.

The Effect of the PGFEP on the Family Functionality Levels of Parents of Children with ASD

The effects of the PGFEP on the family functionality level of parents of children with ASD were analyzed by the FACES-IV, FCS, and FSS. Table 3 demonstrates the results of the analysis of the Wilcoxon signed-rank test related to the Flexibility, Cohesion, Total Score, FCS, and FSS scores of the FACES-IV. When the analysis results presented in Table 3 are examined, no significant difference is observed between the Flexibility ($z = 0.356$, $p>.05$), Cohesion ($z = 0.445$, $p>.05$), FACES-IV Total score ($z = 0.981$, $p>.05$), FCS ($z = 0.624$, $p>.05$), and FSS ($z = 0.624$, $p>.05$) scores before and after the implementation. According to these analysis results, the PGFEP can be said to have no effect on the family flexibility, cohesion, communication, satisfaction, and general functioning of the parents of children with ASD.

Table 2.
Wilcoxon Signed-Rank Test Results of the QRS Total Scores Received Before and After the Implementation

Posttest-Pretest	N	Mean Rank	Sum of Ranks	z	p
Negative Rank	1	1.00	1.00	2.847*	.004
Positive Rank	10	6.50	65.00		
Ties	0				

* Based on negative ranks

Table 3.
Wilcoxon Signed-Rank Test Results of the FACES-IV Subscale and Total Scores

Scale	Posttest-Pretest	N	Mean Rank	Sum of Ranks	z	P
FACES-IV Flexibility	Negative Rank	6	6.17	37.00	.356*	.722
	Positive Rank	5	5.80	29.00		
	Ties	0				
FACES-IV Cohesion	Negative Rank	6	6.33	38.00	.445*	.657
	Positive Rank	5	5.60	28.00		
	Ties	0				
FACES-IV Total	Negative Rank	6	7.20	36.00	.267*	.790
	Positive Rank	5	5.00	30.00		
	Ties	0				
FCS	Negative Rank	6	7.33	22.00	.981*	.327
	Positive Rank	5	5.50	44.00		
	Ties	0				
FSS	Negative Rank	4	6.50	26.00	0.624*	.533
	Positive Rank	7	5.71	40.00		
	Ties	0				

* Based on negative ranks

The Effect of the PGFEP on the Depression Levels of Parents of Children with ASD

One of the main objectives of the PGFEP prepared for parents of individuals with ASD is to reduce the depression levels of parents of individuals with this disability. The data collected with the BDS were analyzed by the Wilcoxon signed-rank test, and the analysis results were reported in Table 4. The results of the analysis demonstrate that there is a significant difference between the BDS scores received by the parents before and after the implementation ($z = 2.938$, $p<.05$). When the mean and sum of ranks of the difference scores are considered, this difference is observed to be in favor of positive ranks, i.e. the pretest score. The PGFEP, which is arranged according to these results, can be said to reduce the depression level of parents of children with ASD in a positive and statistically significant way.

The Effect of the PGFEP on the Levels of Social Support Perceived by Parents of Children with ASD.

It is expected that the PGFEP will have a positive effect on the level of social support perceived by parents of children with ASD. The perceived social support levels of the parents were evaluated by the RPSSS. Table 5 presents the results of the Wilcoxon-signed rank test analysis of the scores received by the participants before and after the implementation in four sub-dimensions of the RPSSS scale and in the satisfaction levels of the participants in these four sub-dimensions. When the results of the analysis presented in Table 5 were examined, significant differences were observed between the scores received in the sub-dimensions of Social Cohesion Support ($z = 2.552$, $p<.05$) and Social Cohesion Support Satisfaction ($z = 2.096$, $p<.05$), Information Support ($z = 2.810$, $p<.05$) and Information Support Satisfaction ($z = 2.043$, $p<.05$), Emotional Support ($z = 2.316$, $p<.05$) and Emotional Support Satisfaction ($z = 2.549$, $p<.05$), Care Support ($z = 2.549$, $p<.05$), RPSSS-PSSL ($z = 2.845$, $p<.05$) and RPSSS-LSPSS ($z = 2.497$, $p<.05$) before and after the implementation of the PGFEP. When the mean and sum of ranks of the difference scores are considered, this difference is observed to be in favor of positive ranks, i.e. the posttest score. However, according to the analysis results in Table 5, the PGFEP was observed not to form a significant difference in the care support satisfaction of the participants before and after the implementation ($z = 1.897$, $p>.05$). According to these results, the PGFEP contributed positively to the social cohesion support, information support, emotional support and care support perceived by the participants. Furthermore, it can be stated that the PGFEP contributed to the increase in the satisfaction levels of the participants in the other three dimensions except for the care support satisfaction level.

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Social Validity of the PGFEP

Whether the PGFEP developed by the researchers meets the needs of parents is important in terms of determining the social validity of this study. For this purpose, the SAT was developed by the researcher and applied to the parents participating in the pilot study. When the mean and range values are examined, the participants' mean score of 24.27 and this distribution's range value of 15 indicate that the participants are gathered in a positive direction. Considering that the highest score is 32 and the lowest score is 15 in the calculation of the range value, it can be stated that the participants are satisfied with the study. Based on these results, it can be stated that the implemented PGFEP maintains social validity for the pilot study.

Table 4.
Wilcoxon Signed-Rank Test Results of the Beck Depression Scale Total Scores Received Before and After the Implementation

Posttest-Pretest	N	Mean Rank	Sum of Ranks	z	p
Negative Rank	11	6.00	66.00	2.938*	.003
Positive Rank	0	0.00	0.00		
Ties	0				

* Based on pozitive ranks

Table 5.
Wilcoxon Signed-Rank Test Analysis Results of the RPSSS Subscale and Total Scores Received Before and After the Implementation

Scale	Posttest-Pretest	N	Mean Rank	Sum of Ranks	z	P
RPSSS- Social Cohesion Support	Negative Rank	1	2.50	2.50	2.552*	.011
	Positive Rank	9	5.83	52.50		
	Ties	1				
RPSSS-Social Cohesion Support Satisfaction	Negative Rank	2	3.50	7.00	2.096*	.036
	Positive Rank	8	6.00	48.00		
	Ties	1				
	Negative Rank	0	0.00	0.00	2.810*	.005

RPSSS- Information Support	Positive Rank	10	5.50	55.00		
	Ties	1				
RPSSS- Information Support Satisfaction	Negative Rank	6	7.33	7.50	2.043*	.041
	Positive Rank	5	5.50	47.50		
	Ties	0				
RPSSS-Emotional Support	Negative Rank	0	0.00	0.00	2.673*	.008
	Positive Rank	9	5.00	45.00		
	Ties	2				
RPSSS-Emotional Support Satisfaction	Negative Rank	2	1.50	3.00	2.316*	.021
	Positive Rank	7	6.00	42.00		
	Ties	2				
RPSSS-Care Support	Negative Rank	0	0.00	0.00	2.549*	.011
	Positive Rank	8	4.50	36.00		
	Ties	3				
RPSSS-Care Support Satisfaction	Negative Rank	1	4.50	4.50	1.897*	.058
	Positive Rank	7	4.50	31.50		
	Ties	3				
RPSSS-PSSL	Negative Rank	1	1.00	1.00	2.845*	.004
	Positive Rank	10	6.50	65.00		
	Ties	0				
RPSSS-LSPSS	Negative Rank	1	5.00	5.00	2.497*	.013
	Positive Rank	10	6.10	61.00		
	Ties	0				

* Based on negative ranks

Discussion

This study was carried out as a pilot study of the research which will be conducted to investigate the effects of the PGFEP, prepared for parents of children with ASD, on parents' stress, depression, social support perception, and family functions. Therefore, it will be appropriate to examine the results of the study in two main categories, and at the same time to evaluate the results by considering this situation.

Firstly, the results of the pilot study indicate that no problem was encountered during the application of the PGFEP to parents of children with ASD in terms of both application and data analysis. This indicates that the PGFEP is sufficient for the main application. Furthermore, when evaluated with respect to the results of the implementation, it can be stated that the PGFEP creates a positive effect on the parents' stress, depression, and general social support perception, but it does not have a significant effect on family functions. However, when evaluated from this point of view, it should be considered that this study represents a pilot study and the results may change in the main application.

As a result of the pilot study, the necessity to make some arrangements before the main implementation was observed. The first one of these arrangements was made in the participant file. In the participant file, it was observed that some special education concepts, which are difficult to understand, have to be explained in more detail and the language has to be simplified. These arrangements were made in the participant file. After the pilot study, the second arrangement was made in the format of the FACES-IV scale. For the easier scoring of the scale items, the scoring ruler on the separate page was taken to the front of the items of the scale.

The second category of these pilot research results is the effect of the PGFEP, which is the independent variable of the study, on the dependent variables of the study. Firstly, the PGFEP was observed to reduce the stress scores of the parents in a statistically significant way. This result is consistent with other studies in the literature (Ainbider et al., 1998; Aydın, 2002; Davis and Rushton, 1991; Feigin and Peled, 1998; Greaves, 1997; Singer et al., 1988; Stalard and Dickinson, 1994; Tonge, Breneton, Kiomall, Mackinnon, King and Rinehart, 2006; Valizadeh, Davaji and Dadkhah, 2009). Studies that have led to a significant decrease in the stress levels of parents and the components of the programs implemented by these studies and the components of the

PGFEP, representing the independent variable of this study, are compatible with each other. Informative counseling, which is a critical component of the PGFEP implemented by the researcher, meets the information need which is one of the main sources of stress, and it can be evaluated as an important cause of this situation. At the same time, acquiring skills related to the problem behavior management through the program can be stated to be related to a significant decrease in the stress level. Both the needs analysis in the content of this study and the studies conducted in the literature demonstrate that one of the most important stress sources of parents is the lack of social support. The program implemented in this study includes small support groups, and this can be evaluated as another cause of the decrease in the stress level. However, this study's results related to stress are incompatible with the results of some studies in the literature (Çelebi, 2003; Ergüner-Tekinalp and Akkök, 2004; Ireys et al., 1996; Kuloğlu-Aksaz, 1992; Yukay, 1998). This may be caused by the fact that the program components of the studies, which state that the implemented program has no effect on parents' stress levels, and the program components of this study are different from each other. The implementations of the mentioned studies for reducing parents' stress levels include the key components of the group psychological counseling (Çelebi, 2003; Yukay, 1998), family education program (Ergüner-Tekinalp and Akkök, 2004), creating a social network (Ireys et al., 1996) and informative counseling (Kuloğlu-Aksaz, 1992). Some of these components constitute also the components of the program implemented in this study, but there present also other components applied in this study. This inconsistency between the results can be said to be caused by this situation.

The parents' depression level, which is the second dependent variable of this study, is observed to decrease significantly as a result of the PGFEP applied to the parents. This result is consistent with the results of many studies in the literature (Bristol et al., 1993; Çelebi, 2003; Davis and Rushton, 1991; Nixon and Singer, 1993; Tonge et al., 2006). However, this result is incompatible with some other research results in the literature (Girli et al., 1998; Ireys et al., 1996; Kuloğlu-Aksaz, 1992; Singer et al., 1988; Yukay, 1998). The main components of the programs implemented by the studies, of which results are incompatible with the results of this study in relation to depression, are concurrently the components of this program. However, it should be taken into consideration that the components in question are alone and the components involved in this study may produce a combined effect.

The research results related to the perceived social support level, which is the third dependent variable of this study, are consistent with the research results in the literature (Ainbider et al., 1998; Davis and Rushton, 1991; Feigin and Peled, 1998). The main components of the programs implemented by these studies are observed to be creating a social network (Ainbider et al., 1998), home-based consultancy service (Davis and Rushton, 1991) and small support group (Feigin and Peled, 1998). Since the PGFEP, which is the independent variable of this study, is a group application, it contributes to creating a social network, similarly, it includes both support group practice and counseling services through small group discussions performed for emotional awareness. However, there is a study in the literature, which states that the program applied does not cause any change in the perceived social support level (Ireys et al., 1996). This situation may be caused by the fact that the main component of this study is creating a technology-based social network.

Family functions are the fourth dependent variable of this study, and it seems that the applied PGFEP has not any effect on the family functions. The results of this study are incompatible with the research results in the literature (Çelebi, 2003; Singer et al., 1999; Yukay, 1998). In the literature, the components of the studies that affect the family functions positively are observed to be group psychological counseling (Çelebi, 2003; Yukay, 1998) and support group practice (Singer et al., 1999). There are three key reasons for the lack of the effect of the PGFEP on the family functions of children with ASD. Firstly, the main components of the PGFEP implemented in this study do not include intense psychological practices. Secondly, the family is an extremely complex structure. Therefore, in the creation of the desired effect, involving all individuals that make up the family is important for the studies aimed at the family. The PGFEP, which is the subject of this study, was not prepared for all family members. Therefore, the independent variable of this study may not have caused a positive effect on family

functions. Finally, the family is a system, and this can be the reason for this situation. Like systems are resistant to changes, it also takes time for them to change. Hence, it can be stated that the PGFEP needs sufficient time to affect family functioning. Because of the content of this study, this time was not given to families. Therefore, the effect of the PGFEP on family functioning may not be observed.

Another dependent variable of this pilot study is participant satisfaction measured to assess social validity. Considering the results of the study, the participating parents are observed to be satisfied with the PGFEP. This result is also compatible with the results of the studies in the literature (Pillay, Alderson-Day, Wright, Williams and Urwin, 2011). Failure to implement such a program in a planned and systematic way to families after the diagnosis, especially in Turkey, may be the main reason for this satisfaction.

There are some limitations in this study. Firstly, the experimental design of the study is a one-group pretest-posttest experimental design, and this reduces the generalizability of the obtained data and prevents the explicit observation of the effect of the independent variable. Therefore, it was considered that structuring the main implementation on the basis of the experimental design with a pretest-posttest control group was appropriate. The second significant limitation of this study is that the data on the effect of the implemented PGFEP on family functions were collected without the recognition of the time needed by the family for demonstrating the necessary change. However, it should be taken into consideration that collecting the data on family functions long after the implementation of the program will considerably increase the possibility that effects out of the program might influence family functions. The third limitation of this study is the limited number of participants. Two main reasons can explain this limitation. Firstly, this study was designed for a pilot study before the main study. Therefore, a small number of participants is an expected situation. Secondly, the program in question has such content and implementation components that can be intensively influenced by the practitioner competencies. For this reason, implementing the program by more than one practitioner may affect the results of the study positively or negatively. This necessitated the implementation of the program by only one researcher. This situation is the last and most significant limitation of this study. The program content and components require that program practitioners have some competencies to achieve effective and efficient results. Because of these competencies, it may be considered a necessity that the practitioners who will implement the PGFEP undergo certain training and also have some vocational qualifications. The final significant limitation of this study is that some factors about family (e.g., family's income situation, number of children, spouses'education and job) affected research results are not collected. This situation leads to the lack of knowledge of some variables affecting research data and thus limiting the generalization of the research results.

Based on the findings and limitations of this research, it would be appropriate to present some recommendations for future research. Firstly, conducting studies that control more variables affecting the psychological well-being of the family will contribute to the generalizability of the results. Secondly, the design of the research pattern as quasi-experimental or experimental designs will ensure that the findings obtained from the research are more valid and reliable. Finally, the application of the program to the types of disability other than the ASD will provide further evidence about the effectiveness of the program.

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Laurie A. DINNEBEIL [1]
ORCID: 0000-0003-2962-846X

Gwen WEBER [2]
ORCID: 0000-0002-8742-9744

William F. MCINERNEY [3]
ORCID: 0000-0002-3648-0064

The Challenges of Itinerant Early Childhood Special Education: The Perspectives of Practitioners

Abstract

ECSE teachers who serve as itinerants face professional challenges that can differ from their classroom-based colleagues. The purpose of this study was to understand the kinds of challenges that itinerant ECSE teachers from one state face. A content analysis of comments related to professional challenges yielded six themes that focused on logistics, caseload, confidence and competence, characteristics of teachers, parents, or early childhood programs, accessing resources and professional support, and meeting the needs of specific children. Most of the comments centered on the characteristics of teachers, parents or early childhood programs. Implications for future research include the need for replication with other groups of itinerant teachers. Implications for practice focus on the need to better prepare ECSE teachers for roles as itinerants.

Keywords: consultation, coaching, early childhood inclusion, itinerant services.

Introduction

Early childhood inclusion is an emerging and valued practice in the field (DEC/NAEYC, 2009; U.S. Departments of Education & Health and Human Services, 2015). Research has demonstrated the benefits of inclusion for young children with disabilities and young children without disabilities (Odom & Diamond, 1998). As inclusion in community-based early childhood programs becomes a reality for many children with disabilities and their families, it is essential to examine how professionals can best support their success. Indeed, along with access and participation, support is one of the three

Young children with disabilities need the support of competent and nurturing adults, parents, caregivers and early childhood teachers, who can implement evidence-based intervention strategies and modify learning environments so children can be successful in meeting their Individualized Education Plan (IEP) goals. In order to help children be successful, these adults ALSO need the support of professionals who can provide guidance and encouragement as they seek to support these children throughout the day and across daily routines. Recently, the U.S. Departments of Education and Health and Human Services (2015) identified the lack of staff, training and

[1] Ph.D., The University of Toledo, Department of Early Childhood, Physical and Special Education, Toledo, USA.
e-mail: laurie.dinnebeil@utoledo.edu
*Corresponding author.
[2] M.Ed., The University of Toledo, Department of Early Childhood, Physical and Special Education, Toledo, USA.
e-mail: gwen.katz@utoledo.edu
[3] Ph.D., The University of Toledo, Department of Early Childhood, Physical and Special Education, Toledo, USA.
e-mail: william.mcinerney@utoledo.edu

critical elements in a high-quality inclusive early childhood program.

expertise in the early childhood workforce as a significant barrier to early childhood inclusion. Survey results have indicated that general early childhood teachers are not prepared to work effectively with young children who have disabilities (Chang, Early, & Winton, 2005, Early & Winton, 2001; Maxwell, Lim, & Early, 2006). General early childhood educators need access to early childhood special education (ECSE) professionals who are skilled "frontline implementers" (Buysse, West, & Hollingsworth, 2009, p. 5). These frontline implementers are often itinerant ECSE teachers—teachers who serve young children who have an IEP and whose primary placement may not be in an ECSE classrooms. Unfortunately, the roles and responsibilities of itinerant ECSE teachers are not well articulated or well-understood (Dinnebeil, McInerney, & Hale, 2006). While they are identified as itinerant "teachers", an important part of their job is to support general early childhood educators and parents through the provision of coaching and consultation. These individuals also engage in evaluation as well as plan and implement intervention strategies when working directly with children. Finally, they often provide service coordination to families of young children on their caseloads.

Many in the field of ECSE have emphasized the importance of consultation and coaching in order to ensure that young children with special needs receive the instructional support they need, during the absence of the itinerant ECSE teacher (Artman-Meeker & Hemmeter, 2013; Dinnebeil & McInerney, 2011; Fox, Hemmeter, Snyder, Binder, & Clarke, 2011; Sheridan, Clarke, Knoche, & Edwards, 2006). However, previous studies suggest that itinerant ECSE teachers lack the professional support and guidance they need in order to determine how to best support young children with disabilities (Dinnebeil, McInerney, Roth, & Ramaswamy, 2001Dinnebeil et al., 2006) Unfortunately, in Ohio, opportunities for enrollment of young children with disabilities in a variety of inclusive community-based early childhood programs (e.g., Head Start centers, child care centers, nursery schools) is limited. This is also the case in many other programs across the globe (e.g., Clough & Nutbrown, 2004; Fyssa, Vlachou, & Avramidis, 2014; Grace, Llewellyn, Wedgwood, Fenech, & McConnell, 2008). These programs operate under different guidelines and regulations and, although they might welcome young children with special needs, they often lack the infrastructure necessary to support a consultative approach to itinerant ECSE services. As a result, itinerant ECSE teachers encounter idiosyncratic policies and procedures that either facilitate or hinder their work. While some programs have created staffing or scheduling options that allow early childhood teachers opportunities to consult with their itinerant ECSE teacher partner, other programs have not. It appears that some early childhood program administrators may not understand the need for itinerant ECSE teachers to consult with their early childhood teacher partners, while other administrators may see the value of these coaching sessions. It also is likely that some parents may not value consultation activity, instead believing that their child would benefit more from the direct attention of the itinerant ECSE teacher. However, in order to best support effective early childhood inclusion it is important that early childhood leaders and policymakers understand the challenges facing itinerant ECSE teachers and adopt local practices to address these obstacles. Our research question were as follows: (1) What are the challenges that itinerant ECSE teachers face as they provide services to young children with disabilities? We used survey research to address the research question. While the survey focused on the professional practices of itinerant ECSE teachers in Ohio, we believe that the results have international implications as nations and programs seek to increase high-quality inclusive education for young children with disabilities. This survey was approved by the University of Toledo's Institutional Review Board.

Method

Questionnaire Development

The complete questionnaire consisted of 28 closed- and 2 open-ended questions, as well as 3 questions addressing basic demographic information. We developed the closed-ended questionnaire based on the literature related to itinerant services (e.g., Dinnebeil & McInerney, 2011; Dinnebeil et al. 2006). We piloted the questionnaire with itinerant ECSE teachers and made changes to the wording and terminology based on

their recommendations. Examples of the content of closed-ended questions included securing information about the characteristics of the children served, activities itinerant ECSE engaged in during visits to the child, as well as the degree to which itinerant ECSE teachers believed they were prepared for their job. The questionnaire was converted to a digital format using a common electronic survey platform and we requested that respondents complete the survey online. The focus of this article is the responses to one of the open-ended questions: "What is the greatest professional challenge you are currently facing as an itinerant ECSE teacher?" A copy of the questionnaire is available from the authors.

Survey Respondents

The Ohio Department of Education does not maintain a database of itinerant ECSE teachers, so we worked with the early childhood coordinators housed in the 16 statewide support teams (SSTs) (which are similar to special education regional resource centers) to identify itinerant ECSE teachers who worked in each of their regions. These 16 early childhood coordinators provide technical assistance and professional development to itinerant ECSE teachers. Fifteen of the 16 coordinators provided either contact information (email address and/or telephone numbers) for the itinerant ECSE teachers, or provided contact information for preschool special education supervisors whose districts were located in that region and who might supervise itinerant ECSE teachers. If we received supervisors' contact information from the SST contact, we contacted supervisors by telephone and/or email to obtain email addresses for their itinerant ECSE teachers. These efforts yielded email addresses for 277 itinerant ECSE teachers across Ohio. We also sent a test email message to all itinerant ECSE teachers in our database to ensure that the email addresses were valid.

Survey Dissemination

We disseminated the web link to the survey along with an introductory letter via email to the 277 itinerant ECSE teachers on our list. As an incentive to participate in the survey, we raffled ten, $100 gift cards to a national chain store. We did that by asking respondents who were interested in participating in the raffle to provide their contact information. Once we received their responses, we recorded their contact information and deleted it from the questionnaire, thereby maintaining the anonymity of the respondents with respect to a link to survey responses. One week after we sent the initial email and survey link, we sent a reminder with another link to the survey. Based on some comments we received via email from busy itinerant ECSE teachers, we decided to leave the link to the survey open until the end of June so that teachers could complete the questionnaire when they were finished the school year. These efforts yielded responses from 117 teachers, representing a 42% return rate.

Data Analysis

The focus of this article is on the qualitative responses teachers provided to the question previously stated. We used content analysis procedures (Krippendorff, 2012) to identify patterns or themes represented by the comments for each of the questions. Two of the authors (individuals who are familiar with the literature on itinerant ECSE service delivery and conducted the survey) independently read through each comment and based on that review, independently generated a set of possible themes that seemed to reflect the comments. After that, both authors met to jointly decide on the final themes. We asked the third author (who is also familiar with literature on itinerant ECSE service delivery) to review the comments and provide feedback on the validity of the themes. This process yielded the themes outlined below.

One of the authors ensured that each comment represent an independent unit of analysis. We found that the responses of 11 teachers represented more than one theme or unit of analysis. For example, when asked about the biggest challenge they faced, one teacher answered by saying "time limits and trying to plan interventions within classroom activities." We believed that this comment as well as others like it actually represented two separate thoughts—one was "time limits" and the other was "trying to plan interventions within classroom activities". Thus, we divided this statement and others into 133 separate units of analysis. Fifteen respondents failed to provide a response to this question. This process yielded a total of 133 units of analysis reported by 102 respondents.

Two of the authors reviewed the responses to each question independently and

identified possible themes or patterns represented by the responses. Then these authors met and discussed the possible themes and patterns and reached consensus on a set of definitions for the themes. These authors used those definitions to code responses. The initial coding efforts resulted in 95% agreement between the first 2 authors. There were 6 instances when the two authors were unable to reach consensus about the meaning of a comment. When that occurred, we asked the third author to review and code the comment and then the three of us reached consensus on how to code the comment. Using that process, we found that we were unable to reach consensus on 3 comments and so we deleted those from the analysis. This process yielded a total of 130 coded comments. Descriptions of the codes are included below.

Results

Demographic Characteristics of Respondents

Demographic characteristics

Table 1 describes the demographic characteristics of the 102 teachers who responded to the survey. Approximately 75% of the teachers were full-time itinerant ECSE teachers; the remaining teachers either worked part-time or served as both classroom-based and itinerant services (e.g., served as a classroom teacher in the morning and provided itinerant services in the afternoon). In terms of degree status, most teachers had a master's degree in addition to a bachelor's degree; 26% had earned either an Education Specialist degree (advanced graduate degree) or a doctoral degree. Only two thirds had begun their job as an itinerant "fully licensed" by the Ohio Department of Education. The remaining one third had been hired to provide itinerant ECSE services under a temporary credential. Respondents reported an average of 7 years of experience (SD=5.47) as an itinerant teacher. Full-time itinerant teachers had an average of 14 children on their caseloads (SD=6.83). Part-time itinerant teachers, or those who provided both itinerant and classroom-based services, served an average of 8 children on their caseload (SD=5.19).

Characteristics of the services provided by itinerant teachers and the children they served.

In addition to asking for information about teachers' demographic characteristics, we also asked them to describe the characteristics of the services they provided as well as the children they served. Forty-one percent of the respondents indicated they primarily served children in Head Start classrooms. An additional 48% of these teachers indicated that they primarily served children in community-based preschools, childcare centers or families' homes. Eighty-four percent of the respondents reported conducting itinerant visits once a week, usually for about an hour or an hour and a half. In Ohio, each child served by an itinerant teacher must receive a minimum of four hours of services each month. Finally, we asked teachers to identify the most frequent types of delays or disabilities of the children they encountered. Communication delays or disorders were cited most frequently, followed by general delays and delays in social/emotional development. Table 2 depicts those results.

Results of the Content Analysis

When asked about major challenges that itinerant ECSE teachers face, six different themes were apparent. Each is discussed below.

Logistics

Table 3 describes the major categories that resulted from the content analysis. The first, labeled *logistics,* referred to the daily challenges faced by completing paperwork, balancing professional roles (some respondents served as both classroom-based teachers and itinerant ECSE teachers), scheduling visits and meetings, keeping up with state policies and regulations, and dealing with travel between sites. For example, one respondent stated that *"It is challenging to meet the demands of an ESC and a school district and participate in both agencies' professional development."* Another stated that a major challenge she faced was *"[H]aving enough time to provide services in addition to all the extra duties I do."*

Caseload

We labeled the second theme that emerged from the content analysis as *caseload*. In identifying major challenges that they faced as part of their job, itinerant ECSE teachers cited the problems involved when they had too many or too few children on their caseloads. As one can imagine, most of the

Table 1.
Demographic characteristics of teachers

Demographic Characteristic	% and # of Respondents	Average or Mean
Employment Status		
Full-time itinerant	77 (78)	
Part-time itinerant	12 (12)	
Combination classroom and itinerant	11 (11)	
Highest Level of Education		
Bachelor's degree	9 (9)	
Master's degree	64 (65)	
Educational Specialist	25 (25)	
Doctoral degree	1(1)	
Licensure and Experience		
Fully licensed when initially employed	59 (60)	
Years of itinerant experience		7.13 (SD=5.53)
Caseload		
Average caseload for part time		10.13 (SD=6.90)
Average caseload for full time		13.597 (SD=6.85)

respondents cited having too many children on their caseloads (and not too few) as a job-related challenge they faced. One teacher commented that *"[T]he greatest professional challenges I see are that my caseload is so high. I serve 19 preschool students in addition to 6 kindergarten students for a total of 25. It is very difficult to manage time to see each child. Also, I am seeing more and more students with more severe disabilities....Autism, Cerebral Palsy, Multiple Disabilities, Social/Behavior Disorders, etc. These students are very challenging and having such a big caseload can be mentally and emotionally draining."* While most teachers identified too many children on their caseload, a few teachers worried about having too few children on their caseload which that might result in loss of their job or reduction in status from full time to part time.

Confidence and competence

Having *confidence* and feeling *competent* in their role as an itinerant teacher was the third theme that emerged from the data. Respondents described feeling uncertain about their abilities to provide effective itinerant services as well as feeling doubtful about their abilities as an itinerant to appropriately serve children, particularly in regards to supporting the needs of other adults. One teacher stated that *"[B]eing another professional in the classroom...there are many different programs that provide services in the classrooms…it is difficult to be another professional providing additional intervention strategies for the teacher."* Furthermore, they expressed concern about their abilities to work in a child's home (when delivering home-based itinerant services) or in another teacher's classroom. One teacher commented *"I struggle with behavioral issues while working with a child in their home. It becomes a question of "who is in charge?" the parent or me. It can become awkward when my suggestion for a solution to the problem is over looked (sic) and the parent uses behavioral techniques that are not appropriate for the child, or not helping him or her reach their IEP goals and objectives."*

Characteristics of teachers, parents and early childhood programs.

This theme referred to behaviors and attitudes of general ECE teachers or parents, as well as the overall quality of the general early childhood program which served as the primary placement for the child that the itinerant ECSE teacher served. It included challenges teachers faced from general ECE teachers who seemed resistant to working with the itinerant and/or lacked the capacity to implement child-focused interventions or collect progress monitoring data between itinerant visits. For example, one respondent identified a challenge as *"[H]ow to 'help' teachers in classroom where the teaching is lacking in professionalism and when they don't really 'want' help."* Another respondent described her major challenge as *"[W]orking with regular educators who don't welcome suggestions of strategies/interventions and who don't follow through on implementing suggested strategies/interventions."* This theme also reflected the challenges that itinerant teachers faced in working with some parents. For example, one teacher stated that *"[T]he greatest professional challenge*

that I am facing as an itinerant ECSE teacher is when the parents do not want a teacher coming to their home." Finally, teachers commented on the difficulties that ensue when there is not a good match between the characteristics of the children and the characteristics of the classroom. For example, one respondent commented that *"[T]heir curriculum is not always developmentally appropriate, thus their expectations of the performance/skills of the children may be higher than what should be expected."*

Access to professional supports and resources

Access to professional supports and resources referred to the degree to which the itinerant ECSE teacher faced professional isolation or felt that their supervisors, colleagues, or other administrators lacked awareness about the roles and responsibilities of an itinerant ECSE teacher. This also referred to a lack of support at the state level, as well as a lack of appropriate

Table 2.
Demographic characteristics of focus children and service delivery settings

Demographic Characteristic	**% and # of Respondents**	**Average or Mean**
Service Delivery Settings		
Head Start classrooms	39 (40)	
Community preschools or child care	23 (23)	
Home	22 (22)	
Preschool operated by a public school	7 (7)	
Special needs preschool	3 (3)	
Family care home	1 (1)	
Combination of services	1 (1)	
Other: Diagnostic center	1(1)	
Frequency of visits to focus child		
One time a week	84 (85)	
Twice a month	6 (6)	
Twice a week	4 (4)	
Three or more times a week	2 (2)	
Once a month	1 (1)	
Duration of visits		
1 hour	67 (68)	
1-1.5 hours	18 (18)	
Other	7 (7)	
1.5-2 hours	4 (4)	
2 hours	1 (1)	
Duration ECSE teacher provided services to focus child		
One school year	52 (58)	
Two school years	23 (26)	
Less than six months	19 (21)	
Less than three months	4 (4)	
Other	2 (1)	
Frequently occurring disability conditions of focus children	53 (53)	
Communication delays or disorders	18 (18)	
Overall developmental delays	9 (9)	
Social emotional delay or disorder	6 (6)	
Multiple or severe disabilities	6 (6)	
Autism	3 (3)	
Fine motor delay	1 (1)	
Gross motor delay		
Age		
Average age of focus children		4.64 (.779)

Table 3.

Major professional challenges itinerant ECSE teachers face

Theme	Components of Theme
Logistics	• Balancing professional roles (e.g., classroom teacher and provider of itinerant services). • Completing paperwork • Keeping up with changes in state rules and policies • Scheduling or coordinating meetings with others • Travel logistics
Caseload	• Too many children on caseload • Too few children on caseload
Confidence and Competence in Role	• Feeling comfortable and confident in my role as an itinerant • Working in someone else's classroom • Working in a student's home • Helping others to make changes to support the child
Characteristics of teachers, parents or early childhood programs	• Quality of ECE programs and classrooms • Attitudes of ECE partner teachers • Resistant behaviors of teachers or parents • Teachers' capacity to implement child-focused interventions • Teachers' capacity to collect progress monitoring data • Mismatch between characteristics of the classroom and learning needs of students
Access to professional support and resources	• Professional isolation • Lack of support or understanding from supervisors • Lack of state level support • Access to resources (e.g., materials and equipment)
Meeting the needs of specific children	• Working effectively with students who have specific needs (e.g., behavioral concerns) • Writing functional goals • Developing meaningful activities

resources to provide high-quality itinerant ECSE services. When asked to describe major professional challenges faced as an itinerant ECSE teacher, one respondent commented that she is the *"[O]nly itinerant in the area so it is hard to meet with other itinerants and discuss what we are doing and challenges we face."* Another complained that *"[W]orking in a public school, I also feel like many of my colleagues don't fully understand how much I have to do with all the Preschool students and Kindergarten students as well. Some think I just "visit" the students when I really do much more than that."* Another teacher stated that *"[A]lthough my supervisor has a clear perception of my role as an itinerant teacher, many of my colleagues after 4 years still do not understand what exactly my roles and responsibilities are-which can make it difficult to collaborate with them. I also feel ""out of the loop"" most of the time with what is going on at my school. Since I am gone most of the day, I miss out on meetings that occur during the day or other activities planned for staff or students."*

Meeting the needs of specific children.

The final theme that emerged from the content analysis was the difficulties that itinerant ECSE teachers faced in trying to adequately meet the needs of specific children they served. This included challenges like meeting the needs of children with challenging behavior, writing functional IEP goals and developing meaningful and effective developmental or educational activities for those children (e.g., for children with severe disabilities served in the home). Examples of respondent comments included: *"I would also like to continue to grow in the area of behavioral interventions and teaching social skills"* and *"[C]urrently not being able to give all kids the classroom experience that they need. I know not all need to be in a classroom but many on my caseload NEED that interaction."*

Quantitative Analysis of Comments

In addition to identifying the major themes that emerged from the content analysis, we were also interested in determining the frequency of comments for each of the themes as well as the number of respondents whose comments were related to each theme. Table 4 includes the results from that analysis.

The greatest number of comments (48 or 37% of the total number of comments) were about *logistical* challenges. The theme *Characteristics of Parents, Teachers, and Quality of the ECE Program* had the second highest number of comments (38 or 29% of the total), followed by *Access to Professional Support and Resources* (15 or 12% of the total), *Confidence and Competence in Role* (12 or 9% of the total), *Caseload* (9 comments or 7% of the total), and *Meeting the Needs of Specific Children* (8 or 6% of the total).

Discussion

The results of this study suggest that itinerant ECSE teachers face many professional challenges. These challenges include problems handling the logistics of their job, working with diverse groups of parents and teachers, and working across a range of early childhood programs. Itinerant teachers responding to this survey described challenges they faced related to accessing professional support and the resources they needed to engage in their role effectively. This has also been demonstrated to be the case in other areas of the world including the UK (Clough & Nutbrown, 2004), Greece, (Fyssa et al. 2014), and Australia (Grace et al., 2008). Of interest is the degree to which itinerant ECSE teachers identified issues of comfort and confidence in their own abilities to provide high quality services to children, as well as the extent to which they felt they were able to meet the needs of specific children they served.

Concerns about logistics

Handling the day-to-day logistics of their job appears to be the most significant challenge that itinerant teachers face. Respondents provided significantly more comments related to the theme of logistics than any of the other themes that emerged from the content analysis. Handling the day-to-day details about one's job is often challenging and frustrating. Itinerant ECSE teachers who spend the majority of their time "on the road", face many logistical challenges on a daily basis. Unlike their classroom-based colleagues, itinerant ECSE teachers interact with far more individuals on a daily basis. The sheer number of these interactions can pose scheduling problems and difficulties. Savvy entrepreneurs can look upon this as an opportunity to develop organizational and time management systems that could help to address some of the logistical challenges itinerant ECSE teachers face. Digital applications for mobile devices could be very helpful for these itinerant teachers. Providing professional development experiences that focus on organization and time management could also be an important resource. Finally, it is important for itinerant ECSE teachers and their supervisors to streamline visitation schedules, making it easier for itinerant ECSE to do their jobs. For example, serving multiple children in one program could help decrease driving or commuting time for itinerant teachers. Another way of decreasing travel time is to increase the amount of time teachers spend during a single visit while decreasing the number of visits per child.

Table 4.
Frequency of comments per theme

Theme	# of Responses	# of Individuals	% of Total
Logistics	42	33	36
Caseload	8	5	6.8
Confidence and competence in role	11	7	9.4
Characteristics of teachers, parents, and quality of ECE program	34	27	29
Access to professional support and resources	14	9	12
Meeting the needs of specific children	8	16	6.8
Multiple Categories		14	
Total	117	101	100

Concerns about caseloads

Working "smarter" could also help to address some of the concerns about the number of children on itinerant ECSE teachers'

caseloads—another challenge they reported. Inappropriate caseloads can compromise the quality of services that young children with disabilities receive and can create frustration for the itinerant ECSE teachers who serve them. It is critical that supervisors and district personnel, along with state-level leaders, work diligently to ensure that itinerant ECSE teachers have appropriate caseloads. While increasing caseloads may seem like a way to stretch the district budget, it can actually backfire since the quality of services provided to children can easily be compromised. Itinerant ECSE teachers who serve too many children are unable to provide quality services. Consequently, the district or LEA may be wasting financial resources in supporting ineffective early intervention services.

Concerns about working with others

Although one should not underestimate the challenges that logistical difficulties and inappropriate caseloads can create, we are concerned with the challenges that respondents identified that are related to working with other teachers and parents, as well as serving children across a spectrum of early childhood programs. Those challenges are far more difficult to address and can have more serious implications for the quality of services young children receive.

The complexities involved in providing consultation and coaching to general educators has been well-documented in the school consultation literature (Downer, Locasale-Crouch, Hamre, & Pianta, 2009; Harris & Cancelli, 1991; Johnson, Pugach, & Hammitte, 1988). In 2011, the Region 1 Office of Child Care and the National Infant and Toddler Child Care Initiative published a set of competencies related to providing consultation to teachers and other professionals who work with infants and toddlers. The competencies outlined in this document are complex and exhaustive and speak to the difficult job that early childhood consultants face. While behavioral consultants who work in the K-12 school system receive formal training related to consultation, itinerant ECSE teachers, who often are called upon to do the same job, receive little or none. It is no surprise that without proper training and support, itinerant ECSE teachers find it difficult to provide effective consultation services. While parents who choose itinerant ECSE services for their children might be viewed as willing participants, they may do so without fully understanding how a consultative approach to itinerant ECSE service delivery works versus the more familiar "pull out" or one-to-one service delivery model. This is especially true for parents who advocate for a "medical model" of services for their children; a model that emphasizes the primacy of "hands on" therapy provided by experts.

The resistance that respondents identified as a major challenge to their work may be especially relevant when it comes to working with general ECE teachers who, often by default, find themselves in relationships with itinerant ECSE teachers (Harris & Cancelli, 1991). Even though participating in a consultative relationship should be voluntary (Wesley & Buysse, 2006), it often is not. Harris and Cancelli (1991) argue that the degree to which the consultee "volunteers" to work with the consultant has major implications for the success of the consultative relationship. It is not surprising that a number of respondents who identified working with teachers and parents as a major challenge, also cited a lack of confidence or competence in their role as an itinerant ECSE teacher as an associated challenge.

Concerns about quality of early childhood programs

Along with working with individuals, respondents to this survey also identified as a challenge the quality of the early childhood program in which itinerant services are provided. Itinerant ECSE teachers' concerns about the quality of the early childhood program are not new (Dinnebeilet al., 2001). Unfortunately, the history of quality child care in the United States is not positive, although recent efforts to improve quality have had positive outcomes. Many young children, both with and without disabilities, are served in early childhood programs that provide mediocre to poor care (Barnett, Carolan, Fitzgerald, & Squires, 2012) and LEAs often have little control over where parents decide to enroll their children who receive itinerant services. Recent advances in the development and implementation of quality improvement rating systems (QRIS) will hopefully help parents identify high quality early childhood programs, resulting in better outcomes for children (Mitchell, 2009; Zellman & Perlman, 2008).

In addition to poor quality care that is characteristic of some early childhood programs, itinerant ECSE teachers can encounter challenges when there is a mismatch in

the educational approaches taken by a general early childhood program staff and the needs of a particular child with a disability. While the field has made great strides in developing a joint understanding of what constitutes developmentally appropriate practice (Bredekamp, 1993), many general early childhood educators reject or do not understand that some educational practices that are generally perceived as developmentally inappropriate (e.g., providing extrinsic motivation) may be individually appropriate for some children. Consequently, they may overtly or covertly reject the advice or recommendations of an itinerant ECSE teacher, as well as fail to adopt evidence-based practices in addressing the IEP objectives of children in their classroom.

Concerns about professional support

Many of the itinerant ECSE teachers who responded to this survey spoke about the challenges they face securing professional support from colleagues and supervisors. Since itinerant ECSE teachers have unique roles, they often do not enjoy the professional collegiality that classroom-based teachers experience. In addition, in Ohio, special education supervisors and administrators report confusion about the role of the itinerant ECSE teacher. As a result, some respondents identified their supervisor's lack of understanding of the role of an itinerant ECSE teacher as a challenge. They also identified the challenge that occurs when their school-based colleagues do not seem to understand what they do. Professional support is an essential element of any effective educational system. Itinerant ECSE teachers face issues that many classroom-based colleagues or special education administrators do not experience. Since these are unique challenges, having professional colleagues to turn to for support and guidance is critical.

Our state's early childhood coordinators, housed in our regional special education resource centers, have worked to provide professional support to itinerant ECSE teachers primarily through developing and maintaining communities of practice and study groups. We have also begun to use social networking to help itinerant ECSE teachers develop and maintain connections with each other. These strategies have the potential to provide the support and collegiality that itinerant ECSE teachers need in order to sustain and improve the quality of their professional practice. It's important to make sure that all itinerant ECSE teachers know about these resources and are comfortable accessing them. Even though the itinerant ECSE teachers who responded to this survey had been providing itinerant services for an average of 7 years, a standard deviation of over 5 years provides evidence that not all respondents were seasoned itinerants. Reaching out to new itinerant ECSE teachers to make sure they are aware of professional resources is important to their success and competence.

Limitations

While we learned many things about the challenges facing itinerant ECSE teachers, it is important to acknowledge certain limitations of this study. First, although almost half of the respondents completed the questionnaire, not all of them did. There is the possibility that the responses analyzed in this study do not represent the perspectives of all the itinerant ECSE teachers in Ohio, let alone across the country. We also were not able to obtain access to the names and contact information for all of the itinerant ECSE teachers in Ohio—one of the 16 state support teams was unable to provide that information. Consequently, there is a possibility that itinerant ECSE teachers who did not receive an invitation to participate in the survey may have provided different responses.

Another limitation of this study is the possible bias that might have occurred when identifying and describing the themes that emerged from the content analysis. The first and second authors first identified themes independently and then worked jointly to develop the final definitions used in the analysis. It is possible that other individuals would have identified different themes. Replication of this study could increase confidence that the issues here are, indeed, professional challenges that are faced by itinerant ECSE teachers.

Implications for Future Research

As the provision of consultative services to support early childhood inclusion becomes more prevalent, it is critical that researchers work to identify the key components of effective consultation and other models of collaboration. The field is beginning to understand how different models of

professional support help educators learn new skills and gain new competencies (Sheridan et al., 2009). However, the terms "consultation" and "coaching" are used freely without operational definitions, and often are seen as equivalent terms or practice models. We respectfully suggest that consultation and coaching, while sharing some elements of practice, differ. Until we are able to reach an understanding of what these terms mean, we will be unable to evaluate the efficacy of their use by itinerant ECSE teachers and fully understand the challenges these ECSE professionals face.

Implications for Practice

The provision of effective itinerant ECSE services involves 'top-down' and 'bottom-up' approaches. From a top-down perspective, itinerant ECSE teachers need direction and guidance, in the form of effective supervision, from administrators and state level leaders. Unfortunately, itinerant teachers will continue to face the challenges described in this study until they receive the support they need to advance their professional skills and practice. Developing and disseminating a shared understanding of what constitutes effective itinerant ECSE services is critical in supporting itinerant ECSE teachers. Parents and general educators must understand what to expect from itinerant ECSE teachers providing consultation services. Administrators must also understand that the most effective itinerant ECSE teachers are seasoned professionals—not novices just entering the profession. LEA administrators who hire itinerant ECSE teachers must take experience into account when filling itinerant ECSE positions. Involving the general ECE community in this discussion is key to advancing high quality itinerant ECSE services. This means engaging in systemic discussions with community leaders and making sure that general ECE teachers who work with itinerant ECSE teachers participate in the IEP process as full partners.

From a 'bottom-up' perspective, itinerant ECSE teachers require training and ongoing professional development so they can function effectively in their positions. Given the nature of most ECSE teacher preparation programs, it is highly unlikely that itinerant ECSE teachers are adequately prepared to work effectively with other adults versus focusing their interaction on one-to-one interaction with the children on their caseload. While teachers may complete a course in "collaboration in special education" as part of their preservice program, we doubt that they are required to complete formal clinical experiences that focus on work with other adults in a consultation/partnership role. One solution to the problem might be requiring an additional credential that teachers earn by completing a program of study that focuses on the critical knowledge and skills needed by consultants. However, creating this requirement could make it even more difficult to fill itinerant positions, thus limiting inclusive options and threatening the integrity of the principle of *least restrictive environment.* Career ladder options which reward ECSE teachers for acquiring "value added" credentials, voluntarily, also could motivate engaged itinerant professionals to complete advanced training that focuses on the dynamics of consultation services and the development of professional partnerships.

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Mehmet Seckin GEZER[1]
ORCID: 0000-0001-5353-9841

Veysel AKSOY[2]
ORCID: 0000-0003-1020-8326

Perceptions of Turkish Preschool Teachers' about Their Roles within the Context of Inclusive Education*

Abstract

The roles and responsibilities of preschool teachers are principal factors in the success of inclusive practices. Teachers should be aware of their roles and act accordingly in order to be effective in inclusive settings. The aim of this study is to evaluate preschool teachers' perceptions of their roles within the context of inclusion education. The participants were 19 preschool teachers with students with disabilities in their inclusive classrooms. Based on semi-structured interviews with the teachers, their role perceptions are discussed under six themes. Teachers are aware of some, but not all of their roles and responsibilities required of them by the relevant special law. They have significant deficiencies in knowledge and strategies necessary to adequately fulfill their legally-defined roles.

Keywords: inclusion, preschool teachers, role perception

Introduction

Inclusive education in early childhood is a common practice nowadays, especially in developed countries (Diken et al., 2016; Odom and Wolery, 2003; Rakap, 2017a). It is seen as an important part of education both nationally and internationally (Sharma et al., 2008). Research has shown that among the factors affecting the success of inclusion practices, classroom teachers, who are the primary practitioners of inclusive education are the most important ones (Avramidis and Norwich, 2002; Bakkaloğlu et al., 2018; Dias and Cadime, 2016;). Numerous studies have investigated teachers' attitudes towards inclusion (Avramidis et al., 2000; Avramidis and Norwich, 2002; De Boer et al., 2011; Dias and Cadime, 2016; Hastings and Oakford, 2003; Parasuram, 2006; Rakap and Kaczmarek, 2010), their competence and efficacy in special education (Akcan and Ilgar, 2016; Weisel and Dror, 2006) which all play important roles in the success of inclusive education.

In the social behaviours of individuals, status and roles are two important concepts for sociology and social psychology. Status refers to a set of tasks and relations within the social system determined by limits accepted by the society (Güney, 2009). Roles refer to a set of behaviours that society expects from individuals in certain positions (Feldman 1995). Individuals' roles define a status that will enable them to be active in society. When the rights and obligations of individuals within the social structure are determined, their roles are also determined and individuals' behaviours within the social

[1] M. Ed., Anadolu University, Department of Special Education, Eskişehir, Turkey.
e-mail: msgezer@anadolu.edu.tr
*Corresponding author.
[2] Ph.D., Anadolu University, Research Institute for Individuals with Disabilities, Eskişehir, Turkey.
e-mail: vaksoy@anadolu.edu.tr
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structure become predictable (Güney, 2009). The basic functions of roles are to provide a division of labour, to define the behaviours expected of individuals, to clarify individuals' tasks according to goals, and to shape individuals' self-definition (Arkonaç, 2008). Following from these definitions, teaching can be understood as an official social status. Teachers' roles refer to the behaviours expected from them. In order to realize the benefits of inclusion, preschool teachers in inclusive classrooms should exhibit behaviours in accordance with their status.

There are few studies that evaluate teachers' role perceptions within the context of inclusive education. Görgün (2013) reported preschool teachers' opinions on the roles and responsibilities of assistant teachers in special education. Teachers thought that assistant teachers should have sharing attitudes, be patient and fair, and preserve classroom privacy. Katsafanas' (2006) study with special education teachers showed that job satisfaction was the main factor for teachers to fulfil their roles and responsibilities and participate in decision-making. School counsellors who participated Goodman's (2005) study said that they saw their own roles and responsibilities within the context of inclusive education as being a consultant, partial administrator, and advocate of inclusive education. Minondo et al. (2001) showed that compared to general education teachers, special education teachers are more active in adopting roles that involve teaching, communicating, supporting and paying attention to students with disabilities. Smith and Smith (2000) showed that factors negatively affecting teachers' perceptions of inclusive education were classrooms with in appropriate physical conditions and lack of cooperation with other educators or administrators.

Inclusive Practices and Preschool Teacher Roles in Turkey

Although inclusion as an education model in Turkey was first described in 1983 (Turkish Ministry of National Education [MEB], 1983), inclusive practices in Turkey were legally secured in 1997 (MEB, 1997). Studies on inclusive preschool practices in Turkey are limited. These studies have examined opinions, attitudes and competences of preschool teachers or teacher candidates about inclusion practices (Altun and Gülben, 2009; Rakap et al., 2016; Sucuoğlu et al., 2014). They have addressed the behaviours of children with special needs in the classroom, their behavioural differences from children without special needs and peer relations (Demir, 2016; Demirkaya and Bakkaloğlu, 2015), parents' opinions of inclusion, relations or differences in families with and without children with special needs, levels of involvement (Sucuoğlu and Bakkaloğlu, 2018) and effectiveness of teaching methods and intervention programs (Aldemir and Gürsel, 2014; Odluyurt and Batu, 2010; Rakap, 2017b; Rakap, 2019). Recently, there has been a significant increase in the number of children with special needs who were placed in inclusive preschool classrooms. The number of students participating in inclusive education was 304 in the 2014–2015 academic year (MEB, 2015a), which increased ten-fold to 3585 in the 2016–2017 academic year (MEB, 2017). The roles and responsibilities of preschool teachers in Turkey were determined by the MEB (see Table 1). Teachers should know these roles and responsibilities and perceive them as their own roles in order to exhibit the behaviours expected from them.

Table 1

Preschool teachers' roles with respect to inclusive education (MEB, 2006; MEB, 2015b)

Planning and maintaining the education process according to the principles stated in the program
Planning and maintaining individualized education programs (IEPs)
Preparing or providing instructional materials according to the needs of students
Participating in and organizing family training activities
Providing support and guidance to students
Cooperating with the executive committee of guidance and psychological counselling services and the IEP development unit
Determining the educational needs and level of students educated in inclusive classrooms
Planning and managing the interaction of students with disabilities in inclusive classrooms with other students
Evaluating the effectiveness of education with students with disabilities in inclusive settings

In Turkey, four-year undergraduate programs that educate preschool teachers have only two special education courses. Pre-service teachers complete teaching practice courses in preschool classrooms but they do not directly work with children with special needs. They are provided with limited professional training in inclusive education. Hence it is understandable that they do not consider themselves adequately trained to educate children with special needs (Rakap et al., 2016). When teachers have students with special needs in their classrooms, it is assumed that they are aware of their roles and will perform them adequately. Along with teachers' self-perceptions, their knowledge and awareness of the concrete tasks for each role is also important. Clarifying role perceptions will provide an opportunity to compare the roles specified for teachers and their own perceptions of those roles. This comparison will allow for planning professional development programs. The results of this study are expected to guide the preparation of content for in-service training programs for preschool teachers and pre-service teacher training programs.

The purpose of this study is to determine role perceptions of preschool teachers who have children with disabilities in their classrooms within the context of inclusive education. Knowledge and awareness levels of teachers with regard to how they perform their roles are also examined. Based on their opinions, we attempt to explain issues such as IEPs, determining priority skills to be gained, implementation and evaluation of education, implementation of behaviour change programs, social acceptance of the students, and family involvement.

Methods

Research Model

This study uses a phenomenological model, which focuses on the perceptions, experiences and thoughts of individuals in depth and explores findings with a holistic view of these components (Bogdan and Biklen, 2007; Creswell, 2013). Descriptive phenomenology research attempts to determine what phenomena people have experienced or are currently experiencing (Bogdan and Biklen, 2007; Ersoy, 2016; Patton, 2002). We applied this model to our study to evaluate preschool teachers' perceptions of their roles in relation to inclusive education. Participants in phenomenology studies can provide detailed and rich data, in accordance with the qualitative research tradition (Denzin and Lincoln, 2005). In phenomenology research, the quality of participation is more important than the quantity of participants since the goal is not to generalize. Hence participants should be experienced in the study's topic (Patton, 2002).

Participants

Participants of the present study were 19 preschool teachers with experience of having children with disabilities in their classrooms. The goal of choosing these participants was to obtain the richest and most varied data possible. A purposeful sampling procedure was used to identify participants who can make the richest contributions based on the study's criteria (Yıldırım and Şimşek, 2013). The criteria for participating in the present study were general professional experience at least two years, and the number of children with disabilities in their classrooms. Using these criteria, 19 female preschool teachers who worked in public preschool classrooms in the city of Eskişehir in Turkey were selected to participate in the study. Information about study participants and their classrooms is presented in Table 2.

Data Collection Tools

Qualitative semi-structured interviews were used to collect data in the present study. Interviews are among the fastest ways to learn about the knowledge, thoughts, attitudes, and behaviours of the participants (Sharma, 2010). Interviews may be divided into different types, depending on their purpose, the characteristics of the interviewee, and the flexibility of the interview's rules. One of the most common types of interviews uses standardized open-ended questions in a specific sequence (Patton, 1987).

Face-to-face interviews were conducted with the preschool teachers and semi-structured interview questions were asked in a specific order, with the goal of assessing role perceptions of preschool teachers who had children with disabilities in their classrooms.

Prior to writing interview questions, the authors conducted an in-depth review of the literature on teachers' roles. These roles were discussed with two experts in special education. This guided the interview

Table 2.
Participants.

Participants	Age	Professional experience	Class size	Number of children with disabilities
Participant 1	33	8	16	1
Participant 2	32	10	27	2
Participant 3	33	3	16	1
Participant 4	34	11	16	2
Participant 5	35	8	14	1
Participant 6	33	10	22	1
Participant 7	32	12	12	1
Participant 8	33	12	28	1
Participant 9	39	14	18	3
Participant 10	28	6	21	1
Participant 11	36	13	22	1
Participant 12	32	11	16	2
Participant 13	36	12	21	1
Participant 14	36	12	23	1
Participant 15	42	15	17	1
Participant 16	38	6	20	2
Participant 17	30	8	13	2
Participant 18	30	9	24	1
Participant 19	35	9	19	3

questions that the authors prepared. Next, we consulted a panel of three experts, finalized the questions, and conducted a pilot study.

Data Collection Process

Participants were selected from a list provided by the Province Directorate of National Education as a voluntary-basis. Interviews were conducted in an appropriate place at the schools where the teachers worked outside of the class time. Before the interviews, teachers filled out the demographic information for mas well as the informed consent forms. The duration of interviews was 17 minutes on average (range = 9 min to 30 min).

Data Analysis

Data analysis in phenomenology research focuses on describes the targeted phenomenon to reveal associated experiences and thoughts (Creswell, 2016). We followed Moustakas's (1994) method to describe the role perceptions of preschool teachers who had children with disabilities in their classrooms and their thoughts on the process of inclusive education. The method has three stages: pre-analysis, post-analysis, and writing results. The data consist of 154 pages and 4286 lines of text that were checked by a researcher experienced in both qualitative research and inclusive education. Statements on role perceptions were listed and grouped in the dataset to prepare it for analysis. Next, codes were determined by decreasing and eliminating these statements. These codes were grouped into six themes, which were examined by two different researchers. Both researchers agreed on the majority of themes with the reliability percentage ranging from 83.33% to 100% (mean = 94%). Intercoder agreement was calculated using the following formula: (agreement / agreement + disagreement) × 100 (Yıldırım and Şimşek). Table 3 lists the themes identified.

Table 3.
The themes identified

Themes	
1	General views on inclusion
2	Determination of the IEP and priority skills
3	Instructional practices and evaluation of children with disabilities
4	Behaviour management practices for children with disabilities
5	Peer acceptance and family involvement
6	Their role as a teacher in inclusive classrooms

Results

General Views on Inclusion

Generally, teachers stated that inclusive practices were useful in supporting the child's social development. Some teachers (n = 7) said that students who were included in inclusive practices and who had a severe intellectual disability were not suitable for inclusion. They believe that part-time inclusion is more appropriate for these students. The problems mentioned by the teachers were crowded classrooms (n = 5), the lack of a teaching assistant in the classroom (n = 7) and their lack of training on inclusion (n = 5).

Determination of the IEP and Priority Skills

More than half of the teachers (n = 10) believe that the preparation of the IEPs contributes to the development of students while the rest did not or were undecided. Many stated that IEPs should be prepared by a team (n = 14). Some teachers said that they did not think they were competent in developing IEPs (n = 5). It was stated that the objectives should be determined by a team (n=12), based on observations of the child (n=4). Teachers also stated that social skills should be taught primarily to students with special needs who participate in inclusive classrooms (n=14). After social skills, self-help skills were the most frequently mentioned as skills to be developed (n=14).

Instructional Practices and Evaluation of Children with Disabilities

Most teachers (n = 15) said that they use a variety of methods to achieve IEP objectives and that they implemented some instructional practices. These practices included encouraging children to participate in activities (n=6), adapting activities to the abilities of children (n=4) , providing physical assistance (n=4), being a model (n=2), providing face-to-face interaction (n=2), and providing peer support (n=2). Four teachers stated that they did not carry out any practices. They defended this by saying that children with disabilities learned slightly more slowly than other children and that inclusive practices involve slower teaching rather than adapted techniques.

Teachers said that evaluations should be performed periodically (n = 7). They reported that they performed evaluations by monitoring the general development at the end of the period rather than evaluating specific situations. They also reported that they used development observation forms provided by the MEB in these evaluations (n=3). One teacher reported not doing any evaluation.

Behaviour Management Practices for Children with Disabilities

Most teachers rewarded appropriate behaviour of children with disabilities (n = 15). Four participants stated that they do not. However, teacher's statements do not mention specific reinforcement methods for rewarding. The most commonly reported method for dealing with problem behaviours was verbal warnings (n=9). Other methods were enabling other children to become models (n=4), ignoring inappropriate behaviours (n=3), removing children from the classroom (n=3), withdrawing rewards (n=2) and redirecting children's attention to a different object or activity (n=2). However, in the interview notes, there is no indication that these practices were carried out systematically.

Peer Acceptance and Family Involvement

All teachers agreed that it was necessary to take steps so children with disabilities are accepted by their peers. The most common approach was to inform other children (n=13) and their families (n=14) about children with disabilities as well as encouraging children to help their peers with disabilities. One teacher stated that it was also important for the parents of children with disabilities and the families of typically developing children to meet. The participation of the parents of children with disabilities in classroom activities was also reported.

Teachers' Role in Inclusive Education

The most frequent response on teachers' roles was to enable inclusion students to socialize (n=10) Other roles included educating children with disabilities (n=7), guiding their families (n=5), and participating in the evaluation process of these children (n=4). In addition, three teachers stated that they saw themselves in a supportive role rather than a primary role in the education of children with disabilities. Two teachers stated that their role should be making plans for childen with disabilities, which would be implemented by an assistant teacher. This would let them to pay attention to the rest of the children in the classroom.

Discussion

The purpose of this study is to determine role perceptions of preschool teachers who have children with disabilities in their classrooms within the context of inclusive education. Findings of the present study generally coincide with previous studies. The findings suggest that inclusive education supports students' social development, which agrees with other studies. The literature says that the main benefit expected from inclusion is socialization and social development (Rakap, 2015; Warren et al., 2016). Avramidis and Norwich (2002) reported that teachers considered the inclusion of students with medical and physical difficulties most appropriate, followed by students with special learning difficulties and speech disorders. Lee et al. (2015) also found that teachers consented to include students with learning difficulties and speech disorders at the highest level and students with behavioural disorders at the lowest level. According to the reports of participants in the study of Rakap and Kaczmarek (2010) only 35% of the teachers who answered to the survey were eager to include students with severe learning difficulties into their classrooms. Rakap et al. (2016) expressed that preservice teachers showed more favourable attitudes towards working with children with severe physical disabilities than those who have severe cognitive and behavioural disabilities. Akalın (2015) and Sadioğlu et al. (2013) reported that teachers recommended that inclusion should be part-time.

One of the problems raised by teachers is that classrooms are crowded, which has also been mentioned by other teachers in Turkey (Kargın et al., 2003; Sadioğlu et al., 2013; Saraç and Çolak, 2012). Kuyini et al. (2016) reported that crowded classrooms are a problem for teachers in Ghana. However, classroom sizes in this study and the number of children with disabilities in each classroom were in accordance with MEB guidelines. Complaints about crowded classrooms are more meaningful when there is no support or teaching assistant teacher in the classroom, which has also been reported previously (Kuyini, et al., 2016; Sadioğlu et al., 2013), in addition to the lack of training on inclusion (Kargın et al., 2003; Sucuoğlu et al. 2014). In the absence of support and adequate training, it may be difficult for teachers to pay attention to inclusion and children with disabilities.

This study's findings on preparing IEPs and priority skills for students are consistent with previous studies. For example, previous studies showed that teachers believe that IEPs are beneficial (Lee et al., 2015) and that the careful preparation and implementation of IEPs at the beginning of the year enables students to participate in class throughout the year (Demirezen and Akhan, 2016). Also, in agreement with the literature, teachers do not see themselves as being competent in developing IEPs (Dikici et al., 2011; Nonis et al., 2016) and that this requires a team (Lee-Tarver, 2006). Working as a team would help teachers learn to develop IEPs, which would lead to improvements in the preparation and implementation of IEPs for children with disabilities served in inclusive classrooms.

Teachers saw social and self-help skills as priorities for children with disabilities. Teachers who are trained in inclusion focus on developing social skills of children with disabilities (Grenier, 2011). Kemp and Carter (2005) reported that primarily classroom skills and then social and self-help skills were important for successful preschool inclusion. Akalın (2015) reported that general education teachers give priority to non-academic skills in children with disabilities, and that self-help and social skills are at the forefront, followed by classroom skills. Nickerson and Broshof (2003) also emphasize the importance of teaching non-academic skills. The findings of this study suggest that preschool teachers emphasize social and developmental aspects rather than academic skills, which is similar to the findings of Galović et al. (2014). In this study, teachers emphasized the benefit of inclusion to support social development. This is reinforced by social skills and self-help skills, which increase social acceptance. However, the findings of these studies, Rakap's (2015) study shows that only 126 of the 2235 BEP aims for preschool age group focus on social-emotional development, while 232 focus on self-help adaptive skills, on the other hand, 1155 focus on cognitive/academic skills. This finding can be interpreted as the fact that what the teachers say and do is not overlapping. Boavida et al., (2010)'s study shows that self-help goals were somewhat more functional than were social, language, cognitive, and motor goals. Most teachers

stated that they implement instructional practices for children with disabilities. In a study conducted in Turkey, teachers encouraged participation in the classes, made frequent repetitions and supported these practices with homework and the preparation of additional materials (Kargın et al., 2003). Fyssa et al. (2014) reported that Greek teachers did not carry out instructional practices with proven efficacy in inclusive environments. In the current study, teachers did not use the systematic approaches suggested by Odom and Wolery (2003), environmental structuring such as engagement, communication, interaction, or play that enables the child to develop in social, language and communication areas, in addition to strategies and instructional methods based on material or play chosen or preferred by the child. Teachers in the study evaluated children with disabilities periodically with the same forms that they use for typically developed students. In the literature, it is emphasized that students should be evaluated by informal techniques at the beginning of the semester and adaptations should be made according to the characteristics of students (Avcıoğlu, 2011; Ernest et al., 2011). Zhang (2011) reported on a school in which students are evaluated three times a year based on IEP objectives. In the current study, teachers emphasized periodic evaluation but did not mention appropriate adjustments based on children's characteristics or evaluating whether student objectives were achieved. These findings suggest that participants do not have effective evaluation procedures for children with disabilities.

Teachers' behaviour management practices for children with disabilities are consistent with those in the literature (Soodak 2003) such as rewarding students (Sukbunpant, 2013), verbally warning them (Sucuoğlu et al., 2010), cooperating with other students and taking breaks (Altun and Gülben, 2009; Sukbunpant, 2013). However, these methods used are not in accordance with the principles of the applied behaviour analysis and they are not systematic. There is no evidence that rewarding systematically improves appropriate behaviour. Teachers simply stated that they rewarded students. This was also the case for reducing problem behaviours. Findings of the present study is in line with the findings of a recent study reporting that Turkish preschool teachers do not use systematic and intentional practices to address challenging behaviours demonstrated by children with disabilities in inclusive classroom settings (Rakap et al., 2018).

Teachers stated that they inform typically developing peers and their families about children with disabilities to ensure that they are accepted by their peers, similar to other studies (Kargın et al., 2003). Kargın (2004) states that for successful inclusive practices, typically developed children in the classroom should be informed about the characteristics of peers with disabilities and emphasizes the importance of participation in learning, playing, educational and social activities. Grenier (2011) stresses the need for teachers to implement cooperative learning practices in order to increase social interaction among students. In the current study, teachers did not mention strategies other than informing. Overall, it seems that teachers may not have information about the range of strategies available for increasing peer acceptance of inclusion students.

Informing families about school activities was the most emphasized activity for ensuring family involvement. Other studies have demonstrated the efficacy of family or parent involvement in child outcomes (e.g., Fishel and Ramirez, 2005). In the case of children with special needs, it is reasonable to expect that parent involvement is more important in the presence of extra repetitions and exercises. However, teachers do not implement techniques to involve families of children with disabilities (Rakap and Kaczmarek, 2010). Kargın et al. (2003) reported that teachers are limited to provide information about the student's situation in school in cooperation with the student's family and that one fourth of the participating teachers stated that they could not cooperate with families, which in similar to the current study's findings. Even though the law says that teachers of inclusive classrooms should play a role in organizing family education and supporting the family to help their children (MEB, 2006), it appears that this role is limited to giving information about classroom activities.

Conclusion

Generally, teachers are unaware of some of their roles in relation to inclusive education assigned by relevant legislation. It appears that their methods are not comprehensive

or effective enough to perform roles that they are aware of. It can be said that teachers have a significant lack of knowledge, awareness and skills on the nature and requirements of inclusive education and teachers' roles and skills. Teachers should be informed of the roles they must fulfil in inclusive settings and the skills they need to do so.

The first limitation of this study is that all of the schools where teachers work are in the city centre. It should be considered that teachers working in rural areas may have different views. Second, it is difficult to generalize the findings because the study was carried out with a relatively small group.

It is recommended that future studies test teachers' efficacy with empirical studies. In the present study, teachers' role perceptions were examined without providing any training or another support. Future studies can be planned by presenting training and support to teachers, and comparative group experimental studies can be planned by providing support services to a group.

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Activity-Based Intervention to Support Second Language Acquisition

Marisa MACY[1]
ORCID: 0000-0002-4676-9865

Abstract

Activity-based intervention (ABI) is a naturalistic teaching approach used with young children to facilitate learning and development. Several studies have been conducted on ABI to examine effects on children; however, there is a shortage of literature on how to use ABI to facilitate the acquisition of a second language. This paper describes ABI, showcases studies on ABI used to enhance children's communication or language development, and demonstrates a model for using ABI for second language acquisition.

Keywords: second language, activity-based intervention, early childhood education

Introduction

Learning to communicate with people in one's environment is essential. Learning to speak a language is a complex process. Learning more than one language in the early childhood years often takes place in the child's home with their family. Families may look for ways for children to acquire multiple languages.

There are many ways to acquire a second language. Classes, software programs, applications for a variety of screens (e.g., tablet, smart phone, etc.), DVDs, audio programs (e.g., podcasts, CDs, etc.), second language (2L) immersion, travel, and more are used to develop a second language. One naturalistic approach that has potential for developing a second language in early childhood is activity-based intervention (ABI). This paper will describe ABI, showcase studies that have used ABI to enhance children's communication or language development, and demonstrate a model for using ABI for second language development.

Activity Based Intervention (ABI)

ABI is an approach that has been used in early childhood special education since the 1960s as a result of exploring alternatives to explicit and adult-directed trials with young children with disabilities using simulated reinforcers for correct responses to stimuli (Bricker & Woods Cripe, 1992; Bricker with Pretti-Frontczak, & McComas, 1998; Johnson, Rahn, & Bricker, 2015; Pretti-Frontzcak & Bricker, 2004; Squires & Bricker, 2007). For example, a child might have a goal to rotate her wrist on a horizontal plane, and the adult provides the child a sticker (behavioral reinforcement) for correct responses to the prompts to use her motor skills. Behavioral reinforcement which uses simulated or artificial reinforcement may not provide a child with feedback that is integral to the acquisition of a skill or situation. In the above example, the reinforcement (i.e., a sticker) did not provide a logical consequence of the interaction with an adult and use of motor skills. An integrated consequence that reinforces the use of the skill might be a desired object (e.g., toy) that is in a container with a lid that the child opened using her wrist rotation to accomplish the task (Apache, 1998, 2005).

[1] Ph.D., University of Central Florida, Department of Child, Family, and Community Sciences, Orlando, USA.
e-mail: marisa.macy@ucf.edu

ABI can be used in conjunction with an early childhood curriculum framework that uses developmentally appropriate practice (Novick, 1993; Rule et al., 1998). ABI draws on several theoretical perspectives which include: cognitive, developmental, ecological, social learning, and transactional theories. The reason for multiple underlying theories is that one global theory does not exist that captures the complexities of child development (Macy, 2007). ABI is comprised of four elements that include: (a) functional and generalizable skills, (b) child-directed, routine, and planned activities, (c) multiple and varied experiences, and (d) timely and integral feedback.

Functional and generalizable

Practical and useful goals are identified for children in the ABI approach. The development of functional goals for children support a child in becoming as independent as possible in his or her life (Grisham-Brown & Hemmeter, 1998). The goals, or skills, are also meant to identify areas that can be transferred and generalized by the child. Assessment should inform the identification of necessary skills to teach the child (Bagnato, McLean, Macy, & Neisworth, 2011). Skills are generalized across settings, events, people, and time. The child in the motor example could rotate her wrist in a variety of places, with a variety of objects, and with a variety of people in her life. Skills taught are functional and generalizable.

Child-initiated, planned, and/or routine activities.

The implementation of ABI to address goals can be implemented into child-directed, planned and/or routine activities. Activities are child-directed when the child's interests and motivations are taken into account (Macy, Sharp, & Chan, 2006). Following the child's lead is a part of the process for creating embedded learning opportunities to address his or her learning and developmental goals. Planned activities are when the adult has created a specific sequence for when and how intervention will occur. Routine activities are used to address the child's goals during times of the day, week, and month when events naturally occur (Friedman & Woods, 2015; Grisham-Brown, Pretti-Frontczak, Hemmeter, & Ridgley, 2002; Macy & Bricker, 2007).

Multiple and varied

Embedded learning opportunities are multiple in number and varied in quality (DiCarlo, Banajee, & Buras-Stricklin, 2000; Doyle, Schuster, & Meyer, 1996; Horn, Lieber, Sandall, & Schwartz, 2001; Johnson & McDonnell, 2004; Noh, Allen, & Squires, 2009; Tate, Thompson, & McKercher, 2005; Venn et al., 1993). The child has several occasions when their goals are being addressed (Grisham-Brown, Schuster, Hemmeter, & Collins, 2001; Macy & Bricker, 2006; McDonnell, Johnson, Polychronis, & Riesen, 2002; McDonnell et al., 2006). A variety of occasions exist when ABI occurs to present a diverse array of options to acquire skills being taught.

Child feedback

Logical antecedents and consequences are used to shape the skills and behaviors being acquired by the child (Sewell, Collins, Hemmeter, & Schuster, 1998; Ozen & Ergenekon, 2011). The child needs to experience feedback that is timely and integral to the intervention (Caldwell, Wolery, Werts, & Caldwell, 1996). This form of operant conditioning has its roots in behavioral learning principles. Integral and timely feedback to the child are elements of ABI. The child should have numerous and varied opportunities to learn the skills identified for them. ABI focuses on functional and generic skills. Acquisition of skills can occur during child-initiated, planned, or routine activities.

What Do We Know So Far?

ABI is a research-based strategy (Pretti-Frontczak, Barr, Macy, & Carter, 2003). Studies have focused on different aspects of the ABI approach. ABI has been explored in the following areas: (a) comparisons with direct instruction, (b) time delay, (c) embedded opportunities, and (d) individualized programs (IEP/IFSPs) containing goals and objectives.

Direct instruction

Researchers have investigated how ABI compares to direct instruction. Direct instruction often incorporates teacher lead and planned lessons. Following the child's lead with an ABI approach is different from a direct instruction approach which is more adult-directed rather than child-initiated. Multiple studies have shown that young children respond favorably when ABI is

used when compared to direct instruction that uses adult-directed methods (Botts, Losardo, Tillery, & Werts, 2014; Johnson & Losardo, 2016; Losardo & Bricker, 1994; Werts & Losardo, 2006).

Time Delay

Researchers have studied another teaching method called time delay where a prompt is given and the adult waits for the child to respond before reacting with a follow up intervention. Several studies have examined the effectiveness of time delay with naturalistic teaching approaches (Chiara, Schuster, Bell, & Wolery, 1995; Ficus, Morse, Schuster, & Collins, 2002; Riesen, McDonnell, Johnson, Polychronis, & Jameson, 2003; Venn et al., 1993; Wolery, Anthony, Snyder, Werts, & Katzenmeyer, 1997; Wolery, Anthony, Caldwell, Snyder, & Morgante, 2002). An important study on training teachers to use time delay procedures to increase language skills found that the training did increase use of specific opportunities for use of the time delay procedure, and that students' response rates were high through all phases of the investigation (Schwartz, Anderson, & Halle, 1989).

Embedded opportunities

Researchers have examined the effects of training practitioners to use naturalistic embedded procedures (Grisham-Brown, Pretti-Frontczak, Hawkins, & Winchell, 2009; Schepis, Reid, Ownbey, & Parsons, 2001). Pretti-Frontczak and Bricker (2001) studied seven early childhood and early childhood special education teachers' use of embedding. They found that teachers' use of the embedding instructional strategy was limited. Teachers were more likely to use the embedding strategy when they were working one-on-one with children engaged in language or pre-academic activities that involved instructional or manipulative materials. Bug in ear eCoaching technology was used to provide teachers training support when they were implementing ABI to facilitate communication strategies with children (Coogle, Rahn, & Ottley, 2015; Ottley & Hanline, 2014). Another study found that teachers increased their use of planned, naturalistic instructional strategies, as well as an increase was found in children's requests for assistance and their displays of respect for the preferences of others (Stowitschek, Laitinen, & Prather, 1999).

To increase the opportunities given to children to make requests, a 1994 study identified three strategies for creating opportunities for children (Sigafoos, Roberts, Kerr, Couzens, & Baglioni, 1994). With assistance, teachers used strategies during classroom routines. Sigafoos et al. (1994) demonstrated that the number of opportunities for requesting and the number of correct student responses increased during intervention. Fox and Hanline (1993) investigated embedded instruction and naturalistic teaching procedures to teach a variety of skills in typical early childhood classrooms. Similarly, another language study that used embedded instruction in ongoing activities found that children exposed to higher levels of the strategy had higher rates of engagement and verbalizations (Schwartz, Carta, & Grant, 1996).

A case study design was used by researchers to discover implementation issues for embedded learning opportunities (Horn, Lieber, Li, Sandall, & Schwartz, 2000). Horn and her colleagues (2000) showed that teachers could generate a range of ideas for how to use: (a) environmental arrangement, (b) adapting materials, (c) adding materials, (d) adding new components to existing activities, (e) providing performance cues, and (f) providing special assistance or support. Children with speech and language delays have been taught a variety of skills like counting (Daugherty, Grisham-Brown, & Hemmeter, 2001) using embedded skill instruction. In a single subject study, preservice teachers used the embedding strategy in inclusive preschools to help children use language to interact with others (Macy & Bricker, 2007).

Results from a naturalistic language-based study showed how children responded when dispersed training trials embedded within the context of normal conversation were used to teach common nouns and action verbs (Warren, 1992). The results of the study supported the assertion that naturalistic teaching procedures can enhance basic vocabulary development of young children with borderline to mild levels of cognitive delay. A number of studies have examined the effects of teaching parents the use naturalistic strategies to facilitate primary language development (Barton & Fettig, 2013; Dunst et al., 2001; Roberts & Kaiser, 2011, 2012; Roberts, Kaiser, Wolfe, Bryant, & Spidalieri, 2014; Wright & Kaiser, 2016).

IEP/IFSP

Using a naturalistic approach to identify and develop high quality goals and objectives for a child's individualized educational program (IEP) or individualized family service plan (IFSP) has been explored in numerous studies (Kohler, Strain, Hoyson, & Jamieson, 1997; Malmskog & McDonnell, 1999; McBride & Schwartz, 2003; Peck, Killen, & Baumgart, 1989; Pretti-Frontczak & Bricker, 2000). One study, in particular, used a nondirective consultation strategy for increasing the implementation of IEP-related instruction (i.e., IEP goals and objectives) and found that children demonstrated associated increases in IEP-targeted behaviors (Peck, Killen, & Baumgart, 1989).

So far we know that research on ABI has focused on direct instruction, time delay, embedded opportunities, and IEP/IFSPs. In a systematic review of naturalistic instructional approaches, researchers discussed the challenges of classifying common features (Snyder et al., 2015). The analysis by Snyder and her colleagues (2015) showed that naturalistic instruction is often identified in the literature as: naturalistic teaching, embedded instruction, ABI, milieu, transition-based teaching, and/or individualized curriculum sequencing model. Unpacking features of naturalistic instruction is difficult because the six approaches described by Snyder et al. (2015) have overlapping elements. No studies that used ABI to facilitate the acquisition of a second language were found. Furthermore, there is limited information about how to use ABI to facilitate the acquisition of a second language.

ABI for Second Language

In the text box, there is a scenario between Alex and his Mom shows one way to create opportunities for learning a second language. In this snapshot, English is the child's first language and Italian is the second language. This ABI2L approach could be used for other language combinations as well. For example, the child's first language may be Korean and his second language is German.

Embedding opportunities into a play-based activity facilitates learning and development. Alex's Mom is creating the context for her child to learn Italian. Parents and those familiar with the child should decide if it is appropriate to introduce a second language. ABI uses functional and generic skills that teaches the child to communicate in a language other than their primary language. Acquisition of skills can occur during child-initiated, planned, or routine activities to learn a second language. The child should be able to have multiple and varied opportunities to learn the second language. Integral and timely feedback to the child are elements of ABI for 2L acquisition. The following elements can be used when implementing ABI to teach a second language.

*Functional and generalizable***.**

First, identify communication in the second language that is functional and leads to generalization. In the scenario, Alex's Mom determines words to use during play and meal time that would be practical for Alex in requesting he open his mouth when food is presented. The words are generalizable because Alex could use the word "open" in Italian to talk about other things that open as well. For example, "open the door" or "*aprire la porta*."

Observe the child and determine his/her motivations and interests. Follow the child's lead during activities. For example, the child is interested in stepping on water spouts at a splash pad. Join the child in the play activity they are interested in and talk with them in the 2L during the naturally occurring child-initiated activity. Use prompting sequences when appropriate. For example, we could use words in the second language to talk about the water at the splash pad. The child could be prompted to use her second language by asking a question or requesting.

Implementing ABI for 2L

Alex, who is almost four years old, was playing with his Mom in a sandbox at the playground. Alex pointed to a bowl and handed his Mom a spoon. Alex kept a spoon for himself that he used to stir the sand that he poured into the bowl. *"Apri la bocca.* Open your mouth," said Alex's Mom when she presented a spoonful of sand.

They were pretending the sand was applesauce. Alex responded by opening his mouth. He pretended to eat the bite and smiled. Alex's Mom asked, "*Ti piace*? Do you like?"

Alex replied, "*Si*. Yes. I like." Then Mom offered another bite of applesauce/sand.

Planned and routine activities

Create embedding schedules for when to incorporate the second language. Work with team members to answer these questions: What are the optimal daily routine(s) for ABI2L? When are good times of the day to practice 2L goals & objectives? What are the child's interests and how can she be motivated to participate in ABI2L? What are priority 2L goals and objectives? Is the embedding schedule for one child or a group of children to learn a second language? How will the schedule be designed (e.g., by activity, by routine, by state standard, by personnel)? What type of information will be placed in the framework of the schedule (e.g., possible adult behaviors, desired child responses, data related to child performance)?

Multiple and varied

Create a variety of ways to embed the second language in an ongoing and consistent strategy. Environments should be considered. Environmental planning provides information on how to embed children's goals and objectives during child-initiated free choice times, as well as routine and planned activities. Create multiple activities for second language learning. Assist staff and families with determining when opportunities can be provided for children to practice their goals and objectives across a typical day. Individualize programs to meet unique needs of each child.

Feedback.

Give children timely feedback when they use their second language. When Alex requested applesauce, his Mom immediately responded by providing him the spoonful. The feedback Alex received was integrated into the situation. A responsive social environment can support children in learning a second language when ABI is used. The use of ABI to support the acquisition of a second language holds promise given the ease of being able to implement this naturalistic approach into existing curricular frameworks found in early childhood settings and children's homes. Three practical tips for implementation of ABI2L would be to make it fun, ongoing, and authentic.

Create fun ABI2L opportunities for children. Get familiar with what motivates children's play. Incorporate activities that promote play. Children will participate when they are ready, and when they are enjoying themselves in the activities. Explore ways the child likes to play and have fun integrating 2L in their day.

Continued practice over time will help children develop their language skills. Ongoing 2L experiences can be mapped onto child-initiated activities. Embed opportunities throughout routines. Immersion can help children become accustomed to the sounds and patterns of the second language.

Provide effective models of the language being addressed. Generate 2L opportunities that are embedded into naturally occurring routines and the environment. Children will learn from the quality of opportunities presented to them, as well as quantity. Table 1 shows additional 2L tools and resources that could be used with ABI.

Conclusion

The use of ABI to support the acquisition of a second language holds promise given the ease of being able to implement this naturalistic approach into existing curricular frameworks found in early childhood settings and children's homes. Deciding who will implement ABI2L, how it will be used, what goals will be identified for the child, where interventions will occur, and when to use ABI for language development are important decisions that will need to be made. Future research on the ABI2L model is recommended. It would also be helpful to examine the needs of families and professionals when collaborating to implement ABI2L (Woods Cripe & Venn, 1997; Woods, Kashinath, & Goldstein, 2004). Training issues are other areas to examine with the ABI2L approach. Children can acquire skills to communicate in more than one language. ABI for second language acquisition is another tool that can be added to the myriad of ways to attain proficiency in another language.

Table 1.
Second Language Acquisition Tools and Resources That Could Support ABI for Children

Tool/Resource	What is it?	What method is used?	How much does it cost?	Where can I learn more?
Language Programs				
Key Element Learning	Multimedia language program for children	Language immersion using media, singing, and activities in French, German, Italian, and Spanish	Complete set of Toto materials with books is $179.95	www.keyelementlearning.com
Little Pim	Multimedia language program for children birth to age six	Entertainment immersion method in 12 languages	Complete set with books is $99.99	www.littlepim.com
Organizations				
American Speech-Language Hearing Association	Professional organization	Online	Membership fees vary	www.asha.org
International Literacy Association	Professional organization	Online	Membership fees vary	www.literacyworldwide.org
National Association for Bilingual Education	Professional organization	Online	Membership fees vary	http://www.nabe.org/
Website				
Colorín Colorado	Information and activities for educators and parents of children PreK to Grade 12	Online	Free	http://www.colorincolorado.org/

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Christine M. SPENCE [1]
ORCID: 0000-0002-6158-7082

Rosa Milagros SANTOS [2]
ORCID: 0000-0002-5714-4836

Multi-component Professional Development for Early Interventionists*

Abstract

An evaluation was conducted of the Partnering for Success: Foundational Institute offered through the Early Intervention Training Program at the University of Illinois, the state-funded professional development provider for Part C. The evaluation examined facilitators and barriers to changes in participants' practices in working with families in the early intervention system. Data were also gathered on the efficacy of the training components used during the 4-day, multi-component linked series. Participants reported that teaming and collaboration were effective facilitators for change, and administrative issues served as barriers to change. Participants also reported that group discussions and videos were the most effective components that assisted in changing practices.

Keywords: early intervention, Part C, professional development, family, teaming

Introduction

Multi-component Professional Development for Early Interventionists

In 2015, 357,715 infants and toddlers and their families were served under Part C in the United States (U.S. Department of Education, 2018). Part C of the Individuals with Disabilities Education Act (IDEA) provides services for infants and toddlers with developmental delays and disabilities and their families (Individuals with Disabilities Education Act, 20 U.S.C., 2004). All 50 states and territories have designed a system for identifying and serving children and families eligible for Part C services. At a minimum, for every eligible child and family, early intervention (EI) services include service coordination, assessment, intervention, and transition planning.

The Office of Special Education Programs (OSEP) of the US Department of Education formed a workgroup to identify the necessary components for quality EI services. This workgroup developed three seminal documents addressing the mission, principles, and practices for early interventionists (Workgroup on Principles and Practices in Natural Environments, 2008a; Workgroup on Principles and Practices in Natural Environments, 2008b; Workgroup on Principles and Practices in Natural Environments, 2008c). The seven principles described in the *Agreed Upon Mission and Key Principles* document focus on the use of evidence-based practices, such as the importance of the family in support of their child, the role of the early interventionist as a support to the family, and the use of routines and experiences in familiar contexts. Practices that support the seven key principles described in the *Agreed Upon Practices for Providing Early Intervention* document include evaluating and assessing the functional needs and strengths of the child, identifying criteria for progress, participating with the family in routines to promote new skills and behaviors, and preparing families for transition out of Part C. The *Seven*

[1] Ph.D., Virginia Commonwealth University, Department of Counseling and Special Education, Richmond, VA, USA.
e-mail: spencecm@vcu.edu
*Corresponding author.
[2] Ph.D., University of Illinois, Department of Special Education, Champaign, USA.
e-mail: rsantos@illinois.edu
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Key Principles document describes common scenarios that reflect the key principles and practices, as well as scenarios that do not support the key principles.

According to the OSEP Workgroup (2008a), '(EI) principles are the foundations necessary to support the system of family-centered services and supports' (p. 1). Ultimately, the goal of EI is 'to understand what the family envisions for their child as part of their family and community, and help them achieve that vision' (Keilty, 2010, p. 8). These EI principles focus on implementing family-centered practices wherein early interventionists become partners, consultants, and problem solvers with the family rather than experts who impart knowledge on the family (Espe-Sherwindt, 2008). Although the principles should be at the core of the work of every early interventionist, there is no single way to address the key principles in professional development (PD). Currently, there is no systematic or required training on the key EI principles, nor is there a standard curriculum for EI in personnel preparation programs.

Early interventionists represent various professional backgrounds including early childhood special education and infant mental health, as well as specific therapeutic knowledge (i.e., physical therapy or speech-language pathology). Best practices indicate that early interventionists are expected to have the specific knowledge of their respective discipline as well as content knowledge of key topics in EI, including infant and toddler development, family-centered practices, cross-disciplinary models of service delivery, service coordination, development of individualized family service plans (IFSP), and natural environments (Bruder & Dunst, 2005; Keilty, 2010). According to researchers, early interventionists need to have a solid foundation on these EI topics to help them best serve infants and toddlers with disabilities and their families. This knowledge should be updated continually based on advances in the field (Miller & Stayton, 2000) as early interventionists may benefit from new information regarding human development, specific disabilities, adult learning, coaching, and intervention strategies.

Early interventionists attend personnel preparation programs that have wide variability, in coursework and field experiences, as well as philosophy (Chen & Mickelson, 2015). This variability means that not everyone who enters the profession has the necessary foundational knowledge or a focus on the key principles in EI (Barton, Moore, & Squires, 2012; Caesar, 2013; Campbell, Chiarello, Wilcox, & Milbourne, 2009). Early interventionists may enter the field without experience implementing family-centered services. Researchers also suggest that some early interventionists will only engage in practices that they believe are effective, despite research showing alternative practices as more effective or the early interventionist's current practices as not effective (Campbell & Sawyer, 2009). Therefore, PD focusing on key topics guided by the EI principles, is essential in order for early interventionists to provide the best possible service to families, who in turn can support their infant or toddler in achieving desired outcomes and milestones. Additionally, the format of the PD must be a good fit for the practitioner (Barton, Kinder, Casey, & Artman, 2011; Krick Oborn & Johnson, 2015). The components of the PD may include job-embedded coaching, video recording, distance mentoring, email feedback, or in-person discussions at varying frequencies (Artman-Meeker, Fettig, Barton, Penney, & Zeng, 2015).

While state comprehensive system of personnel development (CSPD) programs across the United States offer some form of training on EI principles, there are no publications to date that describe a systematic evaluation of these PD activities. In this article, we describe findings from a study in which we examined the impact of PD on the knowledge and practices of early interventionists in one state.

Early Intervention Training Program at the University of Illinois

The Early Intervention Training Program at the University of Illinois (EITP) is the state funded professional development provider, or CSPD, for EI in Illinois. The goal of EITP is to provide continuing education opportunities for early interventionists. These opportunities include systems-based and pediatric-focused trainings using a variety of training formats. Each year, EITP seeks to support the approximately 4500 credentialed early interventionists in Illinois (Illinois Early Intervention Training Program, 2013; Provider Connections, n.d.).

In 2010, EITP began offering a linked series of institutes that were previously

conducted as single-day workshops. These institutes were created to offer PD to a group of providers that remained constant over four sessions, across 8-10 weeks in order to form learning communities. While the content and format have shifted slightly over the years, the basic information and purpose remains constant across each of the institutes. The *Partnering for Success: Foundational Institute* (hereafter referred to as 'Institute') is one such linked series and focuses on the EI key principles (Workgroup on Principles and Practices in Natural Environments, 2008a) and recommended practices (Workgroup on Principles and Practices in Natural Environments, 2008c). The goal of the Institute is to provide early interventionists with information to help them become familiar with the goal of EI as stated by Keilty (2010) and to utilize family-centered practices.

The *Partnering for Success: Foundational Institute* was chosen as the subject for this study as it contains essential information for early interventionists to provide high-quality services to families of infants and toddlers with disabilities. This Institute's structure allows for novices, as well as experienced providers, opportunities to examine their philosophies and knowledge and reflect on key EI principles and practices. The purpose of the Institute is to provide early interventionists with a firm foundation upon which additional knowledge, such as assessment practices, specific home visiting strategies, and information about working with families from diverse backgrounds, can be built.

The purpose of this study was to examine the extent to which the *Partnering for Success: Foundational Institute* impacted the daily practice of those who attended. The study focused on examining early interventionists' experiences in the Institute and perceived changes in their practice after participating in the Institute by addressing the following research questions:

1) What do participants report are the facilitators and barriers to changing their practices after participating in EITP's *Partnering for Success – Foundational Institute*?
2) Which components of the *Partnering for Success – Foundational Institute* do participants report as the most effective in changing their practices?

Methods

This was a mixed methods study, using multiple data sources including surveys, focus group, and artifacts. A pragmatic sequential design was utilized, in that quantitative and qualitative data were collected, analyzed separately, then additional data collected and analyzed (Mertens & McLaughlin, 2011). This mixed methods design was chosen as it allows for a deeper and broader understanding than what could be generated from one method alone (Greene, 2007). The study was reviewed and approved by the Institutional Review Board in the authors' home university.

Reflexive Statement

Brantlinger, Jimenez, Klingner, Pugach, and Richardson (2005) recommend that researchers should be 'explicit about personal positions, perspectives, and value orientations' (p. 198) in order to ensure credibility within qualitative research. We believe that families participating in EI are entitled to receive high-quality services and support and that the best way to impact children's development is through family-focused support. We are also strong believers in life-long learning and therefore have a bias towards continuing education and PD. Our ongoing research and work in the field reflect the values we hold related to PD and EI.

Overview of Institute

The Institute included four, 5-hour sessions, separated by 15-17 days each over a seven week period for an overall time commitment of 20 face-to-face hours. Participants also committed to approximately 5 hours for reading assignments, writing reflections, responding to online discussions, and video recording. The Institute was structured in a cohort model, with teaming opportunities built in through small group work throughout the four face-to-face sessions. Reflective and individual feedback were embedded throughout the Institute. Adult learning strategies, such as pair and share, small group discussion, round robin, group presentation, and practical application, were implemented throughout the Institute.

In sessions 1 and 2 of the Institute, the facilitators introduced the key principles and best practices in EI using the *Agreed Upon Mission and Key Principles* (Workgroup on Principles and Practices in Natural Envi-

ronments, 2008a) and *Seven Key Principles* documents (Workgroup on Principles and Practices in Natural Environments, 2008c). During session 2, the facilitators included information regarding perspective-taking and best practices. The primary content discussed during session 3 revolved around evaluation and assessment as it related to EI principles. Session 4 included discussion on meaningful intervention and parent-professional partnerships. In all four sessions, practices that support or do not support the principles were illustrated using large and small group discussion, practical scenarios, and video examples. A process for reflective video feedback also was introduced and modeled. Participants who completed all required elements of the Institute received a certificate for 25 EI contact hours at the end of session 4. A copy of the Institute agenda, curriculum, including PowerPoint™ slides and handout packets, is available through EITP and the first author.

Participants

Participants were a subset of EI providers in Illinois who self-selected into the Institute. Participants were recruited through the EITP website, intake agencies in close proximity to the training site, and state professional organizations (i.e., Illinois Speech-Language-Hearing Association). Twenty-one participants initially signed up for the Institute, with eighteen participants (85.7%) attending all four sessions of the Institute and completing the requirements for the study. As per our inclusion criteria, all participants held an active EI credential from Illinois and carried an active caseload, either as a service coordinator or direct service provider. Direct service providers paid the typical registration fee to EITP; per EITP's contract with the state lead agency, service coordinators do not pay this fee. Participants' roles included a) developmental therapist, b) service coordinator, c) speech therapy assistant, d) certified occupational therapy assistant, and e) speech language pathologist. At the beginning of the Institute, participants' range of experience in their profession was 1 month to 40 years ($\bar{x}$ = 10 years, median = 8 years) and experience working in EI ranged from 1 month to 18 years ($\bar{x}$ = 7 years, median = 7.5 years). See Table 1 for additional demographic information.

Focus group participants

All participants in the Institute were encouraged to participate in a focus group and were provided the opportunity to sign up during the final session of the Institute. Prior to the scheduled date of the focus group, each participant received personal and group invitations via emails regarding the focus group. Nine of the 18 participants indicated interest in participating in the focus group and ultimately five individuals participated. Focus group participants included four developmental therapists and one speech therapy assistant.

Participant incentives

All participants who completed each of the required assignments and additional study components (i.e., pre-Institute survey, video, reflections, homework, and post-Institute survey) received a certificate for Illinois EI credit hours and an Amazon® gift card to thank them for their time and feedback. Focus group participants received additional Illinois EI credit hours and a second Amazon® gift card. A Starbucks® gift card was provided to focus group participants who completed a member check.

Setting and Materials

The Institute was conducted for four days across 10 weeks (minimum of 2 weeks in between each session). Sessions were held in a classroom at a college that was accessible to participants from several major interstate highways in a well-populated area of Illinois. Participants were assigned seating in groups of 4-5 at round tables. The same groupings were maintained throughout the Institute in order to increase teaming opportunities. The content was presented via PowerPoint™. Audio and video technologies were used to show video clips during the training. Participants were provided with a handout packet that included the corresponding materials for the day. Video cameras were loaned to the participants in order for them to record one therapy session with a family as part of their homework. Some participants chose to use their own video recording device (e.g., smart phones) to complete this homework assignment.

Table 1.
Participant Demographics (n=18)

	SC (n=6)	DT/OT/ST (n=12)
Profession – Total Years Experience		
Under 1	50%	8%
1-5	33%	17%
6-9	17%	17%
10+	0%	58%
Profession – Years in EI		
Under 1	50%	8%
1-5	33%	17%
6-9	17%	17%
10+	0%	58%
Work Environment – EI specific		
Independent	0%	58%
Agency – scheduling & billing	0%	17%
Agency – scheduling, billing, teaming, mentoring	0%	25%
CFC office	100%	0%
Work – non-EI setting		
No	50%	42%
Yes	50%	58%
Work – Hours per week devoted to EI		
1-14	0%	17%
15-29	0%	50%
30+	100%	33%
Number of EI families per month		
1-10	0%	17%
11-20	0%	42%
21-39	17%	42%
40+	66%	0%
No response	17%	0%

Note: SC=service coordinator; DT=developmental therapist; OT=occupational therapist; ST=speech-language pathologist; EI=early intervention; CFC= Child and Family Connections office.

The focus group was held in the same classroom as the Institute. The group sat at a table with a facilitator. A note taker was present, sitting at a separate table. The focus group was held seven weeks after the last day of the Institute. The session was recorded using an audio digital recorder.

Facilitators

The Institute had two facilitators present in order to maximize the learning environment for the participants. The first author was the main facilitator for three of the four days of the Institute. She has facilitated two Institutes previously and has led a variety of trainings for EITP. Due to a family emergency, she was unable to attend session 3 and another experienced facilitator from EITP was present instead. The co-facilitator for all four sessions was the assistant director of EITP who had previously facilitated similar Institutes. The facilitators met prior to each of the sessions to ensure that all components were appropriately addressed.

Two research assistants, both doctoral students, assisted with data collection and analysis. One research assistant served as the focus group facilitator and was present during all four sessions to collect fidelity data. She did not lead any of the Institute sessions, but was familiar with the curriculum and participants. The second research assistant served as the focus group note taker and was not present during the Institute sessions. The facilitators were not present during the focus group. Both research assistants participated in coding and analyzing the data.

Study Procedures

Participants registered for the Institute on the EITP website. Once a participant registered, he/she received an email containing details of the research study and a consent form. When the participant agreed to all of the required components, he/she received an email containing a link to the pre-Institute survey with a request to complete the survey prior to the first session of the Institute. For participants who were unable

to access the survey prior to the first face-to-face session, they were given a paper survey when they arrived at the first session.

During the first session of the Institute, each participant was reminded of the components of the study and how each fits into the Institute. During the first three sessions, each participant was offered a video camera and memory card to use to record one therapy session with a family on their caseload. Participants returned their videos on a memory card or uploaded the video to a secure, password protected website. They also returned signed consents from the family. At the end of each of the first three sessions of the Institute, the facilitators gave homework instructions and participants completed the session evaluation form. At the end of session four, participants completed the session evaluation form and the post-Institute survey. They also received the incentives previously described and an invitation to participate in the focus group. Finally, the 90-minute focus group was held seven weeks after the fourth session of the Institute.

Measures

Data were collected from: (a) a pre-Institute survey, (b) a post-Institute survey, (c) a focus group, (d) one reflection paper regarding the video recording, (e) three homework postings, and (f) four session evaluations. In addition, a fidelity checklist was utilized to ensure that all of the training components occurred as anticipated. The measures used in this study were similar to those used by EITP. The pre-Institute survey was modified from the current survey used for other EITP Institutes not related to this study. The post-Institute survey, focus group protocol, and fidelity checklist were developed specifically for this study.

Survey

The pre-Institute survey was based on a form that participants in previous EITP Institutes have completed. For the purpose of this study, additional questions were included that focused on participants' knowledge or EI principles and daily practices. The post-Institute survey was created for this study. The surveys underwent expert review and were modified based on feedback, primarily for clarity rather than content. The surveys were administered prior to the first session of the Institute and upon completion of Session 4. The pre-Institute survey included demographic questions (i.e., profession, experience, and caseload), as well as questions regarding participants' beliefs and knowledge regarding EI principles, daily practices, and teaming. The post-Institute survey included the same questions as the pre-Institute survey and additional questions regarding facilitators and barriers to implementing change in practice and useful components of the Institute.

Focus group

A semi-structured focus group protocol that included five main questions, with probes, was specifically developed for this study. The questions were, in part, based on data gathered from the post-institute survey. Questions focused on the information presented during the Institute and how participants were able or not able to implement changes in practice. The focus group protocol underwent expert review and was modified based on feedback.

Video recording assignment and reflection

As a component of the Institute, participants were required to record a session with one family on their caseload. This assignment was introduced during the first session, with instructions to submit a recording by the third session of the Institute. Participants selected 15-20 minutes of a session to (a) demonstrate their understanding and use of EI principles and/or (b) seek feedback on how to enhance their implementation of EI principles during the session. Videos were uploaded onto a secure website and each participant wrote a reflection paper about the recorded session. Only the reflection papers, and not the actual video recording, were analyzed. The Institute facilitators provided each participant with written feedback regarding their video after the final session of the Institute.

Homework

At the conclusion of each of the first three sessions, participants engaged in independent work prior to the next session. For the first session assignment, participants read chapters from *The Early Intervention Guidebook for Families and Professionals* (Keilty, 2010) and prepared a group presentation on one of the chapters. For the second and third session assignments partici-

pants either watched a video, visited a related website, or reflected on a specific element of the previous session. Each assignment required the participants to respond to a set of reflective questions posted on the online course management site.

Session Evaluation

Participants also completed an anonymous evaluation at the end of each session. This evaluation is the same one used in every EITP training. It includes demographic information, Likert scale questions to evaluate the training, and three open-ended questions.

Fidelity Checklist

At all four face-to-face sessions, a graduate research assistant collected fidelity data using a checklist. The checklist was piloted using video of previous institutes. The student researcher trained the research assistant as to how to complete the checklist. The 47-item fidelity checklist form consisted of the content that the facilitators were to cover during the Institute. Throughout the four days of the Institute, 100% of the content items were covered.

Data Analysis

Qualitative analysis procedures were used to analyze the relevant items from the survey and session evaluations. A collaborative analysis approach was used to analyze focus group data with a research team comprised of two doctoral students who are familiar with EI as well as research methods and one doctoral student who provided an outsider's view as she was not familiar with EITP and therefore was able to ask questions and clarify context.

An independent assistant transcribed the focus group audio recording. The transcription and notes were coded to determine themes, with each member of the research team coding themes independently and then meeting as a group to discuss the themes in order to arrive at consensus (Miles, Huberman, & Saldana, 2014). Subthemes were identified in order to provide rich description around the themes (author). Information gathered through the focus group was compared to survey data and analyzed for thematic similarities.

Trustworthiness and credibility

Trustworthiness and credibility of the findings were ensured through the use of triangulation, member checks, collaborative work, and thick, detailed descriptions (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005). Methodological and data triangulation occurred through the use of multiple data sources, researchers, and methods. Participants in the focus group participated in a member check, with three of the five participants (60%) completing the member check. A document summary from the focus group was sent to each focus group participant to ensure accuracy. The three respondents indicated that the information was accurate and no changes were requested. By utilizing a collaborative analysis process, bias and disconfirming evidence were discussed and interpretation of data was determined by arriving at consensus. Thick, detailed descriptions were pulled from the transcription to use as evidence for each theme.

Results

Institute participants reported changes that they incorporated into their daily practice. However, these changes were variable and individualized, as each participant experienced the Institute differently based on his or her background and experiences. In this section, we describe the Institute components that participants reported as helpful to their learning of EI principles and changing their daily practice and barriers that hindered their ability to change their practice.

Facilitators to Changing Practice and Efficacy of Institute Components

Participants reported that the facilitators to effective practice were directly related to the Institute components. Videos and the opportunities for discussion were the two components of the Institute that participants mentioned most frequently as facilitators to learning about EI principles. Across the data sources, the component noted most by the full group were opportunities for discussion whether they were large group or small group formats, across and within discipline groupings. Teaming, community, and opportunities for collaboration were most valued as one participant reported, 'Hearing ideas of others is always beneficial; each session has given me much to think about' and 'I liked the discussion and dialogue among the participants and presenters.' Another participant mentioned the support from other team members, as well as the

families, as critical in her being able to implement changes in her practice.

Participants also spoke about the value of video, as well as the opportunities for discussion around the videos. Participants specifically noted that recording a session with a family, watching and providing peer feedback, as well as videos that were incorporated into the sessions were very helpful. One participant mentioned, 'The videos help me to visualize and to see it and to … incorporate that in a teaching strategy to help parents to be able to identify how they are able to work with their children.' Additionally, participants noted that the videos assisted with learning specific strategies, such as coaching. Several participants mentioned that they would start incorporating video into their home visiting sessions in order 'to improve sessions and to keep non-attending parents in the loop' as well as 'to share and reflect with parents.' One participant suggested including more video clips of sessions:

> *"I think the process of videotaping was very helpful. It was great to see colleagues in their practice, since we as therapists typically work alone and do not have that opportunity. In addition, to have the perspective of multiple disciplines, and experiences was invaluable."*

While some of the feedback revolved around ideas that participants would like to use in the future to change their practice, several participants shared ideas regarding changes they had already incorporated, including taking the family's emotional needs into consideration, leaving the toy bag in the car more often, including the caregiver in sessions, and videotaping some sessions. Other participants shared specific information about how they interact with families, 'I have tried to talk more with my parents, not just focus on the child during sessions' and 'I have more active participation with some parents who preferred to sit and observe.'

Barriers to Changing Practices

While a variety of barriers to implementing EI principles into daily practice were mentioned, three emerged from across multiple data sources. First, participants described the current habits of the providers and the resulting expectations of the families as a barrier. As one provider stated, 'it's easy to fly on autopilot.' Participants acknowledged that changing practice would require intentional attention to what they are currently doing and may not be a quick or easy change in mindset or practice. One participant shared,

> *We just do so routinely that we forget what we are doing. It becomes a part of our daily grind that we don't really see why are we doing this…They (parents) are not wanting someone to come in to teach them how to teach their child during meal time…they may have a totally different perspective on that and there is only so much we can do to change that.*

Second, participants noted that restrictions individual providers placed on their own schedules and availability was a barrier to changing their practices. The [Illinois] EI system includes providers who work part-time or in multiple settings, which can limit the time that the provider is available to support families. One focus group participant noted,

> *It would be awesome to go see them [EI families] at different times or in different things like a park district class or something, something different, but I feel like I am constrained by my schedule and my own family and, so, it definitely is a great idea in theory, but I think it is just hard to put it in into real life practice*.

Third, participants shared that a lack of understanding of EI services by the public, including legislators and administrators who make decisions regarding the EI system, as a major barrier. Issues related to systems were summarized by one focus group participant,

> *These principles we are learning about are a moot point if the whole system crashes down…In order to best meet these principles that we are working towards, the system itself has to stay strong and have a good foundation because you are going to lose your quality and your quantity of services when people keep walking away…The number one priority is strengthening the foundation of the system so we can do our jobs.*

Discussion

Findings from this study are situated in the specific circumstances of this Institute, conducted in one state with one group of early interventionists. Important information gleaned through this evaluation should be considered when designing and conducting PD for early interventionists.

Participants indicated that opportunities for teaming, collaboration, and video recording were the most effective components that facilitated their ability to change

their practice. The finding that guided discussions and watching videos as facilitators to changing practice is similar to results found by Ludlow (2002) who reported that discussions along with guided practice with feedback were useful components of an online course when applying new ideas into practice.

It is important to consider how success was defined for participants. Through the data gathered during this evaluation study, it became apparent that success looked different for each participant. However, it is also important to consider the baseline or starting point of each participant in a study such as this, both philosophically and in practice. This starting point can be used to gauge participants' development as early interventionists. Such data might also provide insight into why some interventions are a better match for some participants.

Institute Components and Format

Using a combination of training components, including teaching, coaching, application, and feedback has been shown to increase participants' knowledge (Sheridan, Edwards, Marvin, & Knoche, 2009). When considering the Institute as a whole, several elements stood out as contributing to participants' success: the format, opportunities for teaming, use of video, and group discussions. These findings are similar to Ludlow (2002) and Marturana and Woods (2012) who reported that participants found practical application, case study, and interaction among participants and with the facilitator as the most useful components in PD.

In this study, we examined one type of PD offering spread across several weeks. Previous research has indicated that ongoing, sustained relationships are most impactful (Dunst, Trivette, & Deal, 2011). The format of this Institute allowed for ongoing conversations and time for application and reflection. This was found to be helpful, both with regards to teaming and opportunities for reflection, as one Institute participant mentioned,

> *We are learning about something and then we are going away for a few weeks and then we are coming back together with the same people so you get to develop a little bit of a relationship to kind of know them and what they do. You have time in between to practice and come back to reflect on it… I think the reflective piece over the course of time helps kind of ingrain it into you a little bit better than just one day and you are gone.*

While participants pointed to videos as an important learning tool, some preferred using video in a different way. Service coordinators preferred watching videos during the sessions, while direct service providers preferred video recording sessions with families. This partially reflects their roles in the EI system. While service coordinators had the opportunity to record an intake or IFSP meeting, they may have felt their videos were less relevant for their practice. On the other hand, even though initially direct service providers were not excited to record a session, they found the videos valuable after they had the opportunity to reflect on them.

Early Intervention Principles in the Real World

Much of the discussion during the Institute as well as within the focus group centered around the practical nature of implementing recommended practices into daily practice. System level and personal limitations were mentioned as barriers to implementation. Participants were not necessarily describing these as excuses, but rather as reasons to explain the difficulty in providing services that match recommended practices. Similarly, Salisbury and colleagues found that early interventionists attempting to implement change in their practice experienced barriers based on several factors, including family expectations and the impact of urban culture (2010).

Within the Institute sessions, discussions included problem-solving scenarios and participants were excited to brainstorm resolutions for addressing these issues. They appreciated the time provided to talk through current dilemmas and hear from others about how to approach a situation. An Institute that provides ongoing support over time allows for comfort and trust building, and time for sharing. This was highlighted in the post-Institute survey where participants rated the group discussions as the most impactful component of this PD format. Collaborative consultation, including administrative support, training, and team discussions were found to be critical in the success of early interventionists utilizing newly learned strategies (Cambray-Engstrom & Salisbury, 2010). This combination of strategies, based on early interventionists learning preferences, should be

considered when designing PD and mentoring to effect change in practice.

Limitations

This evaluation was conducted for one Institute, with one group of providers, in one area of one state. These and other limitations must be considered when interpreting the findings. First, although the desire was for 30 early interventionists to participate in the study, only 18 participants completed the Institute. While this number is not atypical for EITP Institutes, it does limit the generalizability of the data. Nevertheless, the qualitative data that were collected were rich and provided information that highlighted the participants' experiences. Utilizing mixed methods allowed for quality data analysis procedures to be followed, given the small number of participants in the study.

Second, the focus group lacked the diversity of roles represented by those who participated in the Institute. In particular, service coordinators did not participate in the focus group, despite multiple invitations. Attempts to gather insights from the lead service coordinator regarding the service coordinators' experience in the Institute were unsuccessful. Data on service coordinators were collected via their session evaluations, reflective video journals, and surveys, so information regarding their perspective contributed to the findings.

Third, it is unknown if participants had attended previous EITP trainings or had previous exposure to the EI principles. While information regarding their practices was available via their responses to the pre-survey, it is difficult to ascertain how they came to have these perspectives. For participants who were hearing this information for the first time, they may need time to reflect within their current framework before attempting to implement changes in their practice. Participants who have had exposure to this information previously may have already begun the internal thought process and thus more open to initiating changes in their practice. Additional research is needed to study PD for early interventionists.

Future Directions for Research and Practice

Through this study, the idea of teaming, collaboration, reflection, and the need for ongoing support was brought up in multiple ways. This is similar to findings in other studies with early interventionists in that multiple strategies and feedback are necessary identify and support practice change (Salisbury, Cambray-Engstrom, & Woods, 2012; Peterson et al., 2018). While data were gathered on individual components of the Institute, further research need to be done on which components are the most effective for changing practices. Future research can examine the most effective ways to support early interventionists in their work, as it relates to the key EI principles.

Future PD offerings should incorporate opportunities for teaming and collaboration. It is important for facilitators to provide time and space for participants to reflect on how the information presented during PD opportunities fits into the world in which they work. Using digital platforms with which participants are already familiar (i.e., closed Facebook group) may increase the opportunities for teaming in between sessions, as well as ongoing communication after the formal PD has concluded. Additionally, further examination into the usefulness of videos should be explored as a tool used within PD. Since both direct service providers and service coordinators found videos to be useful, albeit in different ways, this could be considered an important tool for learning and application.

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Margareta SANDSTRÖM [1]
ORCID: 0000-0002-8707-5157

Johanna LUNDQVIST [2]
ORCID: 0000-0002-3092-1738

Annika AXELSSON [3]
ORCID: 0000-0002-5410-4361

Parents' Ideal Type Approaches to Early Education Pathways: Life Stories from Sweden*

Abstract

In this study, parents told their story about their children; their children's preschool and preschool class; their children's educational transitions; and their own cooperation with staff. The views of parents (N=27) were collected by way of life story interviews. The bioecological model for human development was adopted as a theoretical, conceptual and analytical frame. A qualitative bioecological content analysis and a quantitative content analysis were performed. More than half of the children were described as typical in terms of development, while a few were described as being gifted and talented by their parents, and about a third had special educational needs. More preschools than preschool classes were considered to be high in quality, and more preschool-home collaboration than preschool class-home collaboration was felt to be high in quality. The following ideal type approaches of the parents emerged: (1) involved and concerned parents; (2) involved but unconcerned parents; and (3) uninvolved and unconcerned parents. The number of involved and concerned parents increased from preschool to preschool class. This study has relevance for preschool and preschool class teachers, special educators, policy-makers and researchers in inclusive and special education.

Keywords: parents' views, bioecological content analysis; preschool, life story; transitions, ideal types

Introduction

It is well known and goes without saying that children's education and transitions at the time of their early education are important for both their immediate and long-term well-being and development. Achanfuo Yeboah (2002) has examined the literature on transition to school and found that starting school is traumatic for most children. This transition may also be challenging for the parents; for example, Shields (2009) found that parent-teacher relationships became more distant and less reciprocal when children start primary school. Sweden has its own solution when it comes to the challenge of transition from preschool to first grade: After preschool and before first grade, almost all children (96%) attend a *preschool class* for one year (Swedish Code of Statutes, 2010:800; Swedish National Agency for Education [SNAE], 2015). By that time, children have reached the age of five or six. Most of the children (83%, SNAE, 2015) will have attended preschool several years before preschool class and become used to that. The preschool class is often described as being a bridge between preschool and compulsory first grade. It can also be seen as an in-between class (Lago, 2014). The preschool class is unique to the Swedish education system, but it has similarities with a kindergarten, recep-

[1] Ph.D., Mälardalen University, School of Education, Culture and Communication, Sweden.
e-mail: margareta.sandström@mdh.se
*Corresponding author.
[2] Ph.D., Mälardalen University, School of Education, Culture and Communication, Sweden.
e-mail: johanna.lundqvist@mdh.se
[3] M.Ed., Mälardalen University, School of Education, Culture and Communication, Sweden.
e-mail: annika.axelsson@mdh.se
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tion class or other school forms implemented the year before children start first-grade class: All these school forms constitute a basis for first grade.

In this article, twenty-seven parents from the Swedish context tell their story about their children's time in preschool and preschool class, and also about the transition between the two school forms, with the aim of shedding light on the parents' experiences. Three of these stories are presented in more detail by Axelsson, Lundqvist and Sandström (2017).

Preschool and preschool class in Sweden

Preschool forms the first step in a child's education in Sweden, while the second step is *preschool class* (Swedish Code of Statutes, 2010:800). The aim with preschool and preschool class is to complement home activities and to offer all children – including those in need of support – the opportunity to play, learn and develop, while cooperating closely with parents (SNAE, 2011a, 2011b). In Sweden, preschool classes are physically located in schools and children are in this sense "starting school" when they start preschool class. In Sweden, there are no alternative early-education school forms; as such, young children with disabilities and special educational needs attend regular preschool and preschool class. The Swedish school law (Swedish Code of Statutes, 2010:800) points at the importance of both offering support and also stimulating children who find learning easy. As such, staff may need to adapt learning environments, offer special support and cooperate with school welfare teams and habilitation. One further task that preschool and preschool class staff have is to cooperate with each other in order to ensure continuation and progression in terms of such matters as learning and support provisions (SNAE, 2011a, 2011b). After consent from parents, the staff can exchange knowledge and experiences about children facing transitions and about previous educational activities and routines. Children with disabilities and special educational needs shall be given special attention during the period of transition from preschool to preschool class (SNAE, 2011a, 2011b).

Sweden is regarded as a country with a high-quality school system (Organisation for Economic Co-operation and Development [OECD], 2001; Pramling Samuelsson & Sheridan, 2009) for children aged one to five years; however, some recently conducted research and inspections suggest elements that may well need improvement in Swedish preschool settings. Structured observations of preschool quality have shown that there are preschools in Sweden that need to improve their inclusion practices, safety practices and staff-child interactions (Lundqvist, Allodi Westling, & Siljehag, 2016). Inspections of preschools (Swedish School Inspectorate, 2016) have shown that there are preschools that need to improve their education in order to ensure the learning and development of all children. There is little research on the quality of preschool class in Sweden, but a recent national inspection of this school form has shown that there are staff in preschool classes who need to be more attentive to the national goals related to preschool class and to providing all children with an adequate level of intellectual stimulation in preschool class (Swedish School Inspectorate, 2015:3).

Transition from preschool to preschool class

A move from preschool to preschool class can be described as an educational transition between two school forms. This period of transition involves great changes for children (Ackesjö, 2014; Bronfenbrenner, 1979; Lundqvist, 2016). They change both their learning environment and their teacher, and sometimes also their classmates. This may create both excitement and concern for the children (Ackesjö, 2014). The likelihood is that their parents experience the same feelings: that is to say, it is not only the children who find the transition challenging. Parents need to become more focused on academics at home (Lau, 2014), and they need to get to know their child's new learning environment, teachers and peers, and this may both require involvement and cause them concern (Griebel & Niesel, 2009; Hatcher, Nuner, & Paulsel, 2012; McIntyre, Eckert, Fiese, DiGennaro, & Wildenger, 2007; Shields, 2009). Furthermore, parents of children who are disabled and in need of support may well be more anxious than other parents (McIntyre, Eckert, Fiese, DiGennaro Reed, & Wildenger, 2010; Wildenger Welchons & McIntyre, 2015) and more involved in transitions and related activities: for example, staff-parent meetings and visits to the new learning environment (Wildenger Welchons & McIntyre,

2015). Their worries may relate to whether or not their child will be able to keep up with the teacher's instructions and ask for help, or whether or not their child will get the help and support s/he needs. Their worries may also relate to whether or not the child will be able to make new friends or get along with the teachers and other staff members. Moreover, they may worry that their child is not mature enough for the school situation, and that behavioural problems will arise and affect the transition. Therefore, a transition can be understood to be a critical stage in the life of both parent and child (Ekström, Garpelin, & Kallberg, 2008); further, it can be described as a milestone (Wildenger Welchons & McIntyre, 2015), as a social process (Ackesjö, 2014), and as the passing through of three phases: (1) separation from one learning environment; (2) displacement between two learning environments; and (3) incorporation into a new learning environment (Garpelin, 2014; van Gennep, 1960).

Parents of gifted children may also worry, be it for other reasons. Their worry may concern the fact that they have made the observation that their child is gifted but have failed to make the teacher aware of this; what is more, it has been shown that these parents are not seen as credible in this regard (Gross, 1999). Their worry may also concern a lack of adequate intellectual stimulation in new learning environments (Axelsson, Lundqvist, & Sandström, 2017). Grant (2013) identified important areas for the adaptation of gifted children to the new environment as being (1) experiences of the learning environment, (2) experiences of relationships, and (3) communication between learning environments. Grant also found that educators lack knowledge when it comes to gifted young children and are therefore not well prepared in terms of supporting them satisfactorily in the transition. Grant identified advanced cognitive ability in the seven children who were part of her study that involved different IQ tests. However, the famous researcher on giftedness Annmarie Roeper has found out that giftedness involves emotional complexity – quantitative tools cannot measure this. She realized that this emotional complexity makes the gifted child vulnerable (Beneventi, 2016) and therefore elaborated the method of QA (Qualitative Assessment) for identifying giftedness in children. Research on gifted and talented children – that is, children who have remarkable skills and who learn easily (Mönks & Ypenberg, 2009; Persson, 2010; Stålnacke, 2014) – is limited in Sweden (Persson, 2010; Stålnacke, 2014). These children do not always thrive in early compulsory education, and they do not always get the intellectual stimulation and support they need to develop in accordance with their potential (Persson, 2010). The lack of such studies could relate to difficulties in identifying such children in the Swedish education system and to the fact that Sweden does not have a tradition of talking about children as being gifted (and talented) in preschool and school.

The use of different preparatory training, transition activities and mediators of the transition process from preschool to preschool-class can make educational transitions easier and safer, both for the child and for his/her parent (Ackesjö, 2014; Ahtola et al., 2016; Alatalo, Meier, & Frank, 2016; Griebel & Niesel, 2009; Lundqvist & Sandström, 2018). Some examples of mediators of the transition process from preschool to preschool-class are visits to future learning environments (e.g. a child visits his or her future learning environment and meets its staff), joint events for parents (e.g. staff in preschool class informs parents to children in preschool about activities and routines taken place in preschool class), individual meetings with new staff members (e.g. a preschool class teacher, parent and child in preschool meet and talk about activities and routines in preschool class) and meetings with special needs educators (e.g. parents to a child with special educational needs in preschool meet a special needs educator to get additional information about the transition to preschool class and differences between preschool and preschool class in order to decrease their concern). Ahtola et al. (2016) wrote that familiarization with school was considered very important by parents participating in their study.

In terms of the Swedish context, research on the path of children from preschool to preschool class that involves parents is needed since we know little about how parents in Sweden experience this early education period (Ackesjö, 2014; Lago, 2014). Lago (2014) points out that such research would also further increase knowledge about early education transitions.

Aims of the study and research questions

The aim of this study is to shed light on how parents of children describe their children and experience their children's learning environments (preschool and preschool class), their cooperation with staff in preschool and preschool class, and the children's transition between preschool and preschool class. The research questions are as follows: What are the children's characteristics and abilities, according to their parents? What are the parents' experiences when it comes to their children's learning environments, the interplay between home and the learning environment, and the children's transition from preschool to preschool class? Is it possible to discern different ideal type approaches on the part of parents to children's early education pathways? If so, what are these?

Method

This study relates to a research project about children's learning journeys from preschool to school, which, in the context of Sweden, began in 2012 and ended in 2017. The overall aim of the research project was to increase the understanding of young children's early education and care. This study presents a description and analysis of 27 parental perspectives (n=22 mothers; n=5 fathers) on parenthood and early learning journeys obtained from the research project. There were 14 boys and 14 girls (one of the parents participating had twins). Twenty-three out of the twenty-eight children started preschool before the age of two. Two out of the twenty-eight children started preschool at age two or three. Three parents did not provide information on this matter. The parents' socio-economic levels were comparable; no parents from a suburb or a poor region participated. The parents lived in seven different Swedish municipalities. The data material was collected by the three authors during the spring of 2016 as they worked with the project. The parents were selected by way of convenience sample. We contacted a great number of preschool classes in central and eastern Sweden, asking for parents who would be willing to be interviewed. We strived to ensure the enrolment of parents whose experiences were diverse and also contacted special educators at a number of schools in central and eastern Sweden, asking for parents (who had a child with a disability and special educational needs) who were willing to participate. No segregated preschool or preschool class is represented in the sample. Among the parents who participated in the study, some live in urban settings and some in rural settings.

The sample corresponds roughly to the population in Sweden in the sense that parents with diverse experiences send their children to inclusive preschool and preschool class. As can be seen in Table 2, the percentages calculated in this study (about a third) also correspond roughly to statistics in the population in terms of special educational needs: Approximations that have been made suggest that the percentages can range from 17% up to 35% (Lillvist & Granlund, 2010; Lundqvist, Allodi Westling, & Siljehag, 2015). Approximately 5% of the children are estimated to be gifted and talented (Stålnacke, 2014).

Retrospective interviews

The perspectives of parents were collected through the use of retrospective interviews, and inspiration was obtained from the life history research approach (Bertaux, 1981; Goodson & Sikes, 2001; Jepson Wigg, 2015; Perez Prieto, 2006). The length of the interviews ranged from approximately 50 to 90 minutes. These were recorded and transcribed (10-23 pages each). In the interviews, the parents were encouraged to talk about being a parent and about their child, their child's preschool and preschool class, their collaboration with staff members in preschool and preschool class, and the transition from preschool to preschool class. Of the 27 interviews conducted, 23 were with parents whose children attended preschool class at the time of the interview; four interviews were conducted with parents of children who had special educational needs and a disability and who had started school. The guiding principles as set by the Swedish Research Council (2011) have been carefully followed in this study.

Analysis

There are four steps to the retrospective life-story interviews:

In step one, a qualitative bioecological content analysis was performed using a matrix developed by the authors (Lundqvist, Sandström, & Axelsson, 2016). This bioecological analysis technique and matrix make use of central concepts from the bioecological model for human development

developed by Bronfenbrenner (1979) and Bronfenbrenner and Morris (1998). During the readings of each interview transcript, the central contents identified were written in the matrix and at the same time categorized as relating to the biosystem (e.g. parental descriptions of child characteristics), the microsystem (e.g. parental descriptions of preschools and preschool classes), the mesosystem (e.g. parental collaboration with staff members in preschools and preschool classes), the exosystem (e.g. parental descriptions of their work and distribution of resources in the municipalities), the macrosystem (e.g. parental descriptions of laws and regulations) and the chronosystem (e.g. parental descriptions of changes over time that could relate to the biosystem and the other systems that are ecologically oriented). This means that all the relevant contents in each and every interview that could be related to the systems were coded and transferred into the matrix. The foci of analysis were the biosystem, microsystem and mesosystem since the parents were asked to describe and tell about their children; their children's preschool and preschool class; their children's educational transitions; and their own cooperation with staff. During the analysis, the authors wrote parents' concerns in the matrix and noted turning points and significant others. At the beginning of this step in the analysis, three interviews were discussed and categorized by the three authors together; after that, the remaining 24 interviews were categorized individually by the three authors.

In step two, the first and second authors made an evaluation – as based on the information categorized in the matrix – as to whether or not the parent in question described their child as having special educational needs, as being typical in terms of development (typically developing children) *or* as being gifted and talented in preschool and in preschool class, respectively. These two authors also made an evaluation, based on the information categorized in the matrix, as to whether or not the parent in question described their child's preschool and preschool class to be low in quality, partly low and partly high in quality (i.e. in-between low or high quality) *or* high in quality. The notion of special educational needs, typically developing children, and gifted and talented – as well as the assumptions regarding quality in preschools and preschool classes – are described in Table 1. Moreover, the first and second authors judged, based on the information categorized in the matrix, whether or not the parents described their collaboration with staff members in their children's preschools and preschool classes as being low in quality, partly low and partly high in quality *or* high in quality (Table 1). Furthermore, they determined, based on the information categorized in the matrix, whether or not the parent in question seemed to consider the transition from preschool to preschool class to be low, partly low and partly high *or* high in quality (Table 1).

In step three, three ideal type approaches among the parents were singled out, based on the information obtained, as reported above. An *ideal type* is described by Weber and Swedberg (1999) as being an analytical construct serving as a measuring-rod to determine the extent to which behaviours are similar to or differ from a defined measure. An ideal type can be constructed for emphasizing specific traits in a social unit so that it becomes a "pure" type; therefore, there is no valuation in an ideal type. During the first analysis, the three authors noted that the parents seemed more or less *involved* in their children's early school years as well as more or less *concerned* during these years. Thus, three ideal type approaches were singled out. These were the following: (1) the involved and concerned parents; (2) the involved but unconcerned parents; and (3) the uninvolved and unconcerned parents. The assessment of involved/uninvolved/concerned/unconcerned is described in Table 1.

After that (step four), calculations in terms of frequencies and percentages were made on the above mentioned aspects of data: (1) The total number of parents describing their children as having special educational needs/being of typical development/being gifted and talented in preschool and preschool class; (2) the total number of parents who seemed to consider their children's preschools and preschool classes to be low in quality/partly low and partly high in quality/high in quality; (3) the total number of parents describing their collaboration with staff members in their children's preschools and preschool classes as being low in quality/ partly low and partly high in quality/high in quality; (4) the total number of parents who seemed to consider the transition from preschool to

preschool class to be low in quality/partly low and partly high in quality/high in quality; and (5) the total number of parents in the ideal type approaches. Therefore, each parental description (N=27) was coded in nine different ways, and a total of 243 ratings were made by the first and second authors during step two and three of data analysis. The inter-rater reliability between the first and second author coding the data was estimated on a randomized sample of data from 26% of the participants. Using the formula number of agreements divided by the total number of opportunity assessments, 61 ratings out of 63 were judged equally by the two judges – i.e. the inter-rater reliability was 97%. The data from the remaining 74% of the participants were analysed by the first and second author separately. The third author coded a selected sample of data from 41% of the participants and compared her ratings with the ratings conducted by the second author. Thereafter, a few (n=4) ratings were changed. Quotations from the interviews are incorporated in the results in order to increase the trustworthiness of the analyses.

Table 1.
Definitions of the key concepts adopted in the study

Concept	Definitions
Children with Special Educational Needs (SEN)	The children who had a disability and/or who were described by their parents as being in need of extra help and attention from adults in early education in order for them to be able to participate and learn.
Typically Developing Children, (TDC)	The children who did not have a need for extra help and attention to participate and learn, and who were not described by their parents as being gifted and talented.
Gifted and Talented Children, (GTC)	The children who were described as being very able by their parents and who were also considered to learn very easily in comparison to siblings and same-age peers. The parents also described how these children did not get the intellectual stimulation they needed, had a good memory, and were intense/sensitive/emotionally complex.
A low-quality preschool and preschool class	There were several features that were not beneficial in the low-quality preschools and preschool classes, and the overall opinion of the parents was that the educational activities, daily routines and play situations that took place did not enhance or facilitate the well-being or social and academic development of their children.
A partly low- and partly high-quality preschool and preschool class	In the partly low- and partly high-quality preschools and preschool classes, some of the educational activities, daily routines and play situations were regarded as not being beneficial, whereas others were regarded as being positive and beneficial.
A high-quality preschool and preschool class	In the high-quality preschools and preschool classes, those features that were not beneficial were described as being very few, and the parents were, on the whole, positive about the educational activities, daily routines and play situations that took place.
Low-quality collaboration	Low-quality collaboration refers to parents' experiences of ineffective and unpleasant collaboration, and a lack of adequate collaboration.
Partly low- and partly high- quality collaboration	Partly low- and partly high-quality refers to blended feelings in terms of collaboration; for example, a parent might feel cooperation with some staff members to be effective and pleasant, and ineffective and unpleasant with others.
High-quality collaboration	High-quality collaboration refers to parents' experiences of effective and pleasant collaboration.
A low-quality and/or troublesome transition	A low-quality and troublesome transition was found to be a concern for parents in terms of such matters as safety in the new learning environment and the child's school readiness; further, the transition was not described as easy for the child.
A partly low- and partly high-quality transition	A transition that was at times challenging and concerning. The parental description reflects mixed feelings about the child's transition.
A high-quality transition	A high-quality transition was described as easy and did not raise many concerns. In these transitions, both parents and children experienced a sense of well-being and happiness, and they were calm and well prepared for changes in activities and relationships.
Involvement/ no active involvement	Engagement refers to descriptions of active involvement and commitment. Accordingly, being uninvolved refers to low levels of involvement and commitment.
Concerned/unconcerned	Concerned refer to descriptions of worries, dissatisfaction and discomfort, and being unconcerned means feeling satisfied and happy with regards to such matters as a child's educational pathway and safety.

Results

In the interviews, the parents talked about their children's early education pathways from preschool to preschool class. They described their children's, development, giftedness and talents, and need for support provisions during these years. They also described their children's preschool and preschool class learning environments and their cooperation with the staff members in these learning environments. Furthermore, they talked about their children's transition from preschool to preschool class. In keeping with the bioecological model and its concepts, the result description and analysis of the children are linked to the biosystem; the description and analysis of the preschools and preschool classes to the microsystem; and the description and analysis of the staff-parent collaboration and transitions (from preschool to preschool class) to the mesosystem.

Biosystem – Characteristics of the Children

In Table 2, the total number of parents who describe their children as having special educational needs, being of typical development *or* being gifted and talented in preschool and preschool class are presented.

As shown in Table 2, more than half of the children were described as typically developing in preschool (n=15; 56%) as well as in preschool class (n=16; 59%), and four of the children (n=4; 15%) were described as gifted and talented during preschool and preschool class. Twenty-nine percent of the children had special educational needs in preschool (n=8), according to the parents. One of the children described as having special educational needs during preschool was not described as having such needs in preschool class; this development has been thoroughly described in Axelsson, Lundqvist and Sandström (2017), and this was found to be due to an extensive social network and the mother's determined and perceptive fight for her son's positive development. In preschool class, the total number of children described as having special educational needs was seven (26%).

The children who were described as gifted and talented were seen as being very able and they learned easily, according to the parents. They had, in comparison to peers of the same age and siblings, a strong desire to learn, strong interests, a good memory and a sense of compassion. They were also described as being creative, clever, expressive with words, and ethically and morally sensible. They were also described as being more skilled than peers of the same age and siblings. One of the parents said, amongst other things, that his son was "very intellectual and able", and another parent said that her daughter was "very empathetic" and that she "began to speak at a very early age". These children tended to surprise the parents as well as some staff members with their notable and early developed skills. The children with special educational needs had motor, learning, speech and communication difficulties, and/or behavioural difficulties. Some of the parents (n=4; 15%) of these children said that their children had a certain disability diagnosis (e.g. intellectual disability and autism).

Microsystem – Preschools and Preschool Classes

The parents described their children's preschools and preschool classes to be *low* in quality, *partly low and partly high* in quality or *high* in quality (Table 3).

Table 3 shows that there were more preschools (n=17; 63%) than preschool classes (n=7; 26%) that were considered to be high in quality, and there were more preschool classes (n=4; 15%) than preschools (n=1; 4%) that were described as being low in quality. Sixteen preschool classes (59%), in comparison to nine preschools (33%), were considered partly low and partly high in quality. The learning environments of the children with special educational needs were commonly considered to be partly low and partly high in quality.

Table 2.
Parents' descriptions of their child in preschool and preschool class

Microsystem	**Parents of children with SEN** Frequencies (percent)	**Parents of TDC** Frequencies (percent)	**Parents of GTC** Frequencies (percent)
Preschool	8 (29)	15 (56)	4 (15)
Preschool class	7 (26)	16 (59)	4 (15)

Table 3.
Estimated level of quality

Microsystem and estimated level of quality	**Parents of children with SEN** Frequencies (percent)	**Parents of TDC** Frequencies (percent)	**Parents of GTC** Frequencies (percent)
Preschool			
Low in quality	1 (4)		
Partly low and partly high in quality	5 (18)	2 (7.5)	2 (7.5)
High in quality	2 (7.5)	13 (48)	2 (7.5)
Preschool class			
Low in quality	2 (7)	1 (4)	1 (4)
Partly low and partly high in quality	4 (15)	11 (40)	1 (4)
High in quality	1 (4)	4 (15)	2 (7)

In a low-quality environment, the educational activities, daily routines and/or play activities were not seen to be beneficial by parents. Those parents talked about inadequate instructions (e.g. staff-initiated educational activities that were unstimulating for their children), a negative social atmosphere (e.g. greetings that were not warm and staff using sarcasm with young children) and inadequate safety practices (e.g. a lack of supervision during outdoor play). One of the parents described a low-quality preschool class in the following way: "The teacher made me shiver. |…| Her first hour with the class was a disaster. She was constantly sarcastic. |…| I got a stomach pain and felt a sense of anxiety". This parent also said the following: "He [her son] sat outside the classroom crying every day. He did not want to be in the classroom. In fact, no one wanted to be in that classroom."

In a partly low-quality and partly high-quality environment, some of the educational activities, daily routines and/or play activities that took place were seen to be beneficial, whereas others were not. In a high-quality environment, the educational activities, daily routines and/or play activities were seen to be beneficial, while the negative features hindering parental well-being as well as the child's well-being, learning and development were very few. Parents who described a high-quality preschool and preschool class talked about skilled staff (e.g. good structure, good leader, and stimulating educational activities), a positive social atmosphere (e.g. warm and respectful staff, and pleasant interactions between children) and provision of adequate support to children with special educational needs (e.g. visual support, speech and language therapy). One of the parents described a high-quality preschool in the following way: "His preschool was great. They [the staff] were very skilled at seeing each individual and they highlighted the children's competences. |…| They listened to the children's interests and based their educational activities on these interests. |…| They were very skilled."

Mesosystem – Collaboration and transitions
According to the parents, their collaboration with staff members in the children's preschools and preschool classes could be *low* in quality, *partly low and partly high* in quality or *high* in quality (Table 4).

Table 4 demonstrates that there was more preschool-home collaboration (n=15; 56%) than preschool class-home collaboration (n=11; 41%) that was felt to be high in quality. There were sixteen cases of preschool class-home collaboration (59%), in comparison to a total number of 11 cases of preschool-home collaboration (40%), that were felt by parents to be partly low and partly high in quality. The parents of the children with special educational needs commonly felt their collaboration with staff members to be partly low and partly high in quality. This was also the case with the parents of typically developing children in preschool class. Just as with the other parents, the parents of the gifted and talented children were more satisfied with the collaboration in preschool than preschool class.

Table 4.
Collaboration and estimated level of quality

Mesosystem - Collaboration and estimated level of quality	**Parents of children with SEN** Frequencies (percent)	**Parents of TDC** Frequencies (percent)	**Parents of GTC** Frequencies (percent)
Preschool-home collaboration			
Low in quality	1 (4)		
Partly low and partly high in quality	6 (22)	4 (15)	1 (4)
High in quality	1 (4)	11 (40)	3 (11)
Preschool class-home collaboration			
Low in quality	1 (4)		1 (4)
Partly low and partly high in quality	5 (18)	10 (37)	1 (4)
High in quality	1 (4)	6 (22)	2 (7)

Note. Parents (N=27). The characteristics of SEN, TDC and GTC as well as of low-, partly low- and partly high-, and high-quality collaboration are described in Table 1.

In cases of low-quality collaboration, the meetings were few and ineffective and were not documented, and, for example, the atmosphere was not warm and respectful. One parent said: "We [me and my son] were often yelled at during departures". In contrast, high-quality collaboration was characterized in the following ways by the parents: staff listens carefully to them; staff speaks warmly to them; staff regularly shares child-related information with them; and staff invites them to take part in planning and evaluating education and care, as well as in making decisions on such matters as support provisions and transitions.

Table 5 presents the total number of parents considering the transition from preschool to preschool class to be *low* in quality, *partly low and partly high* in quality or *high* in quality, and the differences between parents of children with special educational needs, children termed typically developing and children termed gifted and talented.

As shown in Table 5, a total of eight transitions (30%) were described as low in quality and troublesome, and a total of seven transitions as partly low and partly high in quality (26%). One parent said that her daughter felt "anxious and cried the day before school started", and one parent chose to postpone the transition to the next school form since she considered the gap to be too big for her daughter. Parents who described the transition as low in quality and troublesome did not only tell about anxious children and a postponed start, but also about new teachers who did not fully understand their children's needs of support and extra stimulation, and knowledge requirements after preschool. Twelve of the parents (44%) considered the transitions to be high in quality, that is, smooth, easy and well-prepared. These parents talked about appreciating the visits to new learning environments; about preschool-class teachers visiting preschools; about effective collaboration between parents, preschool staff and preschool-class staff; and about children who were looking forward to starting preschool class. One parent said: "All along, he said: It will be fun to start preschool class. |…| He looked forward to beginning preschool class; that was good |…|. The teacher is skilled and she acknowledges him [during transition activities]". Table 5 also shows that half of the parents of the gifted and talented children (50%), that 43% of the parents of children with special educational needs and that 11% the parents of the typically developing children considered the transition to be low in quality.

Ideal type approaches and experiences of the parents

The following ideal type approaches based on the parents' descriptions emerged from the analysis of the interviews: (1) the *involved and concerned* parents; (2) the *involved but unconcerned* parents; and (3) the *uninvolved and unconcerned* parents. Therefore, not one of the participating parents was seen to be *uninvolved but concerned*. Involvement here refers to active engagement and commitment, and concern refers to worries, dissatisfaction and discomfort. Therefore, being uninvolved refers to low levels of active engagement and commitment, and being unconcerned means feeling satisfied and happy. Table 6 presents the ideal type approaches and experiences of the parents of the children with special educational needs, the typically developing children, and the gifted and talented children during preschool and preschool class.

Table 5.
Transition from preschool to preschool class and estimated level of quality

Mesosystem - Transition from preschool to preschool class and estimated level of quality	**Parents of children with SEN** Frequencies (percent; percent within SEN group)	**Parents of TDC** Frequencies (percent; percent within TDC group)	**Parents of GTC** Frequencies (percent; percent within GTC group)
Low in quality and/or troublesome	3 (11; 43)	3 (11; 19)	2 (7.5; 50)
Partly low and partly high in quality	2 (7.5; 28.5)	5 (18; 31)	
High in quality	2 (7.5; 28.5)	8 (30; 50)	2 (7.5; 50)

Note. Parents (N=27). The characteristics of SEN, TDC and GTC as well as of low-, partly low- and partly high-, and high-quality transitions are described in Table 1. The parent of the child who required support in preschool but not in preschool class was included in the TDC group in this table.

Table 6 shows that the parents of the children with special educational needs and the parents of the gifted and talented children all seemed involved in their children's early education pathways and learning journeys from preschool to preschool class. A small number of parents (n=4; 15%) of the typically developing children did not seem involved. A majority of the parents of the children with special educational needs also seemed concerned during these years, but there were also other parents who gave the impression of being concerned. Those parents described, for example, inadequate supervision during outdoor play in preschool, unfenced preschool class play areas, too few staff members, a lack of necessary support provisions, unwelcomed staff changes, negative peer interactions, disrespect, a lack of adequately stimulating staff-initiated educational activities and noisy environments. There were more parents who appeared involved and concerned in terms of preschool class (n=15; 56%) than in terms of preschool (n=10; 37%).

In Figure 1, the parents' ideal type approaches in preschool and preschool class are shown. Figure 1 shows that the number of involved and concerned parents increases from preschool to preschool class from 37% (n=10) to 56% (n=15). Involved but unconcerned correspondingly decreases from 48% (n=13) in preschool to 30% (n=8) in preschool class.

Fifteen percent (n=4) of the parents of TDC maintain an uninvolved and unconcerned approach. One parent of a child with special educational needs who seemed both involved and concerned described how she regularly talked to staff about her son's needs and difficulties so as to prevent problems and solve any that had already emerged. Another parent of a child with special educational needs who seemed involved but not concerned described how she and her husband attended several meetings with staff members and how they repeatedly informed staff and others about their child's history so as to increase understanding of their child's needs and capabilities. They also helped the staff on such matters as support provision and communication with their child, and hurried to preschool and preschool class when needed – for example, when their child was inconsolable and needed to rest at home. This parent had ample knowledge on disability diagnoses and support provisions (e.g. visual support, alternative communication systems and activity simplifications) and implemented such strategies at home. There were some features in her child's learning environments that she, as a mother, was not fully satisfied with, but these circumstances appeared not to worry her. In the interview, she seemed calm, stress-free, optimistic and in control of the situation. A parent who was regarded as being uninvolved and unconcerned on such matters as early years education did not talk much about the child's early education and instead seemed to prefer to talk about the child's interests and sporting activities.

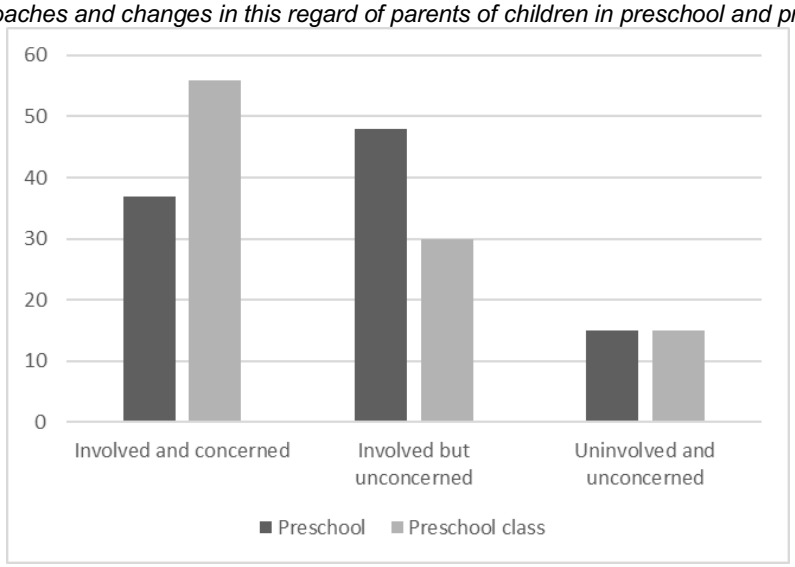
Furthermore, parents of gifted and talented children were involved and concerned. Their concern was that the child did not get enough intellectual stimulation in early education. One mother described how her son could read, but how the preschool staff did not seem to care and did not challenge him. She further described how her son was observant and could learn anything but how he was not encouraged. She also explained how she was worried since her son had started to hang around with older boys in the school playground in preschool class; she had even heard these boys talk about smoking and sex. She described how her son, who was nearly seven years old, had started to act like a teenager.

Table 6.
Ideal type parental approaches based on experiences during preschool and preschool class

Ideal type parental approaches and experiences during preschool and preschool class	**Parents of children with SEN** Frequencies (percent)	**Parents of TDC** Frequencies (percent)	**Parents of GTC** Frequencies (percent)
Preschool			
Involved and concerned	5 (18)	4 (15)	1 (4)
Involved but unconcerned	3 (11)	7 (26)	3 (11)
Uninvolved and unconcerned		4 (15)	
Preschool class			
Involved and concerned	6 (22)	7 (26)	2 (7,5)
Involved but unconcerned	1 (4)	5 (18)	2 (7,5)
Uninvolved and unconcerned		4 (15)	

Note. Parents, (N=27). The characteristics of SEN, TDC and GTC as well as of involved, uninvolved, concerned and unconcerned are described in Table 1.

Figure 1.
Ideal type approaches and changes in this regard of parents of children in preschool and preschool class.



Note. Parents, (N=27). The Y-axis shows the percentages (%) of parents. The X-axis shows the three ideal type approaches.

Discussion

Biosystem – support needs, gifts and talents

The aim of this study was to shed light on how a number of parents describe their children. Going by the parents' descriptions, all the children fit into one of these three categories: typically developing, in need of support, or gifted and talented. However, the parents seldom used such formal descriptions; instead, they described their children in an informal way. This suggests that important information on such matters as support needs or need for extra intellectual stimulation can be embedded in informal parental descriptions. It was the authors who decided to describe the children with formal labels such as typically developing, with support needs *or* gifted and talented, using previous definitions of children with support needs (Swedish Code of Statutes, 2010:800) and traits of giftedness (Beneventi, 2016; Grant, 2013; Mönks & Ypenberg, 2009; Persson, 2010; Stålnacke, 2014). For example, when the parents described their children as being gifted, their descriptions accorded with the criteria for giftedness (e.g. learn easily, do not receive the intellectual stimulation they need, have a good memory, are intense/sensitive/emotionally complex). Since this study is about parents' opinions and the experiences of their children, we have not tested or assessed the children's support needs/typical development/giftedness.

The percentage (15%) of children considered gifted and talented is higher than what has been previously estimated (5%; Stålnacke, 2014). One explanation for this

discrepancy could be that the information was obtained from parents. Parents love their children and may well say things like: He is "remarkably skilled". "She learns easily in comparison to same-age peers". "He is very intellectual and able". Another reason for this difference could be that not all gifted and talented children in this population in Sweden have been identified, which could be explained by the tradition in Sweden of not identifying children as such. Therefore, the number of gifted and talented children could be higher than what has been estimated previously. A third explanation may be the fact that more parents than expected of gifted and talented children may have volunteered to take part in this study: the reason for this may be either that these parents liked to talk about their (successful) children or that these parents wanted to shed light on the fact that the preschool class does not pay enough attention to these children.

In this study, the long-term need for support was much more common than the temporary need: Only one child went from being described as a child with special educational needs in preschool to a typically developing child in preschool class. This means that children with special educational needs during preschool probably also have such needs in preschool class.

Microsystem – their children's learning environments

The aim of this study was also to investigate and analyse how parents describe their children's learning environments (preschool and preschool class). In this study, the parents commonly had positive experiences in terms of preschool. No parents of typically developing children or gifted and talented children described the preschool as low in quality, for example. This is an indication that staff and preschool activities seem to cater better for those children and their parents in early education than for those children with special educational needs and their parents. Only two of the eight parents of children with special educational needs described the preschool as being high in quality. It is not possible to determine by means of the results of this study whether this is something that goes beyond this study, but a previous study (Lundqvist, Allodi Westling, & Siljehag, 2016) and an inspection (School Inspectorate, 2016) have reported that there are preschools that need to improve their work on such matters as inclusion of children with special educational needs as well as teaching. This may explain the ratings of low-quality or partly low- and partly high-quality on the part of parents of children with special educational needs in this study.

In this study, there were more preschools than preschool classes that were felt to be high in quality, and several parents (20 out of 27) did not seem to view the preschool class as a well-functioning, high-quality school form and bridge between preschool and school. The reason for this was described to be, for example, inadequate instructions, a negative social atmosphere and inadequate safety practices. Sweden is reputed to have preschools that are of high quality (Pramling Samuelsson & Sheridan, 2009), but what about its preschool class? The School Inspectorate has described some problems and areas for improvement in preschool class (School Inspectorate, 2015:3). The preschool class has not been particularly well-studied in terms of levels of quality, but this study shows that this could be a relevant topic for future research: Is the preschool class, which is intended to function as an important school form and a bridge between preschool and compulsory school, good enough?

Mesosystem collaboration and transitions

A further aim of this study was to describe mesosystem collaboration and transitions. There were more descriptions of high-quality preschool-home collaboration than there were descriptions of high-quality preschool class-home collaboration. This part of the results suggests that staff members in preschool have a better relation with and collaborate better with parents than staff members in preschool class. Staff in preschool class may need to improve their collaboration with parents, and this may also decrease the number of parents being negative towards preschool class and concerned during the time their child is in preschool class. They may also need to explain to parents that the time for proximal and reciprocal staff-home collaboration often decreases after preschool when children grow older and become more autonomous, and when class size increases and staff-child ratios decrease. To conclude, this result indicates that further studies are needed that focus on improving both transi-

tion activities between preschool and preschool class as well as preschool class activities.

Half of the parents (2 out of 4; 50%) of the children described as gifted and 43% of the parents of children with special educational needs (3 out of 7) were dissatisfied with the children's transition from preschool to preschool class, whereas most of the parents (13 out of 16; 81%) of children described as typically developing were satisfied/partly satisfied. This means that the parents of gifted children and of children with special educational needs felt – to a much higher degree than the parents of typically developing children – that their own needs and those of their children were not acknowledged in the transition from preschool to preschool class.

According to national curricula (SNAE, 2011a, 2011b), children with special educational needs are to be given special attention during the time of transition, but this study shows that children who learn easily and are knowledgeable (as well as their parents) may also need such special attention. Similar results have been put forth by Grant (2013) that propose important transition activities for gifted children. The implementation of well-functioning preparatory training and activities, and what these are, for children with special educational needs/giftedness is a relevant topic for future research since such training and activities can be helpful and may make transition easier (Ackesjö, 2014; Ahtola et al., 2016; Alataloet al., 2016; Griebel & Niesel, 2009). One consequence for gifted school children whose needs are not observed is that they do not get the attention and stimulation they need, as pointed out by Beneventi (2016) and Grant (2013). In this study, there were examples of such children being described as emotionally complex, which has been identified as a risk factor (Beneventi, 2016).

Parents' engagement and concerns during their children's early education pathways

Finally, the aim of this study was to discern (if possible) ideal type approaches to children's early education pathways. First of all, most parents were very much involved. This is an indication that early education pathways and the transition from preschool to preschool class are critical for parents. However, there were also parents who appeared to be uninvolved and unconcerned. This ideal type approach was stable from preschool to preschool class, so obviously there are also parents for whom the early school years and transition from preschool to preschool class are not critical. Yet, it is interesting that this ideal type approach was only represented by parents of typically developing children – this is a sign indicating that staff in preschool and preschool class may cater best for typically developing children. Yet, it could also be a sign that uninvolved and unconcerned parents do not identify their children as being in need of support or as being gifted – this is a sign that staff in preschool and preschool class need to be aware of the need for support/giftedness in children whose parents have not observed this.

The number of involved and concerned parents increased from preschool to preschool class, and the number of involved but unconcerned parents decreased. This could be interpreted in at least six ways: First, the transition to preschool class is a critical event that in itself causes parents to be involved and concerned. This has already been well-proven (Griebel & Niesel, 2009; Gross, 1999; Lau, 2014; McIntyre et al., 2007; McIntyre et al., 2010; Shields, 2009; Wildenger Welchons & McIntyre, 2015). Second, the preschool class activities were not viewed by the parents of this study to be as high in quality as the preschool activities. Third, there may exist a perception among parents that preschool class is equivalent to school – hence their concern about expectations not being fulfilled in terms of being a parent to a school child. Fourth, there may exist a perception among parents that preschool class is equivalent to preschool, implying that parents expect care in preschool class for their children to be as it was in preschool. It is known from previous research (Shields, 2009) that it is challenging for both the children and their parents to accept that staff-home collaboration cannot be as intense and individual in preschool class as it is in preschool. A fifth possible explanation may be that the parents were not interviewed when their children attended preschool; the negative memories from preschool might have faded. Yet another possible explanation – the sixth – may be that at the time of the interview, the parents chose to talk about the difficult episodes in preschool class, since the preschool class was an ongoing experience. The parents of the children with special educational needs

seemed involved and often concerned during preschool and preschool class. Only one of them seemed involved but unconcerned in both preschool and preschool class.

To sum up, the most important conclusions from this study are that the transition between preschool and preschool class needs to be further investigated by way of a larger study that focuses on transition activities and in particular on children in need of support, or gifted and talented children. Another relevant task for future research is to validate or develop the tendencies and approaches reported about in this study in other Swedish contexts and elsewhere, and with a larger number of parents.

Limitations and relevance of study

The number of participating parents describing their children's time in preschool and preschool class as well as the transition between the two school forms is limited, and the results should be seen as examples of parental descriptions and experiences from the Swedish context. This study has relevance for early childhood practitioners: for example, for preschool teachers, preschool class teachers, special educators and others who work in early education and care, as well as for parents, educators of student teachers who instruct on such matters as family-school relationships, (special) education researchers and policymakers.

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Authors' contributions

MS, JL and AA planned the study, collected the data and performed the analysis. MS and JL wrote the paper and AA contributed to the revision of the paper.

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Zsófia BÖDDI [1]
ORCID: 0000-0001-7198-6020

Mónika SERFŐZŐ [2]
ORCID: 0000-0002-5552-8828

Zsuzsa F. LASSÚ [3]
ORCID: 0000-0003-2213-0810

Valéria KEREKES [4]
ORCID: 0000-0002-4878-8752

Integration-related Experience and Preparedness from the Aspect of Hungarian Preschool Teacher Candidates

Abstract

The aim of this study was to examine the experience of graduating preschool teacher candidates related to children with special needs, moreover to reveal their attitudes and perceptions of preparedness and competence regarding integration. A survey was used to collect data from 360 (mean age: 26.09 yrs.) graduating students attending 10 Hungarian preschool teacher training institutions. Besides revealing the experience and self-perceptions, our purpose was to investigate the factors influencing the development of attitudes and perceptions of preparedness and competence. The hypotheses were justified: the more and positive experience gained related to children with special needs and integration lead to more positive attitudes and self-perceptions. Differences between the answers of full-time and part-time students also appeared regarding their opinion about their competence in connection with integration. The participants also expressed the need for more practical training related to integration and inclusion. These results are a key of importance regarding the development of inclusion related elements of preschool teacher training.

Keywords: integration, inclusion, preschool, teacher candidates

Introduction

Recently it is an internationally accepted principle that the institutional education of children with special educational needs should be implemented together with typically developing children (Ferguson, 2008). Since the 1970-1980s integration and inclusion emerged in several ways in different countries (Ferguson, 2008; Ainscow, Dyson & Weiner, 2013).

The Salamanca Statement: Framework for Action for Special Needs Education (UNESCO, 1994) turned the attention of several nations to the topic of integration and inclusion (Nutbrown, Clough & Atherton, 2013).

Although the principle is given, by investigating the international literature of the topic it can be found that the realization of inclusion and the related terminology shows a diverse picture. This raises the question of the possibility of international comparisons (cf. D'Alessio & Watkins, 2009) as

[1] Ph.D., Eötvös Loránd University, Faculty of Primary and Pre-School Education, Department of Education, Budapest, Hungary
e-mail: boddi.zsofia@tok.elte.hu
*Corresponding author.
[2] Ph.D., Eötvös Loránd University, Faculty of Primary and Pre-School Education, Department of Education, Budapest, Hungary
e-mail: serfozo.monika@tok.elte.hu
[3] Ph.D., Eötvös Loránd University, Faculty of Primary and Pre-School Education, Department of Education, Budapest, Hungary
e-mail: f.lassu.zsuzsa@tok.elte.hu
[4] M.Ed., Eötvös Loránd University, Faculty of Primary and Pre-School Education, Department of Education, Budapest, Hungary
e-mail: kerekes.valeria@tok.elte.hu

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well as the need that countries should learn from each other's experience (cf. e.g. "Early Inclusion" international project. www.early-inclusion.eu).

In the last decades integration increasingly became widespread in Hungary (Perlusz, 2013); the majority of children with special educational needs are placed in integrated settings. For example, in the school year of 2015/2016 81% of preschool-aged children with special educational needs attended integrated preschools (Hungarian Central Statistical Office, 2016).

Integration and inclusion at preschool

Integration or inclusion at preschool compared to that of implemented in school has special characteristics. In recent years great emphasis has been put on early childhood education (Stephen, 2006) attracting the attention on the importance of the educational experiences provided to children before they go to school. Early childhood education institutions – including preschools – are the venues where both children and parents gain their first experience about institutional education and where the foundation of future school progress of children is set (Smith and Smith, 2000, cited in Aldrich, 2002). Preschool has key importance as the scene of integration; furthermore, it maintains a close relationships with early intervention (Kereki, 2015; Nutbrown, Clough & Atherton, 2013). The fact that children have special educational needs is often realised and/or diagnosed during early childhood. In certain cases, the difference is not so apparent compared to the typically developing children of this age (Odom, Vitztum, Wolery, Lieber, Sandall, Hanson, Beckman, Schwartz and Horn, 2004). Preschool differs from school in several aspects: e.g. the characteristics of educational planning are different and preschool is less performance-oriented (Odom et al., 2004; Venterné, 2006, cited in Böddi, 2010).

It is a well-known fact that preschool integration provides numerous positive impacts on both children with special educational needs and typically developing children (Wolery & Wilbers, 1995; Odom, 2000). Nevertheless, it is important to emphasise that these positive effects do not work automatically; great amount of awareness is required to achieve these outcomes (e.g. Wolery & Wilbers, 1995; Lundquist, Allodi & Siljehag, 2015).

The place of preschool in the Hungarian educational system

In Hungary preschool (or kindergarten, in Hungarian "óvoda") is the first compulsory educational institution for children (ages 3 to 6 years) (Act CXC of 2011 on National Public Education). Using the terminology of International Standard Classification of Education (ISCED) (UNESCO, 2012) Hungarian preschool belongs to Early Childhood Education (level 0) and „preprimary education" (the second stage of level 0) which begins at the age of 3 and lasts to the beginning of primary school (age of 6 or in some cases 7) (Török, 2015). Previous to the compulsory preschool children can attend nurseries or daycares, which level is not compulsory and does not belong to the educational system in Hungary.

The milieu in preschools can be considered open to integration; the idea of a child in preschool can be described by respecting individuality and uniqueness, acceptance and reducing disadvantages. (Cf. Government Decree 363/2012 (XII. 17.) on the Core Programme for Kindergartens).

Preschool teacher training

As integration in preschools became a widespread principle and practice, preschool teacher training incorporated elements related to special educational needs, integration, and inclusion into the curriculums.

It is well known that teachers have a key role in the effectiveness of inclusion. The European Agency for Special Needs and Inclusive Education (2014) defined "Five Key Messages for Inclusive Education" where one of the messages has been: "Highly qualified professionals". The quality of the training of teachers and other professionals are crucial in managing inclusion. "'Highly qualified professionals' concerns issues of initial and in-service training, the profile, values, and competence of teachers, effective approaches to recruitment, and attitudes, as well as networking and coordination of all professionals." (European Agency for Special Needs and Inclusive Education, 2014, pp. 16).

Attitudes and perceptions of teachers are also of key importance regarding successful integration and inclusion (Štemberger & Kiswarday, 2017). In their systematic review, Avramidis and Norwich (2002) divided factors influencing teacher's attitudes into three groups: child-related,

teacher-related and environment-related factors. Attitudes and perceptions about integration of teachers as well as their beliefs related to for example their own roles are well explored topics in the scientific literature (Smith & Smith, 2000; Leatherman & Niemeyer,2005; Mitchell & Hegde, 2007; Horne & Timmons, 2009; de Boer, Pijl & Mannaert, 2011; Savolainen, Engelbrecht, Nel & Malinen, 2012; Dias & Cadime, 2016; Štemberger & Kiswarday, 2017). Inclusiveness can be named as a component of teacher identity (Domović, Vlasta és Bouillet, 2017). "The professional identity of contemporary teachers should involve the inclusive component, or, in other words, they should consider themselves capable of teaching diverse pupils. In that sense, inclusive education is based on a number of central values such as equality, participation, developing and sustaining communities, and respect for diversity (Watkins 2012)" (cited in Domović, Vlasta és Bouillet, 2017, pp 177).

Training has a crucial effect on attitudes of teachers related to integration or inclusion (Avramidis & Norwich, 2002). This emphasises the role of studying integration related topics, preparedness, attitudes and beliefs of preschool teacher candidates. Researches with student teachers or preservice teachers deal with attitudes related to special educational needs and integration or inclusion (Avramidis, Bayliss & Burden, 2000; Jeon & Peterson, 2003; Hastings & Oakford, 2003; Leatherman & Niemeyer, 2005) and also with their knowledge (Aldrich, 2002) and beliefs for example about their self-efficiency (Savolainen, Engelbrecht, Nel & Malinen, 2012; Aldrich, 2002; Jordan, Schwartz & McGhie-Richmond, 2009) or the role of the teacher in inclusive education (Domović, Vlasta & Bouillet, 2017). These issues are of key importance regarding the preparation of future teachers being ready to work in integrated groups or classes.

Recently in Hungary preschool teacher training is related to university bachelor (BA) level. Students can attend university either in full-time or part-time forms. Preschool teacher training has incorporated compulsory courses related to special pedagogy, integration, and inclusion, therefore it can be said that preschool teacher candidates have a basic knowledge in the topics of children with special educational needs and integration. After graduation preschool teachers (similarly to teachers at other levels of education) start to work as trainees (for two years) supported by appointed mentors (Act CXC of 2011 on National Public Education). Graduated preschool teachers also have the opportunity to continue their studies in Educational Science MA (master level).

The aim of our research was to study the integration-related attitudes of Hungarian graduating preschool teacher candidates focusing on their self-perception preparedness. Our goal was to learn what kind of experience – in- and outside of teacher training – contributes to the sense of preparedness and competence and which fields are assessed as challenging.

Our research questions were the following:

1. What is the opinion of graduating students about their own theoretical knowledge and practical skills in the field of integrated and inclusive education?
2. What kind of experience (in- and outside of teacher training) has they gained in connection with integration?
3. What are their expectations and possible fears?
4. What kind of preparation would they request beyond the one they have received during their education?
5. In what extent do they consider themselves ready to integration and its challenges?

Besides our research questions hypotheses were also defined:

1. Based on literature data experience gained in the education of children with special educational needs and inclusion are connected to more positive integration-related attitudes (cf. Avramidis and Norwich, 2002), therefore we presume that
   - 1.1. experience gained in- and outside of teacher training in connection with children with special educational needs correlates with more positive attitude towards integration as well as extended perception of competence and preparedness.
   - 1.2. characteristics of the preschools where students completed their practical training (i.e. whether the groups were integrating or not; whether they gained practical experience in the field of integration)

are related to the perception of preparedness.
   1.3. positive experience in integration leads to the extended perception of competence and preparedness.
   1.4. since experience (such as work, family, characteristics of practical training) of full-time and part-time students are different, it is predicted that differences appear in their perceptions of preparedness.
2. Students identify insufficiencies regarding their preparation for integration

Method

Participants

Participants consisted of 360 graduating students attending 10 Hungarian preschool teacher training institutions. 355 participants were female and 3 male; at the age between 20 and 50 years (mean age: 26.09 ys). There were 224 and 134 full-time and part-time students, respectively, among them (2 of them have not provided data).

Data collection

Experience and attitudes of graduating preschool teacher students about integration as well as their perception of self-preparedness were examined by a survey filled in online (Qualtrics Survey Software) or in a paper-based format. The survey contained mainly closed questions.

Topics of the survey:

1. *Questions determining the sample (age, sex, form of education (full-time/part-time), institution, etc.)*
2. *Experience originating from sources different from teacher training related to children with special educational needs:*
   2.1. place of gaining experience: e.g. informally, at their own family, at the workplace
   2.2. the frequency of gaining experience
   2.3. kinds of special educational needs they met
   2.4. the existence of work experience related to young children (at the age of 0-7 ys.)
   2.5. type of it (e.g. babysitting, working at an educational institution, e. g. nursery, preschool)
   2.6. field of work (e.g. pedagogical assistant)
   2.7. work experience with not typically developing children
3. *Training experience – Theoretical training*
   3.1. the contribution of certain subjects and group of subjects to the general knowledge of children, children with special educational needs and integration (Likert scale)
   3.2. elective courses in the field
   3.3. intentional search for courses involving the subject of integration
4. *Training experience – Practical training*
   4.1. integrating status of the teacher training preschools where they studied and worked during their university years
   4.2. integrating status of preschool group where they studied and worked during their training
   4.3. the children with special educational needs they met in the preschool groups
   4.4. tasks of the student connected to integrated education
   4.5. positive and negative, integration-related experience gained in practical training in the teacher training preschools
5. *Perception of preparedness and emotions regarding integration* (Likert scale)
   5.1. reflecting on the knowledge and perspective derived from the theoretical training
   5.2. reflecting on the practical knowledge derived from teacher training
   5.3. reflecting on their own competence and the borders of it (tasks and challenges)
   5.4. emotions (generally and in specific situations; e.g. anxiety, emotionally demanding situations)
6. *Identifying recommendations for preschool teacher training regarding integration related preparation*

Descriptive statistics were calculated and tests were completed (chi-squared test, t-test) in data processing. The statistics were calculated by using Qualtrics Survey Software.

Results

Experience with children with special educational needs and integration

Based on the answers given in the survey it can be determined that large proportion of teacher candidates have met children out-

side the framework of education whose development altered from the typical. Patterns from the answers of full-time and part-time students differ in both the scope (chi2=9.16; p<0.05) and frequency (chi2=72.19; p<0.01) of experience. Less than half of those completing the survey deal with children aged 0 to 7 years outside the framework of their studies (39.85% and 60.15% for full-time and part-time students, respectively) mainly in institutions (41.04%) or as babysitters (32.95%). Part-time students usually involved in the former type of engagement while full-time students choose babysitting more frequently. Among institutions preschools were indicated the most often; less than half of those working in institutions (45.16%) have already gained experience on children whose development altered from typical.

Teacher candidates consider that subjects related to psychology and pedagogy contributed the most to their theoretical knowledge connected to integration. 28.44% of the survey participants completed integration-related courses beyond their compulsory studies; the proportion of those indicating that they intentionally looked for topics of this field in their studies is similar (32.92%).

The great majority of the students completed their practical training in integrating preschools and integrating groups (94.12% and 85,67%, respectively). They usually had experience on children with special educational needs as regards of behaviour, adjustment, and speech; moreover, they had often met children with other psychological development disorders and autism. Students answered most often (152 participants) that they fulfilled all tasks of preschool teachers related to children with special educational needs. However, not all of them gave this answer, there were differences regarding certain pedagogical tasks.

As for the experience gained on children with special educational needs during practical training teacher candidates declared considerably more positive than negative experience (227 and 138 participants, respectively). Altogether 949 answers were given indicating the source of positive experience: gladness felt for the inclusion of children (176 cases) and creating teacher-children relation (170 cases) took the first two places.

Contrary to the great number of sources of gladness experiencing the perception of competence was rare (5.69%) (Figure 1).

Sources of negative experience were mainly linked to emotions (e.g. frustration, emotionally demanding situations) (Figure 2). Only four participants answered that dealing with these children had been, on the whole, a negative experience.

Perception of preparedness and emotions regarding integration

Self-reflections about preparedness and competence of students (a kind of “well-being for integration”) has been assessed by a Likert scale question set. The mean values of the statements were analysed.

Based on their answers teacher candidates perceive that the attitude of acceptance toward the development of children has been established during their studies. They are aware of the fundamental knowledge connected to children with special educational needs and integration, although they consider practical preparation for integration as not so well-articulated within their studies.

In case of integration students generally provided a positive opinion in the field of exact tasks and challenges around preschool teacher competences; they consider themselves relatively well-prepared. Discussing the problems and special development needs of children with their parents is the task they feel themselves the least prepared for.

It seems to graduate students would likely be involved in the education of children with special educational needs (mean: 2.76); at the same time feel themselves prepared for this work in a slightly lower extent (2.61).

The answers related to “well-being for integration” were examined alongside certain questions of the survey revealing experience on integration. Results were determined by significant t-tests (Tables 1 to 4)

Figure 1.
Positive experience of the participants gained during their practical training in integrated preschool groups.

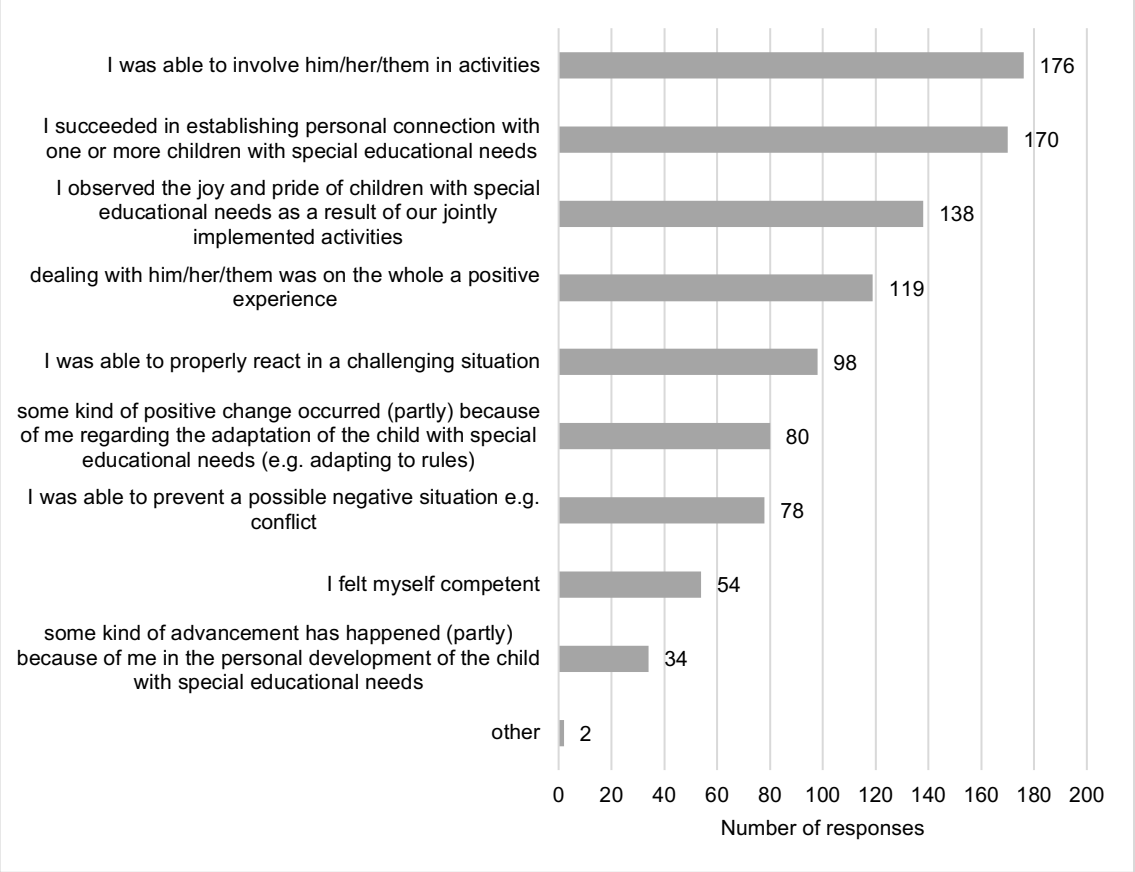

Figure 2.
Positive experience of the participants gained during their practical training in integrated preschool groups.

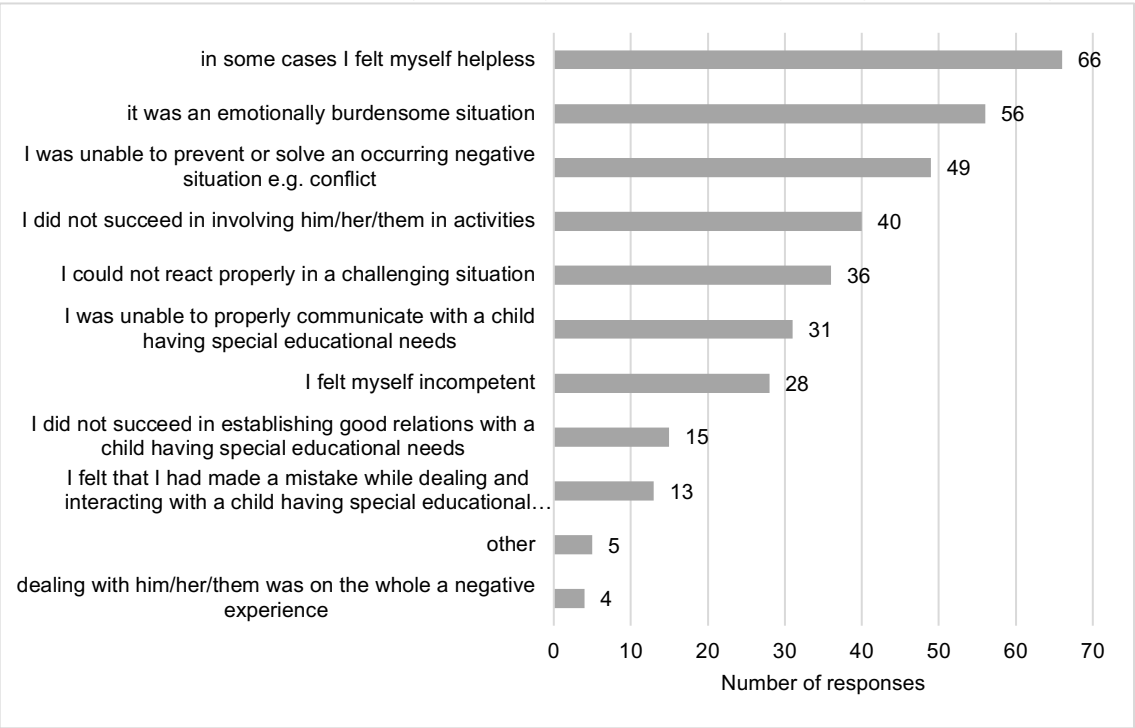

Table 1.
Experience gained outside the university on children with special educational needs.

Item	Experience outside the university?	Working with children between the age of 0 and 7 years?	Working with children with special educational needs?
At the end of my preschool teacher education, I feel I know the possibilities of differentiation.	t=2.02; p=0.05 no		
I consider myself not having enough experience regarding the integrated preschool education of children with special educational needs.*			t=3.63; p<0.01 no
I am fully aware of what kind of professionals I can, as a preschool teacher, turn to in relation with the integration of children with special educational needs.	t=2.11; p<0.05 yes		
I feel myself helpless when thinking about the integration of a child with special educational needs.*	t=2.06; p<0.05 yes		
I am afraid of talking with parents about the problems and special educational needs of their child.*		t=2.47; p=0.01 no	
I fully know who to ask for information and advice in case I learn that a child with special educational needs is about to arrive in my group.*	t=2.06; p<0.05 yes		
I plan to complete further trainings related to children with special educational needs and integration.*	t=2.62; p=0.01 yes	t=2.41; p<0.05 yes	
I am worried about working in a preschool group that integrates children with special educational needs.*	t=2.34; p<0.05 no		
On the whole, I consider myself prepared to receive children with special educational needs in my preschool group.*		t=2.78; p=0.01 yes	

* The items contain negative statements.
Note. The name of the groups having higher means is written below t and p values.

Table 2.
Motivation originated in theoretical training for gaining experience related to special educational needs

Item	Whether he/she sought SEN-related contents during education?
I am fully aware of what kind of professionals I can, as a preschool teacher, turn to in relation to the integration of children with special educational needs.	t=2.21; p<0.05 yes
I feel myself helpless when thinking about the integration of a child with special educational needs.*	t=2.27; p<0.05 no
I would gladly accept working in a preschool group integrating children with special educational needs.	t=2.61; p=0.01 yes
I plan to complete further training related to children with special educational needs and integration.	t=4.39; p<0.01 yes
I think I am able to properly approach a child with special educational needs.	t=2.79; p=0.01 yes
I am worried about working in a preschool group that integrates children with special educational needs.*	t=2.44; p<0.05 no
On the whole, I consider myself prepared to receive children with special educational needs in my preschool group.	t=3.96; p<0.01 yes

* The items contain negative statements.
Note. The name of the groups having higher means is written below t and p values.

Table 3.
Characteristics of preschool teacher-training from the practical aspect

Item	Integrating group?	Whether the student completed tasks involving child(ren) with special educational needs?
During my preschool teacher education, I have received practical knowledge that I consider useful in connection with integrating children with special educational needs.	t=2.42; p<0.05 yes	t=2.35; p<0.05 yes
At the end of my preschool teacher education, I feel I know the possibilities of differentiation.	t=2.63; p=0.01 yes	
I consider myself not having enough experience regarding the integrated preschool education of children with special educational needs.*	t=2.25; p<0.05 no	t=2.33; p<0.05 no
I feel myself helpless when thinking about the integration of a child with special educational needs.*	t=3.39; p<0.01 no	
I would gladly accept working in a preschool group integrating children with special educational needs.*		t=2.06; p<0.05 yes
I think I am able to properly approach a child with special educational needs.*		t=3.17; p<0.01 yes
I am worried about working in a preschool group that integrates children with special educational needs.*	t=3.08; p=0.01 no	
On the whole, I consider myself prepared to receive children with special educational needs in my preschool group.*		t=2.46; p<0.05 yes

* The items contain negative statements.
Note. The name of the groups having higher means is written below t and p values.

Table 4.
Experience with children with special educational needs during practical training

Statement	Had positive experience	Had negative experience
During my preschool teacher education, I have received practical knowledge that I consider useful in connection with integrating children with special educational needs.	t=3.32; p<0.01 yes	
During my preschool teacher education, I have gained an attitude of acceptance toward development.	t=2.19; p<0.05 yes	
At the end of my preschool teacher education, I feel I know development methods.	t=2.04; p=0.05 yes	
I consider myself not having enough experience regarding the integrated preschool education of children with special educational needs.*	t=2.63; p=0.01 no	t=2.83; p<0.01 yes
I am fully aware of what kind of professionals I can, as a preschool teacher, turn to in relation to the integration of children with special educational needs.	t=2.5; p<0.05 yes	
I feel myself helpless when thinking about the integration of a child with special educational needs.	t=2.24; p<0.05 no	t=2.29; p<0.05 yes
I fully know who to ask for information and advice in case I learn that a child with special educational needs is about to arrive in my group.	t=3.23; p<0.01 yes	
I would gladly accept working in a preschool group integrating children with special educational needs.	t=3.58; p<0.01 yes	
I think I am able to properly approach a child with special educational needs.	t=2.76; p=0.01 yes	t=2.35; p<0.05 no
On the whole, I consider myself prepared to receive children with special educational needs in my preschool group.	t=3.12; p<0.01 yes	t=2.16; p<0.05 no

* The items contain negative statements.
Note. The name of the groups having higher means is written below t and p values.

Results can be summarised in the followings. Experience on children with special educational needs and integration gained outside the framework of university education has impacts on how prepared students perceive themselves. As a generalisation, it can be said that those having experience on children with special educational needs, dealing with children aged 0 to 7 years and gaining integration-related work experience perceive themselves more prepared and competent regarding some aspects of integration.

An interesting result that teacher candidates who do not have experience on children with special educational needs beyond their studies declared to the greater extent that they were aware of the possibility of differentiation.

It turned out that students intentionally selecting courses connected to special educational needs and integration consider themselves both generally and in different exact fields of integrated education.

Teacher candidates who have completed their practical training in integrating groups perceive more so that their studies provided practical knowledge about integration, they are less inexperienced, know the possibilities of differentiation, struggle less about the feeling of frustration. Their attitudes are more positive: they would more likely work in integrating groups and perceive themselves altogether more prepared in the topic of integration.

The hypotheses indicating that experience on children with special educational needs gained in- an outside of university studies lead to more positive attitudes and better perception of preparedness and competence were, therefore, justified.

Experience acquired during practical training proved to be decisive. Positive experience was accompanied by the better perception of preparedness and competence. The hypothesis stating that positive experience results positive relation to integration has been justified.

Differences were identified between the answers of full-time and part-time students. The former rather expressed their fears about discussions with parents, while part-time students generally feel better prepared in the field of integration. Thus the hypotheses regarding differences based on the status of the students have been justified.

It was presumed that teacher candidates were going to express dissatisfaction and identify deficiencies in connection with the specific characteristics of integration in preschool teacher education. It has been corroborated by the fact that only 1.36% and 1.02% of the participants found their preparation proper and sufficient. Students expressed their requirements about increasing preparation mostly in the fields of methodologies (25.31%), communication, managing conflicts (23.28%) and more knowledge in special education (22.94%). The participants clearly expressed the need for more practical knowledge and the importance of learning through practical forms. Presentation of best practice (19.81%), conversation with teachers having great experience in the field of integration (18.19%), visiting institutions (17.51%), simulating situations (12.21%) and participating in training (10.67%) were on the first five places.

Discussion

It can be stated that out-of-university experience of part-time students on children with special educational needs is more intensive and more strongly connected to work implemented on institutions. Similar experience of full-time students is sparser and usually gained within less formal frameworks. It cannot be left unnoticed that some part-time students acquire no experience beyond their compulsory education. Both starting their careers and integration can represent great challenges for them.

A remarkable result emerged indicating that students having, beyond their university studies, no experience on children with special educational needs rather consider that they are aware of differentiation. The explanation of this can be that those meeting more children with special educational needs and getting familiar with the situation have experienced the need for flexibility on behalf of teachers. Thus, they perceive themselves less prepared while those who know differentiation from a rather theoretical aspect consider themselves more prepared.

Motivation connected to integration-related education proved to be important as well: more information and education are accompanied by more positive attitude (Avramidis and Norwich, 2002) and higher level perception of preparedness and compe-

tence. At the same time, it is important to note that only cca. 30% of the survey participants looked intentionally for the integration-related content of subjects. Their motivation was obviously already stronger.

It seems great proportion of students gained experience in integrating groups where most of them were required to fulfil every task teachers perform. However, attention shall be paid to the fact that, although differentiation is a method pedagogically connected to integration, it appeared rarely in the answers. In some cases, the task of the student was to only "occupy" (sic!) the child (aiming rather "exclusion" than differentiation).

Importance of the experience and feelings acquired in connection with integration can also be outlined based on the results. Positive experience provides the basis for more positive integration-related perceptions of teacher candidates (cf. "contact hypothesis" – Avramidis and Norwich, 2002). Education has a key task in facilitating the interpretation, awareness-raising, and reframing of positive and negative experience gained during practical training. Both university teachers and mentoring preschool teachers play emphasised roles in these steps.

The above-mentioned results and conclusions could be made more detailed and precise by the future continuation of this research. Combining the method of the survey with other research methods e.g. observations or focus-group interviews with students (Aldrich, 2002) would provide more information about the perceptions of teacher candidates. Moreover, follow up-studies (e.g. asking similar questions when the research participants will work as in-service teachers in integrated preschool groups) would draw a detailed picture about the experience of the participants and clarify their reflections on teacher training (Aldrich, 2002).

Reflections about teacher training revealed that teacher candidate requires, beyond theoretical knowledge, practical ways of gaining experience since these can decrease their uncertainty. Students expressed clearly the need for more practical knowledge, which would make them feel less frustrated and incompetent. Although it can be said that preschool teacher training has elements focusing on the practical tasks of integration, it revealed from the feedback of students that they missed the more practical aspect of teacher training related to integration and inclusion.

Although integration is a widely extended practice is Hungary, it can be said that there are some preschools where no children with special needs are represented or only a few of them attend those preschools. In some cases it can happen that preschool teacher students meet only a few types of disabilities during their practical training (e.g. only autistic children are included in that kindergarten), thus preschool teacher students gain less experience about inclusion, or they observe only specific situations during their studies. Teacher training faculties should pay more attention to choose and cooperate with practical training places to assure learning possibilities for their students on various types of special education needs.

In addition to this, the mentors of students have also different quality of integration related competence, thus students can observe not only appropriate ways of professional treatment of children with special needs. The preparedness and attitude to inclusion and disability of the mentors also influence the preparedness of the students. As a conclusion it can be said that teacher training should focus on the training of the mentors as well.

Training programmes, such as "Early Inclusion" – "Training and Methods Sharing for Early Inclusion" international project (www.early-inclusion.eu) focusing on improving inclusion related skills of the participants are of a key importance in increasing teachers and teacher candidates' practical knowledge related to children with special educational needs. Also by exchanging knowledge and experience with other countries on inclusion, innovative elements can be added to Hungarian preschool teacher training.

Incorporating some new elements and methods into teacher training is also useful. For example workshops, videos and conversations with preschool teachers having inclusion related expirence would help students by giving more useful knowledge about managing challenging situations related to inclusion.

It would be useful to organize further courses besides the compulsory ones focusing on preparedness, feelings, satisfaction and anxiety of teachers and teacher candidates related to inclusion. Not only

educational trainers but psychologists could cooperate in these trainings.

Although there is communication between the researchers and educators of mainstream education and special educations in Hungary, it can be also mentioned that more effective cooperation is needed on the level of education and teacher training as well.

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