

**A NATURALISTIC INQUIRY INTO THE KNOWLEDGE,
SKILLS, AND PERSONAL QUALITIES OF EARLY CHILDHOOD
RESOURCE CONSULTANTS AS AGENTS OF CHANGE**

by

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A thesis submitted in conformity with the requirements
for the Degree of Doctor of Education
Department of Human Development and Applied Psychology
Ontario Institute for Studies in Education of the
University of Toronto

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of Early Childhood Resource Consultants as Agents of Change**

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Doctor of Education, 1997**

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ABSTRACT

This naturalistic investigation described the knowledge, skills and personal qualities demonstrated by early childhood resource consultants as agents of change when preschool children with special developmental, physical, and/or social-emotional needs were included in community-based early childhood settings. Based on understandings of educational change in a postmodern era and social-psychological perspectives of individual change, this study explored the dilemmas, challenges, and struggles of resource consultants as they sought to influence change in teacher practice. Ethnographic methodologies of data collection and analysis were used to consider complex interactions from the phenomenological perspective of the participants. These interactions were viewed as they naturally occurred within the social context of the organization. Data were collected for two case studies through (a) audio-taped recordings of consultative interactions that included resource consultants, supervisors, teachers, resource teacher, parents, and/or therapist, and (b) in-depth, semi-structured interviews of two resource consultants, five teachers and one resource teacher involved in change. In the first case, a resource consultant supported a teacher at a preschool summer program to include a child who was reported to be exhibiting out of control, aggressive, and often bizarre behaviors. In the second case, a preschool child with special physical and developmental needs was included in a group child care centre with

the support of a resource consultant. Four categories of consultant characteristics emerged from the data: knowledge of consultation, knowledge of the process of change, interpersonal effectiveness, and leadership ability. A cross-case comparison identified themes critical to understanding the resource consultant's experience as an agent of change. These themes demonstrated how resource consultants work within the sociopolitical structures in early childhood settings to support change. The resource consultants found they were able to influence teachers' attitudes, beliefs and feelings and enhance teachers' perceived behavioral control and teaching efficacy with children with special needs. In doing so, however, the resource consultants struggled with how to empower teachers to change without using hierarchical powers to impose change on them. Key characteristics of change agents included their ability to form trusting relationships with teachers, to acknowledge and build upon teachers' existing skills, to manage conflict, to model and coach specialized instructional strategies using regular classroom activities, and to maintain a friendly and flexible stance. In promoting change in teacher practice the consultant's knowledge of the consultative process and knowledge of the change process were shown to interact with the consultant's interpersonal effectiveness and leadership ability. Four change agent styles have been articulated from this analysis: facilitative style, empathic listener style, directive style, and collaborative style. It was found that each consultant exhibited several change agent styles. I have argued that change agent style is situational and may vary and shift as the knowledge, skills and personal qualities of the consultant are differentially applied depending on organizational factors and teacher issues present in each case. The implications of these findings on the professional development of early childhood teachers and resource consultants are considered.

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CHAPTER ONE

INTRODUCTION

The field of early childhood education has been making dramatic shifts in recent years as it moves to serve children with a widening range of diverse needs. Today early childhood education emphasizes the principles of inclusion, prevention, comprehensiveness, and family-centred services (Burton, Hains, Hanline, McLean, & McCormick, 1992). These themes particularly begin to merge as early intervention services for children with disabilities are being provided in typical early childhood settings.

The provision of early intervention services to young children with disabilities within community-based early childhood programs has been extolled in the literature for its pedagogical, legal, and ethical benefits (Bricker, 1978; Guralnick, 1990). Traditionally, young children with special needs and their families have been supported in specialized treatment milieus using a variety of therapeutic approaches. However, with the realization that positive developmental outcomes and peer social interactions can be achieved for children with disabilities in community-based child care centres (Guralnick & Groom, 1988; Jenkins, Odom, & Speltz, 1989) educators have advocated for a merger of generic early childhood and early intervention services in the child care system (Roeher Institute, 1992).

In the child care system, as in the school systems, in Ontario there is a growing trend towards using consultative approaches in support of the full inclusion of children with special

needs in community-based child care settings (Frankel, 1994). Early childhood resource consultants indirectly support the needs of children in typical group child care centres, family day care homes, and nursery schools and act as conduits of change as preschool programs move towards fully inclusive practices. A collaborative interactive approach has been described in which resource consultants offer educational and family support to children with special needs, their families, and early childhood educators within the early childhood setting (Frankel & McKay, 1990). Central to this effort are the knowledge, skills and personal qualities that a special educator must possess as a consultant and as an agent of change.

Consultation models in support of children with special needs are being implemented in care and educational settings at a time when enormous changes are being called for in the delivery of educational services to all children. These educational changes cannot be considered isolated, idiosyncratic, or erratic events, but rather must be viewed and understood in the context of external social, political, and economic forces. The prevailing societal trend that is today influencing our school restructuring and school reform efforts relates to society moving from the modern era based on rational and positivistic thought to a postmodern paradigm (Aronowitz & Giroux, 1991; Hargreaves, 1994; Skrtic, 1995). In modern times with the expansion of democratic ideals, an industrial-based economy, and a swelling population in urban centres, workers were needed in organizations and factories that expected dutiful, obedient, and often unskilled employees. There was an economic need to educate the masses for these jobs in an efficient, standardized, and direct manner. To fulfill this purpose, bureaucratic and hierarchical systems and structures developed to keep teachers informed and accountable for the content, format, and outcomes of teaching (Skrtic, 1991b). Modern school systems have put in place

paternalistic/maternalistic administrators and principals who encourage, cajole, and otherwise control the instructional behaviors of teachers as they transfer knowledge to children in their classroom. Children themselves are organized into these cubby-hole structured classrooms according to previously defined categories of age, intellectual ability, or special talent. For a child with an identified disability or a child who cannot maintain his/her learning at a similar pace to the rest of the class, the result has been exclusion, early school drop-out, and ultimately a loss to society of human potential.

As we move towards the twenty-first century the bureaucratic and standardized structures of modern school systems are being called to task. World political and economic shifts have altered the way societies compete in a more homogenized global economy. The resulting social condition known as postmodernity is characterized by flexible economies, sophisticated and innovative information technologies, organizational fluidity, and moral and scientific uncertainties (Hargreaves, 1994). As teachers strive to prepare students for a workplace that requires flexibility, teaming, and mutuality the fundamental paradigms and assumptions that have directed the actions of educators are being reexamined and questioned. In Hargreaves' (1994) terms postmodernity brings with it an unsettling anxiety about how teachers teach, how children learn, and how schools develop structures conducive to educating children from diverse backgrounds and with diverse learning needs. Rather than a "business as usual" approach to education, for teachers, change has become the order of the day. Teachers are constantly being called upon to reconsider, reform, and restructure their classroom management and instructional practices.

In addition, it has been argued that the bureaucracy of modern schools has moved us away from the ideals of democracy, social justice, and responsive economics. Skrtic (1991a) suggests

that to assist democratic and economic realities, bureaucratic schools can more usefully be replaced by adhocratic systems that promote the tools of dialogue, problem solving and mutual decision-making between professionals and consumers. This allows for a more equitable distribution of power between administrators, teachers, parents and students. The result is a school that is more responsive to the personalized needs of individual students and eliminates the need to categorize and distinguish between children who are "able" and those "disabled".

Aronowitz and Giroux (1991) note that postmodern views of empowerment and freedom,

...imply profound changes in the goals, systems of governance, and curricula of schools. To formally empower parents, teachers, and students without an extensive debate on what we want of our schools is to prepare for likely failure. On the other hand, without a vision of transformed power relations within schools and the larger society, education reforms will inevitably be reversed or used to maintain the existing authorities. (p.22)

In this context a major paradigm shift in the delivery of special education services is under debate. A special education system that for years has been maintained as a separate organizational entity from regular care and education is being called upon to dismantle the undergirding that has directed educational practice and to create new foundations. Regular care and education at the same time are struggling with the need to incorporate special education into its structures, to efficiently allocate resources, and to offer a range of instructional possibilities to all children in order to merge the two systems into one (Bredekamp, 1993; Reynolds, Wang, & Walberg, 1987; Stainback & Stainback, 1984). The special educator as consultant and agent of change is one central component to achieving these aims.

Rationale for this Study

In spite of social policy and research favoring fully inclusive programs, there has been a

noted dearth of information documenting the skills and competencies of resource consultants (Friend, 1985). Even less is known about the quality of consultative interactions that mediate between teacher motivational factors to change (attitudes, feelings, teacher efficacy, organizational values) and actual change in teacher practice. Research measures have typically not included qualitative accounts of consultative interactions or teacher reactions to the consultation process (Tindal & Taylor-Pendergast, 1989). Recently Kauffman (1993) has called for the use of quantitative and qualitative methodologies to enable us to more fully understand the interactions that occur between special education consultants and classroom teachers. Research investigating the consultative process particular to child care settings and the skills and competencies required of early intervention consultants has also been strongly recommended (Cohen, 1991; Demchak & Drinkwater, 1992; File & Kontos, 1992). File & Kontos (1992) in a thorough literature review on consultation found only a limited number of sources directly related to the early intervention system. They reflect,

Even if some consultant and consultee skills transcend settings, empirical work is sorely needed in early intervention to establish what variables are important in those settings and how they operate. (p.255)

These consultative characteristics may be necessary factors in influencing the successful inclusion of children with special needs in early childhood settings. Yet research investigating the knowledge, skills and personal qualities required of consultants to mediate between factors affecting change and actual change in teacher practice is sparse in school settings and is virtually nonexistent in child care settings.

Research is beginning to demonstrate how consultative approaches can be successful in offering ongoing guidance, support and development to teachers thus allowing students with

special needs to be educated within the regular classroom (Friend, 1988). Change appears to be prompted by change agents knowledgeable about consultation process and communication skills, instructional strategies, and strategies for implementing change (Friend, 1984; Miles, Saxl, & Lieberman, 1988; Reisberg, 1988). These skills are seen as basic to promoting successful collaborative interactions, mutual problem-solving and decision-making, and the management of conflict. To further enhance our knowledge of consultation Friend (1985) suggests that,

...examining specific variables in consultative interactions could contribute a more detailed analysis of the consultative process. For example, studies of the types of verbal exchanges occurring during interactions, the individuals with whom special educators most frequently consult, and the decisions reached through consultation could assist teacher trainers to develop programs that address the most relevant process skills. (p. 119)

In the modern era of scientific reason we relied on positivistic thinking to form the foundation of knowledge that informed us about practice. It has been suggested that these "rational-technical" understandings of integration have not been sufficient in the implementation and maintenance of inclusive early childhood programs (Peck, 1993). In the postmodern period one's understanding of truth is constructed not from controlled experimentation and manipulation of variables, but from the multiple realities of those who actively participate in practice (Skrtic, 1991b). Each participant has a voice. Each participant is a collaborator in creating solutions to problems and in promoting change. One must understand individual change as it takes place within a greater sociopolitical context (Peck, Furman, & Helmstetter, 1993). Therefore, our understandings of change must consider the implications of that change not only from the perspective of the individual, but also from the perspectives of the organization and the community in which change is to be implemented.

In promoting the changes required of individual teachers when children with special needs

enter a classroom, resource consultants are viewed as leaders in change. As leaders they must be cognizant of the organizational structures of the setting and the political climate of the community in which this change is taking place. In the child care system, resource consultants understand that teachers are taking on greater responsibility for children with increasingly diverse and complex intellectual, physical, and behavioral needs. At the same time as their responsibilities are increasing, their role as child care providers is being further devalued by a society that offers limited opportunities for training, pays inferior wages, and expects them to work long hours under poor environmental conditions. One area in which child care providers can still exert a modicum of control over their environment is in the determination of which children they will service and which children they will exclude from their program. In this context we can begin to see how in any change process one level of the ecological framework impacts upon and is impacted by the other levels in a fragile balancing act. Although research has measured consultation outcomes, process, and utilization, Gresham & Kendell (1987) charge that the environmental context of behavior is one area that has consistently been ignored in school consultation research. The present study is one attempt to understand the consultant's role in influencing change from a multidimensional view of personal, interpersonal and organizational change.

The purpose of this investigation is to describe the characteristics of the early childhood resource consultant as an agent of change. Based both on understandings of organizational change in educational systems and social-psychological perspectives of individual change, this study specifically attempts to delineate the issues, approaches and characteristics critical to consultants in promoting positive attitudes and teacher efficacy when teachers incorporate inclusive practices in the child care system.

Methodological Considerations

To fully understand the role of the early childhood resource consultant as agent of change I undertook a qualitative phenomenological approach to data collection (Taylor & Bogdan, 1984). It was an underlying assumption of this inquiry that observations of consultative interactions could best be achieved within a naturalistic context. Ethnographic research methodologies were employed to enable me to study human behavior and related phenomena in a natural context (Lincoln & Guba, 1985). Natural interactions between individuals and between individuals and the environment were observed without manipulation of the environment, the constraints of a priori set variables, or my direct participation in the consultative exchanges that took place. This allowed me to examine all emerging factors, even those I may not have previously considered.

Two case studies were completed. Consultations were observed for two cases in which resource consultants from community agencies were supporting teachers to include children with special needs into community-based early childhood programs. All consultative interactions between the resource consultant and the supervisor, teachers, therapists, resource teacher and/or parent were audio-tape recorded. I then held follow-up semi-structured interviews with all consultants and teachers involved in this project.

In an emergent design such as this, the methodology unfolded as I proceeded through the research process. An attempt was made to follow consultants from agencies that supported the inclusion of children with a variety of special needs. The cases thus reflect the inclusion of 1) a child with social-behavioral needs into a preschool summer program, and 2) a child with a physical disability into a group child care centre. Each consultant represented a different agency

for a total of two agencies.

Research questions were initially posed to focus the development of the inquiry. They were:

1. What are the perceived concerns, self-efficacy, and attitudes of early childhood teachers towards the inclusion of preschool children with special needs in their programs?
2. What knowledge, skills and personal qualities do resource consultants demonstrate as agents of change throughout the change process?
3. How do change agent characteristics of consultants influence motivational factors related to change in teacher practice?
4. What implications do these findings have for the training of teachers and consultants?

Analysis of the transcribed data proceeded with the assistance of *The Ethnograph Test* Version 4.0 (Seidel, Kjolseth, & Seymour, 1994). This computer program assists in the coding, sorting, and retrieval of qualitative data to enhance the interpretive analysis. Several themes began to emerge after repetitively reading the case transcripts. In the first case, the Case of Karin, two major themes were identified. The first related to the interpersonal effectiveness of the consultant; what was said, to whom was it said, and how was it said? The second theme revealed the leadership ability of agents of change; how is change in practice influenced, in what context, and under what conditions? These two themes, interpersonal effectiveness and leadership ability, were further clarified in the second case. In the Case of Anna the issues of role confusion and role negotiation became pivotal topics in a group child care centre where an inclusive program was rapidly evolving. These issues further informed me about the use of interpersonal communications and leadership in influencing change.

Two additional process themes emerge from the data in both cases. These two themes reflect the consultant's understandings of the consultation process and the process of change. In promoting change in teacher practice the consultant's knowledge of the consultative process and knowledge of change processes were seen to differentially interact with the consultant's interpersonal effectiveness and leadership ability depending on the targeted outcomes in each case. A multidimensional view of change and four styles of change agents have been defined from this analysis.

As the investigation proceeded it became very clear that the depth of each teacher's and each consultant's story revealed the passion and promise with which they work and adapt their practices for the benefit of all children. It is my hope that these case studies can duplicate for the reader the extent of that commitment and devotion to working with children and families.

CHAPTER TWO

REVIEW OF THE LITERATURE

A significant change in the way early childhood educators develop, implement, and evaluate programs for young children is required when children with special needs are included in regular early childhood settings (Kontos & File, 1993). This chapter reviews three conceptual strands from the psychological and educational literature relevant to considering change in teacher practice. The areas considered encompass theoretical understandings of organizational change in schools, social-psychological theories of individual change and teacher development, and understandings of consultative practice. These three bodies of knowledge merge as we explore the role of resource consultants as agents of change.

Change as a Process

The literature on educational systems change has primarily related to organizational and instructional change within school systems. In schools and early childhood settings the complete process of change has been shown to advance through clearly defined phases from initiation to implementation and full institutionalization (Frankel & McKay, 1996; Fullan, 1991; Giangreco, 1989). As organizations proceed towards the full implementation of innovation leaders can be neither dictatorial, authoritative, or complacent about imposing change on individuals. Rather, the full participation of all individuals or constituencies affected by the

change is required (Fullan, 1991). Change is conceptualized as a developmental participatory process that takes place over time (Fullan, 1985). Since the full implementation of new teaching approaches involves individuals changing their teaching strategies, methodologies, and beliefs, the change process must take into account the phenomenology of change or how change is perceived and experienced by all participants (Fullan, 1991).

Participatory Process

The involvement of all participants is seen as a critical factor if individuals are to accommodate the meanings of change, to make the necessary shift to new paradigms of practice, and to feel a sense of ownership of the innovation (Fullan, 1992; Giangreco, 1989; Peck, Richarz, Peterson, Hayden, Mineur, & Wandschneider, 1989). But not everyone has to be involved all of the time or at the same intensity. The management of change has been successful when a development team is established with each constituency group being represented (Fullan & Miles, 1992). Over time, as individuals and groups reflect on the meaning of the innovation and shape a mutually shared vision of the innovation, the move towards systematic institutionalization can be successful.

Phenomenology of Change

Any attempt to initiate change and provide staff development to support teachers to change must take into account the phenomenology of change or how change is perceived at a personal level of concern. Change that occurs along many dimensions of personal and professional practice has been shown to evoke anxiety, a sense of loss, and feelings of

ambivalence for all participants (Fullan, 1991). This often is exhibited through conflict and demonstrated resistance to the innovation. Concerns expressed by teachers about implementing innovative programs can inhibit change in teacher beliefs, attitudes, instructional approaches, and methodologies. These concerns have been shown to vary as teachers progress through phases of the change process. Research suggests that initially concerns focus on gaining awareness and gathering information about the intended change. The focus then shifts to the personal impact of the change, the tasks to be achieved, and one's perceived ability related to those new tasks. Only later do concerns reflect issues pertaining to the management and consequences of change and achieving a collaborative effort (Bailey, Palsha, & Simeonsson, 1991; Hall & Loucks, 1978; Knowles, 1980).

Teachers are not the only participants to express concern about integration. Peck, Hayden, Wandschneider, Peterson, & Richarz (1989) have found that teachers, parents, and administrators all express concerns about preparation for integration, the adequacy of resources, and the loss of control experienced when integration is introduced in preschool programs. Therefore, all constituent's views and concerns must be aired as the change process proceeds.

Attitudes and Change

Social-learning theorists have further elaborated on how personal attitudes/beliefs, feelings/concerns, values and self-efficacy affect the actual performance of an intended behavior. Ajzen's (1988) theory of planned behavior describes three antecedents to "intentions" which are the precursors to the performance of any behavior. These three antecedents relate to 1) attitudes and beliefs - the positive or negative attitude one holds toward the intended behavior, 2) subjective

norms - the subjective view one has about how other important referents feel about the behavior, and 3) perceived behavioral control - how one perceives his/her own ability to control and perform the behavior. According to Ajzen an individual is more likely to perform a specific behavior if she/he evaluates the behavior as positive, if others important to that individual value the behavior and if the individual perceives her/himself as having the ability and the resources to perform the behavior.

In considering teacher receptivity to change based on Ajzen's framework, Waugh and Punch (1987) suggest that a causal relationship exists between the three main variables of 1) overall feelings including fears and uncertainties associated with the change, 2) beliefs/attitudes about the old and new educational system and its perceived support, and 3) general behavior intentions. They hold that overall personal feelings towards the change influence developing attitudes and both feelings and attitudes influence behavior intentions.

Wilson and Silverman (1991) measured teachers' beliefs about educating exceptional children on a continuum from "restorative" to "preventive" views. They found teachers' belief systems to be consistent for all the different aspects of service delivery including approaches to identification and intervention. In addition these beliefs tended to be consistent with the beliefs of other teachers in their schools. This suggests that the perceived views of colleagues do influence teachers' personal beliefs about practice.

In other research teachers' perceived value of an innovative program has been correlated positively with successful implementation of innovative practice (Bailey, Palsha, & Simeonsson, 1991; Guskey, 1988; Stein & Wang, 1988). That is to say, if a teacher has a positive attitude towards the intended behavioral change either because it is congruent with previously held beliefs

about practice, it is seen as enhancing student outcomes, or it is seen as supported by school and community goals they are more likely to implement the new program (Stein & Wang, 1988).

The above findings, while adding support to Ajzen's theory of planned behavior, call for some modification when it is applied to changing teacher practice. Stanovich (1994) reconfigured Ajzen's model in relation to her observations of teacher behaviors when integrating children with special needs into typical classrooms. Stanovich posited and found through systematic path analyses that school norms influenced effective teaching behaviors and perceived behavioral control (teaching efficacy) influenced questionnaire measures of attitudes and beliefs toward mainstreaming and the regular education initiative. These attitudes then directly influence whether or not the teacher will choose to perform a behavior.

Teacher Efficacy and Change

Social-psychological and educational research has further elucidated on the motivational factor of "perceived behavioral control" (Ajzen, 1988), including the construct of self-efficacy (Bandura, 1982). Ajzen notes, "The more resources and opportunities individuals think they possess, and the fewer obstacles or impediments they anticipate, the greater should be their perceived control over the behavior" (p.135). Self-efficacy has been defined as the individual's perceptions of how competent and skilled they are to perform an intended behavior (Bandura, 1977). Bandura (1982) sees self-efficacy as a central factor affecting motivation and behavioral change.

Recent research has focused on teacher efficacy related to the successful implementation of innovative programs. Smylie (1988) found personal teaching efficacy to be a powerful

predictor of change in teacher practice. The teacher's personal efficacy was influenced by the teacher's certainty about the likelihood that new practices would assist in student learning and by contextual characteristics of the classroom environment such as concentration of low-achieving students. Resistance is a likely outcome when teachers do not feel they possess sufficient knowledge and skill to bring about expected success (Margolis & McGettigan, 1988).

Research also has supported the view that teachers' perceptions about their own behavioral control and skills in assisting children with special needs positively correlated with their preferred teacher approaches. Teachers with more preventative attitudes sought consultative support to change their teaching approaches in the regular classroom while those with more restorative attitudes expressed a preference for withdrawal modes of service delivery (Wilson, Kircaali-Iftar, & Diamond, 1992).

Staff Development and Change

These theoretical models relating change in teacher practice to teacher's personal self-efficacy and attitudes toward the innovative program or practice have implications for staff development. Researchers view staff development as an important influence affecting teacher change (Guskey, 1986; Smylie, 1988). Guskey (1986) proposes a linear conceptualization of the influence of staff development during the change process. He theorizes that staff development, rather than attempting to change teacher belief systems initially, should be focusing on effecting changes in teachers' classroom practice. Feedback about changes in student learning outcomes resulting from changed classroom practice would ultimately affect teachers' beliefs and attitudes. In this conceptualization staff development should recognize that to encourage and maintain

change the change agent must articulate the innovation clearly and explicitly, must be seen as a credible person by those who are being asked to change practice, and must sensitively address the personal concerns of teachers.

Successful change agent efforts have been shown to offer teachers ongoing feedback about student progress and ongoing support and follow-up (McLaughlin, 1990). The characteristics of these change agents must be carefully considered. Teacher coaching models (Joyce & Showers, 1983; Showers, 1990) which offer expert consultation and feedback have been criticized as contrived technical approaches to staff development that do not always address motivational issues and efficacy needs of teachers (Hargreaves & Dawe, 1990). Gersten, Morvant and Brengelman (1995) however, found that expert coaches could be effective when they were able to alter their approaches according to the needs and abilities of individual teachers.

Stein & Wang (1988) advocate for more interactive approaches to staff development. They note that staff development models in the past have focused on providing knowledge and skill development. These skills, although acquired by teachers, have not been shown to be implemented. Staff development programs should, therefore, include ways of motivating teachers to use new teaching practices and should provide ongoing feedback and support in the process of implementing new practice. This would promote an improved sense of self-efficacy and promote attitudinal change.

Typically, staff development programs are conducted as one-shot workshops which allow very little, if any, input from teachers. While such formats may be sufficient for training aimed at providing knowledge regarding effective practice, these workshops seldom lead to long-term change in practice when teachers return to the classroom. Staff development programs which aim to support teachers' ongoing utilization of the knowledge base regarding effective practice will need to develop a delivery system characterized by continual monitoring of teacher's implementation levels along with feedback to teachers

regarding their implementation progress. (Stein & Wang, 1988, p.185)

Trends in Consultation

Today as we seek equitable access, equitable treatment, and equitable outcomes for an increasingly complex, diverse population of children in Canadian schools (Lessard, 1991), teachers have found that meeting these goals demands an array of practices beyond the professional skill base of any one person (Thousand & Villa, 1990). To meet learning needs affected by cultural, linguistic, and developmental diversity, teachers are seeking expanded alliances with other teachers whose expertise may be different from their own. To this end consulting teacher approaches have become particularly prevalent in promoting practices that support children with learning and behavior problems in the classroom (Haight, 1984; Huefner, 1988; Idol, 1988). These models move beyond the case by case focus of school psychologists and the pull-out approaches of traditional resource teachers to focus instead on effecting more global changes in teacher instructional practices and classroom management styles.

The use of consultative support services to assist child care teachers in meeting the diverse needs of children is new to early childhood settings. As young children with disabilities move out of segregated settings, preschool intervention services are increasingly being provided within mainstream early childhood programs including group child care centres, family day care programs, nursery schools, and kindergartens (Bagnato, Kontos, & Neisworth, 1987; Klein & Sheehan, 1987; Rule, Stowitschek, & Innocenti, 1986). Consultation holds promise for providing staff with the ongoing training and support necessary for implementing and maintaining change in instructional practices. One demonstration project in integrated child care centres found that

the use of on-site consultation assisted teachers in assessing and identifying program goals and action plans while providing technical training. This was shown to improve the overall quality of programs for all children (Wesley, 1994). As the integration of preschool children with special needs proceeds in Ontario, early intervention specialists and resource teachers are moving from providing direct services to children and families and are adopting consultative approaches to service provision (Cohen, 1991; Frankel, 1994).

Expert View

The practice of consultation is not a new one in educational settings. Historically it has been greatly influenced by the consultative role of school psychologists assisting teachers in serving children with mild learning and behavioral needs (Reschly, 1976). Many definitions of consultation have evolved from this beginning (Bergan & Tombari, 1976; Conoley & Conoley, 1988; Cook & Friend, 1990; Harris, 1990; Idol & West, 1987; Kurpius, 1978; Reisberg & Wolf, 1986; Stum, 1982; Thousand, Villa, Paolucci-Whitcomb, & Nevin, 1992). Although certain common elements exist in the various definitions, differences emerge based on varying theoretical orientations to consultation. Each orientation establishes different inherent power relationships that guide practice. Initially educational consultation was defined as any interaction between a consultant with expert knowledge to convey and a consultee, usually the teacher. Change in the client, usually a child, is an essential outcome of this view. Consultative services were based on the assumption that knowledge of psychological principles and teaching strategies, once transferred to or emitted from the consultee, allowed the consultee to support the learning of a client in the classroom (Bergan & Tombari, 1976). The consultant's job of promoting change is

thus accomplished indirectly through a mediator/consultee who more directly attempts change in the client (Kurpius, 1978).

When this triadic relationship is reflected in an expert-novice approach to consultation inequitable relationships abound. A hierarchy of power is created. At the top of the hierarchy is the consultant influencing the problem-solving process, with the classroom teacher in the middle influencing the child and family at the bottom.

Collaborative View

Eventually consultation conceptualized as a hierarchical chain of power began to be reconsidered and the process of consultation shifted to take on more equitable problem-solving approaches. In these definitions of consultation the consultant is a facilitator in changing both teacher practice and child learning. All parties in the consultative process, be they special educator, regular educator, or parent, bring their own expertise to the problem-solving process and accept some responsibility for the child's educational progress. Solutions are developed through the intense interpersonal interactions of the adults to systematically brainstorm and to develop strategic plans of action. Educational consultation is thus conceived of as a process that involves a sequence of problem-solving strategies (Harris, 1991). This approach is epitomized in the definition put forth by Cook and Friend (1990) in which consultation is described as "the indirect provision of special educational services to mildly handicapped and other at-risk students through a systematic problem-solving approach among the adults who have expertise related to the students' needs" (p.43).

In the field of education there is a burgeoning body of literature describing consultative

models, theories, and approaches (Conoley & Conoley, 1988; Heron & Harris, 1987; West & Idol, 1987) and barriers to their implementation in schools (Johnson, Pugach, & Hammitte, 1988; Phillips & McCullough, 1990; Piersal & Gutkin, 1983; Pugach & Johnson, 1988; Sapon-Shevin, 1988). In this ongoing discourse, collaborative consultation has emerged as a preferred mode for implementing and delivering educational and early intervention consultation programs (Buisse, Schulte, Pierce, & Terry, 1994; Cook & Friend, 1991; Harris, 1990; Thousand, Villa, Paolucci-Whitcomb, & Nevin, 1992). The collaborative process most usually includes, but is not limited to, the consultant and the classroom teacher. Others who may participate are parents, therapists, and resource specialists (e.g. a Braille specialist). Collaborative consultation approaches share an understanding that consultation is a voluntary process based on mutual respect and parity. In practice, collaborative consultation suggests focused and closely aligned interpersonal interactions of two or more individuals for some limited period of time. The desired outcome of these interactions is the development and implementation of an action plan that focuses on change in teacher practice in order to enable a child with special needs to learn and develop in a regular classroom. This view is expressed in Stums's (1982) definition of consultation as a "systematic interpersonal process with a goal of problem resolution and situational change through planned action" (p.297).

Empowerment View

At the systemic level implicit and explicit conditions have made collaborative consultation difficult to institutionalize. Witt and Martens (1988) state that in the field of school psychology, ...there is little evidence that consultation is ever truly collaborative. Given that schools

pay school psychologists a higher salary, require more training at the entry level, and give us the responsibility of helping teachers, the school system itself acts to put us in a hierarchical rather than collaborative position with teachers. (p.214)

These authors argue for an empowerment philosophy of consultation. This definition of consultation holds that the seeds of competent behavior are already within the teacher. This model is based on Rappaport's (1981) view of empowerment which assumes that poor functioning is the result of inadequate resources and a social structure that inhibits the demonstration of appropriate competencies. According to Witt and Martens consultation shifts from viewing teacher efficacy as the problem to one that views the problem as the social structure in which the teacher operates. An underlying assumption of consultation is that teachers are capable of coping effectively with problems, demands and aspirations. The consultant assists teachers to build on existing skills, to identify and access appropriate resources, and to create supportive working environments. It is inferred that this approach to consultation is more effective than expert or collaborative models in promoting and in maintaining changes in teacher practice.

Interactive Teaming

In the current move to reform education, equitable power relationships between teachers, parents, and students have been called for to promote excellence in our schools (Sarason, 1990). A new era of collegial interactions is being advocated in which the distinctions between special educator, consultant, regular educator, specialists and parent as educators of children are increasingly blurred and transcended (Bailey, 1996; Casto & Julia, 1994). Thus in this newly expanding phase, consultation moves beyond the realm of special education and incorporates a team approach to teaching all children (Thousand & Villa, 1990).

To foster this realignment there is a call to restructure the way in which educational institutions think about and deliver services to children. In Skrtic's (1991a) terms, professional bureaucracies found in schools have entrenched cultures and structures that impose, define, and limit practice to standardized educational formats. On the other hand, Skrtic recognizes adhocratic modes of operation within a school as ones that consistently shift to allow for the allocation of personnel and academic resources as needed in meeting the diverse requirements of students, teachers, and communities.

From a sociological perspective, Hargreaves (1994) characterizes school cultures that allow for dynamic shifting relationships between personnel as a "moving mosaic". Under these conditions professionals and consumers are constantly regrouping to form collegial teams that meet to produce creative approaches to learning. Membership in teams are altered as the expertise and knowledge required changes with the individual student or the specific learning environment. Hargreaves views the moving mosaic as having a critical effect on change:

The moving mosaic fosters vigorous, dynamic, and shifting forms of collaboration through networks, partnerships, and alliances within and beyond the school. These are sometimes consensual, but sometimes conflict-ridden too, for in the moving mosaic, conflict is seen as a necessary part of the change process. (p.257)

In this conceptualization of school organizations as all members of the team share responsibility for successful student outcomes, the term consultant takes on a broader spectrum of meaning and can be embraced by any member of the team. Status and power on the team can reach more equitable levels as participants share prescriptive, informative, facilitative, and supportive consultative roles (Johnson & Pugach, 1992). Theory and practice are premised on problem solving and mutual adjustments rather than standardized paradigms of practice (Skrtic,

1991a). This view of practice frees participants to adapt and create strategies to benefit the individual learning needs of the child, rather than forcing children into preconceived standardized programs.

The distinction is being made between consulting and teaming by noting that interactive teaming, like consultation, involves cooperative problem-solving, staff development, and role release approaches. However, unlike consultation, teaming emphasizes the sharing between disciplines of general information, informational skills, and performance competencies (Bailey, 1996; Morsink, Thomas & Correa, 1991). In this view of teaming each participant brings a unique perspective and expertise to the teaching process. All team members may alternately be considered experts and consultees throughout the consultative process. Under this paradigm of consultation, full inclusion is viewed as obtainable.

Consultative Skills

The early childhood resource consultant has an indirect role in providing inclusive programming for preschoolers with disabilities in child care settings. The consultant's primary responsibility is to facilitate the use of appropriate early intervention practices by child care teachers. These practices include the development and implementation of goals in an individualized education program (IEP) and/or individualized family service plan (IFSP) for children with disabilities and their families. This often requires that curricula and environments be modified to meet individual child and family goals. These may be considered significant changes in instructional approaches to developmentally appropriate play-based curricula typically used by early childhood educators. To embrace these changes a paradigm shift is required in

teachers' attitudes towards educating children with disabilities, in their beliefs about the value of inclusion, and in their personal perceptions of their skills as educators of young children.

These changing roles of early intervention specialists and child care teachers requires that they receive new knowledge and skill in how to give and receive consultation (Kontos & File, 1993). To date, the literature on consultative skills and competencies emanates from research and practice conducted in schools. Although this research is limited, it gives us initial insights into the skills required of early childhood resource consultants to effect change in teacher attitudes, values, and teaching efficacy. In spite of a limited empirical base, research investigating consultation efficacy has focused mainly on three types of consultation variables: input variables, process variables, and outcome variables (West & Idol, 1987). Input variables refer to characteristics of the people involved in consultation, their skills, their problems, and their perceptions (West & Idol, 1987). Process variables focus on the theoretical assumptions and models applied in the consultation process. Procedural/situational variables present in the organization that influence the process are included in this grouping (West & Idol, 1987). The last category of variables relate to the observable outcomes of consultation including measurable changes in teacher practice, knowledge and attitudes or in client behaviors (File & Kontos, 1992; Tindal, Shinn, & Rodden-Nord, 1990; West & Idol, 1987). Many research investigations involve all three categories of variables since they mutually effect one another (i.e. it is difficult to identify pertinent personal characteristics of consultants without considering the effect of these characteristics on outcome).

Consultant Characteristics

Although empirical research has been limited, converging evidence gathered from initial investigations of consultant characteristics consistently suggest that interpersonal skills and communication skills are of paramount importance in successful consultations. Generalization of these findings may be minimal because the research designs employed in these studies have methodological limitations. Several studies have used retrospective survey designs to describe consultant and consultee characteristics without adequate operational definitions of consultation (West & Idol, 1987) or systematic validation of the reliability and validity of the rating measures (Tindal & Taylor-Pendergast, 1989).

In describing the consultation skills required of resource teachers, Friend (1984) sought the perceptions of resource teachers, regular educators, and principals from three school districts and four special education cooperatives. Over 500 educators completed a questionnaire that listed 17 statements describing consultation skills and activities which might be appropriate for a resource teacher. Ratings were made of the perceived proficiency of resource teachers in that skill. Statements primarily related to interpersonal communication skills (e.g. interviewing skills, conflict resolution), problem-solving skills (e.g. explicitly defining the problem, brainstorming solutions), and technical skills (e.g. observing learning behaviors, training of teachers) were presented. A majority of the educators perceived all the skills as being important to the success of consultation, but fewer perceived technical skills as being critical. In rating the consultants' proficiency in these skills, regular classroom teachers consistently gave lower ratings than either principals or the resource teachers themselves.

Idol-Maestas & Ritter (1985) in a follow-up study of a resource/consulting teacher

training program interviewed and surveyed 27 graduates regarding the necessity of 34 identified consultation skills which were emphasized in their preparation program. Six skills received very high mean scores on a 5-point Likert-type scale: assess study and behavior skills (4.5), participate in staffing conferences (4.7), develop written individualized education plans (4.6), decelerate inappropriate social behaviors (4.5), locate available instructional materials (4.4), and generate methods/activities for specified objectives (4.5). The data from direct interviews with consultants more specifically identified 27 characteristics related to interpersonal and communication skills that were used in consultations. These include a willingness to share ideas, adaptability, and an ability to restate and to paraphrase, use of confrontation in a nonthreatening manner, gather information, write notes, and speak an informal common language.

Unlike Friend's study, this investigation gave stronger support to the view that technical skills of consultation are necessary for consultants to possess. But like Friend's findings, the skills rated the lowest were related to including general educators in developing IEPs, demonstrating instructional and management techniques in general classrooms, and offering inservice sessions for teachers. The results from both of these studies seem to run counter to definitions of collaborative consultation which stress parity in the process and mutual responsibility for developing and achieving the teaching goals of the child. The greater emphasis on technical skills over communication skills in this study may reflect the fact that only 16 of the 27 graduates interviewed had teacher consultation described as part of their resource teacher responsibilities. Primary responsibilities for these resource teachers involved direct remedial teaching of students. The technical competencies they cited as necessary are more supportive of that role than one stressing collaborative consultation.

Using a Delphi technique, West & Cannon (1988) obtained ratings of students regarding consultation competencies from a 100-member expert panel. Competencies included in the questionnaire were drawn from the literature to describe the knowledge, skills, attitudes, and characteristics thought to be needed by consultants. The 71 competencies were divided into nine categories. The expert panel identified 47 competencies as essential. Of these, the 10 competencies which attained the highest ratings on a 4-point Likert-type scale supported the previous findings of Friend (1984) and Idol-Maestas & Ritter (1985) which demonstrated the importance of interactive communication skills (e.g. communicate clearly and effectively in oral and written form; utilize acknowledging, paraphrasing, reflecting, clarifying, elaborating, and summarizing listening and responding skills; interview effectively; give and solicit continuous feedback; give credit to others for their ideas and accomplishments; manage conflict and confrontation; be willing to say "I don't know...let's find out"), collaborative problem-solving skills (e.g. remaining available through implementation for support, modeling, and/or assistance in modification), and personal characteristics of consultants and consultees (e.g. exhibit ability to be caring, respectful, empathic, congruent, and open in consultation interactions). Lowest mean scores were found for competence related to knowledge of research, theory, models, and systems change. While competencies in these areas of consultation were seen as important but not essential, even lower scores were found in the area of staff development. All three studies described above noted that a consultant's skill in providing staff training is not an essential competency of consultants. This runs counter to the view that an important goal of consultation is to enable and empower the consultee to deal more effectively with similar situations that arise in the future (Reschly, 1976). If one adheres to this view a staff development role would appear

to be a critical competency for all consultants. Since staff development and inservice training were not adequately defined in these studies further research is needed for clarification of this issue (West & Cannon, 1988).

In an attempt to identify interactions between consultant/teacher characteristics and consultative outcomes, Weissenburger, Fine, and Poggio (1982) surveyed 149 experienced classroom teachers and asked them to rate a typical consultation experience. Five variables were considered: 1) teacher dogmatism, 2) teacher existential life position, 3) consultant facilitativeness as perceived by the teacher, 4) the teacher's years of teaching experience, and 5) number of consultative experiences engaged in by the teacher per year. Teacher satisfaction with the consultation, teacher strength in handling future problems, and problem resolution as perceived by the teacher were the key outcome variables. Multiple correlation and stepwise regression analyses support the finding that the consultant's facilitative characteristics of empathy, warmth, and understanding were the most highly correlated with and accounted for most of the variance of the three outcome measures. This further supports the importance of interpersonal skills and communication skills for the successful consultant.

Process Characteristics

Process variables reviewed in the literature consider the models, approaches, and sequences followed during consultation. A consultant's theoretical perspective and approach to the problem-solving relationship can delineate differences between consultants (Tindal, Shinn, & Rodden-Nord, 1990). Theoretical perspectives may be based upon personality theory, behavior learning theory, or systems change theory (Conoley & Conoley, 1988). These theoretical

perspectives are reflected in a variety of models of consultation including mental health consultation, behavioral consultation, and organizational development (Reschly, 1976; Conoley & Conoley, 1988). Collaborative consultation, although not theoretically driven, is based on knowledge of social learning theory, child management techniques, applied behavior analysis, and instructional strategies (West & Idol, 1987) as well as process skills related to the phases of consultation (Idol & West, 1987). Depending on one's theoretical orientation, a consultant may act as an expert, a team negotiator, an advocate, or a facilitator in the problem-solving process (File & Kontos, 1992).

Phases of the process have also been explored. Most investigators discuss four broad phases of consultation: 1) problem identification and analysis, 2) program development, 3) program intervention, and 4) program evaluation (Polsgrove & McNeil, 1989; Tindal & Taylor-Pendergast, 1989).

The findings of Friend (1984), Idol-Maestas & Ritter (1987), and West & Cannon (1988) have supported the view that effective interviewing skills are critical characteristics of consultants. To understand the use of the consultant's interviewing skills in the context of the consultative process, Bergan & Tombari (1975) first analyzed the communicative interactions of consultants and consultees. Verbal messages were classified according to source, process, content, and control. To measure control over the problem-identification and problem-analysis process, a distinction was made between elicitor statements and emitter statements. Elicitor statements are those that request verbalizations or actions from teachers while emitters are declarative and exclamatory statements by consultants that provide summaries and factual information about psychological principles and instructional strategies. The use of a higher proportion of elicitors

to draw out responses and action plans from the consultee was seen as assisting the consultant in maintaining control over the direction of the interview in the problem-solving process.

These skills were later shown to have critical implications for the success of the consultation process. Bergan & Tombari (1976) using multiple-regression analyses found that consultant variables, including service efficiency, flexibility in applying psychological principles, and interviewing skills (particularly message control) accounted for the greatest variance at the problem-identification phase. These same consultant variables accounted for minimal variation in plan implementation and problem solution phases. In other words, consultant characteristics were predictors of success in the problem-identification phase of consultation which itself influenced success in plan implementation and problem-solution. It may be inferred that if consultants are not skilled in eliciting the problem and possible classroom solutions from the teachers, the consultation process is not successfully initiated and other strategies such as withdrawing the child to special education programs were more likely to occur (Bergan & Tombari, 1975). In addition, plan tactic elicitors used by consultants are more likely to influence consultees to respond with statements that suggest resources rather than constraints and limitations to goal attainment (Bergan & Neumann, 1980).

Using a small sample of three preschool teacher/child dyads, Peck, Killen, and Baumgart (1989) demonstrated that preschool teachers did change instructional strategies for a child with special needs during classroom activities when facilitated by a nondirective consultant. When strategies for incorporating IEP goals into a targeted classroom activity were elicited by the consultant from the preschool teachers, the teachers used these strategies in the training activity. A multiple baseline design showed that two of the teachers generalized these strategies to other

classroom activities as well. In subsequent interviews the teachers reported increased self-confidence in their ability to design and implement specialized instruction for children with disabilities.

Gable, Friend, Laycock, and Hendrickson (1990) also take the view that the success of consultation depends in large measure on the problem identification and problem analysis process. The consultation interview has been seen as a necessary component of the process in order to establish a climate of trust, overcome resistance, and gain an understanding of the problem. To be successful Gable et. al. suggest a standard interview composed of eight categories of verbal interactions: 1) introductory statements - to introduce the consultant and describe the process, 2) problem-targeting statements - remarks that lead to an operational definition of the problem, 3) behavior-setting statements - remarks intended to gain an understanding of the events before and after the behavior, 4) empathy statements, 5) deflection statements - remarks intended to redirect credit for various aspects of the plan of intervention, 6) ecological statements - remarks intended to identify external events that may be impacting on performance, 7) evaluation statements, and 8) summary statements - remarks used to reiterate decisions and enumerate responsibilities of participants. Throughout these steps the ability to question, clarify, confirm, and paraphrase remain necessary.

Tindal & Taylor-Pendergast (1989) used a categorical coding system to assess the time spent on six essential consultation skills described in the literature: interpersonal communication, data collection - noninteractive observation, testing - interactive, modeling/demonstrating programs, written communication, and record review and information organization. Activities during four consultation phases were documented on a case specific basis although no

measurements for quality of the interactions were attempted. Findings showed that the consultant spent the majority of time with the student (35%) or alone (41%) with only 14% of the time spent with the teacher and 10% with others - counselors, administrators, parents, and individuals from social service agencies. They note,

Time invested in interpersonal communication was less than for other activities, but this does not diminish the importance of the activity. The first 5 minutes may be the most important period because that is when interpersonal relationships are firmly established. (p.15)

This study did not investigate the effect of the time spent in these activities or teacher reactions to the consultation process.

Training in Consultation

Studies that have considered the effects of training on consultation outcomes further clarify the importance of specific consultant input characteristics. In a study of the effects of didactic, experiential, and instructor feedback training techniques on consultative skills, Curtis and Zins (1988) found improved skill in level of questioning, making behaviorally specific statements, and in the avoidance of premature problem-solving strategies for consultant trainees. The ability to offer descriptions of behavior that were specific and noninferential was most highly affected by instructor feedback techniques.

White and Pryzwansky (1982) compared teacher satisfaction ratings of consultants trained by either a communication skills training condition (e.g. skill in active listening, I-messages, behavioral goal setting) or collaboration model training condition which emphasized underlying conceptual assumptions of collaborative models. Although training in skills or concepts did not

have significantly different effects on teacher satisfaction with consultation, the training of consultants in active listening did increase teacher perceptions of consultant empathy. Because of prior work histories with the teachers, the effect of communication training on teacher satisfaction may have been depressed.

A later study compared apprenticeship and nonapprenticeship training programs on measures of consultative effectiveness as perceived by classroom teachers (Gersten, Darch, Davis, & George, 1991). Significant differences in outcome favored the apprenticeship training group which emphasized techniques for offering immediate and positive feedback on teacher instructional practices. The apprenticeship consulting teachers modeled teaching techniques for more teachers and more frequently assisted in the interpretation of curriculum for low-achieving students. In addition, the feedback offered by these consultants was rated as more specific and more useful to classroom teachers. In contrast, consultants trained in a 2-day inservice session offered less feedback and that feedback was perceived by classroom teachers as usually general and of a highly positive nature. Based on these findings Gersten et. al. stress that consultation training should focus on interpersonal communication skills and an understanding of data-based instruction and behavioral teaching techniques, as well as in developing knowledge of research on effective teaching techniques.

In summary, both the empirical and theoretical literature emphasize the importance of consultants possessing high levels of interpersonal skills, communication skills, consultation process skills, and knowledge of instructional strategies. These skills are seen to be critical irrespective of the theoretical orientation of the consultant but may be of even greater significance in a collaborative consultation approach. The training of both consultants and consultees to

understand the consultation process, to be effective interpersonal communicators, and to appreciate the primary roles of the other have been widely acknowledged in the literature (Friend, 1985; Kontos & File, 1993) as a necessary prerequisite to effective consultation outcomes. To improve future collaborations the unification of training programs for regular and special educators has been advocated (Kontos & File, 1993; Miller, 1993; Speece & Mandell, 1980) using training techniques such as role-playing through videotaped simulations (Curtis & Zins, 1988), case study methodologies (McWilliam, 1992), and instructor feedback (White & Pryzwansky, 1982).

In early childhood settings the consultant typically comes from an agency outside of the centre in which a child is being integrated and prior consultant/teacher working relationships are rare. Therefore, further research considering only consultative interactions in settings new to the consultant may more clearly enlighten us about the components of communications that foster trust, empathy, respect, congruence and unconditional regard between the consultant and consultees.

Change Agent Characteristics

Although educational consultants are not always identified as change agents or change facilitators in the literature, consultants who promote innovative classroom practice may be a necessary condition for changing teacher attitudes, teacher values, and teacher efficacy (Waugh & Punch, 1987). These changes ultimately affect how successfully children with special needs learn within a regular classroom. In spite of the proclaimed description of consultants as change-agents, only a few empirical studies have considered their change agency skills.

The literature stresses the need for change agents to be knowledgeable about the change process (Peryon, 1982; Reisberg, 1988), conflict resolution (Friend & Bauwens, 1988), and diverse instructional practices (Reisberg & Wolf, 1988). Since conflict is an inevitable part of the tension towards change, the literature discusses conflict resolution in detail. As a fundamental component of the change process in early childhood inclusive settings it has been found that participants must be allotted time to express concerns, reflect upon, and come to shared understandings of the intended change (Frankel, 1993; Frankel & McKay, 1996). It is only in this way that conflict associated with change can be minimized and that change in practice will be truly implemented. Attempts to push forward without full input from all participants often creates resistance which ultimately sabotages the process.

Change agents can play a critical role in minimizing teacher resistance and promoting positive motivation to change. McDonald (1989) argues that when power-based strategies are used by outside consultants they are more likely to result in destructive resistance than constructive changes. Margolis & McGettigan (1988) review four basic approaches required of change agents to reduce resistance. First, empathic active-listening assists in developing methodologies that are congruent with the typical classroom environment. Second, there is a need for change agents to demonstrate real support to teachers by assisting in the implementation of program modifications, demonstrating classroom techniques, and/or finding additional resources. Advocating for improved school structures and a collaborative culture is a third approach to reducing resistance. And, fourth, demonstrating verbally and nonverbally interpersonal trust and respect when interacting with teachers. "Genuine smiles, encouraging words, and a problem-solving orientation strengthen interpersonal influence, improve

relationships, and solidify cooperation and commitment" (p.18).

Thus, in an organizational culture of collaboration an agent who fosters honest and open communications assists in the change process. Any attempts to foist decisions upon individuals through contrived modes of collaboration may be met with debilitating resistance. In a culture of contrived collaboration mechanisms are ostensibly developed to promote collaborative interactions between teachers, but in fact are done in a way that better serves to control and inhibit change than to promote truly creative responses to collaborative and supportive working relationships (Hargreaves & Dawe, 1990). A philosophy of empowerment rather than control in the consultative process is seen as a means of minimizing resistance to change (Witt & Martens, 1988).

In analyzing eight training programs for consultants Idol and West (1987) found that the "general consensus seems to be that consultants need to function as problem-solving helpers and change agents who have skills in interpersonal communication, interpersonal problem-solving, interviewing, and effective written language" (p.476). Waugh and Punch (1987) stress that change agents must possess "characteristics such as objectivity, awareness of local conditions, status as a representative of a higher level of authority, and enthusiastic sponsorship" (p.242).

Miles, Saxl, & Lieberman (1988) identified key skills for educational change agents. These investigators defined the term "skill" as an attribute of the change agent that emphasizes a behavioral capability the individual possesses of knowing "how to" do something as opposed to knowledge that something is "true or appropriate". After interviewing change agents and managers about typical incidents of change six general skills and twelve specific skills were identified. The general skills include 1) interpersonal ease, 2) group functioning, 3) training,

4) master teacher, 5) educational content, and 6) administrative/organizational ability. The specific skills are 1) initiative taking, 2) trust/rapport-building, 3) support, 4) conflict mediation, 5) collaboration, 6) confrontation, 7) confidence building, 8) individual diagnosis, 9) organizational diagnosis, 10) managing/controlling, 11) resource-bringing, and 12) demonstration.

Kilcher (1991) used in-depth case studies of five change agents to determine how they learn their emerging role in schools. She concluded that promoting change requires a complex interplay of skill and personal style in order to be successful at coaxing teachers towards change. Successful change agents require diagnostic skills, planning and design skills, presentation skills, effective meeting techniques, decision-making procedures, group process skills, monitoring and evaluation skills, as well as interpersonal communication skills such as team-building, developing trust and rapport, role negotiation, conflict resolution and coaching. Effective change agent style is a more ephemeral characteristic and more difficult to describe, but Kilcher notes that style may be viewed on a continuum from direct to indirect.

While facilitators can learn knowledge and skills their basic style and behavior in groups is more difficult to change. Those with facilitative, assertive, and indirect ways of working with people might be best suited to the role. Caution should be exercised in choosing individuals who are overly forceful, dominating, and directive or very passive and low-key. (p.283)

Kilcher's findings suggest that to learn facilitative approaches change agents should be provided with an initial in-depth training institute, followed by ongoing support sessions to allow facilitators to share, problem-solve, and continue learning together. Other training techniques that enhanced learning were maintaining reflective journals, readings, skill training sessions to provide practice and feedback on specific skills, and coaching by pairing new facilitators with experienced facilitators.

Given an organizational context of change, studies must now be completed to assist us in understanding the knowledge, skills, personal qualities and approaches that early childhood consultants use to mediate between individual motivational variables to change teaching behaviors (teacher attitudes, beliefs, and efficacy) and actual change in teacher practice.

CHAPTER THREE

RESEARCH METHODOLOGY

Qualitative research methodologies assist in describing complex human phenomena as they naturally occur in the environment (Taylor & Bogdan, 1984). In quantitative research procedures specific variables to be manipulated and observed are established a priori from hypotheses under investigation. Qualitative methodologies, on the other hand, allow critical themes and constructs to emerge as the investigation moves forward. While quantitative investigations require a clear procedural blueprint with hypothesized outcomes articulated at the outset, the qualitative researcher starts with only a focus and a direction (Bogdan & Biklen, 1992). The process of embarkation for the qualitative researcher may be likened to that of an explorer starting on a journey. The explorer starts with a vague idea about which route to follow, but does not definitively know where it will lead or what outcomes to expect. Bogdan and Biklen describe a similar course followed by the qualitative researcher.

Plans evolve as they learn about the setting, subjects, and other sources of data through direct examination. A full account of procedures is best described in retrospect, a narrative of what actually happened, written after the study is completed. (p.58)

A narrative naturalistic inquiry thus becomes both the method and the eventual story of the participants as they live and reveal the phenomenon under investigation (Connelly & Clandinin, 1990).

This chapter describes the research methodology as it was proposed and the course it

subsequently took as it evolved and developed. A description of the design, data collection, data analysis and methodological pitfalls is included.

Like an explorer setting off to chart new territory, I took an ethnographic approach to data collection and analysis. This approach allowed me to observe consultative behaviors and the phenomenon of change in its natural context (Lincoln & Guba, 1985). To understand complex human interactions it is important to consider the subjective meaning of that action for the individual as well as the social ecology in which the behavior is prompted to occur (Erickson, 1986). The subject of this study is change - how the participants view change, react to change, and respond with new behaviors. In this study particular interest rested on the question, how do consultant and teacher act together to develop for one another new environments of action? I felt right from the outset that this could best be measured by entering their worlds in as unobtrusive a manner as possible and by allowing their stories to unfold.

An assumption of this investigation was that approaches to change taken by the resource consultants would vary with the specific needs of the child being integrated, previous experiences of the child care staff, and the personal style of the consultant. Multiple cases, therefore, allowed me to consider several consultative interactions. As themes began to emerge from the data of the Case of Karin, they were reviewed and expanded upon in the Case of Anna. By systematically contrasting and comparing these themes in both cases a thorough cross-case analysis of the data was completed. In addition, the case study methodology allowed me to observe the sociopolitical ecology that impinges upon the change agent's style. Data collected from consultation meetings and interviews provided a rich data base of participant's attitudes, beliefs, and experiences. This information was used to construct the narrative of each case study.

The Cases

Identifying Cases

I initially approached five agencies to participate in this study. Each agency has a consultation program that offers support to community-based early childhood programs which are beginning to integrate children with special needs into their centres. Each agency has a mandate to serve children with particular developmental needs: social-behavioral disabilities, developmental disabilities, and/or physical disabilities. At each agency the research request went through a variety of administrative channels for approval, some formal and some informal. The proposal was met with a great deal of enthusiasm and support. One of the five agencies did not give approval for their consultants to participate. The one agency that declined cited heavy consultant workloads and involvement in internal research as the reason for not participating. Subsequently a different fifth agency became incorporated into the possible research pool.

The consultants from these five agencies all expressed a high level of interest in this project. There were potentially ten consultants interested in participating in the project. Permission forms (Appendix I) explaining expectations for participation were signed by each consultant directly involved in the research.

Guidelines for identifying possible cases to include in this study were explained to each consultant. Each consultant was advised on how to use these guidelines to select a case from her/his workload which could be used in the investigation. In this manner purposive sampling techniques were employed (Glaser & Strauss, 1967). First, the consultation must involve the integration of a preschool child with special needs into a community-based early childhood program. Second, the consultation could be either for a child already in an early childhood

program in which the staff was requesting consultative support in order to maintain the child in the centre, or for a child for whom the parent requested admission to a centre. And third, the early childhood program must be one which is new to the consultant and in which the consultant has not previously been involved.

When a new referral was made to the consulting agency, consultants would determine if it met the three criteria for participation in the study. If the referral was appropriate for the study, the consultant would inform the supervisor of the centre about the research and ask for verbal permission to pass her name on to me as researcher. I then contacted the supervisor by phone and gave a brief description of the study. A letter to the supervisor was mailed (Appendix II) followed by another phone call. If the supervisor expressed interest for the centre and staff to participate, a letter was sent to each teacher describing the project and a visit to the centre was arranged (Appendix III). This meeting included the centre supervisor, teachers, and resource teacher, if one was present on staff. I explained the research and answered all questions at this time. Informed consent forms (Appendix IV) were then signed by the supervisor and teachers. The parents were also informed about the research by the centre's supervisor and by a letter (Appendix V) from me. Permission forms to be signed by the parents were included with this correspondence (Appendix VI).

Each participant was assured that the identities of the children, parents, teachers, supervisor and consultant would not be revealed in any discussion of findings. To assure confidentiality each participant was assigned an identification number and pseudonyms are used in all reports. Color coded files and binders were used for documents related to each case. All data are securely stored in files.

Over the next year only two cases were followed that met all three requirements and that followed all of these procedures. Several additional cases were suggested by consultants but either data collection was never started or it subsequently had to be dropped. Several centre supervisors refused to participate either because of a lack of time, difficulty in scheduling meetings, or a lack of interest in being involved in a research study. In one case because of an ongoing conflict between the parent and the centre's staff, the parent removed her child from the centre after only two consultation meetings were audio-taped. These tapes could not be included in the data analysis and were erased. In a second case, before agreeing to sign the permission form, a parent wanted assurances that he would later have full access to all audiotapes of his child. To assure confidentiality for all subjects, this was not possible. This case was also never included in the research.

Settings and Participants

In the first case Karin, the resource consultant from Families First agency, was contacted by Jane the supervisor of a small nursery school. The nursery school is operated in a community centre that services families in a middle-class downtown neighborhood of a large urban metropolis. Jane and one of the teachers in the program, Sue, had become increasingly alarmed about the aggressive, out of control behaviors displayed by 3-year-old Andrea. Their concerns grew when Andrea's mother, Virginia Wright, enrolled her in the preschool summer camp program. The teachers felt that they would not be able to cope with Andrea in the busy atmosphere of a summer camp. Mrs. Wright, also described to the teachers her concerns about the bizarre behaviors Andrea was displaying at home and revealed her own inability to cope with

these events. It was agreed that an outside resource consultant should be called in to give the staff support that could help them include Andrea in the summer program. Over the next few weeks consultative interactions occurred between Karin and the mother, the child, the supervisor and the teacher (Table 1).

In the second case Anna, a consultant with the Kingsley Foundation Early Intervention Services, was approached by Wendy Roberts for assistance in finding an appropriate group child care centre that would accept her 3-year-old daughter Jessie. Jessie has cerebral palsy and requires specific modifications to the environment and to activities that assist in her growth and development. The Main Street Child Care Centre, located in the downtown core of a large city, serves families from diverse economic, cultural and ethnic backgrounds. It was seen as an appropriate setting for Jessie because it has a resource teacher on staff responsible for the individual education programs of children with special needs and because the teachers have experience in modifying the curriculum for children with special needs with the resource teacher's support. However, at the time of the application the resource teacher's caseload of four children was full. The teachers on the teaching team expressed concerns about whether they could meet Jessie's needs with just the occasional support of the resource consultant. A significant change in conceptualizing the way the resource teacher and the teachers served children with special needs and their families was needed if they were going to be a truly inclusive centre. As shown in Table 1, participants in the consultative interactions with Anna included the supervisor, the resource teacher, five teachers on the preschool team, a physiotherapist, the mother and the child.

TABLE 1: PARTICIPANTS IN CONSULTATION

THE CASE OF KARIN

Consultant (R01)
 Supervisor (S01)
 Teacher (T01)
 Mother (M01)
 Child (C01)

THE CASE OF ANNA

Consultant (R02)
 Supervisor (S02)
 Resource Teacher (E01)
 Teacher (T02)
 Teacher (T03)
 Teacher (T04)
 Teacher (T05)
 Teacher (T06)
 Physiotherapist (PT01)
 Mother (M02)
 Child (C02)

Data Collection Procedures

Consultants offer their services to early childhood educators either because a child already in attendance exhibits learning and/or behavioral problems or because a child with identified disabilities is being admitted to a typical community early childhood setting. In either case modifications to teacher practices are viewed as necessary if the child is to be successfully included. Data collection techniques were designed to capture the events and changes that took place as the consultant and teachers worked together towards inclusion.

Observations

All consultative interactions between the consultant and the centre supervisor, teachers, resource teacher, therapists, parents, and/or child were recorded on standard audiocassettes. I was not present during the consultants' visits to the preschool programs or during home visits. Since the intent was to capture the interactions as they naturally occurred, the consultant was instructed to keep the audiorecorder running the entire time she was interacting with other participants. This was accomplished consistently for 5 or 6 consecutive meetings at the family home or the preschool centre. A minicassette recorder was used which could easily be placed in a pouch worn around the consultant's waist. When meetings that included several participants were recorded, a multidirectional flat plate microphone was used. This microphone clearly and successfully picked up the different voices. In some instances when the consultant was moving about the room and interacting with the child and/or teachers the recorder was battery charged, placed in the pouch, and a tie clip microphone was employed. This approach helped to cut down on external noise.

TABLE 2: SUMMARY OF RECORDS

<u>TYPE OF RECORD</u>	<u>THE CASE OF KARIN</u>	<u>THE CASE OF ANNA</u>
Consultation Meetings	5	6
Interview with Consultant	2	2
Interview with Teachers	1	4
Interview with Resource Teacher	0	1
Questionnaire	2	7

Five or six consecutive consultative meetings were recorded for each case (see Table 2). Consultants wrote fieldnotes describing who was present at each meeting and the order in which individuals had spoken. This assisted the transcriber in voice recognition and allowed participants to be accurately identified as verbatim transcripts were made of all meetings.

Semi-structured Interviews

In naturalistic inquiries the use of "human-as-instrument" for data collection can best reflect the interactive and multidimensional nature of the phenomenon under investigation (Lincoln & Guba, 1985). The investigator's relationship with the participants becomes critical as they become collaborators in the research and construct new meanings from common experiences. In the development of theory the researcher as human instrument acquires "processual immediacy...to process data just as soon as they become available, to generate hypotheses on the spot, and to test those hypotheses with respondents in the very situation in which they are created" (Lincoln & Guba, 1985, p.194). In doing this the researcher must be constantly cognizant of her/his own underlying assumptions which influence the discourse and the analysis of the interpretive inquiry (Darroch & Silvers, 1982).

In this investigation it was necessary to observe and obtain the testimony of the individuals most closely related to the process of change - the consultants and the teachers. After the initial consultative interactions were completed and the child was comfortably established in the centres, I held in-depth, individual semi-structured interviews with the teachers and consultants (Appendix VII and Appendix VIII). In the first case interviews with Karin and Sue took place in my office. In the second case I interviewed Anna at her agency and all interviews with the teachers were held

at the child care centre. All interviews took between 1 hour and 1 hour 30 minutes to complete. These interviews were audio-taped on standard audiocassettes. Verbatim transcripts were made of all audio-taped interviews.

In developing the protocol for the semi-structured interviews, I formulated questions to attempt to get to the heart of the consultants' and teachers' personal experience. Open-ended questions were posed that allowed each participant to explain and consider her own story. I then asked exploratory questions to allow the participant to elaborate and reflect upon the implicit attitudes, values, and sense of efficacy that undergird their practice. Although a set protocol of questions was used for each interview, the additional exploratory questions were posed spontaneously as I reflected upon the perspectives being revealed by each interviewee. In this manner an attempt was made to make explicit the implicit theory and underlying assumptions which guide the participant's behavior related to inclusion (Cohen & Manion, 1989; Seidman, 1991).

My original research plan was to interview only the consultant and the classroom teachers involved with the child being integrated into the classroom. This procedure was followed in the first case study in which a small nursery school was working towards the inclusion of a child with social-emotional needs. However, in the second case study it soon became apparent that a teaching team was successfully in place for all teachers in the centre. This included a resource teacher for four children with identified disabilities. This centre was also grappling with redefining their integrated program to resource all children with specialized needs, even those not on the resource teacher's caseload. I, therefore, interviewed the resource teacher and four of the five teachers on the team. One of the teachers declined to be interviewed.

Questionnaire

A brief questionnaire (Appendix IX) was developed to describe demographic characteristics of participants. This questionnaire was completed by all consultants and teachers. The questionnaire consisted of 17 forced-choice items and 1 open-ended question. Characteristics such as gender, age, educational background, years of service and current and past positions in early childhood education were assessed.

Data Analysis

The audiocassettes were all transcribed word for word into Wordperfect 6.0a. I then read all the transcripts and checked their accuracy with the tapes. After this initial overview the transcripts of each case were read in their entirety while I kept in mind two main questions. In what ways do resource consultants demonstrate skill as agents of change? What knowledge, skills and personal qualities influence positive attitudes towards inclusion and improve teacher efficacy? Based on this first reading of the transcripts tentative categories and sub-categories were developed to reflect emerging themes. Four main themes that were consistently identified in the transcripts related to the consultant's 1)interpersonal effectiveness, 2)leadership ability, 3)knowledge of change process, and 4)knowledge of consultative role. The transcripts were then all reviewed and coded according to these categories. In many instances a response was coded in several categories or sub-categories. A constant-comparative methodology (Goetz & LeCompte, 1981) was employed to contrast and compare the two cases. Themes and patterns that emerged from one case were explored in the second case. Based on these comparisons categories were redefined and text recoded as new and varying relationships emerged. A cross-

case analysis was then completed to compare and contrast the essential themes. As this process proceeded some sub-categories were added and some sub-categories were modified. This information was entered into *The Ethnograph* Test Version 4.0 (Seidel, Kjolseth, & Seymour, 1994) for assistance with analysis.

The first draft of each case study was written using verbatim excerpts from the transcripts to fully tell the story of each case and to support the analysis. Each case study was then read by the respective consultant. I then met each consultant individually for an informal interview allowing for correction or confirmation of the case and interpretations presented. Notes were made of the consultant's responses and the interview was audio-tape recorded as a confirmatory record. Based on the consultant's feedback each case narrative was revised.

Methodological Pitfalls

A detailed, descriptive and dynamic case study accurately generated from the data allows others to consider their own personal experiences in light of the understanding emerging from the particular case. The richness of the descriptive case allows the reader to explore the phenomena under investigation from his/her own context. This detail is dependent upon meticulous data collection and organization. If steps in the inquiry are carefully followed by the researcher then naturalistic generalizations may be inferred by the reader (Stake, 1978). As the reader relates to the case at hand, shared experiences and universal understandings begin to emerge which allow the reader to rethink, refocus, and refine their own actions. Research written with a human voice is supportive of educators who share many common experiences but have limited opportunities to join the dialogue in creating new meanings and new ways of behaving from those experiences.

I was, however, aware of several pitfalls as I proceeded with this methodology. These pitfalls relate to ethical issues of data collection, case reporting, and trustworthiness.

Data Collection

First, the human as instrument places a great deal of responsibility on the researcher and her/his relationship with the participants for data collection. The close presence of the investigator has the potential to both influence the interactions under observation and the responses of informants being interviewed (LeCompte & Goetz, 1982; Ramos, 1989). Participants may respond in a manner that they believe represents their knowledge, skill, and attitudes in a positive way. There is a further reluctance to expose themselves in a way that may be perceived as less than ideal by individuals who they view as in a position of authority. In this investigation teachers may be concerned about revealing themselves to me, the consultants or to the centre supervisor. During the interviews several teachers were reluctant to openly pursue a response while they were being recorded, but spontaneously continued discussing a particular issue once the tape recorder was shut off. Immediately after the interview was completed I took careful field notes to document these views.

Case Reporting

The use of statements made in confidence posed additional issues for me when reporting each case. A researcher in reporting a case study must determine to what extent confidentiality and privacy can be and must be protected while still preserving the relevant events, dynamics, and responses in a particular case. Since natural generalizability is dependent on descriptive accuracy

and richness in case reporting (Meloy, 1993; Stake, 1978), the alteration of even one critical event can change the nature of the experience and the phenomena under study. However, in the relatively small early childhood special education community of researchers and practitioners, even disguising the identities of agencies and participants may not be sufficient to protect participant privacy. Therefore I made every attempt to keep within ethical guidelines to maintain anonymity and confidentiality (Bogdan & Biklen, 1992). Pseudonyms of agencies, centres, and participants are used in all case reports in this investigation without altering essential characteristics of the settings.

Trustworthiness

The subjective interpretations of the data by the researcher poses a third pitfall for qualitative investigations. It may be considered a major leap of faith for a researcher to move from the verbal statements of individual respondents to the development of theoretical and universal constructs. This inductive process requires care in the investigative process as well as thoughtful introspection by the investigator to assure that personal bias is not present (Bogdan & Lutfiyya, 1992; Ramos, 1989). As Ramos (1989) warns:

Subjective bias permeates the qualitative research process. It is seen in the selection of respondents, in attention to certain stimuli during data collection, and in the manner of data distillation, as well as in reporting. In order for the final data to be trustworthy, the investigator must evaluate himself or herself as a data collection instrument. Although one cannot purge oneself of bias, to be cognizant of one's tendencies helps to minimize the shaping of what is eventually reported. In addition, the process of peer review and audit can assure minimal bias in reported data. (p. 68)

It was my desire to maintain the credibility of this investigation by writing richly descriptive case studies as reported in the text of the data. After the initial draft of each case

study was completed the consultants were asked as key informants to read the draft and to assess, correct or expand on the accuracy of the events and the interpretations rendered from the data. An audit trail was established to support the lengthy quotes from the transcripts. All of these factors support the trustworthiness of the reported findings of the study (Lincoln & Guba, 1985).

This chapter has reviewed the methodological procedures of this study. The methodological pitfalls have also been described. My awareness of these principles helped to minimize bias in shaping the case descriptions presented in the next two chapters.

CHAPTER FOUR

THE CASE OF KARIN

The Families First agency offers a wide range of primary prevention and early intervention services to children and families in the downtown core of a large urban metropolis. The child care resource consultation program within this agency assists early childhood educators in supporting children and families experiencing special needs within community-based child care and nursery school settings.

Karin is a resource consultant with Families First. She holds a university Arts degree and a post-graduate diploma in child study with a specialization in the assessment and counselling of children and families. She has been employed as an early childhood resource consultant for two years. In late Spring, 1993 Karin was asked to respond to a call for assistance from Jane, the supervisor of Sloan Park nursery school. Operating since 1987, Sloan Park is a small non-profit nursery school housed in a community centre in a middle-class downtown neighborhood. When operating at full capacity Sloan Park is licensed to accommodate at any one time 12 children from 2.5 to 5 years of age. Children attend half-days in the morning or afternoon for 2, 3, or 5 days a week. The supervisor of the nursery school holds a diploma in early childhood education and in addition to her administrative responsibilities also teaches in the nursery school. She is assisted in her classroom responsibilities by Sue. Although Sue has a university degree in English, she has never received formal training in early childhood education.

In this small preschool program administrative structures are very informal. The supervisor strongly supports her assistant teachers and shares teaching responsibility with them in a collegial rather than hierarchical manner. They all offer input into planning and developing program activities. In this warm, open and collaborative climate the teachers feel free to explore new instructional approaches and to work with children and families in developing program goals and strategies.

The sense of community established at Sloan Park among the teachers, children and families was reflected in the staff's decision to seek additional supports in order to integrate a preschool child with social-emotional needs into their summer camp program. Jane had never used the services of a consultation program before but both she and Sue, having observed the child's behaviors and the mother's distress, now felt the need to ask the consultant from Families First to meet with them. Andrea was a 3 1/2-year-old female at the time of the referral in June.

As summer approached Mrs. Wright wished to have Andrea attend the preschool's summer camp which would require that she interact in a large group of approximately 12 children for full days. Sue taught the summer camp group to which Andrea was assigned. Initially the task was to socially integrate Andrea in cooperating with a larger group of children. However, Sue did not feel that she would be able to work safely in this environment with Andrea since she was aware that Andrea was uncooperative, aggressive, and often ran away from her group unexpectedly. Concerns were particularly expressed about how she would behave in the swimming pool and outdoors in a large park setting. In addition, Mrs. Wright was constantly describing to Jane and Sue tales of the disruptive behaviors that Andrea was demonstrating at home and shared her own feelings of frustration and inadequacy in coping with these situations.

During an initial phone conversation, Karin discussed with Jane the need to have Mrs. Wright sign a parent consent for consultation form before any services could be provided by the Families First agency. A meeting date was then established for the following week.

Karin first met with Jane, Sue, and Virginia Wright in the preschool room on a bright, hot summer day in early July. Karin started the problem identification and contracting meeting by describing her agency's consultation service and the collaborative process she follows.

CON: I thought first we could start off by describing the service that we provide, and I brought a pamphlet for you...The model we use is a collaborative model; we work as a team. The parents, usually the supervisor of the day care, and the teachers who are involved with the child and me, the consultant - we all work together to try and come up with strategies to help, in this case, to work with Andrea. So we will have this initial meeting just to talk about everyone's concerns and try to come to some consensus and talk about the direction we want to take - And then I'll do some observations and some sort of assessments, and then we'll meet again and talk about strategies.

(Case 1-Mtg1:1)

For the next hour Virginia Wright launched into an extensive review of Andrea's behavior, her difficulties in managing these behaviors, her own personal bouts with depression and eating disorders, and the many doctors, psychiatrists, and psychologists who she had gone to with Andrea to help her understand these problems.

CON: Well, I thought we could start by just talking about everybody's concerns, and maybe would you like to speak first Virginia? Just talk about what your concerns are for Andrea.

MTH: My main concern with Andrea is that she seems to have extremely poor, almost non-existent, impulse control.

CON: Uh, hum.

MTH: She gets an idea, she acts on it. Two seconds later it has come to the point where I can almost sense that she is about to do something.

CON: Yeah.

MTH: She'll do things like - we'll be walking with the stroller, we'll pass a baby - she did this one day - and she just grabs out at the baby and snatches at the baby as I'm walking by, and I mean we have a stroller and I have my 18-month-old here and she is there and at that particular time I didn't know she was going to do that, but she just like grabbed the baby and put her hand over its mouth. And of course the mother just looked daggers at me and I went, "Andrea, why did you do that?" She said, "Well, I was stopping the baby from crying." Right. Oh my god, right. So sometimes I can sense, I can see we're about to pass somebody, and I think she might kick that person and so I swerve at the last minute. Sure enough her foot shoots out. And, or she'll - today, what has she done so far today? Not too much [laughter]. But she'll get something - or you'll be holding a plate of something - she did this the other day with pumpkin seeds - and she was eating them like this, right, and she had a glass of water in her hand, so like we're all just standing there and she like swish - pours the water into the pan without even sort of - so we dump the water out of the pumpkin seeds and we dried it off like this, and she comes back to us later and dumps the whole thing on the ground.

CON: Hum.

MTH: There doesn't seem to be any rhyme or reason for it. And sometimes its delayed things. Like I saw her attack somebody here one day - one of those kids here - so she attacked her and I asked her, I said, "Andrea, why did you do that for?" She started pulling her hair and hitting her and stuff. And she said, "Well she wanted me to be the snow queen earlier," or something like that, "and I didn't want to." So this is like, I don't know how much later it was, but it was still in her mind.

CON: It was stewing.

MTH: It was stewing, and then all of a sudden it was a sudden attack. And I'm like - so that's one kind of inappropriate sort of thing that I'm really concerned about.....That's number [laughter]. So that poor impulse control, like that's what it seems to be - a really bad thing.

CON: Does that mainly have to do with like hurting other children or hurting other people or is it -

MTH: No, no, not hurting. It's anything. It really, really isn't just hurting. Some of them are impulsive aggressive acts. Yes, some of them are attacking other people. Some of them are just things like putting things in her mouth.

CON: Like things that aren't food. Oh yeah.

MTH: She'll bite buttons off people sometimes. Take threads out of curtains and just all of a sudden bite them. But she usually has a reason for it. Like some sort of imaginary reason for it, but watching this child eat is, is, just the most incredible thing. I just cannot make her sit and eat any food in a normal way. You've probably seen this too. Everything gets played with, and like you know, she tries very hard to be careful with food, but at home its like I turn around and she's eating her spaghetti with her toes, right? I've got videotape of her - you hand her a piece of meat, two seconds later she's got it between her feet and she's flipping it up and she says she's making a flag and she's waving it with her foot and then she's dumping it in the dishwasher.

(Case 1 - Mtg. 1:2-4)

Through this lengthy initial meeting Karin presented as a caring, genuine, and empathic person. Her main response was to listen. She effectively used encouraging listening responses such as "yeah" or "uh-huh", paraphrasing responses, clarifying questions, and summarizing statements.

Virginia revealed herself as being very insecure about her own parenting skills and coping strategies.

MTH: I mean this is all happening really quickly and I'm like, "duh duh duh duh" or the food goes on her head. You know you turn around for a sec. Or she's making a swimming pool with her milk. She's doing that today. And then I say, "Andrea, don't you dare put that bread in that milk," and I know as soon as I turn around the bread is going to go into the milk. And I mean she's almost four. I can't seem to - I take things away from her, I do this, every strategy I've tried with her doesn't seem to have any effect. Even, I tried slapping her for two weeks, to see if that had any effect - it didn't, it had none, except that she didn't like to be slapped. That's my husband's approach. He says, "Well let's try slapping her for a while." It's like -

CON: Okay, I tried everything else.

MTH: Yeah, it really doesn't work.

(Case 1 - Mtg. 1:4-5)

Virginia goes on to disclose that she had gone through a difficult post-partum depression

after the birth of her son, now eighteen-months-old, and had only recently moved with her family to this city where she felt isolated and with few supports. Her husband, although concerned about Andrea's behaviors, was most involved with working long hours to establish his career in a new job. On her own Virginia Wright went from doctor to doctor to seek medical solutions to her and Andrea's problems.

MTH: So we saw this allergist. Both of them do have allergies. So I got my family doctor to send us to an allergist. And she does have allergies to a few things but it doesn't seem to affect it. And of course he's allergic, but it really hasn't changed it either. Then finally one day my doctor said - she had this completely horrible visit where she was completely trashing his whole office and flipping up cushions and grabbing people and jumping and this and that and everything else. He said - I saw him again a couple of weeks later - "Virginia, I wouldn't want to be one of these physicians to pooh pooh your concerns about your child's behavior."

CON: Yeah, yeah.

MTH: He said, "If you want we can," in fact he actually talked to a pediatrician about her and he said, "You know he suggests that you can get her behaviorally assessed, and this Dr. M. at the hospital is the one."

CON: Yeah.

MTH: So that's where we went next. There's a three month wait list and I got to see Dr. M. And she did an assessment. The first thing Andrea did was she met her, Dr. M. met Andrea in the waiting room and said, "Oh, aren't you a pretty little girl." And Andrea went, "GRRRR" and started pulling her hair, right, jumped on her and started pulling her hair. And I went, "Um, well this is what a specialist is for." Right?

CON: Uh hum.

MTH: So the woman kind of looks at her and says, "Ah, oh, what kind of little thing is this?" But in the end she said that she was really confused by it. She didn't quite know what to make of it. She seemed Dr. Jekyll and Mr. Hyde. One minute she's as sweet as anything.

CON: Uh hum.

MTH: She gave her developmental tests. She said, "Well she aced the tests."

CON: Yeah, yeah.

MTH: She said, "She's fine that way." She's doing fine developmentally, but she said that behavior. And Andrea made a really good show of herself. We saw her for over an hour. An hour and a half or something. And she went through a whole range of interesting behavior. All of a sudden - foom, blocks across the room and just doing all the things she does. And Dr. M. said that sometimes when she was trying to test her, Andrea would start singing and she just couldn't engage her.

CON: Hm, hm.

MTH: And she would say, "Andrea, Andrea." And Andrea was just, "Hm, hm" off in her little world. Sometimes Andrea acts out things with great detail. She'd be brushing her teeth and would turn on the tap and fill the sink and open the cabinet and get out the toothpaste and the toothbrush and brushing her teeth and it's completely obvious to me what she's doing. And I'd say, "Andrea, Andrea, what are you doing?"

CON: Yeah, yeah.

MTH: And she'd say, "Well, I'm brushing my teeth. Can't you see that?" Yes I can.

CON: Hm.

MTH: Or she'd be a rabbit. So she sent us to the child psychiatrist. But of course we saw Dr. L...

CON: Is he the psychiatrist?

MTH: Yeah. He's the child psychiatrist. So...when she first met him she immediately changed into a rabbit.

CON: Ah ha.

MTH: She kind of runs away. Gets up on a chair. And I say, "Andrea, come on to Dr. L." So she kind of hops over. Hop hop hop. So she starts saying out loud, "Hop hop." And uh, he says, "Oh, are you being a rabbit today? Or a bunny today?" She just says "Hop hop." She hops over to the table and just gets a crayon. He says, "Maybe you're being a frog." She goes, "Hop, bunny hop", like this, right. [Laughter] It was the funniest thing. She goes, "Hop, bunny hop." Oh, little monkey. Anyway, so then she - I don't know if she stayed a rabbit or not the

whole time, but she drew lots of pictures of trees. But when we got home at lunch she was still a rabbit and she insisted only on eating carrots for lunch. I mean she carried it that far.

CON: Yeah, yeah.

MTH: I mean there was no way. And I think she even went to nursery school - I'm not sure if she went to nursery school that day, I can't remember, maybe not. Another day she made it a funny thing - I see a psychologist called Dr. N, right?

CON: Uh hum.

MTH: And um...

CON: Is that for Andrea as well?

MTH: No, this is for me. For me to cope. I'm also taking Prozac by the way.

CON: Oh yeah, yeah, yeah.

MTH: Did I tell you about it? After a while lots of stress.

CON: Oh yeah. I can imagine.

(Case1 - Mtg. 1:26-28)

In her pursuit for help various physicians assured Mrs. Wright that the demonstrated behavior was not due to allergies or the chronic ear infections that Andrea experienced. However, after a visit to her family physician where she described Andrea as "completely trashing his whole office and flipping up cushions and grabbing people and jumping" all over the waiting area, there was some suggestion from the doctor that she might have an attention deficit disorder. But psychological testing showed mother that Andrea was not developmentally delayed and in fact she was quite bright for her age. A child psychiatrist recommended that Andrea be seen for intense psychotherapy, but because of long wait lists for psychiatrists Mrs. Wright had not followed through with this suggestion.

Andrea continued to demonstrate out of control and impulsive behaviors that her mother could not contain. Mrs. Wright described one particularly destructive incident when Andrea was in the basement of their home playing with her younger brother:

MTH: I was just finishing my laundry. I couldn't really see them but I could see down the hall. I was really happy because I was finally getting on top of this laundry. Got it all folded. Get it in the basket. Come down the hall. Came around the corner and I went "Oh, my God!" She had gotten into three gallons of paint, dumped them all over the floor. It was absolutely incredible. I don't even know how she must have snatched them, like just flung them. Well they were both completely covered in paint, of course. And I'm just like, "Uh, uh."

(Case1-Mtg1:11)

Throughout these exchanges I noticed that Karin did not show any strong emotional or judgmental reaction to what Mrs. Wright disclosed about her child's behaviors or her own emotional instability. All analysis and judgments of behavior were reserved. Nor did she offer strategic suggestions about child management. Rather I heard in Karin's words and voice tone an accepting attitude of empathy and unconditional regard. She allowed mother to tell her own story and encouraged her to continue to talk. Mother dominated the discussion which allowed her to take ownership for her concerns. Karin acknowledged mother's feelings of guilt when others seemed to blame her for Andrea's difficult behaviors and offered support.

MTH: And my psychiatrist says, "OK, now that you're feeling better don't you see that Andrea's attention-getting behaviors are going to dissipate?" And I'm going, "OK, I'll accept the blame for all this." I'm quite willing to.....I don't think I'm any worse than anybody else in the world. I know I've never been abusive.....So I know I'm not worse than other people.

CON: I think that parents need a lot of support. I think that sort of "parent blaming" goes on no matter what.

MTH: Yeah. And my psychiatrist saying, "Don't you see she will get better now that you're better?" I'm going, "Hmm."

CON: He'll wait and see.

MTH: This is hearsay diagnosis.

CON: Yeah. Hmm.

MTH: Because he's never met her.

CON: Uh hum.

MTH: He's never seen what she was like from the time she was very little.

CON: Uh hum. And it's really not helpful.
(Case 1-Mtg. 1:32)

Karin openly displayed her belief that "parents need a lot of support" to Mrs. Wright and the teachers. This exchange appeared to me to establish a trusting and supportive tone between Mrs. Wright and Karin.

Towards the end of this meeting Jane (SPV) and Sue (TCH) share their own concerns.

CON: ...We can start with Jane. What assessment questions, when I do my observations, what would you like me to observe, try to answer for you, in order to help Andrea... program for Andrea?

+ Pause

SPV: I guess when she does these sort of inappropriate behaviors how I guess other people handle her...some new ideas.

CON: Okay. Strategies for...

SPV: For handling behaviors that are inappropriate.

CON: Okay. Does she do any of these things with anger? Like is it kind of an angry...or is just a...

SPV: It doesn't seem particularly angry at all.

CON: Hmm. Ok. All right. What about Sue? Do you have any questions about Andrea you'd like answered?

TCH: I guess just the one thing I was thinking about is the low self-esteem. That's the one thing, just to help to figure out how to help her. She seems very extroverted and very happy and very this and that. But then you can tell when some kid bothers her it hurts really well. So just to try to figure out how to say, "No, it's all right. They say that to all the other kids. It's not particularly just you."

CON: Okay. Uh hum.

TCH: So don't take it so personal.

CON: Yeah. Yeah. So how to help her with that.

TCH: How to help her fill her esteem when you have a bunch of four-year-olds, all around saying, "You're no good. I don't like you. You're so bad. We're not playing with you."

CON: Hm. Ok. What about you Virginia, just in terms of the school context?

MTH: In school, I'm very concerned about the aggressive behavior.

CON: Yeah.

MTH: I don't know how to discipline it. I don't know what's going to happen. It doesn't seem she always has a lot of control over it when it does happen.

CON: Uh hum.

MTH: So how do I teach her to think about what she is doing?

CON: Okay. Okay.

MTH: That's a nebulous concept.

CON: Okay. So are you, is she seeing Dr. L. still?

MTH: No. Unfortunately he's completely booked up. And he said it would be a six-month wait list for any kind of psychiatrist. He wanted me to bring her three times a week to a child psychologist, and he said she needed immediate intervention and intensive psychotherapy. Well, that's all very well and good, but it costs a lot of money. And we simply can't. I mean it's simply not affordable at all with the mortgage we have, one income and...

CON: ...And live in a big city.

MTH: Yeah. So if there's any other way I can do it, I simply said to him, like parenting courses. "Well don't frustrate yourself. She needs professional help, but..."

CON: So play therapy. Is that one of the possibilities as well?

MTH: Yeah.

CON: Well, I can look into some, I've done that for other cases. I've tried to find therapy because a lot of people can't afford it. It's an expensive proposition. So I don't know if you'll be interested in trying to find a play therapist. But anyway, we're jumping the gun here.

MTH: Yeah.

CON: I'd like to meet her. And I thought I'd do a couple of observations. And can I speak with Dr. M.?

MTH: Yeah. You can talk to anyone you want. You can talk to her psychiatrist, my psychiatrist. My husband's lost count of how many doctors there are. One day, one of the doctors at the hospital called. He went, "Dr. who?"

CON: Hard to keep track, eh?

MTH: But everything is getting synthesized through my family doctor by the way. I'm sending all the information, all the things pertaining to her to him.

CON: Yeah.

MTH: He's a very nice man. He seems very wise. He does a lot of counselling.

CON: Yeah.

MTH: So I thought this is helpful. My husband and I are actually going one evening to see him just to discuss her and see what's happening. So if somehow he could be involved, I'd like to keep everything directed in one.

CON: Towards him? Okay. Okay.

MTH: Yeah. It makes it easier if you have a focus.

CON: Would it be better if I spoke to him then, instead of Dr.M? Do you think?

MTH: You can speak to both of them. That's probably best. Because she's the

behavioral specialist. He's not a behavioral specialist. He's just helping us manage, coordinate everything.

CON: Okay. And where is Dr. M?

MTH: She's at the Hospital. I have a card for her. I'll just take a look. Dr. M. Here we go.

CON: Okay.

MTH: And this is Andrea, the angel. Looking quite unlike herself.

CON: Oh!

TCH: Very angelic.

MTH: I couldn't believe that photo. I went, "Yeah, right!" [Laughter]

CON: It's a sweetie. She's beautiful.

MTH: To look at a photograph it doesn't look like very much.

SPV: Did you see this picture Sue? Isn't that lovely? She's so angelic. [Laughter]

CON: [Shuffling consent forms for signatures]

TCH: And some of the behavior is just I mean...like Rosa's playing.

SPV: Yeah, Rosa does that sort of thing.

TCH: Rosa is very impulsive like that too. Rosa will yell at you and come over and just grab you or hit you or...

SPV: ...and lick you.

TCH: ...and lick you. Yeah, she just grabbed my hand and licked it. So I mean part of Andrea's behavior is just...

SPV: ...part of it, part of that is we've known kids who have just licked you.

TCH: Yeah, now I had...my son was a dog...

SPV: I used to do it all the time. I bit my sister's booster shot right off. She has a scar.

TCH: Well, like my son was a dog for I don't know...I think he finally gave it up. Occasionally it's only a dog...but he was a dog for two years straight. [Laughter]

MTH: I know, I know most of the time I really do try to take all of this with a sense of humor...I have a horrible sense of humor, but I try to look at everything as just you know, "Well, this is all, this is all just normal." But I don't know...

SPV: But I think her idea of normal is just a little bit more overboard than other peoples. Like for her normal is beyond. [Laughter]
(Case1-Mtg. 1:33-38)

In this segment of the meeting Karin's use of open-ended questions and her collaborative approach to the consultative process also elicited concerns and assessment questions from the supervisor and teacher. They were most interested in obtaining ideas "for handling behaviors that are inappropriate" and for how to "improve her self-esteem". Jane and Sue had listened to Mrs. Wright's full story and Karin's empathic responses. While Karin was busy filling out administrative forms, Jane and Sue followed Karin's lead. They also began to show support and empathy to Mrs. Wright by comparing Andrea's behaviors to the behavior of other impulsive and imaginative children they have known. They assured Mrs. Wright that other children also display aggressive behaviors and pretend that they are animals, but perhaps not to the same extreme that Andrea does with her imaginary friends and imaginary private refuge which she named her "babilege".

Karin ended this meeting by contracting with the mother and teachers that she would observe Andrea both in the preschool setting and at home. Administrative tasks were completed. Since developmental assessments had already been prepared she asked for and obtained permission to review a copy of the assessment report from the doctor. Appropriate release of information forms were signed by the mother. Dates for observations in the preschool and for

future meetings to develop an action plan were discussed. In addition, Karin also questioned if this process was acceptable to everybody present. In doing this she acknowledged the participants' need to maintain control over the process and checked for any feelings of vulnerability or intrusion into their territory. Since all was acceptable to the participants the meeting ended.

During the next three meetings child and family assessments were done to get a complete understanding of the child's behaviors and reactions. Karin observed Andrea in the preschool, observed her interacting with her mother and brother at home, and then returned to the preschool. These opportunities allowed her to establish a strong rapport with Andrea who seemed to enjoy the individual attention of her new adult friend. Again, in both these settings Karin's main techniques were to actively listen and to observe while preschool and family activities were carried out around her.

+ serving snack at the preschool camp

CON: Well, Andrea seems to be having a good day.

TCH: Yeah. We've found she's a lot better with the kids than,

CON: Than you thought.

TCH: Than we thought. Like before she was only here with three, but she seems to be working very well with the larger group.

CON: Good.

TCH: They compared the first week, I think she was running, running away a bit and disappearing, but, last week she was good. We had her one day over lunch and she was really good. Just like a four -year- old. It was amazing. Today I heard in the pool that she runs away in the pool so I was like, ahhhh!! But she was in the second group.

CON: Well, her mom, I talked to her mom last week and she said that Andrea was doing better at home.

TCH: Really?

CON: Yeah, or at least she said that she was having a good day that day. She said she thought maybe she was maturing a bit.

TCH: I think it helps like to have her with a lot more kids.

CON: Yeah, yeah.

TCH: Cause she's really different during groups. She's happy with the --- And I had her and Richard and it was just ----

CON: Yeah.

TCH: So what do you do? You just watch them and...

CON: Yeah, basically. Like just, I try not to get, you know participate too much cause I want to see her sort of under normal conditions but, ---

+ Children playing.

(Case 1 - Mtg. 2:1-2)

As Karin described, her intent in this first observation of Andrea in the preschool was "not to participate too much because I want to see her sort of under normal conditions." But as the visit proceeded, Karin found herself interacting in Andrea's play rather than maintaining the arm's length approach to observational assessment that she had desired.

Two immediate issues continued to be repeated in the home visit. First, Mrs. Wright expressed concern about her lack of skill in applying appropriate child guidance techniques.

CLD: My babilege changed colours.

CON: Does it?

CLD: Uh hum. I'll show you when we get out my babilege.

CON: Okay. Can I sit and talk to your mom just for a minute?

CLD: Yeah, just sit right there.

CON: Okay. How about I sit there, 'cause then it, 'cause then I can hear a little bit better.

CLD: You can sit right there.

CON: Yeah. So how are things going?

CLD: I'll give you a pillow.

MTH: Pretty better.

CON: Yeah, yeah, hum.

MTH: I think so. Yeah.

CLD: Here's a pillow for you.

CON: Oh, thank you Andrea . Boy. Thank you.

MTH: We've been trying as much as possible to...

CLD: You're welcome.

MTH: ...not jump up on everything.

CON: Yeah, yeah.

MTH: To see a naughty thing and trying to be a little more redirecting. And I'm talking to Jane a lot and getting ideas from her because she has so much experience with kids.

CON: With kids, yeah.

MTH: Um, the other day she was in here for a minute alone with Taylor. And she took the bowl and stuck it on his head and then on hers. And I came in and I...aahhh!

CLD: We have a black pillow, but I don't know where that black pillow is...There is the black pillow over there [spoken over mother's talk].

MTH: Andrea , just a minute please dear. I'm trying to talk to the lady, ok? You'll have your turn in a sec, ok? Um, and so, immediately, you know, she has an excuse, she says, "Well I'm making sticky porridge imprints."

CON: [Laughs]

MTH: There they were, they were, you know, blopping on the floor with their heads, right.

CON: Yeah, yeah.

MTH: And Jane said, "Well." So I, I laughed actually, I have to admit. [Laughs]

CLD: Ha ha! I was playing with sticky porridge.

CON: You were.

MTH: I know. You were very funny.

CLD: [Giggling and screaming]

MTH: And Jane said you should be...ok simmer down for a minute...I know you're...[two children laughing and screaming]

CLD: That was so funny.

MTH: It was very funny.

CON: He's a funny guy, eh?

CLD: Very funny, very Taylor to bonk me.

CON: Yeah. [Laughs]

MTH: Just a minute. Um, but as I was saying, I'm always trying to ask her for some good ideas.

CON: Yeah, yeah, that's a good idea.

MTH: Or maybe give her a time and place where she can make some sticky porridge imprints and/or redirect it - another friend suggested, you know, if she really wants to make prints and things, say well, let's not use our heads but let's do it with sponges, or something, you know what I mean?

CON: Yeah, yeah. Uh hum.

MTH: Like trying to make sense of her ideas rather than -

CON: Yeah, yeah.

MTH: Because I don't really think, I don't really think a lot of what she does is deliberately naughty.

CON: No.

MTH: She just has ideas that -

CON: Yeah. Uh hum.

MTH: Some people wouldn't think of maybe. And um, and I, and I, um - [la bah...la bah...la bah bah...baby noises in background]

CON: Well that's good ideas, to just maybe plan a bit more and ask,

MTH: Yeah, like I try to give her choice and she chooses her clothes - on Wednesday I let her wear a dress because it's not a school day and...

CON: Yeah.

MTH: But she usually gets herself dressed in the morning and I usually ask her what she wants for supper every night, and I try to accommodate her in that respect. I try to give her more choices instead of dictating everything.

CON: Yeah.

+ Baby noises in background...

MTH: I do find it's easy to be too controlling with a child like this because she's - shh...just a minute sweetie - can you just be quiet for just a sec - ok, please - because she is very active.

CON: Uh hum, uh hum.

MTH: [Laughs] And [aside to baby] but really trying to reinforce all the things that are, out of bounds and naughty behavior, but I do notice that she has been coming into our bed a lot at night and she never ever used to do that before. In fact, up until two months ago she used to - until she met Leanne, when she was just after

three - we actually had to lock the door, well you know one of those children's things on the inside of the door because if she got up at night she'd just wander through the house. She wouldn't come into us at all, it was like "Bye Andrea, see you later." [Laughs]

CON: [Laughs] Yeah.

MTH: But now we've moved Taylor to his own room on the same floor. He used to sleep with us as she did when she was a baby so we could nurse through the night. She seemed - that seems to have made a big, big difference, and now I go to him and so I have another mattress on the floor so if he needs to nurse, I go nurse him in the room. And immediately she said, "Oh you know, now I'm sort of, now I can go sleep with mommy and dad", which she does almost every night. And my husband's not thrilled about it, but I'm really happy, I mean, to me...

CON: It's a nice change -

MTH: To me, having her come in and snuggle beside me - I wake up and sometimes she's there and sometimes in the morning she wakes up and she looks at me and says, "I love you mommy." I mean like -

CON: Aaahhhh.

MTH: I just love this, so I mean, to me, it makes it much easier to be more patient and all that stuff when you're getting something back.

CON: Positive back, yeah.

MTH: That's right. So I'm really trying to reinforce this stuff -

CON: Yeah. Right.

MTH: I'm going to be getting the letter from Dr. L. and, he explained this in general, but I asked for a copy of that actual letter and...

CON: The letter that he wrote to -

MTH: Dr. M and Dr. G.

CON: Right, right. This was his assessment of -

MTH: Yeah, right. And he said that was fine, and he had such good analysis, I think, of the situation, well not that I know every specific detail...

CON: Yeah, yeah.

MTH: Maybe I won't be thrilled, but you know what I mean, I'm only human, but, I've been using some of the things he talked about in there, like sort of self-esteem, and all that sort of stuff - ooh, and hypersensitivity. I hadn't even realized that I...

CON: Yeah, yeah.

MTH: You know, I've always been hypersensitive about it and then not even thinking about that in a child [child's humming keeps getting louder and louder].

CON: Yeah.

MTH: And I think of just jumping all the time because this activity can be weary.

CON: Yeah, yeah.

MTH: By the end of the day, I'm like, exhausted, yeah, I'm exhausted. There's a constant sort of activity thing and I'm hopeful that something will help, anything organized it really helped us a lot.

CON: Yeah. Were you finding - did you hear from Jane that she seems to be doing well at school?

MTH: Yeah.

CON: Yeah.

MTH: That really helps.

CON: That everybody was worried that maybe a larger group would be hard on her but it seems to be -

MTH: But it seems to be, yeah, my mother really is gratified, keeps saying that, you know, peer pressure really helps molding them, and my sister who is not a clinical psychologist but an educational researcher - she's, she's very much, you know, you leave them at school and they become, you know, appropriate behavior gets sort of molded into them a little bit.

CON: Yeah, yeah.

MTH: Um.

CLD: I'm wearing...

CON: They're different.

CLD: They're like that one - these.

MTH: I've been reading that awful book about children without a...[indiscernible] They keep saying, "Oh, maybe she's"...

CON: No you're not. You don't need that kind of information.

MTH: No, and I look at it and I go well, you know -

CON: No, 'cause she can, she can empathize, right? I mean -

MTH: She empathizes, she shows affection and...

CON: Yeah. Okay.

MTH: So in some ways it's being reassured. In some ways I think, oh, well there were tendencies, in some ways, that I have watched.

CLD: One, two, three, clap.

MTH: Oh baby, you're doing beautifully.

CON: Yeah. [Laughs] Yeah, some of that information is hard to read. I mean, you can really get off on the wrong track sometimes too, you know? Certainly -

MTH: Baby don't touch that because it might break ok?

CON: I know she was having a good day yesterday, but I certainly saw a little girl who was fitting in really well. In fact she extends things, so some of the kids would just do what was required, but Andrea would take it farther and do more and it takes her longer to do things but I think that's 'cause she's doing more, you know. [Laughs]

+ Karin interacts with Andrea and then continues with Mother

MTH: Some of the things are resolving themselves -

CON: That's great - [loud screaming from child]

MTH: Sh sh sh...Some of it, - I think part of it is just discipline, that we are using, and uh -

CLD: He drew on two of my crayons. You're not allowed to have them. He's taking those two crayons...I want those [crying] Give me. He's taking my crayons.

MTH: Hey, hey...

CON: Andrea , why don't you take your favorite colors and maybe Taylor can have the rest, ok? Which ones are your favorite?

CLD: I want you to pick the colors.

CON: Do you like red?

CLD: I like green.

CON: Green? Yeah, you do like green. Your mommy told me that. There's green. Do you like blue?

CLD: I already got that one out.

MTH: Every time I try to set a limit she has an excuse why this can't be so, and goes on and on and on. And uh -

CON: Yeah, I think 'cause she's so verbal, you know, she's so capable in that area...

MTH: It's nice, but I -

CON: Yeah -

MTH: You know, I come to a point where you go to say, "No, you can't do that. And why? Because I said so", you know. But I, I, uh, think well that's -

CON: Yeah.

MTH: Not the way I want to be dealing with...

CON: Yeah. [Laughs] 'Cause I'm the grown-up. [Laughs]

MTH: 'Cause I'm the grown-up and I'm the boss, and actually use that, "Well I'm the boss" [laughing].

CON: I know.

MTH: And uh, 'cause I mean sometimes, like I can appreciate that the reasoning that she comes up with is quite creative, and sort of funny lots of times -

CON: Yeah, yeah.

+ Child yelling over voices

MTH: But uh, one night she's saying, I told her to get on the stairs and immediately she turned into a frog and she said, "Urgh", I said...she says, well, you know, she's a frog, and frogs can't go up the stairs, and I said "Why not?" and she said, "Because frogs can't reach the door handle," right?

CON: Yeah.

MTH: And I told her well, she better hop up high and, you know, open it, right? But sometimes I can think of a response to get her do it -

CON: To play along.

MTH: To play along -

CON: Yes, yeah, uh hum.

MTH: But it's very weary because it's not just a response like that for one thing, it's a response like that for everything.

CLD: You write your name. It's a map for you.

CON: Yeah, yeah.

+ Child talking over this conversation

CLD: It's a map for you.

MTH: And I'm a bit concerned that if the teacher's too rigid, in sort of expectations sort of thing, sort of saying do this and she's gonna say, "But I can't because of this and this and this and this."

+ Karin interacts with Andrea and then turns to mother

MTH: So um, like when I deal with professionals like you, you know how to deal with

her and well fine. And I go to other agencies and they talk to her that way, and of course, you know, she's being cooperative...

CON: She's pretty cooperative. Yeah, she was at school, too.

CLD: It's one minute.

MTH: It's other places, in the stores and everything and it's like, people say "no" to her immediately...It's like all hell breaks loose kind of thing and I'm like, "Aahhhhh!", and everybody has to be pussy footing around all the time, and people just in general don't feel like that it's fine for all the people who are La Leche League affiliated and all this sort of stuff, and you say, "Oh, that must make you feel bad Andrea...dah dah dah dah."

CON: [Laughs]

MTH: But there are times and places where you have to just say "No" and then...

CON: Yeah, yeah, I know, I know. Yeah.

MTH: ...This and this and this.

CON: I think those are probably things that most parents deal with - And if you have a child who is fairly creative or high strung or however you want to describe it - although the creativity is a positive thing, actually the one put together, I think it's a very positive thing, but you do tend to not set the limits as strongly because of the reaction that you get, and I know that's tough with parents who are trying to set limits or change things, because you have to deal with that immediately. It's almost as though it gets worse before it gets better.

(Case1-Mtg.3:1-16)

Mrs. Wright's second concern centred around placing Andrea in junior kindergarten in September. She was uncertain how Andrea would react to the expectations of a structured junior kindergarten setting. She was concerned that Andrea's behaviors would not be understood by a teacher and that she would require a specialized treatment centre.

MTH: It's hard to know whether she's had too much attention...or whether a school situation is going to be better - one that is stricter and a bigger classroom or one where they're going to pander to her.

CON: Yeah, yeah. Well maybe those are things - maybe that's partly what I could do, too Virginia, is we could kind of plan for next year, too, and sort of look at how you want to introduce her to the teacher and what you think might be the best way to sort of handle her, be with her, whatever. I mean that might be partly what I could do.

MTH: Yeah, that's what I'm wondering about, because you know, in a way, I think she has a very, very special gift. I think that her creativity is amazing.

CON: Yeah, yeah, and you wouldn't want to suppress, suppress that, or -

MTH: I really don't want someone that says, "No, no, no."

CON: Yes, yes, I agree.

(Case1-Mtg.3:25-26)

Karin listened attentively to Mrs. Wright's concerns. But during this visit when Mrs. Wright expressed concern about her ability to guide Andrea's inappropriate behaviors, Karin explored few solutions with her. Rather, when Andrea demanded attention from the adults or came into conflict with her brother, Karin modeled for mother positive child guidance strategies: "Andrea, why don't you take your favorite colors and maybe Taylor can have the rest." Mrs. Wright also alluded several times to the fact that her "husband's not thrilled" with Andrea sleeping in their bed, but Karin kept the discussion very child-focused and did not encourage Mrs. Wright to explore this issue further.

Karin shared with mother information from her observations of Andrea in the summer camp. Karin assured Mrs. Wright that Andrea "seems to be doing well at school." This feedback about Andrea described her as a preschooler with highly creative talents that "you wouldn't want to suppress." Further support was offered to Virginia Wright in planning for Andrea's entry into school. Karin suggested looking for the most appropriate setting and to "look at how you want to introduce her to the teacher."

Mrs. Wright, however, continued to describe Andrea's behavior from a neuro-psychological perspective in spite of Karin's attempts to reframe Andrea's behavior as imaginary and creative. Mother was concerned that Andrea's development was similar to that of her own siblings.

MTH: ...he [Mrs. Wright's brother] does a lot better at taking antidepressants. My sister's taking Prozac now. I mean obviously there's something genetic there that I, I sometimes wonder if she [Andrea] would be better off on Prozac. My doctor - family physician - thinks that it's a biochemical thing, too. And it's, a bit of the impulse control - and I thought with low serotonin almost, but he says it's such a modern thing in medicine, even Prozac for adults has been just so recent.

CON: Yes.

MTH: They haven't done enough studies yet to test its safety and all that sort of stuff with children.

CON: Yes, yes, I know. And also it is a, it is a drug, it might change how she perc - just how she deals with the world and how she - You don't really wanna sort of medicate a child. I would hesitate to do that.

MTH: Although, mind you it doesn't affect your thinking. It, it doesn't change anything - all it does is it, it basically for me, it restores me to myself. It just makes me, [laughs], it just makes me myself. I tune out -

CON: It tunes out, tunes out some of the, sort of, stuff that normally causes anxiety, or -

MTH: Well, no, not really.

CON: No?

MTH: It's not a tranquillizer at all.

CON: No.

MTH: What it does is it blocks the release of serotonin from the brain, right, which is a neurotransmitter and all this sort of stuff.

CON: Yeah.

MTH: ...but if you start reading about it, it's fascinating what they found, like the universal symptoms with low serotonin, brain serotonin, and impulse control is one of the...in fact they treat bulimics with Prozac. They're finding that it, like, really strong carbohydrate urges in people, women who have bad PMS, finding that they have low serotonin levels.

CON: So it actually cuts down on the -

MTH: It actually increases the levels of serotonin in the brain. Now a lot of these anti-depressants...

CON: Which is a neurotransmitter. Is serotonin - I'm sorry, I don't know a lot about this.

MTH: I don't know a lot about it either, but believe me, when you have a problem and you start reading as much as you can you get your hands on it -

CON: So it's worth... the transmission are more effective?

MTH: Yes, yes, yes, yes. All those, neuro - all the uh, anti-depressants - they work in different ways and there's so many theories, they're not exactly sure because you can't measure things like that in the brain, exactly.

CON: Yes, yes.

MTH: They can take spinal fluid measurements but, uh, serotonin - they can't take a blood sample and measure your serotonin levels because food, tryptophan in the food, right, which affects the serotonin levels. But when you start reading about it and you go, Whoa, these are universal things that everybody, like everybody that goes through major depression has the same thoughts, like you're thinking, an obsessive-compulsive disorder - they link that now to low serotonin levels, you know. Touch things ten times to protect you from the evil things that are coming.

CON: Right.

MTH: And when I was a kid, I just thought, well this is my magic little ritual, nobody else needs to know about it. I mean it didn't ever really interfere with my life -

CON: Yeah.

MTH: But when you start realizing that there's millions of other people there who have exactly the same thoughts for the same reasons, you go, "There's gotta be something to this."

CON: Uh hum, uh hum.

MTH: And it's a fascinating area of study. And this is all so recent that they're finding this out, that -

CON: Wow, wow.

MTH: It's um, but I, I truly and sincerely believe that there are psychological implications for all this. Yes, you can have a biochemical disorder, but it doesn't mean that you, you accept that and go, "Oh yes, I have a biochemical disorder."

CON: You also have behavioral things. Yeah, yeah.

MTH: You have behavioral things, too. Yes, of course. I deal with a psychologist - he's my therapist.

CON: Yes, well that's, that's good, too. That's a good balance.
(Case 1-Mtg.3:30-34)

Karin used her next visit to the summer camp to gather more information from the teachers and to share her observations with them. This took place both during outdoor play and at the lunch table while the teachers were supervising activities. This made it difficult to speak in a meaningful and open manner since they were constantly being interrupted by the children around them. However, Karin understands that this is the reality within early childhood settings and Karin was flexible in adapting to this setting and its demands. Time and scheduling does not permit for daily staff meetings and planning sessions and so consultation often is seemingly accomplished "on the go".

+ Aside to teacher beside lunch table

CON: Well I said that to Virginia. I just said well maybe this means that she'll do okay in school, I did. But, Virginia's really concerned about how she'll fit in in kindergarten, you know regular kindergarten. But I said this might mean she'll do okay.

TCH: Yeah...the other day...

CON: Yeah, what happened with that girl? What were they doing?

TCH: She immediately left the entire group... and she was playing with us and doing really well, you know, and listening and stuff, and all of a sudden she and Leanne were just off by themselves, rolling all over the place and going, "You're my best friend". You know, Leanne saying, "You're my best friend". Leanne just took her over.

CON: Right.

TCH: As Paula said, she thinks Leanne instigates a lot of it.

CON: Yeah? Who's there?

CLD: Panama, a panama.

CON: Panama who?

CLD: Panama apple me you.

CON: Haa. Good one.

TCH: Even when we went to the gym, I mean, she was still playing in the gym and Leanne wanted her.

CON: Oh.

TCH: And she said, "No, no come with us. Come with me. Let's go play over here." And we're going, "No, Andrea, we're gonna do things, and we're all gonna do it together."

CON: Uh hum. Uh hum.

TCH: You know, but then Andrea, Andrea did come with us and stayed here and played with the other kids and...

CON: It was okay, she kind of adjusted to it.

TCH: She adjusted to it. But when she first saw her it was like, "Yeah!"

CON: Yeah. [laughs]

TCH: I'm amazed at how much better she is, like with a bunch of kids, in a larger social

diversity than she is in just small, smaller groups.

CON: Yeah. Yeah.

TCH: She knows she has someone to talk to.....Yes, yes Andrea.
(Case1 - Mtg.4:15-17)

Andrea's teachers had seen a great improvement in her behavior. Except for a few setbacks when she interacted aggressively with particular children, she was much more involved in appropriate social interactions with her peers and in participating in group activities. Andrea engaged in many dramatic role-playing and creative art activities during the day. While involved in this play Karin further gained Andrea's trust by entering and participating in her very rich fantasy world. This day provided an important experience for Sue in the process of personal change. When I later interviewed Sue, she reflected that it was very helpful for her to be able to observe Karin interact with Andrea in play. Sue was amazed at how much longer Andrea would attend to these activities than the other children who quickly moved from one activity to another.

INT: What were you trying to accomplish with her?

TCH: We were trying to get her to start - she was very, very, very individual and had her very strong personal ideas about how she would act in preschool, so basically I - we had to integrate her into part of the group because it was extremely large - we'd gone from - she'd gone from a group of three to a group of fifteen I think. At one point we had twenty-three kids and we broke it down into two groups so suddenly she was in a group of eleven or twelve kids, so she had to integrate herself because we couldn't - to watch her and then ten other kids who hadn't been to our preschool before - some of them had but some of them were just there for the summer. We had - I had [laughs] to integrate her really fast.

INT: Uh hum.

TCH: But she did amazingly well. And she went from being a very individual child with a lot of, sort of conflicting problems with the other two kids who she'd been with and a lot of energy and a lot of balancing too. She just smoothed out somehow and fit herself into the group and did what we did. And I had been warned that

during the swimming time she would be running off and just disappear and give me a really hard time. When we took her swimming she was like, doing everything we asked her to do. She listened, and cooperated. It was just amazing - the change.

INT: What steps did you take that you think assisted her in making those adjustments and reaching that goal?

TCH: I think at the very beginning we would, the other woman in the group, Paula and I, we would just take her as a one on one and then -

INT: So you would take turns with her?

TCH: We would take turns with her because we were warned about her -That she would give us a hard time and what we found is that she had - the children who were in the group who were her age and slightly older - so what would happen is that they would - they didn't put up with a lot of crap from her. They wouldn't - if somebody ran off they'd sort of go "Well, you know, you have to be part of this, you can't do this." So we would take her as a one on one and then we would just say - get her calmed down enough and then bring her into the group of kids that we had with us. And they would sort of keep track of her and we would keep track of her and we'd say "Look it, you know, this is what we're doing. This is our time to do it in. We have to do it now, and sort of you have to come with us." And she'd go, and after about the second day she'd say "Ok".

INT: So it was setting very clear expectations -

TCH: Yeah, just letting her know that this is what we had to do and this was the time, and if she didn't want to do it then, she could stay in the class with the other kids, but she sort of would, she wanted to come to what we were doing, and I think she had felt that it was easier for her to be in a wider social setting -Than it was to be in this group of very intense individual children, to just be in a larger setting where there was a lot going on. She seemed to fit in quite well.

INT: Good. What professionals around you had some role in helping you make these adjustments?

TCH: Well we had Karin.

INT: Yes. Can you describe how that assisted you?

TCH: I think Karin came and spent a lot of time with her. I think in the beginning - the times that she came - she would come and sit with her and there would be -

there'd be a lot of individual attention, a lot of one on one, and then we would say "Well, you know, now that you have your friend here and she's watching you -", 'cause she sort of bonded very well to Karin [laughs], it's like "this is my new friend" - you know - "I want to show off for her." So we sort of took advantage of that saying, "Ok, well if you want to show Karin what you're doing, why don't you come over here, and this is what we're doing." And she would do it. And then Karin had some really helpful suggestions on how to sort of calm her down a bit because she was pretty wild.

INT: Such as?

TCH: Well she would say, "Tell her that - give her some pieces of paper and let her do some art. Let her sit out a bit" - "spend the time with her individually. Let her know her limits." So I set clear limits for her. And we found that worked the best, just to say, "This is what we're doing, this is the time we're doing it in, if you want to act up then you can't. I'm sorry. You know it's not going to work today. If you want to act up then we'll just leave you with this other group in the classroom and you'll just be doing the same thing the whole morning. And you won't get any change or any differences. And if you want to go outside, you have to be outside with us, you have to be safe." So Karin was sort of stressing, just to give her - to set the goals, set the limits - and if she decided to go off and do something else to say, "Well, it's not, not really right now. I'm sorry, you can do that when your mom comes."

INT: That's good. Any other approaches that Karin used that were helpful to you?

TCH: What else did she do? [Pause] I guess, one of the other things she told us to do was to, she would sit and talk to her and sort of listen to what she had to say, but we, we found a lot of the stuff that her, we found some of the things that her mom had said that she didn't do to us. So Karin was saying, well that's probably a possibility because - and I think we've noticed that before. Children act a lot differently when their mother's around, or their mother's get a lot of different behavior at home than they do when the child goes to preschool or school setting. So Karin was saying just be on the watch for this. She could act this way, but this is probably something she does to her mom. We were going, "Yeah, I think so."

INT: So it was some of the information that she was able to share with you about the family -

TCH: Yeah, about the family situation -

INT: ...interaction at this point. Good. Was there one particular interaction with Karin, that impacted on you more than the others, that you can remember?

TCH: I think the funniest one was when I think we were doing drawing with food or painting, and Andrea was [laughs], Karin was sitting and sitting and sitting with Andrea, and all the other kids were sort of like smeared one thing, one color on the paper, or two colors on the paper and then they took off because they wanted to go outside, or there was something else they wanted to do. But Andrea sat there and used every single color, and Karin just sat there and spent the time with her doing it, and Andrea's like, going through all the colors, painting with her hand, painting with her elbows, just being extremely creative and Karin's going, "This is amazing, you know, this child is so creative." Because other children would just be going slap, slap, "I'm outa here. I'm finished." But she is so, she concentrates really well and is really intense. But I just thought it was amazing that....Karin and Andrea had spent the time together, just creating this little masterpiece in one corner of our mural, and it was sort of like this, you know, a kid's mural until you got to the end where it was sort of like, this very adult, very thought out extremely colorful art.

INT: So what did that tell you about working with Andrea?

TCH: Oh, I think she's ex...I mean I was told she couldn't concentrate. She was really jumpy, that she could not sit in one place that she didn't have the time, she would just be hyper, hyper, hyper - this is what I'd been told, she was wild and you couldn't stop her and the first time I met her she was like that. She just whipped from one place to another. But, to see her sit and be so intense and concentrate so hard, I'm sort of, well this child has a lot of talent and is very creative. She may not be able to express herself extremely well in a social setting, but to sit her down in a creative setting, I'm just amazed at the ability she had to spend the time to create something like that.

INT: Were you able to use that later on as well?

TCH: Yeah, that was one of our ways of, I guess, sort of rewarding her when she did something well.

INT: Uh hum.

TCH: ...that was one of the things she really liked so when we had, the days we had Andrea, I'd make sure there was an art activity that was really something she could spend time with. And we'd give her the extra time because we knew she really liked that. So it's sort of like allowing her to do something she really liked, and then we'd say, "Well, you know, you've done that now let's go swimming." - you know, or - "let's go to the gym, or let's go upstairs and go and do circle time." And even at circle time we would write stories and she was participating in the stories and coming up with brilliant ideas and very thoughtful, very mature... and

as I said I was told that this child was very immature, very hyper, very wild, couldn't be put down anywhere without her just leaping up and to get her to sit I thought was a big accomplishment and to see that she was able to do it. And as the sum - the time progressed there she got better and better, and she'd be one of the kids who would be sitting over by the paper and, and giving me ideas and very thoughtful, insightful ideas for a story which I thought were more mature than a four-year-old should.

INT: So it was finding the activities that really interested this child and using them -

TCH: Yeah, that helped us a lot. Because, I mean, it was just..Paula and I would say, "This is not the Andrea we had been told about."

(Case1-Int.T01:6-12)

In speaking with Sue it became clear to me that Karin's interventions at this point had created a pivotal change experience for Sue. Karin had gained Sue's trust and now used the opportunity to reframe the teacher's perceptions of Andrea's behavior from that of a disruptive child who would paint her own hands and everything else if given the chance, to that of a highly creative and imaginative child who enjoyed exploring with all her senses. Karin's perceptions of this change experience were further elaborated on during our interview.

CON: I remember talking about her art work and things that the mother had identified as being sort of odd, I saw as being the sign of creativity and imagination. Just the way she used paint. She wanted to use every color that was available to her whereas the other children, most of them would just use one color, and you know they were doing a mural. So we talked about that, about how using all those colors, and it - made her take longer so that it became a bit of a behavior issue because it took her that much longer and she wasn't following immediately with the group. But they gave her a lot of leeway though. I'm not suggesting that they didn't get to her. But we talked about that in terms of creativity and not mental illness. So I think it was a series of little things like that where we would, I started to see her as a normal child really in a lot of ways. But having, maybe having some strengths there.

INT: So you seem to be saying that you started to reframe the situation for the teacher -That this child was not mentally ill, emotionally unhealthy, but actually a healthy child, and a very creative child -

CON: Yes, yes.

INT: ...which reframed it in a more typical aspect for the teacher to begin to view her in that way. And this happened over a series of situations?

CON: Yes. Yeah, that one stands out, but yeah, I would think there were a number of things.

INT: ...And do you remember what you said at the time or how you said it?

CON: I think I talked to the child. I found it was hard to be, it was hard to observe because she, she knew I was there for her basically and she would be drawn to me and we'd spend a lot of time together. So it was [laughs], was hard to have her around, to actually observe her in her environment, which is also a bit of a dilemma. But I talked to the child and gave her - and it was helpful to have me there because then I, they would, they could sort of use me as an extra pair of hands really so I could help her make sure that she didn't get paint all over everything. And I could kind of, we could get her all the things that she needed. I think we talked about it afterwards, and I just said, "You know, it's interesting, she seems to be very creative, she wants to use all of the colors and experiment and really expand." That's what I talked about - her expanding the idea. The other children would use just the one color and do their little spot whereas she was going all over and using all the colors and she wanted to, she took it from a small idea to a big idea.

INT: And after you noticed these things in several different ways to the teachers, how did they react?

CON: [Pauses] I think maybe by relaxing a little bit - to relax. Because the behaviors were bizarre - the ones that they identified were bizarre. And so everybody was getting worked up about what was wrong with this child. So I think they were able to relax a bit.

(Case1 - Int:C01:17-19)

During this play Karin was able to model for the teachers how to respond to Andrea and her creative talents and to respond with clear "I" messages when Andrea displayed behaviors that were too controlling and demanding of the adults' attention. She also assisted Andrea in gaining skills for socializing with her peers. But in interacting with Andrea in the classroom, Karin noted it was difficult "to actually observe her in her environment." Karin identified this as a dilemma

of her consultation. At what point do her interactions interfere with her ability to unobtrusively observe the child and the environment? This is a central issue for Karin as a consultant.

In their fifth and final consultation session all participants Karin, Jane, Sue, and Virginia Wright came together again in the preschool at the end of the camp day. Mrs. Wright described the psychiatrist's report which viewed Andrea as a hypersensitive child with low self-esteem, but as being capable of controlling her behavioral reactions. This seemed to have calmed mother's initial fears that these behaviors were due to an inherited organic disorder. She also noted that she was beginning to be more assertive in establishing and following through with clear expectations and limits for Andrea.

Sue was also pleased with Andrea's increased ability to join group activities as seen in her participation in the pool. She noted:

TCH: The days I had her swimming, from what I'd heard I was going, "OK, she's just going to be terrible." But she was just like the others....She's in the group, she's asking for certain songs, she's asking to be in the circle, she was jumping in like everybody else and she just got out and lined up.

(Case 1-Mtg. 5:10)

Karin also offered feedback about the behaviors she had observed. Karin described how Andrea had difficulty effectively interacting with peers and how she depended on her excellent language skills to control the responses of others. Karin stated that Andrea's greatest strength was in being imaginative and creative.

CON: I just thought I would just talk about some of the things that I observed and then maybe we could talk about some recommendations and I did write up some program planning ideas...then probably we can do a bit of brainstorming. I'll just tell you what I saw in my observations with - that she's a normal child. She certainly has the ability and the capacity. She came across as quite a normal child, she just didn't really stand out. She was playing I think, fairly solitarily and I thought maybe that was something that we would like to work on just to

encourage her to play with other children. But it sounds like she's already starting to do that.

SPV: She's starting to do that.

TCH: She's starting to do that on her own.

CON: Yeah, yeah.

TCH: But you know, if that was encouraged that would be good.

CON: Uh hum. Uh hum.

TCH: Like get her a little play date. Like, sort of take her out to a larger group of kids and integrate her, or put her in a class or something, or just -

MTH: School - in September.

TCH: Well school. I mean if somebody could get her away from one on one

MTH: Yeah, mostly I've been doing one on one with friends and stuff with one other child.

CON: Yeah, yeah.

SPV: That's good.

CON: The other thing is just that she used her language skills sometimes to distract people from what she was doing so, I thought that was, I mean she's highly skilled in that area. She seems to be, have tremendous abilities and tremendous imagination and all that, but it's something that she's learned, I think, to distract people from what she's actually doing.

MTH: Yes [laughs].

CON: She certainly has an ability to focus and concentrate and expand on an activity. I noticed that it sometimes takes her longer to finish things than the other children because she really takes it further... She'll do it a little bit more. And the painting the mural - she used all the colors, she wanted to use all the colors and the other kids would just use one. So she ended up painting long after everybody else was finished [laughs], she has the ability to concentrate and focus.

MTH: She's not hyperactive. I have been told now, by a few people -

CON: I know, I know.

MTH: I had a sneaking suspicion...

TCH: No, not at all.

CON: She liked to participate in the group but I also noticed that she likes to play on her own. I think it made a difference having me there though because I was sort of available to her so she would draw me into playing different things.

TCH: Yeah.

CON: That, that I think it wasn't totally an objective observation in that sense. Uh, just a wonderful imagination, which I think is, seems appropriate for her age. I don't think it's overly -

TCH: Yeah.

CON: And I think it's really, that's what three-year-olds, almost four-year-olds are into, you know.

+ Everybody laughs.

(Case1 - Mtg5:14-17)

Karin reviewed her observations with the staff and the mother using clear and concise language. After each participant had an opportunity to offer feedback, the discussion that ensued about Andrea was dynamic and forthcoming. It assisted everyone in gaining awareness of and sharing understandings about Andrea's behavior. Since they were developing similar insights and formulating new assumptions about Andrea they were each empowered to rethink and change their personal responses towards her. This was enhanced by Karin's discussing the importance of establishing limits and clear expectations for Andrea while still allowing her appropriate choices.

Karin then facilitated collaborative brainstorming and problem solving with the group. Goals for Andrea were suggested by Karin and strategies to assist Andrea in meeting these goals

were suggested by all participants. Karin was also prepared with programming strategies based on the types of sensory tactile experiences that Andrea particularly enjoyed. These suggestions were put forth as possibilities to be considered without imposing them on the others.

CON: I wrote down a few things that I thought she was interested in. Well, food obviously. Painting. Colors. Words...any kind of tactile thing like clay or goop. Cooking. Those kind of activities that we just allow her to be, to express herself that way because she really seems to enjoy that and it's a real focus for her so that's the kind of activities. Is there anything else that you can think of that she really likes?

MTH: Do you mind if I write those down, just -

CON: No. Well I could go and photocopy this for you.

MTH: Who put garbage at the top? [laughing] Somebody might misinterpret this...I wonder if [laughing] -

CON: Well you know how Andrea is about things that are forbidden. I just thought it might be fun if you could plan an activity - just talking about something that is sort of, off, off the beaten track, or -

MTH: Yes, this child finds a lot of things off the beaten track [laughing].

CON: So anyway, I just put that at the top. Well just around ecology or recycling.

SPV: We're actually gonna have a garbage day. A clean up the park day.

CON: Oh yeah? She might get into that.

TCH: Being outside, being outside.

CON: Yes, she's very physical, isn't she?

TCH: Yeah.

CON: In the gym, she -

TCH: But also in the housekeeping area she can play for hours with the stuff, getting things out, washing the dishes and...

CON: Sort of role playing games.

TCH: Yeah, she likes to play baby, too.

(Case1 - Mtg.5:28-29)

When Mrs. Wright diverted the discussion back to her own personal insecurities, Karin recommended a resource book that she could read on parenting. At this meeting Karin did not delve into Mrs. Wright's personal concerns such as her expressed need to be a "perfect Mom" , the conflict within her marriage, or her feelings of isolation in coping with two young children. Karin was aware that she was receiving counselling about these issues from other sources and kept the discussion child-focused.

The meeting and consultation ended with a positive sense that mother was establishing a new relationship with her daughter and that Sue had developed a new sense of efficacy in her ability to assist children with exceptional behavioral needs.

Teacher Issues

During my interview with Sue, three primary themes began to repeat themselves in her responses. The three themes relate to motivational factors which influenced her intention to change her teaching behaviors to include Andrea in the program. The first refers to contextual factors within the preschool centre that support inclusion. The second issue refers to teacher attitudes about the inclusion of a particular child. The third theme relates to teacher efficacy.

Contextual Factors

The ability of a teacher to incorporate children with diverse needs is influenced by a variety of factors that impact on the early childhood setting and set a context for change. Consideration of teacher job satisfaction, group size, teacher-child ratios, staff development opportunities, and administrative leadership at Sloan Park assisted me in understanding the context of change from Sue's phenomenological perspective.

There is an open, collegial, and supportive environment at Sloan Park. This creates a high level of teacher satisfaction on the job. Sue, who has worked for five years in a variety of early childhood settings noted to me:

TCH: Of all the places I've worked I like Sloan Park the best because I guess it's very small And here there's a lot of kid involvement, a lot of sibling involvement, and a lot of parent involvement....I think it is more flexible and open. I think it's one of the things I really like about Sloan Park. It's not so standard that everything has to be a certain way and you have to act a certain way. It's very flexible and very accepting, and if people come in with problems then the problems are acknowledged. And yet, it's not acknowledged at times like, "Well this kid is really special and we should just give them everything they need." It's sort of like everybody's in this program, we all have to pull together and work on it.

(Case1-Int.T01:1,17)

The preschool has a strong community orientation. A variety of schedules are flexibly administered for attendance 2, 3, or 5 days per week to accommodate the needs of the families in the community. The small number of children enrolled in the program at any one time (12) allows for greater intimacy between families and teachers. Parents and siblings feel welcomed to participate. A preschool that supports parent participation provides parents with a natural place to share common concerns about child-rearing, to socialize and reduce feelings of loneliness and isolation, and to receive information about resources in support of healthy family functioning.

Teacher-child ratios as regulated under the Day Nurseries Act (Ontario, 1983) stipulate that for every 8 children 2.5-5 years of age there must be 1 staff person. As well, at least one staff person in each group of not more than 16 children must hold a diploma in early childhood education. At Sloan Park Jane has a diploma in early childhood education and hires assistant teachers to comply with the DNA regulations. She then takes responsibility for sharing with them the professional knowledge and expertise that she has acquired from working in the field.

In this small organization leadership structures are informal and minimal. The supervisor takes a primary role in administrative responsibilities, but programming is done collaboratively. This allows teachers to take an equal participatory role in contributing to the success of this centre and sets a stage for implementing change.

Teacher Attitudes and Values

The culture at Sloan Park nursery school values community, families, children and a cooperative learning approach. At the interview Sue expressed a true appreciation for the diverse styles of the children she taught in the preschool.

TCH: We have a lot of kids who come in and like to be on their own individual pattern. This is really good because it makes the class a very exciting special class to have all these little personalities.

(Case 1-Int.T01:3)

Sue's overall attitude displayed an underlying acceptance of differences. She stated that initially she was willing to take on this new challenge with Andrea because groups are relatively small in size, there are two teachers in each group, and space and facilities within the community centre all make it easier to accommodate the individual needs of children. Sue also felt supported

by the supervisor who had taught her a great deal about working with young children.

A cooperative approach to programming at Sloan Park also extends to the children. The children are encouraged to help each other, to share responsibilities, and to offer programming ideas. With this flexible view of the program, activities are adjusted to meet the momentary interests of the children. Children are not forced to fit the teacher's planned, prepared, and orchestrated activity. This attitude allows for an easier accommodation of children with special needs. There is a communal belief that together they can take care of tasks and meet group needs. As Sue explained:

TCH: My daughter went to school with children who had physical impairments and my son has a kid in his class who has a physical impairment and what they do, and I guess I would do, too, is the same thing - just an acceptance, and tell the other kids. And the other kids are very accepting. They don't seem to make a lot of judgments yet on how people should act and how they should be, they seem to, they don't individualize yet, so I think having the kids help is a lot - you just sort of explain to them all - that's what I'd do - I'd just explain, this child has this, they're not exactly like us, we need to help them.....And the kids are very accepting. I think it's just the same thing - having the openness and the flexibility - and just sort of altering the program slightly so that everybody can be part of it, which I think we're beginning to do anyways.

(Case1-Int.T01:16-17)

Sue also believes that young children overall have a general acceptance of children with disabilities and that they can easily be used in the role of peer helpers to model expectations. She has seen children state matter of factly to another child what is acceptable behavior and what is not. These beliefs were guiding factors in the loose and often unstructured nature of the programming at Sloan Park preschool. However, while this flexible approach to programming with few rules and limits worked well for most children, Sue came to realize that it did not meet Andrea's needs.

TCH: And I think that during the year it was very - everything was very flexible and I think we found that Andrea needed a bit of structure, that she needed the idea, but we would allow the kids to move around with the idea.

(Case1-Int.T01:16)

Sue's feelings about being Andrea's teacher were initially not as accepting as the tolerant attitudes she had expressed would suggest. She feels her attitude toward Andrea did change over the summer from one of feeling, "No, Jane don't make me work in the afternoons with Andrea" to "Well, so she's different - They're all different - She's just a little more on edge than the other kids, but I think we can handle this" (Case1-Int.T01:13). Sue came to understand Andrea's behaviors. As Andrea's strengths began to be emphasized by Karin more than her difficulties, a new view of Andrea was accommodated into Sue's belief system. She now perceived Andrea as an able and capable 3 1/2- year-old child.

Teacher Efficacy

When Andrea was first placed in Sue's summer camp group, Sue felt a great deal of trepidation about her skill in coping with Andrea's behaviors. Although she believed that she had skills as an early childhood educator, support from her supervisor and opportunities to improve herself as a teacher of young children, she was uncertain of her ability to work with Andrea. She operated on the underlying assumption that individually she would be expected to meet Andrea's needs. She had been told that Andrea could not concentrate on a task, that she had a very short attention span, and that she was uncooperative. But as the weeks progressed and she saw a great deal of change in Andrea's behavior, her self-confidence and self-efficacy in working with this child also improved.

Sue credited the consultant as playing an important role in changing her overall approach to classroom programming and the particular instructional strategies used with Andrea. The consultant served as a mediator to support, encourage, and educate the teacher to reach new understandings for instructing the child with special needs. The consultant's skill in eliciting and listening to everyone's perspective, facilitating the brainstorming and problem-solving process, and promoting mutual decision-making was cited as contributing to change in the teacher's knowledge and skill. As Sue later stated:

TCH: We sat down and brainstormed ideas about how to handle Andrea which was very good. She [Karin] came up with the idea to spend individual time with her and just acknowledging the fact that yes, Andrea was slightly different.... I guess just basically sitting and talking about Andrea, and I think having me talk about it, sitting with Jane, and Karin, and Paula and I and just sort of brainstorming ideas and talking about what she was like rather than just being given a kid and saying, "Good luck."...so we sat down and sort of setting up the idea, setting up guidelines for her was a big help, just getting everybody's different opinion about what to do helped a lot.. which was better than just saying, "She's wild." But to have somebody sit there and say, "Well, she's wild, but in this situation she'll do this," and Karin would say, "I've seen kids do that in these situations... I've talked to her mother and this is what her mother says, but when I observed Andrea this is what Andrea does." So just to have all these different ideas and opinions helped a lot because it just showed that there were different ways to approach the problems that we were having. And then we came up with, "Oh what could we do?"

(Case1-Int.T01:14-15)

Karin provided opportunities to view Andrea in a new light. Karin interacted with Andrea on an individual basis during her visits to the preschool. This allowed Sue to observe and model these interactions. During creative art activities with Karin, Sue saw that Andrea really did have a lengthy attention span, she was able to complete a task in an organized fashion, and that she was extremely creative in her approach.

TCH: Oh I think it was - Karin had a list...and the form was saying, what could you

possibly do to integrate the child into your program, what sort of things would help you... Where would you be able to - if she acted a certain way, what would you do? Like she would get us, I think she gave us every kind of situation - if Andrea did this, what would you do? So if Jane and I and Paula had to sit and think, what would we do? Ok. And I think that was one of the things that sort of turned it for me, it was like, Oh yeah, if I think of other things to do with Andrea rather than just going, "Ahh, you know, here's Andrea - "

INT: Help.

TCH: Help! [laughs] You know, here's Andrea, she's wild, she's hyper. This is what everyone has told me. And you just look at her and go, "Yeah, she's just another four-year-old." She's a little hyper - sure - but they all are, she's just a little more extreme. And I think that's where we got the idea that sitting with her and giving her the yard, and giving her some guidelines, and just seeing Karin come in and spending the time with her, and ah, now we see, if you do sit with her she'll keep you there forever...she'll just take all your attention and, but if we can break it off at some point and say, "Ok, that's enough, now you have to play with the group." So I think it just sort of gave watching her interact with another adult rather than just going in and interacting with her myself, just me and her or me, her and the group, or Jane and her, seeing somebody else - that helped a lot - to observe someone -how she handled and manipulated other people. And hearing her mother talk about how she would go in and talk to the therapist and the psychologist. We're going, "Oh yeah, now we see what she is doing." So just getting the opinions, I think was a very positive thing, that when I had - the first time I worked with her, I was just told about what she was like. And then there she was. And I hadn't seen anyone else interact with her except the two other kids in the class. So to see her interact with other adults - it gave us a very good idea how she did treat other adults.

(Case1-Int.T01:21-23)

Karin also offered alternative interpretations into Andrea's interactions with her mother and other adults. Sue felt that having Mrs. Wright attend joint meetings was very useful and appreciated the information Karin could share about Andrea's home life. Karin's interactions with Andrea allowed Sue to observe "her interact with another adult rather than just going in and interacting with her myself," and to understand how Andrea "handled and manipulated other people."

Armed with this new insight and new teaching suggestions Sue and her co-teacher began by spending more individual time with Andrea and by providing more creative activities in the room. They allowed her extended time in art and storytelling activities. Before transitions, she was clearly told when it was time to stop her activity and to move on to other activities such as gym and swim. These strategies were repeated throughout the day, allowing Andrea to work independently but then informing and expecting her to move on. Sue quickly saw that with these modifications to her teaching style she could have a significant positive impact on the child's development and learning.

Overall Sue's perceived behavioral control in working with young children was positive. She viewed herself as effective in facilitating the development of young children and as striving to improve her knowledge-base as an early childhood educator. However, she credits Karin with helping her improve her personal teaching efficacy when working with Andrea.

INT: So, at this point in time what does it mean to you to be a teacher of a child with special needs?

TCH: Oh, I find it really challenging...I was, because I'd always been with kids who, that are like, it's just - yeah, we go to school, it's fine. It was really - I found in the end it was really [pause], it took a lot of effort on my part [laughs] to sort of learn how to take care of a kid with special needs because I was so used to working with kids who'll do what you say, because they're used to that sort of structure from somewhere else. So to get somebody who comes in who's totally different, I really, I liked it a lot. And I felt very challenged. It gave me something to do. I had to go home and think about ways to approach the problems I had.

INT: Good. Anything else you'd like to add?

TCH: [Laughs] I really like the fact that we had a consultant come in...the fact that somebody was there to help and watch over what we were doing and I liked her coming back too, how Karin came back and talked to us again. There was a cohesiveness and a round up of everything that had happened. It wasn't that she just came in and said "Do this, I'll never see you again." It's that she came back a

couple more times, she came in, it was with Andrea and everybody, and that she had put in that effort to be there and to make it complete from the start to the end.

INT: Do you feel she listened to your concerns and incorporated them into any suggestions that she gave you?

TCH: ...I think the sitting and brainstorming, where we would sit and she'd talk to us and then she would say, "Well maybe this would help, maybe that would help, maybe this would help." So I think we found it good that we could sit down because it made us all talk about the same problem, whereas before people used to go, "Oh Andrea, help Andrea." You know, it was sort of like you didn't sit down and go, "Well, this is what bugs me about Andrea. This is what I think maybe that would help her." So it helped to have somebody sit down and go, "Ok, let's talk about this child."

INT: And to facilitate all that.

TCH: And to, yeah, and to make sure that you kept wanting to have a list of questions, like things that you wouldn't really think to think about because she'd been through the situation before.

INT: Uh hum.

TCH: She had...let's have the mother come in, the mother can talk, and then everybody would get a turn, and then she'd facilitate it and then she'd give a suggestion and then she'd take us through the form that she had. You know, she'd make us think about things that we hadn't had to think about which is -

INT: In how you observed the child?

TCH: Oh, no, how we would like enhance a program for her or how we would - different ways that she, she had handled other kids with special needs, or the way to talk to the parent. I mean that helped too, because Andrea's mother would sort of come in and overwhelm us a bit with sort of her concerns about Andrea, and what Andrea had done that day, and Karin would say, "Well, you know, that she's the mom, you know", and because she brought her in and we got to hear her talk about Andrea, in a setting without Andrea there -

INT: Uh hum.

TCH: Helped a lot. So just to get the mom away -

INT: Uh hum. And get the mother's perspective.

TCH: And get her perspective without Andrea leaping around or flying off things or jumping off things -
(Case1-Int.T01:19-21)

Sue's teaching efficacy specific to working with Andrea was enhanced with the support of the consultant who actively listened to all concerns, acknowledged that there was a problem, shared information from observations and home visits, facilitated collaborative brainstorming, shared the problem solving, allowed for mutual decision-making, promoted modeling and implementation of new teaching strategies, provided feedback, and included the mother in the process.

INT: So it calmed the mother also.

TCH: Yeah, I think it helped her a lot, too.

INT: Do you think she was able to see what you were doing and try some of those techniques at home?

TCH: I think through talking to Karin and seeing her talking to us I think she got some ideas because she came back and said, "Andrea's been a lot better at home and hasn't done as many attention getting things." I think a lot of it ended up that she started to realize that a lot of the stuff Andrea was doing was to get attention. I think Andrea was realizing that she didn't need to get the attention any more, that she could do things on her own, that she didn't have to go and paint the walls, she could just go and paint paper and that would be ok.

INT: And people would appreciate her for doing that.

TCH: Yeah, and then people would say, "Oh, thank you for doing that. Thanks for painting on the paper today, Andrea." ...and that if she painted her hand, too, we'd be going, "Well, painting your hand - it looks really nice, but that's just not the activity we're doing right now. You can go wash your hands if you want." And then we might go to the washroom with her, talk to her about washing her hands or make another game of washing her hands, so it seemed that it wasn't a bad thing that she painted her hands, but it was just like, "Oh well, so you painted your hands today. Let's go wash it off." So it would just be - we just would

change it so that it didn't seem like there she did this devious, horrible thing and she thought, "Ha ha, you know, they're going to be really mad at me", and we'd be going - we wouldn't get mad at her and just go, "Fine, let's go and clean up and everyone has to." It just became part of the school setting rather than her trying to think up ways to drive us crazy.

INT: Sounds good. It sounds like she grew a lot.

TCH: Yeah, she matured a lot. I'm, I'm positive that being in a larger group helped her so much because I don't know whether it's the kids or just the fact that the way the summer was structured, that she had to become part of the group. And in doing that she sort of just took herself down to a different level. She took herself off, I mean this hyper, hyper kid who was absolutely just couldn't come in and go "Ah hah, what can I do today." Just sort of, "Ok, well here's some kid." They accepted her really well and played with her and made her their friend. And when this other little girl she'd been with during the year came in and tried to sort of pull her away from the group, she stuck with the kids that she'd been with already for two weeks, which I found totally amazing. That she didn't just suddenly flip back to the Andrea I'd known during the year, that she'd built herself up some social situation and had bonded with enough kids that she could say, "No, I want to play with somebody else. I want to do this instead." So she matured quite well.

INT: She felt good about herself.

TCH: Yeah...her self esteem had gone way up, which is one of the things I think that the child therapist had told her mother that she had very low self esteem. So I think we, we spent some of the time just saying, "Yeah, you're really good at this. I'm really glad you're playing with these kids today. This is really nice." And I think that helped her a lot to know that she could be part of a group, that people weren't going to slap her for being slightly different, that she could fit in, and I think that's one of the things that she appreciated.

(Case1-Int.T01:26-29)

Ultimately when Sue recognized that the changes she had made to her instructional techniques actually had an impact on the child's learning and self-esteem it further improved her confidence and teaching efficacy as a teacher of young children with special needs.

Consultant Issues

Four issues emerged during the interview as central to Karin's reflections about her role as an agent of change. These issues relate to supervisory support and teacher change, consultative roles and realities, the management of change, and expert vs. collaborative consultative styles. These issues define for Karin specific struggles she must grapple with as she continues to develop herself as an agent of change. Karin has shown herself to be very aware of the often precarious balance that must occur in the application of her knowledge and skills in particular settings if change is to be successful.

Supervisory Support and Teacher Change

Supervisors play an important part in prompting their staff to seek consultative support. First Karin has observed that because of the hierarchical leadership structures existing in most early childhood settings, change requires the encouragement of the supervisor. As Karin explained:

CON: I think sometimes teachers just want to get resources in and they don't realize the role that they're going to be expected to play as well..... You need the support of the supervisor. If they're behind you and want to see some changes happening then that will filter down and there will be the support. And the encouragement for the teachers will be there. And then you'll see it, the changes will happen.

INT: So are you saying that the supervisor's support makes the teachers more responsive to change?

CON: I would definitely say that. Definitely.

INT: Does your role differ depending upon whether you have that supervisor's support or not?

CON: Yes. I would say that's the thing that I struggle with the most - is how to work with teachers and supervisors when the support isn't there. And basically, they just want to bring the support of my job - the consultation into their centre but they don't really - the intention is not to really - it's not conscious but it's not to use whatever I say - or to work together as a team. A part seems to be missing a bit. So that's, that's difficult. I think that eventually you have to [pauses] and that's something that I'm, like I said - I'm still working on myself - how to work most effectively with that. But I think you have to start talking about change, that we have to do something. Something has to be done.

(Case1-Int.R01: 3-4)

Embedded in Karin's discussion of the importance of the supervisor to change in teachers is the tension she experiences as she struggles with "how to work with teachers and supervisors when the support is not there." If the administrators and/or teachers avoid or resist change the consultant begins to confront, clarify, and negotiate acceptable alternatives. For Karin talking about change directly with the teachers and the supervisor has been a useful technique.

CON: And then you have to say to the supervisor, "This needs to be done. How can we encourage the teachers to do this? What will it involve for them? Giving them more time to prepare? Or providing them with extra help - bring in a volunteer? What do you think is required here to get this process going?"

(Case1-Int.R01:4)

Second, Karin suspects that when supervisory support is not present at the outset, teachers believe she is observing them to evaluate their skill.

CON: I think that the staff is not being given regular evaluations, setting professional goals with their supervisor so they don't really have a clear idea of how the supervisor feels about their work or what areas might be under scrutiny. So that there's a lack of clarity there, of expectations, of developing their skills. So when I come in, it just heightens that lack of security.

(Case1-Int.R01:21)

When teachers feel they "might be under scrutiny " from a controlling supervisor, Karin believes she is more likely to be viewed by the teachers as being in a position of power to be distrusted rather than as an equitable partner in solving a problem. These observations further inform her

that teachers are uncomfortable not only about her presence but also about their own professional skill and perceived ability to change. Karin described that when this happens she prompts supervisors to provide their teachers with resources such as time, additional staff and training, to enhance the staff's sense of efficacy and control over the required change. This is different than the need to improve teacher efficacy by offering them skills and strategies in relation to a specific child. For a teacher, the supervisor's support is perceived as a signal that resources will be available. This increases teacher receptivity towards the intended change.

Karin revealed that she initially felt Sue was ill at ease with her presence. Karin could not attribute this to a particular insecurity that Sue had expressed about her own skills. Nor could Karin see any reason for her to feel concerned about her teaching since she was already a creative and flexible teacher. However, Karin did get a sense that Sue relaxed as the process of consultation continued and each person's role in the process became clearer. It soon became clear that the focus of the consultation was less on the teacher's skills in providing an adequate program, "but more looking at the child in the context of the program."

CON: I think the one teacher was a little bit unsure of my presence - the teacher who worked mostly with Andrea..... She just didn't kind of know how to handle my being there. I think she felt kind of ill at ease. I'm not sure it had anything to do with her feeling secure or not secure about her skills, but just she's not the kind of person that would enjoy being observed. I don't know, but I think she relaxed through the process of consultation. I think that the focus became less on the program and maybe her skills or evaluating that, but more looking at the child in the context of the program. For her that was reassuring.

INT: Can you elaborate on that a bit?

CON: Well I think in this case, specifically they were just looking at this child as maybe having a, a really serious problem, like a mental illness or something. There was a certain guardedness I think in the teacher...'cause she kinda didn't know what to expect from the child and she was sort of looking for something bizarre to

happen. And I think through the process of consultation that changed - maybe because of the reframing - we were starting to look at the behavior in a different light.

INT: And how did she react or behave towards the child differently in light of that reframing?

CON: I think she probably would include the child more eagerly in what was going on. There was more of an acceptance there, I think for the child.

INT: Did it change her strategies and approaches in the classroom?

CON: She, I would say that her program was pretty creative to begin with which probably suited that child fairly well. I didn't actually see the kind of behaviors they described...I'm not sure that she changed much as a teacher. I'm not sure that she really did anything that much differently. 'Cause I never made those kind of suggestions. That wasn't part of the consultation. Just, it went so quickly and we kind of, the child was going to be finished at the centre and I think it [the change] had more to do with attitude.

INT: The teacher's attitude began to change -

CON: Uh hum. Uh hum.

INT: Rather than specific approaches or practices that she used with children.

CON: Uh hum.

INT: Do you think she still had the same sense of insecurity that you just spoke about at the end of your even brief consultation?

CON: I think she felt more relaxed.

INT: Did it confirm her skills?

CON: I think it confirmed her skills, yeah. Yeah. 'Cause I think she was a good teacher. That was my impression - that she was imaginative and calm and [pauses], she didn't overreact to situations, not on the outside anyway. And yet she provided, there was a lot of stimulation for the children, a lot of stimulating stuff going on. She provided that.

(Case1-Int.R01:27-29)

With the supervisor's encouragement the consultation offered Sue a new perspective on

Andrea's behaviors. She relaxed as she became aware that Karin was a valuable resource and an equal partner in the change process. Karin also assisted in confirming and expanding Sue's existing skills and her nature to be "imaginative and calm."

Consultation: Roles and Realities

The consultant must possess a clear and working knowledge of the consultative process. With this knowledge, at the first meeting Karin was able to clearly identify for all participants the steps that they would be moving through during the consultation: problem identification, assessment, feedback, problem solving, decision-making, and evaluation. It also provided Karin with a framework in which she could operate. While many factors in the change process may be out of the consultant's control, these steps give consultants a sense of stability and focus as the process proceeds.

CON: In general I get called into daycare centres if they have an issue with a child or with a family and they're having difficulty resolving it, or programming to help solve it. And they'll call me in and ask me to see if I can come up with some ideas on how to work more effectively with that child and with the family as well.

INT: Good. Can you elaborate in terms of the process that you follow with each consultation.

CON: What I do initially is get a permission signed by the parent that they've agreed to the consultation - and then I meet with the supervisor, the teacher who works most directly with the child, and with the parents. And we have a meeting to discuss the concerns that everybody has. That meeting I see as being important for coming to a consensus of what we're all trying to work on or work towards. And at the end of that meeting I'll talk about - what sort of direction I would like to take in terms of observations, what kind of information I like to collect, get permission forms signed for release of information and also I'll give the day care and the family a time line so we'll plan a second meeting usually for three to four weeks after that, so we know we all have a point that we know we'll be getting back together to discuss the results, and where to go from there.

INT: What typically happens when you discuss those results?

CON: Uh, typically it's, there's [laughs] - there isn't really a typical response. Often it's a relief for the family and for the teachers because their suspicions are confirmed and they see that as giving them sort of support. Finally somebody is agreeing or saying that, yes, that's what we see, I agree is a problem and we should start dealing with it now. I guess that's the most typical, typical response.

INT: And then where do you go from there?

CON: Then we discuss what the possibilities are, what we can do to help, whether it's, it's a matter of the family getting some kind of therapy, or getting involved in a program, or it's working with the daycare to develop the programming for that child. Sometimes it's a matter of child management, helping the parents work on child management techniques and I would meet with them. That's the kind of intervention we would do.

INT: So, are you saying that you then would work more specifically with the parent? How do you do that in terms of child management?

CON: If that's what they want? What I have done is met with the parents fairly regularly and we'll target a particular behavior and we'll strategize around what they might try - a different way of dealing with it. And then we'll meet again and see if that works. If that has worked, if there's been any - And if not, we'll try something else, and if it has we'll maybe try another, we'll work on another behavior, and just try and provide support for the mother, try and make changes 'cause often it's, it's very difficult to make the changes because they've been struggling with them for a long time.

(Case1-Int.R01:1-3)

In this case Karin's goals for the first consultation meeting with Virginia Wright, Jane, and Sue were very clear.

INT: What were you hoping to accomplish in this interaction with the mother and with the teachers there?

CON: Well I was hoping to identify the behaviors that were of concern. I wanted to get some clarity in my own mind about what, and some consensus on what everybody felt was at issue here. And I guess I'm also looking at - I, I tend to, because of my training look at things systemically as well I'm trying to look at the relationships between the day care and the parent and is there support... I also tried to look at the mother - what's she dealing with, what's her support system, those kind of

things... trying to judge I guess the course of the consultation because I'm looking at what the resources are there to work with.

(Case1-Int.R01:8)

After assessing the child, Karin offers the teachers programming suggestions. Karin has found that instructional interventions which can be incorporated into the teachers plans for all children are most often adopted.

INT: So how would you describe your role at that point in time when you come in with those -Suggestions and ideas.

CON: Well they know that in my new case, I've already suggested that we, that there's probably some things we can do in the programming to help this child. I think that [pauses], that this will, that the teacher will be receptive because it's something that she can do with the whole class. It's something that she can actually integrate into a program. Like she can do several weeks worth of programming around feelings and awareness of others and self. So that's something that she can put in for a whole week and it's not that complicated... 'cause she knows what their interests are, so she can just play some nice music and ask them what they see and get them to dance or act it out and I think it's...I think she'll be quite positive to it. The only drawback I see is that maybe she won't be comfortable in being expressive that way, you know, being -

INT: Herself.

CON: You know, being herself. But I don't know, maybe she will.

INT: So, what I hear you saying is that if you come in with strategies that don't intrude on the environment -

CON: Uh hum. Uh hum.

INT: In which the teacher operates, it may be received more positively -

CON: Yes.

INT: Than if you came in with a suggestion that was so specific to this child that it intruded on everything else that she was just trying to maintain in the classroom.

CON: Yeah, yeah. And it would expect her to do not only the programming for the group, but some special programming for that child. And she doesn't really have

the time to prepare for that, or to put it into place in the classroom, really.
(Case1-Int.R01:6-7)

Time factors must also be considered within the context of the early childhood setting. Time for meetings, lengthy training sessions and individual sessions with the child are not possible within typical child care settings. Karin notes that although teachers are already devoting a great deal of negative time when attending to the disruptive behaviors of the child, they see certain modifications and activities as intrusive to their program and as too time consuming. If the consultant comes in with strategies that do not intrude on the environment in which the teacher operates it may be received more positively. Because of the realities of classroom management and organization, strategies should also be useful for all children and not be perceived as a time consuming therapeutic technique.

Karin described that a consultation typically ends with an evaluation of the child's program.

CON: The next step would be to evaluate it. And what I would like to do is meet again in two or three weeks -however long it takes her [the teacher] to do that kind of programming. And if we can sit down together again to see, did it work, was she happy with the results, how did that one child respond, how did the rest of the group respond, is it positive? Did she feel that it had a positive impact?

(Case1-Int.R01:8)

While Karin tries to adhere to the sequential steps of the consultative process, different teachers have different expectations for the consultation. Although Karin viewed her interactions with Andrea as part of the assessment process, Sue saw it as a model intervention that she could emulate. It allowed her time to observe Andrea and to observe Karin's strategies for interacting with her. Sue was later able to reproduce these approaches and strategies in her teaching. Karin was so intent that this was only the observational phase that she failed to recognize the positive

impact it had on Sue's teaching strategies and noted, "I'm not sure that she changed much as a teacher. I'm not sure that she really did anything that much differently. 'Cause I never made those kind of suggestions...I think it [the change] had more to do with attitude." In actuality Sue described Karin's interactions with Andrea as critical to her changing her instructional approach.

In our final interview together, Karin was still struggling to make the distinction between the observation/assessment phase of consultation and the intervention phase. She continued to express concern that while interacting with a child to complete an assessment, it changes the dynamic in the room and distorts the natural interactions she is trying to observe. To exemplify this struggle, Karin elaborated on one case in which a teacher yelled that the consultant's interactions with the child changed his behavior. "Of course he's not showing his behavior when you play with him," was the teacher's retort. The steps of consultation provide consultants with an ordered sense of the process. However, the child care setting and varying expectations of teachers about the process may alter the consultant's ability to provide service in a sequential manner.

Managing Change

The consultant must also understand the phases of change that individuals and organizations go through in implementing innovative practices. In order not to apply these phases in a static and rigid manner, it is necessary for the consultant to constantly be assessing which phase of change each individual has achieved. Change is thus viewed as a dynamic process in which participant's may be at different levels in internalizing their understandings of the change and therefore require different responses and supports from the consultant. For Karin the

challenge appears to be how strongly to adhere to defined phases of change versus spontaneously moving back and forth between phases as individuals and circumstances dictate. Being able to determine different stages of change for each individual and/or organization would allow the change agent to take advantage of "consultative change incidents".

In managing this change the consultant's skill in communicating takes on paramount importance. Karin believes that listening and showing empathy to all participants, particularly the parents, is a critical skill. Karin sees her greatest strength is in working with parents. Since she is trained in family dynamics and counselling she takes a systemic view to promoting change in the child's and family's functioning.

CON: I think that I thought providing support was partly, or largely listening, and providing a forum for people to air issues and often these are things that people don't get opportunities to talk about. And yet they've been weighing on them, particularly families, you know. Problems with their children weigh on them heavily but they don't get an opportunity to talk about them. So I think -

INT: So what did you do in that first meeting?

CON: [Pauses] Well I listened a lot...[pauses]. I think I did, I think I was trying to provide a forum for the mom. And the teachers were frustrated with her [Andrea's] behaviors and they were more worried about the potential, 'cause she was gonna start coming in more often in the summer or full-time.... Yeah, so they were concerned about how they were gonna deal with it. ...I guess I was just hoping to get a really clear picture of what was happening for everybody, and also come to some agreement about how we would proceed.

INT: And you did a lot of listening. I heard a lot of listening, a lot of supportive "uh hums" and "yeah" and "ok" and how effective do you think, retrospectively, that approach was in that particular situation?

CON: Retrospectively, I think it was probably quite effective for the mother. I do. I think the last thing she needed was another expert coming there and, and telling her this and that and - I do.

INT: She certainly did open up.

CON: I gave her an opportunity to talk. [Pauses] I'm glad I didn't jump to any conclusions about that child because some of the behaviors were quite alarming, but I think it wouldn't have helped for me to get all upset and start talking about...she was involved in an assessment process, the mother was. So that wouldn't be something I would recommend. But I don't think that's what the mother really needed.

INT: What did the mother need at that point in time?

CON: I think the mother needed a sense of community. She needed to feel accepted and included and that's kind of retrospective because from what I learned from her later on is that she did feel displaced and - But I, I think it was nice for everybody, but maybe particularly nice for the mom to be able to discuss her daughter's behavior in a more structured way...and that feeling that we were working as a team towards a common goal which was helping improve the behaviors and helping the mother get the support that she needed. And that, I think that was reassuring for the mother. It helped her.

(Case1-Int.R01:12-15)

Karin's guiding assumption is that the child's behavior must be understood within the ecology of the family system. But teachers feelings too must be acknowledged and discussed as they are challenged with meeting the needs of the child versus the needs of the program. And the supervisor must be supported in her role. Karin must communicate that the consultative process is moving along and that the supervisor and teacher are up to the task of implementing change.

CON: Yeah. I think what I do is...I say that you did that well, or I usually give them some positive feedback. I find myself doing that...I'll say something about the child -I can see how his demands are wearing. But you have to be careful about how you say that too, because then they, you might be suggesting they're not up to the task either. So you have to, I have to say it in a way that just suggests that I could see that his behaviors are demanding. And so basically just giving some positive feedback.

(Case1-Int.R01:22)

Her knowledge of interpersonal dynamics is also critical. As Karin describes it:

CON: I think you have to know a lot about people. You have to be able to look at a broad picture. What are all the factors involved? What is everybody's interest in this, in what's going on? And how does everybody feel about making changes?

You have to be strategic, to be able to think strategically....I think you have to think about what would be the most effective way of doing something. Who should you talk to? Who should be present in the meeting? In what way would it be most effective to say this in order to [get that outcome] - And you learn that through trial and error.

INT: Can you give an example of being strategic in this case or in another case that you were involved in?

CON: Well, another case I was involved with I wanted to suggest that these parents go to a program that involved parents who were at-risk for abusing their children. So I just thought how am I going to present this to them, in what way can I present this to them, without sort of suggesting that they're gonna hurt their children? But, and yet that's, it's implicit in making that referral. So I had to really think hard about how to present it to them and I decided that the best way was to, to just state the facts as I saw it - the number of pressures and stressors that I saw that they were under and then say that under these circumstances often children get hurt, and I want to suggest that you go into this program as a preventative measure, as a way of getting the kind of help you need so that doesn't occur for you. And so I felt good about going into the meeting because...you have to be able to be honest. You can't gloss things over, You have to be able to state what you see, what your impressions are, and why you came to that conclusion clearly. But also you have to be careful about peoples' feelings, and if you want them to, if you think that is the best thing for them then also you want to present it in a way that's not going to alienate them. So, yeah, you have to be strategic about how you present it.

INT: Good. So you talk about having people skills. You talk about being strategic. What else?

CON: [Pauses] It helps to have knowledge about child development certainly and about how some of these behaviors play out within sort of a normal range. What age you can expect them to stop? What would be normal? [Pauses] Certainly a knowledge of what I find helpful is a knowledge of how parents might feel about being presented with certain issues. Trying to sort of put yourself in their shoes, being maybe empathetic, being able to empathize.

INT: How does that relate to the teachers - the issue of empathy.

CON: Well certainly there are times when, you need to be able, you need to empathize with the teacher certainly. If they're struggling themselves with the needs of the child versus the needs of the parents or the program...you can empathize and that's helpful 'cause it's supportive. In particular I think supervisors need lots of

support 'cause they have to make tough decisions and they have to support their staff so [pauses] I guess it's maybe seen as empathy being a more useful thing for the parents because they're the ones who're feeling like they're under some kind of scrutiny. Their abilities as a parent are being evaluated maybe. That's part of it.

(Case1-Int.R01:29-32)

Karin is aware that presenting information and recommendations to parents and teachers must be done in a purposeful way with sensitivity to the family's cultural and linguistic expectations. If a climate of trust and empathy has previously been established the consultee will be open to considering the consultant's perspectives. Karin notes that communications should be strategic, not to "gloss things over " but rather to "state what you see, what your impressions are, and why you came to that conclusion clearly." She added "also you have to be careful about peoples' feelings, and if you want them to, if you think that is the best thing for them then also you want to present it in a way that's not going to alienate them." Honest and straightforward communications promote trust and reduces potential conflict.

Consultants must be able to prioritize issues. Because of the complexity of each specific case the most pressing concerns should be dealt with first. Karin explains:

CON: You have to be able to prioritize...you have to make decisions about what behavior would be best to deal with first. Because you have to look at a number of factors- How easy is it going to be to deal with that or to put the changes in place? Because it would be nice if for the first thing you do everybody could taste some success - so you want to look at that when you're prioritizing. And also what's the most pressing for everybody? What did they identify initially as being the most pressing issue? Do you want to deal with that first? And, should we be trying to find outside resources for the child and family first or should we be trying to deal with behaviors through programming first?

(Case1-Int.R01:32)

It is the consultant's knowledge of child development, the realities of child care settings, and early childhood programming that are required to assist in setting priorities.

The consultant offers the teachers an opportunity to problem-solve solutions, reflect on new instructional practices they put in place, and to evaluate and offer feedback about its effectiveness. It is this feedback that seems to be a crucial step for successful change. Teachers, when they do change their instructional approaches will generalize it to other situations if feedback and follow-up are a part of the change process. Their overall sense of efficacy is enhanced. The need to receive this support on an ongoing basis is often expressed as a general reluctance to see the consultant terminate the case and leave their centre.

CON: There's a pragmatism about day care teachers too, you know. They sort of - because the demands on them are so great, I just think that they have a problem and if you can help them solve it then they move on. They move on quickly but it's just not stated, but they do, they move on quickly if they can sort of integrate the child more effectively in the group and have those behaviors not stand out then they move on quickly.

INT: Do you think they continue the types of strategies that you suggest or that you promote during the consultation after you're finished?

CON: [Pauses] Yes, I think so. I think it's also a way of thinking about things, that we kind of explore, and I think probably maybe that has an impact, just sort of looking at a problem and where do we - how do we proceed with this? And then they can do a lot of that...by identifying behaviors, recording -

INT: So it, is it correct in saying that you are teaching them the problem-solving approach?

CON: I think so. I think so.

(Case1-Int.R01:10-12)

In managing change Karin reflects:

CON: I think people appreciate the fact that you're showing an interest - that you're following up, that you're not just going to let it drift off into nothing...Parents involved with other agencies, often they just get put on waiting lists and they never know what the status is. So I see that my role is kind of staying active and involved and making sure that they know where we're at in the process.

(Case1-Int.R01:34)

Expert vs. Collaborator

Karin continues to debate which approach she should take in being an effective agent of change. Should she offer expert advice and quick solutions to problems? Or should she facilitate and empower others to reach their own solutions by giving them necessary information, referring them to appropriate resources, and enabling them to act? This is not an easy choice for a consultant. This dilemma was reflected in Karin's supportive but nondirective style with Mrs. Wright. She allowed Mrs. Wright to discuss her concerns by creating an open-ended, nonjudgmental atmosphere, and offered her information about resources she could read but did not offer her any concrete strategies as solutions to her problems. This approach was effective in showing empathy and supporting this mother since she already had many professionals involved with her problems. Karin at our final interview revealed to me that this reflected her general approach to consultation. This approach is guided by an underlying assumption that she is a "friend" and "peer" to parents. As such, she explained that she would never offer advice to a peer unless it was directly and specifically requested.

But Karin reflected that this approach does not always seem effective when working with early childhood teachers. By the time a child is referred for consultation most teachers are overwhelmed by the child's developmental needs and/or aggressive, acting-out behaviors. They demand a quick solution that will calm the child down and ease their burden. Often anything short of removing the child from the classroom is unacceptable. While wanting to offer immediate relief for teachers, Karin knows that an expert approach to prescribing strategies may offer short term help but will not facilitate a long term change in teacher practices. In the interview she described this dilemma:

CON: When I started the job I was looking at the model as a collaborative model and we were working as team members and everybody has equal say. I believe in that strongly, that in terms of making decisions everybody should have a role...But on the other hand when people call in a consultant they want somebody to come in and provide them with some answers. And it's not very reassuring to have somebody come in and not offer anything concrete. So it's kind of a fine balance. I mean they're looking to you for some kind of expertise or they wouldn't have called you in. If they could work it out themselves they would, they wouldn't have called you. I think certainly it just, in a practical way, when you're sitting in a meeting and you have to be able to take some kind of charge of the proceedings. If I'm the one that has called the meeting then I need to have a clear idea of what I want to accomplish. And if I can't sort of take charge of it then it's not very reassuring for the people who are involved in the meeting. I mean, my credibility as a professional is out the window. And if it's out - if that's out the window then anything I suggest is also gonna be out the window.

INT: Can you elaborate on what you mean by "take charge of the proceedings"?

CON: Well I need, what I need to do, what I do now, is I will have what I want to see accomplished at this meeting. It may just be a matter of making a decision about something. It might be a matter of changing the focus of what we're doing from the parent's issues to the child, that we can all agree on that...so I'll try and come up with sort of one somewhat simple thing that I would like to see accomplished in the meeting and then I'll work on an outline ...an agenda.

INT: So this is before you go to the meeting?

CON: Yeah, yeah.

INT: Okay.

CON: And then I'll have an agenda and usually at the beginning I'll talk about what I see happening in the meeting - the agenda part...so that everybody will have an idea of the course of the meeting, how I see the course of the meeting going. And then we start at the first point and go on. I think probably what I was doing initially is, 'cause my training is in family therapy and the first thing you do when you meet with a family in that context is you see where the family is at, right at that moment and what's happened since the last meeting and what are the issues now, because you want it to be relevant to what they're dealing with at the moment. But, I think this is different. These kind of meetings are different in consultation. If you do that you end up losing - you lose the focus of the meeting, you lose, you know and everybody's busy, everybody wants to come out of that meeting feeling like we've accomplished something. I think...It's like

who's in charge? I mean really, it's like, I think somebody in that context, in charge in the sense that there needs to be some direction and that somebody's monitoring that there is a direction - I think that's important.

INT: Yes. How do you meet that balance? You said there must be balance.

CON: It's, it's a really tough one ...I think I've gone from listening all the time to doing most of the talking so maybe the, somewhere in the middle is the balance.

(Case1-Int.R01:24-26)

Karin sees that her leadership ability has changed since she realized that the teacher's anxiety seems to increase when she provides a more laissez-faire approach to meetings. She now is being more assertive at meetings and works to establish herself as "the person in charge in the sense that there needs to be some direction and that somebody's monitoring that there is a direction." She is assertive about who is driving the consultation process. She states that she is working towards keeping the consultation meetings more focused by having a clear agenda of what is to be accomplished at a meeting, by offering teachers encouragement for what they are already doing well and by being prepared with several instructional activities and strategies for the teachers to use.

To accomplish her goals, Karin described to me that she feels a strong need for the support she receives from her agency's supervisor, professional colleagues and her own family. She would like more supervisory support from her agency.

CON: Sometimes I'll know somebody who has a specialization, like somebody who's dealt with a lot of autistic children, so that'll be somebody that I can call and say, "You got any ideas?" I find that my family is really supportive. My husband seems to have a good, a knack for cutting through [laughs]...sometimes when I'm really waffling around he'll be able to say, no, I think this is the course you should take or...and I don't tell him who the people are or anything, that kind of thing, but we, certainly he helps me sort through my issues. And my agency's supervisor can be very helpful. She can be very very helpful. 'Cause she understands some of the politics. You have to be able to look sometimes at the political issues I

think.

(Case1-Int.R01:38-39)

Without this case support a consultant can easily become physically and emotionally isolated and exhausted from the many demands that others place upon her.

In this multifaceted role of consultant facilitating change in children, parents and teachers Karin sees a need to be patient, determined, and goal-oriented. She must continually work through the struggles of her position to obtain the "fine balance" required of an agent of change. The consultant's knowledge of consultation, knowledge of change, interpersonal communication skills, organizational skills, and leadership skills were critical factors in the success of the consultation.

The Case of Karin offers insight into the role of the consultant as an agent of change when a child already enrolled in an early childhood setting is identified by the supervisor, teachers, or parents as having developmental and/or behavioral needs. In the next case, the Case of Anna, the consultant and the child's mother are approaching a group child care centre to ask them to admit a preschool child with physical and developmental needs and to offer them support services that would assist with the inclusion.

CHAPTER FIVE

THE CASE OF ANNA

The process of finding, evaluating, and placing a young child in group child care can be difficult and stressful for any parent. But when the child has a disability, the parents' concerns are multiplied. In addition to the need for quality child care, parents must consider a setting that can effectively modify and adapt the environment and curriculum to promote the child's physical and intellectual growth. It was with these primary concerns in mind that Wendy Smith started to explore child care options for her 3-year-old daughter Jessie.

Jessie was born with cerebral palsy which has resulted in both physical and developmental delays. Since her birth the Kingsley Foundation for children with physical disabilities has provided the family with early intervention and treatment services. Anna, the early interventionist, visited Jessie and her mother in their home until Jessie was two-years-old. When Jessie was two she began to attend the agency's specialized preschool for half-days. At the preschool her individual education program was augmented by physiotherapy and speech and language supports.

Soon after Jessie's entry to the Kingsley preschool Ms. Smith, a single parent, returned to school full-time. However, the child care arrangements that she was forced to piece together for before and after Jessie's preschool hours proved to be a patchwork of various care providers. The many transitions required of Jessie during the day were found to be disruptive and often

unsuitable for meeting her special needs. Wendy Smith thought that full-time care in a community child care centre was a viable alternative for Jessie. Wendy also knew that Anna was available to provide consultation about Jessie's special needs to the teachers in any new centre that she selected.

Wendy Smith applied during the summer months to the Main Street Child Care Centre to have her daughter admitted in the fall of 1993. Main Street Child Care Centre belongs to a consortium of child care programs in a large urban centre. It serves families from diverse economic, cultural, and linguistic backgrounds. Main Street has been operating since 1969 and is a non-profit centre. It is licensed to provide full-time and school age child care to 59 children, 2 years 6 months to 10 years of age. Seven teachers are on staff including the supervisor and a resource teacher. All hold diplomas or degrees in early childhood education or family studies. Two teachers are working towards achieving Masters level degrees. The centre is located on the second floor of an office building. This requires the children to climb a flight of stairs to access the child care centre.

Main Street was recommended by the consortium's coordinator for special needs because it has a resource teacher on staff. Under the regulations of the Day Nurseries Act (Ontario, 1983) a child care centre that has four children with disabilities in their centre may be eligible for funding for a resource teacher to oversee these children's developmental progress. Main Street is one of the centres in the consortium that has this "integrated program". Ms. Smith, however, was informed when she applied that summer that there were already the maximum of four children on the resource teacher's caseload. Because the "integrated program" was not available for Jessie, the family was placed on the wait list.

By October, under the increasing stress of insufficient care arrangements for Jessie, mother once again approached Main Street Child Care. A meeting was held at this time with the supervisor Zaheeda (SPV), the resource teacher Liz (RST), Wendy Smith (MTH), and Anna (CON) the resource consultant from the Kingsley Foundation to determine if Main Street would accept Jessie into their regular program. Since space was not yet available in the "integrated program" Jessie could not receive the resource teacher's direct support. Rather, Anna would provide on-site consultative support to the teachers about programming for Jessie's particular needs. Liz, the resource teacher, led the meeting at the child care centre where all participants shared information about Jessie and the child care centre.

RST: When did you come with Jessie to us?

MTH: It was in the summer. I believe it was August that I came.

RST: So can you just refresh me on what we had shared and talked about that day in terms of where she, what school she's going to and -

MTH: She's at Kingsley Preschool and we're looking for a full-time program for her, under "integrated" but I do feel the supports that she needs are minimal. She can feed herself, she does need like minimal supervision. She can - physically she walks fine, the only thing that I would say is limited is that her right arm is quite spastic.

RST: Right.

MTH: So she does have a small brace for that, but she is learning. It's a helper but it can't grasp small objects and do as much as her left.

RST: But that, that's my biggest concern. Like how did you find the stairs -

CON: Yes, stairs.

RST: I don't remember what we talked about before.

MTH: ...the stairs were my concern before. On our way up here today actually she

attempted them and she did ok. I held her one hand so...

RST: Right.

MTH: Now going down is going to be another - she's not as fast going down.

RST: Uh hum.

MTH: Right now she's crawling -

CON: Down on ours, on our stairs, yeah.

RST: Right.

MTH: We don't have stairs at home so she doesn't...but she does practice them at Kingsley and at the park, which we're there probably on a daily basis. So you know, you would have to let me know if there's somebody, aides or someone that would be able to hold her hand -

RST: Yeah.

MTH: And assist her up and down the stairs. And it might only be for the first three months, and I'm sure by then she'll pick it up.

CON: She can try that today.

MTH: You have railings on both sides so as long as she can adjust to her hand that she can grip better on -

RST: Okay.

MTH: ...and I think just with practice she'll be fine. And she's gotten better with practice because before she wasn't even doing them. She was crawling up and down them.

RST: Uh hum.

SPV: Do you have stairs at Kingsley?

CON: We do. Just on our climber. So they're a little bit wider and shallower than the stairs here, but she does do them going up. Normally she turns around to come down though and crawls down them so I don't know how that would work here.

RST: Does she sit down...could she sit herself down and go?

CON: She probably could try that too. We can try her.

RST: Okay, one of the other children was doing that naturally on her own. It was harder. The problem though, but just, 'cause, she wasn't ready yet, she was sitting down and going down on her own.

MTH: Right.

CON: They probably asked her at school to turn around and crawl down, it's probably -

MTH: Yeah, I would, I would say crawling - turning and crawling -

CON: Uh hum.

MTH: Crawling down the stairs. But that's my greatest concern. Like, do you have a lot of children that have accidents on the stairs or, are the children really well supervised on the stairs?

SPV: They are.

RST: They're all supervised going up and down the stairs always... We bring them down in smaller groups.

MTH: Okay.

RST: So it is one teacher to a smaller group. You know, my initial reaction is, when you're saying this, of course if she's part of the "integrated program", I would be there holding her hand.

MTH: Right.

RST: All the time. I mean until she was ready to do it on her own, like with any other child, you know.

MTH: Uh hum. Right.

RST: So that's, that's something that's the biggest concern because she's not -

CON: ...part of the "integrated program"?

RST: Well I just do that, do that anyhow and when I'm not there...the other staff feel comfortable about it, that's all.

MTH: That's all.

CON: That's all. You know, to make sure that she's ok going up and down.

MTH: Uh hum.

CON: Definitely. Um -

MTH: And I'm sure she will improve. I mean, 'cause ...she is progressing so I'm sure she'll get better with them.

RST: So can you tell me like, from last summer to now, how has she progressed in that?

MTH: I would say stairs are her greatest...as far as walk, I mean she walks fine. She's jumping more, she's running faster.

CON: She's much more controlled than she was even in June of last year.

MTH: I found since August her language has picked up considerably -

RST: Can you give me an example?

MTH: Well phrases like, "here we go". I mean before it was one single word, and just expressing what she wants more, what she needs. And she's starting to tell me when she's voided in her diapers. She tells me afterwards, but at least she's finally telling me. So I, all those areas she has progressed a lot.

(Case2-Mtg.1:1-4)

This meeting reviewed Jessie's physical, cognitive, and social growth as well as the adaptive equipment that she requires. Jessie wears a plastic brace on her right hand and Anna offered her support to assist the teachers in incorporating specific instructional strategies for Jessie into their regular program activities.

CON: And that's where we can come in too, because in terms of what I can provide can vary depending on what you need and it's different for every centre that I go into too. For some centres it's just coming in and just checking what you're doing with her, physically primarily. And just reassuring that everything is going the way it should be. For other centres it's coming in and actually giving programming ideas....so it just depends on what you need, you feel you need. Part of what it can be, I can bring our therapist Nicole in as well, in terms of showing you

stretches, if they need to be done here. Quite often centres do them. Uh giving you specific programming ideas, plus I usually bring her in two or three times a year just to mainly - like check that the child is maintaining a range of movement and sort of what needs to be worked on next. That type of thing. And she can give more specific physical ideas as well.

(Case2-Mtg.1:12-13)

The differences between the "integrated" and "regular" program supports were identified and reviewed at this meeting.

CON: ...How will it work in terms of now if she goes into the mainstream and sort of how would it work in terms of the teachers and you resourcing to them?

RST: That's right. I mean we really have to hear from them [teachers]. We'd have to ask them how they're feeling because I'm on program -

CON: The teachers.

RST: Yeah, I'm on program in the morning, right. In the afternoon I'm only in program an hour or so and that's with the school age and fives because one of my children's integrated into that.

CON: Uh hum.

RST: So, in the afternoon, is the crucial time when it is, there's less...I'm not on program and there's less staff.

CON: Uh hum.

RST: ...I mean to say the staff start to go home -

CON: Right, yeah.

RST: You know, the prime time is in the morning when we're all there, and I'm there, too. So it's just how they're, I think how they're more feeling versus me because she's gonna be part of the regular program, right, and how they're feeling with her

CON: So you're, you're not gonna be there sort of in terms of working one to one with Jessie but more - will you be available as a resource to the teachers?

RST: Yes, because, you see, I've got my four kids -

CON: That's right. Yeah.

RST: Okay, I mean that's, it's up to you because you - did we talk about the "integrated program" ?

MTH: Uh hum. Yeah.

RST: I mean with those four children, I am obligated by the Ministry, right, to -

CON: Uh hum.

RST: You know, there are set standards working with them, following through the program, meeting with their parents every month. We're going through, as I said new programming. We have a new manual and that's my first priority. And then I resource already to three other children.

CON: Oh you do.

RST: Yes.

CON: Oh.

RST: Okay, I do.

CON: But you don't do, you're not doing programming?

RST: I'm not doing program plans but I meet regularly, I meet with the parents, I'm involved with the consultants. I keep an eye on those kids.

CON: Oh yes.

MTH: Oh, that's good.

RST: Oh yes, always.

CON: That's good. And that's how it would be with Jessie?

RST: That's right.

CON: Okay.

RST: But I'm just saying like -

CON: That's a lot.

RST: Yeah. Exactly. So -

CON: In terms of your caseload, yes, that's a lot.

RST: You know it is, it is. So it's up to you because if you want that, if you want the monthly meetings, if you want the individual program plan, if you want that service, then that's part of the "integrated program". I mean certainly, keep me in touch and all these things can happen, it's just not the same. And so it's up to you. You may not want it. If you want her to be in the regular program it's up to you.

(Case2-Mtg.1:31-34)

At the end of the meeting Wendy Smith agreed that Jessie would enter the regular stream and understood that the resource teacher would not be available to provide the same intensity of support to them as she does for the other families on her caseload. Liz was "obligated by the Ministry" to provide individual education plans and to meet regularly with parents of children in the "integrated program", but could not provide these services to Ms. Smith. With this in mind, Anna offered to come to the centre on a weekly basis when Jessie started the program and then to reduce the frequency of her visits.

CON: My schedule, I try and keep as flexible as possible. So in terms of what the teachers want and sometimes that's weekly initially - it usually works out to be once every two weeks once a routine gets started. Again other kids, once they've been in - I've seen them a year or whatever, we cut it back...I'm always available by phone, or whatever, too, when I'm in [laughing].

RST: As you say, you sound like you're around quite a bit.

CON: Yes, yes, for whatever they need. And we can, and it's flexible again in terms of what I do once I come as well. Some people want more, it's like concrete specific work on this and others don't, so I can do whatever they [teachers] want.

(Case2-Mtg.1:38)

When Anna expressed a desire to start visiting the centre once a week and then "once

every two weeks once a routine gets started", Liz was surprised. Her initial reaction was "you sound like you're around quite a bit". This was the beginning of a discussion that would continue in future meetings.

Zaheeda, the supervisor, then explained that the next step was to discuss Jessie's admission into the regular program with the five teachers on the team.

SPV: Good. Well I think the positive of today is also that we did send Jessie into the program -

MTH: Yes.

SPV: She has, we can find out from staff uh -

CON: When you meet with them, yes, how they felt.

SPV: ... were there any difficulties in terms of development or of her needs or whatever they were able to do with her or not . So this is good experience for both sides.

MTH: Okay. Good.

SPV: So we'll be able to, staff will actually be able to give us first hand reaction as to how it went.

CON: Yeah, that's a good idea.

MTH: And that's that's really what - I can tell you what she needs but you can only tell me what you can provide and if it's not possible that's fine.

(Case1-Mtg1:39)

Since this was an internal decision, Anna and Wendy did not attend when Zaheeda and Liz met with the teachers. A week later at the staff meeting it was decided that Jessie could initially be admitted to the centre's regular program but only for half-days until the staff got to know her abilities and her needs.

In the next consultative meeting Anna met only with Liz, the resource teacher, at the

Kingsley Preschool. Uncertainty was expressed, particularly from Liz, about the roles they were each to play in servicing Jessie and Wendy Smith. During this meeting Anna and Liz described their perceptions of their own roles as consultant and resource teacher. Strongly felt emotions and conflicting views were revealed as differing positions became apparent. Role conflict became a central issue and threatened to disrupt the consultative process as Liz and the staff at Main Street struggled to provide more inclusive services in their centre.

RST: So, Anna let me tell you about...well not my role yet but how I would see you?

CON: Yeah, and then how you see us working together, and then I'll let you know how I have done it typically with other people and what the possibilities are....how we can work it out.

RST: Okay. So typically, just taking the group of four, if I'm involved with them, if a child comes and they have a consultant with them,

CON: Uh, hum..

RST: ...and they're a part of the program... typically they are there to support,

CON: Right.

RST: ...typically you get to access resources like speech, or in this case physio...whatever's needed ...the person doesn't come let's say on a regular basis...

CON: Yeah.

RST: To come and observe the child in the centre, to do reports...you know if the other staff want to talk to...

CON: Right.

RST: ...the specialist to give them a chance to meet and talk with them, to answer any questions...because then it's my role to implement and model to other staff, and the reports are available to staff to read when we get them.

CON: Okay. If I can just clarify too, you know in this case because Jessie is not on the "integrated program", is it still going to work the same way? Is my contact going

to be with you still, rather than the other staff?

RST: Okay. That's really what we're talking about.

CON: Yeah.

RST: Because, I'm being honest with you it's the first time I've been in this situation.

CON: Okay. So we can...do whatever you want.

(Case2-Mtg.2:1-2)

The issue in dispute related to the frequency of Anna's visits to the centre and whether she should directly consult to the teachers or whether Liz, the resource teacher, should be the primary contact person to pass information on to the teachers. Anna wanted to know from Liz "how you see us working together ". They struggled at this meeting to come to some agreement about their differences.

RST: Okay...So the only thing I guess I was questioning was, I was wondering is do some of the other centres you go to, do they all have resource teachers? Or do some don't?

CON: Uhm...I go to both.

RST: Okay, and is that the variance and I'm just saying in terms of how often you come out and stuff.

CON: Again how often I come out is flexible, its what you guys want. Initially, I mean, sort of the general rule of thumb is usually once every two weeks.

RST: Okay. I'm going to tell you right now, you are not needed for that at all.

CON: Okay. Perfect. Okay.

RST: I mean you may be needed...you come out for the meeting [with the teachers], you come out with Nicole [physiotherapist], and after that I may not see you for three or four months...I don't know.

CON: Okay.

RST: I'm just telling you, I don't know.

CON: No, no. That's fine.

RST: Or we'll see you next month.

CON: I was going to say, I mean, some centres want you to come out weekly initially just so that they're comfortable, if they haven't had a lot of experience or haven't integrated kids before or whatever. That's often, its just that reassurance that they're not doing anything wrong or they're not going to harm anything or the child. Which they never do. So sometimes I go weekly initially, and then sometimes I go twice, once every two weeks for awhile or whatever it is and quite often its been once a month with staff and things. I'd probably want to do it at least once a month just to make sure that she's not falling behind in anything, or that there isn't any equipment need or..

RST: And other issues. The issue of next year too and stuff which you will bring up in the room.

CON: Yeah, that's something else that we'll have to talk about.

RST: Because I'm not used to a consultant coming in once a month at all.

CON: Okay.

RST: I mean no one, I mean maybe that was years ago when I was just starting in the role, but now once every two, three [months]...And so...

CON: Because you're fulfilling that role more now.

RST: And also because of my level and due to the growing and...

CON: Yeah, and that's fine too. And something that we can sort of...

RST: Or,

CON: ...judge at or whatever. I think, I think to profit...

RST: So that was sort of something I was reacting at, "What, she's coming out every two weeks!" [Laughter]

CON: And its not coming out to check on you or anything. Sometimes the parents feel a little more reassured and stuff too.

RST: What does Wendy want here? Yeah.

CON: Parent's concern usually is that the child isn't going to be getting the same therapy as they would be here [at Kingsley Preschool]. That's usually their concern. Okay. Now we don't do therapy sessions here. Everything is like what we call "sneak therapy" in terms of what activities we're having them do. And we explain that to parents, so that you can do that just as well. But usually they feel a little bit more reassured that if somebody else is coming in it means that they're getting more therapy.

RST: Gotcha.

CON: It doesn't naturally make a difference. But they just feel more reassured that her equipment is still working fine and there isn't any problems with that, or there isn't a need for something additional that's being missed or that type of thing..

RST: Okay. Typically in my role the parent would come to me and we would be talking because in my role like I meet with them. And I am, at least doing that, meeting with the parent about once a month.

CON: Good.

RST: Other things are maybe behind but that is happening.

CON: Yeah.

RST: And some of my parents I talk to everyday anyway.

CON: Yeah. Oh yeah.

RST: So typically...then we'd be filling you in.

CON: Okay.

RST: Okay. So seeing that..I don't know what Wendy wants... I haven't asked her.

CON: I haven't asked her about it either, so we can find out from her.

RST: Sure so we'll ask her what she wants because that would be the typical thing, Okay, if she was part of the "integrated program".

CON: I guess, I mean, in most of the centres I've usually felt like if I'm coming in once every two weeks or so, questions can get answered sort of like as they come up.

It's not that long of a time in between visits that they forget to ask something or it falls by the wayside and doesn't get answered until its a problem again like recurring or in like something that the child's doing or that type of thing...

(Case2-Mtg.2:19-22)

Anna listened to Liz's perspective about how she has worked with resource consultants and about how she works with a highly trained and experienced child care staff. Liz believed that a visit once every "three or four months" was sufficient because of her "level and due to the growing" she had done as a resource teacher. However, Anna assertively maintained her position about the need for frequent visits each month or "at least once a month". Anna assured Liz that the purpose of her visits was "not coming out to check on you", but "sometimes the parents feel a little more reassured". After negotiations, a compromise was eventually reached and it was agreed by the parent, the resource teacher, and the other teachers that Anna would do monthly visits to the centre but would be available for additional consultations as the need arose.

Anna's first meeting with the teaching team occurred a week after Jessie started attending the centre in the mornings. Jessie still attended Kingsley preschool in the afternoons. Anna listened to concerns and questions they had about integrating Jessie into their classroom, described her consultative role, and began to establish a trusting relationship with the staff. Four members of the teaching team, Martina (T02), Maria (T03), Allison (T05), and Rosi (T06) were present at this meeting. Kim (T04) was away on holiday. The teachers posed tough questions about Anna's role, her approach to working with them, and her credentials. Anna responded openly and with humor.

CON: What we can just do today then is just basically so I can meet you and you can meet me and we can figure out how best to do this or what help I can be for you guys with Jessie and so I'll just sort of tell you what I've done in other centres, keeping in mind that I always try to be as flexible as possible, So it's whatever is

a support for you guys. There's nothing that you have to do or in terms of my role or anything it's just how I can be or we can be a support for you guys in integrating Jessie, okay? And it's worked differently with different centres that I've gone into. Some have wanted me in there, they'd want it every day if they could, just because they're not as confident yet or haven't had as much experience with kids. Other people it's just been on a more sporadic basis, just providing supports or ideas. Parents usually view it that I'm coming, someone coming in just keeping an eye on that the child is progressing especially in their physical development 'cause these are all kids with physical disabilities that they're progressing in the way that they should be that they're not falling behind or getting tighter. If they have stretches and things that have to be done just to make sure that they're still the proper stretches to be done and the equipment still fits, her splints, or whatever, and when it's time for new ones, arranging for that to be done and that type of thing. So that's what the parents usually see and I'm pretty sure that's what Wendy sees it as --

T03: Sure, sure.

CON: ...as well, she's really confident and she's really glad that Jessie's coming here I think she's still sort of nervous because for two years she's had you know people keeping a really close eye on what Jessie's doing and so I think she's just a little bit nervous that that still won't be quite the same as a therapist and I'm not a therapist either, but she's, it's always--

T03: Yeah, what are you? Say what you are--

CON: What am I? What am I? Well--

T03: You didn't say what you are.

CON: ...it's a lot of things. Okay, what am I? I'm, I'm a teacher just like you guys are.

T03: I like that.

CON: I've worked in day care before so I know what it's like working in a day care and I know what it's like having people come in and saying, "work on this", and it doesn't work. I'm not gonna ever come in and say you should be working on this for the next two weeks and these are the goals and things cause it just doesn't get done. Even in our school when we have people like speech pathologists and stuff come in and say work on this and stuff, we never get it done, and we have four kids to work with and we still can't fit it in. So I won't be doing that. Unless it's something you want, I mean, and sometimes centres do want that. Sometimes they want me to come in with just a little piece of paper and say, this is what

we're working on now and then we're going to work on this next. But it doesn't usually last for very long since they quickly realize that that's not really particularly appropriate.

RST: Yeah, there's a sheet that Anna has that I thought would be good when she comes in. You know other consultants come in they always leave important "read it" but this was a sheet that I thought would be, could be easily put up in the room and we could just brainstorm. Anna could let us know or the physiotherapist just like the areas we're working on and then we could brainstorm the ideas and the activities and then it could be put up on a sheet like this which is really easy to post in the room and then we can all easily look at it--

CON: Yeah.

RST: What do you, what do you think about that?

CON: Generally I've found that these sheet, either that sheet or this, if it's like something really more specific work really well. The way I usually work is I just come in and play for an hour or so and see what the child's doing in the room, what you guys are working on in your themes or whatever, and then, just from what I've seen maybe come up with suggestions of activities or things or just saying to get her to use both hands this type of toy is really good. But then it's up to you how you work it in. I mean I'm not gonna say you have to sit down three times a day and do pop up beads with her 'cause you won't--

RST: You know it's not gonna be done.

CON: Yup, exactly.

RST: ...and you know I'm not going to do it either.

CON: That's right. I know nobody is gonna do it, but, I might suggest pop up beads are really good, --

RST: Yeah,

CON: ...playdough is really good --

RST: That's true.

CON: ...and what it's good for, --

T03: She likes sensory.

CON: Yes, yes, that's her life,

T03: ...it's sensory.

RST: So what do you think about this..?

CON: And then normally I would just write down those suggestions on the paper cause even though I tell them to, everybody forgets. I mean, you're probably busy when I'm sort of nattering at you or you're probably doing something else anyways and you're not gonna remember and everybody isn't gonna be there too, so that way they're just posted in the room. And anytime I make a suggestion too, I'll also say why it is good - not just, "do this". It's just, what's the underlying reasoning behind it because then once you've got that underlying reasoning, you can come up with your own ideas. You're just as good probably at coming up with ideas as I am, plus, you can see what she's doing in the day to day.

(Case2-Mtg3:1-4)

Anna demonstrated her specialized knowledge about children with physical disabilities by answering inquiries about Jessie's functioning and offering brief ideas about how to work with her effectively. She assured them that she would never leave lengthy directives to be followed that teachers soon forget and do not have time to fulfill. As she explained she provides them with "the underlying reasoning behind it because then once you have that underlying reasoning you can come up with your own ideas". Anna believes this knowledge empowers teachers to independently plan and implement modifications to their program for the child with special physical needs. After this knowledge based on expertise and experience with Jessie was shared, the teachers again posed questions about Anna's educational background.

CON: And with Jessie too, you have to realize, I mean, physically she's pretty good. .. where she's at is because of her cognitive level of functioning not because of her physical level of functioning. If you think that I mean, for a year she's been playing in the sand and that's, what she's still doing. She's sort of plateaued there ... once you identify where she's at in terms of her cognitive play and all that, that's sort of what you're working on those things and it's because of the cognitive level not because of the physical ability...she can continue to do more physically as she cognitively develops.

- T05:** And, she's right in there interacting though, like what did she say to you when I was in the cupboard? What did she say to you?
- T03:** Oh, she said, Allison and I were talking and Allison kind of hid herself in the cupboard.
- T05:** Yeah we were playing peek-a-boo.
- T03:** Yeah. So I said, she goes "who's that"?
- T05:** Oh that's it, she said, "who's that"? She pointed to me and said, "who's that"?
- T03:** "Who's that?" And they were playing peek-a-boo I mean, you should have seen them.
- T05:** She was great.
- T03:** It was hysterical.
- CON:** Yeah. She's really trying to interact.
- T03:** I was really surprised when she said that, "who's that"? And she said it right and she just met you.
- T05:** Well she just, she looked at Maria and pointed at me.
- T03:** Yeah, cause we were talking and she's probably saying, "well how come you didn't introduce me!"
- RST:** That's right. That's right.
- T06:** She loves songs.
- CON:** Yeah, she loves circle time.
- T06:** Because she was singing that song "If You're Happy and You Know It". And then it came if you're tired you know, so I said yawn. You know what she did I'm not kidding. She'd go like the child sitting next to her and she goes and puts her head on her shoulder. You know, like I'm telling yawn and she goes to sleep.
- CON:** She's carrying it a little bit further. Yeah, yeah. She's really trying to interact in that at our other centre she's been really trying to interact with the other kids. She really wants to but she doesn't quite know how and that's when she might hit or

something because she has no idea..

T02: Well she has bitten.

CON: Oh, she has last year, last year she tended to bite.

T02: She bites her hand, her own hand.

CON: Her own hand.

T02: And she's bitten a child. Wendy told me.

CON: Yeah, a few children. But she hasn't as much this year and then too, it was because she wanted to interact with them and she just had no idea how.

T02: She couldn't express herself.

CON: Exactly. She still hasn't you know and she's been in our centre for two years and she still hasn't yet. So she's still working on that. So that's the type of thing that you're gonna have to keep in mind as much as anything else - where she's at cognitively and developmentally and in all areas.

+ Ongoing discussion of Jessie's developmental needs.

CON: Do you have any questions or concerns or anything?

RST: Yeah questions you want to ask.

CON: ...at the moment it's, I know it's hard it usually comes up more when I'm actually in the room with you and doing stuff and you think of the things...

RST: Well Anna comes in, she's gonna be in the room.

T06: What's your title again? Just you're a teacher or are you--

CON: Okay, yeah, that's what my background is too, yeah, that, a title-- My official title right now...

T03: Your Royal Highness.

[Laughter]

T06: I didn't mean that way.

CON: It depends on which, which title you want. I've got two jobs.

T05: I, um,...

CON: No, in terms of my background, yeah, and stuff too...I don't really have my ECE. I have my degree in Child Studies.

RST: Like, um,

CON: Somebody else has it.

RST: Martina.

CON: Yeah, Martina did.

RST: Martina has the same degree.

CON: Yeah, so the same thing and I used to teach in our school, in our preschool, so it was with all kids with physical disabilities. And then I started doing the resourcing to day cares so resource consultant, you know, you can call me. The other half of me is I do early intervention with babies in their homes.

T05: There's three of you who..

CON: Ha, ha. I do everything. But in terms of this it's just resource consultant which just means that I do whatever people want me to, basically. [Laughter]...because it's flexible I'm coming out to you so I do what you want in terms of support, and just looking at the whole child and I mean particularly because of physical disabilities...and looking at their needs...and making sure they're covered but, I mean you can't separate it.

RST: Her role is the basically the same as our other consultants.

T05: How long has Jessie been at that centre?

CON: She has been there two years, she started early. See, I used to see Jessie at home, when she was a baby.

T05: My goodness.

CON: Yeah, yeah, so, and then they would come to my, I have a Friday morning group where the mothers and babies can come in and meet each other, and they came to that for a little while but she was like, one of my older babies and we had a spot

in school so she started early. I can't remember when it was. It was after Christmas and she's been in...

T05: So approximately two years.

CON: Two years about, yeah.

(Case2-Mtg.3:17-25)

The teachers enjoyed talking about Jessie and her interactions in their classroom. Anna emphasized the flexible nature of her visits in the centre. The teachers were pleased to learn that Anna had taught young children and understood the context of a busy child care environment.

In her next visit to the centre Anna brought Nicole (PTH), the physiotherapist. They both assessed Jessie's development and observed her interactions with the teachers and children in her new environment. Because of the busy playroom, they wandered with Jessie to various activities and at the same time shared information with the teachers. Although the teachers were very open to Anna and Nicole's input, Liz's initial resistance to consultation intensified during this visit.

CON: Kim, what is she usually like in the morning when you come in, into the room, does she usually just wander?

T04: Um hmm.

CON: She does?

T04: Um hmm.

CON: Cause we talked about that a little bit at that meeting, that she needs, probably needs to be directed a little bit more at least..

T04: Yup.

CON: ...especially initially in the morning and they had mentioned that they had had her in the small room usually first off which seemed to work better, use less distraction and stuff.

T04: Um hmm.

CON: But she tends to do that. She'll just wander...

T04: I've seen her do that.

CON: ..and not even sit. So we try to...

T04: We try to direct her and sit with her

CON: Yeah, oh that's good.

T04: I've seen a lot of teachers doing that.

CON: Oh good.

T04: But we leave her. Yes I've watched her, just to observe, and yeah, she'll just wander and look at things but you actually do have to sit her.

CON: Cause she doesn't choose to do like table top things or, or whatever, I mean you probably found she goes to the water all the time and playdough and things like that and she spent almost two years at our school doing sensory...

T04: So it's time to get her up.

CON: It's time to move on. I mean it was a good thing for her initially when she was started to reassure her and stuff but

T04: Um hmm.

CON: ..she probably now needs to be moved away from that type of stuff because when we talked about it at that meeting too, that like I said it's not the physical stuff as much as it's sort of basic functioning, cognitive. You know basically, if you think she's, she's almost four. She'll be four in January.

T04: Right.

CON: ...and the stuff she's doing is at like a two and under like just under yeah so, she needs to be encouraged along in that way.

T04: Should we be focusing on one hand more than the other? Because I've noticed that she does everything with her left hand.

CON: She does everything with her left hand so you want to try to encourage her to use both hands.

T04: Right.

CON: You know, the right hand is just, she uses as a helper,

T04: Uh huh,

CON: ...and so as much as possible getting her to,...

T04: Todd, apron please.

CON: ...to be aware of it and use it as much, she doesn't really, she knows it's there

T04: Um hmm.

CON: ...and she will bring it in when you ask her sometimes but in terms, I mean there you could be almost asking her to use one hand to hold it

T04: Um hmm.

CON: And the other hand to be putting on if she can but, it's difficult. And that's one reason why she stays away from things like that because it keeps falling over and things too, so she needs encouragement with that.

T04: Hmm, okay.

+ Joined by Nicole the physiotherapist.

PTH: She really needs a lot of direction.

CON: Um hmm, and Kim says they usually do it that she's noticed that too that when she comes in and they just know that she does wander and stuff too so,

T04: She can't choose.

CON: ...but they've been pretty good about...

T04: She can't choose and then when she gets there she doesn't really know what to do other than once you get there.

CON: Other than water.

T04: Um hmm. Yeah, She really needs to know how to play with the various pieces.

CON: [To Jessie] Hi. Where do you want, where? The book? Yes, yes, you know what to do with books.

PTH: Yeah, you do don't you? You know what to do with books. You love books. Are you going to read a book?

+ Back to Kim and joined by Liz the resource teacher.

CON: Yeah, cause Nicole's really noticed too what we talked about at that meeting about her not being able to choose activities and things and tending to just wander.

RST: I guess I don't, I don't feel it always, because I feel like when I was telling you about the drawing she went, she just needed someone to be, to start up, to initiate.

CON: Yeah, that's what I mean.

RST: Like she so, to me she was choosing. She went to the table, she was interested, she just needed someone to

CON: But she doesn't know what to do with it once she's there, right,

T04: She gets there, yeah.

CON: So that everybody needs to be aware I mean, she'll wander and Kim says she's noticed this that she'll look at things but she needs somebody to get her started

RST: Sure she does.

CON: ...with. That's what we had talked about remember you guys were starting her off in the small room which seemed to help that she was able to focus on things a little bit more in there...

RST: Um, well she went to the playdough...

CON: You said she had been doing that...

RST: ...no, she went to the playdough like I wanted us to put out stuff that she could really get into. No she went to the playdough which she's comfortable with.

CON: Um hmm.

RST: So it was just a feeling... Because when the rooms are like this - there's not a lot

of children around so I... you know what I mean?

CON: In terms of what?

RST: In terms of that here there are more activities.

CON: Right.

RST: Ah, but there's not a lot of children.

CON: And you find she can go and sit at an activity by herself?

RST: No. I didn't say that at all.

CON: Okay, no, you just said you didn't agree with what I was saying in terms of..

RST: Ah, no, what I meant was that I don't think she should necessarily start in the small room.

CON: Oh, no, I just said that you had said you guys had been starting her off in the small room and you found that helped either in terms of her focussing...

RST: Not, not me. One or two of the other staff did it for one morning. It happened for one morning, you know, it happened for one morning. Ah, otherwise she's brought, she's brought in here like all the kids and she's let to... and then you know we get her to choose something. And typically I've taken her to the water or something that I know she's comfortable with while I go out for a break.

CON: Um hmm. Yeah, yeah.

RST: And then, she, as I said she will approach, start to approach something else and sure someone, sure like any, any child I mean, a lot of our kids will self initiate but a lot of other kids, like sure you need to start them off. "Hey, do you want to draw?" And sit them down and get them going.

CON: Yeah, yeah that's what we were just saying.

RST: Yup, so

CON: And Kim said she had noticed the same thing.

RST: Sure, and this of course is her favorite.

CON: Yeah, but, yeah, cause we had said that she had done for two years sensory and books and that's it.

RST: Fair enough so yeah, it's time to move on.

CON: Yeah, yeah, and that's where she needs a little bit more direction because she won't choose to do those things herself.

T04: No, I...

CON: Once she gets in them she enjoys them

T04: Yeah, yeah.

CON: ...once she gets them, it started. So...

RST: No, all I was saying is that small room was done for one morning which is a happy...

CON: Oh, that's not the impression I got, that...

RST: ... it was. It was not done...

CON: ...it was done for a few mornings.

RST: ...no. It had not been. It has a happy accident it happened and I think there's a lot of the kids around going and she's feeling.... fine, but on a morning like this when there's not....

CON: Not, are your numbers low today?

RST: Yeah, typically on Monday, that... no I would not..but when she approaches something to get her involved, yes..

CON: Yeah, yeah.

T04: And get so she feels comfortable and then sure, I'll start pulling her to things that she needs to improve in.

CON: That's good. Yeah, yeah. Cause she is showing interest in some of these other activities but doesn't know what to do with them.

RST: Well sure.

CON: You know and the staff can be aware of that.
(Case2-Mtg.4-11-19)

The conflict about how to get Jessie to explore activities beyond sensory experiences continued between Liz and Anna. After observing in the playroom, Anna and Nicole continued the discussion with Liz in her office. Nicole took a prescriptive approach in designating specific adaptations and instructional strategies that should be initiated for Jessie. Liz seemed receptive to instructional strategies that specifically related to Jessie's physical condition. But although some ideas were quickly accepted, Liz had concerns about others and showed resistance to their implementation. Anna attempted to mediate between Liz and Nicole in the ensuing discussion. However, Liz's responses became more defensive as Nicole's suggestions became more direct.

PTH: Upstairs is good. She's [Jessie] better at gross motor stuff than she is at fine motor or at planning. I could see things like climbing in and out of the car being a benefit to her..

RST: Um hmm.

PTH: ...cause she can't do it yet, but she can with a little bit of help. She got in not too badly and then she couldn't figure out how to get out. She got about that much...

RST: Right, yeah. Yeah.

PTH: So I saw you just helped her turn over and slide down.

CON: It's the motor planning things that's the problem.

PTH: Yeah. Those are where her problems lie.

RST: Okay so, oh you got her to do it again?

PTH: Okay. She was sitting on the seat so I got her to turn around and put her hands on the back of the seat.

RST: And go down that way.

CON: Which is a good way for getting on and off of almost anything.

PTH: It's safe, it's safe.

CON: And were you using like "up, over, and down" or like that kind of thing?

PTH: That sort of thing she knows. "Up over and down", there's a lot of things, put your coat on "up over and down", you get on a bike "up over and down".

RST: Oh ho.

PTH: That phrase.

RST: She really keys into?

PTH: She knows it and can translate into other circumstances so you might find it useful.

RST: Okay.

CON: Yeah, and it's good finding, I mean for almost anything especially motor planning things, little phrases like that you can apply to different situations.

RST: Okay and I'll use that with the other kids.

CON: Sure.

PTH: Sure.

RST: We say "okay flip over your coat", and it's easier to say "up over and down" with a lot of the kids.

CON: Yeah.

PTH: Yeah.

RST: Because with the flip method, and I've never seen the flip method the other,

CON: ...coming off.

RST: ..like I know we always use it on, I haven't used it off.

PTH: It works off too.

RST: And there's a lot of my other kids I could use it...

CON: You could do that, yeah, yeah. That's good.

RST: Okay.

CON: And we'll write those down too. I mean, we'll, we'll...

RST: Well, I'm gonna write it for myself.

CON: Sure and then we'll write them out and I told Wendy we'd give her a copy of the things too.

RST: You're going to write the "up over and down"?

CON: Yeah.

PTH: Yeah.

CON: Sure.

RST: I'm just going to write it for myself, right here. Okay.

PTH: The slide up there, that railing is very hard for her to hold on to. Her hand's not big enough.

RST: Um hmm.

PTH: I don't know whether this is a possibility but I was thinking perhaps somebody could put a rail mounted on top of the rail, of the beneath one, do you know what I mean?

RST: I know exactly what..

PTH: ...just a pipe.

CON: A thin, narrow...

PTH: ...that would be thin enough for her to get a grip on because she really can't, mind you I don't think you're gonna not be with her anyway if she's doing that activity, but um,

RST: You see that, that um,

PTH: There must be more than one kid that can't get their hand around that.

RST: Umm.

PTH: No?

CON: You haven't noticed it?

RST: Well, no. Um, having to slide along the top...

PTH: Yeah. Anyways....

RST: Well ah, and another child has no problem putting his, but we consider her balance to be better, but in terms of the gripping I understand what you're saying it's just that ah, I don't see that hap-

PTH: I don't know whether it can happen or not.

CON: Happening.

RST: ...in terms of I could ask ---- who would actually do that and I don't know when because, you know, none of us, do you have any ideas on that?

PTH: What? Of how to do it?

RST: Um hmm.

PTH: Go and buy two brackets at Canadian Tire and a rail.

RST: The thing is, I'm not handy like that whatsoever. Our care- we don't, we no longer have a full time caretaker here

CON: ...caretaker, used to, yeah.

RST: We used to and so, but anyhow what you're suggesting..

CON: That's just something to keep in mind if it ever came up of, of things to do.

RST: So tell me what it is, I don't know, because I know I'm not handy like that, what is it?

PTH: It would just be buying two brackets that could screw onto the top of the railing and then...

RST: Do you want to come and do it Nicole? [Laughter]

CON: Just so it's something, yeah, just a small rail. The same type of brackets that you have the railings going up the stairs I mean how brackets are attached to the wall, I mean the railing's attached to wall with brackets, you know those type of things.
(Case2-Mtg.4-21-26)

Nicole also discussed with Liz staffing concerns. The issue related to Nicole's concern that the staff would not have the time to give Jessie the extra support required to keep her focused, on task, and developing in her cognitive capabilities. Liz reacted as the issue moved from focusing on Jessie's physical and motoric needs and related more to cognitive programming strategies. Again Anna started to mediate in this conflict while showing support to both points of view.

PTH: It's a lot of your staff's time like, I don't know how you're gonna structure this for somebody to give her a choice of two other activities for instance "do you want to build or do you want to paint?" You know something like that where she's only got two to choose...

RST: Well ya see typically..

PTH: ...expect her to choose one and go with her..

RST: Um hmm.

PTH: ..and complete it, you know?

RST: See, I, I guess the way I feel and what I let all kids do is I let them go in the room and if she's comfortable with sensory, that's fine with me because she is just, she's just happy now and not crying.

PTH: This is important for now I agree with you.

RST: Okay so right now that...and then she has already started to approach something else so I like her, so she approaches, yes. To gear into, like so she's approached drawing, so I guess- I'd like right now to follow her lead still..

PTH: I don't disagree with you at all,

RST: ...to make her, to make her feel comfortable.

PTH: I'm just thinking that she's not gonna move off sensory.

RST: Well she has though.

PTH: Without somebody's encouragement?

RST: She has, she's gone to gluing, she's gone to drawing, she's gone several times.

PTH: What, how much did she do?

RST: She sat there and did, and we encouraged her, yes, she's been a couple of times.

PTH: Alright that's what I'm saying, somebody has to be with her.

RST: I'm saying she's already approached the chair, she's approached the chair, she sat down, she's chosen on her own.

PTH: She usually flits, she'll pick up a stick and dab dab and take off again.

RST: Okay, well but she didn't because there's a staff that's there and she glued.

CON: ...and that's what Nicole's saying.

PTH: That's what I'm saying, it's gonna need somebody to help her to lengthen the time that she spends with other activities.

RST: Sure. Um hmm.

PTH: And that's gonna be hard on your staff.

RST: But I'm just saying she has, she has done it, and ah, when she chose drawing I knew, I knew if I couldn't sit down with her, yeah she would just flit, flit, well if that's, sometimes that'll be the case but that day Kim was right there so she...

CON: That's good

RST: ...sat with her and she did more drawings. So she does, she approaches other areas on her own and then right,

CON: So as long as the staff can be aware of the fact that just sort of pick up all those cues when they're able to,

RST: Definitely.

CON: ...depending on numbers and stuff too, then that's great yeah,
(Case2-Mtg.4:32-34)

They also considered the staff's concern about when to use the hand brace to reduce the spasticity of her right hand and when to take it off. Nicole offered her expert assistance on this and Anna offered suggestions on how to incorporate this advice in practical ways into Jessie's daily activities. This advice was left with Liz to pass on to the teachers.

Over the next two months, Anna came alone to the centre to observe Jessie, answer teacher inquiries, and offer them instructional strategies for teaching Jessie. Rather than requiring specialized programming regimes, Anna offered suggestions for modifying the activities that the teachers were already using in the classroom. She listened to their needs, acknowledged their skills, and modeled specialized techniques when appropriate.

CON: Good opening your hand. Rosi, has she been wearing her hand splint? Yeah, the hand brace, yeah. She hasn't been wearing it? No, would it be in her bag, in her cubby at all? Well I can check, it's okay. I just wanted to know whether or not

T06: ...at sensory, sensory play...

CON: You can take it off.

T06: ...take it off cause she can feel it.

CON: ...yeah, yeah, but then other times she should be wearing it.

T06: How bout like right now will she be...

CON: Here, it could be cause it'll help her to keep her hand open to be holding things. Because what's happening is while she's trying to do this like with the blocks and things, she's tensing up and her hand is pulling up and it's , and it's fisting and she's trying, even when she's trying to open her hand her thumb is staying in, so that

+ children playing loudly in background

T06: ...the brace would help.

CON: The brace keeps the, keeps the thumb out and then she can hold things better.

T06: ...to hold too.

CON: Yeah, yeah, and just keep, gives that little bit of pressure so that it spreads out.

T06: Oh, I see.

CON: Yeah, and so then she can hold onto things better and, cause the more that she tries to do things, the tighter she gets.

T06: Right.

CON: We want to try to keep her as loose as possible. So I'll just try it and see. I'll just check and see if it's there.

+ pause

CON: No, it's not in there. No, I'll ask Liz later

T06: But later I think we need it.

CON: ...was it getting wrecked at all? Because I know if sometimes when it gets wet and stuff it ends up getting, cause it might be that it's not, she needs a new one or something too, but...

T06: ...but like she has a tendency to like bite on it.

CON: Oh, I know, yeah. So it could be getting kind of rough and things so I'll, I'll check with Liz later or else speak to mom and I'll call mom and see. What are you doing? You've got playdough. You've got playdough. Rosi, can I just show you one other thing too? You know when you were helping her hold onto the block

T06: Yes.

CON: ...or whatever, and, when you were trying to get her to hold on and you were pulling this way...[Anna demonstrates on teacher]

T06: Yeah.

CON: ...and, could you feel that what she was doing was pulling back

T06: ...pulling back, yes.

CON: ...like this?

T06: Yeah, just a little.

CON: It's easier if you push from the back of her arm

T06: Like this way?

CON: Okay, yeah, like that way so if she, then she goes forward, you see, you just have to do it gently while she's pushing, and it moves it forward easier because if I push here, you automatically move forward without me having to, to push very much...[Anna demonstrates on teacher]

T06: Okay

CON: Okay

T06: How bout this one?

CON: That one she doesn't need any help with.

T06: This is okay.

CON: That one she does, the left hand she does perfectly fine, and on her own. But so when you want her to move her hand forward, like if you want her to reach for something like that, try and push behind. I know sometimes it's awkward cause you're in front of her, but try and push from behind because it's a more natural movement too. Rather than if you pull, she's automatically gonna pull back.

T06: Okay.

CON: And that just makes her tighter. So it's just a little trick to make it easier,

T06: Yeah, okay

CON: Okay? And sometimes her hand will open up too when you do that, it opens automatically, as well.

(Case2-Mtg.5:7-9)

Reasons for specific techniques were more apparent to teachers when Anna explained

them directly to the teachers in the classroom. Rosi began to understand why Jessie needed to wear her hand brace as Anna clearly described, "Because what's happening is while she's trying to do this [build] with the blocks, she's tensing up and her hand is pulling up and it's fisting". Anna was also able to coach Rosi in appropriate techniques for moving Jessie's arm that minimized spasticity and encouraged extension and use of her hand.

Each visit still ended with a meeting between Liz and Anna to review Jessie's progress over the past month and to inform Liz of instructional strategies that had been shared with any teacher that morning. Since it was not possible for Anna to meet with all staff at each visit, these briefings with Liz had the benefit of allowing all information about Jessie's programming to be written, collected and transmitted from one central source, the resource teacher. On the other hand, information such as how to modify instructional approaches to activities, providing a structure for keeping Jessie involved and focused on completing cognitive activities, and technical instructions about her brace were in danger of being communicated to staff through Liz's own filters and preferences. By operating in this manner it also added an extra burden of responsibility to Liz's already heavy workload. Liz discussed these issues with Anna. Anna listened empathetically and supported Liz in her desire to be a resource for all the children in the centre, but encouraged her to rely more on the staff.

CON: Okay that's great, yeah, that's good, no she is, she's doing really well and I mean, I haven't talked to Wendy but I know if she wasn't happy with what she was doing she would have called and...

RST: But I'm definitely as I said, gonna move her into the...because if she wants more I can't, it's not gonna be done.

CON: Into the "integrated program", yeah,

RST: It's impossible.

CON: Yeah, so she's still on the list. Is there any opening coming up that you know of or anything?

RST: Yeah, in September.

CON: Oh, in September. Oh, okay,

RST: A lot of my kids are going, that's what I'm saying.

CON: Oh, okay, that's right, okay.

RST: It's her and another child that, that are in the regular program but her specifically,

CON: Right.

RST: you know, the other child, but still, there's no, it's just, it's not the same and there's no way and I can

CON: No, you can't.

RST: I've been trying to do it and that's why I've been, and I haven't been fulfilling everything.

CON: ..yeah, and you can't, so you've got to really rely on the staff.

RST: From the start of this year I've had to stop it because we've been getting a lot of other children with special needs in the regular program and it feels good on one hand, on the other hand I can't handle it.

CON: ...you can't handle it all. Well that's okay, I mean the staff really seems to be comfortable and, and stuff with her too now and so getting over that initial hump, it was good that you could spend so much time with her but now they seem to be, have a good idea

RST: oh yeah,

CON: They are really good.

RST: They are, yeah.

CON: yeah, yeah.

RST: Yeah, that's all, and that's great regardless and everything but I mean the, all the other things that go with it, like just, you asking me well, has this, this and this been done?

CON: You don't know.

RST: It's not gonna be done.

CON: Okay, yeah.

RST: Or, it is, but it's, you know...

CON: At some point or other. Okay, I'll start bugging the staff in there. "Have you done this yet?!" I won't do that, I never do that but, I'll ask them more, and the more I ask them, that makes them more aware of, or like remembering things too, sometimes just one more person reminding them of it.

RST: Yeah, and it's good, and it's good if you ask them because you know, if everyone just comes to me I,

CON: Yeah, I know, you can't, it gets over, overload, that's for sure. Okay, good, good.

RST: Yeah, it's, it's better, it's true, yeah.

CON: Okay.

(Case2-Mtg.5:25-27)

Anna actively listened to Liz's feelings of being overloaded with work and her guilt about not being able to "handle it all". Anna injected humor into this discussion "Okay, I'll start bugging the staff in there. Have you done this yet?!" This served not only to reduce the tension of the issue, but Liz felt her concerns were heard and appreciated.

In the next visit the teachers were showing greater confidence in their programming for Jessie and in directly seeking assistance from Anna. In this visit Anna continued to share information and to problem solve with the teachers. During a music and movement activity Rosi asked Anna for help in teaching Jessie to complete a somersault game. In response to this

request, Anna supported Rosi's skills and coached her on how to use an appropriate motor planning sequence with Jessie.

T06: The next one is ----- you'll get you're turn, you need to wait.

CLD: Me.

CON: Yeah, you're waiting Jessie, I see. Alright! [Applause]

T06: Good for you.

CON: All on her own.

T06: Starting here. You need to take your purse off. Sure, help yourself to the necklace, any color you want, oh, you're going to choose the orange one. Sounds good. Pardon? Okay, would you like to start?

CON: Wow, tricky. Yay. [Applause] Very good.

T06: Okay, ----.

CON: Okay, watch what the other kids are doing. Wow. Big one.

T06: Jessie wants a chance, but you need to start from the beginning though, come. What kind of necklace do you want?

CON: Pick nothing?

T06: Which one do you want? Pick the one you want and then we'll ----, okay? White one.

CON: A white one.

T06: Okay, you put it on your neck. Hold it. [To Anna] Can you help me?

CON: Sure.

T06: Okay you know like, last time you told me to use her...

CON: To use both hands,

T06: Yeah, right...so you say, "Jessie use both hands".

CON: "Jessie use both hands", yeah, perfect, that's perfect.

T06: Okay, okay.

CON: Yeah, so even though you're helping her with that hand, she's getting the feel of it, going up, over, and down. Yeah, that's good, you gonna walk on the steps?

T06: Okay, no, on the steps, sweetie, one.

CON: You're walking.

T06: Come on sweetie, you're gonna try but you have to wait. Okay Jessie, the other step is there, over there, okay, on the green one, let's step on the green one, good

CON: Good,

T06: ...the red one, good,

CON: Good.

T06: Okay, Jessie, the green one again. Take the green one Jessie, oh look down,

CON: Good looking. Good.

T06: Good, okay, look down again for the red one, good and now the green one, look down so you know what you're doing. Step here.

CON: She's showing off. Hey, good stepping.

T06: Usually, Jessie likes it when-----okay there,

CON: Good, okay!

T06: Good for you Jessie, somersault?

CON: Do a somersault? Yay. Good work. [Applause]

T06: That was good Jessie.

CON: Okay, go take your necklace off. Go take your necklace off and put it on the chair.

T06: Okay Jessie.

CON: Good work, good work, okay back in line with everybody else.

T06: Did she take turns? You want to do more? She likes somersaults.

CON: Keep your hands down, good. Yeah, that was nicely done, hands down to the mat. Okay, come wait in line Jessie.

T06: Okay, next ---- turn.

CON: Good work. Nice somersault. And you put your hands right down to the ground. No, no, no. Don't push. Whoa, uh oh,

T06: Try again, we try, would you like me to help you with the somersault, I can help you. Know what you need to do, you put your head down,

CON: Good,

T06: ...head, down, and you need, flipping over,

CON: Up, over, and down.

+ background voices

CON: Nice somersault. Whoa...she lost her shoe. I see you're running and playing.

CLD: Look at that.

CON: I see, I saw you, you're running in one spot. Are you watching, one, two,

T06: Wow, that's good

CLD: Me?

CON: Your turn? You had your turn. Jessie's waiting now.

CLD: Wait.

CON: Waiting, you're right, she's saying wait. Jessie, we don't need to push.

T06: ... walk on the footprints, there, start again, one by one, okay, there, on the footprints, there, there, and now you can do a somersault. Yay, that's good.

CON: Yay. [Applause]

+ background voices, noises

CON: Okay,

T06: Wow, that was good

CON: Good somersault.

T06: She didn't need any helping on that one.

+ after another activity they all march back to the room

CON: Come on Jessie, let's march back in. Can we march back in, big steps

T06: Like, how about marching back.

CON: Good idea.

T06: Marching back?

CON: Knees way up high.

T06: How about making a straight line and then march.

CON: Are you gonna march with your knees way up high? Touch your chin.

T06: Line up, okay. Excuse me, let's march.

CON: March with your knees way up high. One, two, knees way up high Jessie. March, march, march, march, you're not marching, knees way up high. Up, march, march, march, march, where's your marching, let me see. You do it, you do it.

T06: She likes music.

CON: Yeah, she does that, that last song was really good, with the different types of things with the marching and everything cause she's trying to do different things.

T06: Yeah, she loves somersaults too.

CON: Yeah the somersault. That was good, and I didn't think about it at the time but you know those, the footsteps.

T06: Yeah,

CON: When you were doing it, sometimes it's easier, I mean it was good you were having her look down to look at it, but maybe if you just said "one, two, one, two"...

T06: Yeah,

CON: ..she might have been able to focus on it more. I didn't think of it while we were doing it but you could try that cause then you can put the "one, two" into marching and

T06: Okay,

CON: "one, two" into I don't know, jumping like you could transfer it over to everything.

T06: Yeah, okay. She was just following the footprints and she was looking down.

CON: She was, she was really.

T06: Just wanted to look down...

CON: Yeah, so that's a good thing to try with her. Yeah, that's good...

T06: ..look down and I wouldn't think to follow them.

CON: Yes, that's good, real good.

(Case2-Mtg.6:9-15)

At the teachers request, Anna coached the teacher through a movement activity with Jessie. The teacher was concerned about how to assist Jessie to complete a somersault activity. Anna reminded her to prompt Jessie with the words "Jessie use both hands " and "Up, over, and down". This allowed Jessie to experience and feel the action as the teacher moved her arm. At the end of the activity Anna reviewed with the teacher her suggestions and left her with another idea for assisting Jessie's motor planning when walking on footsteps placed on the ground.

After only four months of consultation with the staff at Main Street Child Care Centre major strides had been achieved towards full inclusion. While issues such as the amount and intensity of one-to-one teacher support required for Jessie were still being worked through, there had nonetheless been a shift in the way teachers viewed their responsibility for Jessie's individual needs. These adjustments allowed them to integrate Jessie into the regular child care centre without the intense supports offered directly to children and families in the "integrated program". With Anna's input the teaching team had increased their understanding and skill in meeting the physical, cognitive, and social needs of Jessie in a very busy child care playroom.

Teacher Issues

Change was not new to the staff at Main Street Child Care Centre. Over the previous two years the directors of the child care consortium had been developing policies and procedures that changed the consortium's approach to serving children with special needs. During this period of change the centres were moving from providing "integrated programs" only for children with disabilities to adopting inclusive practices that would more effectively serve all children with individual needs. Policies were in place that gave teachers and resource teachers responsibility to collaboratively adapt instructional programs for all children. Although these procedures were starting to be used by the resource teacher and teachers at Main Street to modify programming for all children experiencing special needs, the "integrated program" facilitated by the resource teacher was also still in operation. This led to increased role confusion for the teachers as they struggled to fit new modes of operating into established organizational patterns. Jessie's enrollment into Main Street in the "regular program" became a test of how to implement these

new inclusive policies at the local level for a child with disabilities. Contextual factors, teacher attitudes, and teacher efficacy were critical themes in this case study in motivating teacher change. But I was struck by how the “integrated program” and “regular program” distinction kept fogging the way towards full implementation of the new policies.

Contextual Factors

A high degree of job satisfaction was consistently described by all teachers at Main Street Child Care. They perceived their work as rewarding because they work as a cohesive team, feel supported by the many professional development opportunities provided for staff, and find the work challenging. Allison summed up the teachers' point of view when she told me:

T05: Well, it's very rewarding, it's rewarding because of the staff that we have here. We have a really great group of staff and we all work really well together and I'm sure you hear that a lot at other centres. But I think we really work well as a team. We have a lot of professionals that come in to do assessments on children and other professionals that come to do parent workshops and things like that and they always speak very highly of the centre and we tend to take a lot of evening courses, I guess you could call it, together. We just completed the Hanen Early Language course. We do a lot of workshops on our own, we have a lot of professionals that come in and do behavior management with us, give us ideas on how to deal with children with special needs, or difficult needs, so with all that, I think we really work well together. We're a very strong team. Ah, we have a lot of meetings so we can work out a lot of our own concerns and a lot of difficulties within the room.....Personally, I really enjoy working here. I've seen other centres. They don't have a nice flow to the day. It seems that there's a lot of confusion, there's a lot of animosity among staff. Here it's just, it's really nice, like it's really nice to get up in the morning and come here. I like the group of children we have here. We work really hard with the parents. Martina works exceptionally hard with the parents and working out conflicts and problems and because we have a really good supervisor who looks at both sides of the issue, you don't offend a parent or offend a staff, things can be worked out if there's a conflict so, pretty much it's, it's a really enjoyable place to be. We get a lot of compliments.....Yeah, as a matter of fact, there was an opportunity [for promotion] that came along..... but after a while I really had to really sit down

and look at the pros and cons of going for this. And one of the cons was there was a good possibility I wouldn't remain at this centre. That if I was promoted I'd have to go to another centre....And that really affected me. Even though it would have looked very good, you know, climbing the corporate ladder, but I really wasn't comfortable with the thought of having to leave, with the possibility of having to leave, cause I really do enjoy it here.

(Case2-Int.T05:1-3)

Teacher-child ratios (1:8) are adhered to in the preschool playroom as stated in the regulations of the Day Nurseries Act (Ontario, 1983). The children in the "integrated program" are included in this ratio, but the resource teacher position is considered above ratio since the resource teacher is not always involved in program activities. In deciding which children with disabilities can be accommodated in the "regular program" the issues for the teachers moved beyond one of ratios to that of teacher time, accessing resources and the particular needs of the other children in the group.

T02:I think Jessie was a big part of us looking a little bit differently at our program too, and saying look, we can't just say we have four special needs kids, we have a lot of special needs kids. So, Jessie was a big part of that....And we also, just to, on another note, we also after that had another mother desperately needing care and she came also to visit the centre and wanted to come in the regular program but we did say "no". This child's needs were, this mother did need a lot of support, this child would have needed specific programming. The special needs were different than Jessie's and we felt that no we needed this child to be in the special needs program.

INT: Did this child come with any consultation service already in place?

T02: No, I don't think so, because what happened is after we talked to mom we said you need to put her on the special needs waiting list because I think initially she had her just on a regular waiting list and it wasn't until we spoke and said put her on the special needs waiting list she will get into our program that way. She did that. I don't know much about the mother, the parent, but I don't think she had, she didn't have the things in place for example that Jessie does. I do know that there was, the mother was aware of some delays and had been doing some things with her. But I don't know that much about it.

- INT:** So, tell me about that situation in terms of some of the concerns that the teachers expressed. Were they included in that decision?
- T02:** Oh yes. Yes. Everybody was included in that decision and she had a couple of visits, all the teachers got to observe her in different settings. Let's say, you know in lunch and circle, whatever and then we had I think two meetings and in the final meeting we would all say our concerns. Because the ultimate question is can we meet the child's needs?
- INT:** Sure.
- T02:** And we said, "no". We don't feel we can meet her needs within the "regular program".
- INT:** What factors go into your weighing that decision and making it?
- T02:** Yeah, it's hard, there's a lot of decisions that go into that...because you're thinking of...I guess we were also looking at the mother and what would she need from us and would she need us to set up supports would she need supports from that? And with having the four kids already in the special needs program Liz would for example, let's say would be very strained to find more time to write communication books for this mother, to talk about developmental access with this mother and the regular staff don't have the time to do that kind of one on one.
- INT:** Right.
- T02:** So that would be, like already we have some kids where we're writing, for example, communication books because of the parent's need to get that kind of information. But that's very difficult to provide because we're on program all day.
- INT:** Sure.
- T02:** ..so, when do we do it? So that's part of it. What do we think our added role is going to be in that? And with this child too, there was for example she, her walking was very unsteady and I think she had just learned, if I'm not mistaken, had just learned to walk not that long ago...so there was a lot of very toddlerish behavior and so you're looking at things in the rooms in terms of is she going to be mouthing a lot, is she going to be able to function in a room of thirty-two pre-schoolers with this very toddlerish behavior? Knowing that for example, Liz would not be specifically...with her four kids in the room she would not be specifically going to her or setting up with her so she would be following the regular flow of kids when we're going up and down the stairs and when we're doing transition times and in the room when we saw her she wasn't functioning

well in the room and we just couldn't see her being able to deal with everything that was going on in the room.

INT: So, it sounds like you're saying one factor is how much more work is this going to add to the teacher's already heavy case load...

T02: Exactly yeah, yeah. That's definitely...

INT: ...as well as something about the other.. the configuration of the needs of the other children in the classroom.

T02: Exactly, exactly. You see, we, the other thing was we had four special needs kids but we also had another four or five who could have been on the special needs list, if we're talking technically, that we were already working on let's say language with, we're already working on behavior management whatever, and we're thinking is this going to overflow the system because we also don't want to stress the teachers because then nobody is going to benefit. We also don't want to push this too much to the edge and you only have to go into a room at certain times of the day to see the different needs, to see the different behaviors, to understand that there's a lot of kids in there that we're working on and probably too with her, if we've already got three children let's say that we're dealing with behavior management issues and if we feel that this is going to be a fourth, that's probably going to be too many.

(Case2-Int. T02:8-11)

Teachers expressed concern about how many children with disabilities and what type of child and family needs can be accommodated in the regular program at any one time. When the staff were asked to admit another child with special needs into the regular program they denied the request and told the mother to place her on the wait list for the "integrated program". Martina described multiple factors that led to this decision including the mother's need for support, the child's "toddlerish behavior and so you're looking at things in the rooms in terms of is she going to be mouthing a lot, is she going to be able to function in a room of thirty-two preschoolers with this very toddlerish behavior?", and the teacher's need for extra staffing. Liz was already busy with the four children on her caseload and four or five other children to whom she was providing

additional resources. The introduction of Jessie into their program highlighted for the teachers the need to consider the dynamics of the classroom, the effect of including a particular child into that dynamic, and the personal impact of inclusion on their workload.

Formal hierarchical leadership structures are found within the consortium. Major policies developed at the central office are implemented by the centres' supervisors. The supervisor at Main Street, Zaheeda, strongly supports her staff and promotes collegial interactions and decision-making processes with them. When policies relate to children with disabilities she considers the concerns of staff, but turns to Liz, the resource teacher, to facilitate this process and to make the final decision about which children can be accommodated in the "integrated program".

Staff feel it is very important that they be included in any decision-making process to admit any child with disabilities, not only for children entering the regular stream. All staff individually shared with me that they wanted their concerns to be heard and acknowledged. They believed resentment would result if they were not a part of the decision-making process. However, they varied in terms of how they perceived their success in influencing the final admission decision.

Some teachers felt they had a highly influential role in the admission decision.

T03: ...I mean our our resource teacher can't really say, "Well, hey, I mean, this child is on the list, she's next, let's get her in". I think there's more to it because if you don't, if you're not gonna do it, get everybody to share how they feel about whatever concern they have, how are we going to be able to work as a team? I mean really, because this is a child with really a lot of needs and how are we going to be able to meet them? I mean if we can't all work together?.....Because if you have that feeling that they're going to make the decision and who cares about what you think. I mean that's an awful feeling.

(Case2-Int.T03:19)

While other teachers perceived their impact on the admission decision to be limited.

T06: ...But like a lot of times as when you give your views, there are the times that what needs to be done it needs to be ...like lots of times your views don't count much....But sometimes they do....So I wouldn't say a hundred percent they're always counted though....I mean like what has to be done, has to be done. Sure, like your views, you give your views but I don't know....
(Case2-Int.T06:20-21)

Liz clearly defines it as her responsibility to make the final decision about admitting children to the "integrated program" in consultation with staff.

RST: ...well, the decision is really, depending on the child, the decision could be made solely by me or jointly with me and the supervisor. For example, typically any child who's on the waiting list, I typically do the interview. The supervisor meets them, but if I really feel the child is appropriate or not, I mean, I really, I'm, I'm making very much that decision.
(Case2-Int.RST:14)

But in spite of varying views of the decision-making process, over time a collaborative culture and working environment has been established at Main Street. This has made it easier for them to implement the new programming policies established by the consortium. With the resource teacher's input all staff consider the individual needs of any child when developing weekly program plans. This process was enthusiastically described to me by several teachers. These program planning sessions have increased the teachers' sense of ownership over modifying and adapting activities to meet individual needs.

T06: We have a new, the consortium has a new thing now....Kids who need help, doesn't have to be an "integrated child", it can be any child. It just started recently about three months back. It is a paper that you go through the strengths and the weaknesses of the kids and what they need. And you have to pick three to four kids every week.... And you work with the resource teacher...the person who does the program planning that week, sits down with the resource teacher and plans for those four to five kids who need help in certain areas....So we work together and then when those things are accomplished, on a weekly basis, then we mark it that "yes" it's done, if not like then we don't take it off.... So like this has

started and, I think that that's great though.....Oh yeah, it doesn't just have to be "integrated children", it can be anybody.

(Case2-Int.T06:29-30)

Several teachers further explained to me that the strong supervisory leadership provided by Zaheeda helped to implement the consortium's inclusive policies in their centre.

T05: ...if we had a supervisor who literally went into her office every day and closed the door and didn't communicate with staff, or with parents, or even with children, it-, definitely you sort of tend to sort of disclude these people from the group. Definitely, and Liz is always in the room helping us, and she's always, always has her door open. If we have concerns or questions, she's always ready to answer them.

(Case2-Int.T05:6)

It is within this framework of administrative directives, collaborative team planning, and facilitative supervisory and resource supports that the teachers embarked on changing their instructional practices to accommodate Jessie in their regular program.

Teacher Attitudes and Values

Teachers at Main Street have developed very positive attitudes towards including children with disabilities into their centre.

T02: ...I had been in a nursery school setting which is very different [from the child care consortium]. So I was very new to day care and day care settings and all of the settings I worked in were integrated. But from the other centres that I came from there was definitely, you knew who the "integrated children" were and you knew that the resource teacher worked with the "integrated children". There was a definite almost segregation there and you'd very often get the attitude well I'm not going to go play with Johnny, the special needs child, because the resource teacher will go play with Johnny and that has definitely changed for me. Coming to Main Street, a big part of it was that Liz and her view of what the role should be and also within the past couple years, the consortium's view of these children are a part of the regular group and all of the teachers deal with all of the children. So, yeah, that has definitely changed.

(Case2-Int.T02:4)

Although in many child care centres with a resource teacher "there was a definite almost segregation there and you'd very often get the attitude well I'm not going to go play with Johnny, the special needs child, because the resource teacher will go play with Johnny", this was not true at Main Street. The teachers at Main Street held very positive attitudes about inclusive practises. However, it was difficult for me to discuss with the teachers the differences between including children with disabilities in the "integrated program" and including them in the "regular program". The organizational structures and power relationships inherent in the "integrated program" are entrenched in their view of how to include any child with disabilities. Therefore, for them the differences in these two possibilities were not always clear. Some teachers assumed a more intense level of support was available to these children and families if they were labeled as a part of the "integrated program".

T06: ...it would be nice for them to be part of the "integrated program" so we'll have outside help too. Do you know what I'm saying?

INT: Okay, yes.

T06: This way, like we won't have outside help because these children are part of the "regular program".

INT: Yes, so that by outside help you mean a consultant in the particular area such as Anna...

T06: Yeah.

INT: ...would come in and support some of the work you're doing?

T06: Yeah, yeah, I would think that it would be nice to have somebody ...also with like they get a lot of pluses too, in so many things right?

INT: Right.

T06: Not, like not just consultants, you know other things too, if they're part of the

"integrated program".

INT: Can you elaborate on that?

T06: Okay consultants, if they need help like speech therapists. They have therapists coming over, special therapy like a speech pathologist would come over.

INT: Right.

T06: So like they'll have more things going for them if they're part of the "integrated program". If they're not, sure like I'm sure that you talk to the parents whatever,

INT: Right.

T06: But some parents don't initiate it, so being part of the "integrated program", then like they would...

INT: So it's also there would be some more intense working with the parents

T06: Exactly.

INT: if they were part of the "integrated program"?

T06: Exactly, yeah exactly. Cause that's how I feel.
(Case2-Int.T06:23-25)

While this teacher believed that more support was available for the child and the parents if the child was attached to the "integrated program", other teachers believed that a certain level of support was forthcoming from the resource teacher even for children not in the "integrated program". They appreciated and depended on Liz for information, direction, and parent contact.

T03: She [Anna] just basically said to really have her [Jessie] interact with children because if she sees the water, she'll go to the water and she wants to stay there. ...and really maintaining eye contact because she will like put her head down and kind of lift her chin a little and just when you speak with her, make her look at you, just things like that really...working with her dressing. She showed that to Liz and then Liz showed us, so I know, I think things like that she would show Liz first. Then Liz would go from there and show us.

INT: Is that an effective technique for you?

T03: I think so.

INT: To show it to Liz?

T03: Yeah, yeah, because Liz, like I said, she will, share anything with us so yeah.. or if she sees us in the cloak room, I mean if we have a different staff she will go out there and say "don't do it for her because this is what we're doing with her", and then she will go from there and show the staff.

INT: Liz will?

T03: Yeah.

INT: So that she, because she knows what's happening with Jessie she can then...

T03: That's right.

INT: ...make sure that all staff, even the casual staff...

T03: That's right, I mean because you look at her hand right away and thought well, she can't put her coat on so I'll do it for her, so she will say "no, she can do it". ...and Jessie, I mean, I'll tell you, she'll try, I mean, "here, dress me", so, yeah.

(Case2-Int.T03:16-17)

Another teacher, when I probed, began to rethink her assumptions about the "integrated" and "regular" programs.

T02:So we're always constantly dealing with the special needs of the kids all the time.

INT: In light of that, does the designation "integrated program" make any sense?

T02: In a lot of respects it really doesn't. Our integration program very often focusses specifically on parents with special needs. Those parents need a lot of support maybe from us or need help getting support from us because we're finding parents with special needs children who've already hooked into agencies often don't need that from us and they don't, they can fit very well into the regular quote unquote program because they maybe don't need us or Liz to say okay let's hook into this program, let's get into speech pathology etcetera, etcetera, etcetera and that child will fit into our regular program. We understand we need to adapt activities to her, we need to look at programming but if the parent is already set up then it's

okay. So you're right, it's a very constantly changing kind of term. And we have specific special needs children in our regular program right now and we're dealing with them as we would any other child. So, yeah, what exactly that means is becoming difficult, for sure.

(Case2-Int.T02:2)

The nature of the "integrated program" was changing and teachers were not clear about the nature of the change or their role in relation to that change. While some teachers believed that the resource teacher would be able to assist them with all children with special needs, others felt that by being in the "integrated program" the child and family would "get a lot of pluses". Teachers identified that additional support for parents was a major benefit. The resource teacher communicates intensely with parents of the children on her caseload and provides them with support and resources. Teachers do not believe they have time to offer this additional support, as the "integrated program" took on a stronger family-focus.

In spite of the teachers valuing of inclusive practices they initially had concerns about working with Jessie in the regular stream. But this attitude changed as they personally interacted with Jessie and were supported by Liz and Anna.

T06: ...until you see the child right....you can't, it's hard to say, "now you can come". If you tell me right now, "oh I have a child for you here who is not part of the integrated program, is part of the normal program", [and then] I see her with her arm that's not working, and she's not toilet trained. So that way, it would be different issue then seeing it personally. Know what I'm saying? But if you just come and tell me, oh I have a child who is not in integrated, part of "integrated program", of course if I see her I would say, "no, she is a part of integrated program". So like that would change your view too.... I mean mind you, we are a staff, like we're a strong staff here, very strong I think and we all work together very well. Ah, but still, when you say "regular program" you go "oh my goodness, like we need extra help now"....But now I think Jessie is, I mean to me it's, you know I'm used to her, she's used to me. And she's part of our daily program. I mean like daily children...

INT: So she does the activities with all the other children.

T06: Oh yeah. I think Jessie has come a long way in fact. She's come a long way.
(Case2-Int.T06:6-7)

Teacher Efficacy

When a child with disabilities is introduced to a centre even the most highly educated, experienced, and skilled early childhood educator will question her/his ability to provide education and care. The teachers at Main Street had primarily integrated children with developmental disabilities and social-emotional needs but were concerned that they did not have experience in seating, positioning, and adapting activities for a child with physical needs. Initially they worried about how much time would be demanded of them to assist in daily living routines such as toileting, dressing, and feeding Jessie.

T02: ... especially with a special needs that we maybe have never had before and people will be frightened or afraid of that and feel "I don't have the skills to deal with this special need". So it takes a while, but we always, we always come around and then we work as a team together.

(Case2-IntT02:7)

The teachers strongly supported the role that parents can play in sharing information with them about the child with special needs. They also seek reassurance from the parent that they think the teachers' skills are adequate to meet the child's needs.

INT: How do parents come into play in supporting the teachers integrating the child?

T02: They can give us information about the child, about the child's behavior. They can give us, they very often know their child the best or may know what specific equipment we need to help the child, um, sometimes they're coming from a different perspective. They have a different relationship than a teacher may have and so sometimes they may offer less than we could use, because there's a different attachment there. I just know myself as a mother in terms of what I would say about my daughter versus how somebody would be able, it's less objective, let's say. And but they can also offer support. If they're very eager to

be in the program and they really want their child to be in the program, they can be very supportive and talk about being really positive about the fact that their child is here and I feel everyone is doing well. Because we often, our concerns come around will the parent be happy with what I'm doing with their child? Will the parent be okay with how I'm dealing with this? So they can offer support.

INT: That's an interesting perspective that I haven't heard before, that the teacher may be concerned about how they're viewed by the parent and whether they're adequate in their skills.

T02: Exactly, exactly. With, especially with special needs children, do you feel I'm okay, I'm adequate enough to deal with your child in many different areas? Are you going to feel okay about, about leaving your child and feeling that I'm going to be okay to deal with this? I think that's an issue with all the children because we want all the parents to feel like their children are safe here, and their children are well cared for. But with the special needs kids, we maybe ourselves feel like, am I gonna be adequately equipped to deal with this child all day long? Then how are we going to project that to the parent? We want the parent to feel like, yes, everything is going to be okay. So, that's a big part of it. It's something that I always think, if I want the parent to feel one hundred percent confident, that child's gonna be here all day long and we're going to be able to deal with whatever comes up and we're going to be able to fulfill her needs which is basically what it's all about. Because we as teachers really feel badly if we feel like we're not meeting someone's needs no matter who it is. So I think we're very often afraid of getting too many special needs kids and somebody's needs are not being met...somebody's being left sitting on the carpet, crying about something and we can't go over and offer the emotional reassurance because we're running around after three other kids, and that's probably what we fear most is not meeting one child's needs.

(Case2-Int.T02:30-31)

Teachers expressed concern about how the parent's evaluated their work with the child with special needs. As one teacher noted, "Because we as teachers really feel badly if we feel like we're not meeting someone's needs no matter who it is". Teaching efficacy is enhanced if the teacher sees that the needs of the child are being met and the parent appreciates their efforts.

Consistently teachers spoke about the presence of a consultant as being critical to their developing teaching efficacy. Anna provided information and support around Jessie's particular

needs and brought the physiotherapist to the centre to further offer technical assistance

T02: Well for example, with Jessie...with her brace and the use of her hand they came and talked to us I guess the physiotherapist...and they would say and this is how you put the brace on and off, you don't need to worry about this, she will use this hand this way, she won't use this hand this way. They were more than willing to come at any time when we would need them and that was very comforting and supportive. And to understand that what we were doing was okay and they felt that she would be fine with what we had set up.....

INT: So it sounds like the information is a critical piece..

T02: Yes, yes.

INT: But it was also supporting you in what you are already doing..

T02: Exactly

INT: ..and extending it a bit.

T02: Yeah, yeah, yeah, sometimes just to support and say it's okay that that's what, you're going to be fine. Sometimes it's just that support to say you're confident you've got the education to do this, you're going to be fine. Sometimes it's just that and that's basically what one did, especially with Jessie, to say that's okay, what you're doing with her is fine. And we would talk, let's say for example we would talk about behavior, well what about this behavior with Jessie. Well, that behavior is attention getting behavior and you would ignore it like you would ignore any other behavior. So yeah, sometimes it's just a supportive role.

INT: So, it gave you an opportunity to express those concerns..

T02: Yes,

INT: ..and they were able to be supportive.

T02: Give suggestions and give suggestions. Yes. Sometimes it just takes a little bit different point of view, to say well in our situations this is what we do. And it's very important for the team with a child that's coming in, whether it's regular or integrated program, but if we know right off the bat that there are some special needs that come with the child it's very important for the staff be able to have feedback and to be able to say, "Look, I'm worried about how I'm going to do with this child". They really need to do that and then we need to say, okay, you're worried about this, how are we going to address those issues? Who are we going

to get in to help us address those issues?
(Case2-Int.T02:14-16)

Offering technical information and reassurance that teachers were doing well with the child was an important part of Anna's role. The teachers also appreciated how Anna worked directly with Jessie modeling instructional techniques and cited this as an effective method for promoting change in their own strategies.

T05: ...The meetings like I said are very important and we get a lot of information there and she just offers resources to us, whatever they may be. But what I really like about, for example, Anna coming, is that she actually comes within the room. She doesn't come between twelve and one and host meetings with us. She actually comes whether we're on the playground or whether we're in the room down here. And she comes into the room and she works with Jessie. And she offers support to the staff and she will actually , she will model what we need to do...For example if she's at the water table with Jessie, the language she chooses to use, the materials that she chooses to use, how she gets down to Jessie's level, whatever. If she's looking at Jessie, if she's looking at the object, whatever, she really models and I think that's what we need. I think that's what the preschool staff need. The information is vital, the meetings are vital but it's also really important for her to be in the room and model what we need to do in order to stimulate the development of whatever child.

(Case2-Int.T05:19-20)

This teacher strongly believed that Anna's modeling techniques in the classroom were critical and explained, "She doesn't come between twelve and one and host meetings with us. She actually comes whether we're on the playground or whether we're in the room down here. And she comes into the room and she works with Jessie. And she offers support to the staff and she will actually , she will model what we need to do."

Teachers also noted that Anna's friendly qualities made a difference to their trying new approaches.

T03: I think with her [Anna], it's just the type of person she is. She's very friendly, outgoing, I mean she doesn't really go to one specific teacher, like our resource

teacher, really goes to all the staff and she's there. Right now we know she'll be here and she'll come in and say.. well she could see Jessie at a table and she'll well you can try this, or let's try this cause this is what we were working on, so that type of thing, I mean she's...

INT: So she'll give you some suggestions on how to instruct Jessie?

T03: Suggestions, right, and she had like I said, her physiotherapist coming in to actually showing Liz how they worked on with her getting dressed, going up and down the stairs so that type of thing.

(Case2-Int.T03:12)

In my interview with Anna she noted that in time the teachers saw they were successful in promoting Jessie's development and that she was not being physically harmed. This strengthened their sense of teaching efficacy with Jessie.

CON: Yeah, in the long run I'm actually trying to talk myself out of the job. And I have had centres where I've started going in weekly for a child, and by the time the child you know, is five and out of my age range, I'm going in once a month, once every two months if that... you know because the staff is comfortable with the child and knows what type of activities they should be doing and what they need to be focusing on and, and it's just sort of monitoring at that point.

INT: So what factors do you think promote that change in teachers?

CON: Oh, I really think mostly it's familiarity with the child and with their needs, and seeing that things actually work. So seeing successes in it, so that if I can go in and make the suggestions and then they actually try them and then the next time I come in and ask, "how has it been going?" If they can tell me that the child was able to do this for the first time or whatever, they feel that they've really accomplished something and that they are competent and they can have an effect on the child's progress,

(Case2-Int.R02:17-18)

Consultant Issues

As Anna reflected on her role as an agent of change, four themes emerged that describe her consultative work. She is mindful of and acknowledges the hierarchical organizational

structures of power within a centre, she manages the change process as teachers move to full inclusion of a child, she assists in conflict resolution, and she provides specialized knowledge and instructional strategies to promote teacher efficacy. Even though these themes were apparent in her interactions with the staff, two sub- themes kept weaving through the meetings and interviews as the participants worked to include Jessie in the regular program. These themes relate to the role clarification and role negotiation that was required between Anna and Liz and, which in a more subtle manner, was occurring between Anna, Liz, and the teachers. Anna's success as a change agent in many interactions in this case had less to do with the specialized knowledge she offered and hinged more on her ability to assist with the reconstruction of staff roles.

Organizational Structures of Power and Control

Anna explained to me that when she goes into a new centre she must quickly determine the sociopolitical structures that exist within the organization. As in most child care centres, Main Street has formal hierarchical power relationships with the supervisor at the helm. To influence change she revealed that she must start with the designated contact person before she can directly approach any teacher with instructional suggestions.

INT: How do you as an external consultant look at those relationships, you called it a hierarchy, what do you mean by the hierarchy, how do you look at those relationships and,

CON: It's usually fairly clear in terms of again, the one person is usually designated as the person that you're supposed to talk to....

INT: Who designates?

CON: ...usually it's the supervisor or when you initially make the contact or else it's even sometimes the parent when they say, could you call this centre or whatever and

they tell you who it is you're supposed to speak to I mean because they've already spoken to the centre and the centre has said tell her to call this resource teacher or whoever. So, it's usually fairly clear that that's the one, and most centres tend to tell you who in the room it is that is sort of the person in charge...they're usually fairly upfront about it. So it's usually fairly clear what that hierarchy is... if it's not sort of laid out you sort of get the message because if you say something to one staff they may say, "oh, you should be sure to tell so and so", or "I'll mention that to so and so"...because they know what their place is in that hierarchy as well. And I respect that and I make sure like I say that the other people do, but I don't stop telling them because they're a part of that room too and they need to know and I guess by my actions I'm trying to show that everybody needs to be involved that it's not, the things that I suggest are not things that you do for ten minutes a day, twice a day or whatever, because we don't do that, things like that here, and kids don't work that way. We do what we call sneak therapy - everything is just snuck into the regular program and it's not always gonna be the same person that's gonna be there to do that so they all need to know that the child needs to keep that right hand on the table. It's not gonna be go tell the other teacher to come back and tell the child to do it.

(Case2-Int.R02:25-27)

At Main Street Liz, the resource teacher, has led the team of teachers to include children with special needs. The teachers deferred to her decisions relating to children with special needs. Because Anna first works "with the one person [who] is usually designated as the person that you're supposed to talk to," she discussed what her role would be in the inclusion of Jessie into the regular program with Liz. A power struggle ensued that required both Anna and Liz to negotiate new roles for themselves, and to release roles and control which they usually hold.

Anna came to Main Street with a strong sense of her role as a consultant. And Liz had a clear concept of what her relationship was like with other consultants for children in the "integrated program". At Main Street Jessie was in the "regular program" but the resource teacher, while not having the time to directly spend on Jessie's programming, still wanted the control that she maintained for children in the "integrated program". Liz believed that she should still be the primary support for the teachers, the child, and the parent, and had difficulty releasing

this role to Anna. This brought her immediately in direct conflict with Anna when they negotiated the frequency of Anna's visits to the centre and their respective roles.

CON: ... In this case the resource staff didn't really feel that she needed me to come in on a really frequent basis, and I sort of insisted that it was at least monthly. You know most times when I visit day cares, it's usually once every two weeks, just because we find that gets you into a swing of a pattern and, you can see what the child's doing on a better basis. She didn't really feel that she needed me in that often, she's not used to having consultants come in on a regular basis and so we sort of compromised on that once a month at that point. And, it was a little bit trickier this time too, because the resource teacher ...was overseeing her integration, the child's integration but wasn't able to spend as much time with the child as she would a child in the "integrated program". So I was sort of having to make sure that she was well informed but also see that the staff was supported and making sure that the staff was getting the suggestions, since they were the one's working with the child so it was most important that they knew what was the best things to be doing.

INT: So are you saying that there was some concern that if you only communicated with the resource teacher you wouldn't be developing the rapport or the communication lines with the front line teacher?

CON: Ah, a little bit. Although I was constantly being reassured that all the teachers were doing the programming and that they all saw the information that I left or the programming, the suggestion sheets that I had left or whatever. But it was sort of I don't know how to put it. It was a little bit difficult because if I was just giving that one person most of the information or the suggestions, but she wasn't the one that was actually going to be carrying it through, like anybody, stuff gets lost in the translation. Not because I didn't think she was gonna pass it on but it was just that people don't tend to remember things as well either unless you tell them right then and there. It doesn't mean as much for them to hear it in a weekly meeting, or however they were going to do it, rather than if I was right there while the child was doing the activity and said this is the way you could be encouraging her to do that...So usually I try to tell the staff during the program like while it's happening and then write it down and leave it as a reminder. So I think that worked too, because I try to tell the staff in the program and then wrote it down on the sheet and went over it with the resource teacher.

(Case2-Int.R02:5-6)

In my interview with Liz, she shared with me that she had felt her role as a resource teacher was being undermined and threatened by Anna's desire to be in the centre for a weekly

or bi-monthly visit. These feelings were reinforced when she met with Nicole, the physiotherapist.

RST: Anna came before and just met with the staff, introduced herself, explained her role and as I said, what she's available for. She could be available for whatever, or as much or as little. And I was the one that was putting limits on it, in a sense, because I was not used to having consultants come in so often. I was feeling a little threatened in terms of my role.....Because I wanted to do some of this and this is why I wanted to talk to her...to explain that, and that's what I was feeling ...because, I don't have any consultant that comes in that often and it was also just her recognizing the skill level of the staff here.....And how they will become comfortable with Jessie very easily. Now, in terms of getting certain goals met, that's another issue. But in terms of being comfortable with Jessie and I think her being stimulated and caring for her, that would be no difficulty. It was more, if she wanted specific goals to be met... but that's what she did and at that meeting I tried to be quiet and not talk too much and she really explained her role, and the staff were asking her some questions.

INT: So how did you work out your individual roles? What have you come up with? Has there been some sense of that? Have you changed in your feelings around that? Because one of things you said before is that you don't have time if there are additional children with disabilities to do the kind of intense input that you do with the children in your "integrated program".

RST: Right,

INT: So how did you work that through with,

RST: With Anna?

INT: Anna?

RST: I think I just, I just said that I really don't want you coming more than once a month. And that was the least amount of time she could come in and so, she accepted that. And I accepted that she's definitely going to come in once a month, and when she came in I don't think I struggled to accepting that. I mean I think I just wanted to establish what my role was, the skill level of the staff, and that. And I, the first time she came out, and the first time Nicole came out, yes, I was I still was reacting to some of their coming and their expectations and I was saying how they may or may not be met. I mean I was being honest....and I was being a bit defensive the first time, some of my personal feelings were coming through, but after that,

INT: Can you describe some of those personal feelings?

RST: I think I was just, I think, I still have, I'm still trying to validate myself and feel self-confident in my role, so sometimes I tend to, tend to not keep quiet, I mean, the other person can be saying the idea and I feel I have to say, yes I know that idea too. In other words, I feel I have to say, I have to justify, or yes, I know that has to be put out, it just wasn't put out today. Or, so that's, I was doing a little bit of that...in this situation because it was I mean it was, it was still the idea, yes, you're right, I don't have, I'm doing whatever I can but I guess I want to feel needed, and I can do it all...and of course I can't, so it's still accepting that that's okay and that doesn't invalidate what my skills are, but I'm still not a hundred percent there where I can, I can say that to myself...But, sure, it's fine Anna coming and Nicole coming in, supporting and I'm not, I'm not I still interpret it a little bit that I'm not...I'm still not at the point where if they're coming are just coming to assist and that's fine and I don't have the time for it, and to accept that for myself and that's fine, no, I feel I have to do it all...To feel satisfied with myself and to feel confident about my role. So it's, it's my own working through of that.

(Case2-Int.E01:18-21)

Anna agrees that the clarification of roles is an evolving process that does not occur at one meeting. But over time a new role was incorporated into the resource teacher's repertoire of operating with children like Jessie.

INT: How was Liz's role finally clarified?

CON: Clarified. It sort of did change, we initially met even before the child was in the program, and the resource teacher came out here actually to see the child in the program. We also sat and talked before then to try and clarify our roles, and I think all that happened then was we realized that we were going to have some, not really conflict, but you know, some differences of opinion in what we saw. But at that point I tried to really clarify that I wasn't trying to step on her toes and I was comfortable with the fact that she knew what she was doing and that I was just going to try and add to that knowledge base. But it sort of changed since then. I mean initially it was I went in and I saw her, the resource teacher and then I saw the child and then met again with the resource teacher. Because of time constraints on her part, she hasn't been able to spend as much time with the child and it has become even more onto the teachers, you know they've overtaken more of that role. So I've really only briefly spoken with her now, as sort of just checking in so now she's just sort of overseeing that the child's still progressing, but she's not as involved anymore. So the role, we sort of clarified it initially and it changed.

INT: How do you feel about that?

CON: Fine, you know, because I think that was sort of the understanding that, how it was supposed to be, the child was supposed to be in the regular program initially and now that is more so what it is. Before it was, she wasn't really in the "integrated program" but she was sort of being taken over by the integrated program. It was much more confusing than now. I think this is how it was supposed to be initially. And it seems to be working well.

INT: But it obviously took some time for the parties involved, such as the resource teacher and perhaps the teachers to begin to understand that it can be done.

CON: Yeah, well they always said it could be done, and they were the ones that initiated that saying that that's the way it's gonna be done...I think they had done it before, had other children in that weren't specifically on the integrated list but were integrated ... so I'm not sure why it took awhile, because they seemed to be comfortable with it but the teachers seemed to be comfortable with having her there. They never expressed any difficulty with it. I think, I don't know if the resource teacher was more..I don't know if she felt it put more pressure on her, or whatever having a consultant coming in, to do more or do better.

(Case2-Int.R02:9-11)

Liz saw Anna's desire to come into the centre frequently as a threat to her role. As she described it, "I'm still trying to validate myself and feel self-confident in my role." Anna was assertive about her need to visit Jessie at the centre a minimum of once a month and later reflected, "I tried to really clarify that I wasn't trying to step on her toes and I was comfortable with the fact that she knew what she was doing and that I was just going to try and add to that knowledge base."

Even as Liz struggled to define her new role, she was assisting in the transition of responsibility from herself to the teachers. Although Liz understands the principles behind more inclusive practices the implementation is harder when she is simultaneously immersed in carrying out the policy directives of the "integrated program" for some children with disabilities and the policy directives of inclusion for others. This shifting of responsibilities and control led to conflict

with the other teachers when Liz did not carry through with tasks that the teachers perceived as her responsibility. One such incident was revealed when Anna questioned the teachers about the use of Jessie's brace, since it had not been on her hand when she last visited the centre. Anna tried to clarify the situation with Liz and support her new stance.

CON: ...And I notice she's wearing the hand splint, and she's been wearing it. Because remember last time I was in, she didn't have it that day, which was just I think Wendy had forgotten to bring it, but also you guys were trying to figure out how much she was gonna wear it or not, because you guys had noticed she used it, her hand more out of the splint.

RST: Well no, I wasn't gonna do that, I was no,

CON: Cause, you said Wendy was also wondering too, and Wendy was gonna phone Nicole. She ...

RST: Wendy was gonna do...

CON: ...never did...

RST: okay,

CON: ...anything about it, so I've been sitting here wondering you know...

RST: Oh no, no, no, no. We were just...

CON: if you're not...

RST: No, she's wearing it all the time,

CON: Good, okay that's what Martina said.

RST: No, we take it off as you said, as Nicole suggested to get the full experience of the water, any sensory activity, the full experience, to let it dry off, no, that's the only time we take it off.

CON: Okay, good, because there had been a few days there, the last time that sort of,

RST: Well I don't...okay then that was just an impression I wouldn't want you to receive...

CON: Yeah,

RST: I make... you see, let, let's face it, let me just tell you this though, one day it was on the floor.

CON: Um hmm,

RST: And it was last week, and I just happened to see it on the floor because I had to oh yeah, one of the five's staff went to visit one of the children that's in the integrated program at a centre, so I had to go on program,

CON: Right,

RST: Well, I figured I, I used to do that in the past, used to remind staff to get her brace or I'd get it,

CON: Yeah,

RST: I said, now I'm not gonna get it. It's on the floor, she's part of the regular program with everyone's responsibility,

CON: They should, that's right, that's right. Yeah,

RST: So I just left it there and wrote a little mention in the book

CON: ...how long?

RST: Well, it stayed there, all afternoon,

CON: oh, you're kidding.....

+ resource teacher continues later in this conversation

RST: You know but the staff, I just felt, I do that too much.

CON: Yeah,

RST: I become overly responsible.

CON: ...for things,

RST: for all the children - and this is a child specifically she's, anyhow we're supposed to all be working with the children

CON: ...that's right.

RST: and she's not even in the integrated program if I wanted to make a point of it right,

CON: Yeah, no that's right so,

RST: ...so I just left it on the floor. Later on one of the teachers told me it was my fault it wasn't on...

CON: Oh, did she? Yeah, well that was good though at least she...

RST: Well she could have put a message in the book. But things like that do, I'm very particular about those things, I think they're very important and I guess everyone's doing the best they can.

CON: Oh yeah, and, and everybody realizes, I mean she's in the regular program and there's all these other kids too that you can't focus all your attention on her.
(Case2-Mtg.6:29)

The teachers still work on the assumption that when the resource teacher is in the classroom she will take control over the program for the child with special needs. This role confusion was difficult for Liz, since it put a heavy burden on her. Anna listened carefully to her concerns about her role and responsibilities.

Conflict Resolution

As an agent of change Anna spoke about the need to be assertive in presenting her position while listening to the views of others. She did this while negotiating with Liz to visit the centre each month. As it became apparent that the specialized knowledge Anna could share would also improve Liz's sense of efficacy with other children, Liz began to accept this arrangement.

CON: I just persevered, basically, I don't know if it was she felt threatened or just that

she had to prove that she could do, and I was never trying to say that she wasn't able to do the job. But with physical disabilities there are certain things that you need to be watching for and you need to encourage the child to do, and there's little tricks that make it easier whatever and I really felt that there was information that I could give her that would be useful. And I think it sort of became clear as we talked every time, there seemed to be a point or two that all of a sudden it twigged with her, "oh yeah, I hadn't thought of that yet." So I think she gradually came around to realizing that there was some concrete information that we could help with. Plus I knew that the mother really wanted me to be in there and it was very reassuring for her because she had told me that she wanted me to be in there too. So, it was worth it to me to persevere.

INT: So, somehow displaying some of your expert knowledge, expertise in the area of physical disabilities...

CON: Um hmm, I think,

INT: ...that was important for this resource teacher to see?

CON: Yes, yes, I think so and I think it's wonderful the system that's in place in terms of having the resource teachers there as a support for the other teachers but there's always information that we can get from other people. Like I said, we have consultants that come into us here, in a specialized setting. I mean we have speech pathologists come in and, of course we have our therapist here. So we're always open to new information and I think that they can be as well. I mean the type of information I give to her, she can use with other children as well. So it's only going to increase her knowledge and her effectiveness. So again, I don't know if it was, I don't think it was me personally necessarily that she was objecting to, but I don't know if it was that she felt that she had to prove that she could do it.

(Case2-Int.R02:7-8)

Conflict resolution also involved for Anna the ability to withhold judgment while negotiating a mutually satisfactory resolution for all participants.

CON: ...I think it was just making sure that my position was clear in a non-judgmental way but that this was just what was required and that I'm not trying to say the mother wants me in and so I'm going to be here, or, or anything, but just stating the facts. And restating them sometimes. Being open to listening to what she felt and I think we were able to do that right from the start even if we were not agreeing about a point, we were both able to listen to what the other one had to say and then go from there and I think then just by being very clear and very specific about what I was doing so that she could see that there was a purpose

there. It wasn't that I was just going to come in and be there or whatever but, actually show that there was an effectiveness to my being there. And when I brought in our therapist, I think that helped as well...because she was able to give specific suggestions as well and again, some of those were the things that all of a sudden you know, sort of the light bulb turned on for her, for the resource teacher because she realized I think then that there were more specific things that she wouldn't necessarily have...without sort of somebody from the outside coming in.

(Case2-Int.R02:8-9)

Working through resistance and conflict is a difficult role for the consultant. As Anna describes her technique, "I just persevered". But more than persisting, she tried to understand the changes from the perspective of the resource teacher. "And I was open to listening to what she felt and I think we were able to do that right from the start even if we were not agreeing about a point, we were both able to listen to what the other one had to say". Negotiations led to a solution that both parties accepted.

Managing Change

At the first meeting with the staff at Main Street Anna worked to develop a rapport and to build a trusting relationship with the teachers. Although the staff challenged her at this time she was able to clearly communicate her educational and experiential background and to clarify how she would visit the centre to support their needs when working with Jessie.

Anna credits her relaxed, easy going interpersonal style as important to her success in promoting change in teachers. And she confirmed that her personal approach as a consultant was based on her own experiences as a child care professional.

CON: I think it's basically said that I talk a lot, no [laughter], that I go in and try and just be a part of the program and be comfortable with that and hopefully making them feel comfortable by my actions that I'm comfortable within the program. I don't

sit back and observe and then tell them what they should be doing, I get in there and interact and do things and I think through that I'm also trying to show them that sort of what is a natural way of dealing with the child and how you can fit these things naturally into the program and the activities so that they're not a big deal. It's not that they have to do things for five minutes every day or whatever that the modelling and the demonstrating show how it fits in, into the program how it sneaks into the program... so that hopefully then they are more comfortable with doing the things once they see how easily it can be done, you know.

INT: So it's a personal style of informal discussion with teachers rather than as you said, sitting back, observing and, and leaving your list of recommendations. What role does your experience in child care and understanding programming within the realities of child care play in all of that?

CON: I think that's had a great deal in terms of developing my personal style. I think because I realized right from the beginning I didn't have to learn it. I knew it when I started doing this job of consulting that their time, their resources and their energy was limited, in terms of the schedule and the numbers and things so that if they were going to be doing any of these things, it had to be things that could be worked into the program. So I've approached it from that way right from the beginning. I tell them that when I first meet with them that I'm not going to come in and tell you things that you have to be doing, because you won't do them. I lay it right out and say that I'm not going to be doing that and I tell them, if, I'm saying, asking you to do things or suggesting things that aren't feasible, let me know and we can come up with something else, and don't worry about saying, "we weren't able to do that" because that happens. You don't have to feel guilty with it, but let me know so we can figure out something else. And also in terms of I know what it's like in day care and you're, busy and you don't have a lot of time to sit down and chat. We try and schedule visits so that there is at least a few minutes that I can talk to somebody at the end just to review what I've done but you've got to be able to sneak in your information during the program, when somebody's tidying up something you can go and stand by them and, and talk to them while they're tidying up. Which is another reason why I try and give the information as we go along, because nobody's going to have fifteen minutes to talk to me, to learn it all. So number one they're going to learn it better, it's going to make more sense if we talk about it right after they've seen it in action. Number two they're going to have time to hear it if I can sneak it in, in little bits.

(Case2-Int.R02:27-29)

Anna spoke about the need to talk to teachers as they do their work in the classroom.

Time is a critical factor in a preschool classroom and nobody has time to sit down and discuss

strategies. Anna described, "So number one they're going to learn it better, it's going to make more sense if we talk about it right after they've seen it in action. Number two they're going to have time to hear it if I can sneak it in, in little bits."

But even as Anna described this style to me she spoke of the need to be flexible and to alter her consultative approach depending on the situation and the individual styles of the participants. This can assist in reducing resistance to integrating a child.

CON: Oh, I think you have to have the ability to be flexible and interact with a wide variety of people because like anything else, everybody has their own personalities and, you run into a lot of different types out there. Even though I basically have a basic personal style and that I, but it just sort of changes with different centres you know, because some centres are much more structured than other centres and they have different philosophies so you have to be able to support them in what they're already doing and be able to sort of read people a little bit and see what they're going to be more responsive to. What's going to be more effective? Which way is going to be more effective for presenting information to them? So being able to adjust that a bit.

INT: Can you give an example of what you mean by that?

CON: Well, there's been some centres where again, people are not as comfortable with it initially, integrating the child, so being able to recognize that discomfort and what is the best way to meet it. Now some of them, giving them concrete information written down either about the disability and specific things to do, has alleviated some of their nervousness. Other people it's just by sitting down and playing and demonstrating things. So being able to sort of judge what's their learning style is best or what they're most comfortable with and what types of things are they gonna be most comfortable with trying, cause not everybody is comfortable trying stretches. So you can't ask them to do stretches, cause they won't. So you show them different ways to position the child where they're giving them a stretch and even though they don't know it. You know, that type of thing and then later telling them that that's actually what they're doing. So adjusting how you present the information.

(Case2-Int.R02:41)

Anna believes that change takes time and can only be accomplished as the teachers interact with the child. Although she often offers workshops on a particular disability to child

care staff this information only becomes meaningful as it can be related to a particular child. She is wary of offering information and techniques too soon in the change process and understands that the teachers need time to formulate their questions.

CON: I have done sort of more formalized sessions with the staff. Sometimes initially they didn't think they needed sort of education around the disability or whatever and as we've gone along, that need has been expressed either by them or by me just to give some of the background theory and things. Sometimes people need to see the child and interact with them a while before the theory sticks. Then you can apply it specifically to that child - okay, kids with CP often have increased muscle tone and in so-and-so, you see it in this, and it affects the way they sit and you know specific things so we've done that as well.

INT: In more formal meetings

CON: In more formalized meetings, yeah.

INT: So there's more like a mini workshop that you might put together

CON: Yes, yes, sometimes like over a lunch hour or whatever when most people can get there, or whatever, we have done that too if they, if they want.

INT: That's interesting when you said that some teachers don't want that information initially - they don't feel they need it, they don't, they feel it's overload, what would be,

CON: Well, well quite often I mean, they've had a special needs course at school, and they know what CP is, and yes, they do know what it is,...I took it at school too but it meant nothing to me until I was actually working with the children and I mean I could tell you technically what it was but.....once they actually see the child then they start realizing that they have more questions than they thought they did initially and they want to know more specifically what it is, this child and what's involved with her, or whatever, but quite often people don't know that they have questions until they've been working with the child. It's hard. I mean, they don't know what information they want before they've seen the child or been with them for a while sometimes too.

(Case2-Int.R02:31-32)

Anna feels that an important part of the change process involves allowing all staff to express their concerns and to be a part of the decision-making process in admitting a child into

a centre. Before Jessie was admitted, she met with Zaheeda and Liz to allay their concerns about Jessie. This information was then passed on to the staff in their decision-making meeting. But Anna has not approached centres before a family and child seek admission to create greater awareness of the possibility of integrating a child with physical disabilities.

CON: I think we can do more in terms of educating centres out there that our service is available and that we could do workshops or things ahead of time, in terms of just letting them know realistically what might be involved in integrating a child. Now of course it depends, it's hard to talk in the abstract because children with physical disabilities are very different, and one child could be, it could be very minor in terms of what you have to do to integrate them and another child it could mean a big difference to your program, so it's hard to talk in those sort of generalities, but that could be an option in terms of letting centres know.

(Case2-Int.R02:34)

Promoting change also means being responsive to the needs of families. However, Anna sees her role as consultant is to primarily support the teachers in integrating the child into a centre. She works with the child care staff in defining goals for the child that are also relevant to the families. Occasionally there are families that want extra support and attention.

CON: But, I usually go by how much the parent indicates they want to be involved...in terms of do they phone me, how responsive are they when I call them, or do they ask for meetings or are they open to meetings if we suggest them? And it depends on their schedules and things too and we've had a wide range too.

INT: Are there some where you do intensive support and counselling?

CON: There have been some that yeah, the parents have needed more support initially with the idea of putting their child in a regular setting.

(Case2-Int.R02:37)

Specialized Knowledge and Instructional Strategies

Anna strongly believes that to successfully integrate children with involved physical

disabilities teachers require specialized knowledge not readily available from their typical experiences with children. She believes it is her responsibility to improve their teaching efficacy by directly sharing her expertise with teachers.

CON: ...supports such as consultants or resource teachers in the centres, or people that can tell them specific things that they should be doing with the child. Because the child can be perfectly happy in the program and be having a wonderful time but not having all their needs being met. If they haven't been pointed out everybody doesn't know what it is that they should be working on or how they should be positioned or whatever.

(Case2-Int.R02:13)

The teachers appreciated how Anna respected their knowledge base and acknowledged the skills the teachers already possess. But beyond support Anna would note teachers who had particular concerns and provide them with additional instructional techniques to use with Jessie.

CON: There's one teacher in particular that I've, just because of the schedules, that I've spent more time with. I've been going for a few weeks, or a few times I was going in on Wednesday mornings when they do creative movement and it always happened to be this one teacher. And I think she was very nervous having me in there the first couple of times and was doing things a little bit faster and she always seemed to be checking to see if I was watching, and kept stopping to reassure me that usually that wasn't the way it went or that type of thing, and, but I can't remember...she has changed that, she seems much more comfortable now but I don't, I'm trying to think if there was one specific time. I, once I realized that she was, seemed to be so nervous, I tried to speak to her afterwards, every time in terms of saying what had been good and what I really liked in the creative movement because she was doing very nice things... but then always giving her something specific to work on. One of the things I suggested to her was about, it wasn't at creative movement, but was about the pushing the arm to help the child do things... and after that the next time I came she came up to me and volunteered that she had been doing that and it seemed to be working really well and she saw that it was effective. I just got the impression after that point too that she just seemed more comfortable with the child as well...just that she relaxed a little bit more and since then every time she sees me now, tells me what the child is doing and how she has changed and, and that type of thing so she really seems to be very positive about it all. I mean she was positive about having the child there before, but now she seems excited about things that changes and things

INT: So it sounds like she's taking some ownership for that child's program and progress.

CON: Yes, I think so, and I think that that was an effect of me speaking directly to her and giving her suggestions directly, so it was sort of validating that she was going to have an effect with this child and that she was an effective teacher and could really help the child. I think that's important in any centre even though there's usually one person that is sort of your contact person either the head teacher in the room, or the person who's been there the longest, or whatever, however it is that they usually designate who it is that I connect with. But, I think that unless the other teachers are involved in what I'm doing or feel like they have some part in it, then it's not gonna get carried over because then they see it as being that other teacher's job to work with that child, and I think that's sort of what used to happen within these centres with the resource teacher. That all the other program staff saw those kids as belonging to that teacher, that resource teacher, and it wasn't their job to work on it and I think that's why they've changed their system a bit and so that's sort of what I try and do as well is involve them in it because they're, they spend as much time with that child so they might as well be doing the things you know as well.

(Case2-Int.R02:21-22)

In this interaction Anna was able to take advantage of a consultative change incident. For the teacher it was an event that changed her view of the child and of her skills in teaching that child. Initially the teacher was concerned that Anna was there to evaluate her teaching ability. But Anna used the activities she had already planned for the group and helped her modify it for Jessie. Anna notes that it is critical that modifications happen when the incident occurs and the teacher can observe the importance and effect of the technique. Anna states, "I think that unless the other teachers are involved in what I'm doing or feel like they have some part in it, then it's not gonna get carried over because then they see it as being that other teacher's job to work with that child."

Although Anna believes that she has specialized knowledge to offer the teachers, she does not feel that she should impose this on to the teacher as in an expert-novice relationship. She

provides this information by focusing on the child and the activities that the teacher has already prepared in the playroom.

CON: ...I try and downplay my expert role a little bit because I want them all to be comfortable with me, so that's one reason too why I just tend to go in the program and join in...I join in at circle, I join in whatever is being done, hoping that they'll all be more comfortable with me in terms of asking me questions. If they feel that they have to go through a number of different steps or a number of different people to get their questions answered or whatever, things don't get answered or they don't get brought up just as much.

(Case2-Int.R02:26-27)

Because Anna has taught in early childhood settings she understands the barriers to using specialized instructional techniques within the scheduling, organizational, and time constraints of child care. Anna believes that this adds to her credibility with teachers. She is also acutely aware of the specialized knowledge and techniques that teachers should possess when teaching children with physical disabilities. However, Anna states, "I try and downplay my expert role a little bit because I want them all to be comfortable with me." She knows that presenting this specialized knowledge as therapy sessions separate from the typical activities that the teacher is providing for all children can be overwhelming to a teacher and reduces the possibility of children getting the treatments they require on an ongoing basis. To solve this dilemma she does not provide specialized individual program plans for any child. Rather she works with the teachers in the program to see what activities they are providing for children. With this knowledge she can offer suggestions for modifying the activity and incorporating the physical stretches, movements, and motor planning techniques right into the activity. She then models appropriate teaching approaches for the teachers that would be more effective for the child with a disability. Jessie's cognitive, social, and physical goals were described to the teachers at their initial meeting with

Anna. On each visit Anna offered suggestions on how activities could be modified to incorporate effective techniques for teaching Jessie and these would be written down as reminders rather than as expert directives.

This case has demonstrated the complexity of issues that are faced by a consultant as she promotes change in teacher practice when integrating a child with physical disabilities into a community-based child care centre. Agents of change must not only possess specialized teaching knowledge but must be cognizant of the sociopolitical structures within the centre and the interpersonal dynamics between the participants. By using her communication skills, interpersonal skills, and conflict resolution skills Anna was able to successfully assist in the inclusion of Jessie into Main Street Child Care.

In the next chapter I will present a cross-case comparison of the themes that emerged in the case of Karin and the case of Anna. Although similarities exist in these themes the issues presented by these consultants are considerably different and require in-depth analysis.

CHAPTER SIX

A CROSS-CASE COMPARISON

The cases of Karin and Anna indicate the great potential to support change in teacher behaviors when early childhood resource consultants assist in integrating children with special needs into early childhood classrooms. Four primary categories of change agent characteristics were revealed from the data of both cases:

- knowledge of consultation,
- knowledge of change processes,
- interpersonal effectiveness, and
- leadership ability.

While the two consultants showed minor variations in approach, important commonalities in effective strategy were observed. These similarities offered me insight into a range of change agent styles. This chapter provides a cross-case comparison of the critical themes and patterns that are revealed in both cases.

Knowledge of Consultation

Consultants articulate and demonstrate clearly defined consultative roles.

Karin and Anna both demonstrate a clear understanding of their consultative roles. They were each able to articulate the role they play as consultants in assisting the teachers to provide

a modified program for a child with special needs. They also described the consultative steps that would be followed in identifying problems, assessing needs, offering feedback, and evaluating outcomes. As an outside consultant who had no prior knowledge of the child or family, Karin started the consultation process by meeting with all participants including the supervisor, the teacher, and the parent. They then worked together to identify the problems and develop a statement of concern about Andrea's behavior. Karin contracted with the parent and staff that she would visit the centre and the home to complete an informal assessment of Andrea's behavior, that she would be offering them feedback about her observations, and that together they would collaboratively develop and evaluate programming strategies to more effectively meet Andrea's needs. Karin described to me the steps that she follows as a consultant:

CON: What I do initially is get a permission signed by the parent that they've agreed to the consultation - and then I meet with the supervisor, the teacher who works most directly with the child, and with the parents. We have a meeting to discuss the concerns that everybody has. That meeting I see as being important for coming to a consensus of what we're all trying to work on or work towards. And at the end of that meeting I'll talk about what sort of direction I would like to take in terms of observations, what kind of information I like to collect, get permission forms signed for release of information and also I'll give the day care and the family a time line so we'll plan a second meeting, usually for three to four weeks after that, so we know we all have a point that we'll be getting back together to discuss the results, and where to go from there.

(Case1-Int.R01:1)

Anna was also a consultant from an outside agency, but unlike Karin, she offered her support to the teachers before Jessie entered the centre rather than being called into the centre by the teachers when difficulties were already apparent. Therefore, Anna described her role to the staff in a slightly different manner than Karin. Since she had previously worked with Jessie and her mother, she already brought to the consultation specialized knowledge and assumptions

about how to meet Jessie's physical and cognitive needs. She spoke about how she would come into the classroom to work with Jessie and be a part of the program. She explained that this would allow her to offer suggestions to teachers on how to modify activities that they had already programmed in their classrooms rather than impose additional program plans to be used exclusively with Jessie. Anna also told them about the physiotherapist and speech-language pathologist whom she could access for additional information and support. She assured them that written notes about these modifications would be left for all staff to read and that she was always available for further assistance should any questions or concerns arise. Her role was also to monitor Jessie's development on an ongoing basis, evaluate modifications to the environment, and provide technical assistance in the use of assistive devices such as Jessie's hand orthotic.

Anna needed to explain this process at three different meetings. The first meeting was held with the mother, supervisor, and resource teacher to consider admitting Jessie into the centre's "regular program" without the additional resource teacher support offered in the "integrated program". The second explanation occurred in the meeting between Anna and Liz, the resource teacher, when Liz observed Jessie in the specialized preschool. And the third description of the consultant's role was at Anna's meeting with the full child care staff. These were all necessary encounters to assure that all participants understood the process and had received the same message.

Karin and Anna's approaches to explaining their role as consultants anticipate the "what" and "how" questions that teachers have about consultation. What should we expect from the consultant? How will the process proceed? One of the teachers described how her fears were alleviated:

T03: ...thinking that this little girl is coming here and she's not going to be part of the "integrated program"...we thought what can we do with this little girl? And then we had Anna coming in and she would come in and say to us, "This is what we're doing at her other school, this is how she is, and I'm here to come and visit"...she could come in any time, whenever we needed her she would be here. So that's how it started.

(Case2-Int.T03:9)

Although Karin and Anna found that roles may need to be clarified several times during the consultation, an initial conceptualization of what to expect from the consultant seemed to reassure the teachers that they would not be left isolated and on their own to deliver an appropriate curriculum to a child with special needs.

Consultants acknowledge and build on teacher's existing skills.

Early childhood educators consider their strength is in their ability to provide developmentally appropriate activities in early childhood programs. Karin and Anna used this strength and expanded on how these skills can be enhanced with some modifications for a child with a specific disability.

CON: ...I always go in there assuming that they [teachers] have a lot of skills, and a lot of day care teachers do have a lot of skills in terms of programming...so sometimes it's just shifting how you approach a child or how you approach a situation and then they can do it- the programming ideas are their forte.

(Case1-Int.R01:26)

The teachers in this study expressed pleasure that their skills were acknowledged and built upon by the consultants. This seemed to reassure them that their efforts could indeed improve student performance. As one teacher explained:

T02: Basically the fact that she [Anna] made it very clear, "Look, I'm an ECE teacher just like you're an ECE teacher. And Jessie does this and she's perfectly fine and she functions in the program and she'll be perfectly okay. You don't need to be

a Superman to deal with these issues with her. She's gonna be perfectly okay and you're gonna be perfectly okay dealing with her, you've got the skills to do it." Just someone to say that, I think helped me a little bit to feel like, okay we're gonna be able to deal with them, with any child. I think that specifically probably helped me...We talked a little bit about how we had been dealing with specific things and she said, "That's right...you're on the ball, that's what you need to do."
(Case2- Int.T02:29)

The integration of a child with disabilities often generates a sense of anxiety and discomfort for early childhood educators as they question their ability to promote the child's learning and development. The concerns related to teacher efficacy are highlighted because many teachers view their preservice personnel preparation programs as having offered them limited course work in special education. As one teacher put it, "I've taken a special needs course through my ECE program, but I don't think that's enough...because that's just one course."
(Case2-Int.T06:5)

A few of the early childhood educators interviewed told me that they had completed field education experiences with children with special needs in their preservice training but others had not. These field experiences seemed to foster accepting attitudes towards children with disabilities, but teachers describe them as exceptionality-specific. This raises the question of whether this limited field experience allows for a broad-based understanding of teaching children with diverse learning styles and specialized needs. Several teachers noted that their confidence and ability to work with children with diverse exceptional needs only increased over time and with a variety of experiences. In one teacher's opinion:

T05: This isn't something I learned or I was able to grasp in College or by working in my placements and then coming here and having them, definitely not. But, where I am today I feel very confident and I can go in the preschool room with the knowledge that Liz [resource teacher] has given me and with the knowledge that I've learned in the past and apply it. Or use it to stimulate [any of the] children,

not [only] the integrated children. I'm looking at a group of children as a whole but it's an ongoing process. I think it's really important that we continue to have workshops and we have professionals come in and do exercises with us and give us pointers and really helpful ideas in dealing with certain children and children as a whole in the preschool room.

(Case2-Int.T05:7)

The goal of both Karin and Anna was not to disregard, discredit, or marginalize the professional approaches of early childhood educators, rather it was to build upon and adapt skills that teachers already possess. The consultants understood that the teachers' perceptions of themselves as effective teachers of young children may be vulnerable when a child with special needs enters the classroom. Acknowledging to teachers that there is a solvable problem helps them move forward in the change process. Karin recalled how the teacher changed her attitude towards having Andrea in her classroom:

CON: ...Well I think in this case, specifically they were looking at this child as maybe having a really serious problem, like a mental illness or something. There was a certain guardedness I think in the teacher... 'cause she didn't know what to expect from the child and she was sort of looking for something bizarre to happen. And I think through the process of consultation that changed - maybe because of the reframing - we were starting to look at the behavior in a different light.

INT: And how did she react or behave towards the child differently in light of that reframing?

CON: I think she probably included the child more eagerly in what was going on. There was more of an acceptance there, I think for the child... I think it had more to do with attitude.

(Case1-Int.R01:28)

The consultants fostered teacher confidence in their existing skills and promoted accepting attitudes towards children with disabilities. The teachers perceived this as empowering them to act and to change instructional practices.

Consultants take advantage of naturally occurring classroom interactions to promote new teaching strategies.

The context of a busy preschool classroom must be considered in defining how consultative interactions occur. Anna and Karin are both very aware of the realities within a child care context and take advantage of consultative change incidents. Opportunities for formal meetings and discussions are rare within child care settings. Teacher shifts, programming schedules and the need for constant supervision of children does not afford teachers frequent opportunities to formally meet together as a staff. By observing in the classroom, interacting with the children, and participating in the program, Karin and Anna were able to offer information, answer questions, and demonstrate new techniques when they happen and when they are most meaningful to the teacher.

McDonald (1989) describes these "one-legged conferences" as indirect and casual opportunities to advance change.

These 'incident interventions' typically combine several purposes at once: to gauge concerns and help resolve them; to get an idea of where things stand relative to a particular change, but also to advance it; to discuss an existing goal; or to negotiate one. (p.209)

It appeared that Anna was keenly aware of the need to use these consultative change incidents as they naturally occurred on her visits to the child care centre. She expressed the belief that it was important to provide information directly to the teachers without using the resource teacher as a mediator even if this necessitated talking as the teacher was involved in other classroom tasks.

CON: ...in terms of what it's like in child care and you're busy and you don't have a lot of time to sit down and chat...we try and schedule visits so that there is at least a

few minutes that I can talk to somebody at the end just to review what I've done but you've got to be able to sneak in your information during the program. When somebody's tidying up something you can go and stand by them and talk to them while they're tidying up or whatever. Which is another reason why I try and give the information as we go along because nobody's going to have fifteen minutes to talk to me, to learn it all. So, number one, they're going to learn it better, it's going to make more sense, if we talk about it right after they've seen it in action and, number two, they're going to have time to hear it if I can sneak it in in little bits.

(Case2-Int.R02:28)

It is Anna's working assumption that the greatest changes for teachers take place in the classroom where the consultant can do an instant analysis of a teacher-child interaction, coach an alternative instructional strategy, and offer the teacher immediate feedback on her performance.

Karin also shared information with the teachers informally in the classroom. She took advantage of naturally occurring incidents to assess Andrea's behavior in the classroom. She was able to model alternative strategies when interacting with Andrea and to draw the teacher's attention to Andrea's positive reactions to these interventions.

These consultative approaches to change took into consideration the ethic of practicality amongst teachers (Hargreaves, 1994; Janney, Snell, Beers, & Raynes, 1995). A teacher is more likely to change instructional practices if it is judged as being practical given that teacher's perception of the workplace. Karin appreciates this quality in child care teachers:

CON: ...there's a pragmatism about day care teachers too...because the demands on them are so great, if they have a problem and if you can help them solve it then they move on. They move on quickly but it's just not stated, but they do, they move on quickly. If they can sort of integrate the child more effectively in the group and have those behaviors not stand out, then they move on quickly.

(Case1-Int.R01:11)

By building on the schedules, activities, and instructional practices already existing in the preschool classroom, the consultants were able to incorporate modifications smoothly into the

teaching environment. The use of naturally occurring incidents to demonstrate changes emphasized the new instructional strategy's practicality and worthiness and made it easier for teachers to adopt these practices. The modification of teacher capabilities advanced specific teacher efficacy in relation to one child with special needs.

Consultants seek interdisciplinary case support

Consultants come to the process armed with the technical skills of consultation. They are skilled early childhood special educators who have had many experiences in working directly with children with special needs and their families. Karin and Anna see themselves as skilled in assessing individual needs, adapting and modifying programs, evaluating outcomes, and coordinating resources from community agencies. Although they are skilled in these areas, to fulfill these roles they have expressed a need for greater support and collaboration from their own agency and other community agencies. Desired supports include individual case supervision, access to interdisciplinary teams, and improved coordination of services to children and families.

Karin emphasized the need for greater case supervision from her agency to enhance her own professional growth and development:

CON: ...I think it's really important what we do, and I think we're dealing with families and we're helping them make really important decisions and I think that we need support. 'Cause sometimes it's emotionally draining. You go in there and you come out and think about what some families have to deal with on a daily basis and it is really draining. So it would be nice if that was more, a stronger component, for me to be able to go to... if we worked better as a team.

(Case1-Int.R01:39-40)

Anna appreciated the interdisciplinary team input which she receives from other professionals affiliated with her agency such as the speech-language pathologist and

physiotherapist. She credits these specialists as improving her own knowledge and skill in teaching children with physical needs. However, additional health and psychological services for the children and families must be provided by other agencies. For Karin, interdisciplinary supports are not directly available from her agency and must be sought on an ad hoc basis from other community agencies such as hospitals and children's mental health centres.

Services to children and families in the child care system are fragmented because different agencies offer different services and coordination is difficult to achieve. This often results in a long and frustrating experience for families waiting for service. Andrea's mother who was very skillful at investigating resources for herself and her child still had to face long waits for service.

M01: First, I'm on the wait list for a children's mental health centre, but they said they have at least a six-month waiting list. We had an intake interview but at this point they're not any help to us after all.....[After seeking help from her family physician, an allergist, a pediatrician, and a psychiatrist it is suggested that Andrea be developmentally and behaviorally assessed]... So that's where we went next. There's a three month wait list and then I got to see the doctor and she did an assessment.

(Case I-Mtg. 1:27)

Consultants also experience these frustrations when advocating for and coordinating services for a family. Consultants must possess general knowledge on many areas of special needs in order to offer teachers and parents the information and support they cannot otherwise easily obtain. This adds additional stress to their jobs. A case support system which allows for open dialogue, sharing information, and alternative perspectives within and between disciplines would not only enhance their ability to support others, but would also provide the consultant with an opportunity for expanding her own growth as a professional. This was viewed by the consultants as both necessary and desirable.

Knowledge of the Change Process

Consultants strategically plan for change.

Both consultants understand the multidimensional nature of change and begin to strategically plan for the implementation of an innovation when they are introduced to the teachers, supervisors, resource teacher and parents at the centres. At the time of referral, they both began to assess the current views and future capacity to change of individual participants, the organization, and the community. This assessment allowed them to plan the approach each would use to promote change. Karin described this skill of change agents as an ability to think and act strategically.

CON: I think you have to know a lot about people...You have to be able to look at a broad picture. What are all the factors involved? What is everybody's interest in this, in what's going on? And how does everybody feel about making changes? You have to be strategic, to be able to think strategically...I think you have to think about what would be the most effective way of doing something. Who should you talk to? Who should be present in the meeting? In what way would it be most effective to say this in order to [get that outcome]...And you learn that through trial and error.

(Case1-Int.R01:29-30)

Since preconceived attitudes and beliefs held by teachers may be barriers to successful inclusion, allowing them to express these views is a critical starting point in the change process. Karin and Anna, on first meeting with the teachers, encouraged them to freely discuss their attitudes and feelings towards the inclusion of Andrea and Jessie. Attitudes of the staff varied and all were not uniformly accepting of children regardless of special need. Since each child's abilities and needs are unique, the teacher's concerns were different for each child.

The consultants found that concerns of staff initially related to safety conditions, the use of adaptive equipment and medical interventions. Karin listened to the teacher's concerns about

the possibility that Andrea's noncompliant behavior would endanger her and others in the swimming pool. Staff at Main Street shared with Anna their concerns about Jessie's ability to climb the steps. These safety, adaptive equipment and medical issues were addressed before the teachers were comfortable in having the child in the classroom.

Concerns also changed as the child's needs began to change. Modifications to activities can evolve over time as teachers begin to understand the child's needs and can assist in problem solving and developing effective solutions to issues. As teachers spent more time with Jessie they began to better understand Anna's description of Jessie as needing assistance to move beyond the familiar sensory experiences of playdough and water play to participate in more challenging cognitive and manipulative activities. However, this required teachers to spend more individual teaching time with her. Teachers now expressed concern about how they could give Jessie this additional attention in a busy classroom where many children required attention.

Fullan (1991) notes, "Neglect of the phenomenology of change - that is, how people actually experience change as distinct from how it might have been intended - is at the heart of the spectacular lack of success of most social reform" (p.4). Since perspectives and concerns of teachers continually change as the process proceeds, the phenomenology of change or how change is perceived and understood by each participant must be revisited throughout the process if an innovation is to be successfully implemented. One teacher expressed her appreciation for this ongoing process:

T01: ...I really like the fact that we had a consultant come in...the fact that somebody was there to help and watch over what we were doing and I liked her coming back too, how Karin came back and talked to us again. There was sort of a cohesiveness and a round up of everything that had happened. It wasn't that she just came in and said "Do this, I'll never see you again." It's that she came back a

couple more times...and that she had put in that effort to be there and to make it complete from the start to the end.

(Case1-Int.T01:19-20)

To address changing issues and concerns, each consultant planned a time frame for visits and for work with the child, staff and family. Throughout the change process, they assured participants that they would be available for ongoing consultation, support and problem solving.

Consultants understand and operate within the sociopolitical context of the organization.

Very soon after initiating contact, the consultants spoke to participants and observed the centres daily functioning to gain an understanding of how the social, pedagogical, and political interactions of the staff define the culture of the workplace: how people work together; how decisions are made; and how power or control is maintained. It is by understanding and working within the sociopolitical context of a centre that the consultants found they could successfully promote individual behavioral change. Peck, Furman, and Helmstetter (1993) suggest that these "sociopolitical rather than pedagogical factors have the greatest effect on the outcomes of implementation efforts" (p.188).

Two conditions within the organization of the centres were revealed as critical to change. The first was the support of the administrator of the early childhood program. In a hierarchical power structure, the supervisor wields a great deal of control over the operation of the centre. The consultants and teachers noted that the support of the supervisor in fostering inclusion for all children was critical to the child's acceptance into the centre. A cooperative supervisor gives

a clear message to the teachers that the consultant is welcome and is an important part of the process. Both Karin and Anna recognize this fundamental power of the supervisor's role and respect it in carrying out their tasks. As Karin explained:

CON: You need the support of the supervisor, I think. If they're behind you and want to see some changes happening then that will filter down, and there'll be the support, and the encouragement for the teachers will be there. And then you'll see it, the changes will happen.

(Case1-Int.R01: 3)

The view of inclusion as valued or not valued which is projected by personnel at the top of the hierarchical power structure impacts on the control teachers believe they have over the change. This corresponds to Ajzen's (1988) construct of perceived behavioral control as a predeterminant to behavioral change. This construct emphasizes more than a sense of efficacy for the teacher. An administrator's support signals to the teachers that resources and opportunities to change are likely to be forthcoming. For child care teachers this may include appropriate toys and equipment, time for planning, teacher training, and/or additional staff. One teacher describes the importance of administrators in supporting change:

T02: Your supervisor has to project a certain attitude. And that's for anything whether it's a special needs program, whatever, and our supervisor has always been very inclusion conscious, getting children in our program and that, I'm not sure all the rest of them are. I'm not sure that all of them aren't considering, "no, we can't have some kids, we only want some kinds of kids", excluding certain behavior difficulties or whatever. So it has to start there. And then the resource teacher has to be a strong role model and a strong pusher of those beliefs in implementing them in the program. And then the senior teacher has to also take on the role of implementing those policies in the room too because the others will probably follow. If she, or he, says I'm not gonna do the adaptation sheet, I'm not gonna program plan for those other kids, well then nobody else is either, more than likely. So, you're right, it starts, there's a whole process of people that have to go through that and you only maybe need to have one person in that whole chain that's not pushing the way they should and then it's not gonna happen.

(Case2-Int.T02:23-25)

If the support of the supervisor is not apparent the consultants found they must approach the supervisor directly and assertively to move the process forward. Karin describes:

CON: I would say that's the thing I struggle with the most, is how to work with teachers and supervisors when the support isn't there. And basically, they just want to bring the support of my job - the consultation into their centre, but they don't really - the intention is not to really - it's not conscious, but it's not to use whatever I say or to work together as a team. A part seems to be missing.

(Case1-Int.R01:4)

The second condition impacting on change efforts are the policies in place in a child care centre. Any introduction of formats for working that alter these existing structures requires change to take place at the organizational level as well as the individual level. This became particularly clear to Anna when working with Main Street Child Care which takes policy directives from a centralized consortium of child care centres. Policy directives from the child care consortium were originally important catalysts in establishing a strong "integrated program" at Main Street Child Care. This model of integration uses the resource teacher as a primary support to children with disabilities and their families. In addition, new consortium policies were being implemented at the time of Anna's consultation to promote programming that considered the individual needs of all children in the centre with support from the resource teachers. However, when asked to include Jessie into the "regular program" the resource teacher and teachers found it confusing and difficult to set aside the existing contextual structures of the "integrated program" to alter their roles and responsibilities. To facilitate change and work directly with the staff, Anna assisted the teachers in moving beyond habitual modes of operating through the resource teacher.

The entrenched bureaucratic structures of the consortium's "integrated program" initially

served to promote integration in their centres. But these same structures now bind, inhibit and act as a barrier to inclusive programming when a child with special needs is brought into the regular program. The participants came to understand that new policy declarations and structures may create more administrative forms, power differentials, and additional work, but do not necessarily produce change. Policies must work along with bottom-up input, creative collaborative efforts and ongoing teacher supports to change teacher practice. One teacher while reflecting on the change process observed:

T02: And with many things I think it often tends to start, "we're going to be this way." You know, "implement it". I think like many places the consortium is changing and not realizing that we have to start probably down here a little bit, or we need to get input from down here, before we start implementing the policies...I think the consortium probably likes to believe that it has a policy of this, this, and this. But maybe if you go to the bottom it's different.

(Case2-Int.T02:23)

The consultants were aware of the power relationships that prevail in each centre and understood they must work through the existing culture and structures to influence change. As an outsider the consultants knew they were invited guests in the political and social life of the centre and as such they were cognizant of the voluntary and oftentimes tenuous nature of the change process.

Conflict is directly revealed, negotiated, and win-win solutions sought.

Conflict, when it occurred in these two cases, related to the participants' differing perspectives of power relationships, roles, and responsibilities. Anna's consultative interactions were designed explicitly to change teacher practices in relation to Jessie's developmental needs. However, as the process proceeded she found that a less intentional outcome was that she was

promoting changes in the way the organization delivered services to children with disabilities. For these structural changes to occur the message to teachers was that they were expected to take more direct programming responsibility for Jessie. Yet at the same time the original structure of the "integrated program" was in place that required teachers to depend on and work with the resource teacher to program for children with disabilities. This led to role confusion for Liz (the resource teacher) and the teachers.

Anna's direct relationship with the staff in establishing new lines of support for including Jessie was perceived by the resource teacher as a threat to her position of authority, her role, and her responsibilities. Liz, citing working procedures used for children in the "integrated program", opposed Anna's intent to make frequent visits to the child care and to work directly with the teachers in supporting their programming efforts. In her role as a resource teacher, Liz worked with other resource consultants with the shared understanding that she had primary responsibility for programming for the child with disabilities and the consultants relied on her to relay information and programming decisions to the other teachers. Conflict between Anna and Liz, the resource teacher, ensued as the forces to change conflicted with the desire by Liz and the teachers to work within existing structures and a desire to maintain the status quo. Embedded in this conflict was the issue of ownership and control over the child's program.

Karin and Anna both noted that when conflict occurs they directly, honestly, and openly address the issues and attempt to negotiate a win-win resolution to the problem. Karin discussed the notion that when conflict occurs she brings all participants together so that all can observe and hear each other's differing perspectives. But even in doing this she finds that not all conflicts are easily solvable. Karin finds that persistent resistance is difficult to overcome.

CON: I get discouraged because it's [resistance] a hard thing to work with. I think if the teacher is not open minded or openly prepared to look at a new way of doing things it's hard to work, it's hard to work around that. No matter how skilled you are. I think here I'm talking about people where it's a personality thing. They just aren't, they aren't flexible and they don't see any reason to change. And "we've always done it this way and it's worked" -

(Case1-Int.R01:36)

Anna later reflected on how she worked through the resource teacher's resistance and negotiated a solution to their disagreement:

CON: I think it was just making sure that my position was clear in a nonjudgmental way, but that this was just what was required....I was not trying to say, "The mother wants me in and so I'm going to be here"...but just stating the facts. And restating them sometimes...Being open to listening to what she felt, and I think we were able to do that right from the start even if we were not agreeing about a point, we were both able to listen to what the other one had to say and then go from there. I think just by being very clear and very specific about what I was doing so that she could see that there was a purpose. It wasn't that I was just going to come in and be there but to actually show that there was an effectiveness to my being there. When I brought in our physiotherapist, I think that helped as well...She [the physiotherapist] was able to give specific suggestions as well and some of those were the things that all of a sudden, sort of the light bulb turned on for the resource teacher because she realized, I think, that some of those things she wouldn't necessarily have seen.

(Case2-Int.R02:9)

A compromise visiting schedule acceptable to both Anna and Liz was negotiated. Over the course of the consultation, Liz became more accepting, accommodating, and appreciative of Anna's knowledge about children with physical disabilities. On her part, Anna acknowledged Liz's expertise with children with special needs and accordingly adjusted the amount of time she would spend in the centre. Anna gave Liz time to reflect upon and change her notion of the responsibilities she would retain and those she could comfortably share with Anna and the other teachers. Eventually Liz was able to share ownership of Jessie's program and still maintain her identity as a highly competent resource teacher. Both the consultant and resource teacher felt

that they had gained from this resolution to their conflict.

Change is continuous and ongoing.

Consultants have observed that initial small steps towards change can influence larger changes as the process continues over time. Anna spoke of how the roles she and the resource teacher had negotiated at their initial meeting changed as the consultation progressed. As Liz relinquished responsibility for directing Jessie's daily program, the message to the teachers was congruent with Anna's expectations that they take over as Jessie's primary educators.

CON: ...It did change [from when] we initially met even before the child was in the program. The resource teacher came out here actually to see the child in the [specialized] program and we also sat and talked before then to try and clarify our roles. And I think all that happened then was we realized that we were going to have some, not really conflict, but some differences of opinion in what we saw. At that point I tried to really clarify that I wasn't trying to step on her toes and I was comfortable with the fact that she knew what she was doing and that I was just going to try and add to that knowledge base. But it sort of changed since then, I mean, initially it was I went in and I saw her, the resource teacher and then I saw the child and then met again with the resource teacher. Because of time constraints on her part, she hasn't been able to spend as much time with the child and it has become [passed] even more onto the teachers, they've taken over more of that role. So I've really only briefly spoken with her now, as sort of just checking in so now she's just sort of overseeing that the child's still progressing, but she's not as involved anymore. So the role, we sort of clarified it initially and it changed.

INT: How do you feel about that?

CON: Fine, because I think that was sort of the understanding about how it was supposed to be, the child was supposed to be in the "regular program" initially and now that is more so what it is. Before it was, she wasn't really in the "integrated program" but she was sort of being taken over by the "integrated program". It was much more confusing. Now I think it's how it was supposed to be initially. And it seems to be working well.

(Case2-Int.R02:9-10)

The process of change that Anna followed for integrating Jessie into the "regular program" became an important model of the process of change for the staff at Main Street as they kept moving towards providing more inclusive services for all children. As the resource teacher's role continues to evolve and change, Liz reflected:

RST: ...it's been a growing [experience], definitely it's been growing for all of us. Oh yeah. Me included. Yes, because I was getting excited - Hey, we're including a child and look we're actually doing it! And really going through the process of slowly meeting with the staff - really taking their input into consideration. And having a slow break in...we really implemented a process here, versus just, bang, the child's coming into the centre.

(Case2-Int.E01:30)

For Karin the ongoing needs of child care staff for support is often evident when she begins to remove herself from a centre after a child has been successfully integrated. It is hard for her to determine the ideal time to end the consultative interactions. Teachers often seem reluctant to have her leave although they appear comfortable working with the child and family.

CON: Although they must feel that they're able to handle it on their own...they've never said that though.

INT: Why do you think?

CON: [Pauses] I don't know. It's just been unspoken in my consultations...It could be confidence building - just knowing that they are capable. It's a reassurance that they are capable. There basically hasn't been a radical change I suppose in how they do things, but just that I've provided more emotional support, perhaps just kind of enough of a boost - maybe the answers were always there. Maybe they always had them. But it's having me come in as a consultant helped them to tap those resources.

(Case1-Int.R01:9-10)

Change is a continuous process and requires time for all participants to reach a shared understanding of the meaning of the intended behaviors, to consider their own resources, and to act. Consultants continue with the centre for an extended period of time until each participant

has incorporated the meaning of change, is empowered to make programming decisions, and has adapted instructional strategies from her/his pedagogical repertoire to benefit a specific child.

Interpersonal Effectiveness

Interpersonal influence builds rapport and trust .

The hallmark of an effective consultation is an open, honest, and trusting relationship between consultant and consultees. For this reason, Karin and Anna invested time and energy in developing a rapport with all participants involved in the change process. Each consultant spoke with me about consultative approaches they used in order to assure that this rapport was established right from the outset.

In her first meeting Karin worked at building a respectful rapport with the parent and the staff. Her technique was to listen attentively so that she could understand the problem from the perspective of each participant. She did not offer immediate solutions to the teachers but acknowledged that they did present with a difficult issue. Mutual respect and regard continued to flourish when she made a home visit and listened to the mother's concerns without making judgments about her behaviors, fears, or marital issues.

Anna, in her first meeting with the staff, sensed that the resource teacher's resistance to her frequent visits to the centre limited her direct interactions with the teachers. She later explained to me that typically early in her consultations she would hold an information sharing session on the characteristics of the child's particular disability. This is offered to teachers as a foundation for understanding the reasons why specific strategies are used with a child with physical disabilities. But because information from other consultants visiting the centre was

shared indirectly with teachers through the resource teacher, Anna felt that her first meeting with the teachers must emphasize the development of mutual trust if she was going to gain their cooperation. She was right. At the first meeting the teachers wanted to know as much about her educational background, her experience working with children, and her knowledge about children with disabilities as they wanted to know about adaptations that would be required for Jessie. Anna met initial caution from the staff, who repeatedly asked her to explain her expert credentials. As she moved into direct support in the classroom, the trust continued to grow until the staff were completely comfortable in directly asking her questions without feeling they were circumventing the role of the resource teacher.

Anxiety, fear, and concerns have been shown to be an inherent part of change. Whereas Friend and Bauwens (1988) view resistance in the change process as "an expression of power through which is conveyed the notion that success can sometimes be measured by one's skill at not obtaining what one does not want" (p.556), others believe it is actually the teacher's anxiety and caution that consultants may inadvertently interpret as resistance (Gersten, Morvant, & Brengelman, 1995; Margolis & McGettigan, 1988). In either situation, resistance can best be managed by prevention (Margolis & McGettigan, 1988). Both Karin and Anna used their interpersonal influence to build rapport and trust as a vital first step towards reducing resistance and promoting change (Miezitis & Scholten, 1990). By showing respect and genuine regard for the teachers and parents, they were able to open the necessary positive lines of communication.

Collaborative teaming promotes shared responsibility for change.

Developing trust and building rapport with the staff are first steps to creative collaborative

teaming. Consultants strive to include supervisors, teachers, parents, and other specialists as part of the change process. Their goal is to get individual participants to understand each others thoughts, feelings and beliefs so that mutual respect and parity can be achieved in working together for the child's well-being. Even in centres where an obvious hierarchical power structure exists, Anna noted the importance of having all staff informed and involved in programming for the child.

CON: I respect that [the hierarchy] and the other people do, but I don't stop telling them [instructional strategies] because they're a part of that room too and they need to know and I guess by my actions I'm trying to show that everybody needs to be involved...things that I suggest are not things that you do for ten minutes a day, twice a day...because we don't do things like that here, and kids don't work that way. We do what we call sneak therapy, everything is just snuck into the regular program and so it's not always gonna be the same person that's gonna be there to do that, so they all need to know that the child needs to keep that right hand on the table and it's not gonna be, "Go tell the other teacher to come back and tell the child to do it."

(Case2-Int.R02:26)

In team building the positive social interactions of participants provide a foundation for the substantive work. The goals, roles, and activities of the team are then articulated and tasks can be delegated. All participants share in different functions and leadership roles shift throughout the process. The consultant starts out as leader but is comfortable in withdrawing from this position to allow a parent, supervisor, or teacher to continue the process.

Teams established during the consultation process serve a particular function for a limited duration. The team is fluid and its size may vary during the course of the consultation. Teams expand as therapists and specialists from other disciplines come together to support the child and family, but contract again when these specialists are no longer needed. Each member of the interdisciplinary team contributes her/his own expertise. The consultant coordinates the team,

strives to keep all participants informed, and mediates solutions when conflict arises.

Consultants possess effective communication skills.

To facilitate teaming, problem solving, conflict resolution and collegial decision-making the consultants display highly effective communication skills. They actively listen, show empathy, reflect on feelings, and ask clarifying questions to assist in identifying issues and problems. Karin demonstrated all of these skills throughout the consultation but believes that her strength is in her ability to listen, paraphrase and reflect on feelings with participants. The ability to effectively listen in the consultation process fosters a climate of collaboration rather than one of power and control (Dettmer, Thurston, & Dyck, 1993). In reviewing with me her goals for the first meeting with the mother and teachers Karin described her listening approach:

CON: I listened a lot...I was trying to provide a forum for the mom...the teachers were frustrated with her [Andrea's] behaviors and worried about the potential, 'cause she was going to start coming in more often in the summer...so they were concerned about how they were gonna deal with it...I guess I was just hoping to get a really clear picture of what was happening for everybody, and then also come to some agreement about how we would proceed...Retrospectively, I think it was probably quite effective for the mother. I do. I think the last thing she needed was another expert coming there and telling her this and that...I gave her an opportunity to talk...I'm glad I didn't jump to any conclusions about that child because some of the behaviors were quite alarming, but I think it wouldn't have helped for me to get all upset and start talking.

(Case1-Int.R01:13-14)

Anna also demonstrated effective communication skills. She used active listening techniques to support and show empathy for the teachers. At the same time she communicated to the teachers clear messages using behavioral descriptions of instructional practices to enhance Jessie's development. Verbal and written summarizing statements were made at the end of each

visit to review the instructional strategies that had been discussed during her visit to the classroom. This assured that all staff were informed about any modifications to the program that were required for Jessie.

Teachers also discussed the need for consultants to be empathic listeners and clear communicators of information. As one teacher put it:

T02: ...to come in and talk, to listen to the staff's concerns. Somebody who can say okay these are your concerns, this is how I can help you. To give the information or the knowledge about, well, over here at this centre this is what they did and you can get this furniture, ...you can get these materials...

(Case2-Int.T02:26)

Consultants conveyed a genuine regard and respect for the teachers while listening to their concerns and acknowledging their skills. However, teachers do require and want specialized information about the child's needs and about necessary modifications to their instructional practices. The dilemma for the consultant arises from his/her desire to communicate this knowledge without imposing it on the teacher.

Karin and Anna understand that everyone in the process has expertise to share, worthy solutions to consider, and control over decisions and action plans. Communication of information and knowledge from the consultant must be clear and concise, but not prescriptive. It must be imparted in a nonjudgmental manner that demonstrates the equality of all participants in a problem-solving process. Brainstorming techniques and problem-solving approaches effectively assisted Karin in offering her own opinions while she listened to solutions offered by the teachers. Ownership of the problem and the solutions remained with the staff. Anna, through verbal and written communications, clearly described strategies for modifying teacher led activities that she had already observed happening in the classroom. Both approaches to communicating were

effective for the teachers.

Personal qualities of consultants enhance change.

The knowledge and skills that consultants possess, although critical to the success of a consultant in implementing change, cannot be applied in a mechanical or formulated manner. Rather, personal characteristics of consultants were viewed as important to both the approach each consultant developed as an agent of change and to the personal perceptions others held of them. Flexibility, a sense of humor, friendliness, and tenacity were traits demonstrated by each consultant. These more ephemeral elements of change cannot be ignored since they can bring success or failure to a change process.

One critical personal characteristic that both consultants identified was the ability to be flexible. Change is a fluid process that emerges as events unfold. Consultants must be ready to accommodate the unique issues and needs of all participants and organizations rather than force their interactions with all administrators, staff, or parents to fit a consultative formula. Anna explained:

CON: I think you have to have the ability to be flexible and interact with a wide variety of people because like anything else everybody has their own personality and you run into a lot of different types out there. And even though I have a basic personal style...it just sort of changes with different centres because some centres are much more structured than other centres and they have different philosophies, so you have to be able to support them in what they're doing, and be able to read people a little bit and see what they're going to be more responsive to, what's going to be more effective, which way of presenting information to them is going to be more effective, so being able to adjust that a bit.

(Case2-Int.R02:40-41)

In being flexible, however, the consultants noted a need to maintain a strategic stance.

The consultants both noted the importance of teachers and parents feeling that someone offers a sense of direction and purpose in moving the change process forward.

Secondly, the ability to initiate relationships and to engage people on a personal level was identified as important to successful consultations. Teachers recognized and appreciated the consultants' general friendliness. The outgoing nature of the consultants conveyed to the teachers that each had a sense of humor, they were open to chat about their personal lives, and they did not view the situation or themselves as gravely serious. Anna showed she could take jibes about her title when one teacher teasingly titled her "Your Royal Highness". And Anna could laugh when describing her own personality traits, "basically, I talk too much" As one teacher revealed:

T03: ...she [Anna] was a friendly person, and it made us feel like "I'm here and I can help you...don't feel that you're alone in that sense."
(Case2-Int.T03:15)

And another teacher added:

T05: When she [Anna] comes into the centre she's very comfortable. It's like she's been here for a thousand years...she sort of knows everybody..and she's very personable and she's very pleasant..she's just approachable. You can always go to her, "Hi Anna", and throw questions at her, and she can talk about the weekend she just had or you can talk about Jessie.
(Case2-Int.T05:21)

These opportunities for socializing, humor, and chatting became a mechanism for establishing mutual respect and trust. As talk in this trusting milieu moved from social issues to pedagogical concerns, Karin and Anna were viewed as credible, friendly, and understanding colleagues.

Thirdly, consultants show themselves to be tenacious and persistent in promoting change.

Although they may frequently meet resistance and barriers to inclusion, they continue to maintain calm interactions with staff. Their frustrations are vetted with colleagues from their own agency to whom they turn for support, rather than against teachers, children, or parents. Karin stated that her family has also been an important source of strength and encouragement. It is at home with her husband and family that she can renew her focus and determination to face the difficult and often unexpected challenges of her work. This allows her to persevere assertively, but sensitively, with the consultation.

These less tangible personal qualities of flexibility, humor, friendliness, and tenacity further open and honest relationships between the consultant and consultees.

Leadership Ability

The primary difference between Karin and Anna was in the leadership they presented in managing change. They both presented themselves as highly ethical, legitimate authorities on managing change. But, the dichotomy between their predominant approaches represents the inherent tension that exists between expert consultation, which on the one hand strives to impart knowledge and skills to others, and collaborative consultation which strives to empower others in seeking their own solutions. Both consultants described the tension in incorporating both approaches into their work. During her consultation to Main Street Child Care Centre Anna favored direct training and coaching of instructional strategies to the teachers. Karin on the other hand stressed a collegial and nondirective approach which sought to elicit strategies from the teachers at Sloan Park Preschool.

The directive leader imparts specialized knowledge and skills.

Anna believed that an important part of her role was to share with the teachers the specialized knowledge and skills that she brought to the consultation about children with physical disabilities. This was a critical part of her mandate as a consultant. Teachers supported this view and consistently told me that they require specialized knowledge that they have not acquired during their training, if they are to successfully include children with disabilities. However, when this directive leader was perceived by teachers as imposing additional work or extraordinary measures into their busy work schedules it was more likely to be rejected. For example, when Anna brought the physiotherapist to the centre for a limited visit, the therapist did not have the opportunity to develop a rapport or establish herself as part of the working team. The physiotherapist's direct, prescriptive approach to communicating knowledge and skills was dissonant with the resource teacher's need at that time to work through her feelings of vulnerability and loss of power. The physiotherapist's suggestions for modifying the environment, reallocating staff, and altering instructional practices were resisted by the resource teacher. The effect of this heightened resistance was to reduce the probability that suggested changes actually occurred. The resource teacher defensively told the physiotherapist to take responsibility for implementing the suggested modifications to equipment, rather than herself taking ownership of the solution. Anna was left to clarify and reframe the physiotherapist's recommendations in a format which was less threatening and more acceptable to the resource teacher and staff.

Anna herself faced the dilemma of how to share specialized knowledge without being perceived as imposing hierarchical power and as being didactic and critical. To solve this

dilemma Anna started with the teachers' skills and classroom practices and then went on to provide specialized information as the need naturally occurred during classroom activities. Anna's direct technique of coaching and offering feedback supported a positive sense of teaching efficacy for the staff. Rather than encouraging teachers to be dependent on her, Anna told me that this approach has prompted teachers to eventually take over and modify activities on their own after they have been offered specific strategies for teaching children with physical disabilities.

Although specialized knowledge and techniques are necessary for change to occur in the teacher's practice, it must be presented and modified depending on the particular needs and requirements of the situation and the teacher.

The nondirective leader promotes collaborative relationships.

Central to Karin's leadership style was a collaborative problem-solving approach to consultation. Karin facilitated the identification and clarification of the problem from the perspectives of all participants, assisted in brainstorming possible solutions, and supported the teachers in deciding upon a plan of action. Karin allowed the teachers to brainstorm instructional modifications that fit their individual style and realities. Collegiality was a critical part of her approach to consultation.

But her dilemma proved no less difficult than Anna's. In supporting teachers to seek their own resolution to problems, Karin understood that she did have the experience and specialized knowledge which teachers often demand. For Karin the struggle is how to maintain collaborative relationships while still acknowledging the authority of her own knowledge and experience.

CON: When I started the job I was looking at the model as a collaborative model and we

were working as team members and everybody has equal say. I believe in that strongly, that in terms of making decisions everybody should have a role...But on the other hand when people call in a consultant they want somebody to come in and provide them with some answers. And it's not very reassuring to have somebody come in and not offer anything concrete. So it's kind of a fine balance. I mean they're looking to you for some kind of expertise or they wouldn't have called you in. If they could work it out themselves they would, they wouldn't have called you. I think certainly it just, in a practical way, when you're sitting in a meeting you have to be able to take some kind of charge of the proceedings. If I'm the one that has called the meeting then I need to have a clear idea of what I want to accomplish. And if I can't sort of take charge of it then it's not very reassuring for the people who are involved in the meeting. I mean, my credibility as a professional is out the window. And if it's out - if that's out the window then anything I suggest is also gonna be out the window.

(Case1-Int.R01:24)

Karin's indirect techniques of classroom observations, modeling and group brainstorming proved effective in improving the teacher's overall sense of efficacy and sense of responsibility for the child with special needs. Karin's facilitative abilities allowed the teachers to take ownership of the problem and to share decision-making powers. Consultant and teachers are then equally empowered to review problems, consider solutions, and act upon programming decisions. Furthermore, it is the change agent's intent that problem-solving processes will be continued and used as new issues arise even after she moves out of the centre. By supporting teachers problem-solving abilities teachers are provided with an increased sense of control over their teaching behaviors. Changes in instructional practices to support any child with special needs can thus be implemented and maintained.

The multidimensional nature of change has been described in the above cross-case analysis. To promote individual, interpersonal, and organizational changes required for the inclusion of children with special needs, Karin and Anna displayed definite preferences in their change agent styles. However, it is difficult to place each into one neatly defined category. I

began to speculate that styles of agents of change may vary as much because of ecological, social, and political factors in the consultative environment as they do because of the personal preferences of the consultant. The common knowledge, skills and personal qualities of the consultants are differentially applied depending on the consultative site and issues it presents. A description of change agent styles will be discussed in the next chapter that elaborates on the interactive effects of the four main categories of knowledge and skills that emerged from these cases.

CHAPTER SEVEN

INCLUSION IN A POSTMODERN AGE

The inclusion of children with special needs into community-based early childhood settings challenges teachers to review, reconsider, and revise approaches and instructional strategies that promote the development and education of young children. In the case studies of Karin and Anna, resource consultants are shown to be vital agents in influencing teachers to modify environments, equipment, and practices in order to accommodate the diverse needs of children and families. But the successful inclusion of children with special needs goes beyond merely changing individual teacher practices and behaviors. Effective inclusion requires that changes occur at the personal, interpersonal, and organizational levels. Change agents must consider how the individual teacher teaches, how teachers interact and work together, and how organizational structures support or act as barriers to fully inclusive programs. Several critical dilemmas emerge for the consultant as she promotes educational reform in light of a new paradigm of special education in the postmodern era. This chapter argues that change agents must be cognizant of the multidimensional nature of change and adjust their style to accommodate the different levels of change. Four change agent styles that emerged from the data are described.

The Condition of Postmodernity

As institutions of care and education move into the twenty-first century they are being

propelled into a postmodern world of uncertainty and change. Modernistic views of education based on positivistic empirical understandings of truth and reality, on bureaucratic organizational structures, and on standardized methodologies of teaching are proving themselves inadequate in these changing times. In a postmodern age rapid economic, scientific, and technologic advancements are altering the fundamental role of education in our society (Aronowitz & Giroux, 1991; Hargreaves, 1994). No longer can education endow students with a prescribed set of skills and knowledge suitable for a lifetime's employment. Nor can society afford to waste human resources by failing to educate students from diverse backgrounds and with diverse abilities because they do not benefit from the standardized "one size fits all " teaching and assessment methodologies of the modern bureaucratic school. To face an era of complexity and uncertainty, schools must educate people who possess critical-thinking skills, who can interact and problem solve effectively with heterogeneous teams of colleagues, and who can compete economically and politically in a future that is unknown and unpredictable. To equip students with critical-thinking skills and flexible problem-solving abilities, and guarantee an equitable and excellent education for all students, inclusive education must be personalized and teaching must be collaborative. Personalized education is one which is tailored to the individual needs of a diverse student population. However, given the diverse and complex needs that students present, personalization of education is difficult to achieve unless teachers, special educators and parents share responsibility for student learning. As Skrtic (1995) notes, inclusive practice requires labor to be divided not by individual professions but by collaborative teams of professionals:

Collaboration emerges when work is distributed on the basis of a collaborative division of labor and coordinated through mutual adjustment, and arrangement that is premised on shared responsibility and a team approach to problem solving and yields a form of

interdependence premised on reflective discourse. (p.243)

In short, to meet economic, political, and democratic demands education must change, restructure, and reform its purpose, its practice, and its product.

These imperatives are also evident when we consider how we care for and educate young children with special needs. As society works within a postmodern context, our institutions of care and early education are being subject to economic, social and political pressures to reshape the business of caring for and educating young children. Educators are being called upon to adjust to new and shifting realities as early childhood settings become inclusive and responsive to children and families with diverse needs. When children with complex developmental, physical, and social-behavioral needs are included in classrooms, the changes required of early childhood educators in classroom management and instructional practices are especially pronounced. But inclusion also impacts on the way administrators, teachers and resource consultants work together and on the way early childhood programs are organized. The inclusion of children with special needs into community-based early childhood programs requires teachers to change their instructional practices and to interact collaboratively with parents and other professionals. It also requires organizations to provide supportive policies and procedures. The resource consultant, as an agent of change, provides support to administrators and teachers as they work through the change process.

The Dilemmas of Consultation

In the postmodern period, what was once considered typical, standard or normal practice in early childhood education can no longer be described as typical, standard, or normal. In

modernistic bureaucracies many children who did not fit into existing classrooms were cast aside and denied care and education. It was found that education which categorized children according to age, ability, or talent was not equitable or effective. Today the diverse and complex needs of children and families must be met with flexible, adaptable and constantly changing teaching methodologies. Resource consultants in early childhood programs have been supporting teachers to meet these demands and expectations.

In offering teachers support, the role of the resource consultant is also evolving. Initially, school consultation offered guidance to teachers in an expert-novice manner. Consultative interactions occurred between a consultant with expertise to share and a consultee, usually a teacher. It was assumed that once the transfer of psychological principles and teaching strategies was complete, the consultee could support the learning of a child in the classroom (Bergan & Tombari, 1976). The consultant was the expert in this hierarchical relationship and the teacher was the novice ready to receive knowledge and information.

Eventually more collaborative views of consultation began to unfold. Collaborative consultation approaches view consultation as voluntary and based on mutual respect and parity (Cook & Friend, 1991). All participants in the consultation process bring their own expertise to the process, solutions are developed through systematic problem solving, and strategic plans of action are developed. Equitable interpersonal interactions are at the core of the consultative process.

From the equitable interactions between consultant and teacher came empowerment. An empowerment view of consultation holds that the seeds of competent behavior are already present in teachers (Witt & Martens, 1988). The consultant's role is to assist teachers to build on existing

skills, to identify and access resources, and to create supportive organizational environments. An underlying assumption is that teachers, given resources and supportive environments, are capable of finding and maintaining their own solutions to instructional issues.

In postmodern times, a new age of collegial interaction is arising in care and educational settings. As Skrtic (1995) notes, a postmodern paradigm of special education moves away from the theoretical assumptions of human pathology and rationality prevalent in modernistic school organizations. In its place, Skrtic calls for the restructuring of the school organization from a professional bureaucracy, where professional teachers work alone to perfect standardized and ritualized formats of learning and teaching, to an adhocracy which seeks unique solutions to education. In the adhocracy Skrtic advocates the use of ad hoc interdisciplinary teams of professionals. Hargreaves (1994) views school cultures that allow for these dynamic and fluid relationships between personnel as a "moving mosaic". In both views, shifting teams of professionals and consumers come together as required to dialogue, problem solve, and develop personalized learning and teaching solutions for the individual child. In applying the intent of this paradigm in early childhood settings, adhocratic teams which include resource consultants, administrators, teachers, parents, and/or therapists are forming to support children with special needs in community-based programs. The formulation of interdisciplinary teams in early childhood settings has been shown to enhance the ability of teachers to modify programs and support the diverse needs of young children (Bailey, 1996).

Although a paradigm shift in early childhood special education is taking place, the early childhood programs in this study are organized as bureaucracies. As such, these bureaucracies still attempt to optimize care and education through standardized methodologies, rational-

technical prescriptions for practice, and expert-novice modes of consultation. And in falling back on expert-novice assumptions about consultation, administrators and teachers of these programs still look to the resource consultant for technical assistance so that the classroom teacher may individually educate the child with special needs. This continues in spite of Peck's (1993) warning that rational-technical understandings that promote incremental adjustments to the program for the child with special needs have been insufficient in the implementation and maintenance of inclusive early childhood programs.

Skrtic (1991b) further explains that these modernistic organizations of care and education conflict with new legislation and policies which promote inclusion because although the initiative's:

...ends are adhocatic - a problem-solving organization in which interdisciplinary teams of professionals collaborate to invent personalized programs - they contradict the value orientation of the professional bureaucracy in which individual professionals work alone to perfect standard programs (p.135).

The ensuing tension between bureaucratic structures and individualistic, isolationist expectations of teachers on the one hand and adhocatic teaming, problem solving and personalization of programming advocated by the consultants, created a series of dilemmas for the consultants in this study.

Three dilemmas became apparent from the consultants' actions and their discussions with me:

1. The first dilemma relates to the consultants operating within the standardized and bureaucratic organizational cultures and structures of early childhood settings. The consultants found that they were promoting a postmodern paradigm of inclusive education for each individual

child within the context of bureaucratic organizations and constrictive policy directives. While Anna encouraged the organization and teachers to share responsibility for the child with special needs, the supervisor, resource teacher, and teachers continued to operate on long-held assumptions and expectations about how the "integrated program" works. The joint issues of ownership and control for the child with special needs and her educational program were continually being revisited. Policy directives from the consortium which encouraged personalized adaptations for all children added to the resource teacher's and the teachers' confusion about their roles and responsibilities.

In this hierarchical organizational structure, uncertainty served the status quo, and teachers reverted to their established relationship with the resource teacher. They left it to the resource teacher to communicate with the consultant and to provide additional programming supports, as she did for other children with special needs in the "integrated program".

The consultant's suggestions for altering play environments and group size for short periods each day were deemed inappropriate because of established system-wide legislation, policies and directives. The same policies and structures that once had initiated the integration of children with special needs and made them the responsibility of the resource teacher, now inhibited the full inclusion of children into the regular preschool classroom. The dilemma for the consultant is how to work through the role confusion, resistance, and conflict brought about by inclusion, while at the same time influencing change in the organizational context.

2. The second dilemma related to teachers' perceived behavioral control in implementing change. In considering the hierarchy of power in early childhood programs, both consultants and teachers expressed a need for supervisory support if inclusion is to be successful. As Karin noted,

when teachers did not perceive the administrator as valuing inclusion they were more likely to believe that the consultant was there to evaluate them, rather than to offer support. The motives of the supervisor in requesting consultation for teachers was seen as questionable and devious rather than as supportive of change. In centres where teachers work in relative isolation, the presence of a consultant in the classroom is threatening. With supervisory support, however, the teachers believe that additional resources such as time, extra staffing, and training would more likely be available to assist them in the change process. This improved their overall sense of efficacy and control over the planned change. The dilemma for the consultant is how to engage the supervisor and teachers to change when people in power in the program are not supportive of change.

3. The consultants both understood the need to share specialized knowledge with the teachers about specific special conditions, child behaviors, and family dynamics. This formed the basis for their third dilemma. When promoting teacher efficacy in relation to a specific child, Anna takes a directive stance. She believes that when teachers understand the reasoning behind the use of particular equipment or type of activity for a child with physical needs, they will find other ways to meet that need themselves. She believes that she must give teachers her specialized knowledge and skills to assure that they "sneak therapy " into their activities. It is only after they understand the need for specific strategies that teachers are empowered to problem solve and find ways of incorporating that strategy into their program. The dilemma for Anna is how to accomplish this without being perceived as didactic and evaluative by the teachers.

For Karin this dilemma presents itself differently. Karin finds that while attempting to form collaborative problem-solving teams with all participants in the consultative process,

teachers are demanding immediate strategies and solutions. As a first step in the consultative process, Karin interacts with the child to observe and understand the behavior being described by teachers and parents. However, because of the staff's desire for a quick resolution to the problem, teachers view this interaction either positively, as an intervention to emulate, or negatively, as interference with the occurrence of the unwanted behaviors. In Karin's experience it is difficult for teachers to move out of the expert-novice expectation that they have for consultation and to believe in their own skills and expertise. Karin's dilemma is how to support collaborative teaming and problem solving while still offering the teachers the specialized knowledge they need to proceed. The ensuing tension between these two approaches, collaborative on the one hand and directive on the other, creates discomfort for her and a dilemma about how to proceed.

Change Agent Knowledge, Skills and Personal Qualities

This investigation, which describes two specific cases of change, supports the critical literature on educational change. Consultants as agents of change have been shown to possess process knowledge, specific behavioral skills, and caring personal qualities (File & Kontos, 1992; Kilcher, 1991; Miles, Saxl, and Lieberman, 1988). In most studies, discrete sets of knowledge, skills and personal qualities have been described which include group process knowledge, technical/content knowledge associated with assessment and instructional strategies, interpersonal communication skills, problem identification skills, decision-making skills, and personal characteristics. Descriptions have been primarily obtained from retrospective accounts of teachers, principals, students, resource teachers/consultants and academic experts who may

or may not have been actually involved in consultative change initiatives (Friend, 1984; Idol-Maestas & Ritter, 1985; Miles, Saxl, & Lieberman, 1988; West & Cannon, 1988), rather than from actual observations of case-specific consultative interactions. While descriptions of sets of knowledge, skills, and personal qualities are informative for training and selecting change agents, they are limited in helping us to understand the complex interactions that take place between consultants and consultees.

Furthermore, the literature does not inform us about the appropriate application of the consultant's knowledge, skills, and personal qualities. When I juxtaposed the data with the existing literature on change agent style, it revealed that a consistent application of one consultative style for each consultant was not apparent. The cases of Karin and Anna provide numerous examples and cogent evidence of why one approach is not always demonstrated in a consultant's work, and why consultancy cannot be reduced to normative, incontrovertible, discrete sets of knowledge, skills, and personal qualities. Rather, this study demonstrates the complexity of change agent style.

The Paradox of Change Agent Style

Webster defines *style* as "the distinguishing way in which something is done, said, written, made, executed etc." (The New Lexicon Webster's Dictionary, 1987). The cases of Karin and Anna demonstrate that each consultant brings to the change initiative knowledge of the consultation process, knowledge of the change process, interpersonal skills and leadership ability. But both consultants acknowledge a contradictory tension that they experience when trying to apply this knowledge and skill in a consistent stylistic manner. Karin spoke about her difficulties

in maintaining a collaborative approach when teachers are in crisis and want prescriptive guidelines to solve a problem. Anna spoke about how her directive approach in working with teachers shifts depending upon social and political factors in the setting. Both Karin and Anna expect consistency in their approach to stimulating change that is reflective of one style. When consistency does not occur, the ensuing internal tension generates discomfort and seems to be paradoxical.

The literature that discusses change agent style is limited and has not been useful in helping us to understand what appears to be contradictory styles presented by the same consultant. This paradox of change agent style has only been implied in recent research. This is exemplified by Buysse, Schulte, Pierce, & Terry's (1994) research which reports that early interventionists show a preference for a collaborative approach to consultation while at the same time stating that their preference is to use a directive rather than nondirective interactive style. This appears to be a paradoxical and contradictory outcome. How can one simultaneously adhere to a collaborative and a directive style to consultation?

A check of key definitions used in inquiries related to consultation does not assist in resolving this contradiction. Our ability to understand the nature of consultative style is confounded by the diverse definitions of the terms *collaboration* and *consultation* which are present in the professional and theoretical literature. Many researchers use *consultation* generically to mean any problem solving interaction between a consultant and at least one other consultee (Cook & Friend, 1990). This interaction is usually modified and guided by the consultant's theoretical orientation. Some theoretical perspectives of consultation support collaboration while others are expert-based. Johnson & Pugach (1992) point out that some

researchers assert that *consultation* denotes an expert directive style of consultation and *collaboration* refers to more collegial interactions.

Johnson and Pugach (1992) try to resolve the paradox of change agent style by suggesting that neither expert nor collegial consultations exist in a pure form. Rather consultation can more accurately be conceptualized by describing a variety of roles:

A more accurate conception of consultation is to recognize that exchanges between individuals to solve problems are multidimensional. With regard to the degree to which the interaction can be characterized as hierarchical or mutually equitable depends on a combination of the following four roles that are undertaken by participants of the consultation:

1. Prescriptive - to provide direction or guidance toward a solution.
2. Informative - to communicate knowledge.
3. Facilitative - to encourage independent problem solving.
4. Supportive - to provide a foundation to bolster individuals experiencing the problem. (p.217)

Johnson and Pugach leave a critical question unanswered. What conditions in the consultative environment trigger the consultant's use of a particular role, or can this be attributed to the consultant's personal style as an agent of change?

Miles, Saxl, and Lieberman (1988) defined style as "those skills which are largely natural, even perhaps out of the awareness or control of the change facilitator's personality" (p. 191). This is an amorphous definition that sees style as a possible overriding factor in determining how one applies knowledge and skill to promote change. They note that data still must be gathered to determine if change agent types exist such as the "nurturant developer", the "wheeler dealer", the "confronting manager", or the "content expert", each with different skill sets.

Kilcher (1991) followed the training process of change agents for school reform initiatives. The data collected in this project suggested that change agent style can be viewed

along a continuum from passive, through interactive, facilitative, assertive, and directive, to confrontational. Each style represents a combination of personal, interpersonal, and intrapersonal characteristics. Kilcher notes that change agent style can be modified as one's style interacts within a particular context. However, she does not come to any conclusions as to which style would be most effective in different situations.

The style of principals in bringing about change has been presented in the educational change literature (Ball, 1987; Hall, Rutherford, Hord, & Hulling, 1984; Hord & Hall, 1987; Leithwood & Montgomery, 1986; Leithwood & Jantzi, 1990; Maxcy, 1991). Terms such as "initiators", "problem-solvers", "transformational", and "empowered" have all been used to describe the principal's role as a change facilitator. However, others note how difficult it is to place principal styles that promote educational change into neatly defined categories. Ball (1987) states,

I do assume that individual heads tend towards the presentation of one style, but by definition they are not invariably limited to that style (although a few may be). Situational variations or changes over time in the institutional environment may well produce stylistic reworkings; performances may be tailored towards different audiences. (p.87)

Hord and Hall (1987) note that in all the schools they studied, the principal's work as a change agent is augmented by a Second Change Facilitator. This secondary change facilitator may be the assistant principal, a district-level curriculum coordinator, or a school site resource person. Furthermore, the style of the second change facilitator seemed to be directly related to the style of the principal. This finding calls into question Miles, Saxl, and Lieberman's definition that style is a function of natural, perhaps unlearned skills. In Hord and Hall's study, the influence of the principal's style on the second change agent's style cannot be ignored.

Gersten, Morvant, and Brengelman (1995) come closest to an initial explanation of the paradox of contradictory styles. Their investigation of expert coaching approaches to change found that consultants must address the dual agendas of both listening to teachers' beliefs and feelings and providing them with new teaching strategies and behaviors. Furthermore, special education coaches who did not encourage teachers to identify problems and suggest instructional strategies often read the teacher's caution as resistance. They call for consultants to modify an expert coaching style. This seemingly requires at least two different styles occurring simultaneously.

Two questions remain unanswered in the literature. What styles do agents of change adopt? What influences the differential use of a particular style?

A Set of Change Agent Styles

In analyzing the data from the two case studies it became apparent to me that Karin and Anna each displayed a number of different styles as they guided the teachers towards inclusion of a child with special needs. For instance, while Anna is directive in guiding the teacher's instructional strategies for working with Jessie, she also is an empathic communicator who listened to the concerns of the teachers and resource teacher. These concerns related to personal attitudes and feelings about fully inclusionary programming. Karin's style is nondirective while facilitating group brainstorming of classroom strategies for use with Andrea, but is directive in offering her own analysis of the problem and possible solutions. This suggests that a conceptualization of style, as it applies to agents of change operating in a shifting, individualized postmodern context, cannot be singular and static. The presence of several styles exhibited by

the same consultant is unusual only if we assume that one unique style guides all of a change agent's interactions. Rather one must adopt a more fluid and flexible definition of style that is dictated more by the nature of the multiple outcomes required during the educational change process, than by the personal habits or preferences of the consultant.

Ajzen's(1988) theory of planned behavior offers support to this view by providing a conceptual framework of the conditions that are critical to achieve when promoting change in individual behavior. Change must now be considered from the perspective of the individual teacher who must be motivated to implement a new instructional practice. According to Ajzen's theory the antecedents to performance of a desired behavior include the teacher's subjective perspective of the context in which the behavior is to be performed, the teacher's perceived behavioral control over performing the behavior, and the teacher's attitudes, beliefs and feelings (both positive and negative) towards the behavior. These factors have been shown to influence the instructional behaviors of teachers when accommodating exceptional and at-risk pupils into regular classrooms (Stanovich, 1994).

To understand change agent styles displayed in the case studies, I first identified the antecedent condition of teacher change that was a focus of each case. Secondly, I identified which knowledge, skill sets, and personal qualities were employed by the consultants to achieve the desired change. The cases of Karin and Anna suggest that to foster fundamental changes in teacher attitudes, perceived behavioral control, teaching efficacy, and organizational contexts, the change agent differentially draws from her knowledge, skills and personal qualities. The interaction of specific knowledge, skill, and personal qualities to bring about an intended change describes four change agent styles: facilitative style, empathic listener style, directive style, and

collaborative style.

In describing types of change agents, I do not wish to suggest that a resource consultant's style can be described exclusively as one type or another. Although the data suggest that each consultant did have a predominant approach, it was only in relation to the aspect of change on which each focused in her consultation. In an individual interaction the change agent's style was calibrated to the person with whom she was interacting. Each consultant exhibited elements of other types depending on the issues and needs brought forth in the individual case.

Facilitative Style

The facilitative style focuses on changing the teacher's perceived behavioral control over accommodating a child with special needs into the classroom. Perceived behavioral control refers to both internal (skills, abilities, feelings) and external (opportunity, resources) factors that influence the teacher's use of a particular practice. By facilitating a problem-solving process, the consultant assists the teachers in maintaining control over their own ability to find and consider information, skills, and resources to support their efforts towards inclusion. The consultant and teachers together identify the critical issues and needs that they bring to the consultation. Interviewing and problem identification skills are used by the consultant to assist the teacher in focusing in on specific problems of instruction and inclusion while acknowledging global attitudes and feelings. Ownership of the problem and the solutions are maintained with the teacher rather than passing them on to the consultant.

The consultant effectively uses both knowledge of the consultation process and communication skills to elicit, from the teachers, potential solutions to the identified problem.

Each participant contributes expertise to the brainstorming process. Parents bring knowledge of the child, teachers know early childhood methodologies, and the consultant contributes alternative solutions based on her/his experience and expertise with children with special needs. All possibilities are equally accepted without judgment. Responsibility for developing and implementing action plans are shared by all participants as decisions are made. Ongoing evaluation of outcomes are developed as part of the process.

Empathic Listener Style

The focus of change for the empathic listener style is on teacher beliefs, attitudes, and feelings. The consultant who employs this style works through the change process by employing interpersonal influence and communication skills. An empathic listener engages people through friendly chatting, appropriate personal disclosure, and an ability to see humor in the situation. The result of establishing an atmosphere of trust and mutual regard is meaningful dialogue and discourse about the intended change.

The consultant supports a change in teacher attitudes and feelings by actively listening to the fears, anxieties and beliefs of the teacher who is working in an inclusive early childhood program. These consultants demonstrate empathy and care within a trusting, nurturing, and friendly relationship without negating or minimizing the issues and feelings that teachers express. This supportive style uses paraphrasing and encouraging listening responses to reflect and accept the feelings of the participants. Questions are asked to clarify, elaborate, and/or assist the teacher in considering alternative interpretations of specific behaviors or issues.

The consultant communicates that she respects and understands the issues from the

perspective of the teacher. Consultants using an empathic listener style are accepting and sensitive to these attitudes and beliefs while at the same time they are encouraging the participant to be open to other perspectives and possible views.

Teachers are offered support by a consultant who acknowledges their skills, accepts their feelings, and considers their concerns as real and relevant.

Directive Style

In the directive style, the consultant assists the teacher in learning specific instructional strategies for use with a child with disabilities. A distinction is made here between the teacher's general sense of efficacy as it influences one's perceived behavioral control over inclusion and personal teaching efficacy required to accommodate a child with a specific disability. A directive style enhances specific teaching efficacy by promoting change in instructional practices.

Specialized knowledge is shared that is essential to the performance of a specific instructional behavior. In this study the term *expert knowledge* has been avoided because of the inherent connotation that the consultant's knowledge is superior to another's knowledge which is in some way inferior. To avoid the issue of status, the term *specialized knowledge* has been favored to reflect the consultant's view that each participant comes to the consultation with her/his own unique knowledge base. To convey essential specialized knowledge the consultant directly shares information, coaches instructional techniques, and models strategies. The intent is to enhance teaching efficacy in relation to the learning outcomes of a specific child.

In this study the consultants successfully mediated between the teachers' own instructional techniques and new teaching approaches by starting with activities already programmed within

the classroom. Modifications and adjustments were then developed through coaching and feedback that enabled the teacher to change the activity to include the child with special needs. The teacher's specific teaching efficacy was enhanced by this style.

Collaborative Style

For the collaborative change agent, the focus of the change is teachers' work within the culture and structure of the organization. This change agent, in a collaborative style, strategically uses the consultant's knowledge of the change process and a collegial approach to forge team alliances with administrators, teachers, and parents. Power structures and control issues are often embedded in the consultative discussion of child behaviors and ultimately interferes with change. This is likely to be observed when the supervisor of a centre, rather than the teachers, initiates the consultation with a consultant from an external agency. The hierarchical imposition of change through policy or supervisory mandate increases resistance in teachers who must implement the intended change. The consultant works to realign sociopolitical structures by making this conflict and struggle explicit rather than hidden.

The collaborative stance of the change agent assists in conflict resolution and promotes team-building. This calls for team members to negotiate roles, release power to others, and resolve underlying organizational tensions. The consultant's knowledge of the change process, interpersonal assertiveness, and personal abilities to cajole, coax, and persist are displayed in this process. The change process leads to organizations where teachers work to support each other, share control, exercise power, and are empowered to make decisions and to act. The organization is ultimately stronger and more adaptable to meet the diverse needs of children.

Change Agent Style Preferences

We can begin to conceptualize a change agent's predominant approach by considering these four types of change agent style. It is very difficult and unproductive to place change agents exclusively into one of the above categories because preferences can be modified and affected in any particular consultation by situational variables and by the individual needs of participants.

Karin understood that the teachers and mother of the child with behavioral needs had some serious concerns because the child was exhibiting aggressive and often bizarre behaviors. Karin primarily worked through the consultation and change processes by employing excellent interpersonal communication skills. In the empathic listener's style, through actively listening to teacher concerns, questioning them for clarification, reflecting on feelings, and showing empathy for their issues, she was able to help the participants reframe their attitudes and feelings about this child. Rather than pathologizing the behaviors, she helped the teachers to see the child as a very creative and active learner and the mother as a concerned partner in formulating solutions to the problem.

But the teachers also needed to perceive themselves as being in control when programming for a child with special needs. Karin supported the teachers in learning how to problem solve and to make programming modifications. As one teacher explained, Karin's intervention was more useful than only yelling "help" each time a child with special needs entered her preschool class. Karin elicited solutions to programming from the teachers to help them develop an environment in which the child's behaviors settled, the mother was calmed and began to attempt new child management approaches with her daughter, and the child's self-esteem flourished. In the facilitative style, Karin assisted the teachers in identifying issues and needs,

brainstorming solutions and sharing responsibility for developing, implementing, and evaluating a program plan. After the consultation, teachers were left with knowledge of a problem-solving process that they can continue to use in the future.

On the other hand, Anna using the empathic listener's style actively listened to and empathized with the teachers' concerns about including a child with cerebral palsy into the regular program and the resource teacher's sense of vulnerability about a loss of status. But her consultation primarily emphasized the need to improve teaching efficacy by changing specific instructional strategies and including therapeutic techniques with this child. Anna adopted a directive style to change teacher practices. She started with planned classroom activities and then through sharing specialized knowledge, direct coaching techniques, and offering feedback, she demonstrated for teachers the modifications and strategies that were required for this particular child.

Ultimately, in the collaborative style, both change agents began to change both the cultural and structural context of the organizations. This is reflected in fundamental issues of how teachers work, how decisions are made, and how power is distributed in an organization. The intent of the change agent is to empower teachers to act, to share control over the change, and to share power over all decisions that impact on their work. Using collegial team-building skills both Karin and Anna strategically sought to enhance group functioning and to include parents and other resource specialists in the interdisciplinary team. Both change agents calmly and assertively worked to resolve conflict as the team began to develop and become established. Their goal was to encourage equitable power relationships between administrators, teachers and parents that enhance the organization's receptivity and responsivity to children with diverse special needs and

their families.

It is only by understanding the multidimensional nature of change that consultants can assess the specifics of the change effort and apply knowledge, skills and personal qualities differentially to enhance desired outcomes. By calibrating and applying these characteristics depending on situational factors, the change agent's preferred style varies throughout the change process. What had been considered dilemmas can be attributed to the consultant's belief that an application of style must be uniform and consistent. Successful inclusion of children with special needs requires change to take place along social, psychological, and organizational dimensions. Agents of change must continually adjust their style to promote these changes.

Professional Training of Early Childhood Consultants and Teachers

The educational requirements for early childhood educators and early childhood resource consultants are dependent upon the provincial jurisdiction in which they work and the type of early childhood program in which they operate: early intervention program, specialized preschool, group child care centre, family day care home, nursery school, or family resource centre. In this study most of, but not all, the early childhood teachers held a credential in early childhood education from community colleges. Teacher education programs that they attended included at least one course in early childhood special education as part of the diploma requirements. But the early childhood educators who wished to focus on children with special needs continued with post-diploma coursework or university degrees in early childhood education or related fields of study. The early childhood teachers who did not continue with formal courses on teaching children with special needs received some training in informal workshops, conference sessions or

on the job experiences. Training in special needs thus becomes an add-on component more dependent on teacher interest, funding, and scheduling factors than on planned and systematic training strategies. This has led Kontos and File (1993) to conclude:

Staff development planners must realize that they can expect many staff to lack the knowledge base provided by specialized training in their fields, while still acknowledging that staff members have learned on the job, or through less formal channels. (p.171)

Resource consultants in this study also had varying educational backgrounds. Both had obtained baccalaureate degrees, but specific courses on consultation, change and inclusion were not offered in their formal coursework. Kontos and File (1993) note that "inservice and preservice personnel training for early childhood special educators rarely includes instruction in integration or collaborative consultation" (p.176). Training in consultation relies heavily on informal workshops, seminars, and peer support groups.

Studies on training of consultants have been limited in offering us insight into effective training models. In one study, training techniques, using either a communication training condition or a condition offering training in concepts related to collaboration, reported no significant differences in teacher satisfaction with consultation (White & Pryzwansky, 1982). Curtis and Zins (1988), in a study of the effects of a training program that emphasized didactic methods, videotaped simulation experiences, and instructor feedback, found improved consultative skill in level of questioning, making behaviorally specific statements, and in the avoidance of premature problem solving strategies for consultant trainees. A later study comparing apprenticeship and nonapprenticeship training programs on teacher satisfaction with consultation, favored apprenticeship programs that emphasized techniques for offering teachers immediate and positive feedback (Gersten, Darch, Davis, & George, 1991). These studies

indicate that training in specific knowledge of consultative processes (i.e. collaboration), and specific skills (i.e. offering feedback, questioning, active listening) are useful for the consultant trainee.

Staff development has long been viewed as a key to the successful inclusion of children with special needs into community early childhood programs (Klein & Sheehan, 1987). Consultation has been used as one important means of promoting teacher development when accommodating children with special needs into regular classrooms. Whereas one-time workshops have not been shown to be effective in changing teacher practice (Stein & Wang, 1988), consultation can provide the ongoing support and feedback necessary for success (Wesley, 1994). It has been demonstrated in this study that on-site consultation which is respectful of teacher time, acknowledges teacher ability, and understands the sociopolitical context does change teacher practices and promote inclusion.

But the success of consultation in producing change must start at the preservice level of training for consultants and teachers. First, fundamental to staff change through consultation is an understanding of children with special needs and inclusive schools. Social and psychological principles of inclusion and consultation should be provided to all prospective teachers and consultants. Most recently an "infusion model" of preservice training has been called for that allows for concepts related to individualized instruction, early intervention, and work with families to be immersed in all preservice early childhood education courses (Bailey, 1996; Frankel, 1994). In an infusion model knowledge would be provided to all students, not only to those who elect to take additional courses on special needs. If understanding of inclusion starts at the preservice stage, then all educators, regular and specialists, can develop a common

foundation of knowledge about children with special needs, family-focused interventions, consultation and change processes.

Second, a collaborative and trusting working relationship between consultant and teachers has been demonstrated to be central to staff change and development. Developing trust and shared goals for children's development and learning starts in preservice courses that allow for open discussion, debate, and discourse on issues of inclusion. Basic skills in interpersonal effectiveness and leadership ability would be enhanced through these discussions. Together, teachers learn the need for clearly communicating their thoughts, feelings and needs, and consultants learn to be more receptive to listening to the teachers. The common concepts and mutual understandings that teachers and consultants can receive at the preservice level provides a foundation that will allow them to later explore new and flexible environments of action in schools. Innovative solutions result from these collaborative efforts as teachers in the future face uncertain and unpredictable events in educating a diverse population of young children.

Third, when coursework crosses disciplines, the formation of flexible and creative team efforts to meet personalized teaching and learning goals is further enhanced. Interdisciplinary coursework allows students in related fields of education, social work, physical therapy, occupational therapy, psychology, nursing, nutrition, and speech-language therapy to derive an explicit appreciation and understanding of each other's discipline, jargon, and philosophies (Bricker & Widerstrom, 1996). Shared training can thus promote the "collaborative division of labor" as called for by Skrtic (1995).

And fourth, in stating the need for a basic common curriculum on inclusion for teachers, early childhood resource consultants, and interdisciplinary specialists, I do not wish to imply that

knowledge, skills, and enhanced personal dimensions can be dispensed and applied in a standardized, normative, or formulated manner. Training programs must assure that unique applications of knowledge and skills occur that are relevant to the issues and concerns at hand. Developing interpersonal skills, communication skills and caring qualities can best be acquired in courses that stress experiential training through role-playing, simulated client experiences, and videotape self-analysis. The importance of caring, assertive, and friendly personal qualities becomes more apparent as students interact in nonthreatening, controlled "real to life" simulation exercises with actors, rather than learning through "trial and error" on the job. Actors who simulate assessment and interviewing interactions with student teachers and consultants provide immediate feedback about interpersonal effectiveness, interviewing style, and communication skills (Britnell, 1992). These characteristics can then be further established in practical field experiences with children and families. An experiential field component to training is most suitable when it allows for practice of these abilities in a broad range of early childhood settings with children who demonstrate a range of learning abilities.

Consultants, as well, require advanced training to understand the complexities and intricacies of a multidimensional change process in the postmodern era. But they also require practical experience in considering the motivational factors that influence teachers to change their practice and in applying constantly shifting sets of knowledge and skills during the consultation. This can best be accomplished through field experiences in inclusive centres with effective early childhood resource consultants.

Karin and Anna described the struggles, challenges, and dilemmas they faced as they were constantly required to shift approaches and styles. In one consultative encounter they might move

from a directive style of modeling instructional strategies, to an empathic listener of teacher's feelings, to a facilitative style brainstorming teaching strategies, to a collaborative style promoting shared responsibility and back to a directive style offering technical information about special needs. This requires a complex interplay of knowledge, skills, and personal commitment. Research must now focus on comprehensive training models that assist consultants in considering teacher and organizational needs and in differentially applying their knowledge, skill, and personal qualities to meet those specific antecedent conditions of change in teacher practice.

Although this investigation was limited to two case examples of effective consultants, a rich data base of information was gathered about the knowledge, skills, and personal qualities of early childhood resource consultants. A set of four change agent styles has been described from the case studies of Karin and Anna: facilitative style, empathic listener style, directive style, and collaborative style. Change agent style has been conceptualized as responsive to varying antecedent conditions found to influence teachers to perform an intended behavior. This view allows us to understand why change agents demonstrate numerous different styles in the course of their consultative work. This resolves the apparent paradox of contradictory style preferences found in research and practice. Change agents must vary their style depending on the personal, interpersonal, and/or organizational changes required in the particular case. This has shown to have a positive impact on promoting teacher efficacy, staff collaboration, and supportive environments as institutions of care and education flexibly and creatively educate children with diverse needs in an uncertain and constantly changing era of postmodernity.

CHAPTER EIGHT

EPILOGUE

As I sat across from Karin, and later Anna, for our final discussion, I was struck by the commitment and professionalism that each consultant possessed. I admired the determination each displayed in fulfilling her role in assisting children with special needs, their families, and their teachers, as they all strive to provide inclusive services in community-based early childhood programs. Prior to this meeting each consultant had read a draft of her respective case study and had now paused to reflect, clarify and construct meaning from her experiences. We had completed a cycle in the exploration that we had embarked on together. I felt that a bond had formed between us that transcended the research and allowed the consultants to speak freely and openly with me. Together we had broadened our understanding of the complex and often slow change process and of the knowledge, skills and personal qualities required by effective agents of change.

In the tradition of the ethnographer, we had set out months before, researcher and researched, to gain insight into the role early childhood resource consultants play as agents of change. We did not always know the road to take or where it would lead. Ultimately their narratives as agents of change offered me insight into the knowledge, skills and personal qualities that early childhood resource consultants require as they assist teachers in changing instructional practices to include children with special needs in their programs. My goal was to better

understand change agent characteristics which impact on the motivational antecedent's to change in teacher practice: organizational factors, teachers' perceived behavioral control, teachers' attitudes, beliefs, and feelings, and teaching efficacy. We were now meeting together as the final step of triangulation to assure authenticity in the findings (Mathison, 1988). The credibility of the qualitative methodology used rested not on the traditional constructs of validity and reliability, but on the trustworthiness of the data (Bogdan & Lutfiyya, 1992; Lincoln & Guba, 1985). This final check would indicate if my understandings, assumptions, and interpretations were accurate or whether they altered or imposed too heavily on the consultant's position. It was their personal voice which was paramount and would stand as a mirror against which other consultants could test their own realities. Natural generalizations (Stake, 1978) could then be made as other resource consultants compare and contrast their experiences to those described in the case studies. To accomplish this goal, accuracy and rich description in case reporting are essential.

Karin started by discussing the case study's authenticity. She applauded its accuracy while noting that she felt the identities of the teachers, parent, and child were well hidden. Maintaining anonymity is a vital part of any qualitative methodology. However, as much as I tried to protect the confidentiality of all participants, there are some elements which, although potentially revealing, cannot be totally eliminated if the case is to be true and accurate.

Karin at this time particularly reflected on her own development as a consultant. She disclosed to me how she viewed herself as a peer to parents and teachers. In this conceptualization of her role she offered friendly support rather than didactic advice. This she realized had been a guiding principle of her consultative interactions and strongly defined how she worked with others. It was a view that she was now struggling to modify as parents and teachers

demand more specialized knowledge about interventions for children with special social-behavioral needs. As Karin explained it:

CON: I found it personally very interesting to look at my own development as a consultant since this case...I think I have become much better at drawing my own boundaries around myself as a professional. There was something about this [case study] that I think I was seeing myself more as a friend. And I think there was some lack of clarity around what my role was...because in the report it says that I didn't offer strategies to the mom, and it seemed that it appeared to you from listening to the tape that she wasn't asking that clearly or that the opportunity didn't present themselves, and it didn't. And I think I felt more as a peer than as somebody I was providing a service for. And this is something, I would never give advice to a friend or a peer...unless they specifically said, "What shall I do in this situation?"...It still is difficult for me to draw that line. At what point am I in the process of observation or am I in intervention?...It's more a matter of providing support. Mothers often know what they need to do. They just haven't got the courage to give it, but get bogged down with the problems. So you're trying to provide the support and things will change...I struggle with it [with teachers]. It isn't always successful to offer advice, it falls flat. They're not ready and need to talk...And I've seen teachers who take it and take it and take in a lot and then sort of shut down for awhile. And I have to not take it personally. Someone who's been very receptive suddenly won't acknowledge my presence. It's odd...and then she comes back and tells me I'm her lifeline to information about this child and then we're back on track again. I think she just gets sort of overwhelmed because she works hard to implement the suggestions that I give her.

(Case1-Final Int:R01)

At the core of Karin's approach to change are effective interpersonal interactions. She listens, empathizes and accommodates the concerns of teachers and parents. In a climate of trust and mutual respect, she collaboratively teams with parents and teachers as equitable partners. She facilitates the teachers' problem solving and decision-making so that they develop instructional strategies which are realistic for the setting and which they are prepared to incorporate into their classroom. And she models appropriate interactions with the child which indirectly provides teachers and parents with alternative strategies. Ultimately the key to successful change in

teacher practice for Karin is to empower others to reflect, to plan, and to act.

In my discussion with Anna, she also acknowledged the authentic description of the sensitive issues in her consultation. She recalled that in this case negotiating roles with the resource teacher was a source of frustration for her. The resource teacher expected that all information to the teachers would flow through her. Because of this Anna believed she was initially prevented from imparting critical specialized information about this child directly to the teachers. It was only by working through the hierarchical power relationships that existed in this centre that over the course of the consultation Anna was able to work directly with the full team of teachers. Eventually change did take place in the working relationship between the resource teacher and the teachers and roles and responsibilities shifted. Anna worked flexibly with the staff to determine together how therapeutic and educational strategies for the child with physical disabilities could be incorporated into their planned classroom activities. Anna later described this approach:

CON: And a difference in my style too is that these people are professionals, and while there are certain things that should be done and need to be done, within the constraints of the program, they might not be able to...so not to worry if it's not possible. We'll find something else. That's why we're there, is to help find an alternative way. But until we broach some ideas we can't know what's reasonable and what isn't...so we need that feedback from her [teacher].

(Case2-Final Int:R02)

Anna's goal is to team with families, teachers, administrators, and therapists to provide appropriate instructional strategies and learning environments for children with physical special needs in early childhood settings. But Anna asserts that she has specialized knowledge about physical disabilities that she must share with the teachers before they can incorporate this information into their planning. In this direct approach, Anna initially provides the teachers with

expert information from her own experience and from the experiences of specialized therapists (physiotherapist, speech-language therapist). She then coaches and offers feedback about the teacher's application of this information in classroom activities. With active listening, empathy, and reflection she answers their questions and concerns. Modifications to this typical consultative pattern occur with appreciation for the existing sociopolitical context and power structures of a centre. Anna adjusts her interactions depending upon the existing hierarchy of the centre. Her goal is to assist the centre in achieving equitable and collaborative relationships when providing for a child with physical and developmental special needs.

In this investigation the application of the change agent's knowledge, skill and personal qualities has shown itself to be case specific. The change agents displayed a range of styles which shifted depending upon the needs of the children, the teachers, and the organization. I found that the didactic presentation of expert advice, no matter how sound and pedagogically appropriate, has not proven to be the most effective means of changing teacher behaviors to instruct children with disabilities in inclusive settings. Rather the consultants were most successful when they possessed a full range of styles which impact on organizational factors, the teachers' beliefs, attitudes and feelings, and the teachers' sense of efficacy in instructing specific children with special needs. Four change agent styles are described that result from the interaction of change agent knowledge, skills and personal qualities: facilitative style, empathic listener style, directive style and collaborative style. A consultant may adopt any one of these styles at different stages of the process and is not confined by one approach over another. Karin and Anna were most effective in promoting change when their style was calibrated to the presenting needs and issues of the teachers and administrators. The change agent must differentially apply her knowledge of

consultation, knowledge of the change process, interpersonal skills, and leadership abilities to achieve change.

The rich qualitative data collected from these two case studies expanded my insight into the knowledge, skills and personal qualities of change agents in early childhood settings. However, the investigation of only two cases is also a limitation of this study. Caution must be exercised in applying the findings of this study until cumulative evidence is gathered. Further research is now required in other early childhood settings and with other resource consultants to determine whether additional change agent styles and characteristics can be identified as critical to change in teacher practice. Research replicating these findings would enhance our understanding of when and how change agents calibrate their style to teacher and organizational needs.

Early childhood resource consultants who have identified both successful and less successful experiences in promoting change in teacher practices should be included in future research endeavors. It is possible that teacher and situational factors, under specific conditions, override the consultant's attempts to shift and calibrate styles to the demands of the context. This research would help in determining the relative influence of change agent characteristics, process characteristics, and situational factors as early childhood settings change to fully include young children with special needs.

In the postmodern era of rapid change, early childhood educators adjust their practice to meet the special needs of children within a climate of instability and unpredictability. Uncertainty is not only created by the increasingly diverse needs of children in the classroom, but is also due to economic restraint, funding cutbacks, and a general lack of societal recognition for their work.

Yet the dedicated voice of these educators continues to resound and demands to be heard. Karin and Anna deeply understood the need to form trusting working relationships with these teachers. Key characteristics of change agents included their ability to acknowledge and build upon teachers' existing skills, to promote a team effort, to assertively resolve conflict, to model and coach specialized instructional strategies using naturally occurring classroom activities, and to maintain a friendly and flexible stance. The resource consultants worked to listen to and accommodate the teachers' needs and support their change efforts, rather than to use hierarchical powers to impose change. As I reflected on their consultative styles, the paradox of consultant preference for both collaborative and directive approaches became less problematic. I began to see that the differential application of style depending upon the needs expressed from the teachers' perspectives of change is of utmost importance. The consultant as agent of change impacts on the organization, teachers' attitudes, beliefs, and feelings, teachers' perceived behavioral control over change, and specific teaching efficacy in relation to a child with special needs. Karin and Anna were able to effect these changes with sincerity, respect, and perseverance. This empowered the teachers to make appropriate changes to classroom management and instructional practices when a child with special needs was fully included in the early childhood program.

APPENDICES I - VI:
LETTERS OF INTRODUCTION AND CONSENT FORMS

**RESEARCH CONSENT FORM
CONSULTANTS**

The purpose of this investigation is to document the consultative process as centres move to include children with special needs into their programs. It is believed that this empirical data will assist in the development of educational materials that will train resource consultants to better serve child care centres, families, and children.

I give my permission for the principal investigator to audiotape all consultation meetings with staff, administrators, parents, and/or children from two different cases on my caseload. I agree to operate an audio cassette recorder for the duration of my consultative involvement on the case. This includes the initial to last formal consultation meetings and any direct work with the child. I understand that these tapes will be transcribed for analysis, and I agree to review these transcripts and discuss them in an interview with the principal investigator. I agree to complete a brief survey of demographic information. All information collected will be kept strictly confidential.

All data collected will be used for research purposes only. I understand that the findings will be reported as group data. Any written reports or oral presentations of the findings that uses direct quotes from the transcripts will not reveal the identities of the consultants or other participants in the consultation meetings. The consultation agency, child care centre, family, and child will not be identified by name.

I understand I can withdraw my permission at any time during the research project. Experimental procedures have been explained to me and I have a satisfactory understanding of them. Any further questions about the research and my rights as a participant will be answered by contacting the principal investigator Elaine Frankel at (416) 979-5306.

I understand that this project has been reviewed and approved by the Ethical Review Committees at the Ontario Institute for Studies in Education and Ryerson as adequately safeguarding subjects' privacy, welfare, civil liberties, and rights. I may address questions and complaints to the chair, Ryerson ERB or the Director of the Office of Research Services at (416) 979-5042.

Signature _____

Date _____

APPENDIX II**LETTER TO THE SUPERVISOR**

Dear Supervisor:

I am a professor in the School of Early Childhood Education at Ryerson Polytechnic University and a doctoral candidate at the Ontario Institute for Studies in Education, University of Toronto. Currently I am doing research on the nature of the consultative interactions that occur between resource consultants and child care programs. This research would like to answer questions such as: How do early childhood resource consultants work with children, teachers, and parents? What types of consultation do teachers find helpful in assisting them in teaching children with diverse learning needs.

This research will observe the consultation process. We will not be evaluating the child care centre or the teacher's performance in any way. It is hoped that this information will assist us in improving the training of resource consultants so that they can better serve child care centres, teachers, children and families.

Since you have recently arranged for consultation with a resource consultant, I wish to request the opportunity to discuss with you your centre's participation in this research project. It involves the cooperation of the child's parents and a minimal time commitment from the classroom teachers. I would like permission from you, the classroom teachers, and the child's parents to audiotape six consultation meetings. This will not be disruptive to your program or harmful to the teachers or children in your care. As part of the project, an interview with each teacher involved in the consultation will be arranged at any time convenient to her/him and the program. This will give your teachers the opportunity to reflect on their practice. Please be assured that you will receive full consultation services whether you agree to participate in this project or not.

All information gathered during the project is for research purposes only and will be kept strictly confidential. The names of the consultation agency, centre, teachers, children, and families will not be revealed in any reports of the findings of this research. Any participant may withdraw from the project at any time.

I will be calling you next week to arrange a time to describe this project in greater detail to you and to the classroom teachers. If you wish further information please call me at 979-5306. Thank you for considering this project.

Sincerely,

APPENDIX III**LETTER TO THE TEACHER**

Dear Teacher:

I am a professor in the School of Early Childhood Education at Ryerson Polytechnic University and a doctoral candidate at the Ontario Institute for Studies in Education, University of Toronto. Currently I am doing research on the nature of the consultative interactions that occur between child care consultants and child care programs. This research would like to answer questions such as: How do early childhood resource consultants work with children, teachers, and parents? What types of consultation do teachers find helpful in assisting them in teaching children with diverse learning needs?

This research will observe the consultation process. We will not be evaluating the child care centre or the teacher's performance in any way. It is hoped that this information will assist us in improving the training of child care consultants so that they can better serve child care centres, teachers, children and families.

Since you have recently arranged for consultation with a child care consultant, I wish to request the opportunity to discuss with you your participation in this research project. It involves the cooperation of the child's parents and about 1 1/2 hours additional time from you. I would like permission from you to audiotape consultation meetings in which you participate. This will not be disruptive to your program or harmful to the children in your care. As part of the project, an interview with you will be arranged at any time that is convenient. This will give you a rare opportunity to reflect on your teaching practices and to offer input into how consultants can serve you better. Please be assured that you will receive full consultation services whether you agree to participate in this project or not.

All information gathered during the project is for research purposes only and will be kept strictly confidential. The names of the consultation agency, centre, teachers, children, and families will not be revealed in any reports of the findings of this research. You may withdraw from the project at any time.

If you wish more information about this proposal please call me at 979-5306.

Thank you for considering this project.

Sincerely,

APPENDIX IV

**RESEARCH CONSENT FORM
TEACHERS AND ADMINISTRATORS**

The purpose of this investigation is to document the consultative process as centres move to include children with special needs into their programs. It is believed that this empirical data will assist in the development of educational materials that will train resource consultants to better serve child care centres, families, and children.

I give my permission for the principal investigator to audio tape all consultation meetings in which I participate with the resource consultant. This includes the initial to last formal consultation meetings with the consultant. These tapes will be transcribed for analysis by the principal investigator. I agree to then discuss the process in an interview with the principal investigator. I also agree to complete a brief survey of demographic information. All information collected will be kept strictly confidential.

All data collected will be used for research purposes only. I understand that the findings of this study will be reported as group data. Any written reports or oral presentations of the findings that uses direct quotes from the transcripts will not reveal the identities of any participants in the consultation meetings. The consultation agency, child care centre, family and child will not be identified.

I understand I can withdraw my permission at any time during the research project.

Experimental procedures have been explained to me and I have a satisfactory understanding of them. Any further questions about the research and my rights as a participant will be answered by contacting the principal investigator Elaine Frankel at (416) 979-5306.

I understand that this project has been reviewed and approved by the Ethical Review Committees at the Ontario Institute for Studies in Education and Ryerson as adequately safeguarding subjects' privacy, welfare, civil liberties, and rights. I may address questions and complaints to the chair, Ryerson ERB or the Director of the Office of Research Services at (416) 979-5042.

Signature _____

Date _____

APPENDIX V**LETTER TO THE PARENT**

Dear Parent:

I am a professor at Ryerson Polytechnic University and a doctoral candidate at the Ontario Institute for Studies in Education, University of Toronto. I am completing a research project which will assist resource consultants in providing services to children and families like your own.

Your child's child care consultant and teachers have been chosen as participants in this study. This research would like to answer questions such as: How do early childhood resource consultants work with children, teachers, and parents? What types of consultation do teachers find helpful in assisting them in teaching children with diverse learning needs?

Your child's child care consultant, child care centre and teacher have already agreed to participate in this study. Therefore, we are now seeking permission from you to have you and your child participate. Since you are a very important part of any discussion about your child's learning program we wish to record any meetings you have with the resource consultant that relate to your child's developmental and learning needs. This will be done by an audiocassette recorder. It will not take any additional time for you to participate in this project. We will also record the consultant's interactions with your child in the classroom. The research team will be the only people to listen to these tapes, and your name and your child's name will never be told to anyone else. We are only interested in understanding the consultant's role and will not be evaluating you or your child.

Please be assured that you and your child will receive full consultation services whether you choose to participate in this research or not. Also be assured that if you do give your permission, your child's program in the child care centre will not be disturbed in any way.

The research team has very strict rules to protect your privacy. Any information gathered will be kept completely confidential and will not be shared with anyone. The data will be kept in locked files with all names removed. The name of the consultant, child care centre, teacher, parent and child will never be told in any reports. You have the right to withdraw yourself and your child from this project at any time before the final analysis of the data.

This project has been reviewed and approved by the Ethical Review Committees at the Ontario Institute for Studies in Education and Ryerson as adequately safeguarding subjects' privacy, welfare, civil liberties, and rights. You may address questions and complaints to the chair, Ryerson ERB or the Director of the Office of Research Services at 979-5042.

If you wish more information please call Elaine Frankel at 979-5306.

Thank you for your time and attention.

Sincerely,

APPENDIX VI

**RESEARCH CONSENT FORM
PARENT AND CHILD**

I give permission for my child to be part of the research project being conducted by Elaine Frankel from Ryerson, School of Early Childhood Education as described in the letter to parents dated April, 1993.

I give permission for interactions between my child and the resource consultant to be audiotaped.

I give permission to audiotape all consultation meetings in which my child's learning needs and program needs are discussed by the centre staff with the resource consultant.

I give permission to audiotape all consultation meetings in which my child's learning needs and program needs are discussed by me with the resource consultant.

Please check one:

YES
 NO

Print Child's Name: _____ Date: _____

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

[] I would like to discuss this project further.

Day Time Phone Number _____

Evening Phone Number _____

**APPENDICES VII - VIII:
INTERVIEW PROTOCOLS**

APPENDIX VII**TEACHER INTERVIEW**

1. What is it like to be a teacher in this centre?
 - Describe your typical day.
2. What does this whole issue of integration mean to you?
 - Have your feelings about integration changed at any time in your career?
 - When?
 - How?
 - What occurred?
3. Tell me how you came to work with this child in your classroom.
 - What were you trying to accomplish for the child and family?
 - What steps/adjustments did you take to reach these goals?
4. What professionals around you have had a role in helping you make these adjustments?
 - Supervisor
 - Resource consultant
 - Resource specialists (i.e. psychologist, OT, PT, SLT)
5. Describe a critical interaction that occurred between you and the consultant that impacted on your work.
 - What characteristics did she display that made this interaction successful?
6. If a child with a different special need (let's say a visual impairment) was in your classroom, how would you deal with the situation?
7. What does it mean to you to be a teacher of a child with special needs?

APPENDIX VIII**RESOURCE CONSULTANT INTERVIEW**

1. Describe your role as an early childhood resource consultant.
2. Describe the process you follow with each consultation?
3. Based on specific consultation interactions:
 - a) What were you hoping to accomplish in this interaction with the teacher (administrator, parent)?
 - b) What approaches were you taking?
 - c) How effective do you perceive each approach to be towards reaching your goal?
 - d) How would you structure your response differently the next time a similar situation arose?
4. How do you perceive change in the teacher since the consultation began?
5. What knowledge, skills and personal qualities do you think are critical for early childhood resource consultants?

**APPENDIX IX:
QUESTIONNAIRE**

APPENDIX IX

RESEARCH PARTICIPANT INFORMATION

1. I.D. _____

PERSONAL BACKGROUND:

Please answer all questions by checking (✓) the appropriate response for you.

2. Gender:

_____ Female

1

_____ Male

2

3. Age:

_____ 20-29 years

1

_____ 30-39 years

2

_____ 40-49 years

3

_____ 50+ years

4

4. Years of work experience in early childhood education:

_____ 1-5 years

1

_____ 6-10 years

2

_____ 11-15 years

3

_____ 16-20 years

4

_____ 21-25 years

5

_____ 26-30 years

6

_____ 30+ years

7

EDUCATIONAL BACKGROUND:

Check "yes" (✓) for all diplomas, certificates and degrees you hold.

5. ECE Diploma (2 years)

_____ yes
1

_____ no
2

6. ECE Advanced Certificate: Resource Teacher

_____ yes
1

_____ no
2

7. ECEDH diploma

_____ yes
1

_____ no
2

8. B.A.A. or B.Sc.(ECE or Child Study)

_____ yes
1

_____ no
2

9. Other Bachelor Degrees

_____ yes
1

_____ no
2

Describe: _____

10. Ontario Teacher's Certificate

 yes

1

 no

2

11. Masters Degree - M.Ed. or M.A.

 yes

1

 no

2

Describe: _____

12. Diploma in Child Study

 yes

1

 no

2

13. AECEO Certification

 yes

1

 no

2

14. Other

 yes

1

 no

2

Describe: _____

CURRENT STUDIES:

Check "yes" (✓) for all certificate or degree programs in which you are currently enrolled.

15. **Advanced Certificate** yes

1

 no

2

Describe: _____
_____16. **Masters Degree** yes

1

 no

2

Describe: _____
_____17. **Doctoral Degree** yes

1

 no

2

Describe: _____
_____18. **CURRENT WORK EXPERIENCE:**

Check (✓) your current position title

 Supervisor

1

 Teacher

2

 Resource Teacher

3

 Resource Consultant

4

19. PREVIOUS WORK EXPERIENCE:

List and briefly describe previous work experience starting with your most recent experiences.

Years	Position/Title	Nature of Work Experience/ Responsibilities

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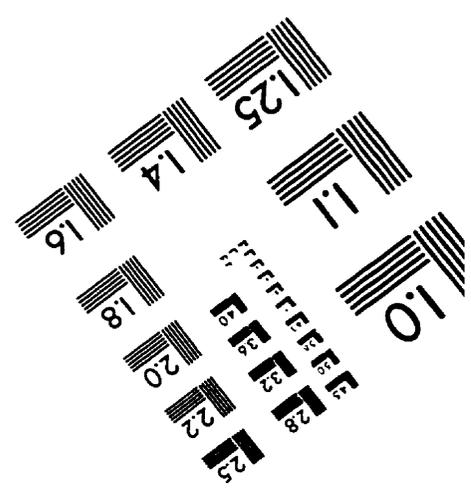
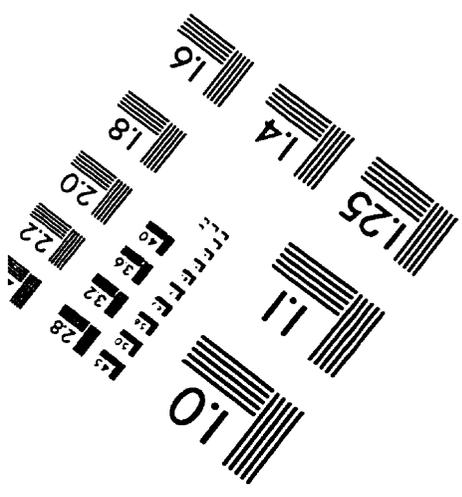
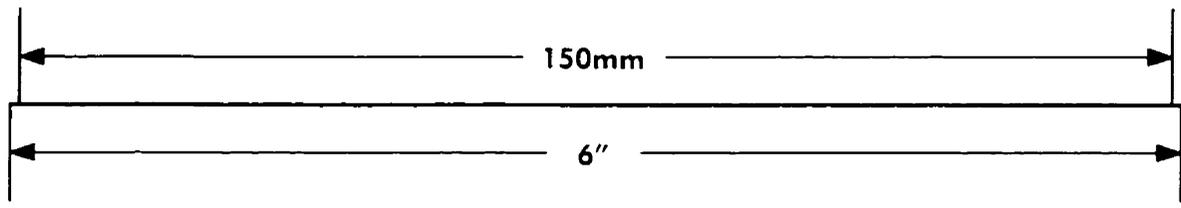
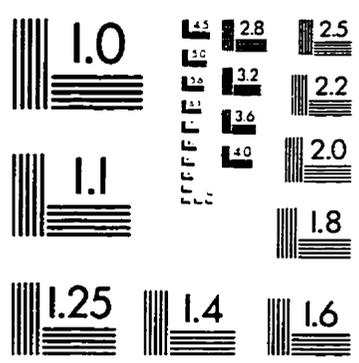
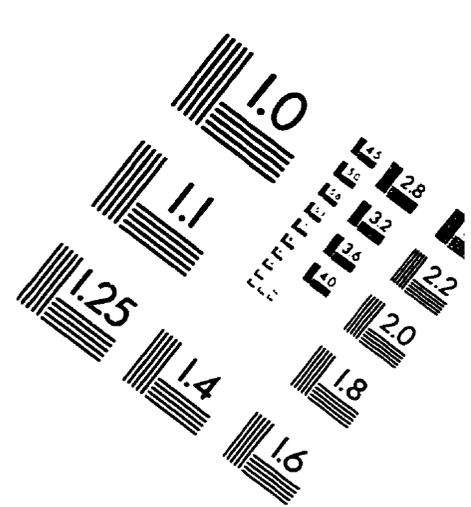
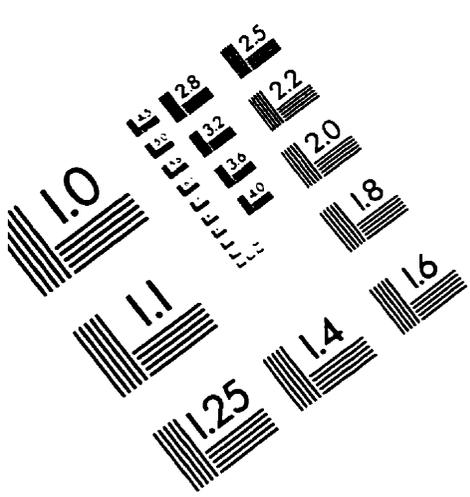
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