CRITICAL INCIDENTS WITH INCLUSION: EXPERIENCES OF HEAD START TEACHERS

By

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To my parents

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Inclusion is an important philosophy and set of associated values and practices that have expanded early learning opportunities for many young children with disabilities over the last three decades. This qualitative study used the critical incident technique to identify important experiences related to inclusion from the perspective of Head Start teachers. More specifically, the study explored participant perceptions of a critical incident with inclusion that shaped their perspective or outlook on inclusion. Consistent with critical incident methodology, incidents were used to identify factors that contributed to the effectiveness or ineffectiveness of the incident with inclusion (i.e., supports and barriers).

Eight Head Start teachers with experiences related to inclusion were interviewed on three separate occasions to gather information on their critical experience with inclusion. The first interview was designed to build rapport, to gather background information, and to prompt participants to consider an incident with inclusion that was significant in shaping their perspective. The second interview was used to gain a thorough understanding of the participant's critical incident. The third interview was a member check in which the researcher summarized the content of the previous two

interviews and provided an opportunity for clarification or expansion. Data analysis involved systematic coding processes and resulted in summaries of critical incidents and description included details regarding the: (1) antecedent events/factors, (2) the actual incident, and (3) outcomes, both personal and for others. In addition, systematic coding revealed categories and sub-categories of supports and barriers to effective practice.

While the critical incidents reported were diverse and unique, all participants reported incidents they viewed to be positive overall and reported they were highly motivated by the growth they witnessed in both children with and without disabilities in their care. Primary supports for effective practices related to inclusion included: use of classroom strategies and approaches, structural supports (e.g., blended service model, planning time), access to peers, practitioner variables, relationships, collaboration, and supportive parent/caregiver behaviors. The primary barriers identified included: challenging behavior, unsupportive parent behaviors, inadequate structural supports, and practitioner variables. Limitations to the present study as well as implications for future research are discussed.

CHAPTER 1
INTRODUCTION AND LITERATURE REVIEW

Inclusion is an important philosophy in the field of early childhood that has changed the nature of early experiences for many young children with disabilities over the last three decades. The philosophy of inclusion holds that all children, including children with disabilities, should have access to educational experiences that are "normalized" to the greatest extent possible. Inclusion values the right of children to have access to educational opportunities within their schools and communities alongside their peers. This right extends to all children regardless of ability (CEC, 2006) and involves providing services and supports to the child in his or her everyday or natural context rather than moving the child to more restrictive environments. Advocates of early childhood inclusion have further expanded the definition to refer to "participation in the broad range of activities that normally occur for typically developing children in their community and culture" (Odom, 2002, p. 3). This includes "playing, learning, working and living with families and friends in their communities" (Brown, 1997, p. 7). Thus, inclusion is a philosophy that extends beyond school and refers to the full and active participation of children with disabilities in neighborhoods and communities (Allen & Schwartz, 2001; Guralnick, 2001).

Shared Definition of Inclusion

Cooperation between two leading groups in the field of early care and education led to a joint position statement in 2009 that represents a recent and collaborative philosophy of inclusion. The Division for Early Childhood (DEC) and the National Association for the Education for the Education of Young Children (NAEYC) developed a shared vision and definition of inclusion. Importantly, the National Head Start

Association also endorsed this position statement (Brekken & Corso, 2009). The definition follows:

> Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports (DEC/NAEYC, 2009, p. 2).

The position statement further explicates the terms “access,” “participation,” and “supports.” Access refers to providing access to a wide range of opportunities, activities and settings. Inclusion can take many different forms and occur in many contexts (e.g., public and private programs, early childhood special education programs, Head Start Programs). In many cases, access involves ensuring opportunities for all children to participate in these programs and other natural environments, and access can also be facilitated through adoption of the principles of Universal Design for Learning (UDL) or through simple modifications.

Participation refers to key practices related to providing additional accommodations, modifications and supports to children by using intentional strategies and approaches. Tiered models can be helpful in organizing interventions and approaches to promote participation for all children (Snyder, McLaughlin, & Denney, 2011).

Finally, supports refer to the key component of providing system-level supports to strengthen inclusive practices. These supports include ongoing professional development available to professionals and paraprofessionals, family members,

administrators, and specialists; providing opportunities for collaboration among stakeholders from general and special education programs to ensure integrated service coordination and delivery of specialized services in general care settings; supportive funding policies, and quality frameworks (standards and guidelines). These three components are key to providing a quality early childhood system and services to young children and their families.

The statement additionally provides recommendations for using this definition to improve early childhood services. For example, one recommendation emphasizes the importance of program development to support a shared philosophy on inclusion. The position statement explains:

> Programs need a philosophy on inclusion as a part of their broader program mission statement to ensure that practitioners and staff operate under a similar set of assumptions, values, and beliefs, about the most effective ways to support infants and young children with disabilities and their families (DEC/NAEYC, 2009, p.3).

Shared understandings of inclusion constitute a beginning point for developing a system of supports and services for young children with disabilities and their families to support access and participation. These shared assumptions also guide the design and delivery of professional development learning opportunities and experiences for practitioners (DEC/NAEYC, 2009).

Legal Mandates

Beyond philosophy and ideology, legal mechanisms undergird inclusion in the form of laws, policies, and regulations. In 1975, passage of the Education for All Handicapped Children Act (PL 94-142) guaranteed children with disabilities a free and appropriate education. These rights were extended through subsequent reauthorizations and amendments and related legislation (e.g. the Education of the

Handicapped Act Amendments of 1986 (PL 99-457), the Individual with Disabilities Education Act (IDEA) of 1990 (PL 101-476), the IDEA Amendments of 1991 (PL 102-119) and 1997 (PL 105-17), Rehabilitation Act of 1973 (PL 93-112), and the Americans with Disabilities Act (ADA) of 1990 (PL 101-336; Guralnick, 2001). IDEA requires that children eligible for individualized education programs (IEPs) are provided services in the least restricted environment (Etscheidt, 2006). The least restrictive environment for a preschool child is defined in IDEA as:

> to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the general education environment occurs only when the nature or severity of the disability is such that the child cannot achieve academically in general education classes with the use of supplementary aides and services (20 U.S.C. 1412(a)(5)(A)).

These federal requirements have led to an increased numbers of young children with disabilities being served in inclusive environments over the last two decades (Guralnick, 2001).

Empirical Support for Inclusion

In addition to a legal foundation, research suggests that high quality inclusive programs promote positive outcomes for both young children with and without disabilities (Odom, 2000). Reviews and research studies by leading authors in the field of early childhood education and early childhood special education support the practice and some studies have demonstrated that children with disabilities perform as well in inclusive settings as in segregated settings on standardized developmental measures (Buysse & Bailey, 1993; Holahan & Costenbader, 2000; Odom & Diamond, 1998; ; Rafferty, Piscitelli, & Boettcher, 2003). Some studies suggest that children with

disabilities perform better on standardized measures when served in inclusive settings (Hundert, Mahoney, Mundy, & Vernon, 1998; Jenkins, Odom & Speltz, 1989). One benefit of the inclusive setting appears to be that children with disabilities are more likely to engage in more social interactions in inclusive settings as opposed to self-contained settings (Guralnick, Connor, Hammond, Gottman, & Kinnish, 1996; Erwin, 1993; Hanline, 1993). Even if inclusive settings produce only comparable outcomes to self-contained settings, children should be served in settings that best match with law requiring provision of services in the least restrictive environment (Cole, Waldron, & Majd, 2004).

Context of Early Childhood Inclusion

Even with philosophical, legal, and empirical support for inclusive practices, early learning practitioners and programs face challenges in implementation and provision of quality services (Hurley & Horn, 2010). Young children with disabilities are served in a wide variety of early learning settings ranging from public school preschools to faith-based child care centers and a number of researchers have sought to understand the barriers and facilitators to implementation of effective inclusion across these settings. Access to early learning programs for young children with disabilities and their families have expanded in the past 30 years, yet concerns exist regarding the quality of these options (Bricker, 2000). The link between program quality and child outcomes is well established (Buysse & Hollingsworth, 2009; Shonkoff & Phillips, 2000), yet research suggests there is a wide range of program quality across early learning programs (Odom et al., 2004). The link between program quality and child outcomes has led to initiatives focused on professional development and program quality such as the Good Start, Grow Smart initiative of 2002 (NPDCI, 2009). Assessing program quality generally

focuses upon use of recommended and developmentally appropriate practices and the examination of structural and process variables. Structural variables are regulatable features such as features of the physical environment, child-staff ratios, and teacher qualifications and compensation. Process variables refer to the experiences of the child while in the setting such as the planning, implementing, and evaluation of instruction, teacher-child relationships, and the quality of activities (La Paro, Sexton, & Snyder, 1998; NPDCI, 2009). These two dimensions are important considerations in evaluating the overall quality of an early learning program. Early childhood program standards, such as the National Association for the Education of Young Children (NAEYC) Early Childhood Program Standards and Accreditation Criteria (2006) and the Head Start Performance Standards, are important to defining and evaluating program quality (Buysse & Hollingsworth, 2009). Many states are also involved in efforts to develop program standards and guidelines for use in the creation and maintenance of quality programs. Fewer states have developed standards that specifically address the needs of children with disabilities and their families. A review of the few state standards that do address the needs of children with disabilities reveals that they differ in their emphasis, and there is not currently a consensus in the field as to which aspects of program quality, beyond those explicated in determining general program quality, are important for addressing the needs and priorities of children with disabilities and their families (NPDCI, 2009).

Despite the lack of widely used standards, the DEC/NAEYC (2009) position statement on the features of high-quality inclusion highlights the need for adults working with young children with disabilities to use a range of evidence-based instructional

strategies to support the participation, engagement, and learning of all young children. Quality teaching is a key component of early learning programs that support desired outcomes for young children (Adams, Tout, & Zaslow, 2006; Buysse & Hollingsworth, 2009; LoCasale-Crouch, et al., 2007; Winton & McCollum, 2008) and the characteristics and behaviors of early learning practitioners are key contributors to the quality and effectiveness of a program in supporting the learning and development of young children (Buysse & Hollingsworth, 2009). Implementation of high-quality inclusion requires attention to recommended practices in early childhood as well as specialized instructional strategies and approaches to meet individual learning needs (Buysse & Hollingsworth, 2009).

Further, the DEC/NAEYC (2009) position statement indicates that to support a highly qualified workforce that is able to facilitate effective learning opportunities for all children, a cross-sector system that provides professional development and opportunities for collaboration and supports for stakeholders is necessary. While professional development is recognized as vital to supporting a well-prepared workforce, there are concerns that efforts are often fragmented and not delivered effectively (Buysse & Hollingsworth, 2009; Snyder, Hemmeter, & McLaughlin, 2011; Snyder, Hemmeter, Meeker, Kinder, Pasia, & McLaughlin, 2012; Winton & McCollum, 2008).

Another important consideration in thinking about the context of early childhood inclusion is the variability in how programs deliver services to young children and their families. Inclusion for 3-to-5 year old children differs from inclusion in the elementary, middle and high school levels in that many state or local systems do not provide

educational settings for this age group (Odom et al., 2004). Thus, as mentioned, children with disabilities are served in range of settings such as community daycares and Head Start Programs. Using an ecological systems framework, Odom and colleagues (1999) examined 16 inclusive programs and reported on the dimensions on which inclusive environments might vary. These two dimensions included: the organizational (i.e., administrative or policy) level, or in the approach to providing individualized services to young children (the individualized service model). Organizational contexts refer to "the primary administrative or programmatic agency or agencies within which the inclusive classrooms exits" (Odom et al., 1999, p. 5). The second dimension, the individualized service model, refers to the approach used to deliver individualized services to young children with disabilities (e.g., Itinerant-Direct Service model, the Itinerant Teaching-Collaborative/Consultative model, or the Team Teaching model). The delivery model impacts the roles and relationships of providers and thereby the experiences of children.

Thinking about the individualized service model as a dimension of inclusion allows for consideration of how the actions of individuals within and outside the classroom can function as barriers and facilitators of inclusion (Odom et al., 1999). It is further important to consider that even when two classrooms share the same individualized service model, there may be important differences in practitioner variables (e.g., attitudes, experiences, skills, values, opportunities for collaboration) that impact program effectiveness (McLean & Dunst, 1999).

Head Start's Commitment to Inclusion

As mentioned, young children with disabilities are increasingly being served in a variety of inclusive early learning settings (Bruns & Mogharreban, 2007; U.S.

Department of Education, 2010). In 2005, over 700,000 children aged 3 through 5 were served under IDEA, Part B. Of these children, 34.1% received all of their special education and related services in educational programs designed primarily for children without disabilities and 16.8% received services in these environments part-time (U.S. Department of Education, 2010). These settings include public and private preschool, prekindergarten or kindergarten programs, Head Start Centers, childcare facilities, and combinations of these early childhood settings. Head Start represents an appropriate and natural environment for many young children with disabilities to receive services alongside typically developing peers (Brekken & Corso, 2009).

Head Start is a national program dedicated to providing grants to local public and private agencies to provide comprehensive child development services. Head Start programs deliver educational, health, nutritional, and other services to enrolled children and families (Administration for Children and Families, n.d.). Since 1972, Head Start has mandated that programs include children with disabilities in their program and have reserved at least 10% of their enrollment for young children with disabilities. The Improving Head Start for School Readiness Act of 2007 continued this policy and requires that at least 10% of children enrolled in each Head Start agency are children with disabilities. Head Start data indicate that over 12% (127,933) of the approximately 1 million children served by Head Start have an identified disability. Head Start's commitment to identifying and serving children with disabilities is especially valuable given the challenges many families with multiple risk factors face in accessing specialized services (Brekken & Corso, 2009).

In addition to supporting access for young children with disabilities to the program through the 10% requirement, Head Start supports inclusive practices via policy and regulation through the Head Start Program Performance Standards and Other Regulations. These standards and regulations provide an infrastructure for serving children and families by offering: comprehensive services (e.g., health, mental health, dental, education, and family support); screening, assessment and referral procedures; coordination with outside early childhood providers; professional development opportunities and supports for staff; and the support of a disabilities coordinator (Brekken & Corso, 2009). The role of the disabilities coordinator is to manage services to children with disabilities, including coordination with other programs, community agencies, and by collaborating with parents and families (Head Start Performance Standards, 2009). Head Start grantees must work closely with their Local Education Agency (LEA) to ensure appropriate services, and under IDEA the state education agency has the responsibility for ensuring a free and appropriate public education for children with disabilities. One purpose of the comprehensive supports offered to all children and families is to facilitate early identification of children who may have disabilities or delays in order to provide individually and developmentally appropriate services in coordination with early childhood special education or other relevant community partners (Brekken & Corso, 2009).

Teacher Attitudes and Beliefs about Early Childhood Inclusion

As more children with disabilities are served in inclusive settings, researchers have investigated the attitudes and beliefs of teachers who work in these settings (Odom et al., 2004). Teacher beliefs influence their perceptions and judgments and impact actual behaviors in the classroom, thus understanding what teachers believe

and how these beliefs are structured might be important to improving practices (Pajares, 1992; Stoiber, Gettinger, & Goetz, 1998). The study of beliefs might help inform improved professional preparation and promote effective approaches to teaching (Pajares, 1992). Beliefs impact the teaching process, and influence teacher perceptions of the expected outcomes of inclusion (Stoiber, et al., 1998). While teacher beliefs have long been an area of interest for researchers, studies that focus on actual experiences with inclusion might also be helpful in informing professional preparation and to understanding the barriers and facilitators to inclusion.

Beliefs are challenging to study (Pajares, 1992). Sigel (1985) purported that beliefs are “mental constructions of experience” that are “often condensed and integrated into schemata or concepts.” These condensed constructions guide our behavior (as cited in Pajares, 1992). Beliefs have been conceptualized as “experiential knowledge” (p. 309). This conceptualization highlights the important role experiences play in contributing to belief and behavior.

Understanding the factors that influence teacher support for inclusion is one step in understanding the barriers and facilitators to effective inclusion. A belief in inclusion as a concept and philosophy might be considered foundational to teachers being willing to effectively implement inclusion, but beyond this belief, teachers also need experiences to develop specific skills and competencies to effectively provide access and ensure participation of young children with disabilities in natural environments. Teachers’ beliefs about their own skills related to including young children with disabilities, and their confidence in their ability to facilitate inclusion, relate to teacher endorsement of inclusive practice (Gemmell-Crosby & Hanzlik, 1994). One approach to

understanding these factors is through studying stakeholder beliefs and experiences that were foundational in shaping those beliefs.

As mentioned, many researchers have investigated teacher beliefs about inclusion and teacher beliefs regarding the barriers and facilitators to inclusion. By gaining an understanding of the beliefs and experiences of teachers, it might be possible to improve supports for this important practice. As a construct, beliefs are associated with a multitude of similar, and sometimes interchangeable constructs, such as attitudes, values, judgments, dispositions, perceptions, conceptions, dispositions, and implicit or explicit theories (Pajares, 1992). Studies that used terms that represented concepts that were similar or related to beliefs (e.g., attitudes, views, values, perceptions) were included in this review. The following sections summarize literature reviewed regarding teacher beliefs, perceptions, and experiences related to early childhood inclusion.

Early research synthesis on teacher beliefs about inclusion. Recognizing the importance of teacher beliefs, Scruggs and Mastropieri (1996) conducted a research synthesis to summarize studies conducted from 1958 through 1995 in which general education elementary teachers were queried regarding their beliefs and perceptions of including students with disabilities in their classrooms. Overall, they identified 28 studies and found that the majority (65%) of teachers across these studies supported the concept of mainstreaming or inclusion. Further, they found that across the published research, teacher responses varied according to the severity of needs of the child, and the accompanying demands on teacher time. Teachers were generally more willing to include children with mild disabilities. While about half of the teachers in their sample believed that inclusion could provide benefits to children with disabilities, one third or

fewer believed they had adequate resources, time, or training to provide necessary services. While the Scruggs and Mastropieri (1996) synthesis included teachers of elementary age children and older, many researchers have focused on the beliefs and barriers or facilitators to inclusion in early childhood. The current literature review was designed to focus on studies of teachers of preschool children.

Search procedures and terms. To access the literature conducted with early childhood teachers on teacher beliefs and barriers and facilitators to inclusion, an electronic search was conducted using EBSCO Host, Web of Science, ERIC, and MedLine. Combinations of the following search terms were used: teach* (beliefs or attitudes), inclusion, disabilit*, young child*, early childhood special education, perception*, barrier*, and early childhood. Additional terms that arose from the first search were used to perform a second electronic search. These included: mainstreaming, preschool education, attitude change, and teachers of children with disabilities.

Studies reviewed met the following criteria: (a) an intervention study (study designed to investigate the efficacy and/or effectiveness of an intervention) or a descriptive study (study in which information is collected but the environment is not changed); (b) includes data related to teacher, beliefs, attitudes, or perceptions of inclusion of children with disabilities in educational settings; (c) includes pre-service or current teachers or caregivers; (d) at least one-third of teachers or caregivers in the study provide services for children three through five; and (e) study is set in the United States. Across 805 articles identified in the primary and secondary search, a total of 24

studies about teacher or caregiver attitudes or perceptions of inclusion for young children with disabilities published between 1994 and 2009 met inclusion criteria.

Attitudes and Beliefs about Inclusion in Early Childhood

While all studies provided information about teacher beliefs, attitudes, or perceptions related to inclusion, they varied in terms of their research questions and focus. Research questions focused on teachers' general attitudes toward inclusion, their reported confidence and perceived competence at facilitating inclusion, and their beliefs about inclusion as it related to child disability. Several studies also investigated differences in attitudes as they related to teacher education or experience. Finally, several studies reported on teacher perceptions of the barriers and facilitators to inclusion. Salient themes and findings are organized around these broad areas and discussed in detail in the following sections.

General attitudes and beliefs about inclusion. Across several studies, the majority of practitioners indicated general support for inclusion as a philosophy or practice (Bruns & Mogharreban, 2007; Rafferty & Griffin, 2005; Rheams & Bain, 2009), but this was not consistent across all studies (Eiserman et al., 1995; Bennett, Deluca, & Bruns, 1997). Bruns and Mogharreban (2007) found that 85% of Head Start teachers and 70% of prekindergarten teachers believed children with disabilities should always or usually receive services in early childhood settings with their peers. Similarly, in a survey of childcare providers, 85% of providers expressed at least some interest in caring for young children with disabilities (Dinnebeil, McInerney, Fox, & Juchartz-Pendry, 1998). Other studies found that teachers, on average, expressed moderate (i.e., corresponding to the "agree somewhat" response) levels of support for the education of children with special needs in inclusive classrooms (p. 157, Eiserman et

al., 1995). Similarly, one study indicated that teachers reported uncertain or neutral attitudes toward inclusion and teacher scores on average reflected some concern regarding the feasibility of inclusion (Bennett, Deluca, & Bruns, 1997). Studies collected additional information on teacher variables that might have influenced these scores (e.g., years of teaching experience, previous successful/unsuccessful experiences with inclusion, reported confidence, supports). These findings are discussed in subsequent sections. Bennett and colleagues (1997) suggested these data reflect that general attitudes and confidence are related to teacher perceptions of how effective they believe they were in their previous efforts at supporting children with disabilities. Further, while confidence and a positive attitude toward inclusion might contribute to positive experiences, this effect is likely bidirectional in that positive experiences likely contribute to positive attitudes and confidence.

Teachers' confidence and perceived competence. As mentioned, Bennett and colleagues (1997) found teachers' confidence in their ability to implement inclusion related to level of prior success with inclusion. Similarly, Gemmell-Crosby and Hanzlik (1994) found an association between feelings of competence and support for inclusion, with teachers with higher feelings of confidence reporting higher levels of support for inclusion. Bruns and Mogharreban (2007) found that some teachers reported support for inclusion generally, but that their support did not necessarily match their feelings of competence and confidence in their ability to facilitate inclusion. Teachers in this study reported they had the ability to implement approximately half of the skills authors identified as being necessary to support inclusion. Teacher confidence decreased as skills became more specialized (e.g., most reported they could observe children

effectively to learn about their developmental skills, less agreed they were knowledgeable of IEP goals and objectives, and fewer reported they were familiar with alternative forms of communication). Authors report these data suggest a need for training and support and that teacher endorsement of inclusion may wane as teachers are asked to implement unfamiliar specialized strategies. As teachers are asked to venture beyond areas and tasks in which they feel competent, results from these studies seem to suggest that their confidence will decrease, along with their support for inclusion.

Beliefs about inclusion and child disability. Several studies indicated that teacher endorsement of inclusion is effected by the nature and severity of a child's disability status. Teachers reported that inclusion was less appropriate for children with complex needs, and reported feeling least prepared to work with children with more intensive or complex needs (Buysse, Wesley, Keyes, & Bailey, 1996; Eisermen et al., 1995; Gemmell-Crosby & Hanzlik, 1994; Huang & Diamond, 2009; Rafferty & Griffin, 2005). Teachers also had indicated more conditional support for inclusion for children with certain types of disabilities (e.g., behavioral, learning, language) likely related to their perception of the corresponding complexity of needs (Huang & Diamond, 2009; Stoiber et al., 2009).

For example, Buysse, Wesley, Keyes, and Bailey (1996) assessed teachers' comfort in serving children with disabilities using child characteristics as described on the ABILITIES Index. Authors used eight domains of interest obtained from the ABILITIES Index: appropriate behavior, social skills, expressive communication, receptive communication, intellectual functioning, hand and arm functioning, leg

functioning, and tonicity. Results indicated that as the severity of the child's disability increased, teacher comfort decreased. Comfort levels were found to be lowest when child difficulties involved leg functioning, tonicity, and appropriate behavior. Teachers reported concerns about lack of specialized training for including young children with disabilities. Also, teachers with low general attitudes in support of inclusion also reported the least comfort in working with young children with disabilities.

Huang and Diamond (2009) used vignettes that included information on children with four disabilities: attention deficit hyperactivity disorder (ADHD), Down syndrome, cerebral palsy, and severe intellectual disability. These disabilities were selected to represent behavioral, learning and language, physical and severe disabilities respectively. Teachers were asked to indicate their comfort in including the child, perceived need for classroom adaptations (i.e., curriculum adaptations, environmental modifications, extra attention, and class-size adjustments) and perceived need for support (i.e., contact with parents, various types of support, teacher training and personnel development). Results indicated teacher responses were significantly related to the description of the child's disability label and the child's abilities and needs. They reported the greatest support for inclusion of the child described as having mild physical-motor needs (cerebral palsy). Comfort levels were lower and perceived needs were higher for the vignette of the child with an intellectual disability. These findings are consistent with previous literature indicating teacher support for inclusion decreases as the severity of the disability increases. These authors also found that teacher perceptions of the children were influenced by use of the disability label, and suggested

that a focus on children's strengths and needs might lessen the negative stereotypes associated with label use.

Stoiber and colleagues (1998) found that teachers reported feeling least prepared to integrate children with neurological disorders, visual/hearing impairments, and autism. They felt most prepared to include children with speech and language needs, learning disabilities, and mild cognitive disabilities. Similar to the previously described studies, these rankings related to the ease of meeting the child's need in the classroom and teacher comfort in working with a child with needs associated with the label. Eiserman and colleagues (1995) suggested that these data indicate teacher beliefs are influenced by pragmatic concerns. Teacher behaviors might be influenced by beliefs regarding how likely it is they feel they will be successful in facilitating quality inclusive experiences. Many teachers in this study had limited experience with inclusion and these authors suggested these stakeholders be met on their "attitudinal territory" in a way that is responsive to their specific concerns and needs and helps them feel supported (p. 164).

Role of education in shaping teacher beliefs. Researchers reported mixed findings with regard to level of education and its relationship to endorsement of inclusion. Stoiber and colleagues (1998) found differences in practitioners' endorsement of inclusive practices associated with level of education, with more support for inclusion found in practitioners with master's degrees than those with high school degrees. Huang and Diamond (2009) also found a positive relationship between education level and comfort with inclusion and suggested that education supports acquisition of background knowledge about disabilities and thereby augments confidence. However,

in the study by Buysse and colleagues (1996) described earlier, the authors reported that teachers with a college education were less supportive of inclusion than teachers with an associate or high school degree. The reason for this finding was unclear, but might relate to state-specific efforts by community colleges in North Carolina to prepare teachers with associate degrees to work in inclusive settings. No effort was underway to offer this preparation to teachers with bachelor's degrees. The authors reported they were unable to interpret or explain the finding that teachers with high school diplomas were more comfortable serving children with disabilities than teachers with bachelor's degrees.

Role of years of experience in shaping teacher beliefs. Studies reported mixed associations between years of experience teaching and support for inclusion. Several researchers (Huang & Diamond, 2009; Stoiber et al., 1998) found endorsement of inclusion increased with years of experience. For example, Huang and Diamond (2009) reported that teacher education and experience working with young children with disabilities correlated with their level of comfort. They suggested experience working with children with disabilities might be related to favorable attitudes. However, Bennett, Deluca and Bruns (1997) found an association between teacher experience and less favorable attitudes toward inclusion and they suggested this might be due to differences in training for teachers that were trained some time ago. On the other hand, several studies reported no significant relationship between attitudes toward inclusion and years of experience (Baker-Ericzén, Mueggenborg, & Shea, 2009; Rafferty & Griffin, 2005). Rafferty and Griffin (2005) reported that teachers in their study reported high levels of support for inclusion and that all participants worked in the same high-quality preschool

center. Perhaps the high-quality nature of their current placement resulted in high levels of support for inclusion across teachers with varying years of experience.

Role of specific types of experience and teacher beliefs. While examining the teachers' types of experiences is conceptually similar to both a teacher's education and years of experience, several studies queried teachers about specific types of experiences that influenced their support for inclusion beyond education and years of experience. For example, Devore and Hanley-Maxwell (2000) asked childcare providers to report on specific experiences that contributed to their willingness to work with children with disabilities. These experiences included: previous experience working with children with disabilities, being aware of a need for child care for children with disabilities in the community, and having a family member with a disability. Other studies examined teacher attitudes toward inclusion and the number of children with disabilities with whom they worked. Bennett, Deluca and Bruns (1997) found no significant relationship between attitudes toward inclusion and the number of children with disabilities with which they had worked. On the other hand, other studies indicated that teachers with strong commitments to inclusion reported experiences with inclusion strengthened their commitments (Devore & Hanley-Maxwell, 2000; Leatherman, 2007). Again, these results might suggest that whether an experience is positive or negative has an impact on teacher beliefs and attitudes toward inclusion.

Other studies compared the beliefs of teachers in different program settings. Bruns and Mogharreban (2007) compared Head Start and Pre-Kindergarten teachers' beliefs about inclusion. Results indicated that both groups (70% of Pre-K teachers and 85% of Head Start teachers) reported positive general beliefs about the importance of young

children with disabilities being educated in settings with same aged peers. Both groups also indicated high confidence in their ability to: arrange the classroom environment; conduct observations of child skills; and understand IEP goals and objectives. Both groups indicated lower levels of confidence in their ability to embed IEP goals and objectives into their curriculum (63% of Pre-K teachers and 68% of Head Start teachers). Pre-K teachers reported slightly higher ratings in several areas: awareness of services provided by related personnel (89% Pre-K; 77% Head Start), higher rates of comfort in working with support staff (100% Pre-K; 84% Head Start), and greater positivity in their ability to work with related professionals (95% Pre-K; 78% Head Start). These findings might indicate that available program supports impact confidence and comfort. Fewer than 50% of teachers in each group indicated familiarity or comfort with specialized practices such as using alternative forms of communication. Both groups identified the same topics as priority training needs, indicating similarities across program settings. Training needs will be summarized in a subsequent section.

In a comparison of teachers in inclusive kindergarten settings and teachers in self-contained settings, Rheams and Bain (2005) found teachers in both settings expressed support for inclusion and similar attitudes regarding the feasibility and acceptability of social interaction interventions used to promote the participation of young children with disabilities. However, teachers in inclusive settings were more likely to report problems educating children with disabilities, but still generally endorsed inclusion as a practice. Reported concerns included that children with disabilities require additional teacher attention, set poor examples for typically developing children, and require significant changes in the classroom activities and procedures. These authors reported a modest

correlation between satisfaction with support and endorsement of inclusion, thus these reported teacher concerns might reflect teachers' challenging previous experiences with inclusion. The authors suggested that one way to increase teachers' attitudes toward inclusion would be to increase levels of support and assistance. Overall, however, authors commented that teachers from special education and general education backgrounds shared similar views. Teachers from both groups reported a general perception that additional training is needed to support effective inclusion. A need for additional training was reported by teachers across many studies and will be discussed in a subsequent section.

Changes in teacher attitudes. As mentioned in discussion of previous studies, teachers attitudes and beliefs appear to be influenced by pragmatic concerns such as availability of supports, feelings of competence and confidence, and prior experiences with inclusion (both negative and positive experiences). While beliefs are complicated to understand and study, the results of the previously reviewed studies seem to support the notion that they are dynamic and influenced by contextual factors and experiences. The studies described in subsequent paragraphs examined how attitudes might change over time or after exposure to professional development experiences. These studies seem to further support the notion that beliefs are dynamic and influenced by context.

Two studies examined the impact of professional development on changes in teacher attitudes towards inclusion and one study examined the stability of teacher attitudes toward inclusion over the course of a school year (Baker-Ericzén, Mueggenborg, & Shea, 2009; Campbell, Milbourne, Silverman, & Feller, 2005).

Campbell and colleagues (2005) examined changes in teacher perceptions of a child with a disability before and after their participation in a training program designed to support inclusion in early care settings. The training program included: 15 to 25 hours spent in classroom-based training on content selected by program directors to match program needs, three on-site consultation visits, and an out-of-class portfolio project. These activities were conducted over a three to four month period. The purpose of the portfolio project was to encourage caregivers to form relationships with families and to encourage caregivers to represent children's strengths rather than their needs. Caregivers wrote a one-page story about the child before and after the professional development experience and analysis of these products indicated responses changed from being negative or deficit focused, to describing children's strengths, interests and achievements. The authors report these changes show a shift in the way caregivers represented children with disabilities. Changes were also observed in classroom quality as measured by observational rating scales.

Similarly, Baker-Ericzén, Mueggenborg, and Shea (2009) found that as a result of professional development efforts, teachers demonstrated a change in their beliefs about serving children with disabilities. The authors provided four 2-hour trainings on topics related to inclusion to early child care providers and measured attitudes and perceived competence before and after participation in the training series. They reported participation in the training series resulted in increases in childcare providers support for inclusion and in their perceived competence related to inclusion. They found teachers that attended more sessions had the greatest gains in support for inclusion and perceived competence.

Seery, Davis, and Johnson (2001) examined the stability of parent and teacher beliefs over the course of the school year. They reported that for both groups, the belief that inclusion yielded benefits for both adults and children remained relatively stable when measured at the beginning and end of the school year. However, at the end of the school year, when asked if inclusion should continue, teachers were more likely to report conditional support than unconditional support for inclusion (unconditional yes: 27.2%; conditional yes 72.8%). Late-year concerns expressed by teachers reflected challenges in meeting the needs of all children (e.g., inadequate teacher ratios). Teachers also reported increased concerns about support issues, such as limited access to training and collaboration, at the end of the school year (15.7% at the beginning of the school year; 23.1% at the end of the school year). The number of teachers who reported no concerns with inclusion increased from 2.2% to 12.1% over the year as well. Changes in teacher endorsement and concerns regarding inclusion highlight the need for comprehensive supports delivered throughout the school year.

Perceived Barriers to Inclusion

Several studies identified barriers and facilitators to inclusion reported by stakeholders. Personal experience and belief about disability and inclusion, professional role and training, and assumptions and philosophy regarding professional practice all impact how individuals perceive barriers (Buysee, Wesley, & Keyes, 1998). Results across studies are challenging to integrate and summarize because of the diversity of definitions and measurement approaches (Buysee, Wesley, & Keyes, 1998). Additionally many barriers and facilitators relate to one another conceptually (e.g., lack of training might be considered a barrier, while availability of training might be considered a facilitator). Barriers and facilitators can be considered at the classroom

level, community, and systems or policy level. These barriers relate to the individualized service delivery models (actions of individuals within and outside of the classroom) and the organizational context (policy level) (Odom, et al., 1999). Several studies also identified teacher-reported training needs. Facilitators to inclusion include strategies or supports that prevent or offset challenges or barriers.

Barriers at the classroom level. Aspects of classroom quality that teachers reported as potential barriers to inclusion included lack of a variety of structural resources, both human and material. Inadequate human resources (e.g., not enough teachers or aides or inadequate adult-child ratios) were reported in a number of studies (Buysee, Wesley, & Keyes, 1998; Eiserman et al. 1995; Seery et al., 2000). Issues related to structural program quality, such as, inadequate classroom facilities (Buysee, Wesley, & Keyes, 1998), and inadequate access to specialists (Eiserman et al., 1994; Buysee, Wesley, & Keyes, 1998) were also reported.

Several studies identified lack of time, either for planning or for implementing individualized instruction (Buysse et al., 2001; Buysse, Skinner, & Grant, 1998; Marchant, 1995; Proctor & Niemeyer, 2001) or for cultivating the relationships necessary for collaboration (Janko, Schwartz, Sandall, Anderson, & Cottam, 1997). Importantly, while teachers identified barriers to individualized instruction, the majority of teachers (94%) indicated individualizing instruction was important or very important for children with developmental delays, indicating a willingness by teachers to provide instruction (McDonnell, Brownell, & Wolery, 2001).

Additional barriers associated with coordination and integration of services for young children with disabilities included: limited parent or caregiver involvement in

planning, lack of communication with families, lack of supervision and support for practitioners, and lack of access to special services for children with disabilities (Buysse, Wesley, & Keyes, 1998). These findings highlight the impact of limited resources (including time) and the challenges associated with family involvement and planning. Limited resources at the community level also presented challenges. Barriers included: limited childcare options, poor childcare quality, and lack of transportation (Buysse, Wesley, & Keyes, 1998). These barriers make delivery of coordinated and integrated inclusive options and services difficult.

Barriers at the administrative, system, or policy level. Researchers also provided information about barriers identified at the administrative, and systems or policy level. Pre-service teachers interviewed by Proctor and Niemeyer (2001) reported concern that the focus of public school administrators on academic outcomes might not support the child-centered and developmentally appropriate practice which undergird inclusion. Additionally, fragmentation across programs that serve children with disabilities might limit the time necessary to develop meaningful relationships between teachers and parents or caregivers (Janko & Schwartz, 1997). Lack of coordination among agencies and facilities might also lead to gaps in information about important aspects of childcare. Finally, lack of state standards to address the needs of young children with disabilities was an identified barrier (Buysee et al., 1999).

Program philosophy unsupportive of inclusion. Janko and Schwartz (1997) interviewed teachers to learn about their reported beliefs related to inclusion and their findings underscore the importance of the relationship between teacher beliefs and program philosophy. They reported that some providers expressed uncertainty or

ambivalence about the concept and found that expressed teacher views on inclusion did not necessarily match actual practices. For example, some programs that touted an inclusive philosophy did not engage in practices that matched their orientation. Teachers in these programs maintained that while children with disabilities might be well served in inclusive environments, inclusion was not appropriate for some children due to lack of time and educational support. A mismatch was found between the intended goals and the reality of providing individualized services and supports appropriate for children with disabilities. In observations, teachers engaged in few interactions with children with disabilities that could be categorized as specialized instruction. Proctor and Niemeyer (2001) found that preservice teachers reported inclusion as a valuable and beneficial experience, so long as the needs of the child with a disability did not take away from meeting the needs of all children. Thus, beliefs, attitudes, and an inconsistent philosophy are barriers to inclusion.

Training needs. Lack of knowledge, skills, and confidence was reported in many studies as a barrier, with training and professional development suggested as a potential solution. Importantly, Gemmell-Crosby and Hanzlik (1994) found that teacher satisfaction with education and training shared a positive correlation with a favorable attitude toward inclusion. As mentioned earlier, research by Seery and colleagues (2000) indicated that desire for training and professional development supports increased over the course of the school year. Teachers may identify a need for training at the onset of their experience with inclusion, or they may be initially naïve to this need and come to recognize their need for training as situations or challenges arise. When these training needs are met, teachers are likely to acquire needed skills and maintain

levels of confidence and support for inclusion that are necessary for effective practice. While teachers reported a need for training across several studies (e.g., 70% of providers surveyed by Dinnebeil and colleagues (1998) reported lack of knowledge as a barrier to inclusion) these findings might be considered encouraging, as teachers who recognize a need for further professional development and implementation supports might be more receptive to these opportunities (Buysse, et al., 1996).

Many studies investigated teacher perceptions of training needs and asked teachers to provide preferred topics and instructional methods. Teachers interviewed by Bennett et al. (1997) reported a need for additional course work, workshops, in-services and conferences. To identify specific content areas, Bruns and Mogharreban (2007) provided teachers six training areas and asked teachers to identify their top three topics for professional development. Teachers identified: (1) behavioral issues, (2) communication strategies, and (3) handling and positioning. Teachers surveyed by Dinnebeil et al. (1998) reported wanting to attend trainings about: managing problem behavior, creating learning activities for children with physical disabilities, and using assistive communication. Teachers reported a desire for training experiences that allowed them to take an active role in their learning (Leatherman, 2007). They indicated they wanted hands-on experience and opportunities for one-to-one support with experts.

Perceived Supports for Inclusion

Similar to the barriers reported, teachers identified facilitators for inclusion in terms of both human and material support. At the classroom level, pre-service teachers with experience teaching in campus childcare centers reported the resources available at centers, such as ideal teacher-child ratios and access to materials, were important to

supporting inclusion (Proctor & Niemeyer, 2001). Access to specialists and support was also an identified facilitator (Proctor & Niemeyer, 2001). Teachers identified a desire for support from related service providers, both in consultative and direct service provider roles (Gemmell-Crosby & Hanzlik, 1994). Rheams and Bain (2005) found moderate correlations between availability of support (e.g., full time paraprofessional) and favorable attitude toward inclusion. However actual support reported by teachers in inclusive settings was low (14 to 31% reported receiving support). Gemmell-Crosby and Hanzlik (1994) similarly reported an association between teacher satisfaction with support from related providers and favorable attitudes toward inclusion.

At a broader level, Lieber et al. (2000) found several key factors that contributed to the initiation and implementation of inclusive preschool programs using an ecological systems approach. These key supports included: committed personnel; a shared vision or philosophy of inclusion; national, state, and local policies; training and external support; organizational structure; and community influence. Additionally, teachers indicated administrator support was important (Leatherman, 2007; Lieber et al., 2000). Administrator support might be demonstrated through provision of personnel and resources.

Measuring Teacher Beliefs and Experiences

The previously described research findings were collected through a variety of methods. The majority of studies employed surveys or questionnaires to capture participant attitudes or beliefs about inclusion (Baker-Ericzén et al., 2009; Bennett, et al., 1997; Bruns, Mogharreban, 2007; Buysse et al., 1998; Buysse et al., 1996; Dinnebeil et al., 1998; Stoiber et al., 1998; Eiserman et al., 1995; Gemmell-Crosby &

Hanzlik, 1994; Huang & Diamond, 2009; McDonnell et al., 2001; and Rafferty & Griffin, 2005; and Rheams, & Bain, 2005). A description of the surveys follows.

Surveys. Bennett et al. (1997) developed two attitudinal surveys: the *Parent Survey on Inclusion* (PSI) and the *Teacher Survey on Inclusion* (TSI) to collect information from parents and teachers regarding the types of experiences and attitudes stakeholders have toward parent involvement, inclusion, and teacher confidence in ability to implement inclusion. Each measure consisted of four sections. The PSI queried: (1) background information (child's age, grade, gender, disability, and exposure to inclusion and non inclusion settings, and whether experiences with inclusion were generally positive or negative); (2) General Attitudes Toward Inclusion (rating scale format, 4 items); (3) Relationships with Team Members (rating scale format, 6 items); (4) Parent-Initiated Involvement (rating scale format, 4 items); (5) frequency of use of seven methods of communication with families; and (6) space was provided for parents to list things they viewed as essential to the success of inclusion.

The TSI also was divided into the following sections: (1) background information (gender, years of teaching, training and experience related to serving children with disabilities, whether quality of experiences with parents of children with disabilities was generally positive or negative and level of success in including children with disabilities); (2) General Attitudes Toward Inclusion (rating scale format, 4 items); (3) Attitudes Toward the Feasibility of Inclusion (rating scale format, 5 items); (4) Confidence in Ability to Implement Inclusion (rating scale format, 8 items); (5) Attitudes Toward Parent Involvement (rating scale format, 7 items); (6) frequency of use of seven methods of communication with parents; and last (7) space was provided for teachers to list and

explain things they viewed as essential to the success of inclusion. The authors provided information on the psychometric properties of both measures and Cronbach's alpha ranged from .68 to .85 on the subscales on these two measures.

The Support and Technical Assistance through Relationships and Skill-building Needs Assessment (STARS; Bruns & Mogharreban, 2007) was developed to learn about teacher beliefs about inclusion and training needs and priorities. This three part rating scale included: beliefs about inclusion (rating scale format, 5 items), assessment, instructional, and behavioral skills needed in inclusive settings (rating scale format, 16 items), and asked participants to rank their top training needs from a list of six choices (assessment, environmental considerations, health and safety concerns, behavioral issues, adapting materials, partnerships with families and professionals, positioning, and communication strategies). The authors noted that rating scale content was reviewed by three administrators of local early care programs, but did not provide further information regarding scale properties.

The *Barriers and Supports to Early Childhood Inclusion* rating scale (Buysse et al., 1998) was developed to assess the frequency and magnitude of teachers' perceptions of barriers and supports identified in the literature as being influential on the success of inclusion. An expert review process was used to develop this scale which consists of two Likert-type subscales: barriers (34 items) and supports (26 items). Investigation of the underlying factor structure of this rating scale resulted in three factors associated with barriers. These included early childhood program quality, community resources, and coordinating and integrating services for children with disabilities and their families. Items related to supports reflected a single supports factor.

My Thinking About Inclusion (MTAI; Stoiber et al., 1998) was designed to investigate categories or domains of inclusive beliefs. It is organized in three subscales: Core Perspectives, Expected Outcomes, and Classroom Practices. The Core Perspectives category attempted to assess respondents' feelings about what is "ethically right" and represents recommended practice in early care and education. The Expected Outcomes was similar to the construct of expectations. Researchers added this dimension because of the link between expectations and behavior. The final dimension assessed was Classroom Practices and was designed to elicit information regarding respondents beliefs related to how inclusion works. The authors provided psychometric properties about the 28-item comprehensive versions and a 12-item brief version. They reported that the 28-item scale had an internal consistency of .91 and the 12-item version of .86. Cronbach's alpha for the subscales were as follows: Core Perspective, .80 (.77 for brief version); Expected Outcomes, .85 (.69 for brief version); and Classroom Practices, .64 (.69 for brief version).

Eiserman et al. (1995) primarily used the *Attitudes Toward Mainstreaming Scale-Revised* (ATMS-R; Berryman, Neal, & Berryman, 1980) to collect information on teacher and administrator beliefs, confidence, needs, and behavioral choices regarding inclusion. The ATMS-R is an 18-item Likert-type scale. It consists of three subscales: (1) Learning Capabilities, which queries teacher beliefs regarding children with disabilities that do not directly affect students' learning or academic abilities; (2) Traditional Limiting Disabilities, which queries teacher attitudes toward sensory deficit disabilities; and (3) General Mainstreaming/Cognitively or Behavior Challenged, which queries teacher beliefs regarding the appropriateness and feasibility of inclusion for

children with intellectual disabilities or behavior disorders. The ATMS Supplement survey was also administered to collect: information about teacher attitudes toward children who require significant involvement, information about the perceived outcomes of mainstreaming, and professionals' reported readiness to participate in inclusion. A final tool, the Serve-Ability scale, was administered to collect information about whether participants believed children with special needs should be served in inclusive settings. This survey asks respondents to make hypothetical decisions as to their willingness to serve specific children with disabilities in their classroom, as well as to provide information about how they feel this would likely affect their classroom practice.

The Impact of Inclusion on Children with Disabilities Scale (13 items; two subscales) and the *Impact of Inclusion on Typically Developing Children Scale* (12 items; two subscales) were developed to elicit perspectives about the benefits and risks of inclusion (Rafferty & Griffin, 2005). Approximately half of the items from these scales were adapted from the *Benefits and Drawbacks of Mainstreaming Scale* (Bailey & Winton, 1987) and the *Parental Attitudes Toward Mainstreaming Scale* (Green & Stoneman, 1989). Information on the internal consistency and alpha coefficients were available and indicated high internal consistency as all provider scores were at or above .86. Additionally, items were selected from the *Attitudes about Integration Opportunities for Children with Special Needs* (Miller et al., 1992) which were designed to assess global attitudes toward inclusion by asking respondents to indicate their support for inclusion by responding to 12 situations (e.g., children with disabilities ride the same bus as children who are typically developing) as indicated on a Likert-type scale.

Additionally, participants were asked to indicate how much they agree or disagree with inclusion of children with disabilities by type and severity of disability.

Rheams and Bain (2003) investigated teacher perceptions and attitudes toward social interaction interventions for young children with disabilities. One variable they investigated was teacher attitudes toward inclusion. To assess teacher beliefs, the authors used the *Attitude Toward Inclusion Scale* (ATIS; Larrivee & Cook, 1979). This is a 30-item scale with items pertaining to positive and negative expectations regarding outcomes of inclusion. Participants respond to a 5-point Likert-type scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The authors reported the split-half reliability of the measure to be .92, as reported by the original authors of the measure (Larrivee & Cook, 1979).

Buysse et al. (1996) also adapted the *Benefits and Drawbacks of Early Childhood Inclusion* (Bailey & Winton, 1987) to assess global attitudes toward inclusion. This Likert-type scale is comprised of 28 items and two sections: possible benefits and possible drawbacks.

The *Teachers' Comfort and Concerns Questionnaire* (Huang & Diamond, 2009) was created using the barriers and supports for inclusion identified in research by Buysse et al. (1994). This measure includes four vignettes about young children with disabilities. Four types of disability were represented in the vignettes: attention-deficit hyperactivity disorder (ADHD), Down syndrome, cerebral palsy, and severe intellectual disability. One version of the survey included a label associated with child characteristics, while another provided child characteristics without label. This Likert-type scale asked teachers to identify their level of comfort in including each child with a

disability in their classroom (Comfort Scale), necessary classroom adaptations (Classroom Adaptation Scale) and support (Need for Support Scale). Information on internal consistency reliability across the four vignettes was provided and Cronbach's alpha ranged from .66 to .75.

Gemmell-Crosby and Hanzlik (1994) adapted the *Regular Education Initiative* (REI) Survey (Phillips, Allred, Bruelle & Shank, 1990). Through this adapted questionnaire they assessed the willingness and perceived competence of preschool teachers to include young children with disabilities using a Likert-type scale. They also collected information on teacher demographics, training, perception of supports, and satisfaction with support and training.

Interviews and other methods. Several studies used interviews either in combination with surveys or as the primary data collection method in order to investigate teacher beliefs and perceptions regarding inclusion (Bennett et al., 1997; Buysse et al., 2001; Buysse et al., 1996; Devore & Hanley-Maxwell, 2000; Lieber et al., 1998; Leatherman, 2007; Marchant 1995; Seery, et al., 2000). Additionally, three studies used interviews, observation, and document analysis (Hanson et al., 1998; Janko & Schwartz, 1997; Lieber et al., 1998) and one study used document analysis alone (Campbell et al., 2005).

Summary

Early childhood inclusion refers to the "values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society" (DEC/NAEYC, 2009). The desired results of inclusion include a sense of belonging, positive friendships and relationships, and

support for development and learning to full potential. Access, participation, and support are defining features of high quality inclusion (DEC/NAEYC, 2009). A combination of legal and empirical supports undergirds this philosophy and associated inclusive practices, and the ecological systems perspective has been used to conceptualize and understand the barriers and facilitators to inclusion (Odom et al., n.d.).

The purpose of the literature review was to identify studies on early childhood teacher and provider beliefs, attitudes, and perceptions of inclusion. Similar to the Scruggs and Mastropieri review, the majority of teachers reported support for inclusion as a broad concept. Another finding that was reported across several articles was that many teachers reported not feeling confident in their ability to implement inclusion. Gemmell-Crosby and Hanzlik (1994) reported an association between support for inclusion and feelings of confidence and speculated that positive attitudes toward inclusion and positive experiences with inclusion might enhance one another. The notion that positive experiences with inclusion led to teacher endorsement of inclusion was repeated in findings from other studies (Huang & Diamond, 2009; Stoiber et al., 1998). Similarly, teachers with strong commitments to inclusion reported that experiences with inclusion only strengthened their commitments (Devore & Hanley-Maxwell, 2000; Leatherman, 2007).

However, across studies, findings were mixed with regard to the relationship between teacher education or years of experience and endorsement of inclusion. Bennett, Deluca and Bruns (1997) found an association between teacher experience and less favorable attitudes toward inclusion and suggested this might be due to differences in training for teachers that were trained some time ago. On the other hand,

several studies reported no significant relationship between attitudes toward inclusion and years of experience (Baker-Ericzén, Mueggenborg, & Shea, 2009; Rafferty & Griffin, 2005). Rafferty and Griffin (2005) reported that teachers in their study reported high levels of support for inclusion regardless of years of experience and that all participants worked in the same high-quality preschool center. Thus, it might be suggested that it is not years or type of experience in themselves that are associated with positive beliefs and confidence, but the quality and characteristics of experiences with inclusion that are critical in understanding how teacher experiences shape beliefs and attitudes.

Two studies reported efforts to improve beliefs about inclusion (Cambell et al., 2005; Baker-Ericzén, Mueggenborg, and Shea, 2009). One study (Seery, Davis, & Johnson, 2001) reported that teachers' unconditional support decreased as the school year progressed, which highlighted their need for ongoing support in order to maintain support, confidence, and quality services. Thus, these findings seem to complement the notion that positive or negative experiences with inclusion influence teacher endorsement of inclusion.

Finally, many studies investigated barriers and supports for inclusion. Across these studies, researchers identified barriers across the classroom, community, and systems or policy levels. These barriers relate to the individualized service delivery models (actions of individuals within and outside of the classroom) and the organizational context (policy level) (Odom, et al., 1999). Barriers at the classroom level included: inadequate adult-child ratios, inadequate classroom facilities, and inadequate access to specialists. Several studies additionally identified lack of time for

implementing individualized instruction and for cultivating collaborative relationships. Additional barriers included limited parent or caregiver involvement and lack of communication with families. Barriers at the administrative or policy level included lack of support from administration, fragmentation across programs, lack of state standards and an unsupportive program philosophy on inclusion. Several studies additionally identified unmet training needs. Similar to the barriers reported, teachers identified supports for inclusion as the presence of needed human and material resources. At a broader level, maintenance of inclusive preschool programs were found to be supported by committed personnel, shared vision for inclusion, national, state and local policies, training and external support, organizational structure, and community influence.

Critical Incident Technique

Review of the literature provided valuable information about teacher beliefs related to inclusion and their perceptions of barriers and supports. Many of the studies used surveys or interviews to gather information regarding teacher beliefs and results suggested teacher experiences with inclusion might impact their endorsement of inclusion. Additionally, researchers in several studies identified hypothetical supports for inclusion from the perspective of teachers. Eiserman and colleagues (1995) noted that actual experiences with inclusion may lead to different attitudinal responses, and research that uses “less abstract, artificial” means would be useful in extending our knowledge (p. 163). Additionally, across studies, there were inconsistencies in findings (e.g., some studies found teachers with more experience reported greater support for inclusion and some did not). Thus, as the early childhood field moves forward in expanding opportunities for young children with disabilities and their families, research that explores teacher experiences with inclusion can further enhance our knowledge

regarding practices and experiences that support or undermine inclusion. Use of the critical incident technique would extend the current literature by identifying lived experiences teachers deem “critical” to their understanding and beliefs regarding inclusion and in exploring the characteristics and qualities of those experiences that might function as barriers or facilitators to inclusive practice. Few studies have investigated perspectives on inclusion based on “actual experiences with the process” (Bennett et al., 1997, p. 1). One important feature of the critical incident technique is its focus on participant descriptions of actual events rather than descriptions of how events should be (Bradbury-Jones & Tranter, 2008). Further, it is a technique that can be used to describe data for practical uses.

Development and Uses of the Critical Incident Technique

The critical incident technique uses a flexible set of principles to gather information about defined situations and examine how factors related to the situation lead to effective practice (Flanagan, 1954). This method was developed by John Flanagan (1954) and evolved from work he and colleagues completed as part of the Aviation Psychology Program of the US Army Air Forces during World War II (Butterfield, Borgen, Amundson, & Maglio, 2005). Since its inception, the technique has been used in a variety of fields, including education (LeMare & Sohbat, 2002; Parker, 1995; Johnson & Fauske, 2000) medicine (Homes, Bruce, Karen, & Hennen, 1990; Humphrey & Nazarath, 2001), nursing (Schluter, Seaton, & Chaboyer, 2007), business (Derbaix & Vanhamme, 2003; Ruyter, Wetzels, & Birgelen, 1999), and psychology (Pope & Vetter, 1992). Studies that have used CIT have collected information for a range of purposes. For example, studies might focus upon studying incidents that relate to effective and ineffective practices; exploring supportive and hindering factors;

collecting functional or behavioral descriptors of events or problems; or examining characteristics that are critical to the success of an activity (Butterfield et al., 2005; Flanagan, 1954). Specific examples of the use of CIT in the field of education include: exploring critical incidents related to individuals' decision to enter and complete teacher education programs (Alastuey, Justice, Weeks, & Hardy, 2005), use of CIT to document and understand helpful and unhelpful actions by professionals from the perspective of parents of children with disabilities (Prezant & Marchak, 2006), and the use of CIT to explore teachers' perspectives on principals' instructional leadership characteristics and the impact of those characteristics on teacher practice (Blase & Blase, 1999; Rous, 2004). Recently, the National Early Childhood Transition Center used CIT to gather information about effective and ineffective transition practices by gathering critical incidents from stakeholders (Rous & McCormick, 2006). As Flanagan (1954) stated, the CIT "does not consist of a single rigid set of rules governing such data collection. Rather it should be thought of as a flexible set of principles that must be adapted to meet the specific situation at hand" (p. 335). The flexibility of the technique has led to its application in a variety of fields for a variety of purposes (Butterfield et al., 2005).

Critical incidents can be thought of as "turning points" that influence ways of thinking in complex lived experiences (Halquist & Musanti, 2010, p. 449). Soliciting participant information on "critical incidents" is a practical way to gather information about extremes that are either positive and effective or detrimental and ineffective. Flanagan describes critical incidents as "extreme behavior, either outstandingly effective or ineffective with respect to attaining the general aims of the activity. The procedure has considerable efficiency because of the use of only the extremes of behavior" (p.

338). This method gathers specific information on a situation or phenomena, describes the actions or behavior of key stakeholders in the situation, and prompts reflection on the outcomes of the situation (Rous & McCormick, 2006). Flanagan describes five major steps that characterize this method. These include: (1) describing the general aims of the activity under study; (2) planning for and specifying the group to be studied and developing clear and specific rules for data collection, (3) collecting the data; (4) analyzing the data; (5) interpreting data and reporting findings (Flanagan, 1954). Collection of critical incidents may be achieved through interviews, group interviews, questionnaires, and collection of written records (Flanagan, 1954). Analysis of critical incidents involves describing the data so that it can be used efficiently for practical purposes (Flanagan, 1954) and can involve analysis of both quantitative and qualitative data (Rous, 2004). Each of these five considerations will be discussed in detail in the subsequent Methods section in regard to the current study.

Purpose of the Study

The purpose of the present study was to identify important experiences that shaped philosophies on inclusion and effective and ineffective practices to support inclusion from the perspective of Head Start teachers. The DEC/NAEYC Position Statement on Inclusion (2009) was used as a reference for both the defining features of high quality early childhood programs and services and for the desired results of inclusive experiences for young children. Specifically, the research questions that guided the design and data collection procedures for this study were:

1. What experiences do early childhood teachers who have had experience with inclusion report were critical in shaping their perspectives about inclusion?
2. What factors related to these experiences contributed to the effectiveness or ineffectiveness of the incident with inclusion from the perspective of the teacher?

CHAPTER 2
METHODS

This chapter outlines the methods and research procedures used in this study. The purpose of the study was to identify and describe important experiences and effective and ineffective practices related to inclusion from the perspective of Head Start teachers. More specifically, the research questions that guided the design and data collection procedures for this study included the following:

1. What experiences do early childhood teachers who have had experience with inclusion report were critical in shaping their perspectives about inclusion?
2. What factors related to these experiences contributed to the effectiveness or ineffectiveness of the incident with inclusion from the perspective of the teacher?

This chapter offers discussion of the match between study purpose and research design; description of the five steps recommended by Flanagan for using the critical incident technique (these steps involve describing the general aims of the activity under study, planning for participants and rules for data collection, determining data collection strategies and analysis methods, and interpreting and reporting findings); discussion of methodological issues and strategies for enhancing the credibility of the study; and discussion of researcher background and assumptions.

Study Purpose and Use of Qualitative Research

A first step in the conceptualization and design of a research study is determining whether the question or problem is appropriate for qualitative inquiry (Merriam, 2002). Qualitative research involves understanding how people interpret and make meaning of their experiences and involves a focus on process, meaning, and understanding of complex phenomena (Merriam, 2009). Qualitative research is associated with: inquiry in natural settings (i.e., a focus on lived experiences of real people in authentic settings);

provision of rich and descriptive data; a concern with process with the researcher as a key instrument; inductive approaches to analysis; and a focus on meaning (Bogdan & Biklen, 2006; Creswell, 2007; Hatch, 2002). This research study was well matched to qualitative inquiry as it involved identifying and describing participant experiences from their own perspective, using inductive and recursive data analysis procedures to make meaning, and using these data for practical purposes (Merriam, 2009). This research study can be considered an interpretive qualitative approach, that is, the purpose is to understand participant's constructions and interpretations of their experiences at a particular point in time and in a particular context (Merriam, 2002). Specifically, it explored their perceptions of a specific critical incident around inclusion that shaped their perspective.

Critical Incident Technique

The critical incident technique (Flanagan, 1954) is a method within the qualitative paradigm that was used in this study to collect perspectives about inclusion and on effective and ineffective practices related to inclusion from the perspectives of early childhood practitioners. Bradbury-Jones and Tranter (2008) recommend that a researcher planning to use CIT review Flanagan's original recommendations to ensure the method is used consistently and with rigor. Flanagan (1954) described five major steps that characterize this method. These include: (1) describing the general aims of the activity under study; (2) planning for and specifying the group to be studied and developing clear and specific rules for data collection, (3) collecting the data; (4) analyzing the data; and (5) interpreting data and reporting findings. While Flanagan provides specific steps, he emphasizes the flexibility of the technique and encourages modifying and adapting processes when needed to meet research purposes.

Descriptions of each of Flanagan's steps were reviewed and used to plan this study. The processes related to these steps were integrated with recommendations from other qualitative methods sources to enhance the appropriateness of the design for the research purpose.

Step 1: Describe the Aims of the Activity Under Study

Flanagan (1954) explained that in its simplest form, the process of describing the aims of the activity under study involves articulating a general statement of objectives. General consensus of the aims of the activity allows one to determine if the behaviors described were successful. For example, in a study of the qualities of an effective manager, the researcher must first articulate the general aims of effective management. Without a statement of the general aims or desired outcomes of effective management, it is not possible to evaluate whether a particular incident or behavior was relevant in contributing to the outcomes. For example, a manager who provides workers with a half day paid time off may not be considered effective if the general aim is to produce a daily output of goods and services, but may be considered effective if the general aim is to develop positive relationships with supervisees. Without specifying the general aims of the activity under study, it is not possible to state that behaviors or characteristics contributed to success (p. 336).

Flanagan acknowledged that it is rare in a field that there is absolute consensus on the general purpose of an activity, but reports an effort should nonetheless be made to obtain a statement from experts in the field that expresses objectives of the activity clearly, simply, and in a way that most people in a field would agree with. In the case of the current study, the DEC/NAEYC Joint Position Statement was considered an

authoritative source regarding the features, qualities, and objectives of high quality inclusive opportunities for young children and their families. The definition follows:

> Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports (DEC/NAEYC, 2009, p. 2).

To simplify this definition in accordance with Flanagan's recommendation for brevity, particular emphasis was placed on the desired results of inclusive experiences, namely, "a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential."

Step 2: Develop Plans and Specifications

Developing plans and specifications involves providing guidelines and instructions for collecting critical incidents, and for deciding on participants and settings.

Guidelines for critical incidents. Flanagan (1954) recommended that specifications for the collection of critical incidents are developed related to: (a) the specific situations to be explored, (b) relevance to the general aim, and (c) the extent of effect on the general aim. Specifications related to the situations observed involves delimitations about the place, the persons, conditions, and activities that are relevant. In this study, the focus was on critical incidents and behaviors related to the inclusion of young children with disabilities in Head Start programs. Thus, a Head Start program was selected as the setting from which to recruit participants. After specifying the situation to be observed, the researcher must determine whether specific behaviors are

relevant to the general aim of the activity. In this study, behaviors and incidents reported by teachers that might reasonably expected to directly or indirectly in the short- or long-term to have a significant effect on the general aim (specifically in this study the general aim is the desired outcomes of inclusive experiences explicated in the DEC/NAEYC Position Statement) were included. Finally, according to Flanagan, researchers will want to consider not only if the incident had an effect on the general aim, but the significance of the effect. In collecting critical incidents, the focus is on collecting incidents or behaviors that were extreme and significant in contributing to the success or failure in reaching the general aims. For the purpose of this study, questions were designed to elicit recollections of significant incidents from the perspective of respondents that had an appreciable impact (positive or negative) on the general aim (Flanagan, 1954).

Selection and Sampling of Participants. Flanagan recommends that participants be selected based on their familiarity and experience with the activity under study. Thus, participants were selected using purposive sampling. Purposive sampling involves strategies and criteria for selection of participants who can offer information about the phenomena of interest (Creswell, 2007; Hatch, 2002; Merriam, 2009). To bolster the likelihood of identifying participants with knowledge of the phenomena of interest, primary criteria were established for inclusion in the study. These two criteria included: teacher in a Head Start program, and teacher experience with inclusion. Specifically, teacher experience with inclusion referred to teachers that had taught children with IEPs (individual education plans) where the teacher had some or all of the responsibility for implementing the individual educational plan designed to meet a child's individual needs (i.e., teachers who only provided services to children who have IEPs

for speech and who were not responsible for delivering speech services in the classroom were not eligible for study participation). The rationale for this requirement was to capture the experiences of teachers who had the responsibility of implementing an individualized plan for a young child with a disability. To identify potential participants, Head Start administrators were asked to nominate an initial list of potential participants for the researcher to contact. Snowball sampling was then used and involved asking study participants to nominate peers or colleagues that might be interested in study participation.

Sample size. Use of CIT does not lead to straightforward decisions about sample size; rather the researcher must consider the purposes of the study and the activity under study (Flanagan, 1954; Radford, 2006). In a review of studies using CIT in the nursing literature, Brandbury-Jones and Tranter (2009) found that sample size varied from less than ten to over one thousand participants. Across these studies, some researchers collected more than one incident or critical behavior per participant, and Bradbury-Jones and Tranter noted that a great deal of data can be collected using this technique that is not tied solely to sample size. The present study proposed a tentative sample size of 8 to 10 participants with the stipulation that the number could be modified after the researcher entered the field if necessary to better explore and understand participant perspectives (Creswell, 2007). Data collection was considered complete when there was evidence of saturation of categories, and subsequent interviews would likely produce only small bits of new information (Merriam, 2009).

Participant recruitment. The researcher contacted administrative personnel of a Head Start program in a mid-size school district in Florida to obtain permission to

contact teachers for study participation. The school district was the Head Start grantee. After a meeting in which the researcher described the study's purpose and procedures, administrative permission was granted. An administrator provided a list of current teachers who had experience with inclusion. This list included nine Head Start teachers and their contact information. These nine teachers were contacted through email and provided information about the study and invited to participate. If there was no response to email, a brief site visit was conducted by the researcher to provide information about the study and invite participation (see flyer for teachers, Appendix B). During recruitment, participants were assured that their participation was voluntary and that administration would not be notified as to which participants elected to participate or declined. The process and purpose of the study was explained to teachers and informed consent was obtained (see letter of informed consent, Appendix A). Teachers were given copies of the letter of informed consent, interview protocol (Appendix C), and demographic survey (Appendix D) prior to their interviews. During the recruitment process, an additional teacher became aware of the research study and asked to participate so the researcher also provided her the aforementioned information. Of the 10 teachers contacted, eight elected to participate in the study. During the data collection process, participants were asked if they could suggest other teachers that might be willing to participate in the study, however, this yielded no names that had not been previously identified through administrative nomination. As a small token of appreciation for their time, the researcher provided participants a ten-dollar gift card to a retail store at the final meeting between researcher and participant. All participant data

was de-identified and stored in a secure location in accordance with IRB procedures to ensure participant confidentiality.

Setting information. All participants in the study were teachers from a Head Start program run through a school district in a mid-size county in Florida. This site was chosen because of their historical interest in receiving professional development to improve their practices related to identifying and serving young children with disabilities. The Head Start program included 37 classrooms across 12 school sites and served approximately 640 preschool children (District Annual Report, 2010). To support inclusive practice, the district Exceptional Student Education (ESE) Department and Head Start program had collaborated to form four co-teach classrooms. These classrooms were co-taught by an ESE teacher and Head Start teacher. All four of the Head Start teachers from these classrooms elected to participate in the study. Additionally, the Head Start program was accredited by the National Association for the Education of Young Children (NAEYC).

Of the program's children, 28 (4%) were children identified as having disabilities and were being served with IEPs. Twenty (70%) were identified as having developmental delay and 4 (14%) were identified as having speech impairments. Additionally, one child (4%) was identified in each of the following eligibility categories: orthopedic impairment, visual impairment, health impairment, and brain injury.

Participant information. Participants completed a questionnaire that queried basic demographic information as well as information about their teaching experience and setting (see questionnaire, Appendix D). All eight study participants were female. Four identified themselves as Caucasian/Non-Hispanic and four identified themselves

as African American/Black. One participant was younger than 25; two were between the ages 26 and 40; four were between 41 and 55; and one participant was older than 56. Five participants had completed an Associate's degree and were currently working on completing a bachelor's degree; two had completed a bachelor's degree, and one had completed a master's degree. The average years of experience in Head Start was approximately 7 years with a range from 3 months to 22 years. In addition to experience with Head Start, all participants had prior experience in the early childhood settings or other educational settings. The average years of prior experience in other settings was approximately 9 years with a range from 6 to 22 years.

Step 3. Collect the Data

The primary method of data collection in this study was interviews. According to Flanagan (1954), interviews are a preferred method for recording critical incidents because they allow the interviewer to ensure that all necessary details are provided.

Interviews. Interviews are a method for gathering information, experiences and interpretations from participants that usually involves purposeful conversation between two people (Bogdan & Bilken, 2006; Hatch 2002). The structure and process used in an interview should depend on the researcher's purpose (Fontana & Frey, 2005). This study used semi-structured interviews that were guided by an interview protocol (see interview protocol, Appendix B). The protocol was used to ensure data gathered related to the purposes of the study, with flexibility to explore issues reported by participants as needed (Hatch, 2002; Schwandt, 2001). The interviews were conducted across two sessions, with a final third member check. The first session was dedicated to establishing rapport, collecting background information, and priming participants to consider an experience with inclusion that was critical and significant in shaping their

outlook or beliefs about inclusion. Since identifying critical incidents is a reflective process, allowing the participant time between interviews was intended to allow them to select their most significant experience and reflect before answering detailed questions about the critical incident. The second interviews were conducted one to two weeks after the first interview depending on schedule availability. Each interview ranged from 20 to 40 minutes in length. All interviews took place at the teacher's worksite in a room that they selected for privacy and comfort.

The interview protocol included open-ended questions that prompted participants to discuss background experiences with inclusion (Interview 1) and description of an incident they viewed as critical to their experience with inclusion (Interview 2). More specifically, during Interview 2, questions were designed to elicit descriptions of: a particular situation the participant viewed as critical to their understanding of inclusion, the behaviors and actions of key contributors to the situation, and reflections on the outcomes of the situation (Rous, 2004; Halquist & Musanti, 2010). Interview 3 was conducted as a member check in which the researcher summarized the content of the previous two interviews and provided opportunity for clarification or expansion. Studies that used the critical incident technique were reviewed to assist in development of the interview protocol. Flanagan (1954) recommended use of a protocol to ensure use of the same language with interviewees. He also recommended that interviewers ask clarifying questions if needed, but avoid leading questions and this suggestion was followed in this study.

Audio recording and transcription. Interviews were audio recorded using two recorders. The two audio recorders were placed proximate to researcher and participant

to ensure quality and to prevent loss of data. Use of high quality recording equipment is one strategy that can be used to enhance transcription quality (Poland, 2008). During transcription, if a segment of speech was inaudible on the first recording, the second recording was consulted.

The researcher completed all transcription for the study. Transcription by someone familiar with the data is desirable as it decreases the likelihood of errors related to lack of familiarity to the subject discussed (Poland, 2008). All identifiers (teacher and child names, school names, etc.) were removed from interview transcripts and each interview participant was assigned an identifying number to maintain confidentiality. Member checks also allowed for participants to alter any segments of the transcripts they perceived as inaccurate and the member check process will be further described in a subsequent section. Member checks are another strategy that can add to transcription accuracy (Poland, 2008).

Step 4: Analyze the Data

Qualitative data analysis is a “recursive and dynamic” process that generally occurs simultaneously with data collection (p. 169, Merriam, 2009). While analysis became more formal and intensive as the study progressed and after all data had been collected, the organization, management, and exploration of the data began early on. Creswell (2007) described the process for data collection and analysis procedures as occurring in a spiral, rather than linear manner. This process involved developing tentative categories and themes that were useful in answering the research question in subsequent rounds of data collection (i.e., interviews) (Hatch, 2002; Merriam, 2009). Simultaneous data collection and analysis is preferred in qualitative research (Merriam, 2009) and this strategy was used in this study. Specifically, the researcher transcribed

and summarized each interview prior to each subsequent meeting with the participant so that the researcher could review the prior session and ask additional questions as needed.

Analysis of critical incidents involves describing the data so that it can be used efficiently for practical purposes (Flanagan, 1954). The challenge of data analysis is balancing the desire for practical application with the need for sufficient detail and comprehensiveness. According to Flanagan, finding this balance involves considering: (a) a general frame of reference that will be most useful for describing incidents so that they might be used for practical purposes (b) inductive analysis processes and definitions to identify broad categories and subcategories, and (c) decisions related to reporting in an organized and useful matter.

As recommended by Flanagan, data analysis for this study involved inductive and recursive processes (i.e., systematic coding process) to identify broad categories and subcategories. While analysis procedures and techniques abound in the qualitative paradigm, most strategies are inductive and comparative in their approach (Hatch, 2002; Merriam, 2009). To assist with the efficiency of the systematic coding process, a qualitative software program was employed to assist with data management.

Managing the data. Managing qualitative data requires organization. One option for managing and analyzing data is through computer software programs designed for qualitative research (Creswell, 2007; Merriam, 2009). Qualitative analysis software is a tool that can assist the researcher in coding and retrieving labeled passages and segments of text, and in displaying, counting, and sorting data (Hatch, 2002). This study used Atlas.ti software to manage data analysis. The qualitative analysis software was

used as a tool, and not as a substitute for careful data analysis and the use of systematic procedures (Hatch, 2002).

Analysis process. The analysis process in the current study began with the researcher reading and rereading transcripts several times to become familiar with the data as a whole (Creswell, 2007). Next, the researcher used open coding to describe the critical incidents. Open coding involved labeling segments of data that might be useful. Using Atlas.ti, the researcher highlighted small segments of text and identified codes to represent the meaning of the segment. The content of these codes were the exact words of the participant, the researcher's words, or words from the literature reviewed (Merriam, 2009).

Axial coding followed open coding. In this stage, codes across transcripts were compared and interpreted (Merriam, 2009). In Atlas.ti, each project is referred to as a Hermaneutic Unit (HU). Because of the volume of codes generated in the first round of open coding, a new HU was opened. The researcher then toggled between the two HUs to move to the next level of coding and to focus the codes more intently on answering the research question. To assist in beginning to provide structure to the data, codes were assigned a prefix. Providing codes a prefix is a logical way to sort codes together within the Atlas.ti program. Through this process codes were listed within clusters rather than being dispersed alphabetically among unrelated codes (Woolf, 2007). Prefixes used during this process included: bar for barrier, bg for background, out for outcome, and sup for support (e.g., bar_challenging behavior). This process continued as each subsequent transcript was analyzed, and codes were continually compared and combined as redundancies and similarities were discovered.

After all transcripts were coded using prefixes, the emerging patterns and regularities were examined and grouped as categories and sub-categories. Coding definitions were then developed to guide the category formation process (Ryan & Bernard, 2000). These definitions included description of each category/sub-category and exemplar data. The following recommendations were considered when creating names for categories: (1) they should be responsive to the purpose of the research, (2) they should be exhaustive (i.e., cover all relevant data in the study), (3) they should be mutually exclusive, (4) they should be sensitizing (i.e., as sensitive as possible to what lies in the data), (5) they should be conceptually congruent (i.e., similar categories should lie at the same conceptual level, Merriam, 2009). As categories were compared and combined, the data were described with higher levels of abstraction.

Once categories were adequately defined, the process became deductive in nature as the researcher began a third HU and re-coded transcripts looking for the existence of the defined categories and sub-categories across incidents. Again prior codes were consulted as needed. Final categories represented findings that answer the research questions (Merriam, 2009).

As coding progressed, a record was kept of where relationships were found in the data, both within and across categories (Hatch, 2002). This was achieved by beginning new HUs in Atlas.ti at key points in the analysis process. By opening new HUs the original codes were preserved. As described previously, this allowed the researcher to return to previous codes to examine thought processes and to ensure findings were not overlooked as codes became more abstract. It additionally provided an audit trail that preserved details regarding how the coding process was applied and how it resulted in

major themes and findings. Deliberate and recursive analysis is important to the analysis process (Creswell, 2007; McWilliam, 2000). Table 2-2 is provided as an example of how a quotation and its codes evolved through the analysis process.

Step 5: Interpret Data and Report Findings

According to Flanagan, this step involves reviewing the four preceding steps thoroughly, discussing limitations of the group under study (i.e., how does the group sampled differ from the group as a whole), reviewing how judgment was used to collect and analyze data, and sharing the results. Researcher subjectivity will be reviewed in a subsequent section in this chapter and Chapter 3 will provide a brief review of the steps Flanagan recommends, the limitations of the group, and will primarily focus on reporting findings. In presenting findings, rich, thick description of the findings and evidence in support for the findings (e.g., quotations from interviews) will be provided (Merriam, 2002). Following this description, findings will be related to findings from previous literature and in terms of implications for practice (Merriam, 2002).

Methodological Issues

When planning for the design of a qualitative study, it is important to provide sufficient detail regarding the point of view of the investigator, the procedures used, how the investigator arrived at her findings, and what meaning can be derived from the findings (Creswell, 2007; McWilliam, 2000). This requires explanation regarding theory and research that undergird the study (McWilliam, 2000). As described in Chapter 1, this study is informed by previous research on early childhood teachers' perspectives on inclusion, use of an ecological systems perspective to understand the barriers and facilitators to inclusion, and adopts the DEC/NAEYC joint position statement as a definition and description of high quality inclusion.

Additionally, it is important to consider the validity of the data and findings. In qualitative research, validity might be referred to as the trustworthiness or credibility of the data and findings (Merriam, 2002, 2009). One way to enhance the credibility of a study is through member checks. Member checks are a process in which the researcher elicits feedback regarding findings from participants (Creswell, 2007; Merriam, 2002, 2009; Schwandt, 2001). In this study, as mentioned, a third interview was held for the purpose of member checking. The researcher reviewed transcripts from prior sessions, queried areas where the researcher had further inquiry, and attempted to summarize the main ideas gleaned through prior discussions. Participants were offered the opportunity to review their transcripts, elaborate, expand or modify any responses as needed, and correct any misunderstandings or misperceptions voiced by the researcher.

Participants made few changes during the member check. Some participants reported they did not wish to read the transcripts themselves and preferred that the researcher only provide a summary. Others read the transcripts thoroughly and either made no changes or merely corrected small typographical or grammatical errors. One participant asked that a brief remark she made about working with parents be removed from the transcript. When providing the oral summary, the researcher paused often to ask for feedback. Participants indicated they felt the transcripts were an accurate representation and did not voice concerns about accuracy.

Beyond member checks, maintaining an audit trail of coding procedures additionally contributed to the dependability of the study (Merriam, 2009; Lincoln & Guba, 1985; Schwandt, 2001). Further, peer examination and review was accomplished

through data analysis meetings with an advisor. Peer examination involves consulting with a peer or colleague (in the case of the present study, peer examination involved examination by a faculty advisor) in which the peer scans the raw data and examines coding processes. These meetings and checks were an opportunity to determine whether codes and findings are plausible given the raw data (Merriam, 2009). Additionally, detailed and rich presentation of the participants, setting, and findings of the study are provided as evidence of the findings and to allow the reader to judge the transferability of the findings to another setting (Creswell, 2007; Merriam, 2009).

Reflexivity and Researcher Assumptions

Reflexivity refers to a process of critical self-reflection on one's own biases, assumptions, and worldviews and how they impact one's thinking and the research process more broadly (Fontana & Frey, 2005; Schwandt, 2001). Being reflexive throughout the research process can be a way to enhance the credibility of a study (Creswell, 2007; Schwandt, 2001). It is also recommended to provide background information about the researcher (Creswell, 2007; McWilliam, 2000). It is not expected that reflecting and providing the reader with information on one's own background will eliminate all variance between researchers in terms of values and assumptions, but it is nonetheless important in informing how an individual's values and expectations might influence the study (Merriam, 2009). Each researcher brings a unique set of experiences and values to a study.

I am an advanced doctoral student completing my sixth year in a School Psychology program. I finished my undergraduate degree at the University of Florida in 2004 and upon graduation began teaching first grade in a high poverty school in the state of Florida. I taught for two years and found the role both challenging and

immensely rewarding. Education was a fit for me because I saw that there was the potential to help others and because I believe strongly that providing quality education for all children, regardless of background or needs, is a priority social justice issue. Through my role as teacher, I learned about the field of school psychology and decided to pursue admission into a graduate program. As a doctoral student, I have participated in a variety of research and grant experiences, practicum settings, and coursework experiences that have provided me the opportunity to develop an understanding of the importance of high quality inclusion for young children with disabilities. In these various capacities, I have had the opportunity to work in several different counties, within dozens of different schools and classrooms, and with many more unique teaching professionals. Having the experience of working across these many settings has been eye-opening for me in that I observed there to be considerable variability in the quality of educational experiences for young children. I believe that all children have the right to high quality inclusive opportunities so that each child may develop and learn to reach his or her full potential.

Summary

This chapter provided the methods and research procedures for the current study. The purpose of the study is to identify and describe important experiences and effective and ineffective practices to support inclusion from the perspective of Head Start teachers. This chapter presented a rationale for the use of a qualitative design. The five steps recommended by Flanagan (1954) were discussed in relation to the current study. Description of these steps included details regarding: study purposes, participants, data collection methods, analysis methods, and an approach to reporting findings. Additionally, a discussion of methodological issues and strategies for enhancing the

credibility of the study were discussed, and a brief discussion of the researcher's background was offered. Chapter 3 and 4 will discuss the study's results, followed by discussion in Chapter 5.

Table 1-1. Participant characteristics

Participant	Age	Race	Highest Degree	Time in Head Start	Additional Years in Early Childhood/Teaching Profession
Anne	<25	White/Non-Hispanic	AA	7 mos.	6
Beverly	41-55	African American	BA	3 years	12
Charlotte	>56	White/Non-Hispanic	AA	22 years	6
Diane	26-40	White/Non-Hispanic	M.Ed.	5 mos.	8
Evelyn	41-55	White/Non-Hispanic	BA	5 years	22
Faye	41-55	African American	AA	3 years	12
Gina	41-55	African American	AA	15 years	7
Hazel	26-40	African American	AA	10 years	5

Table 1-2. Coding example.

Quotation	Open Code	Axial Code	Sub-Category	Category
"I was with the kids while she was doing things like getting lunches ready and cleaning and there were times when it was really hard to bring him in and be with the other kids and get everything in the class done."	Challenge to meet all children's needs	bar_need for more staff	Inadequate Ratio	Inadequate Structural Supports

CHAPTER 3
THE PARTICIPANTS' CRITICAL INCIDENTS

Introduction

Chapters 3 and 4 provide the results of the study, the purpose of which was to identify important experiences and effective and ineffective practices to support inclusion from the perspective of Head Start teachers. This chapter begins with a brief review of the research design, setting, and participants. Next, the experiences reported by participants as critical to shaping their perspectives on inclusion are described. Chapter 4 provides the results of the second research question, namely, the factors related to the critical incidents that contributed to the effectiveness or ineffectiveness of the incident from the perspective of the teacher. The implications of these findings as they relate to previous literature will be discussed in Chapter 5.

Research Design

This study used the critical incident technique (CIT). As described previously, the critical incident technique uses a flexible set of principles to gather information about defined situations and examine how the factors related to the situation lead to effective or ineffective practice (Flanagan, 1954). This study used CIT to collect participant perspectives on effective and ineffective practices related to inclusion from Head Start teachers. This method was used to gather specific information on phenomena, describe the actions or behavior of key stakeholders in the situation, and prompt reflection on the outcomes of the situation. Addressing the first research question in the study involved describing the incidents identified by participants. This description includes (1) antecedent events/factors, (2) the actual incident, and (3) outcomes, both personal and for others. Addressing the second research question in the study involved using coding

procedures to identify factors related to the incident that contributed to the effectiveness or ineffectiveness of inclusion in supporting desired outcomes from the perspective of the participants.

Participants and Context

All participants in the study were teachers from a Head Start program run through a school district in a mid-size county in Florida. This site was chosen because of its interest in receiving professional development to improve practices related to identifying and serving young children with disabilities. In the years prior to this study, the district Exceptional Student Education (ESE) Department and Head Start program had collaborated to form four co-teach classrooms to support inclusive practice. These classrooms were co-taught by an ESE teacher and Head Start teacher as well as two paraprofessionals. All four of the Head Start teachers from these classrooms elected to participate in the study. Four additional Head Start teachers with experience with inclusion also participated in the study.

Description of Critical Incidents

This section addresses the first research question in the study. It describes the most influential incident with inclusion reported by participants. While each incident reported was unique, all participants chose experiences that they viewed to be positive overall. All participants further reported that they were motivated to continue to provide inclusive opportunities by the growth they witnessed in the children in their care. Six participants reported incidents that occurred within the present school year, while the other two participants reported incidents that occurred many years prior to the interview. To help organize participant's stories, each section begins with brief background information on the participant and then describes relevant antecedent factors or events

that occurred prior to the critical incident. Next there will be a description of the actual incident. This will be followed by the participant's reported personal outcomes and outcomes for others involved in the incident. A summary is provided in Table 3-1.

Anne

Anne was a first year Head Start teacher under the age of 25 who had previously worked in a private daycare setting for six and a half years. At the time of the interview, she was completing the requirements for a bachelor's degree in early childhood and anticipated earning her degree within the year. She also shared that she attended Head Start as a child. She was the lead teacher in a three-year-old classroom with one assistant.

Antecedent events/factors. Anne shared that as a first year Head Start teacher she was adjusting to her new setting because of the increased paperwork demands and the increased needs of the children. It was also her first time teaching a class of all three year olds. She shared:

> Head Start is hard. There is so much paperwork and so much assessment; sometimes I don't feel I get to spend time with the kids because we are just so busy testing them…It's been very hard. I was a Head Start child, so coming back and seeing it…It is a whole different word than [previous private setting] because there the kids that come in and this is going to sound bad, but they're privileged. And the kids coming here, the background of these children are definitely not privileged at all. It has been a completely different world.

Anne shared that she had a prior positive experience with one child with a disability in the private daycare setting and that she had felt successful in supporting his needs and helping him grow. She also stated that even though the child did have a disability, his needs were similar to his peers and she felt confident in her ability to work with him effectively. Further, she shared that while she perceived her college courses related to

inclusion and working with children with disabilities to be important, she felt coursework was insufficient to adequately prepare her for teaching experiences. She also stated that while the adjustment to Head Start had been challenging, she has “always been one who overachieves” and that she was constantly planning to meet her work demands.

Critical incident. Anne identified her most significant experience as an incident during the present school year involving a three-year-old child placed in her classroom. She shared that the child was blind in one eye and had delayed cognitive, language, and motor skills. She also shared that he had surgery on his heart when he was younger. She perceived it to be a major challenge that he had been placed in her classroom with no advanced notice or opportunity to plan for his needs. Initially, supporting him while meeting the needs of the other children was a significant challenge. She shared:

> Actually I was thinking about this at night, I totally whole-heartedly agree with inclusion, but having him start in my classroom with no prior warning, I guess would be the word, was very difficult. Like I totally believe in inclusion, but I just feel that teacher should be prepared for that.

Because of the child’s needs, Anne initiated a referral for evaluation for eligibility for special education services with the child’s caregiver. As the referral, evaluation, and eligibility process was taking place, the child remained in her classroom for seven months. During this time, Anne worked with her assistant and the child’s family to support his participation in classroom routines and he was able to participate with increasing independence. In February, she was invited to participate in an IEP meeting for the child and the team determined that he should be moved into a self-contained setting. This provided her an opportunity to participate in her first IEP team meeting.

When queried as to how she felt about that decision, Anne replied, “I think it was good for him, like I miss him, I think he did learn a lot from the kids here, but all in all I think that having that one-on-one with a smaller classroom will be really good for him.” Thus while she believed he made progress in her classroom and stated the experience affirmed her support for inclusion, she was not confident he should continue in her classroom.

Personal outcomes. Anne reported she found her most significant experience with inclusion in Head Start to be challenging, but positive overall. She stated, “You could tell he was really making the progress being around the children, so that is a very positive experience not only for the child who has special needs, but for the other children as well.” When considering her prior exposure to inclusion through her coursework and through her experience at the daycare, she reported:

> When I took the first [class] for the Associate’s degree I was not really sure of the things [because] I had not really experienced inclusion. Because like I said, when I had the little boy before, I didn’t really need any of that support. So I just kind of thought, oh yeah, it’s inclusion, it’s what we do, and now I agree with it because I experienced it.

Thus, she reported that seeing the benefits to the child with special needs and to his peers solidified her support for inclusion. She reported that the child made more progress than expected and that it strengthened her resolve to “never give up on a child.” She also reported that the experience increased her knowledge about the referral and eligibility process and gave her the opportunity to participate in her first IEP meeting. She said, “Now I know how it works. Because before, I was like, okay, I have this paper, now what, you know. So I understand how the system works better.” While she found the experience positive, she maintained that:

> I still say that parents really should be required to at least let the teacher know what is going on if not have a whole meeting beforehand saying this is what is going on, this is what to expect, that type of thing, especially for kids who really haven't been diagnosed with anything…like he had not been diagnosed with anything to my knowledge so we didn't know what to expect.

This statement seems to reflect how difficult she found it to plan for the child's needs with no advanced notice from the family or Head Start program.

Outcomes for others. Other persons involved in this incident included the child, the child's peers, the teacher's assistant, and the child's grandmother and mother. Anne described positive outcomes for all parties involved. As mentioned, she reported that the child made significant progress in participating in classroom activities. She said, "In the beginning he would wander…[Things] got much easier, after the first probably two months he was doing really well. He would come and he would sit and he would join." He made gains that were captured by a progress-monitoring checklist. She commented, "It was just great because at first we didn't know he could [name colors]. Because you never really know what is up there versus what can come out so never give up. Keep working, keep working." She also believed that he made gains because of his relationships with peers and that the experience taught peers "care and empathy." She also noted that her assistant developed a strong bond with the child and that she developed positive relationships with the child's grandmother and mother.

Beverly

Beverly was a Head Start teacher with 28 years of experience working as a school board employee in a variety of educational settings. At the time of the interview, Beverly was the lead Head Start teacher in one of the program's blended classroom working toward a bachelor's degree in Early Childhood. She described a family history that

included two brothers with disabilities, one with a hearing impairment and one with a significant learning disability. Beverly reported that she had been a caretaker to her brothers when she was young. She had volunteered to be placed in a blended classroom.

Antecedent events/factors. Beverly shared that she was enthusiastic about working for Head Start and about working with Head Start children and families. She shared, “My experience with Head Start, I’ve learned a lot, I’ve gained a lot and I’ve been motivated a lot too. I’ve pushed myself to do more and they’ve really been there for me. If I have problems I know who to call, but Head Start, this is me, this is where I want to be.” When discussing her tenure with Head Start, she shared several success stories including stories about how she had worked with Head Start administration to problem-solve to meet children’s needs, how she addressed challenging behavior, and how she developed successful relationships with parents and the community more broadly.

Critical incident. Beverly identified her most significant incident with inclusion as one that occurred approximately seven years ago and involved a child without a disability and his father. The child’s father initially did not realize that his son had been placed in a classroom with children with disabilities. Upon visiting the classroom and realizing there were children with disabilities in the same class as his child, the father confronted the teacher and stated that he did not want his child in the class. He continued to say that he did not want his child to be taught by an African American teacher. He reportedly said, “Not my child, not this class.” After a few days, the father

returned to the classroom and apologized to Beverly reporting that the child asked to go back to the teacher's class. The father said:

> I'm so sorry, my son blessed me out when I got home, he said, 'Don't you dare talk to my teacher like that again, I love (participant's name) and I helped her with that little girl'…He helped with the little girl with Down syndrome and he told his dad all about it. [His dad said] 'I should never judge a person by the color of the skin, because my son doesn't know anything about that, and I should never judge a child because of their disabilities because I just found out that I have a disability and my disability is prejudice.'

Beverly reported that after the initial conflict the father made a wooden stand for the class with her name in the school's colors. He also began to volunteer and was an advocate for the class with any parent who was negative. She shared,

> I won [the child's father] over with my charm and I had patience. I was forgiving, and caring and nurturing and I did it through his son. And he said, my child is happy in this classroom then I am happy. And he said if my child is happy with children with disabilities in this classroom then I am happy. And this parent volunteered the majority of the time in our classroom and he did a lot of story reading. He went on field trips and he was an advocate for our classroom. He talked to other parents who might be feeling negatively and said don't misjudge a teacher before you give her a chance. Don't judge a person by her color because that is not right, because I was African American and he said he would never do that again because he didn't think that an African American teacher could teach. He said that I surprised him and I said well I'm glad to know I have some skills, and I made a difference in your life.

Over the course of the year the teacher and parent relationship changed dramatically and she was able to build a relationship with the child's father. The child remained in her inclusive classroom alongside children with disabilities.

Personal outcomes. Beverly reported that the incident caused her some initial self-doubt, however she reported that overall she looked at it as a very positive experience because of the positive outcomes. She reported that the experience

strengthened her resolve to work in Head Start and to include young children with disabilities in her classroom. She stated:

> That was a story I will never forget. It was very challenging but made me just work harder and made me just want to do more and I said this is what I want to do. I want to make sure I work in a classroom where children are needed, where parents come in and I can work with parents, and that parent also needed something and he wound up going to a lot of parenting classes…And he was one of my best parents; he was the spokesperson for our classroom.

Thus, she reported that an incident that was initially very upsetting turned into a positive experience.

Outcomes for others. Beverly reported positive outcomes for the father, his child, and the child with a disability. As previously described, the child's father grew in that he overcame his prejudice against having his child in a class with children with disabilities and an African American teacher. He also became a very active parent in the classroom and participated in volunteer activities and parenting classes. She described the following benefits to the child:

> He learned how to be caring, he learned how to have self-respect and he learned how to have respect for others…He was able to help out, he was a leader…He learned how to do a lot of things because he was like a stubborn child. He was stubborn and didn't want to do anything. I said dad, let's get him to stay in here and by him being next to, seeing the kids with disabilities, it made him want to help out with the other children. It changed him, he had no time to be stubborn, and he wasn't stubborn. And dad was surprised to see that he learned to help others. He didn't have a chance to be stubborn…Because that is one of the reasons he said he wanted him in here, to be social with other children. I said dad, there you go, look you got three things in one. He got to be with kids his own age, kids with disabilities, multiple disabilities and he got to learn some different language, he got to work with the PT, OT, the speech therapist. All three came into the room, he got a chance to get all of those services even if he didn't need it he got a chance to get all of those services…and that was a good thing for him because he learned how to help others and not be so mean, so he learned self-control. Yes, self-control, all his skills got met too, just as well as our other kids with disabilities.

She also reported that the child with Down syndrome who initially triggered the father's reaction made growth in multiple areas. She became independent with toileting and taking off her leg braces, increased her language skills, and began to follow two-step directions. She was also increasingly able to participate with independence in classroom routines and her social skills improved. Beverly attributed much of the growth of both children to their ability to learn from one another. She said, "The children were learning from one another, and they learned better and they learned faster from one another. So the things we were trying to teach them they learned from other children." Thus she saw the power of the inclusive classroom in impacting all children.

Charlotte

Charlotte had 22 years of experience as a Head Start teacher. During the current school year, she was the lead Head Start teacher in one of the program's blended classrooms. Before her teaching position, she was a teacher's aide for 6 years. She was working on her bachelor's degree at the time of the interview. She shared that she had enjoyed "every minute" of her long career with Head Start. She stated, "Head Start is an excellent program and so it has been one of those things that you hope you learn with age and we do have a lot of in-services and a lot of trainings." She spoke positively about the professional development she had been involved with throughout her time as lead teacher. While it was her first year as a teacher in one of the program's blended classrooms, she reported having many different children with varying abilities throughout her time at Head Start. She described her philosophy on working with children with disabilities as follows:

> I find that they have the same needs as other children. They want to be included and do the same things…You have to of course assess and find out the best way to meet their needs…but basically they have the same

> needs as all children and you just have to incorporate their exceptionality in whatever you do for them.

She also believed that the social-emotional benefits of inclusion positively impact all children. She shared that she was greatly enjoying co-teaching in the blended classroom during the current school year because of the smaller ratio and the expertise of the co-teacher.

Antecedent events/factors. Prior to the critical incident, Charlotte had not taught a child with an IEP. The ESE teacher who she was paired to work with during the incident was someone who she had met previously and that she respected as an effective and knowledgeable teacher.

Critical incident. The critical incident Charlotte identified occurred approximately 15 years ago, the first time she taught a child with an IEP. The child was a three-year-old with vision and hearing impairments and delayed language and cognitive development. She also shared that he came from a difficult home and had been placed in foster care. To support the child's needs, she worked closely with the ESE teacher who was in the classroom next door. The child spent 25% of his time in the ESE teacher's classroom and 75% of his time in Charlotte's classroom. She stated that to support the child, she and the ESE teacher did a lot of sharing of ideas and co-planning and that she began to look at the ESE teacher as a mentor. The ESE teacher taught her about delivering instruction, writing IEPs, and creating lesson plans. With regard to the support for IEP development Charlotte stated:

> I was so blessed to have her as my mentor because the writing in the IEP is a totally different language…You do your assessment, you write your goals, your lessons, and then your individualization. You do all that, but an IEP is a lot more technical and difficult. So it was quite different and I was very blessed to have her help to walk through it and teach me and not make me

> feel like, oh, you don't know what you are doing. She didn't do that at all. She made me feel like, okay, we are going to do this together.

Charlotte reported that she and the ESE teacher remain good friends. She said this experience was especially significant to her because "it was just amazing to me to see the growth" in the child. She was particularly impressed with how independent he became over the course of the year and to see his relationships with his peers develop. She also cultivated a relationship with the child's foster parents and they volunteered in the classroom. In addition, Charlotte stated that the families of other children in the classroom took an interest in the young child and celebrated his progress.

Personal outcomes. Charlotte reported that her critical experience showed her the potential for growth that could be achieved through inclusive settings. She stated that having her first child with an IEP opened the door to working closely with the ESE teacher, which helped to strengthen her skills. It additionally provided social-emotional opportunities for the child as well as opportunities for individualization and repetition, which she believed heavily contributed to the child's growth. It made her want to teach in one of the blended classrooms. She said:

> [The blended classroom] makes the best of both worlds because you are both in the same classroom. But that experience helped me understand that even though I do the best I can there are some needs that I can't meet. So to watch the other teacher meet those needs with that child was really an awesome thing and that is why I have such a good positive attitude that this would be such a good classroom having the blended classroom.

Overall Charlotte reported that the experience was very positive and that she continued to enjoy the inclusive setting and continued to pursue opportunities to continue to develop professionally.

Outcomes for others. Charlotte reported positive outcomes for all parties involved, including the child, the child's foster parents, and the other children and families in her classroom. She described the child's growth:

> It was a very positive experience to have him in my classroom because you got to watch him and his growth. And his growth, even though all of the children grow, his growth was always so much more evident because of his, when he came to us he was so very low that he was almost super dependent on being able to be held and nurtured. And he grew into a very independent little boy who at first would just stand right beside the teacher, whichever teacher he decided to take hold of that day, to this little boy who would just say, 'See ya' and just run out the door.

She also reported that the child's family became very involved in the classroom by volunteering in classroom activities. She additionally shared that having a child with special needs in her class brought awareness to the other families of children in her classroom. She explained:

> I think it brought a lot of awareness to some of our families because when you have a special needs child in your classroom and our families, our Head Start families, are always pretty active…the families would even make comments, 'Wow, he has really grown since the last time I volunteered in your classroom.' So a lot of families who volunteered saw a big difference and they were never concerned that he would bring their children down. They were always talking to their children about, 'Well, when he needs help you help him.'

Thus she saw social-emotional benefits across children and adults in her classroom.

Diane

Diane had a master's degree in Special Education. Prior to her Head Start position, she had worked as a teacher in another state for almost 8 years. In that capacity, she worked with students in special education using a variety of service delivery models. She was the special education co-teacher in one position, and also worked in settings in which she delivered pull-out (part-time special education instruction outside of the general education classroom) and push-in services (part-time

special education instruction delivered in the general education classroom). She reported she was a firm believer in inclusion as a basic right for persons with disabilities. She stated, “[Inclusion] lets children who don’t have the same ability not be secluded from anybody. They’re still people…I don’t think it’s fair that if you were born a certain way you ought to be separated.” She also shared that she had previously had very positive experiences as well as very difficult experiences with inclusion in her previous state. She felt that having proper support and staff were essential to making inclusion work and prevent children with disabilities being looked at negatively.

Antecedent events/factors. Diane had been working for Head Start for five months at the time of the interview. Not only was it her first year in Head Start, it was also her first year in the Florida educational system.

Critical incident. While Diane had previous experience with inclusion in the public school setting, she reported that her experience as a Head Start teacher further solidified her support for inclusion. Her experience with inclusion in Head Start was limited because of her short tenure with the program, however she still felt her experience with the child with an IEP in her class was significant.

Diane reported that she was happy to learn about Head Start’s commitment to include children with disabilities when she applied for employment with Head Start. When she was assigned a classroom, Diane was informed that there was a child with an IEP. She then pulled the IEP to get a “heads up of where the problem is” so that she knew how to begin. She reported she liked having the IEP “literally at my fingertips” so that she knew how to plan for short- and long-term goals and individualize during her lesson planning. Diane also had an assistant with 11 years of experience in Head Start

who she liked to “bounce ideas” off of during planning. Through collaboration, planning and individualization, she saw the child make growth in her classroom.

Personal outcomes. Because of her experience this year with Head Start, Diane remained open to inclusion. She shared, “I am very open to inclusion. I think it is very positive for those children to be able to experience what all the other kids get to experience…I am very much for it.” She also saw that she wanted to continue to be a part of Head Start as a program.

Outcomes for others. Diane reported positive outcomes for the child with an IEP. She reported the child made gains in communication and in her social relationships with peers. She also reported that the child was able to participate more during group activities and demonstrated a longer attention span. She attributed the child’s growth to the opportunities available in the classroom, explaining:

> When I first started in November she had a lot of trouble communicating with her fellow peers and you could see how frustrating it was for her and basically she stopped talking to a few of them and she would just turn her back and just, that’s it. Fold her arms and turn her back and she was done. Now you can see she tries to communicate more, she initiates conversation with them, which is something totally different that what she was doing in the beginning. So it is good growth for her to be able to, besides hearing it from teachers, she is able to hear the other children do it. And I’ve always thought that there are certain situations where children learning from other children is very influential with them. It’s very powerful.

Evelyn

Evelyn had worked in private daycare for 21 years, and had worked in Head Start for the past 5 years. She had earned her bachelor’s degree in Early Childhood Education the school year prior to the interview. During her time at the private daycare, she had worked with one child with a disability. She reported the child had Down Syndrome and that she felt she had been successful in working with the parent and

helping the child grow and learn. Her first experiences working with children with IEPs occurred in Head Start. Prior to her critical incident, she estimated she had worked with 6 or 7 children with IEPs.

Antecedent events/factors. Evelyn had a classroom with all three-year-olds and she had one full-time assistant. She reported she often helped identify students in need of more intensive services and referred them for evaluations. During the present school year, she had two children with IEPs and two who were in the middle of being evaluated. She expressed support for inclusion and shared, “I think a lot of the children do better when they are in with the other children…I don’t think children should be in one classroom just because of their disabilities or IEPs or things like that so I like inclusion.”

Critical incident. Evelyn reported her most significant experience with inclusion in Head Start happened during the prior school year. She had a child enroll in her classroom with an IEP who primarily spoke Spanish. She felt this was her most significant experience because she had been nervous in the beginning about her ability to meet his needs. She said in general, she worried about meeting the needs of children who were learning English, so seeing a child with an IEP who was learning English made her particularly unsure of herself. In the beginning of the school year, the child did not interact with the other children or speak. She used strategies to help him gain language and by the end of the year he had made “dramatic” improvements. She also learned some Spanish language from her daughter and the disabilities coordinator. She reported that by the end of the year, the child was speaking non-stop and that he developed friendships with other children that further enhanced his learning.

Personal outcomes. Evelyn reported that she went from being fearful regarding her ability to meet the child's needs to being proud of his growth. She also reported that she was able to learn some Spanish vocabulary.

Outcomes for others. The child in the critical incident went from being non-verbal to communicating actively and effectively and having social relationships with his peers. His mother was pleased with his growth and wanted him to continue in the classroom until the end of the year instead of moving him to a fulltime ESE classroom. The assistant was also pleased to see the child's progress.

Faye

Faye had 3 years of experience in Head Start and 12 years of experience working with young children in other settings. This was her first year co-teaching with an ESE teacher in a blended Head Start classroom. She had a bachelor's degree in Early Childhood Education. Prior to her time at Head Start, she owned a family childcare center that provided care to children with disabilities. She reported that working with parents to support their child's learning was one of her favorite parts of owning the childcare. Her childcare center worked with the Early Learning Coalition to complete developmental screenings and refer children suspected of having disabilities for further evaluation.

Antecedent events/factors. Faye reported that her interest in working with children with disabilities began when her family realized her grandson had autism. She shared:

> I didn't think I would have an interest; I had a heart but not an interest. I have a grandson, an autistic grandson and that really piqued my curiosity…so it is through him that I got the interest of really learning about inclusion and really making that a passion of focusing on how inclusion fit

> into the world that I had to figure out how (child name) was going to fit into our pattern.

She shared that her grandson received early intervention. At first she thought it was a "pain" to work with outside professionals and she said she initially had little trust in them. She said her reluctance decreased once she learned how to work with her grandson and she began to see many positive changes in him. Over time she developed strong relationships with early intervention professionals.

Critical incident. Faye reported her most powerful experience involved a three-year old child with autism that was in her classroom during the present school year. He was the most challenging child in her class. The child was physically aggressive to teachers and peers (e.g., biting, kicking, pushing) and was unable to sit still long enough to participate in classroom activities. She shared, "His behavior was very overwhelming. He would sit on the rug and within a minute he was jumping and bouncing and flipping and hitting kids and pushing kids." In addition, the child only knew a few words to communicate and was not toilet trained. She and the ESE teacher began communicating with the ESE department for support. She describes some of the strategies they adopted:

> We started using the PECS and we started using a lot of pictures with him when we talk to him. We used short one word. We would put markers down to give him boundaries like we put yellow tape or a star or something to give him boundaries. If we wanted him to line up, he was always the leader first. First one in line and we gave him the yellow piece of tape down at the door so he'll know where to stop. We just started really tailoring things to him. If we wanted him to start on the computer, we made sure we were there with him. We paired with him a lot. Our high functioning child that we had in the classroom, she paired with him during center time so if there was a puzzle we made sure and put (child's name) next to her and those things started working.

After several months, the child made significant progress. Faye stated:

> He is doing wonderful now. He is very independent, verbal, talking, not in Pampers, goes to the restroom independently. He wasn't doing that. Self-sufficient, he takes care of himself. He goes to the restroom and pulls up his clothes. Opens his milk. He wasn't doing any of that. Very independent, maneuvers around the classroom, can choose his center, go to his center, function at that center fine.

Faye attributed his progress to having peers as role models and to teacher modeling and scaffolding. She also reported a close relationship with his mother. Through her interactions with his mother, she improved her own practice in relating to parents and communicating positive information about the child. She shared:

> During the biting incident she would just come in and almost hated to tell her. Because everyday she wanted to know how did he do. We sent home weekly reports to let her know how things we were working on at home and at first we found, we looked back at our notes and we thought wow, we were sending home he did this, and it was negative, and he did that, and it was negative. And we looked and we thought, wow. And I thought as a grandmother every time I saw that I would feel defeated. So we had to change our way of doing things so we started sending home things that he was doing in the classroom, work that he had done, a picture we had done. We made sure that he had something to take home to show mom.

Through the experience, Faye learned the value of communicating positive things about the child to his parent. She additionally said she realized it was important to help parents feel as though they are on the same team. She said:

> And the biting, I remember the first time he bit me she came in and she cried and she said to me, 'I just want him to be good' and that still bothered me but just touched me that was just so, she wanted him to be okay, she wanted him to be normal. She said I just want him to be normal. So she was very supportive and still is. She calls us everyday. She called us this morning as a matter of fact and she asks how he is doing, very supportive family. He has a lot of support.

She shared that she wanted parents to feel that she cares about what is happening to the parent and child so they feel supported rather than defeated.

Faye also attributed the child's progress to having an excellent team. As a blended classroom, they were staffed with four adults. She shared:

> I think being my first year in the blended classroom, it was wonderful to have the team that we have together. I couldn't imagine doing it by myself though and not having support. I am really blessed to have support the first time I experienced the blended classroom in Head Start and I think that is why it has been such a positive thing for me.

Since her ESE co-teacher was a first year teacher, she also reported they sought out additional support from the ESE department and from the Head Start Disabilities Coordinator.

Personal outcomes. Faye reported that the experience solidified her desire to work in an inclusive classroom. She did not initially volunteer for a blended classroom, she was assigned by administration. She stated, "At the beginning I thought, oh no, oh no, oh no. But watching from the beginning and seeing the progress I know that okay, I do want to do this. It made me really look inside myself and know this is what I want to do." She additionally improved her communication with parents.

Outcomes for others. As described previously, the child in the critical incident made tremendous growth. He learned to communicate verbally, perform self-care skills independently (e.g., use bathroom and open milk) and participate in classroom activities and routines independently. He also developed relationships with peers and showed more affection towards adults and children. The child's mother and teacher developed a strong relationship and they communicated often about his progress and how to best support the child across home and school.

Gina

Gina had an Associate in Science Degree in Early Childhood Development and had worked for the district school board for 20 years, 15 of them for Head Start. Although she had worked for Head Start for a significant amount of time, Gina reported that she was felt it was difficult to stay current with regard to the regulations and

requirements mandated by the Head Start program. While she was not specific as to which requirements were burdensome, she seemed to have mixed feelings about the Head Start program. She was currently working toward her bachelor's degree. She shared that she had always worked with children with special needs throughout her career. She reported that she was motivated by the growth she sees in the children over the course of the year.

Antecedent events/factors. This was the second school year that Gina had taught in a blended classroom with a fulltime ESE teacher and two assistants. She reported that she found the additional personnel in the classroom important because "sometimes children with disabilities, they have behavior problems and to just try to help them meet their IEP goals, we needed more staff to implement what they needed to learn." She also reported it was important for children with disabilities to have role models.

Critical incident. Gina reported that the current school year was an excellent experience overall, because of the ratio of four adults to fifteen children. Of their fifteen children, eight had IEPs. Her critical incident occurred during the current school year and was especially rewarding because the child involved made significant progress. She reported that she had heard from the child's teacher the previous year that his behavior was very challenging and that the only activity they were able to engage him in was doing puzzles. At the beginning of the present school year she reported, "he would kick, you know because he sits right in front of the teacher he would kick us. He would do outbursts at his peers, kind of be a loner and not participate in play activities with his friends." She stated that she approached his mother and asked her to come in and

watch his behavior in the classroom and see the activities and see “how he was just not involved and he didn’t want to participate.” She stated that:

> We had to tell the mom that he needs to go to his pediatrician and we asked that she get the Connors form from her pediatrician which she did, she followed through on that and she took him to the pediatrician and he has now been diagnosed with ADHD and he is taking medication and it is just a big change from last year.

Since taking medication, she reported his behavior has improved. She attributes his improvement to the medication, having peers as role models, and her setting high academic and behavior expectations for all children. Gina reported they are now focusing on pre-academic skills such as naming colors and writing his name.

Personal outcomes. Gina reported that the major outcome for her was a sense of accomplishment gained from seeing such a large improvement in the child from the beginning of the school year to the present.

Outcomes for others. The outcome for the child in the incident was improved behavior and classroom participation. Gina reported he continued to struggle with pre-academic goals. She additionally reported that his mother was pleased with his progress.

Hazel

Hazel began her career in a private preschool where she worked for five years with infants through children age four. She had been working as a Head Start teacher for the past 10 years. She spent the majority of those years in a 3-year-old classroom. She began her career in Head Start at the recommendation of her Aunt who worked with the program for many years and is now retired. Hazel reported she planned to continue working for Head Start, hoping to transfer to an office position eventually. She

was currently working on her bachelor's degree in Early Childhood Education in order to meet Head Start requirements.

Hazel reported that she believed inclusion was important in helping children get ready for kindergarten and in meeting the needs of all children. She also reported that she thought inclusion might not be appropriate for all children, depending on the severity of needs of the child. She shared that her earliest experience working with children with disabilities was babysitting a child with special needs when she herself was a child.

Antecedent events/factors. Hazel was teaching a three-year-old classroom with one assistant. She had two children with IEPs in her class and one who was in the process of being evaluated.

Critical incident. Hazel shared an experience that occurred during the present school year. She reported that in November she began a referral for an evaluation for a child because she and the child's mother had concerns about his speech and communication. The child was recently found eligible for ESE services. After the child was found eligible for ESE, she reported that an ESE teacher wrote out the IEP and wrote goals for her to work on. She shared that she worked with him regularly on his pre-academic and communication goals and thought it was positive that he made progress. She reported that through organization and planning she was able to find time to work with him on his goals. She found it frustrating that the referral, evaluation, and eligibility process had taken so long; she particularly disliked that the timing was out of her control.

Personal outcomes. Hazel reported that it was positive for her to see the child make progress.

Outcomes for others. Hazel reported that the child had made some progress in his speech and communication, but his progress in acquiring pre-academic skills and knowledge was slow.

Summary

This chapter summarized participants' reported critical incidents with inclusion. A brief background of each participant was provided, followed by description of antecedents, the actual incident, and outcomes for participant and others. While participants' backgrounds were diverse, all reported working or caring for a child or children with disabilities in some context prior to the critical incident they selected. In addition, all expressed positive attitudes toward inclusion. Another similarity was that all participants chose experiences they viewed as positive overall. All participants reported they were motivated by the growth they witnessed in the Head Start Children in their care. Of the four participants that worked in blended classrooms, all mentioned how much they valued the opportunity during their interviews. The next chapter will describe the factors the contributed to effectiveness or ineffectiveness of the inclusive experience.

Table 3-1. Summary of Participant's Critical Incidents

Participant	Antecedents	Incident	Outcomes
Anne	• First year Head Start teacher • First year working with classroom of all three-year olds	• Child with significant needs was placed in her classroom without notice or planning • Worked with family and aide to support child's independence	• Found experience challenging, but positive • Child made growth in her classroom but was transferred to self-contained setting
Beverly*	• Caretaker to family members with special needs	• Father of child without a disability wanted to remove his child from the class and doubted her ability to teach	• Strengthened personal resolve • Developed positive relationship with father • Child made growth, as did other children in classroom
Charlotte*	• Had not worked with a child with an IEP • Paired with ESE teacher she respected and admired	• Child had an IEP and significant learning needs. She worked closely with the ESE teacher next door to plan and meet his needs	• Strengthened commitment to inclusion • Reported positive outcomes for child with disability, his family, and for peers
Diane	• First year in Head Start (previous teaching experience out of state)	• Used IEP and assistant to help with planning and support child in classroom activities	• Strengthened her resolve to stay as a Head Start teacher • Child made growth
Evelyn	• Had worked with 6 or 7 children with IEPs as a Head Start teacher	• Child with an IEP only spoke Spanish and she felt insecure about her ability to meet his needs	• Increased confidence • Child made significant growth

Table 3-1. Continued

Participant	Antecedents	Incident	Outcomes
Faye*	• Grandson was diagnosed with Autism	• Child with autism demonstrated challenging behaviors • Collaborated to put interventions and supports in place	• Solidified desire to stay in blended classroom • Child made significant growth • Developed positive relationship with mother
Gina*	• Second year in blended classroom	• Child had low rates of engagement and high levels of challenging behaviors • Teacher invited mother to classroom and recommended she speak to her pediatrician	• Child was treated for ADHD and his behavior improved • Had sense of personal accomplishment
Hazel	• Teacher in three-year-old classroom	• At the beginning of the year, Hazel and a parent referred a child for an evaluation • Child as found eligible for ESE services • Teacher implemented IEP	• Child made gains in speech and communication; progress in acquiring pre-academic skills was slow

*Indicates teacher had a blended classroom during the 2011-2012 school year.

CHAPTER 4
SUPPORTS AND BARRIERS

Factors that Contributed to Effectiveness

The second guiding research question for this study addressed factors that contributed to the effectiveness or ineffectiveness of inclusion. Factors that contributed to the effectiveness of inclusion will be referred to as "supports." Specifically, supports are factors reported by teachers that can reasonably be expected to have a positive impact on achieving the general aims of inclusion. Conversely, factors that contributed to ineffectiveness will be referred to as "barriers." Barriers are factors reported by teachers that can reasonably be expected to have a negative impact on achieving the general aims of inclusion. The primary supports that emerged as categories from the critical incident interviews included: (1) use of classroom strategies and approaches, (2) structural supports, (3) access to peers, (4) practitioner variables, (5) relationships, (6) collaboration, and (7) supportive parent/caregiver behaviors (see Figure 3-1). Supports will be discussed first and barriers will be discussed in a subsequent section.

Use of Classroom Strategies and Approaches

This category refers to classroom approaches and strategies described by teachers as supportive of child growth and development or to the general aims of inclusion more broadly. Within this category, several subcategories were identified: (1) individualization, (2) anecdotal notes, (3) creation of a positive climate, and (4) use of a behavior management system.

Individualization. Six teachers mentioned the importance of individualized instruction, strategies, or supports that helped children participate in classroom activities. Several teachers reported that "one on one" activities delivered by a teacher

or aide helped the child make growth. Charlotte shared, “I think it made a huge difference for him to be able to have that one on one. First of all I think it empowered him because he realized, wow they think I’m important and two…the repetition was greater.”

Three teachers mentioned how important it had been for them to identify and build on child interests in order to begin to engage the child in classroom activities. This included finding materials and activities that interested the child. While individualizing was reported by some participants as time-consuming or difficult depending on the availability of time for planning or the ratio of adults to children, other participants saw the value the of planning to meet individual students needs and implementing individualized instruction. For example, Faye shared, “When we started putting things in place and individualizing for him in the classroom then he started responding and we thought, wow, wow.” Participants valued this practice in supporting student growth and valued having the time and human resources to make it possible.

Anecdotal notes. Three teachers mentioned using anecdotal notes to record student progress. Diane shared, “I’ll jot down notes, and I’ll take down little tidbits of information on where she is and what I am working on.” These teachers shared that these notes helped them in planning for future activities.

Positive climate. Three teachers mentioned the importance of a positive climate in making their classroom an effective inclusive environment, acknowledging the role that adults lay in setting the tone and climate for the classroom. A positive climate could be seen in how adults treat one another, how adults treat children, and how children treat one another.

Classroom behavior management system. Gina identified her classroom management system as an important support for the children in her classroom, particularly for the child with a disability who was the focus of her critical incident. Her system included frequent review of rules using behavior puppets, a stop light system for tracking child behavior, and stickers. Notably, this teacher also indicated challenging classroom behavior as a significant barrier for children in her class.

Structural Supports

This category was used when teachers referred to features of care and education that can be regulated. Subcategories of structural supports included: (1) a blended service model, (2) departmental support, (3) informational support, and (4) adequate planning time.

Blended service model. Four of the teachers interviewed worked in blended classrooms. As mentioned, the district's ESE Department and Head Start program had recently collaborated to form four co-teach classrooms that teachers referred to as blended classrooms. These classrooms were co-taught by an ESE teacher and Head Start teacher with an assistant from each program, for a total of four adults. Three of the teachers interviewed in this study were completing their first year within a blended classroom, while one participant was in her second year. Thus, for all participants it was a relatively new experience to be working in a blended model. Participants spoke positively about the model and stated that they believed it supported effective inclusive practices. Participants specifically expressed that they saw the benefit of the model in reducing the ratio of adults to children. Faye shared, "If you just have two [adults], I just can't imagine how you would be able to really troubleshoot a lot of stuff and really cater to individual needs as well with just two [adults] in the classroom."

The reduced ratio created opportunities to individualize and meet child goals. Faye explained:

> You are able to do individualization having four people in the classroom It makes it easier…We are really able to work on building up some areas for people to make them stronger to focus on some things. I just can't imagine how you would do it with two in the classroom.

Gina shared a similar sentiment; "It is just so much better with the four staff in here trying to help those students meet their IEP goals."

Beyond the benefits related to the ratio of adults to children, Participants expressed their appreciation for the support provided through the model because of the increased access to other professionals. Gina shared:

> I think being my first year being in the blended classroom, it was wonderful to have the team that we have together. I couldn't imagine doing it by myself though and not having support. I am really blessed to have support the first time I experienced the blended classroom in Head Start and I think that is why it has been such a positive thing for me.

While supportive relationships were mentioned elsewhere, this category was used when teachers expressed the benefits they saw directly from the blended classroom. While two of the four participants of co-teach classrooms chose critical incidents that preceded their experience in the blended classroom, all spoke of the model positively. For example, Charlotte reported her collaboration with an ESE teacher in her critical incident 15 years prior led to her willingness to be a teacher of a blended classroom. She said that because of her critical incident she knew the co-teach model would be an "awesome thing and that is why I had such a good positive attitude that this would be a good classroom, having the blended classroom." She saw the blended model as being able to offer the "best of both worlds" because it combined access to an ESE teacher

with access to the general education classroom. It seems notable that all participants spoke highly of the experience.

Departmental support. This subcategory referred to departmental support available from personnel in Head Start's various departments or within the ESE department. Participants reported accessing departmental support when they had questions. For example, Diane shared, "when I do have other questions there are two other people I can contact through Head Start Disabilities." Several participants mentioned that they were comfortable seeking out help from Head Start personnel in getting their needs met. Faye also said that to assist the focal child in her critical incident, she and the ESE teacher contacted the ESE department to obtain more information on implementing Picture Exchange Communication System (PECS).

Informational support. Another structural support reported by participants was informational support. Two teachers reported using the focal child's IEP as a source of informational support. The child's IEP was seen as a place to begin to understand a child's needs and goals. Diane reported she relied upon her focal child's IEP heavily when she first started with the Head Start program in order to understand the nature and severity of the child's disability and to obtain information on strategies to use with the child.

Adequate planning time. Two participants reported that having enough time to plan for instruction was an important support. Diane shared:

> This is probably one of the first times that I've had a significant amount of time to plan because once the students leave, anywhere between 1:45 and 2:00 I have until 3:15 to plan. I have an hour and fifteen minutes every day to plan, plus naptime if I want to. I can't go wrong with that.

She contrasted the time for planning available with the Head Start program with her previous experience in a daycare. In the daycare setting she had no time to plan when children were not present. Evelyn also mentioned that she appreciated the hour and fifteen minute planning block, and that she also sometimes stayed after school to work late because she did not have family obligations. While these two participants expressed the amount of planning time was a support, this was not consistent across participants as lack of time was mentioned as a barrier.

Access to Peers

This category was used when teachers mentioned interactions and relationships among peers as being supportive of children's growth and development. Within this category, participants reported that these relationships materialized in different ways and these were represented in three subcategories: peers as friends, peers as models, and peers as helpers.

Peers as friends. This subcategory was used when participants mentioned supportive friendships between the focal child and peers. The majority of participants interviewed identified the benefits of peer friendships for all children, including children with disabilities. Faye shared that the focal child in her critical incident, "has a lot of friends. He can call them by name. He can call them to enter into his play and before he would not do that. He will now invite them in to his play." Thus, having peer friendships provides a context for children to learn and practice important skills. She further shared, "He is hugging friends and friends are grabbing him and hugging him and that is something we have been seeing in the last three to four months, just the tender touches that we didn't see before and he will talk and be friends with them." Peer friendships

were also seen as motivating. Diane explained that peer relationships provided a context for learning opportunities that were:

> More fun, I guess you would say. Because it will be just them walking around the classroom, on the playground they'll grab hands and run around the playground and talk instead of sitting there, 'This is how we do this.' I think it is so much more beneficial to them because it is a more fun way to learn.

These friendships also provided a context for children without disabilities to learn about individual differences. Anne recalled how easily children accepted one another:

> I never had any that said anything. Like I had a new one that started and he kind of looked at him and said, 'What is wrong with his eye?' and so I told him that he was blind and he can't see out of that eye and that was all. There was never any teasing or any more questions than that, they just accepted him for who he was.

Thus peer friendships provided important opportunities for all children in participant's classrooms.

Peers as models. Participants also reported the benefits of having peers as positive models. Participants felt it was important for the children with disabilities to have opportunities to learn from peers. Diane shared:

> Besides hearing [appropriate communication] from teachers, she is able to hear the other children do it and I've always thought that there are certain situations where children learning from children is very influential on them. It is very powerful with them. So I think that was a good help.

Beverly said, "The children were learning from one another, and they learned better and they learned faster from one another. So the things we were trying to teach them they learned from other children." Thus these opportunities were seen as being as important, and sometimes even more important, than learning opportunities provided by adults.

Participants also shared their observations of how children with disabilities learned specific skills from watching, then imitating peers. Evelyn shared:

> He was ready to watch and he didn't always just dive into what they were doing, like I said. He modeled the children and would sit at the table and he would just kind of look around for a few minutes and realize what they were doing in the small group and then he would begin to do his activity or his writing or whatever they were doing at the time.

Beverly similarly explained:

> She learned to put things away, when before she would just walk off and leave them. She had other kids her own age to model it for her. She would watch what they do, and she started picking up and cleaning up and putting things away. She was doing it so well.

Participants also mentioned intentionally pairing children with disabilities with more capable peers. These opportunities were highly valued by participants in supporting children's participation and engagement.

Peers as helpers. This subcategory was used when teachers mentioned peers playing a helper role to a child with a disability. Gina described how children in her class helped a child with a disability as follows:

> They were all very careful with her, no one screamed at her. They were very protective of her and that is what made it work so well in the classroom. They all started being involved and if they saw her twitching, they would raise their hand, 'she needs to go to the restroom!' They would tell me and so we had a lot of helpers in the classroom with that and I thought that was really good.

Evelyn explained that in her classroom,

> They accepted him, they helped him and they even watched the aide and they would try what we did. We would have him speak slower so he could repeat and we would give him a lot of time to express himself because we didn't want him to feel rushed in trying to figure out the words he was trying to use and I think the other children picked up on it because a lot of times you would hear the other ones saying, 'It's okay slow down, I'm waiting." And they would try that.

Gina also shared that being able to help others had benefits to the children in the class that did not have disabilities. Other participants echoed this observation of the benefits to all children. For example, Faye shared that being a helper provided opportunities for children to learn to be “nurturing.”

Practitioner Variables

Participants reported personal variables that they believed impacted their effectiveness in implementing quality inclusive environments. This category contained two subcategories: teacher attitude and teacher personality.

Teacher attitude. Participants often mentioned that they felt their attitude helped them succeed in achieving the general aims of inclusion. This included their personal commitment to inclusion. For example, Diane said:

> I am very open to inclusion. I think it is very positive for those children to be able to experience whatever all the other kids get to experience. Being kind of, I wouldn’t say cast aside, but almost like secluded because they’re not what everybody considers normal. I am very much for [inclusion].

Other participants reported being “wholeheartedly” for inclusion because they could see how important the experience was for children. Also, seeing the growth in children was a reported motivator in persevering through challenges and in strengthening a commitment to inclusion and early childhood education.

Teacher personality. Teachers also attributed their success to characteristics of their own personality that they felt helped them succeed in achieving the general aims of inclusion. These attributes included being charming, patient, forgiving, and nurturing. Additionally, several teachers mentioned the importance of being easy-going and flexible.

Relationships

Participants reported relationships were important in supporting inclusion. These included: teacher-to-child relationships, assistant-to-child relationships, school staff-to-child relationships, and teacher-to-community relationships.

Teacher-to-child relationships. Three teachers mentioned that their relationship with the focal child in their incident helped to keep them motivated. For example, Diane shared, “we just kind of bonded right from the beginning” and that this relationship helped her move forward her work with the child. Teachers felt an emotional connection or bond was an important support for their work; one teacher stated that her focal child in her “heart and not in my head” helped her to stay motivated.

Assistant-to-child relationship. Anne reported that her assistant developed a close relationship with the focal child of her critical incident. She felt this helped support the child’s participation in her classroom.

School staff-to-child relationship. Anne also reported that she felt that the school as a whole was welcoming to the focal child of her critical incident. She shared, “Everybody here knew him and they would come and say hi to him and everything and even the teachers next door, janitors and everything would say hi to him. Very well liked.” It seemed that the positive attention toward the child from school staff helped her to feel supported.

Teacher-to-community relationships. Charlotte reported that she felt that the relationships she had built within her community helped to support her classroom practices. She shared that because she was known in the community, she was able to build trust in relationships with families more quickly.

Collaboration

This category was used when participants worked with others in pursuit of a shared goal. While relationships as discussed in the previous category are important to collaboration, this code was used when participants reported individuals or teams came together to work towards a mutually desired outcome that supported inclusion. Subcategories included: team collaboration, teacher-teacher collaboration, and teacher-assistant collaboration.

Team collaboration. Many participants described the importance of collaboration within their classroom teams and that teamwork was essential to their success. Collaboration took time to discuss and to reflect on how things were going in the classroom. Charlotte shared:

> We have a lot of meetings or sit-downs and say, 'how did this work, what did you think of this?' And I see even in the adults in our classroom, because there are four of us, I see a lot of growth there. And I really think it is a team effort. You have to say alright these might be our differences but these are things that we're alike so let's put these aside for right now and in the classroom just work on the things that are alike, that we all have the goal that we want the children to prosper and to learn and to become better by the time they leave us we want them to be the best they can be. So that is what it takes.

Team collaboration also required clear communication with a focus on a shared goal. Charlotte further stated:

> You have to be adult enough to say, if I do something that bothers you, please let me know. Don't let it fester. But let me know in a private setting and that works. And I think you have to be really upfront. I think you really have to have that one goal and nobody's light is going to shine brighter than anybody else's. And you don't make your light brighter by putting anybody else's out. You work together for the good of the children.

Teamwork included helping one another if someone was having an off day. Beverly explained, "We give and take. Teamwork. We had to, because we are not going

to be feeling good everyday so we had to have each other's back and be there for one another." While support on an off day was one piece, it was also important that in general everyone contributed to the shared goal. Gina explains, "Everybody has to pitch in. Everyone has to do something. If you didn't, if you say, 'no, I did it this time, no' then it won't work. Because everybody has to pitch in and be a part of it and that is what makes it successful because we work together as a team." Working together toward a shared goal with clear communication was important to many of the participants.

Teacher-teacher collaboration. Two participants referenced collaborating with their ESE co-teacher to develop or implement IEPs. These participants reported working together and sharing information and ideas in order to develop goals. Gina explained, "The [co-teacher] and I, we work together to help develop the IEP. She talks to me and she'll say, 'Does this sound like something we need to work on?' So she and I work together." Charlotte shared that she was grateful for the opportunity to collaborate with the ESE co-teacher because, "she did not make me feel like, 'oh you don't know what you are doing.' She didn't do that at all. She made me feel like, okay, we are in this together." Both of these participants reported that collaboration was helpful in planning.

Teacher-assistant collaboration. One teacher reported that collaboration with her assistant helped to support effective classroom practices. Diane shared:

> I work with the assistant and we bounce ideas back and forth off each other about how we can work with each student. If we are doing a lesson and we see that two or three students are not understanding the concept we will bounce ideas off each other say at center time or if it happens later in the day it will be after the children leave and we will plan. We'll come up with different ways of engaging those students and having them get the concepts down.

She believed this collaborative relationship helped her to plan more effectively for all students.

Supportive Parent/Caregiver Behaviors

Participants reported that parents and caregivers also supported their child's growth and development and the aims of inclusion more broadly. Within this category, subcategories included: teacher-family relationship and in-classroom support.

Teacher-family relationship. Many of the participants spoke about the importance of their relationships with families. Participants valued having parents and caregivers very involved in the classrooms. Beverly explained,

> I want that closeness, I want connections with parents. I'm able to relate to parents, I want to share experiences with parents. I want to give the parents the opportunity to be involved. Look, come look, not from the outside, from the inside. Come inside and be involved and you will see what is going on.

Through this involvement, participants reported they felt they were able to support child growth. One quality that participants valued was open communication. Participants reported that having open communication with parents helped them be more effective with the focal child in the classroom. Anne explained:

> She (the parent) was always really open about things, like events that happened at home. Like I just want you to know that he is really tired because he and his daddy had breakfast at like 4:00 this morning because he woke up and was hungry, so just little things like that, she was very open.

This communication helped her to support the child in the classroom, but she also reported that they had a continuing dialog about the child's progress, which she also reported to be helpful. She stated:

> I mean I really enjoyed how open his mom and grandma were about his progress. Like anything he did that day I would feel completely comfortable just saying, 'you know he did this today, and this was really funny.' So that

was really helpful to have that kind of relationship to share things like that. To share what he was challenged with that day.

Several participants saw a relationship with families as a context to provide information to parents and to let them know about classroom expectations. Shared expectations among teachers and parents were valued. Gina explained the importance of parent support, “The parent has to be on board for what we expect from the kids. Now our expectations are higher so we want the parents to be on the same page as we are so we can have higher expectations. The parents have to be a support.” Strong relationships with parents were important to participants.

In-classroom support. Two participants reported that their relationships with parents involved having parents in the Head Start classroom to help support their children. Anne shared that the grandparent of her focal child came in and stayed in the classroom for the first two weeks in order to help him make the transition since it was his first time in school. Beverly reported that the parent of her focal child was a regular volunteer in the classroom and that he became an advocate for the classroom and helping other parents get involved. Both participants perceived these actions as helpful.

Factors that Contributed to Ineffectiveness

The second research question that guided this study also involved examining factors that contributed to ineffectiveness of the incident with inclusion from the perspective of participants. Factors that contributed to ineffectiveness were referred to as barriers. Barriers are factors reported by teachers that can reasonably be expected to have a negative impact on achieving the general aims of inclusion. The primary barriers reported included: (1) challenging behavior, (2) unsupportive parent behaviors, (3) inadequate structural supports, and (4) practitioner variables (see Figure 3-2).

Challenging Behavior

Participants reported that different forms of challenging behavior made inclusion difficult. This included challenging behavior exhibited by a child with a disability, and challenging behavior from a group of children.

Challenging child behavior. Three participants reported challenging behavior exhibited by a child with a disability made classroom instruction difficult. The behaviors they found challenging were physical aggression (hitting, kicking, biting) and being unable to sit long enough to participate in activities.

Challenging group behavior. For some participants, difficulties with behavior included the challenge of managing several children in the class. Gina explained her frustration:

> When you've got more than one or two just not complying with what we've asked them, and sometimes we many need an extra hand if one starts falling out on the floor crying and screaming. It is hard to teach and try to maintain the focus of the rest of the kids if someone is kicking and screaming over here and someone starts over here, and it's just hard to try to keep going with the rest of the kids when one is falling out and not listening. I want everybody to listen and get it. I find that to be sometimes frustrating with me. I have to stop and keep trying to do discipline when I don't want to do that. I want to teach the lesson but it is kind of hard to ignore an inappropriate behavior when you are trying to teach the lesson.

Beverly similarly explained that on some days, the behavior of one child could instigate negative behaviors in several children. She said:

> There were some times that you may get a day when a child might just come in with not feeling good and that child may trip up another child and there were some times that we would really have like three or four that were acting out and we would have to redirect things and cut some things out and stop what we were doing to brainstorm and bring back to rug and go over our feelings and emotions and how we feel today so we could calm everybody down.

Participants reported managing challenging behavior took an emotional toll and could be exhausting. Gina further shared, “It is tough. I mean, everybody compliments us but it is not easy. Like today was not an easy day at all. I mean, no days are easy but today was hard because we had more than one child just not wanting to comply.” Thus, some participants saw challenging behavior as a barrier to effective practice.

Unsupportive Parent/Caregiver Behaviors

Participants reported behaviors by parents and caregivers that they perceived to be barriers. These included lack of involvement and communication. Teachers valued parent and caregiver involvement in classroom activities, and predictably, when involvement was absent, it was seen as a barrier. Participants also saw it as a barrier when parents were not involved in their children’s lives in general. Gina also encountered an initial barrier when a parent reported he did not want his child to in a classroom with children with disabilities.

Inadequate Structural Supports

Participants reported barriers related to structural supports such as: the amount of professional/specialist support, time for planning, the ratio of adults to children, and informational support.

Limited access to specialists. With regard to lack of professional/specialist support, participants reported that their interactions with the speech language pathologist were brief and infrequent, and that increased communication with specialists would be helpful.

Limited time for planning. Limited time for planning was also a barrier for some participants. Some participants reported that paperwork and testing took were time-consuming and took away from their ability to work with children. For example, Gina

stated, “I like to go and work with a child and see where they are learning and where they might need some more growth, but just sitting down and doing testing and paperwork, I prefer not to do that…It takes up a good bit of time.” It should be noted that some participants reported adequate time for planning and that they did not find the paperwork and testing to be overwhelming. Perception varied across participants.

Inadequate ratio. Anne reported additional personnel would be useful in helping her to get everything in the class done (e.g., getting lunches ready) and provide the support needed to engage all children.

Lack of informational support. Anne reported a major barrier encountered was lack of informational support. This included lack of information to plan for the child’s needs as well as for the transition into her classroom. She explained, “Actually, I was thinking about this at night, I totally whole-heartedly agree with inclusion, but having him start in my classroom with no prior warning, I guess would be the word, was very difficult. Like I totally believe in inclusion, but I just feel that teachers should be prepared.” She felt she was not prepared to meet his needs and that she should have been given some advance warning and assistance in planning. She also felt that she would have liked more information about his abilities and needs because she felt that she did not have a full understanding his abilities.

Lack of Experience

Anne reflected that her own paucity of experience might have impacted her effectiveness as it was her first year in Head Start and as a fulltime lead teacher. She reported feeling overwhelmed by being new to the Head Start program and new to meeting the focal child’s needs. However, she felt that while she her inexperience was initially a barrier that the incident turned out positively. Interestingly, when asked about

whether she felt coursework or professional development could have better prepared her, she said that she felt she needed experience, not knowledge. She shared:

> I don't really think classes can prepare you. I think it is one of those things that you have to experience. [Classes] give you the laws and background and the things to kind of know where you are at, but as for the actual experience I don't think it prepares you. I just don't think you can be prepared until (pauses) and then every child is different.

It seems that for this participant, she felt that her lack of experience was initially a barrier, but that it was important in preparing her to be more effective in the future.

Summary

This chapter described the factors related to participants' critical incidents that contributed to effectiveness (i.e., supports) or ineffectiveness (i.e., barriers). Supports are factors reported by teachers that can reasonably be expected to have a positive impact on achieving the general aims of inclusion. Conversely, barriers are factors reported by teachers that can reasonably be expected to have a negative impact on achieving the general aims of inclusion. The primary supports that emerged as categories from the critical incident interviews included: (1) use of classroom strategies and approaches, (2) structural supports, (3) access to peers, (4) practitioner variables, (5) relationships, (6) collaboration, and (7) supportive parent/caregiver behaviors (see Figure 3-1). The primary barriers reported included: (1) challenging behavior, (2) unsupportive parent behaviors, (3) inadequate structural supports, and (4) practitioner variables (see Figure 3-2).

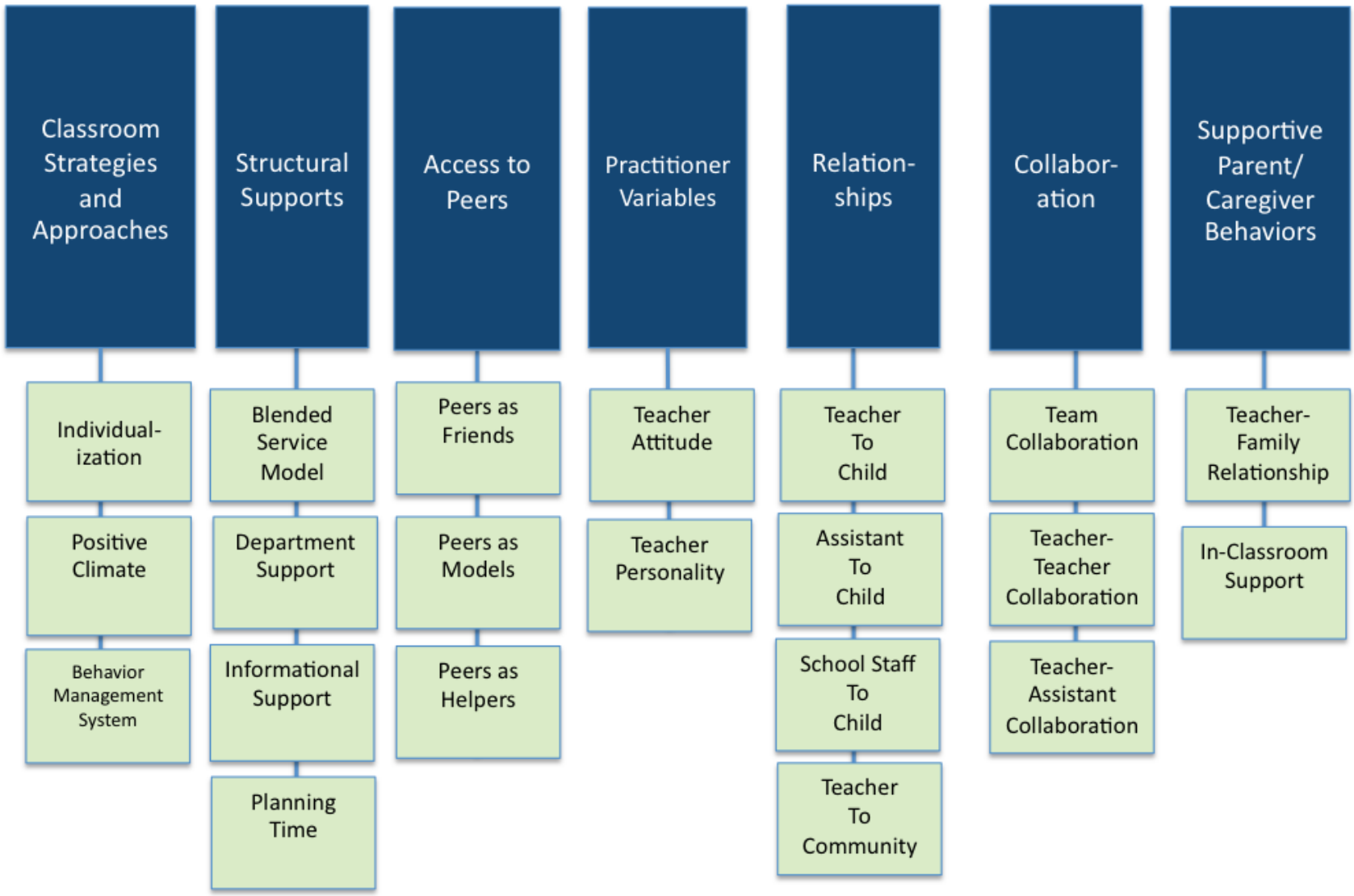

Figure 4-1. Supports for inclusion identified by participants.

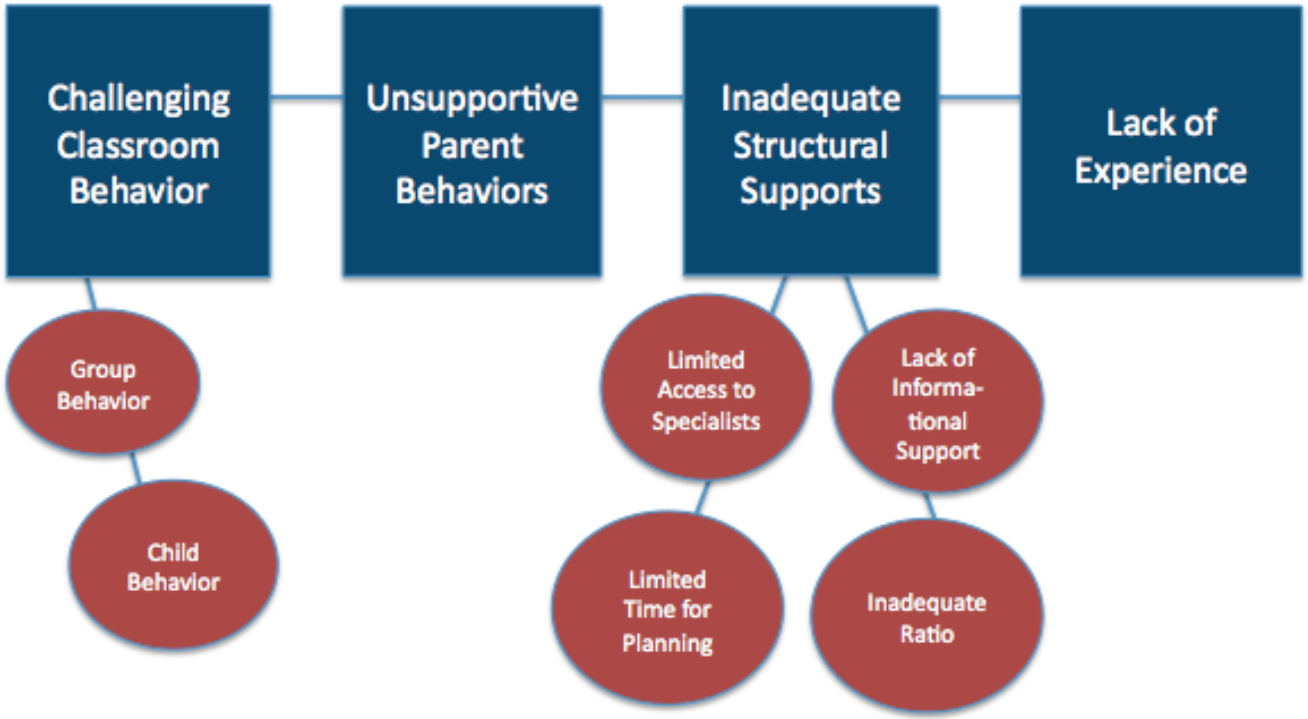

Figure 4-2. Barriers to inclusion reported by participants

CHAPTER 5
DISCUSSION

Summary

This study investigated Head Start teachers' critical incidents with inclusion. Philosophical, legal, and empirical evidence all undergird inclusion and associated practices. Inclusion involves providing all children access to educational opportunities within their schools and communities and extends to all children regardless of ability (CEC, 2006). The Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) developed a shared definition and vision for inclusion and the National Head Start Association additionally endorsed this statement, defined as follows:

> Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society (DEC/NAEYC, 2009, p. 2).

The position statement further explicates that the desired results of inclusion are to encourage a "sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential (DEC/NAEYC, 2009, p. 2). The position statement further specifies that the defining features of high quality early childhood programs and services include access, participation, and supports. Because this description was developed and endorsed by two major professional organizations concerned with early education and care, it was used as a foundation for understanding the desired outcomes in this study.

Head Start was chosen as the context for this study because it represents an important context for many young children with disabilities to receive services alongside

typically developing peers. Head Start data indicate that over 12% of the approximately 1 million children served by the program have an identified disability (Brekken & Corso, 2009). Despite a commitment to serving children with disabilities, research indicates programs and practitioners face challenges in implementation and provision of quality services (Hurley & Horn, 2010).

Researchers have investigated the values, attitudes and beliefs of teachers who work in inclusive settings (Odom, 2004) as well as practitioners' perceived barriers and facilitators to inclusive practice in order to improve professional preparation and practice (Pajares, 1992). The majority of previous studies employed surveys or questionnaires to capture participant beliefs about inclusion. However, few studies have examined practitioner's actual lived experiences with inclusion. This study used the critical incident technique (CIT) to capture experiences teachers found critical to their understanding and beliefs about inclusion. It further explored the characteristics and qualities of those experiences that functioned as supports or barriers to inclusive practice. Eight Head Start teachers with experience with inclusion were interviewed across 3 sessions (one session was a member check) to identify and describe participant's critical incidents with inclusion.

The first research question in this study involved describing participant's critical incidents with inclusion as reported in Chapter 3. Notably, all participants in the present study chose critical incidents that they viewed as positive experiences. Additionally, participants perceived that there were favorable outcomes for the child with a disability, his or her peers, parents and caregivers, teaching assistants, other school staff, as well as for the participant's themselves. This may have been a result of sampling

procedures, as teachers with negative experiences with inclusion might have been less likely to elect to participate in the study.

Analysis of the second research question identified barriers and supports that contributed to the effectiveness or ineffectiveness of inclusion from the perspective of participants. The factors that emerged as supportive of inclusion included: (1) use of classroom strategies and approaches, (2) structural supports, (3) child relationships with peers, (4) practitioner variables, (5) relationships with adults, (6) collaboration with adults, and (7) supportive parent/caregiver behaviors. The primary barriers that emerged as categories included: (1) challenging behavior, (2) unsupportive parent behaviors, (3) inadequate structural supports, and (4) lack of experience. The rest of this chapter will address implications of participants' critical incidents as they relate to support for inclusion, identified barriers and supports, limitations of the study, and implications for research and practice.

Critical Incidents and Support for Inclusion

In describing the incidents that shaped their perspectives on inclusion, all participants reported generally favorable attitudes toward inclusion. For example, Charlotte shared:

> I think inclusion is a very positive thing. I think that our children with differing abilities need positive role models. I also think that our attitude toward the children, all of the children, helps them have a better attitude toward each other. When you have that teamwork, everybody helping each other, I think it is a real positive thing.

Previous research indicated that the majority of early childhood teachers support inclusion (Bruns & Mogharreban, 2007; Rafferty & Griffin, 2005; Rheams & Bain, 2009). However, not all studies reported universal support (Bennett, Deluca, & Bruns, 1997; Eiserman, 1995). While teachers in this study were supportive of inclusion, they varied

in their comfort and willingness to discuss their own philosophy of inclusion. Some were enthusiastic about an opportunity to share their views and communicated well-developed ideas, while others seemed unsure how to describe their own feelings, beliefs, or philosophy and preferred to discuss more practical aspects of their work. Their responses seemed to reflect differences in amount of time they had spent thinking about inclusion as a philosophy as well as their interest in the topic. Because enrollment of children with disabilities is mandated by federal Head Start standards, teachers in this study were not free to make a choice to include children with disabilities in their classrooms as may be the case in private community settings. Participants' generally positive feelings toward inclusion may indicate higher levels of support than in previous studies, or may simply reflect their familiarity with Head Start's expectation that children with disabilities be included in Head Start classrooms.

Head Start's requirements related to inclusion may help explain why teacher's critical incidents focused on day-to-day practices rather than a commitment to the ideal of inclusion. For example, one first year Head Start teacher shared, "[At first] I thought oh yeah, it's inclusion, it's just what we do and now I agree with it because I experienced it." For this particular teacher, the critical incident had an effect on her personal understanding of inclusion, moving her from a superficial acceptance of inclusion to a deeper level of support. However, her desire to teach children with disabilities did not arrive because of a personal commitment, but rather out of necessity.

While all teachers expressed general support for inclusion, it should be noted that support for inclusion was not specifically addressed as a research question, but rather emerged authentically, sometimes spontaneously, in discussions with

participants. The protocol asked participants to share an incident with inclusion that was significant in shaping their perspectives and to describe their personal outcomes related to the incident. Participants varied in their interest in discussing how the incident impacted their personal philosophy on inclusion and many discussed practical outcomes. In general, participants were motivated by the growth they witnessed in the children in their care and shared the practical elements of their critical incident that they believed helped the child grow.

Previous studies have indicated that teacher endorsement of inclusion is influenced by the nature and severity of a child's disability status (Buysse, Wesley, Keyes, & Bailey, 1996; Eisermen et al.,1995; Gemmell-Crosby & Hanzlik, 1994; Huang & Diamond, 2009; Rafferty & Griffin, 2005) and there was mention of conditional support by three teachers in this study. Two participants reported conditional support depending on the severity of the needs of the child. For example, Anne stated, "I know that in some cases, inclusion doesn't exactly help, but in most cases [it does help], if the child is not severely disabled where they can't learn." Hazel shared, "Inclusion can be both, positive or negative, depending on the needs of the child." Diane reported conditional support depending on the skills and approach of the teacher. She recalled an incident in her previous job where she saw a child with a disability being excluded and mistreated by the lead teacher. She shared, "It made me feel not for inclusion there because I felt bad for the student." It seems this view might be less about a concern for inclusion as a philosophy and more related to a concern for the welfare of children with disabilities when placed in the hands of ineffective teachers. It should be noted that conditional support was not associated with any teacher's critical incident but emerged during

conversations that were designed to gather information about a teacher's background and previous experiences.

Consistent with previous literature (e.g., Devore & Hanley-Maxwell, 2000) several participants described specific experiences that may have set the stage for supportive attitudes toward inclusion. Two participants reported having a family member with a disability, and three reported working with children with disabilities in community childcare settings prior to their tenure with Head Start. Previous studies indicated that teachers with strong professional commitments to inclusion reported personal experiences with inclusion that strengthened their commitments (Devore & Hanley-Maxwell, 2000; Leatherman, 2007) and this observation was consistent with participant reports in the present study. In addition, all participants had experiences with children with disabilities, either personal or professional, that preceded their critical incident, and previous research (i.e., Bennett et al., 1997) suggests that it is likely they had higher levels of relative confidence than teachers with less experience or teachers with a history of negative experiences.

Despite the likelihood that participants were relatively confident in their ability to work with children with disabilities, three teachers described their critical incidents as one in which they initially lacked confidence in their ability to succeed. For these teachers, the incident was significant, at least in part, because they overcame their lack of confidence and ultimately experienced success, which in turn strengthened their support of inclusion. It likely follows that the positive experience increased their confidence in their ability to succeed in the future (Bennett et al., 1997; Gemmell-Crosby & Hanzlik, 1994). Beverly explained that at the onset of the incident, "It made me feel-

Oh, am I in the right field? Am I doing the right thing?" However, despite initial self-doubt, she persevered and reported the incident turned out well for all involved. Similarly, Faye shared, "The ESE teacher and I look back now and think, do you remember the first month of school, we thought we were going to quit…but we started putting things in place…and he started responding and we thought, wow, wow." , Thus the initial challenge made success all the more encouraging. Current findings seem to support previous research that while confidence and a positive attitude toward inclusion might contribute to positive experiences, this effect is likely bidirectional in that positive experiences likely also contribute to positive attitudes and enhanced confidence.

It is also interesting to consider how a participant's stated beliefs or philosophy related to inclusion matches with her behaviors in the critical incident. For example, Anne shared that she was "wholeheartedly" for inclusion, but at the end of her incident, the focal child was transferred out of Head Start to a self-contained setting. This outcome occurred at the consensus of the child's IEP team, which determined that his needs were significant enough to warrant transfer to a self-contained preschool classroom that was run through the school district's Exceptional Student Education (ESE) program and was not affiliated with Head Start. This decision was made despite the fact that Anne perceived that the focal child had made progress in her classroom across developmental domains. At the meeting the self-contained setting was presented as being the best place for the child because of the lower ratio and availability of specialized instruction and support. As a first year teacher, Anne agreed with the team consensus and during the critical incident interview she did not seem to perceive that there was any conflict between her beliefs on inclusion and the outcomes

of the incident. Anne may have felt that she fulfilled her role as a teacher by providing a positive experience for the child, while lacking conviction in inclusion as an ideal. Alternatively, she may have seen herself as a relatively powerless part of a hierarchical system.

Lieber and colleagues (1998) hypothesized that teachers define inclusion differently and act differently based on their definition. They found that although teachers often used similar language to describe inclusion, that they imbued these phrases with diverse meanings. Perhaps as a first year Head Start teacher whose beliefs and understandings of inclusion in Head Start were still developing, Anne incorporated the decision to move the child to specialized services into her framework for understanding inclusion in Head Start. Unfortunately, this may lead to a conclusion that only children with mild disabilities can be served in Head Start classrooms, which is inconsistent with a philosophy of early childhood inclusion and with Head Start's efforts to identify, recruit, and enroll children with disabilities.

Faye's selection of her critical incident was also interesting given her long tenure with Head Start. She had worked with children with disabilities in Head Start for over fifteen years and had taught children with diverse needs. She reported that she believed in inclusion because children with disabilities benefit from peer models and opportunities for peer relationships and friendships. Faye chose an incident during the current school year in which she prompted a parent to have a child evaluated for ADHD. It is interesting that out of her extensive history working with children with disabilities in Head Start, she chose an incident whose success she largely attributed to a child being put on medication. Faye was very positive about the blended model and may have

selected this incident because it was her greatest child success that occurred within the blended setting. Faye commented frequently during her interview that she had struggled in the past because of having too many children in her class to meet all of their needs adequately. Thus, Faye may have selected her incident less because of its personal relevance to her in shaping her beliefs on inclusion and more because she wanted to provide support for the blended model due to her pragmatic concerns. Faye was also a participant that was somewhat reluctant in discussing inclusion as a philosophy and preferred to discuss classroom practices.

Janko and Schwartz (1997) found in their interviews with professionals that the beliefs and behaviors of teachers related to inclusion were sometimes inconsistent with their stated philosophies. In addition, they found that the official policies of programs did not necessarily match the “unwritten rules” that governed services and placement (p. 6). The participants in the Janko and Schwartz (1997) study varied in their ability to perceive these inconsistencies, with some accepting inconsistencies as business as usual, others puzzling over how these barriers could be overcome, and still others who did not seem to recognize the inconsistencies at all. This variability in insight was also seen in participants’ responses in the present study, as stated beliefs did not always match behaviors in the critical incidents.

Supports and Barriers

Previous literature has explored the barriers and supports for inclusion through the ecological systems perspective (c.f. Brofenbrenner, 1979). Within this approach, researchers examined the inclusion of children with disabilities through analysis of the range of contextual factors that affect inclusive practices. Brofenbrenner posed that children’s development occurs in a context of nested systems that influence one

another. Central to this model is the biosystem of the child. Previous research on inclusion has examined the biosystem in terms of the nature and severity of child disability (Odom et al., 2004). Next are the microsystems, or immediate environments, in which the child directly participates (e.g., school, childcare, and family systems). The mesosystem refers to the relations between microsystems. The exosystem refers to the influences on the child or inclusive settings that indirectly influence the developing child (e.g., regulations or policies). The macrosystem is the broader social, political, and cultural forces that impact other levels of the system. Finally, the chronosystem refers to the changes in systems over time (Brofenbrenner, 2005; Odom et al., 2004). The majority of previous research has examined factors within inclusive preschool classrooms that represent important microsystem settings for young children with disabilities (Odom et al., 2004). This study also focused at the microsystem level, but used the Critical Incident Technique to examine lived experiences with inclusion.

Structural Variables

Previous literature has described structural and process variables that contribute to program quality (Huntsman, 2008). Structural supports are aspects of care and education that can be regulated, while process variables refer to what actually occurs in the classroom, such as the quality of the child-to-adult and child-to-child interactions, and children's engagement with activities and materials (Huntsman, 2008). Structural quality can set the stage for process quality. A primary research question in this study involved identifying factors that contributed to the effectiveness or ineffectiveness of inclusion. Analysis of the critical incidents reported by participants in this study yielded categories that participants felt were important and relate to structural and process variables that have been previously identified in the literature.

Individualized service model. One important structural support identified was the individualized service model. In a study of the ecological systems in which inclusion takes place, Odom and colleagues (1999) examined the forms of inclusion and found that they varied by organizational context and individualized service models. Organizational contexts included community childcare, public school contexts, dual enrollments and Head Start. Examination of the individualized service model yielded a "classification or clustering of approaches used to provide individualized services to young children with disabilities in inclusive settings" (Odom et al., 1999, p. 193). As mentioned, four of the teacher that participated in this study worked in "blended classrooms." This service delivery best fits with what Odom and colleagues describe as the Team Teaching Model, which is when:

> An early childhood teacher and a special education teacher both occupy teacher roles in the same classroom. They may collaborate in planning, jointly implement educational activities, and share classroom space. Related services are provided in the setting.

Four of the other teachers interviewed taught in settings that seem to be best described as an Early Childhood Teacher Model, which is when:

> An early childhood teacher assumes the primary responsibility for planning, implementing, and monitoring classroom activities for children with and without disabilities in his or her classroom with little contact with other special education or related service personnel.

Benefits of the blended model. Importantly, teachers who worked in the Team Teaching or Blended setting reported many benefits to the model. These benefits included: a lower child to adult ratio, which increased the opportunities for individualization and increased opportunity for collaboration and relationships with colleagues. Lower child to adult ratios have been associated with higher global quality scores, higher process quality, and better child outcomes (Huntsman, 2008).

Participants who worked in the blended setting reported it was important in supporting desired outcomes in their critical incident. The individualized service model is a feature that can be regulated, that is it can be determined by program policy but it also connects to process variables in that it sets the stage for better quality instruction and for development of meaningful and productive relationships among key stakeholders. Other structural supports that were identified included: departmental support, informational support, and planning time. These structural supports can all be determined by program policy and set the stage for higher quality experiences for children. Importantly, participants identified the absence or shortage of these pieces as barriers.

Process variables

Process variables refer to the child's experiences within the childcare or educational setting (La Paro, Sexton, & Snyder, 1998). For example, process quality may be reflected in the engagement of children in developmentally appropriate activities, responsive relationships between children and caregivers, and high quality instructional interactions. Process quality is measured by observing what actually occurs in the early childcare setting. Examples of measures that attempt to capture dimensions of process quality are the Classroom Assessment Scoring System (CLASS; La Paro & Pianta, 2003) and to some extent some items on the Early Childhood Environmental Rating Scale (ECERS; Harms, Clifford, & Cryer, 1998). Process quality is an important indicator of program quality and is positively related to children's social-emotional and cognitive outcomes (Huntsman, 2008).

Classroom strategies and approaches. A first major category identified that relates to process variables was use of classroom strategies and approaches. Within

this category there were several subcategories that included individualization, classroom behavior management system, and creation of a positive climate.

Individualization as referred to by participants in this study included individualized instruction, strategies or supports that teachers reportedly used to help children learn to participate in classroom activities and routines. For example, Diane shared that to work with the focal child in her critical incident she said she would, “reword questions and make sure that [when I am] speaking to her and talking to her [that I have] have her full attention…Also giving her that little extra time, and letting her know first that I am going to be asking her a question for you…so I am giving her time to get ready.” Importantly, while this study did not assess the quality of instruction delivered, it was clear that many participants valued individualization. When queried they did not provide much detail about specific instructional procedures they used beyond that they provided one-on-one support to children or provided instruction on specific goals. Use of anecdotal notes was important to teachers as a means of monitoring child progress and assisting in planning for future intervention. While teachers reportedly valued planning and individualizing instruction for children in their classrooms, they did not mention using tiered models to organize instruction and intervention, a practice that holds promise for delivering instruction by level of needed intensity (DEC/NAEYC, 2009).

Participants further reported the importance of a positive climate. A positive climate is an important emotional support for children. Charlotte explained, “At the beginning of the year…I stress to the children, we are all a family. And I do think that [the focal child] felt that and it is everybody helps everybody.” Faye shared, “When the climate is positive an light and fun and engaging [the children] are going to get with the

program." Relationships that are responsive, encouraging, and attentive are thought to be indicators of a quality environment (La Paro, Pianta, & Stuhlman, 2004).

Access to peers. Access to peers was heavily emphasized by participants as supporting child learning and development that can also be thought of as having a process component. Within this category, participants shared that relationships materialized in different ways and these were represented in three subcategories: peers as helpers, peers as friends, and peers as models. Seeing these relationships develop was motivating and inspiring to teachers, and they additionally saw their value in supporting the learning and development of children with and without disabilities. Importantly, a primary desired outcome of inclusion is "positive social relationships and friendships" (DEC/NAEYC, 2009, p. 2). Providing a positive climate where children with and without disabilities can play and learn set the stage for genuine friendships that were of benefit to all children.

Relationships. In addition, relationships with colleagues were important. The DEC/NAEYC (2009) joint position statement on inclusion emphasizes the importance of opportunities for collaboration and communication amongst stakeholders. While the supports mentioned by participants were not as broad or comprehensive as those delineated in the position statement, relationships and collaboration were key supports within participant's critical incidents. A spirit of teamwork and a shared vision for positive child outcomes were a driving force behind team's motivation and commitment to inclusive practice. Additionally, supportive parent/caregiver behaviors were valued.

Practitioner Variables. Participants mentioned their own attitudes, values, and aspects of their personality that they believed supported desired outcomes. The

DEC/NAEYC (2009) joint position statement reports on the importance of a program philosophy “to ensure that practitioners and staff operate under a similar set of assumptions, values, and beliefs about the most effective ways to support infants and young children with disabilities and their families” (p. 3). While participants did not reference a program philosophy, their own stated dedication to inclusion, however inconsistent, represents an important beginning point for developing and committing to a shared philosophy. Developing a shared vision seems to be an important next step in moving the program forward. As Lieber and colleagues (1998) pointed out, teachers may use similar language to describe inclusion, but interpret these phrases with diverse meanings. By developing a shared culture and creating collaborative teams whose members discuss their philosophies and beliefs when planning to meet learners’ needs (Lieber et al., 1998). Participants in this study were not always aware of inconsistencies in their stated beliefs and enacted practices within their classrooms. Lieber and colleages (2000) also found that time devoted to development of a shared vision is important for successful implementation and maintenance of inclusive programs.

The outcome in Anne’s incident also highlights the importance of shared understandings between Head Start and the local education agency (LEA). LEAs are also responsible for special education services for children with disabilities ages three through five. Thus, there is a need to delineate the roles and responsibilities of each agency. The DEC/NAEYC Joint Position Statement on Inclusion (2009) highlights the importance of collaboration among stakeholders. Funding policies are recommended that pool resources in order to provide quality care. The position statement uses blended early childhood education/early childhood special education programs as an

example of how this pooling may be effectively achieved. While study participants praised blended classrooms as being highly supportive of their work, Anne's incident seems to call attention to a need for continued examination of how Head Start and the LEA work together to coordinate care. Even when program philosophies are well articulated to support inclusive practices, unspoken rules and assumptions may lead to challenges in implementation during day-to-day practice (Janko & Schwartz, 1997).

Limitations

This study used a qualitative research design and while methodological strategies (e.g., colleague examination, member checks) were used to enhance the credibility of the study, limitations exist. The stories and perspectives captured in this study cannot be assumed to generalize to other Head Start settings. According to Merriam (1995), while the question of generalizability tends to plague qualitative research, it is important to remember that the "goal of qualitative research, after all, is to understand the particular in depth, rather than finding out what is generally true of many" (p. 57). Participant's experiences with inclusion that were critical to them were unique and diverse, yet shared certain commonalities and yielded rich information about the perceived barriers and supports to their effective practice.

Consistent with CIT, this study used a semi-structured interview protocol as recommended by Flanagan (1954). Most participants in this study reported critical incidents that were practice-oriented, and did not deeply discuss their philosophies related to inclusion. This may have been influenced by the interview protocol, as more open-ended questions may have elicited different responses. Another research design (e.g., case study) might have provided greater flexibility in capturing participant perspectives.

Future Research

The supports and barriers identified in this study have practical applications, and many have been previously identified in the literature. One finding in this study that was heavily emphasized by participants was their belief in the strength of the blended model to support inclusive practice. As previously discussed, only four of the eight participants worked in these classrooms. While these four participants were very enthusiastic about the opportunity, it is possible that they were selected to be teachers in these classrooms because administration perceived them as having a strong teaching and interpersonal skill set. In addition, two participants volunteered for this position because of their commitment to inclusion, which may have heavily contributed to a successful experience with this model. Future research might explore teacher perspectives or model effectiveness in different contexts. In addition, studies may wish to explore how teacher philosophies impact classroom behaviors by collecting observational data. Formal or standardized assessment of teaching quality was beyond the scope of the present study.

One finding that was heavily emphasized in previous literature was teacher desire for professional development and several studies researched potential topics of interest (Bruns & Mogharreban, 2007; Bennett et al., 1997; Buysse et al., 1996; Dinnebeil et al., 1998; Gemmell-Crosby & Hanzlik, 1994; Leatherman, 2007; Seery et al., 2000). Interestingly, no teacher in this study mentioned formal training as a support or lack of training as a barrier in relation to her critical incident. Most of the incidents were driven by an emotional component, and participants did not emphasize technical knowledge or education. Given the finding that many early childhood settings do not meet standards for high quality (Odom et al., 2004), professional development is highly emphasized as

a method for improving quality (Buysse & Hollingsworth, 2009). As the field moves toward prolonged professional development delivered via coaching , this seems to align well with the emphasis by participants on quality relationships as an important source of support that was found in this study (Snyder, Hemmeter, & McLaughlin, 2011). Future research may wish to explore the contexts in which professional development intersects with a critical experience that influences inclusive practice.

APPENDIX A
INFORMED CONSENT

Protocol Title: Critical Incidents Around Inclusion: Experiences of Head Start Teachers

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study: To identify important experiences and effective and ineffective practices to support inclusion from the perspective of Head Start teachers.

What you will be asked to do in the study: To answer and discuss 10 interview questions.

Time required: 45-90 minutes

Risks and Benefits: No more than minimal risk. There is no direct benefit to the participant in this research. However, this research can add to the understanding of how inclusive practices are enacted in preschool classrooms and identify implementation supports practitioners believe are important for facilitating their use of effective practices.

Compensation: There is no compensation for participating in the study.

Confidentiality: Your identity will be kept confidential to the extent provided by law. The names of the participants will not be used in any research reports or presentations.

Voluntary participation: Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study: You have the right to withdraw from the study at anytime without consequence. You do not have to answer any questions you do not want to answer.

Whom to contact if you have questions about the study:

Katrina Moore, Graduate Student, Department of Special Education, School Psychology, & Early Childhood, 1403 Norman Hall, Box 117050, Gainesville, Fl 32611-7050; ph (813) 514-3600

Whom to contact about your rights as a research participant in the study:

UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; ph 392-0433.

I have read the procedure outlined above. I voluntarily agree to participate in this study and have received a copy of this description.

Participant’s signature and date

_____

Principle investigator’s signature and date

_____

APPENDIX B
FLYER FOR TEACHERS

Hello:

My name is Katrina Moore and I am a graduate student in the Department of Special Education, School Psychology & Early Childhood Studies at the University of Florida. I am interested in meeting with Head Start teachers who are willing to discuss their experiences supporting young children with disabilities in inclusive programs. The purpose of this study is to identify important experiences practitioners have had related to inclusion and to describe fully their experiences. Each participant will be asked to participate in three interviews that will last about 30 minutes to an hour and will be audio taped. Interviews will be conducted at convenient times and locations. Participants will receive a $10 gift card to Walmart at the conclusion of the interview. Through this research I hope to generate knowledge that will help identify and document important experiences and effective practices to support inclusion.

If you are interested, please contact me at the phone number or email below.

Katrina Moore

KatrinaM@ufl.edu

(813) 514-3600

Thank you for your consideration.

APPENDIX C
INTERVIEW PROTOCOL

Inclusion refers to the practice of including young children with disabilities in settings and activities with their peers who do not have identified disabilities. Inclusion can take many different forms and involves providing children with disabilities access to a wide range of learning opportunities, activities and settings; supporting participation through individualized accommodations and supports; and professional development and collaboration help to ensure access and participation (DEC/NAEYC, 2009).

Interview One:

I am interested in hearing about your experience teaching as well as your experience including young children with disabilities in the classroom or in the community.

1. Please describe your teaching and training experiences.

2. Please tell me about your experience with Head Start.

3. Please describe your experience with children with disabilities.

Interview Two:

I would also like to hear about an experience with inclusion that was very important or "critical" to you. I would like to talk with you about this experience you had with inclusion that was significant in shaping your perspective.

1. Please describe the children involved in this experience including the child(ren) with disabilities (approximate age, area of concern or disability, etc.).

2. Approximately how long ago did this experience happen?

3. What preceded and contributed to your inclusion experience?

4. What happened? Tell me about your inclusion experience.

5. Describe how this inclusion experience affected you. (What was the impact or outcome of this experience, either positive and/or negative)?

6. How did this experience affect the child/children? (What was the impact or outcome of this experience, either positive and/or negative)?

7. How did this experience affect the family/families? (What was the impact or outcome of this experience, either positive or negative)?

8. How did this experience affect other team members with whom you work (What was the impact or outcome of this experience, either positive or negative)?

9. Tell me about what contributed to making the experience effective or ineffective.

10. Please provide any other information you think is relevant. Do you have any questions or comments?

Interview Three:

The purpose of this interview is to review the transcripts from our time together and for you to make any changes or add any information you feel is relevant and would add to my understanding of your experiences. We will review the transcripts together and I will share a summary of the information you have shared.

1. Are there any changes you would like to add to the transcripts?

2. Do you have additional information to share regarding your experience?

3. Would you like to add or change any information provided in my summary?

APPENDIX D
DEMOGRAPHIC SURVEY

Thank you for taking the time to complete this questionnaire. Please answer each question as thoroughly as possible.

Age (in years):

- ☐ 25 or younger
- ☐ 26-40
- ☐ 41-55
- ☐ 56 or older

Gender:

- ☐ Male
- ☐ Female

Race/Ethnicity:

- ☐ White/Non-Hispanic
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Multi-racial
- ☐ Asian/Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other: _____

Level of Education: Please indicate all levels of education completed.

Degree	Major/Area of Study
☐ High School	
☐ Associate's Degree	_____
☐ Bachelor's Degree	_____
☐ Master's Degree or Higher	_____

Please list all teaching certificates or endorsements that you hold.

_____
_____
_____

_____
_____

How long have you worked in your current position? _____ Years _____ Months

What is the total number of years and months you have worked in early childhood settings? _____ Years _____ Months

Please list any other teaching experience outside of your early childhood experiences.

Years _____ Setting _____
Years _____ Setting _____
Years _____ Setting _____

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BIOGRAPHICAL SKETCH

Katrina Moore was born in Highland Park, Illinois. Daughter of John and Rita Moore, she grew up with a younger brother, Geoffrey Thomas Moore. Her family moved to Tampa, Florida in 1992 where she attended middle and high school. She attended the University of Florida and earned a Bachelor of Arts in Political Science in 2004. After graduation, Katrina worked as a first grade teacher and later as a case manager for persons with mental illness. She began her graduate studies at the University of Florida in 2007 and earned her Master of Education (M.Ed.) in school psychology in 2011. To complete her doctoral training, Katrina returned to the School District of Hillsborough County as an intern with the School Psychology Department and completed a yearlong internship. She received her Ph.D. from the University of Florida in the summer of 2013.