15 PREPARING PRACTITIONERS TO PROVIDE EARLY INTERVENTION SERVICES IN INCLUSIVE SETTINGS

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Including children with disabilities in environments with typically developing children (inclusion) is becoming increasingly common, partly in response to legislation that supports this model of providing early education services (Bricker, 1995). Development of professional skills that support inclusion has been added to the large cluster of competencies that typically define early intervention and early childhood education as professions. As have other changes in service delivery models in the 1990s, such as family-centered practices and interdisciplinary teaming, inclusion requires practitioners to develop new skills and strategies that can be applied to the process of providing specialized early childhood services. Ultimately, inclusion involves teamwork with practitioners from multiple disciplines and an evolving cycle (not a finite set) of concerns and priorities.

Although preparing personnel to function as skilled professionals or paraprofessionals is not an easy task, preparing them to engage in the complex process of inclusion becomes a special challenge. The context for early intervention/early childhood education personnel preparation changes when the focus moves from narrower, more ''specialized'' topics (e.g., positioning) to preparation for inclusion. Moreover, the lack of a tradition of education for inclusion means that instructors (inservice and preservice) must use common sense and educated guesses about the best approach rather than official pronouncements of recommended practice or other knowledge-based forms of guidance.

This chapter examines issues in helping practitioners learn the skills they need to work in inclusive early childhood settings by examining different theoretical frameworks and service delivery models and the ways in which these models may influence the educational needs of practitioners. Related contextual issues that affect preparation of teachers, therapists, and other staff for inclusive programs, including staffing and training issues, are considered. Next, the collective wisdom of nine experts on preservice and/or inservice personnel preparation for inclusion, interviewed for this chapter, are presented. Concrete

suggestions and recommendations are provided on how to prepare personnel and for what they should be prepared. Finally, the infrastructure needs for systematically preparing personnel to support inclusionary practices are discussed.

ISSUES AND CHALLENGES IN PREPARATION FOR INCLUSION

Theoretical Frameworks

Successful inclusion of children with disabilities in regular early childhood classrooms involves practitioners from many disciplines, including some who have not traditionally practiced in classroom settings (e.g., physical therapists, speech-language pathologists). Although inclusion can take place in settings other than classrooms (e.g., swimming lessons, day camp), classrooms have received the majority of attention and effort concerning recommended practices in inclusion. Consequently, many of the challenges in instructing for and implementing inclusion are a result of varying familiarity with and differing assumptions about how children with disabilities should be served in classroom settings. These differences are reflected in the debates about recommended practice in early intervention that have taken place among educational practitioners (Carta, Schwartz, Atwater, & McConnell, 1991; Strain et al., 1992). Even though these differences have been debated primarily in educational arenas, they serve as an important backdrop for preparing any practitioner for inclusion, regardless of discipline.

Although differences in assumptions between general and special early childhood educators about recommended practices seem to be diminishing, there is no question that historically there have been major differences that continue to influence practitioners. Early childhood special education grew from a recognition of the importance of providing intervention for children with disabilities to prevent, or reduce, the impact of a disability on a child's future development. In general, "the implicit assumption within [early childhood special education] programs [has been] that the disability of the child prevents him or her from taking advantage of the typical environmental experiences that promote normal child development" (Odom & McEvoy, 1990, pp. 51–52). This assumption has been reflected in teaching practices, especially the behavioral orientation of special education that has given rise to a traditional teacher-centered approach emphasizing preacademic and adaptive skills (Wolery & Brookfield-Norman, 1988). Consequently, early childhood special education approaches have emphasized the importance of a range of services, individualized teaching plans (Odom, Skellenger, & Ostrosky, 1993), and instructional methodologies that result in skill acquisition and make the "best use of instructional time," while using "the least intrusive and most natural techniques" (Carta et al., 1991, p. 5).

In contrast, developmentally appropriate early childhood practices have grown from research with typically developing children and have reflected practices designed for children without disabilities (Bredekamp & Copple, 1997). The maturationist and constructivist underpinnings of early childhood education have led to more child-centered environments in which play, rather than direct instruction, is the medium for learning (DeVries & Kohlberg, 1987; Rogers & Sawyers, 1988).

Thus, views of recommended practice by these two sister disciplines have been at odds with each other. Despite converging viewpoints brought about by approaches that bridge the two disciplines (e.g., activity-based intervention; Bricker & Cripe, 1992), there remain significant concerns in the early intervention field regarding the viability of child-centered approaches for young children with disabilities (Carta et al., 1991) and little room for behavioral approaches to any aspect of early childhood education in the guidelines for developmentally appropriate practice (Bredekamp & Copple, 1997). In addition,

as Janet in the vignette in Chapter 1 learned, education that focuses on traditional approaches to providing therapies does not adequately prepare therapists who will be expected to provide specialized treatment for young children with disabilities in inclusive settings. Integrating special therapies within activity-based options in early childhood classrooms is advocated as recommended practice in early intervention (McLean & Odom, 1988). Out-of-the-room treatment continues to be the predominant model, however, for providing therapy to young children with disabilities in early childhood programs (Graham & Bryant, 1993). It is clear that the challenge is to develop effective programming for all children that incorporates the strengths of multiple disciplines and practitioners working in early intervention and early childhood education. When this challenge has been met, education for professionals working in inclusive programs will be easier because no discipline will feel the need to compensate for the perceived limitations of another.

Evolving Models of Inclusion

Partly as a consequence of these theory- and discipline-based differences in approaches to working with young children, numerous models of inclusion or mainstreaming have been offered since the mid-1970s. These models have evolved as greater numbers of children with disabilities are receiving services in general early childhood settings and as the disciplines involved in providing these services have developed more compatible worldviews. The models reflect differences in underlying philosophies and theoretical approaches to early childhood education and early intervention as well as reflecting differences in goals for children.

When programs have adopted a behavioral or therapeutic approach, it is likely to be associated with teacher-directed, formal instructional approaches (cf. LEAP; Hoyson, Jamieson, & Strain, 1984). In many programs that reflect this behavioral approach, children with disabilities receive intervention services within a segregated setting containing relatively small numbers of children with disabilities and participate for only a portion of the day in a setting with typically developing peers. In some cases, inclusion in a preschool or child care program has been designed to supplement the child's participation in a special education program, without any specific intervention goals (Safford, 1989). Often, the "mainstream" portion of the day focuses on developing social, peer-related skills, whereas cognitive, language, and motor development are emphasized in the self-contained special education class (Klein & Sheehan, 1987; Kontos & File, 1993). Mainstreamed experiences have also included reverse mainstreaming programs in which a relatively small percentage of typically developing children are placed in classes for children with disabilities (Odom & McEvoy, 1990). In some programs, typically developing children have received special instruction as peer tutors or instructors for their classmates with disabilities (Strain, 1981). In both of these instances, the typically developing child has been included in the classroom to facilitate specific behavior changes in children with disabilities, either by serving as a model of age-appropriate behavior or by serving in the role of teacher for a child with disabilities (Young, 1981). These approaches to serving children with disabilities and typically developing children together are likely to use pull-out approaches to therapy.

Alternatively, mainstreamed or integrated approaches that have grown out of early childhood education traditions have emphasized developmentally appropriate practices for all young children. Developmentally appropriate practice approaches, which serve as the framework for teaching in many early childhood programs, emphasize the processes through which children acquire new knowledge and information, rather than assessing the child's performance on specific tasks (Bredekamp & Rosegrant, 1992). General early childhood programs may include specialized interventions, but often many do not because

of a lack of funds or specially prepared staff. Therapies may be used by families separately from the classroom program as an "add-on." Thus, the focus in these programs has often been on allowing children to choose activities and to participate in the way that they prefer, without as much attention to individual goals and objectives. Each of these approaches is compatible with the history and theoretical models used in these two fields.

Inclusive programs are different from the models previously described. The goal in inclusion is to preserve individualized approaches to developing goals and objectives and assessing outcomes for children with disabilities while maintaining developmentally appropriate practices for all children. Changes in both general and special early childhood education since the late 1980s are making this type of inclusive program more feasible. Teaching strategies in early childhood special education have begun to move from directive, instructionally oriented approaches to those in which adults emphasize responsive, child-initiated styles (Mahoney, Robinson, & Powell, 1992; Odom et al., 1993). As changes have occurred in early intervention programs, they have been reflected in the ways in which specialized therapies are provided to young children in those programs. Integrating specialized therapies within ongoing classroom activities or providing therapy as an add-on to the school day are models that support inclusion (Peck, Furman, & Helmstetter, 1993).

Not only have there been changes in early intervention approaches, but the early childhood education field has begun to expand definitions of developmentally appropriate practices, particularly in the context of the needs of individual children, including children with disabilities. Such changes in early childhood education and early intervention, in conjunction with recent legislation (e.g., the Education of the Handicapped Act Amendments of 1986, PL 99-457, and its amendments; the Americans with Disabilities Act [ADA] of 1990, PL 101-336), make inclusion an increasingly common experience (Wolery et al., 1993). The definition of inclusion typically involves a child with disabilities receiving comprehensive services in a developmentally appropriate program side-by-side with typical children and participating in the same activities, with adaptations to those activities (or the child's involvement in them) as needed (Bricker, 1995).

Under these circumstances, early childhood special education, general early childhood education, and therapeutic interventions are "blended" in practice. Blended approaches to inclusion are likely to require different preparation than more traditional mainstreaming approaches, both because of curricular approaches and varying role expectations on the part of the practitioners involved.

Roles and Responsibilities

An important consequence of inclusion is that the roles of the professionals in the classroom are changing: The early childhood teacher assumes responsibility for educating young children *with* and *without* disabilities (Kontos & File, 1993), whereas the special education teacher and therapists are much more likely to serve as consultants to the classroom teacher rather than devote all of their time to providing direct services (File & Kontos, 1992, 1993). Preschool and child care teachers, classroom aides, family child care providers, and others (e.g., YMCA or YWCA workers) working with young children need to extend their existing knowledge of serving young children to include children with disabilities. Likewise, early childhood special education teachers and therapists serving in the role of consultant to community programs need to adapt their experience as direct service providers to a new role as indirect service providers, including acquiring new consultation skills. Both early childhood special educators and therapists are relinquishing some direct service responsibilities and need to learn new roles and skills. Thus, changes

in intervention practices, continuing differences in theoretical and philosophical approaches to early intervention, and multiple (and changing) professional roles make preservice and inservice education for inclusion imperative.

Logistical Factors

In addition to the issues previously described, there are a variety of systems issues, including program schedules and staff turnover, that affect the ways in which inclusive programs operate and who should be prepared. Ideological differences that limit the duties of classroom teachers and interventionists (Peck et al., 1993) and assumptions about which practitioners most need preparation influence the ways in which preparation for inclusion is provided.

    Scheduling   Operating schedules for early childhood programs are not uniform. Family child care homes and child care centers, whether or not they are inclusive, often provide full-day, year-round services for children and families. Family child care providers usually work alone, whereas child care center staff frequently work staggered schedules to accommodate a 10-hour day. Part-day preschool programs, whether public or private, typically operate according to an academic-year calendar and enroll children for less than a full day. Children typically attend part-day programs in either the morning or the afternoon, from 2 to 5 days per week. These differences are useful for families who have varying needs for an early childhood program but can make inservice activities difficult to schedule and coordinate. Staff in early childhood programs have little time available away from the children (i.e., either breaks or planning time), which is a further complication and means that some inservice activities will need to be scheduled for evenings and weekends when they must compete with personal and family responsibilities.

    Staff Turnover   Both early intervention and early childhood education are fields troubled by high turnover rates. Annual turnover rates for early intervention staff (across personnel categories) range from 18.5% (Palsha, Bailey, Vandiviere, & Munn, 1990) to 30.5% (Kontos & Dunn, 1989). These rates have been estimated to be even higher for child care settings (41%; Whitebook, Howes, & Phillips, 1989) and family child care homes (up to 59%; National Association for the Education of Young Children [NAEYC], 1985). Staff turnover creates difficulties for any type of instructional endeavor, but especially one that is multidisciplinary. Inservice instruction should not be viewed as an antidote to turnover (evidence shows that better salaries and working conditions are more likely to address this problem). However, the turnover problem necessitates that inservice preparation be an ongoing rather than periodic activity and requires frequent orientation-type preparation for new staff in addition to ongoing education for continuing staff.

Education and Specialized Preparation

Cross-field comparisons have shown that levels of education vary between early childhood education and early intervention teachers, but not dramatically (Kontos & File, 1993). Family child care providers are, on average, about as educated as typical early intervention aides. About two thirds of child care staff in the National Child Care Staffing Study were found to have specialized preparation in early childhood education or child development (Whitebook et al., 1989), but it was not always at the college level. Although child care teachers are less likely to have a bachelor's degree than early intervention teachers, the differences are not great. Early childhood programs serving typically developing children, as well as programs serving young children with disabilities, employ significant numbers of teachers and aides without specialized preparation in either field. Two early intervention personnel surveys (Hanson, 1990; Kontos & Dunn, 1989) found that only 50% of early

intervention teachers had majored in early childhood or special education. In contrast, related service providers and therapists (e.g., nurses, physical therapists, occupational therapists, speech-language pathologists) typically have received discipline-based preparation in therapeutic interventions, frequently at the baccalaureate or graduate degree level. They are unlikely, however, to have a background in the application of such interventions within typical (i.e., nonclinic) early childhood settings.

The frequently held assumption has been that the targets of preparation for inclusion should be the early childhood community receiving children with disabilities into their programs (e.g., Klein & Sheehan, 1987; Peterson, 1983; Templeman, Fredericks, & Udell, 1989) and that the experts were the early childhood special educators, therapists, and other early intervention professionals. This assumption held even if these experts' own preparation focused exclusively on traditional special education and intervention approaches and on direct service to children in self-contained settings, including clinics and special education classrooms. Data suggest that this assumption is not well founded and that for inclusion to be effective, all professionals involved need new concepts and skills on which to base their work (Giangreco, Edelman, & Dennis, 1991; Kontos & File, 1993; Peck et al., 1993).

STRATEGIES FROM THE FIELD

Numerous inservice and preservice preparation models have been developed to address the needs of practitioners who will be employed in inclusive settings. These models have grown out of local needs, state planning, and federal funding initiatives. Some of them have been disseminated widely, but most of them have not. The collective wisdom that has accumulated on preparation for inclusion has not been systematically tapped. This section suggests strategies for providing preservice and inservice education for practitioners who will be working in inclusive programs. These strategies largely reflect the results of interviews that the authors of this chapter completed with nine professionals who are leaders in preparing practitioners for inclusive programs. These nine leaders were asked to describe the most important content to include and the most effective process (method) for getting this content across during either inservice or preservice preparation for inclusion. Recommended strategies were also based on already available instructional materials. All of these strategies reflect our beliefs that inclusive programs can work well for children, families, and professionals. Students and practitioners who are, or will be, working in inclusive settings need to believe that inclusion is possible. One person noted that some students think that inclusion is easy to do, whereas others have heard rumors about inappropriate practices that have been labeled as inclusion (see McCollum & Bair, 1994). Neither of these preconceptions is completely accurate, and both perspectives need to be addressed in preparing practitioners for inclusion.

Process

This section provides an overview of the processes or methods that leaders believed to be most effective for preparation for inclusion. Recommended strategies are also provided.

Attending to Principles of Adult Learning   Although important for everyone, principles of adult learning are especially critical in programs that include either older undergraduate students or practitioners who are participating in inservice programs. These principles include increased opportunities for active learning and few lectures. According to the leaders, learners must hear about, see, and practice the skills, concepts, and relationships that are the focus of instruction in order to apply what is learned to an inclusive

setting. Observing what effective inclusionary practices look like is perceived as a crucial step in learning how to use them. This may involve videotapes, simulations, role playing, or field trips. (See Chapters 5 and 21 for more information on designing training.)

Field trips to programs providing exemplary inclusionary services within the community or surrounding area may be the most effective means for preservice and inservice preparation for inclusion. Staff and children are real as opposed to images on celluloid, and there is potential for interaction with the participants in the program. Not all communities are equally well endowed with such programs, however.

In the absence of, or in addition to, exemplary programs to visit, videotapes can serve a useful purpose. Several videotapes on inclusion include *Same Time, Same Place* (Purdue University, Continuing Education Administration, 1992), *Right from the Start* (Indiana University, Institute for Developmental Disabilities, 1989), and *Just a Kid Like Me* (Child and Family Services, 1991). *Same Time, Same Place* focuses on the roles and responsibilities of multiple disciplines (including a pediatrician) in the process of inclusion for children with severe disabilities in child care centers and family child care homes. Another videotape, *Family-Guided Activity-Based Intervention for Infants and Toddlers* (Cripe, 1995), does not show inclusion but does show naturalistic strategies for working with young children with disabilities that are appropriate for inclusive settings.

Simulation or role-playing activities can reinforce what was learned in a visitation or a videotape. Participants working in small groups can identify a child with whom they are all familiar (from a classroom or a videotape) and describe that child's strengths and developmental goals and objectives. They can then identify the components of the child's routine in the classroom (e.g., group time, free play activities, self-help, nap, snack, gross motor and/or outdoor activities). The small groups can first discuss adaptations to selected routines (whether they are necessary and, if so, what), and then role-play how to accomplish them.

Modeling an Inclusionary Philosophy   Modeling of inclusive practices by higher education faculty, including team teaching and cross-department collaborations, is an important component of preservice programs, according to the leaders interviewed. Similar approaches to team teaching occur in inservice education. As one educator noted, "How can we prepare others to be inclusive, and to work together, if we don't do it ourselves?" This approach to preservice and inservice education requires people who are committed to inclusion. Modeling inclusive practices means integrating educators from different disciplines who work together to teach within a unified course. As discussed in Chapter 4, higher education administrative issues of program ownership, faculty credit for teaching, and time for meetings (as well as program development) are often roadblocks to developing critically important work across academic departments and colleges. Working across community programs to provide preparation for inclusion presents similar issues of ownership of, and credit for, the educational process.

Modeling inclusion also means including parents and family members as instructors in preservice and inservice programs. There are a variety of strategies for including families as instructors, according to the leaders we interviewed. Among these are approaches that solicit and include parent input in the development of the program, include family members as part of the teaching team, and match students with families as part of a course or practicum experience. Strategies for supporting family–professional instructional partnerships are described in Chapter 17.

Another approach to modeling inclusion is including students and practitioners from different fields in classes or workshops. Interdisciplinary experiences can occur for students in a number of different ways. In some higher education–based programs, particu-

larly those that are team taught, students from different backgrounds (e.g., education, child development, occupational or physical therapy, speech therapy) are enrolled together in the same program. This provides important opportunities for students to learn from and support each other and offers numerous opportunities to model team-building strategies and develop collaborative skills. Similar opportunities can be found in inservice programs when all members of an interdisciplinary team attend the same program.

Follow-Up   Inclusion education leaders pointed out that having the opportunity to practice new skills requires follow-up by those offering the instruction. Follow-up implies that instructors will work on site with participants once the more didactic aspect of instruction has ended, providing them with feedback and support (Wesley, 1994). It is time consuming and expensive but is the step we can least afford to skip. If nothing else, it forces instructors to individualize education for staff in the same way they advocate individualized services for children. More information on follow-up strategies is provided in Chapter 7.

The Best Practices in Integration (BPI) Inservice Training Model, for instance, recommends initial skills assessment of staff involved in instruction as a first step toward individualized inservice preparation (see Instructional Module 2 of Klein & Kontos, 1993). The skills that were assessed in this model were collaborative consultation skills, but the strategy could be adapted to any type of skill. Sample topics and items for the BPI skills inventory are listed in Figure 15.1. Participants are asked to assess their skills before starting so that educational experiences can be better tailored to the unique needs of participants. They are asked to reassess themselves at regular intervals during the follow-up phase of preparation to distinguish skills that have been achieved and those that con-

Consulting skills:	Self-rating
I. *With regard to basic knowledge:* Understands the match between possible consultation approaches and specific consultant situations, settings, and needs	1 2 3 4
II. *With regard to systems change:* Is able to identify positive and negative effects that might result from efforts to change part of a system	1 2 3 4
III. *With regard to personal characteristics and skills:* Can establish and maintain a sense of rapport and mutual trust with all people involved in the consultation process	1 2 3 4
IV. *With regard to interactive communication skills:* Is perceptive in grasping and validating stated/unstated meanings and affect in communication	1 2 3 4
V. *With regard to collaborative problem solving:* Uses a team approach to identify common goals and objectives for the child's learning program	1 2 3 4
VI. *With regard to own development:* Is able to assess own effectiveness by using children's progress, parent and staff feedback, and self-ratings	1 2 3 4

Figure 15.1.   Sample items from a skills inventory for consultants. (Rating scale: 1 = I need to learn more about this skill, 2 = I need assistance in improving this skill, 3 = I can do this skill independently, and 4 = I can do this skill very well.)

tinue to need work. Thus, instruction is always focused on skills that still need work. A skills inventory can also be used as an observation tool by an instructor or other interested party to provide feedback to participants. A discussion of similarities and differences between a self-assessment and an assessment by an instructor can prove useful for participants. This is a more individualized approach to preparation than is typically seen in early intervention, but it is more likely to result in skill acquisition than the "one-size-fits-all" variety.

The leaders suggested strategies to make follow-up more practical. First, if staff from service delivery agencies participate in teaching as teams, they can provide some feedback and support for each other at their workplace. In addition, instructors can send participants back to the workplace with handouts and videos that can be referred to during the "practice" phase of instruction. Apprenticeship and/or mentoring programs (within or across service providers) can also extend the work of the instructor on site. Finally, ending preparation experiences with team action planning gives professionals a head start on applying what they learned in the workplace.

Program Evaluation   Regular, ongoing evaluation of preservice and inservice preparation programs is critical to ensure that they meet the goals specified for them. Such evaluation includes follow-up after instruction as well as evaluation during the program. If programs do not include an evaluation component, there is no way of determining whether the needs of students are being met. Self-rating checklists such as the BPI skills inventory, observations of participants focused on specific skills, or quizzes built into the didactic portion of instruction can be components of such an evaluation (see Chapter 6 for more information on evaluation).

Content

The leaders interviewed also described the content areas they believed were most important to include in preparation for inclusion. This section highlights those areas and provides strategies for addressing them.

Family-Centered Practices   Family-centered practices are a cornerstone of early intervention and an important component in educating practitioners in inclusive practices. Research is beginning to show, however, that among early intervention professionals there is a considerable gap between the "talk" and the "walk" (Bailey, 1989; McBride, Brotherson, Joanning, Whiddon, & Demmit, 1993). Moreover, although the field of early childhood education has a history of family involvement as a core value (Honig, 1979), the concept and process of family-centered services as espoused by early interventionists may be quite foreign. Thus, the leaders interviewed were in relative agreement that all professionals involved in inclusion need a better understanding of the principles and practices of family-centered services and that instruction should include all groups of professionals working with young children in inclusive settings. Chapter 10 provides strategies for addressing family-centered practices in preservice and inservice instruction.

Practices in Inclusive Early Childhood Settings   A developmentally appropriate practices (DAP) (Bredekamp, 1987) model was frequently mentioned by the leaders as an important framework for inclusive early childhood classroom programs. This reflects the assumption that, when children with disabilities are included in settings with typically developing peers, they will learn best in high-quality early childhood settings rather than in settings that adopt either a teacher-directed or "laissez-faire" approach. Developmentally appropriate early childhood programs are age appropriate and individually appropriate (Bredekamp, 1987), meaning that the curriculum is founded on child-initiated,

hands-on learning experiences during play. Adults in developmentally appropriate settings play an active role by planning the learning environment and enhancing children's experiences during play through responsive (but not intrusive) involvement.

Thus, general early childhood educators need to be especially aware of the ways in which they provide developmentally appropriate inclusive programs. Early intervention specialists (e.g., early childhood special educators, speech-language therapists, physical therapists, occupational therapists) who are least likely to learn about that approach in their own disciplinary education need to become aware of strategies for working within developmentally appropriate programs. Many early intervention professionals have been instructed to use methods that are in direct conflict with DAP and, through discomfort with and/or ignorance about child-initiated approaches to working with young children, could actually (inadvertently or otherwise) sabotage inclusion efforts. Thus, it is crucial that early interventionists involved in inclusion be fully familiar and comfortable with developmentally appropriate approaches.

The National Association for the Education of Young Children (NAEYC) has published a variety of modestly priced materials that can assist in this process. For instance, there are two videotapes—*Developmentally Appropriate Practices: Children Birth to Five* and *Appropriate Curriculum for Young Children: The Role of the Teacher*—that explain and demonstrate what DAP are. These would be especially useful for introducing the concept of DAP to participants with little or no previous exposure. To encourage the application of knowledge about DAP, each participant could be given a checklist on selecting a quality early childhood program that incorporates the principles of DAP (available from NAEYC, BPI Instructional Module 1 [Klein & Kontos, 1993], or from local child care resource and referral agencies). Each participant is assigned to visit an early childhood program to complete the checklist. The results of that visit would then be the focus of a discussion at the next session with participants giving examples of practices observed that were or were not appropriate as well as some that were not easily classified. The resulting discussion helps participants deal with the nuances of DAP and understand that practices typically fall along a continuum of appropriateness.

Understanding Typical Development as Basis for Early Childhood Curricula   According to the training leaders interviewed for this chapter, students and practitioners need to understand the needs of typically developing children. This forms the foundation for thinking about inclusion and strategies for working with individual children in inclusive settings. A focus on specific, disability-related information was not seen by the instructional leaders as an especially helpful focus in preparing practitioners for inclusive settings. Thus, even though some general early childhood educators may believe that what they need is to know more about specific disabilities, the consensus seems to be that other areas are much more crucial and that preparation for inclusion does *not* involve a didactic, out-of-context, introduction to all disabilities. The source of expertise about individual children with disabilities should be families and early intervention specialists and should come in the context of program planning for the child.

Individualized Interventions for Children with Disabilities   Individualizing children's programs within a developmentally appropriate classroom continues to be an important issue, according to the leaders. The work of Bricker and Cripe (1992) in the development of an activity-based intervention model is an approach that can be adapted for inclusive early childhood settings. This model provides a framework for helping students develop strategies for including individual objectives for all children within the context of a developmentally appropriate early childhood program. In addition, specific

teaching strategies drawn from special education practice (including strategies for modifying disruptive behavior and strategies that can be used to shape or reinforce desired behaviors) can be important tools for participants. A critical issue in preparing practitioners for inclusion, according to leaders, is integrating objectives and adapting learning activities for individual children. It is this component that helps to make inclusive programs distinct from either traditional early childhood special or general education programs.

An activity designed to assist participants to embed children's goals and objectives into ongoing routines or activities is to provide participants with a description of a child with disabilities and a list of daily routines and activities the child encounters in a typical day in the early childhood program. The participant, or a small group of participants, is given the task of selecting routines or activities in which an objective could be addressed, including adaptations that might be necessary. This activity might be accomplished more successfully if participants first viewed the videotape on activity-based intervention (Cripe, 1995). (See Chapter 13 for additional activities.)

Responsive Environments Understanding what children's environments are like, how children fit within their environments, and how to evaluate these environments are important skills. Looking at the environment rather than the child as the challenge and developing strategies for modifying the environment to better meet the needs of children complements the more individualized focus of activity-based intervention.

Several instruments designed to alert professionals to environmental factors are available, including the Early Childhood Environment Rating Scale (Harms & Clifford, 1980), the Family Day Care Rating Scale (Harms & Clifford, 1989), and the Infant/Toddler Environment Rating Scale (Harms, Clifford, & Cryer, 1990). Giving these instruments to early intervention specialists as a way to evaluate general early childhood programs that are qualified to serve children with disabilities is neither a collegial approach to inclusion nor does it take into account family choice factors that supersede professional notions of a program worthy of inclusion. Providing these instruments to general early childhood practitioners who, as evidenced by their participation in education, are contemplating accommodations for children with disabilities can be enlightening and practical. It provides a concrete mechanism for focusing on the environment and identifies exactly the types of changes that can be made for improving it. Although none of these three instruments can assist with adaptations to the environment for a particular child, each provides common ground for practitioners from various disciplines to address environmental modifications more generally and to set the stage for addressing issues of child and environment fit.

Team Building Collaborative consultation is gaining prominence as a strategy for supporting inclusion and was frequently mentioned by the leaders as an important component of preparation. The validity of this prominence is reflected in research showing that, when inclusion fails, it is typically due to problems between the adults involved in the process and rarely related to the children (Peck et al., 1993). Additional information on teaching about teaming is available in Chapter 14. The need for this content cuts across disciplines and roles. The role of early childhood special educators frequently moves from direct to indirect service when inclusive service delivery models are in place. Therapists are less reliant on traditional, pull-out individual therapy sessions. Early childhood educators take on early intervention direct service in addition to their original responsibilities. Together with parents, all of these professionals must collaborate to support the child's inclusion experiences. Who leads the team? Is there an expert? How can we be effective

consumers of others' expertise? How are problems resolved? How is resistance and conflict handled? These are issues that can be addressed through collaborative consultation approaches.

The BPI Inservice Training Model (Klein & Kontos, 1993) includes instructional modules designed to support preparation for collaborative consultation. One activity included in the BPI Instructional Modules involves a set of five vignettes, each one depicting early intervention consultants from various disciplines (e.g., speech-language pathology, early childhood special education) working with an early childhood educator (a sample vignette is included in Figure 15.2). Participants are asked to decide if the team members in the vignettes were working collaboratively, to explain how the noncollaborative relationships might have developed, and to identify ways that collaboration could be increased. Typically, participants are very critical of the practitioners in the vignettes, but the basis for criticism is quite different across small groups. Thus, including time for sharing the results of the small-group activities with the full group is worthwhile.

STRUCTURAL CHALLENGES TO PREPARATION FOR INCLUSION

As several instructional leaders indicated in our interviews, inclusion is a type of systems change; improving teaching or therapy skills alone will not make it happen (Klein & Kontos, 1993; Wesley, 1994). There are structural factors concerning the local and regional early childhood and early intervention systems that affect how preparation for inclusion will occur.

An important issue that influences preservice educational programs is the structure of teacher certification and credentialing of related service providers within each state. We spoke with educators whose states had unified certification in early childhood/early childhood special education (with certification based on yet-to-be-determined performance criteria), states that offered separate certification in each of these areas, and states in which certification cut across the preschool age range (birth to 4 years old, and 3 years old to third grade). In some states, students graduating from dual certification (early childhood education, early childhood special education) programs had opportunities for employment in inclusive settings, whereas in others, most children with disabilities were enrolled in self-contained classes. In relatively few of these communities was the consultant model of early intervention the one used in early childhood programs. This creates a dual focus (and occasional dilemmas) for degree-granting programs: that of preparing students for

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> At his yearly professional association conference, Gordon, a speech-language pathologist, attended a workshop about a new intervention that excited him. Back at work, he was struck with the idea that he would like to try the intervention with Jackie, a child for whom he serves as a consultant. The next week he told Jackie's early childhood program teacher he wanted to teach her the intervention so she could use it with Jackie. He presented her with a plan that covered the next 3 weeks.
> Questions:
> 1. Was Gordon working collaboratively?
> 2. If not, how and why did this situation come about?
> 3. How could collaboration be increased in this situation? Specify exactly who would need to do what.

Figure 15.2. Sample vignette from a BPI small-group exercise.

employment opportunities upon graduation (even when these would likely not be in inclusive settings), and preparing students in inclusive approaches to early intervention so that they might not only serve children and families in these settings but also advocate for inclusion as appropriate early childhood practice.

For related service providers such as speech-language pathologists and physical and occupational therapists, credentialing is essentially ''all age,'' and there is little or no opportunity for specializing during the degree program. States or professional organizations vary widely in their credentialing requirements for practitioners in early intervention services. Losardo (1996) noted that areas receiving the least amount of attention in bachelor's and master's programs for communication specialists include interdisciplinary teamwork, family assessment and intervention, and practicum experiences with young children and their families. Similar results have been reported for personnel preparation programs in physical and occupational therapy (McEwen & Shelden, 1996). Thus, it may be up to the individual practitioner and to the states' Comprehensive Systems of Personnel Development to determine and provide the skills that related service providers need to know to function in inclusive settings.

Several of the leaders had comments that directly or indirectly related to other types of infrastructure supports of the preparation for inclusion process. For preservice educators, there are higher education institutional barriers created by departmental structures, program ownership, faculty teaching loads, and calculation of student credit hours within and across majors (see Chapter 4 for a detailed discussion of these issues).

For inservice educators, the infrastructure barriers are a bit different but no less daunting. In many states, the general early childhood and early intervention inservice education ''systems'' (loosely defined) are separate and communicate little, if at all, with one another. An approach to modeling inclusion is to infuse preparation for inclusion into existing educational opportunities for early childhood educators. This makes sense for preparing general educators who are providing direct services to young children with disabilities in their classrooms, but it may not be effective if early childhood educators participate in inservice education separate from early intervention professionals. It may also be problematic if it promotes the idea that the sole or primary targets of preparation for inclusion are the general early childhood educators and that early intervention professionals already know about inclusion.

One way to avoid these problems would be to merge the early intervention and early childhood education inservice educational systems so that the expertise is shared. Accomplishing such a merger would require that all the organizations in a state that provide education to professionals who work with young children work together to establish joint educational priorities, share resources, and collaboratively prepare interdisciplinary groups of professionals. A prerequisite for such a dramatically different approach to education is effective working relationships among professional organizations representing the disciplines involved (e.g., state Association for the Education of Young Children groups, the Division for Early Childhood, state physical therapy associations), state agencies (e.g., departments of education, boards of health, child care resource and referral), and private service delivery organizations (e.g., developmental disability/rehabilitation agencies, child care programs, preschools). These types of relationships are not built overnight and require that all perceive mutual advantage to the enterprise. Several examples of in-roads being made in this area are provided by the Partnerships for Inclusion Project in North Carolina (see Chapter 3 for additional information on this project) as well as several newsletters that target instruction for both the early childhood and the early intervention communities (*All Together Now* in North Carolina and *The Training Connection* in Indiana).

CONCLUSION

Preparing personnel to engage in an ongoing process such as inclusion is a challenge under any circumstance but is particularly challenging when it is a relatively new addition to the skills and competencies required of professionals who work with young children with disabilities. The leaders interviewed for this chapter acknowledged these complexities but, through experience, had also forged strategies for overcoming them. There were consistencies in the recommendations they made for the content and process of preparation for inclusion across the inservice and preservice educators.

With respect to content, none of the leaders interviewed believed that an abundance of information on specific disabilities was either necessary or helpful in preparing professionals for inclusion. Almost all of them believed strongly that professionals need to understand inclusion as a philosophy and developmentally appropriate practice as an approach to early intervention. The blending of early childhood education and early intervention practices was frequently accomplished through the tenets of activity-based intervention (Bricker & Cripe, 1992). Family-centered services and collaborative, interdisciplinary teamwork were the two other content areas in which there was consistency across the leaders interviewed.

These leaders consistently emphasized the practice component of instruction as either dominant to (inservice) or equal with (preservice) didactic approaches. In inservice education, this is translated to simulation and hands-on activities during workshop sessions and later on-site follow-up. For preservice education, this is frequently translated to practicum experiences that supplement and enhance coursework. In either case, professionals are unlikely to apply what they learn didactically unless doing so is part of the educational process.

Although the emphasis has been on common ground, the reality is that there is no one correct way to prepare for inclusion given the diversity of students and professionals, service delivery systems, and children and families. Thus, each program, community, higher education institution, and state has the task of creating what works for it, in light of the experiences of those before it. Perhaps the best overall advice regarding preparation for inclusion is provided by Salisbury, Galucci, Palombaro, and Peck (1995): ''Building on those practices [that classroom teachers believe are working] affirms and values the extant knowledge of practicing professionals and provides an efficient and naturally occurring context in which to develop future interventions'' (p. 136).

RESOURCES

Bredekamp, S., & Copple, P. (Eds.). (1997). *Developmentally appropriate practice in early childhood programs* (Rev. ed.). Washington, DC: National Association for the Education of Young Children. Cost: $8. (800) 424-2460.

A well-grounded source of information for teachers/instructors, administrators, family members, and policy makers for use in instruction, program design, and program evaluation.

Child and Family Services. (1991). *Just a kid like me* [Videotape]. Hollywood, CA: DUBS, Inc. Cost: $25. (213) 461-3726.

Twenty-seven–minute video showing children with different disabilities in inclusive settings, including after-school care for primary grades.

Cripe, J.W. (1995). *Family-guided activity-based intervention for infants and toddlers* [Videotape]. Baltimore: Paul H. Brookes Publishing Co. Cost: $37. (800) 638-3775.

This 20-minute videotape illustrates strategies through which family members and providers can take advantage of natural learning opportunities. Narration and examples are very clear and provide supplemental materials for preservice or inservice instructional audiences.

File, N., & Kontos, S. (1992). Indirect service delivery through consultation: Review and implications for early intervention. *Journal of Early Intervention, 16*(3), 221–234.

Article discusses barriers to effective practice of consultation and implications for early intervention programming. Delineation of specialized instruction necessary to increase opportunities for children with disabilities to receive early childhood services in integrated settings.

Harms, T., & Clifford, R. (1980). *Early Childhood Environment Rating Scale (ECERS).* New York: Teachers College Press. Cost: $8.95. (800) 575-6566.

An easy-to-use instrument designed to assist teachers, administrators, family members, and instructors in examining the quality features of early childhood settings. Defines quality through a scale of 37 items in seven categories (e.g., personal care routines, furnishings, gross and fine motor activities, language and reasoning). Companion instruments from the same publisher include the Family Day Care Rating Scale, Infant/Toddler Environment Rating Scale, and School-Age Care Environment Rating Scale.

Indiana University, Institute for Developmental Disabilities. (1989). *Right from the start* [Videotape]. Bloomington: Author. Cost: $38 plus shipping and handling. (812) 855-6508.

Videotape focuses on the roles and responsibilities of multiple disciplines in facilitating the inclusion of children with severe disabilities in child care centers and family child care homes.

Klein, S.M., & Kontos, S. (1993). *Best Practices in Integration (BPI) Inservice Training Model: Guide and instruction modules.* Bloomington: Indiana University, BPI Outreach Project. Cost: $17.50. (812) 855-6508.

An instructional model to prepare people delivering services for infants, toddlers, and preschool children with disabilities within community-based early childhood settings. Describes methods and provides materials (e.g., checklists, handouts, transparency masters, vignettes, case examples) for ensuring participant knowledge and skill regarding collaborative consultation. Includes resources for a technical assistance process to facilitate the integration of young children with disabilities in general early childhood programs and successful collaboration among all partners.

McWilliam, P.J., & Bailey, D.B., Jr. (Eds.). (1993). *Working together with children and families: Case studies in early intervention.* Baltimore: Paul H. Brookes Publishing Co. Cost: $27 plus shipping and handling. (800) 638-3775.

Edited collection of cases exemplifying the application of recommended practices in early intervention for use in preservice and inservice education. Text includes unsolved case dilemmas for use in teaching/instruction, decision making, and problem solving.

Partnerships for Inclusion. (1993). *Can I play too?* [Videotape]. Chapel Hill: University of North Carolina at Chapel Hill, Partnerships for Inclusion. Cost: $25 (12-minute overview version), $50 (20-minute parent and provider versions). (919) 962-7364.

Three companion videos (overview, parent, and provider versions) about inclusion of young children with disabilities in early intervention/early childhood environments. These materials have been used effectively to raise awareness in inservice and preservice instructional formats.

Purdue University, Continuing Education Administration. (1992). *Same time, same place* [Videotape]. West Lafayette, IN: Author. Cost: $18. (800) 359-2968.

Video features children with disabilities in a variety of inclusive settings. Focuses on the roles and responsibilities of multiple disciplines (including a pediatrician) in the inclusion process for

children with severe disabilities in child care centers and family child care homes. Good examples for assisting participants to identify components of development, environment, and routines.

Wesley, P. (1993). *Mainstreaming young children: A training series for child care providers.* Chapel Hill: University of North Carolina at Chapel Hill, Partnerships for Inclusion. Cost: $57.50. (919) 962-7364.

    Ready-to-use materials for instructors. Eight instructional modules are designed to be presented in sequence as part of a 44-hour course but can easily be used independently to address topics related to inclusion. Each module includes notes to the instructor, student objectives, a module flow guide, instructor outlines, transparencies, and handouts.

Wesley, P. (1994). Providing on-site consultation to promote quality in integrated child care programs. *Journal of Early Intervention, 18*(4), 391–402.

    Describes methods and materials developed by the Infant-Toddler Care Project to provide child care programs with on-site consultation that reinforce and emphasize aspects of quality care for all children. Ideas for providing knowledge and skills to support the inclusion of infants and toddlers with disabilities.

West, J., Idol, L., & Cannon, G. (1989). *Collaboration in the schools: An inservice and preservice curriculum for teachers, support staff, and administrators.* Austin, TX: PRO-ED.

    Consists of an instructor's manual and a learner's booklet. Although it was created for public school settings, its focus on communicating, interacting, and problem solving transcends setting.

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