

Implementing Inclusive Early Childhood Education: A Call for Professional Empowerment

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We present two scenarios involving a family's experience in accessing a quality inclusive education for their young child to illustrate what it might look like if all stakeholders assumed responsibility for implementing the available research-based information to facilitate inclusive early childhood education. The influence and role of each stakeholder group (i.e., families, administrators, practitioners, college and university faculty, researchers) are discussed. We suggest that to move from mediocrity to excellence in providing inclusive early childhood education, professional empowerment must occur at the individual and program levels.

Inclusion of young children with disabilities into programs with their typically developing peers continues to be an ongoing complex challenge in many ways (Guralnick, 2001). There is no simple solution to making inclusion successful, yet the gap between recommended practices and reality for many children and families is astonishing (Erwin, Soodak, Winton, & Turnbull, 2001). The purpose of this article is to contrast how children and families presently experience inclusive early childhood education with what it might look like if all stakeholders assumed responsibility for using effective practices. In addition, we discuss ideas for enhancing professional empowerment at both the individual and program levels.

The following story reveals the complex nature of inclusion for one family. Monica and Mark Price's experiences with inclusion are based on a composite of true stories. Although individual professionals helped make inclusion successful for them, they experienced little sense of collaboration and significant breakdowns in implementation.

MONICA AND MARK PRICE— TYPICAL SCENARIO

Monica and Mark had dreamed of becoming parents for a long time when Lindsey joined their family. Like most families, they were learning how to juggle their jobs and family time, but both Monica and Mark taught at the high school so their jobs gave them some flexibility. Lindsey was about 3 years old when Monica and Mark recognized her slow development. Monica had noticed that Lindsey was slower than other children, but her pediatrician comforted her fears by telling her that children develop at many different rates. At the neighborhood playground she would notice children who looked about the same age as but more developed than Lindsey and ask the parents, "How old is your child?" Monica's concerns grew.

Monica and Mark enrolled Lindsey in a neighborhood childcare center when she was 4 so she could have more opportunities to learn to talk and play with friends.

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They had heard about early intervention and asked the childcare center director what could be done to help Lindsey's development.

Getting someone to recognize Lindsey's needs was emotionally difficult and stressful for Monica and Mark. The director at the childcare center was very supportive, but she wasn't quite sure who should be contacted to start an evaluation. Monica and Mark finally found someone at the school system to ask for an evaluation, but they waited and waited before the evaluation took place. When it finally did happen, they were dismayed that after 40 minutes of observing Lindsey in her classroom and on the playground, the evaluation team said she would be fine. They were advised to just give her more time to adjust. The team felt that Lindsey still had a year before kindergarten so there was no need to worry.

But Monica and Mark did worry. Lindsey couldn't answer simple questions; she spoke only a few words and couldn't follow simple directions. Lindsey's preschool teacher really liked Lindsey but felt that a speech and language therapist should be the one responsible for increasing Lindsey's language. Monica and Mark felt their pleas for help were ignored; they felt alone and fearful of the future. Monica asked, "If we can be so disregarded, what about other parents who do not know how to speak up or ask for services?" It seemed to Monica that early intervention was doled out like a scarce commodity.

After insisting (several times before Monica and Mark felt heard) for a more in-depth evaluation, plans were made to give Lindsey a full evaluation that also included parental input. By April, Monica and Mark were finally able to write an Individualized Education Program (IEP) with the team. Lindsey was almost 5 years old; she didn't qualify for summer services, so the team discussed where Lindsey could go in the fall. The team suggested that Lindsey should go to an early childhood special education (ECSE) classroom, with some reverse integration. The team suggested there would be a paraprofessional in the ECSE classroom to help out with all the children. They also indicated that Lindsey would receive speech and language intervention twice a week.

Mark and Monica wanted Lindsey to continue at the childcare center so that she could build on the friendships she had started and have continuity in her life. The preschool teacher wanted to work with Lindsey, but working with children with special needs, like Lindsey, wasn't even a part of her teacher education program. Monica sensed that asking for Lindsey to stay at the childcare center was like asking for the moon. She felt that the administrators who attended the IEP meeting were there to prevent her and Mark from making unreasonable demands. The district did not have a history of placing children with special needs in community childcare programs. An administrator said the district couldn't be expected to pay for Lindsey's preschool program in the

community when there already was a preschool program in the school district for children with special needs.

In an effort to explore options, Monica and Mark asked about Head Start. Lindsey had a friend who attended, and the program was close to home. Monica remembers the director of special education telling her in amazement, "Don't you know that is a totally different program?" In the end, the team reluctantly recommended that Lindsey continue in the preschool classroom at the childcare center with an ECSE consultant visiting with the teacher once a week. When needed, the ECSE consultant could pull Lindsey out of the classroom for small-group instruction. Mark and Monica would pay for the tuition at the center. Cost was an issue for them, but it was more important to help Lindsey maintain friendships. The team did not agree on the need for a paraprofessional at the childcare center. Monica and Mark felt this was less than the level of support Lindsey needed to be successful at the center. But the IEP ordeal was emotionally draining, and they did not have the time nor the energy to take on that battle. The team gave them some worksheets of activities and ideas for language development during the summer. The school administrator invited the preschool teacher to attend an in-service training in the fall related to Lindsey's needs if the center's director could find a substitute teacher.

Monica and Mark will make the best of Lindsey's next school year but are apprehensive about the challenges and barriers they see before them. They had no idea the amount of time and energy it takes parents of children with special needs to build partnerships with professionals and to be valued members of the team.

MONICA AND MARK'S EXPERIENCE: REFLECTIONS ON THE ROLE OF PROFESSIONALS

The following discussion focuses on the supports and challenges faced by the Price family in their journey to gain an understanding of inclusive education for Lindsey. Several key areas of concern in the Prices' story are considered, including (a) knowledge of inclusive education among service providers, (b) responsiveness of service providers to the family's concerns and requests, and (c) the degree to which providers collaborated in service delivery. We also explore whether the Price's experience is typical of other families who desire inclusive placements for their children.

The assumption underlying the present discussion is that professional responsibility for providing quality services and supports to young children with disabilities is necessary and complex. Bailey (2001) proposed three levels of accountability for evaluating support for families in early intervention and preschool programs (i.e., legal compliance, the use of recommended practices, and

outcome efficacy). This framework provides a potentially useful approach to program evaluation and, perhaps equally important, offers parameters for further discussion of indices of success. Examples of accountability at each of these levels are embedded within the following discussion of professional roles.

Administrators

Highlights From Monica and Mark's Experience. In their journey to provide the highest quality education for their daughter Lindsey, Monica and Mark encountered some administrators who were supportive and others who posed challenges. The administrator of the childcare center was supportive but was unaware of how to arrange for Lindsey's evaluation. As Monica and Mark began requesting continued support for inclusive childcare, their relationships with those in positions of authority became far more difficult.

A lack of support was evident in how the meetings were arranged (filling the room with top administrators) and in the district's unwillingness to allow Lindsey to continue in the program she was attending because programs for special children already existed. The concerns Mark and Monica had about Lindsey's development and their desire for her to make friends and develop language skills were not shared by the administrators. In addition, the director of special education did not offer to assume responsibility for collaborating with another agency when Monica suggested that Lindsey attend the local Head Start program.

Finally, at times there seemed to be a lack of responsiveness to Mark, Monica, and Lindsey. Both parents felt that their requests were put off and that their voices were unheard. They ultimately accepted less than what they thought was appropriate (in terms of support for Lindsey) or fair (in terms of their assuming tuition costs); and they were emotionally drained by their interactions with the system—a system, ironically, whose purpose is to support children and families.

Typicality of Experience. Monica and Mark's challenges in seeking inclusion appear to mirror those that have persisted for the past two decades (Turnbull & Winton, 1983; Winton & Turnbull, 1981). Although the quality of relationships varies widely, it is not uncommon to find relationships among parents and administrators characterized by a lack of trust, respect, and shared values (Dinnebeil, Hale, & Rule, 1996; Dinnebeil & Rule, 1994; Erwin & Soodak, 1995; Soodak & Erwin, 2000).

Practitioners

Highlights From Monica and Mark's Experience. Monica and Mark's experience highlights the importance

of individual practitioners in facilitating access to quality inclusive schooling. Monica and Mark appreciated those who were willing to assume their professional responsibilities for educating Lindsey in a way that was consistent with the parents' values, such as the preschool teacher who was willing to expand her own professional development to teach Lindsey more effectively.

Other professionals, however, were less responsive. Monica and Mark were disappointed by some practitioners who did not take the time to understand their daughter, dismissed their concerns about her, rigidly adhered to professional boundaries, and overrode their requests for inclusive services and supports. It was stressful in and of itself to recognize that Lindsey was developing more slowly than other children, but the parents' emotions were compounded by professionals who ignored their "pleas for help." The team's recommendations were at times contradictory and may have been less than legally responsible (e.g., the paraprofessional who was recommended to support placement in a segregated preschool was not provided when Lindsey was to attend a typical early education program).

Typicality of Experience. As in the present story, the burden of gaining entry into inclusive programs has often fallen far too heavily on families (Erwin & Soodak, 1995; Soodak & Erwin, 2000). Parental concerns about the adequacy of instruction for their children in inclusive settings (Bennett, Lee, & Lueke, 1998; Guralnick, 1994; Hanson et al., 2001; Turnbull & Winton, 1983) are supported by evidence of challenges to implementation, including the lack of professional collaboration (Lieber et al., 1997), the lack of training and support for teachers (Scruggs & Mastropieri, 1996), and variability in the way teachers' beliefs about inclusion are implemented (Hanson et al., 1998; Lieber et al., 1998).

College and University Faculty

Highlights From Monica and Mark's Experience. Teacher educators and university faculty are absent in Monica and Mark's story. The role of teacher educators in providing training or technical assistance to support Lindsey and her family in inclusive environments was barely mentioned despite the practitioner's limited experience and lack of training in inclusive practices. A recommendation was made for the classroom teacher to attend an inservice training, although the teacher's attendance in the training was made conditional on finding coverage for her classroom.

Additionally, some of the practitioners seemed to have a narrow perspective of Lindsey and her family and did not always exhibit the skills and dispositions needed for effective family-centered team planning. For example, the team responded to concerns about Lindsey by telling

the parents to wait for her to change. Mark and Monica felt like they were “tolerated members of the team” as opposed to valued partners. What kind of coursework, experience, and opportunity was provided to these practitioners in their training programs to prepare them to advocate for and work with children with disabilities and their families?

Typicality of Experience. The movement to educate young children with and without disabilities together is changing the way that practitioners need to be prepared. Changes in professional development have resulted from inclusion as well as other critical developments in the field, such as family-centered practices, integrated and transdisciplinary therapy models, and the unification of early childhood and early childhood special education (Buysse, Wesley, & Able-Boone, 2001). However, it is not yet well documented as to whether and how well information about these practices is being disseminated by universities, colleges, and professional organizations.

Researchers

Highlights From Monica and Mark’s Experience. Throughout Mark and Monica’s experience there were multiple opportunities in which research might have been used to inform practice. There was a general absence in the story about identifying and providing the family with research-based information and resources that would have made the process of accessing and receiving support less stressful and more positive. There was also an apparent lack of awareness or consumption of research by administrators and practitioners.

Typicality of Experience. Despite a growing body of research on effective implementation of early childhood inclusion, there is a serious issue regarding the limited use of research in affecting practice (Fuchs & Fuchs, 1998; Hoshmand & Polkinghorne, 1992; Kaestle, 1993; Kaufman, Schiller, Birman, & Coutinho, 1993; Malouf & Schiller, 1995; Turnbull & Turnbull, 2001). This gap exists in spite of the Individuals with Disabilities Education Act Amendments’ (IDEA 1997) policy mandate that state education agencies ensure “the continuing education of regular and special and related services personnel,” to acquire and disseminate to professional staff “significant knowledge derived from education research and other sources,” and to adopt where appropriate “promising practices, materials and technology (@-USC 1413 (1)(3)(B)).”

THE PRICE’S STORY RETOLD— OPTIMAL SCENARIO

Imagine a different kind of experience for Monica, Mark, and Lindsey—based on an approach to inclusion that re-

flects what research and recommended practices have discovered to work.

When Monica and Mark first expressed their concerns to the childcare center director, she gave them contact information for the transdisciplinary early intervention team that is part of the unified early childhood intervention system in their county. The formation of a unified system of services for all young children (birth-age 8) in their county came about through a series of community forums on inclusion (Wesley, 1995) sponsored by their local interagency coordinating council (LICC) and held over an 18-month period. These forums, which were attended by key community stakeholders (i.e., parents, Head Start staff, public school and early childhood teachers, specialists, administrators, university faculty, researchers), focused on creating a joint vision for inclusion that is based on research. The process included the development of a plan for making inclusion work with action steps and specific responsibilities assigned.

The LICC adopted the implementation and evaluation of the formation of the unified system and the inclusion plan as part of their mission and workscope. As a result of the community forum, the LICC has active participation from many stakeholders, including parents. Parents get reimbursed for participation, and agency representatives are exempt from some of their other responsibilities so they can devote time to this important role.

The process of making changes in the systems has taken 5 years of hard work on the part of the LICC. A university faculty member with expertise in inclusion has provided facilitation support to the LICC as part of the university’s tenure expectation for service, and the facilitation has ensured that all voices were heard during the negotiations needed for creating changes in their systems. All new LICC members are provided with an orientation that includes building skills in teamwork and collaboration. This support comes from being part of a study circle or “learning pod”—an idea that was generated in the community forums and implemented by the LICC as part of a broader community-wide professional development plan. Learning pods provide opportunities for small groups to form around topics or skill areas of interest, and they are one of the many ways for ensuring that ongoing staff development and lifelong learning are an expected part of everyone’s role. Because of the involvement of the local universities and colleges, college credits can be obtained as part of learning pod participation. With this kind of infrastructure (i.e., LICC, inclusion plan, community-wide professional development plan, learning pods) in place, everybody involved has the support they need to serve Lindsey in an inclusive environment. The end result is a *learning community* (Fullan, 1993), whereby all stakeholders are committed to ongoing professional growth and continuous improvement related to the policies and practices that affect young children.

Because they were fully involved in the process, Mark and Monica felt ownership for the outcomes of the transdisciplinary evaluation (Child Development Resources, 1992) of Lindsey and the IEP that was developed. Based on their preferences, their involvement started when they were asked what kind of role they wanted to play in the evaluation process. They were also given a set of questions that helped them write a description of Lindsey for the team: what she liked, didn't like, their hopes for and questions about Lindsey's progress. Because they chose to take a leadership role in the meeting, they facilitated the meeting process and started by painting a picture of Lindsey that was the basis for the development of the assessment plan. The team members spent ample time listening to Mark and Monica, who felt sincerely valued and respected by this team. For the first time in many months, Monica and Mark began to relax and feel hopeful.

From this assessment, an IEP was developed to promote Lindsey's access to the curriculum in the childcare center. The IEP goals were written clearly and had meaning for Monica and Mark as well as for the childcare teacher. Because the center was part of the unified system of early childhood services, the teaching staff was able to receive appropriate assistance from inclusion support specialists employed by the school district. This support was flexibly designed to provide intense, frequent support initially and as needed throughout the course of the year. The inclusion support specialists had training in consultation skills as well as expertise in different disciplines. Monica and Mark were relieved to find out that the inclusion support staff also worked in the kindergarten and first grades of their local elementary school so they knew that the transition to public school would go smoothly. In fact, the transition to kindergarten was a part of the parent education series sponsored by the LICC. The community's commitment to inclusion ensured that the needs of all children and families were addressed in any family involvement activities, including transition.

Monica and Mark's expertise and understanding of the school system, based on their jobs as teachers, delighted the team, especially the teacher and speech-language therapist, because they were seeking to recruit parents to join them in an action research project sponsored by the nearby university (Welch & Chisholm, 1994). The project was designed to evaluate two different language interventions embedded in daily activities. With Lindsey's language development being a concern, Mark and Monica were thrilled to have a chance to learn about strategies that might work. They would work with a research team that included the speech-language therapist, the teacher, a university faculty member, and a graduate student from the allied health division at the university. When Monica learned that they would receive a gift of

educational toys for their project participation, she felt welcomed and appreciated.

The graduate student also invited Monica to be her "family mentor" for a semester, a project that was part of a course the student was taking (Capone, Hull, & DiVenere, 1997). Monica began to feel that she no longer had a normal life because these new demands seemed endless. However, when she learned more about the mentor project, she realized it could address one of her needs. In this project, students develop communication and resource access skills by listening to families describe an informational need and assisting the families in finding the information they want. Monica knew exactly what information she wanted: What would the transition to the public schools be like for Lindsey and for them?

By the time Lindsey made the transition to public school, Monica and Mark had the opportunity to form relationships with the personnel on their new "team." This included the teacher in the Head Start/prekindergarten classroom that Lindsey would attend, the inclusion support specialist from the public schools that they already knew, the speech-language therapist, and the school principal. Their readiness stemmed in part from their participation in the family mentor project but also related to the consistency provided by the inclusion specialist and the public school's readiness for them. A transition plan orchestrated by the early intervention team and public school program (Rosenkoetter, Hains, & Fowler, 1994; Rous, 1997) addressed the concerns Monica and Mark had about how Lindsey's IEP goals could be accomplished within the new setting. The school district's support for Lindsey's classroom teacher was critical. She took a methods course over the summer and was paired with a peer mentor (Gallacher, 1997) over the next year. This helped ease some of Monica and Mark's concerns. Monica instigated another language intervention study that provided the teacher and some university students the opportunity to examine how well the strategies that worked in the early childhood setting could apply in a pre-K classroom.

Mark and Monica were relieved and impressed with the warm invitation from the school staff to participate in various school-related activities. They especially appreciated the open door policy (Erwin et al., 2001) with regard to parent visits. Mark agreed to join the Accountability Council, a staff-parent group engaged in self-study of the school's inclusion policies and practices. The reimbursement for a substitute teacher for Mark while he participated in gathering data was a critical part of his ability to be on the Council. The group used a set of research-based rubrics developed through a participatory action research project undertaken by the school system and the local university to examine current inclusion practices and how they compared with what would be ideal. The rubrics are revised every 3 years, as research

continues to clarify under what conditions and with whom inclusion works best. Most parents in the school agree that the work of the Accountability Council has created more individualized learning opportunities for all children in the school.

Lindsey has come a long way over the last several years, and so has the community. Monica and Mark feel they are riding a wave that will carry them and Lindsey through her middle and high school years. As high school teachers, Mark and Monica realize how much will need to change when the wave hits those high school shores. However, buoyed by their success within the early childhood system, they are confident that change is coming and will positively affect every level of the education system.

FACILITATORS OF INCLUSIVE EARLY CHILDHOOD EDUCATION: WHAT IS KNOWN ABOUT SUCCESS

Many aspects of the optimal scenario rely on research-based or promising practices: (a) the use of transdisciplinary practices for the early intervention team, (b) service coordination among various early childhood agencies, and (c) consultation with preschool staff about implementing best practices, and (d) systematic planning for transition. Research-based facilitators of inclusive early childhood education are provided in Figure 1. Practices included in this figure were judged by the present authors to be well validated by research.

Practices in the optimal scenario that appear to be promising are identified in Figure 2. These practices, although not yet sufficiently validated by research, are consistent with the assumptions underlying IDEA, and in several instances the study or use of these practices has been supported by professional organizations. There is a clear need for an expanded research agenda to investigate the promising practices to determine which ones might become evidence-based, as well as to continue to refine and expand on the practices that already have a research base established.

ENHANCING PROFESSIONAL EMPOWERMENT

We encourage all stakeholders to reflect on the vast difference between the typical and optimal scenarios involving Lindsey and her parents, Monica and Mark. Interestingly, we often presume that it is the extent of the child's disability or the parents' visions, resources, concerns, priorities, and strengths that are the determining factors in the quality of services offered and in the child and family outcomes. Although those variables certainly

Administrators have been characterized as "gatekeepers" to inclusive programs and key players in supporting effective implementation.

- Administrators set the tone for effective implementation (Brotherson, Sheriff, Millburn, & Schertz, 2001; Lieber et al., 2000).
- Influences on initiation and implementation of inclusion include a shared vision; national, state, and local policies; training and external support; organizational structure; and community advocacy (Erwin & Soodak, 1995; Lieber et al., 2000).
- Successful implementation has been linked to policies and procedures that require and support collaborative planning within programs and among agencies (Fink & Fowler, 1997; Smith & Rose, 1993).

A cornerstone of successful early childhood inclusion is the commitment to and facilitation of parent-professional partnerships at all stages of the process.

- Implementation is supported in programs that build effective and trusting parent-professional partnerships by maintaining a supportive school climate and open communication with families (Hanson et al., 2000; Hanson, Gutierrez, Morgan, Brennan, & Zercher, 1997; Hanson et al., 2001; Soodak & Erwin, 2000).
- Family-centered practices (treating families with dignity and respect, being sensitive to family diversity, and using practices that are empowering) enhance both family and child outcomes (Dunst, Trivette, Boyd, & Hamby, 1996; McWilliam, Toci, & Harbin, 1998).
- Parent-professional partnerships that are grounded in trust, mutual respect, and open communication facilitate shared decision making and a sense of satisfaction for families (Bennett, Deluca, & Bruns, 1997; Bennett, Lee, & Lueke, 1998; Soodak & Erwin, 2000).

High quality education, which involves using effective research-based childcare practices and practitioners assuming new roles and relationships, serves as a foundation for successful inclusive early experiences.

- The implementation of effective childcare practices is dependent on commitment, training, and resources (Lieber, Schwartz, Sandall, Horn, & Wolery, 1999).
- Roles and relationships are influenced by teachers' personal investment in the program, their shared philosophy, their perceived responsibility for educating the children, staff communication, extent of role release, role clarity and satisfaction, stability of adult relationships, and the ability to initiate new roles (Lieber et al., 1997).

FIGURE 1. Evidence-based facilitators of inclusive early childhood education.

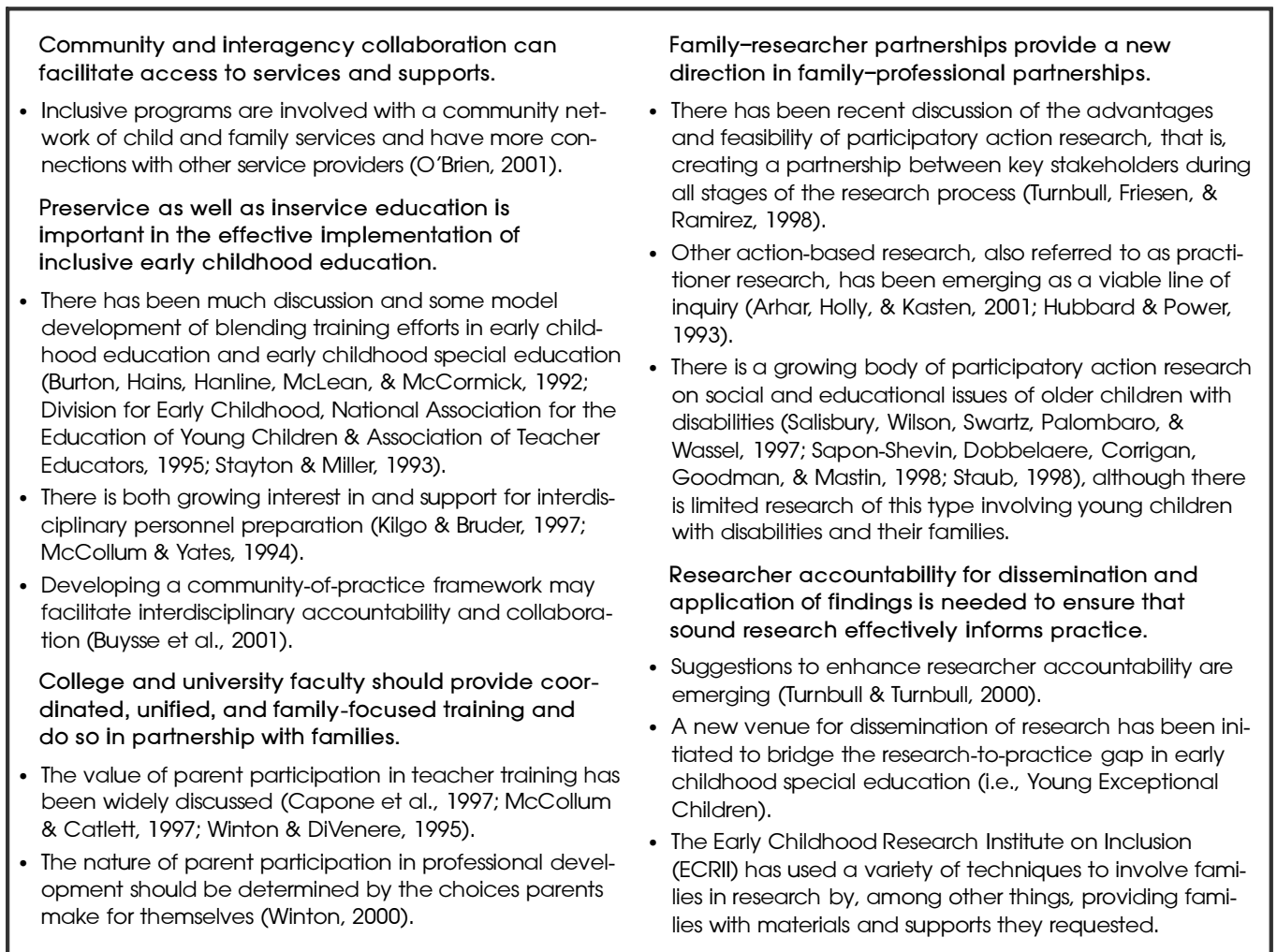


FIGURE 2. Recommended and promising practices in inclusive early childhood education.

cannot be discounted, it is compelling in these scenarios that the same child with the same intensity of needs and supports and the same parents in terms of their visions, resources, concerns, priorities, and strengths have two such vastly different experiences. Although we suggest that the first scenario is typical, we encourage stakeholders to reflect on it in terms of practices within their own communities. In each of our communities, is early childhood inclusion implemented in a more similar way to the typical or optimal scenario? What are the elements that differentiate the typical and optimal scenarios?

Some factors are clearly more related to motivation than to recommended practices and research-based knowledge. For example, the educators in the optimal scenario appear to (a) have an openness and eagerness to collaborate, (b) have confidence that they can contribute to systems change, (c) work hard to implement changes in spite of the system's natural resistance to change, and (d) dem-

onstrate inquisitiveness in their commitment for ongoing professional growth and continuous improvement.

Our analysis of the optimal scenario's services and supports pointed us in the direction of the literature on empowerment. Empowerment writing and research have focused largely on family empowerment (Cochran, 1992; Dunst, Trivette, & LaPoint, 1992; Koren, DeChillo, & Friesen, 1992; Valentine, 1998). We strongly endorse family empowerment. In fact, Monica and Mark represent a highly empowered family. It is interesting to note that, although this vignette about Monica and Mark is hypothetical, it closely reflects the real life experiences of Dr. Mary Jane Brotherson and her husband, Tom Russell. Brotherson (2001) responded to Bailey's (2001) cogent article on accountability by describing the experiences within her own family in seeking inclusive supports and services for her two daughters. As demonstrated in the typical scenario of Monica and Mark in this article and

in Brotherson's article, these parents were well educated, eager to collaborate, and resided in university communities with state-of-the-art professional development and resources. We conjecture that it would be easier to take advantage of the current knowledge base of research-based and promising practices in university towns with well-educated, knowledgeable parents in contrast to settings where it is more difficult to obtain the most state-of-the-art knowledge and where parents may not have yet had the opportunity to experience empowerment. Given these rather ideal circumstances, we wonder why the typical scenario was the actual experience of this family. What is needed to move the knowledge base that we now have on inclusive early childhood education as described in this article into optimal scenarios and to further advance that knowledge base? Why is it that having knowledge does not equate with using it?

We believe that enhancing professional empowerment may contribute to creating more optimal scenarios in communities across the country. Empowered professionals (and families) strive to have control over the circumstances with which they are faced by taking action to successfully solve problems they experience (Akey, Marquis, & Ross, 2000; Dempsey, 1996; Dunst et al., 1992; Gutierrez & Nurius, 1994; Man, 1999; Pinderhughes, 1994; Rappaport, 1981; Turnbull, Turbiville, & Turnbull, 2000; Turnbull & Turnbull, 2001). A key research finding related to empowerment is that the extent of one's empowerment is substantially influenced by one's context—one's empowerment can be facilitated or impeded by contextual factors (Kieffer, 1984; Man, 1999; Singh et al., 1997; Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997). This suggests that empowerment is dependent on both individual (i.e., professionals and family) and program or contextual factors.

Professional Empowerment at the Individual Level

In conducting an extensive review of the empowerment literature, Turnbull and Turnbull (2001) have identified four elements of knowledge/skills and five elements of motivation that appear to comprise the larger construct of empowerment. The four key elements of knowledge/skills are

1. Information—having access to state-of-the-art knowledge (Cochran, 1992; Jones, Garlow, Turnbull, & Barber, 1996; Scorgie, Wilgosh, & McDonald, 1999).
2. Problem solving—developing and implementing plans to create solutions to challenges that impede progress (Cochran, 1992; Cornel Empowerment Group, 1989;

- Jones et al., 1996; Knackendoffel, Robinson, Deshler, & Schumaker, 1992).
3. Life management skills—knowing how to reduce stress and obtain support in challenging situations (Covey, 1990; Elliott, Koroloff, Koren, & Friesen, 1998; Olson et al., 1983; Sarason, Sarason, & Pierce, 1990; Shank & Turnbull, 1993).
4. Communication skills—being able to address individual and group issues through nonverbal and verbal communication (Hackney & Cormier, 1996; Ivey, Ivey, & Simek-Morgan, 1993; Kroth & Edge, 1997).

The elements of knowledge/ skills related to empowerment are far more familiar within the professional community in contrast to the elements of motivation. Motivation elements are as follows:

1. Self-efficacy—believing in our own capabilities (Ashton & Webb, 1986; Bandura, 1997; DiBella-McCarthy, McDaniel, & Miller, 1995; Hoover-Dempsey, Bassler, & Brissie, 1992).
2. Perceived control—believing we can apply capabilities to affect what happens to us (Allen & Petr, 1996; Bandura, 1997; Dunst, Trivette, Gordon, & Starnes, 1993; Wehmeyer, 2001).
3. Visions—having great expectations for the future (Cousins, 1989; Seligman, 1990; Snyder, 1994; Taylor, 1989).
4. Energy—vigorously exerting effort in taking action (Covey, 1990; Scorgie et al., 1999).
5. Persistence—putting forth sustained effort (Scorgie et al., 1999; Turnbull, 1988).

If every professional—regardless of whether that professional is an administrator, practitioner, college or university faculty member, and/or researcher—would make an effort to incorporate the elements of knowledge/skills and motivation in his or her professional practice, there is every reason to believe that the optimal scenario earlier described could and would exist throughout the United States.

Professional Empowerment at the Program Level

As we stated earlier, empowerment is highly contextual given that it occurs through an interaction between individuals and the environments in which they operate

(Kieffer, 1984; Man, 1999; Singh et al., 1997; Thompson et al., 1997). As important as it is for individual professionals to be empowered, it can be overwhelming for a single or small number of professionals to be change agents within a system that is resistant to change. Thus, for professional empowerment to flourish in implementing inclusive early childhood practices, it is critically important to focus on empowerment at the program level. One of the characteristics of the optimal scenario is the high number of professionals who are working collaboratively to incorporate best practices and to maintain their own high level of motivation for continuous learning while encouraging their colleagues to do the same.

Since the initial groundwork for the original passage of IDEA in 1975, parents of children with disabilities have had a critically active role in advocacy (Turnbull & Turnbull, 1996; Turnbull & Turnbull, 2001). In reflecting on Mark and Monica's role in the typical scenario, their major goal was to obtain appropriate and individualized inclusive services for their daughter. Again, a similar perspective was expressed by Brotherson (2001). These parents would have preferred to invest much of the time that they devoted to advocacy into enhancing their own family's quality of life. There has been some research and writing on the consequences to parents related to their advocacy experiences in terms of the amount of time it takes, the expenses involved, and especially the emotional drain it exacts (Cunconan-Lahr & Brotherson, 1996; National Council on Disability, 1995; Turnbull & Turnbull, 2001). Further, advocacy can be completely countercultural to many parents whose values place priority on deference to professionals (Kalyanpur & Harry, 1999; Kalyanpur, Harry, & Skrtic, 2000). Mlawer (1993) has called for professionals to assume stronger advocacy roles in implementing best practices so that families are not in the position of trying to hold professionals accountable for providing an appropriate and individualized education for their children. Our analysis of the typical and optimal scenarios suggests a similar conclusion—in the typical scenario it is tedious and time-consuming for Mark and Monica to push professionals to provide appropriate services. In the optimal scenario, Mark and Monica collaborate rather than advocate, and we believe there is a vast difference in terms of enhancing their own empowerment in contrast to contributing to their frustration and disempowerment. We believe that professional empowerment is the key to professionals assuming stronger advocacy roles.

In the optimal scenario there are many such partnerships with parents and others in the community through strategies such as (a) a series of community forums on inclusion with active participation by all stakeholders, (b) a vital local interagency coordinating council, (c) learning pods that provide the opportunity for small groups to

work together around specific topics, (d) a transdisciplinary evaluation with active participation of all stakeholders, (e) family mentorships provided by students from the local university with supervision from faculty, (f) action research with research and stakeholder teams working together, and (g) an Accountability Council to engage in self-study and promotion of best practice (Wesley, 1995). Interestingly, the individual empowerment of each professional was supported and enhanced by the reliable alliance with other stakeholders. Partnerships across stakeholders result in synergy as large numbers of professionals from different stakeholder groups and families all move in the same direction, making the whole greater than the sum of its parts (Craig & Craig, 1974; Turnbull, Turbiville, & Turnbull, 2000; Turnbull & Turnbull, 2001). Together these stakeholders become empowered advocates for implementing best practices consistent with those described in the optimal scenario. Through the implementation of these practices, programs can provide excellent inclusive services to children and state-of-the-art parent involvement and family support opportunities as suggested by Bailey (2001). Bailey's call for accountability provides us with a good foundation in which to examine three areas of accountability, but they are not sufficient to create change. It is critical to also enhance professional empowerment.

Future Directions for Enhancing Professional Empowerment

Much has been written about the gap between research and practice (Fuchs & Fuchs, 1998; Hoshmand & Polkinghorne, 1992; Malouf & Schiller, 1995; Turnbull, Friesen, & Ramirez, 1998). Most of the commentary on the research-to-practice gap has focused on improved methods for dissemination so that stakeholders will have research-based information readily accessible. We concur with the importance of this recommendation, but from the empowerment literature we also suggest that there has not been adequate attention in the past focused on professional motivation related to empowerment. We believe an important direction for the future is to focus on strategies to enhance the self-efficacy, perceived control, vision, energy, and persistence of professionals as a means for increasing the likelihood that research-based and promising practices will be put into everyday supports and services for young children and their families. ♦

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