



THE CONSULTANT'S CORNER

Itinerant Consultation in Early Childhood Special Education: Issues and Challenges

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As the field of early childhood special education (ECSE) moves toward full inclusion, consultation services are increasingly necessary and supplied by ECSE itinerant consultants. However, educational consultation in ECSE has challenges that are different from consultation in kindergarten through 12th grade. This article examines the team components of organizational context, team structure, team processes, and team outcomes for ECSE. The article discusses the challenges of conducting meetings in a variety of contexts with varying levels of support for teamwork, consulting with large numbers of individuals with varying levels of training representing a variety of disciplines

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and agencies, and dealing with divergent opinions among team members regarding team processes and outcomes.

As the field of early childhood special education (ECSE) moves toward full inclusion, consultation services are increasingly necessary and supplied by ECSE itinerant consultants (Buysse, Skinner, & Grant, 2001; Dinnebeil & McInerney, 2000; Dinnebeil, McInerney, Roth, & Ramaswamy, 2001; Guralnick, 2000; Wesley, Buysse, & Skinner, 2001). Children who are identified early as having disabilities often have many developmental challenges that require support from family members, specialists, and service providers. As a result, effective service delivery for these children and their families requires significant collaboration and teaming skills (Sandall, McLean, & Smith, 2000). However, to be effective as an itinerant consultant in ECSE, it is necessary to recognize the differences between consultation in ECSE and consultation in kindergarten through 12th grade (K–12) schools. This article considers a number of unique issues faced by ECSE teams and itinerant consultants in their efforts to support the successful inclusion of children younger than the age of 5 years in early childhood settings.

CHALLENGES TO EARLY CHILDHOOD INCLUSION

The case is often made that inclusion of young children is relatively easy because at this age services are delivered in the context of play and daily routines, and there is little or no academic demand. There are, however, some challenges that are unique to early childhood inclusion that we present in the following (Klein, Richardson-Gibbs, Kilpatrick, & Harris, 2000).

In some ways inclusion in K–12 is very different from early childhood inclusion. The number and variety of disciplines and agencies involved with very young children with disabilities is typically greater than in K–12. Also, the ECSE itinerant consultant must have expertise across all disabilities, including multiple disabilities.

In the K–12 inclusive classroom, the teacher is credentialed at the same level as the special educator who may be team teaching or providing consultative support. In early childhood education (ECE) settings, particularly in poor urban areas, there may be a significant parity gap between the training and salary levels of ECE and ECSE teachers. The level of experience and understanding of disabilities among ECE teachers and staff is highly varied and may be minimal (although as McCormick & Brennan, 2001, note, with increasing “blended” ECSE-ECE preservice training, this

challenge may disappear). This difference can cause a number of communication and relationship problems for the ECSE itinerant consultant.

Many early childhood settings in the United States lack sufficient resources, resulting in inadequate numbers of staff, time constraints, and insufficient materials, equipment, and space. As a result, something viewed as a minimal requirement (e.g., planning time) by the ECSE itinerant consultant, may be considered nearly impossible by the ECE staff. It is essential that the ECSE itinerant consultant be able to take the perspective of the ECE staff, a staff most likely different from special education staff, to bring about effective team building.

Finally, there are sometimes significant philosophical differences between ECSE and ECE staff. This can be related to the diverse training ECSE team members have (e.g., educators, therapists, medical personnel). These differences include such issues as: the purpose of ECE (e.g., opportunities for socialization vs. training of specific developmental skills vs. school readiness), the kinds of teaching and interaction strategies used (e.g., child directed and unstructured vs. a combination of teacher-directed and child-directed activities within a predictable daily schedule), and beliefs about inclusion (e.g., all children should be included regardless of severity or complexity of disability vs. only certain children can be successfully included).

ISSUES IN ECSE ITINERANT CONSULTATION

Unlike K–12 in which support is provided through one system, in one setting (i.e., the public school), ECSE itinerant consultants may provide inclusion support in a variety of community-based settings (e.g., childcare centers, family daycare, preschools, Head Start programs) and school sites (e.g., child education centers, prekindergarten and kindergarten classes). In addition to this wide variety of settings, ECSE itinerant consultants assume a variety of roles and engage in many different activities (Dinnebeil & McInerney, 2000; Dinnebeil et al., 2001). There is not a clear consensus regarding the roles and responsibilities of the ECSE itinerant consultant (for a detailed description of one model of ECSE itinerant consultation see Klein, Richardson-Gibbs, et al., 2000). One thing is clear, however: The successful delivery of inclusion support by the ECSE itinerant consultant is dependent on teamwork.

To understand how teaming might be different for service providers in early childhood settings versus service providers in school settings, a teaming model developed for rehabilitation settings may be applicable as this model has been developed to address the issues faced by human ser-

vices teams composed of individuals from diverse disciplines (Saltz, 1992). This model identifies four essential components of effective team functioning: context, structure, processes, and outcomes.

Organizational Context

The context of a team “includes the organizational culture in which the team is operating and the relationship of the team to its external environment” (Saltz, 1992, p. 1). In K–12, inclusion support is generally provided in schools that provide the administrative infrastructure for teaming (Heron & Harris, 2001). In contrast, the context of teamwork in ECSE is varied because of the wide variety of settings and systems in which services are provided (Odom et al., 1999). Teamwork may or may not be part of the organizational structure in each of these settings (which include agencies, institutions, and programs). There are many differences across these settings, including the degree of structure, the personnel delivering the services, and the expected outcomes of service. If teamwork is not part of the organizational structure, there is no administrative infrastructure to support the integrated delivery of services (Guralnick, 2000; Hanson et al., 2001). This could be challenging for the ECSE itinerant consultant who needs to coordinate services for effective inclusive programming for young children with disabilities and their families.

It is important for the ECSE itinerant consultant to be aware of the expectations for the development and provision of team services in each of the contexts in which team services will be provided (Gallagher, 1997; Sadler, 2001). Consultants should be familiar with various consultation models and their use to select the most appropriate consultation model for the context of the team services (Dettmer, Dyck, & Thurston, 1996). A common dilemma that many itinerant special educators face is whether to be a content expert or a process facilitator or both. This decision has faced consultants for many years (Schein, 1978).

For example, an ECSE itinerant consultant could be working with a child who has been placed in a National Association for the Education of Young Children (NAEYE) accredited program with a well-established curriculum and well-trained ECE staff. The team in this program may be committed to providing appropriate services but needs to work together to develop and implement an intervention plan. All members bring substantial expertise to the table. In such a case, a collaborative consultation model may be most effective (Idol, Nevin, & Paolucci-Whitcomb, 1999). In another situation, most team members may not be familiar with possible

interventions to meet the needs of the child with disabilities and they may look to the ECSE itinerant consultant as the team member who could provide specific information and recommendations as well as coordinate any other specialized services. In this case, it might be most appropriate for the ECSE itinerant consultant to use a clinical or expert consultation model with team members (Heron & Harris, 2001). Using this model, the ECSE itinerant consultant suggests an intervention plan to be adopted by the team. In most cases, however, the ECSE itinerant consultant would never play an exclusively expert role. Because of the variety of situations that an ECSE itinerant consultant can be confronted with, it is important that the consultant is familiar with different consultation models and chooses the most effective model for the situation.

Team Structure

In addition to differences in context, there is a difference in the structure of the team. When considering the structure of the team, we can consider the team as individuals (i.e., who is on the team), and the team as a unit (i.e., how is the team organized).

Team as individuals. Teams addressing the needs of infants and young children with disabilities are often diverse as well as large. Also, in ECSE, family members are always active and key members of the ECSE team. Other team members may include psychologists, early childhood special educators, early childhood educators, paraprofessionals, one-to-one aides, speech and language therapists, occupational therapists, physical therapists, disability specialists (e.g., visual impairment specialists, deaf and hard-of-hearing specialists), behavior specialists, and health service providers. Because of the number of types of individuals on ECSE teams, the different agencies, philosophies and intervention approaches are apparent. As indicated by Jacques (1991), the larger the number of team members, the more tension. The smaller the number, the more cohesion that is possible in the group. Therefore, management of large teams of individuals requires careful use of leadership, communication, and interpersonal skills for the large team to work effectively.

Team as unit. When considering the team as a unit, there might also be differences between the K–12 teams and ECSE teams. At the K–12 level, special education teams are focused on providing services within the edu-

cational system and are generally stable. That is, most of the specialists on the team work together to address the needs of many students with disabilities (e.g., the school psychologist, the special educator, and the speech and language therapist may collaboratively develop intervention plans for a number of K–12 students with disabilities). However, the young child with disabilities may be receiving services across a variety of settings that are particular to that child (e.g., dual placement in a special education preschool class and inclusive after-school care). Therefore, it is possible that several different teams might be responsible for the development and delivery of services for a young child with disabilities.

Team development. Regardless of the type of team, all teams develop. The ECSE itinerant consultant should be aware of team development models and how team development might influence team effectiveness (Tuckman, 1965). The ECSE itinerant consultant should not only know the stage of team development for each team, but should also be able to facilitate the movement of each team through the action stage so that effective implementations can result. However, ECSE itinerant consultants should be aware that the multidimensionality and complexity of ECSE teams will often result in conflict and that active problem solving will be an ongoing reality.

Team Processes

The processes of teamwork may also be different for teams serving a K–12 student with disabilities and ECSE teams. The processes of teamwork include leadership; information sharing and communication; and problem solving, decision making, and conflict resolution.

Leadership. In a relatively stable team, such as K–12 special education teams, it might be possible to share team leadership responsibilities and promote parity among team members. However, in ECSE teams, lack of parity is common because of numerous reasons. For example, there are widely varying incomes among early childhood team members, early childhood providers may not have certification requirements, and training experiences vary widely across early childhood educators. In addition, those providing support to a young child with disabilities and his or her family do not always interface with one another or even deliver the services in the same place. Therefore, leadership for team coordination and facilitation of the team process among disparate team

members will often fall on the individual who serves as case manager for services. It is increasingly clear that the ECSE itinerant consultant often needs to assume this important role. A strong case can be made for the ECSE itinerant consultant assuming this role. First, because training programs in ECSE include knowledge of the developmental aspects of specific disabilities across all developmental domains (e.g., language, social-emotional, cognitive, motor), the ECSE itinerant consultant may be the most knowledgeable regarding all the needs of the child and the interrelationships across the developmental domains. Second, the ECSE itinerant consultant is often the person most familiar with the complex components of the service delivery system.

Information sharing and communication. In teams, it is necessary to share information about the nature of the client (i.e., the young child with disabilities and his or her family) and interventions for the client, as well as information about effectiveness of the team. Much has been written regarding the need for effective communication skills (see Heron & Harris, 2001). A very important communication skill for the ECSE itinerant consultant is perspective taking. Many researchers in the literature note that a common shortcoming is lack of awareness by many team members regarding the knowledge, education, scope of practice, level of expertise, and role held by team members, especially team members from other disciplines (Rothberg, 1992). This is especially true of teams that are composed of a variety of individuals from various backgrounds. Therefore, the ECSE itinerant consultant should assure that all team members have knowledge of each other's background and an appreciation of the role each team member can make to the provision of services. This can be done by providing relevant information before initial team meetings as well as assuring that team members are familiar with knowledge and roles at the beginning of team meetings. Every effort should be made to promote interdependency among team members as this will enhance team effectiveness (Rothberg, 1992).

Problem solving, decision making, and conflict resolution. The problem-solving and decision-making processes of teams providing support to young children and their families will also have challenges because some team members may only know each other through their involvement in occasional team meetings or by interacting with only a few team members at a time (e.g., the occupational therapist talks with the itinerant special educator and the itinerant special educator shares information from the occupational therapist with the family and the Head Start teacher).

When team members convene as a group infrequently due to organizational or structural issues, time for the process of conflict management is at a premium. This requires the team leader to have well-developed skills in problem solving, decision making, and conflict resolution. There are many sources available for ECSE itinerant consultants to consult in developing these skills (e.g., Briggs, 1993; Buysse et al., 2001; Dinnebeil & McInerney, 2000; Dinnebeil et al., 2001; Fink & Fowler, 1997; Fisher, Ury, & Patton, 1998; Koch & McDonough, 1999; Neck, Manz, & Manz, 1998).

Team Outcomes

Two types of outcomes are important. The team must deliver appropriate, effective and well-coordinated services to insure that certain outcomes are achieved for the child. Equally important, as a means to this end, is the outcome of team effectiveness.

Child outcomes. Unlike K–12, in which the purposes are clear (i.e., access to state standards and meeting specific Individualized Education Program [IEP] goals), the basis for programming in ECSE is not always standards based nor an adaptation of a general education curriculum. Thus, appropriate inclusion programming may focus on different child outcomes, resulting in a lack of agreement about program outcomes and level of achievement being sought for the child. In ECSE inclusion the expectations may range from simply safe childcare to social participation to meeting specific Individualized Family Services Plan (IFSP) or IEP goals. These different expectations require different kinds of support and clinical expertise. When the expectation is for the child with disabilities to socially participate in the daily activities as fully as possible, it requires not only collaboration, but also willingness and ability on the part of the early childhood team members to make necessary accommodations and adaptations. When a child's IFSP or IEP goals are also targeted outcomes, there is often a need for greater training intensity and coordination of specialists because the child's goals as well as team effectiveness become important outcomes for consideration (Klein, Kilpatrick, & Richardson-Gibbs, 2000).

Team effectiveness. Measures of team effectiveness should address the degree to which team members are functioning as a team versus team members functioning as a collection of individuals. The quality of the ex-

change between team members, the level of cohesiveness of the team, and the effectiveness of leadership should be monitored, as should the problem-solving and decision-making processes of the team. In addition to these variables, it is also especially useful for early childhood and ECSE administrators to monitor the organizational context. They should assure that there are policies and practices that, although external to the team, will positively effect team process and output (McClane, 1992). However, evaluation of team process to maintain and enhance the teams is confounded by the diversity of contexts and members and complicated by administrative expectations regarding team functioning.

CONCLUSION

The role of the ECSE itinerant consultant is evolving and not yet clearly delineated. However, the role of the ECSE itinerant consultant is ultimately defined, it will be dependent on effective teaming. To meet this challenge, ECSE itinerant consultants must receive intensive training not only in ECSE but equally important in consultation and effective teaming in ECSE contexts. It will also be important for administrators to become familiar with and support these new roles and processes.

ACKNOWLEDGMENTS

The authors thank project support coordinators Sharon Kilpatrick and Anne Marie Richardson-Gibbs for their significant contributions to the ideas presented in this article.

REFERENCES

- Briggs, M. H. (1993). Team talk: Communication skills for early intervention teams. *Journal of Childhood Communication Disorders, 15*, 33–40.
- Buysse, V., Skinner, D., & Grant, S. (2001). Toward a definition of quality inclusion. *Journal of Early Intervention, 24*, 146–161.
- Dettmer, P. A., Dyck, N. T., & Thurston, L. P. (1996). *Consultation, collaboration, and teamwork for students with special needs* (2nd ed.). Boston: Allyn & Bacon.
- Dinnebeil, L. A., & McInerney, W. F. (2000). Supporting inclusion in community based settings: The role of the "Tuesday morning teacher." *Young Exceptional Children, 4*, 19–26.
- Dinnebeil, L. A., McInerney, W. F., Roth, J., & Ramaswany, V. (2001). Itinerant early childhood special education services. *Journal of Early Intervention, 24*, 35–44.

- Fink, D. B., & Fowler, S. A. (1997). Inclusion, one step at a time: A case study of communication and decision making across program boundaries. *TECSE, 17*, 337–362.
- Fisher, R., Ury, W., & Patton, B. (Eds.). (1998). *Getting to yes: Negotiating agreement without giving in* (2nd ed.). White Plains, NY: Longman.
- Gallagher, P. A. (1997). Teachers and inclusion: Perspectives on changing roles. *TECSE, 17*(3), 363–386.
- Guralnick, M. (2000). An agenda for change in early childhood inclusion. *Journal of Early Intervention, 23*, 213–222.
- Hanson, M. J., Horn, E., Sandall, S., Beckman, P., Morgan, M., Marquart, J., et al. (2001). After preschool inclusion: Children's educational pathways over the early school years. *Exceptional Children, 68*, 65–83.
- Heron, T. E., & Harris, K. C. (2001). *The educational consultant: Helping professionals, parents, and students in inclusive classrooms* (4th ed.). Austin, TX: Pro-Ed.
- Idol, L., Nevin, A., & Paolucci-Whitcomb, P. (1999). *Collaborative consultation* (3rd ed.). Austin, TX: Pro-Ed.
- Jacques, D. (1991). *Learning in groups* (2nd ed.). London: Kogan.
- Klein, M. D., Kilpatrick, S., & Richardson-Gibbs, A. M. (Fall, 2000). Project Support begins 6th year dissemination phase: Findings and reflections on inclusion support. *Cal-DEC News, California Division for Early Childhood Newsletter*, 6–7.
- Klein, M. D., Richardson-Gibbs, A. M., Kilpatrick, S., & Harris, K. C. (2000). *A practical guide for early childhood inclusion support providers: Project Support Early Childhood Inclusion Support Consultant Project*. Los Angeles: California State University Los Angeles, Division of Special Education.
- Koch, P. K., & McDonough, M. (1999, March). Improving parent-teacher conferences through collaborative conversations. *Young Children, 11–15*.
- McClane, W. E. (1992). Evaluation and accountability. In American Congress of Rehabilitation Medicine (Eds.), *Guide to interdisciplinary practice in rehabilitation settings* (pp. 158–172). Skokie, IL: American Congress of Rehabilitation.
- McCormick, K. M., & Brennan, S. (2001). Mentoring the new professional in interdisciplinary early childhood education. *Topics in Early Childhood Special Education, 21*(3), 131–149.
- Neck, C. P., Manz, C. C., & Manz, K. P. (1998, November/December). Team leadership in practice. *Thrust for Educational Leadership, 26–29*.
- Odom, S. L., Horn, E. M., Marquart, J. M., Hanson, M. J., Wolfberg, P., Beckman, P., et al. (1999). On the forms of inclusion: Organizational context and individualized service models. *Journal of Early Intervention, 22*, 185–199.
- Rothberg, J. S. (1992). Knowledge of disciplines, roles, and functions of team members. In American Congress of Rehabilitation Medicine (Eds.), *Guide to interdisciplinary practice in rehabilitation settings* (pp. 44–71). Skokie, IL: American Congress of Rehabilitation.
- Sadler, F. H. (2001). The itinerant teacher hits the road: A map for instruction in young children's social skills. *Teaching Exceptional Children, 34*(1), 60–66.
- Saltz, C. C. (1992). A guide to the guide. In American Congress of Rehabilitation Medicine (Eds.), *Guide to interdisciplinary practice in rehabilitation settings* (pp. 1–3). Skokie, IL: American Congress of Rehabilitation.
- Sandall, S., McLean, M. E., & Smith, B. J. (2000). *DEC recommended practices in early intervention/early childhood special education*. Longmont, CO: Sopris West.
- Schein, E. H. (1978). The role of the consultant: Content expert or process facilitator. *Personnel and Guidance Journal, 56*, 339–345.
- Tuckman, B. (1965). Developmental sequence in small groups. *Psychological Bulletin, 63*, 384–399.

Wesley, P., Buysse, V., & Skinner, D. (2001). Early interventionists' perspectives on professional comfort as consultants. *Journal of Early Intervention, 24*, 112–128.

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