Interprofessional Practice in an Early Childhood Center

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Abstract

This project investigated the nature of interprofessional practice (IPP) in an early childhood

education center that welcomes children with special needs. The author discussed the challenges

and benefits associated with implementation of IPP in preschool inclusive setting. Nine

participants (teachers, director, special needs, educator, parents, case manager, music and speech

therapists) collaborated interprofessionally in order to meet the needs of a four-year-old boy with

autism. The survey and interview data enabled the identification of distinctive characteristics of

IPP within a daycare context.

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PART I: REVIEW OF THE LITERATURE ON INTERPROFESSIONAL

PRACTICE

In the last century, regular daycare centers started to gradually accommodate the

increasing number of children with special needs and, implicitly, to facilitate the integration of

children with disabilities in the normal preschool stream (Irwin, Lero, & Brophy, 2004).

Unfortunately, the movement toward inclusive education is a complex process filled with

multiple challenges because it means instruction of children with and without disabilities in the

same classroom that follows same curriculum and instructional procedures (Hutchinson, &

Martin, 2012). The preschool teacher is called to share the physical classroom, the children, and

ultimately, the proverbial teacher's authority with the special needs educator on daily basis, or

with the parents and the center director. Parents are called to move from the "client" role to the

"teacher" role and to assume more training and advocacy responsibilities for their children. The

director's tasks need to expand to finding and organizing resources that satisfy such an inclusive

setting while also ensuring that professional development initiatives are in place to support early

childhood educators (ECEs). These crucial educational accommodations pertinent to the

preschool inclusive setting require a fundamental revision of the collaboration among the

professionals involved. However, research on the interactions among professionals at preschool

level in Canada received unsubstantiated attention because collaboration, and especially

interprofessionalism presents numerous challenges such as collective involvement, shared

responsibilities and goals, and lack of central authority.

Since 2007, I have worked with professionals around children with special needs in

diverse roles such as teacher, specialized teacher, speech pathologist assistant, and Applied

Behavior Analysis (ABA) therapist. Most of the time I tried to cultivate the interprofessional

relationships as the stepping stone toward successful collaboration, but I found myself unable to

understand the nature of my role and to quantify my involvement in the process. In addition, I

found that the professionals' perceptions about their collaboration within the daycare and or

school contexts and about the process of building a meaningful collaboration with parents were

for the great part unclear and misaligned   with each other. By the time I was working as a

specialized educator in the daycare setting, I was oblivious to the benefits of collaboration and

my knowledge about collaboration, especially interprofessional collaboration, was insufficient.

Therefore, in 2015, I embarked on an action research aimed at finding an effective way of

building constructive relationships in daycare centers that welcome inclusive settings and

investigating the effects of interprofessional relationships on the well-being and development of

the children with special needs and on the inclusion in daycare. The report of this action

research and the findings are found in the second part of this paper. The first part of this work

provides a review of the current research and advancements on Interprofessional Practice (IPP).

This project was approved by the McGill University Research Ethics Board, and issue Certificate

Number 288-0115.

Although the empirical research on interprofessional collaborative practice is still

emerging, researchers have identified some of its benefits such as fostering collegiality, gaining

new perspective by emersion into other professionals' expertise, and approaching children's

needs holistically through enhanced communication and parent involvement (Harris & Klein,

2002; Malone, Gallagher, & Long, 2001; Millward & Jeffries, 2001; Scott-Stein & Thorkilsden,

1999; Villeneuve & Hutchinson, 2012). Other factors found to increase collaboration were

flexibility, role clarity, and team cohesion (Caple & Cox, 1989; Meyers, Meyers, & Gelzheizer,

2001; Welch & Tulbert, 2000). Malone and Gallagher (2010) surveyed 184 special educators working in elementary and secondary school schools in order to assess their attitudes toward IPP, the IPP's perceived benefits and limitations, and practical recommendations for increasing IPP efficiency. Five themes related to benefits emerged from data: (a) Appreciation of the benefits of having a variety of disciplines to develop interventions, to receive input, and to learn about, (b) sharing ideas and expertise, (c) problem solving and shred decision making, (d) benefits for child and family and continuity of services, and (e) general collaboration triggers such as resources support, knowledge of child, and professional competence. Participants positively appreciated learning from different perspectives, sharing ideas, developing new strategies and tools of problem solving, increasing quality of services, and optimizing professional competence due to tight collaboration. Teachers expressed their personal encouragement and feeling of inclusion when they had the opportunity to work collaboratively and they appreciated the opportunity for feedback and more suitable planning and programming for children. At the same time, participants recognized that time constraints and poor commitment decreases IPP efficiency and they suggested a more careful planning of meetings, in order to save more time, and to improve communication.

The present handbook, which also encompassed the research report, is intended to guide preschool teachers, special needs educators (also called intervention aids in the Quebec system-- SNE), parents of children with special needs, and administrative personnel to understanding theoretical underpinnings and provide them with practical examples of interprofessional practice (IPP). Collaboration was to a large extent focused on the interaction between two professionals (Appl, 2006; Kennedy & Stewart, 2011; Melaville & Blank, 1991; Stowitschek & Smith, 1990). In addition, the focus on parents is sparse (Blumberg, Deveau, & Clark, 1997). Therefore, the

present handbook explores IPP that focus on the dynamics among three or more practitioners, respectively ECEs, the special educator, the administrator, and parents.

Some of the practical examples come from my preschool experience working as Applied Behavior Analysis (ABA) Therapist and as specialized educator toward inclusion of children with autism in daycare classroom which is commonly referred to as integration aid (IA). Despite the general recognition of the need of an efficient IPP, its implementation, especially in early childhood centers, is limited. In addition, the discussion was mostly about two professionals working together, and less about four collaborators including professionals, administrators, and parents. Thus, in the present work I intend to explore the IPP concept in preschool inclusive setting from a theoretical and practical perspective. The IPP concept found mostly in the healthcare field is the next stage in development of the collaborative practice necessary in an inclusive preschool (Margison & Shore, 2009).

Moving from Collaboration to Interprofessional Practice

With the number of children with special needs in Early Childhood Centers on the rise, professionals involved in the educational and training process are required to collaborate more closely and develop deeper partnerships. In the last 50 years, the term "collaboration" has been theoretically defined as "engagement in an interactive process, mutual control over decisions made and actions taken, some common goals and values, and shared ownership of responsibilities and outcomes" (Walsh & Park-Taylor, 2003, p. 16). In practice, on the other hand, collaboration was based on concepts that characterize being an expert professional such as observing clients from an objective distance, delineating the specific difficulty, and composing an appropriate intervention. Consequently, the interaction resided in sharing professional opinions (Walsh, Brabeck, & Howard, 1999). Until today, the practical interpretation of

collaboration has developed into a version more attuned to the theoretical definition in which

collaboration is based on direct interaction among parties sharing equal rights and

responsibilities in order to reach shared decision for a common educational goal. Moreover,

successful collaboration started to rely more and more on the trust that participants develop in

one other during their meetings, the deep sense of community, and the personal professional

rewarding that influence the participants to increase their commitment (Friend & Cook, 2012).

Yet collaboration is still developing and requires refinements. For instance, most of the research

regarding collaboration among practitioners and parents focuses on the objectives placed solely

on the child's progression, the description of challenges, motivations, and predicted outcomes,

and less on the collaboration's dynamics and the emergent characteristics incurred by teaming

(Bondy & Brownell, 1997; Casper, 2012; Farmakopoulou, 2002; Villeneuve, Chatenoud,

Hutchison, Minnes, Perry, Dionne, et al., 2013).

   Studies on professional collaboration reveal an emergent concept that gradually becomes

more present, namely interprofessional practice (IPP). Interprofessional practice extends beyond

individual capacity of acting because it relates to people's potential to interact and practice

collectively control over goals, decisions, needs, and actions. It also relates to shared

accountability for outcomes (Paylor & Georgeson, 2013; Walsh, Brabeck, & Howard, 1999).

Although collaboration implies changing ideas and resources among professionals and parents in

order to provide tailored instruction and therapies to children with difficulties, IPP entails the

receiving and giving not only resources but theoretical and practical highlights associate with

their specific domain in order to augment their practices and thereby to provide an individualized

therapy or teaching strategy. For example, in a preschool inclusive setting, in a collaborative

manner the teacher notifies the speech therapist about child's strengths and difficulties, schedule,

and current curriculum while the speech therapist informs the teacher about the child's progress and the current objective. In IPP, the teacher and the speech therapist inform each other as in collaboration but the teacher describes how the specific literacy activity is designed, namely what multisensory material, prompts, and tools are used for testing children knowledge in order to support the child's needs and to integrate the objectives planned by the speech therapist. Then the speech therapist uses scaffolding and multisensory material to devise activities that target same of the child's needs, for instance to enrich vocabulary that the teacher employs during classroom activities. In other words, ECEs working with team with practitioners require very detail and distinct advice about endorsing therapeutic work in the inclusive setting. However, the practitioner must have a careful and exact understanding of the ECEs' instructional approach and the specific environment in order to supply this advice (Hall, 2005a).

Interprofessional Practice in Early Childhood Education

The IPP construct is rooted or embedded in the health-care domain. According to meta-analysis of 27 papers on the collaboration framework in health care, reflecting collaboration in similar settings in terms of type of practice, professions represented, and team, the main concepts related to IPP are sharing, partnership, interdependency, power, and process (D'Amour, Ferrada-Fidela, Rodriguez, & Beaulieu, 2005). From Bronfenbrenner's ecological system perspective (1986), the IPP's quality is determined by the interactions between several systems. Microsystems are defined as the interactions between persons from the child's nearest space, such as the relationships between the child and ECE, speech therapist, or parents. The mesosystem is defined as the relationships between the major settings surrounding the child. For example, in early education centers that welcome inclusion of children with special needs, IPP gathers and engages members of different professions, such as educators, speech language

therapists, physiotherapists, nurses, and special educators and people of different roles such as directors, case managers, and parents in learning about each other expertise and experience as well as in making joint decisions.

A growing body of research has shown that interprofessional collaboration fosters collegiality and expertise exchange (Malone, Gallagher, & Long, 2001; Harris & Klein, 2002) and members of the team report that teamwork maximizes communication (Harris & Klein, 2002), fosters parental involvement (Scott-Stein & Thorkilsden, 1999), boosts planning efforts and problem solving , and enhances students' outcomes (Senior & Swailes, 2004; Hunt, Soto, Maier, & Doering, 2003). Even more, collaborators also reported personal gains as a result of the deep collaboration among professionals such as improved multi-professional perspective and insight (Millward & Jeffries, 2001), mutual feelings of inclusion and camaraderie (Malone, Gallagher, & Long, 2001; Fenton, Yoshida, Maxwell, & Kaufman, 1979). Nevertheless, the literature also reports the difficulties encountered in collaboration such as shortage of financial resources (Ysseldyke, Algozzine, Roastollan, & Shinn, 1981), lack of follow-up opportunities (Bahr, Whitten, Dieker, Kocarek, & Manson, 1999), lack of time (Huenbner & Gould, 1991), and chaotic decision-making systems (Welch & Tulbert, 2000). Several issues in IPP were related to insufficient team preparation, training, and commitment (Caple & Cox, 1989; Pfeiffer, 1981; Whitten & Diecker, 1995). Interdisciplinary collaboration, confusing team goals, and inappropriate resources were also found to impede IPP's efficiency (Caple & Cox, 1989; Senior & Swailes, 2004; Slonski-Fowler & Truscott, 2004).

Interprofessionalism goes beyond seeking professional opinions to involving practitioners from different field to work alongside in order to develop a comprehensive and multidimensional perspective on the child's needs and thereby, enriching each other view on the child's

developmental and cognitive progression (Edwards et al., 2009). IPP is also determined by the

interactions among social structures, major institutions, government agencies, and mass media

which together formed the macrosystem. For instance, Payler and Georgeson (2013) led a

qualitative study in five early childhood education centers in United Kingdom and used the

Social Practice Theory (Holland & Lave, 2009) and the Personal Action Potency (Dreier, 2003)

as theoretical frameworks in order to understand the main factors that determine ECEs'

participation and training in interprofessional practice in inclusive settings. Five early childhood

education centers that accommodated at least one child with disabilities were selected to

participate in this qualitative study. The researchers conducted audio recorded interviews with

the ECEs and the child with special needs immediately after each team activity, with the mangers

and coordinators of children's cases and with the parents. Interview data were triangulated with

observations of children's daily routines, reviews of the Individual Education Plans, support

grants applications, and speech-language pathologists' reports. The interviews required

reflection on interprofessional practice that emerged from the interactions between the

professionals involved in the instructions and interventions of children with difficulties. The

authors drew several major themes from the entire data set. IPP draws heavily from the daycare

setting characteristics, the inclusive teaching arrangements, the daycare funding allocated to

special education (governmental versus private), the history of inclusion, and controversies

among professionals and agencies.

      IPP and collaboration share common characteristics such as confidentiality, collaborative

resources, and individual professional perspective on the child's needs. There are also several

characteristics specific to IPP solely, such as the collective responsibility, extension of the

individual perspective as a result of exposure to multi versions of child's needs, and joint

response, mass collaboration, and collective intelligence. Furthermore, IPP uniquely requires

openness in sharing ideas and intellectual property and self-organization as well as consensus in

decision making and professional and personal gains (Edwards et al., 2009; Tapscott &

Williams, 2008). The present handbook focuses on IPP in the context of early education,

specifically addressing the attention it received from research and practitioners and how research

informed the practice along the IPP's specific characteristics aforementioned: relational agency,

collective responsibility, joint learning and response, partnership, interdependence, distributed

expertise, critical reflection, self-organization as well as consensus in decision making.

Children with special needs receive diverse forms of integrated services and family

support programs such as First Duty in Toronto which is an integrated program for young

children care, parenting, and early education as well as individual services provided by the

daycare and parents (Toronto First Duty, 2008). Professionals and parents strive to align their

goals with each other to minimize the risk that the child is not confronted with contradictory

messages, developmentally inappropriate learning material, and insufficient therapy provision.

The type of activity in which a considerable number of persons work most of the time

independently for a single project is called mass collaboration and IPP is one type of mass

collaboration. The type of interaction of an activity system differentiates among teamwork,

cooperation, and IPP. Teams comprise diverse professionals working around the same child

within their professional roles and responsibilities and individualized objectives. Although IPP

and cooperation share same problem, they differ from on one main respect. IPP implies that

understandings of each member's work and creative inputs result from negotiation of ideas while

cooperation does not require shared understanding of the various professional expertises; in

cooperation the participants just execute instructions voluntarily. IPP is also different from

traditional collaboration. Although in the collaboration discussion between collaborators is meant to be amenable to agreement, in IPP the work being done is negotiated and agreed upon by all the participants (Tapscott & Williams, 2008). IPP is, in essence, an interactive and continuous problem-solving process. The main features of IPP in early childhood centers are relational agency, partnership, interdependence, distributed expertise, joint professional learning, collective ownership, and critical reflection, and shared philosophy. Each is further discussed in more detail by Edwards (2009).

Relational Agency

Every person endorses the capacity of acting freely which it has been labeled as personal agency (Baker, 2005). In IPP, personal agency is replaced with relational agency. Exercising relational agency involves addressing the task as a two step process. In step one, the involved parties listen, then recognize and value each other's contributions to the task. The focus is on "why" people engage in IPP. For instance, when practitioners are looking at a child's developmental trajectories, the intervention aid (IA) sees behavior antecedents, consequences, and modifying factors while the ECE sees the academic and social development. In step two, each party reflects and reformulates own approach to the task drawing from the joint understanding. The focus is the "how" the practitioners exchange perspectives based on different "why" (Edwards, 2009). Therefore, the practitioners formulate and reformulate their perspectives on the objective or goal of their activity by considering others views. This subjective back and forth transaction with the object of their activity enables learning among practitioners.

Wong, Sumision, and Press (2012) investigated the experiences of early childhood professionals working in interprofessional teams from Australia. The researchers reported in this

qualitative study the factors related to IPP success elicited by a survey of 25 professionals working as ECEs, daycare directors, and social workers, and a detailed analysis of 10 case studies. The findings were compiled into main themes. One of the themes referred to relational agency that was described as being able to explore new ideas in collaboration with other professionals, to stretch professionally, and to work with people from different backgrounds. Participants also reported that this new ability emerged from getting heads together, sharing resources and expertises in order to make a difference in children's lives. Relational agency was perceived as an environmental related ability emerging from an inspiring and rich context, rather than an individual capacity. Edwards (2009) underlined that relational agency is a social ability that can be learnt but only in and from the settings that allow diverse and common-goal driven forms of practice (Edwards et al., 2009).

In one UK case study, researchers were looking at ECEs participation in IPP and complex factors that influence IPP. They found if practitioners and teachers are endowed with high personal agency, IPP loses its efficiency and that institutional boundaries curtailed relational agency (Paylor & Georgeson, 2013). For instance, the nursery staff was forced to rely on local resources and develop into a separate unit because the institution regulation was limiting direct contact with and feedback from professionals that might have guided and tailor intervention for the child with special needs from nursery. The only party with direct contact to the professionals was the governmental side (Paylor & Georgeson, 2013). In a different daycare with same institutional boundaries, the administrator and staff found a different approach in order to enhance relational agency, openness, and consequently, to benefit from professionals' advice and training. In addition to keeping a close relationship with the government, the administrator and teacher established warm and understanding relationship with the parents of a

three years old boy suffering from autism by providing educational information about disorder. In addition, the administrator suggested that parents and ECE as well should participate to the meetings with the governmental representative which resulted in improved service for the little boy and in parents' empowerment.

Partnership and Interdependence

In IPP, the concept of relational agency is tightly related to concepts of partnership and interdependence. These concepts constitute the most important attributes of the collaboration climate as they foster teachers' willingness and trustworthiness (Fitzgerald & Theilheimer, 2013). Baerg, Lake, and Paslawski (2012) conducted a mixed-method study in order to identify the skills necessary in order to inform and optimize training for IPP. A total of 486 professionals from health and education from Saskatchewan completed a 33-item survey on personal experience working in interprofessional manner, personal skills required in IPP and, best training practice in IPP. In the literature, partnership was described as an authentic, cooperative-like relationship between two or more collaborators that respect, trust, and enrich each other. In partnership, the members set up common goals toward specific outcomes by recognizing each collaborator perspective and contribution (D'Amour, et al., 2005; Hanson, Carr & Spross, 2000; Pike et al., 1993; Stichler, 1995). Payler and Georgeson (2013) found that ECEs participation in IPP depends on the local practices, the cultural norms that each daycare developed. In preschool IPP, the professionals in partnership are required to go beyond regular activities and routine or relationships deemed acceptable by their field-based philosophies in order to negotiate new understandings and create connections outsides their domains.

Each member of the team is at the same time consumer and producer, teacher and learner. In other words, each practitioner develops a mutual dependency like actors in a play. This

interdependency emerged from the complexity of children with special needs, difficulties and the necessity of negotiating common goals (D'Amour, 1997; Evans, 1994; Stichler, 1995). Thus, while the professionals gradually become aware of the interdependencies created, the individual contributions are used to full extent and together they exceed the value of their sum enabling collective action (Evans, 1994). The synergy generated by collaborators' interdependency was found to lead to professional benefits that allow using joint assessment for many children at the same time and thereby reducing daycare costs. In addition, the holistic approach specific to interdependency was found to benefit children and their families that could enjoy the best set of services. Even more, at personal level interdependent work was found to result in job satisfaction as well as increase colleague support (Farmakopulou, 2010). Most of the researchers viewed interprofessional collaboration as dynamic and transforming process that affects the team members at personal and professional level (Henneman, 1995; Stichler, 1995).

Distributed Expertise

The efficiency of common goals and outcomes are build upon the degree of knowledge and expertise shared. Sharing concerns responsibilities, decision-making, philosophy, data, and intervention with emphasis on how professional wisdom is shared (Baggs & Schmitt, 1988; D'Amour, 1997; Henneman, 1995; Lindeke & Block, 1998). Distributed expertise represents the professionals' web of competencies fanning out over various knowledge and skills. Sharing knowledge contradicts the tenets of professional silos such as keeping professional boundaries and preserve practices (Edwards, 2009). The professional ego of the collaborators may impede open and total sharing because historically professionals assessed their work based on individual accomplishment and valued autonomy (Walsh, Brabeck, & Howard, 1999). Each profession has a distinct culture founded on distinct beliefs and values, customs and behaviors reflective its own

history, gender issues, and socialization during training and increasing specialization. This

professional culture often impedes smooth progression of IPP because IPP demands role blurring

begotten by overlapped responsibilities and roles extended or reduced (Falck, 1977). Although

professionals strive to adapt to the changes of their roles, lack of resources, ongoing training of

new members of the team and stress, determine them to retreat in their professional silos where

the recognition of their competency is always ensured (Drinka, Miller, & Goodman, 1996).

Therefore, Norsen, Opladen, and Quinn (1995) recommended some effective strategies for an

IPP culture change:

- Acknowledge others opinions

- Examine and support own beliefs, but be ready to change them if necessary

- Accept responsibilities and participate in decision making

- Share essential information

- Work independently if required

- Organize effectively group assignments

 Opening professional boundaries and being willing to share practices offer a greater degree of

flexibility in pinpointing specific needs and providing services in a fluctuating environment.

       Empirical research showed that team members embrace the lack of pre-established

guidelines and acknowledge the advantage of being able to create their own rules based on

client's needs. The culmination of distributed expertise is the creation of an innovative method

that perfectly matches necessities and is new to everybody (Molyneux, 2001). In her qualitative

study Molyneux (2001) explored how cooperative working emerges in health IPP in England.

She interviewed the members of one team composed from co-ordinator, speech therapist, two

occupational therapists, two physiotherapists, and a social worker for one hour each. The open-

ended questions inquired about participants' interprofessional experience, their professional training and skills. The data were coded and several themes emerged. Participants conveyed a clear mutual understanding of the development IPP as creative and unexpected. For example, in a physician-led team, the physician decides the goals and actions based on a traditional patient needs-based approach, whereas, in the interprofessional team, participants lacked an established guideline so they embraced a holistic approach. The hierarchical approach became a level field and it empowered each professional involved.

Joint Professional Learning

Within the IPP context, distributed expertise leads to cross-professional learning, which in turn leads to increase in personal professional development. Professional development is unique because, according to Dreier (2008) the collaborators do not just apply knowledge learned in one context and transfer it to the next but, rather, the collaborators occupy different position in each context and the social context is permanently recreated. In this new environment, the practitioner needs to recreate his or her own social position and find a suitable trajectory. This continuous analysis and learning about oneself requires cognitive flexibility and self-confidence but, at the same time, boosts personal social skill and personal agency. In one survey about perceptions of health students, teachers, and professionals about IPP, most of the participants were genuinely interested in learning more about IPP because they believed in the benefits of having knowledge of other disciplines (Baerg, et al., 2012).

Critical Reflection

Although joint professional learning is highly beneficial, it is not always easily attained because, in IPP, the members of the team need to negotiate the optimal solutions and paths to the solution. Often, tensions and contradictions emerge and the collaborators have to reflect on and

reconcile the disagreements (Robinson, Atkinson, & Downing, 2008). Tensions are usually

associated with differences in professional knowledge base and practices that are raised from

personal beliefs and traditions. Therefore, team members need to critically reflect on their own

activities and cognitive process. They need to engage in metacognitive processes and think

about how they are thinking (Flavell, 1979). They also need to understand how others value

their practice and conceptualize intervention. Taking one's perspective is essential in IPP

because members of the team need to understand different practices, professional cultures, and

personal beliefs. Fully understanding of one's tradition, for example, helps overcoming

obstacles, opinions, and leads to a shared culture (Moss, 2003). According to Clark (1994), who

based his work on the Schön's (1983) concept of reflective practitioner, professionals are in the

unique position of constructing specific cognitive maps. In order to succeed in negotiating their

roles and practice in IPP, they need to relate to others professionals' cognitive maps and to

integrate these maps into a cohesive multi-professional cognitive schema. This work of

resocialization required in IPP is difficult to achieve, especially for professionals with strong

professional attitudes and values.

Common Ownership

Practitioners and researchers report that IPP develops only within the context of

collective ownership over action, responsibilities, leadership and emerges in the process of

decision-making. Even more, IPP breeds a new shared culture that is possible through the

collective understanding of different constructs of power, practice, and priority, namely through

collective reflection (Wong, Sumision, & Press, 2012). This new culture starts with mutual

teaching and learning among members as to how shared basic values, assumptions, and

behaviors are perceived in order for IPP to be successful (Odegard, 2006) and continues with the

development of these shared items by the collective team (Ikhwan, 2011). Collective inquiry

work is also required from collaborators. Practitioners question their practice daily in exploring

and discovering new strategies of instruction and finding together new common solutions that

benefit the child. Professionals are more likely to take the risk of exploring when they know that

the team supports them. Implicitly, collective inquiry breeds collective learning because new

ideas and strategies are shared in the team. In addition, the questions raised in the collective

inquiry become the preoccupation of individual members for a while as the next challenge that

has to be addressed (Ikhwan, 2011). The members of the team are encouraged to share not only

their inquiries but also their cognitive thought process behind the specific question, so that, in

time, new collective meanings are constructed and new collective skills are developed, such as

skills to collaborate and dialogue.

Interprofessionalism is a shared capacity, a team feature rather than an individual aptitude

(Payler & Georgeson, 2013). Hence, IPP develops only in the context of collaboration. One of

the team features is the collective leadership. Molyneux (2001) studied the development of the

interprofessional working in the field of social and health work and found that the lack of

concrete guidelines for leading the collaborative work was actually beneficial because it led to

working collectively and developing their own guidelines. Collective ownership involves

collective responsibility in which each member of the team takes responsibility for the part in

success and failure and thereby, facilitating the deliberation and planning of future actions

(Robinson, Atkinson, & Downing, 2008). Ultimately, the collective action of the collaborators is

based on the collective expertise, consensus decision, and common expectations as well.

The next section addresses up-to-date research on IPP's features in inclusive settings in

early childhood centers and the practical advice for ECEs, intervention aids, parents, and centers'

administrators, primarily, but also for speech and music therapists, occupational therapists, social service workers, and case managers who are involved in planning and conducting interventions for optimal children's inclusion.

<div align="center">**Facilitators and Challenges of IPP**</div>

IPP's complexity is difficult to achieve because some of the barriers pertain to professionals' status and personality, while others are inherited in the organizations' structures. However, the benefits of having a holistic team working together to solve children's needs are compelling and IPP seems the only type of collaboration suited to meet the complexity of children's difficulties. Baerg et al., (2012) employed a mixed methods research to explore the skills and knowledge required IPP, as well as the training and best practice for IPP. In their study the qualitative data described best training opportunities and barriers, and IPP skills and knowledge. The participants also identified partnership and interdependence along with respect, positive attitudes to people, cooperation, and trust as vital interpersonal skills necessary IPP. In the next part of this handbook, practitioners, parents, and administrators can find the changes in practice required by IPP and the detailed, active, and practical instructions for a fruitful IPP.

The Holistic Perspective

Children live surrounded by teachers, professionals, parents, administrators, but also by peers, bus drivers, store clerks, and librarians, among others. In addition, these persons' behaviors and beliefs are influenced by society at large, personal experiences, and education. Therefore, a child with autism is surrounded and influenced by peers' behaviors which in turn are moulded by adults, especially parents. If parents hold distorted perceptions about autism, and mental disorders in general, chances are these perceptions will show in their behaviors. According to the Ministry of Health and Welfare (2009), almost 50% of adults believed that

people with disabilities are, like babies, unhappy and have very low expectations from them.

Skär (2003) investigated relationships between adolescents with and without disabilities and

found that, although teens with disabilities perceive their relationships normal, teens without

disabilities categorize the relationships as defective or nonexistent. Increasing awareness about

mental disorders is top priority for all professionals and parents alike, as well students and adults

without disabilities.

This is how one team composed of staff, parents, administrators, children, and case

manager worked together to increase autism awareness in an ECC in Westmount, a Montreal

inner suburb. The intervention aid (IA) who provided ABA therapy for a small boy named Sean

(pseudonym used to give anonymity to the boy) with autism, observed that his peers would push

him around or would raise their voices at him while Sean would let himself pushed around or

make no effort to reduce the unpleasant yelling. In other words, Sean became accustomed to

being pushed and having peers scream at him and his colleagues find this behavior acceptable as

long as Sean had low language proficiency and was uncomfortable around large groups of

children. The IA brought up the issue to the boy's teacher, parents, case manager, and daycare

administrators in the next meeting and, after intense brainstorming, several actions were

commonly approved. The case manager worked with the parents to compose Sean's presentation

letter for the parents in his classroom and she provided booklets and activities on children with

disabilities for the entire team. The administrator arranged a meeting with people from the Blind

Association and rented a wheelchair to be used during one day. The teacher and the IA provided

activities in small teams in which children were blindfolded or spend some time in a wheelchair

so they understood how children with vision or physical impairment function daily. As a result,

many parents expressed genuine unfamiliarity with what autism means and appreciated the

autism-related information. Some of them expressed their understanding of autism and support

for diversity through letters addressed to the little boy. Children welcomed their visually

impaired guest and his dog without prejudices or fear and they had thoughtful questions about

how he gets dressed, eats, and tells the time. In other words, the collaborative work led many

children to form their own beliefs about the disability. They learned that we are more alike than

different and we need to treat persons with disabilities in the same way we treat persons without

disabilities. The goal of the collaborative work was to increase awareness of the interactions

between children with special needs and environment and to accentuate the effects of those

interactions. In this approach, the focus changed from the child as individual to the child as a

whole and thereby, all sources of risk were made visible (Edwards, 2009).

Understanding Personal and Professional Values

A closer examination of the interprofessional collaborative work showed that personal

perceptions of one's own profession might be unproductive (Molyneux, 2001; Odegard, 2006;

Payler & Georgeson, 2013). Personal beliefs and beliefs about others also hinder collaboration.

The definition of a teacher's or parent's roles may be narrow. For example, the ECEs see

themselves as responsible only for children's safety and social and cognitive development

whereas parents believe that their role is to provide children's shelter and nourishment. In this

case, the child with special needs may be viewed as someone else's responsibility, the caregivers

and professionals avoid discussion outside their domain, and the collaboration is curtailed

(Bondy & Bronell, 1997). In addition, parents' perceptions might be based solely on their

education level or the parenting skill. Professionals, parents, directors and teachers who assume

that each person holds different perceptions about daycare curriculum, parenting, therapies, and

support system avoid working together. Therefore, members of a collaborative team may start

spending time together, knowing each other, which in turn could lead to gaining trust and respect for each other's professional differences. Practical suggestions include:

- Telephoning parents and talking about child progress

- Inviting parents to shows and arts exhibition

- Organizing parents reading stories days

- Exercising together after program or having break lunch together

- Inviting practitioners and administrators to social events

Barriers in collaboration are also beliefs with long-lasting history and upheld by the entire society. For example, Cumming and Wong (2012) found in an exploratory qualitative study on the intervention play team run by the members of an Australian interprofessional team that ECEs believed that their professional expertise and status were less valued than those of a medical or speech therapist staff. In other words, the ECE's role was perceived as the least important in the team. Members of collaborative team need to be willing to share their knowledge without the fear of being judged or devalued and without interprofessional jealousy. The interprofessional jealousy is eliminated when professionals are confident in their own roles and professional training. Being adaptable and flexible is also necessary in an egalitarian team, so that members of the team can develop trust in each other (Molyneux, 2001). Lack of openness and trust leads to misguided understanding of children. For example, an ECE who fails to share one piece of information about child's behavior could orient the team's work toward an incorrect choice of intervention and, ultimately, harm the child and the family (Odegard, 2006). Being responsive to others' input fosters awareness of the need to work collaboratively with team members (Edwards, 2009).

Make Expertise Accessible

Expertise makes more sense if each professional explains what and why he or she does.

Fitzgerald and Theilheimer (2013) used a focus-team approach and interviews to investigate the

impact of professional development on team work in Head Start Centers. Teachers from these

centers noticed that they needed to understand the special educator's perspective to see child's

needs through special educator's glasses. Therefore, they solicited professional development

classes on special education. They also suggested learning from other teachers and from

professionals working in the daycare. The professional expertise should be visible and

practitioners need to be open to share and accept alternatives. In the similar way, ECEs working

with children with language difficulties reported that they lacked knowledge about normal

language development and communication disorders and they wanted to know more about one to

one therapy and how teachers and peers can model language (Hall E., 2005).

Partners in a team rarely have the opportunity to understand and respect each others'

work because of professional isolation. Collaborators involved in IPP always give examples of

their work and practice while explaining why this intervention matters (Edwards, 2009).

Learning from Practice

A daycare situated within an IPP context is portrayed as a milieu in which teachers and

professionals are continuously learning from each other and share their expertise with parents

and administrators. Feedback is solicited from each other regarding a varied range of issues,

starting with organization of meetings, best means of communication, predicted and real

outcomes, and finishing with IPP's philosophy, expectations, and interventions. Recognition of

each other's input fosters professionals' and parents' self-efficacy and boosts the sense of

belonging to a considerate community (Fitzgerald & Theilheimer, 2013). IPP requires that all

the professionals involved in the process develop communication related skills learnt through

engagement in practice, namely the ability to negotiate management rules and supervision

guideline in order to accommodate new demands (Edwards, 2009). For instance, in one

Canadian qualitative study investigating collaboration between an occupational therapist and an

ECE found that the occupational therapist worked with the ECE, participated in planning

classroom curriculum, demonstrated techniques, and shared her specialized knowledge and

thereby meeting the ECE's expectations (Villeneuve & Hutchinson, 2012). These intertwining

activities were approved by the school vice-principal who had overseen the entire specialized

program. The ECEs and occupational therapist met regularly with the vice-principal, presented

him clear interventions and ways of collaboration, and used precise documentation to support

their endeavors.

Learning from parents as experts of their child and establishing an equalitarian

foundation for discussion are imperative criteria for an effective IPP.

Communication and Collaboration Tools

Most of the time, professionals use the language of their expertise which is not conducive

to interprofessional work. Being professional multilingual is a required skill (Edwards, 2009).

Thus, all staff coming together should be able to express own practice, expertise, and rationale in

terms understood by everybody, namely to develop an interprofessional language. Edwards

(2009) examined three large-scale studies conducted in UK on organizational and practice

changes that accompanied IPP in schools and she found that interprofessional collaborators need

to employ natural language and avoid jargon in order to express their values, motives, and

difficulties from practice.

Communication is the main vehicle for clarifying work purposes, goals negotiations, problem solving, and implications of any action and its consequences (Edwards, 2009; (Villeneuve & Hutchinson, 2012). Several facilitators which were found conducive to effective collaboration were further discussed. Molyneux (2001) found that working in a small team, using the same set of observations and evaluations, prioritizing the meetings, and having everyone on the same page by creating suitable tools of communication are among IPP's facilitators. In addition, having detailed meetings help clarify goals, and using assessment reports, therapy notes, fields' notes, and any means of communication allows sustaining common goals and gauging the success of interventions later on (Villeneuve & Hutchinson, 2012).

Poor communication among speech therapists, occupational therapists, parents, and specialized educators was reported by ECEs as the most frequent barriers of IPP (Hall P., 2005; Villeneuve & Hutchison, 2012).

Management

IPP is characterized by the lack of established guidelines. Molyneuex (2001) found through a qualitative study exploring the formation of an interprofessional team that the team has to work creatively to conceive its own set of rules, which ultimately constrains the teams to develop personal and professional bonds that increase IPP efficiency. ECEs also recommended compiling and sharing a list of problems that need attention before every meeting (Fitzgerald & Theilheimer, 2013). Often, the interprofessional team activities are organized and planned by a "knotworker" who is an internal member of the team (Villeneuve & Hutchinson, 2012) who can be the specialized educator or the administrator or the case manager. This liaison person needs to understand everybody's contribution and availabilities and to adapt her of support according to everyone's level of need.

More often members of the team, professionals and administrators alike, need to cross-established system of rules (Edwards, 2009). For example, speech therapists and ABA (Applied Behavior Analysis) therapists are required to provide therapy in a small team instead of the standard one-to-one form of therapy in order to help children develop social skills. As an enhanced form of practice, IPP requires a responsive line of management that correspond to changes in practice. For example, the daycare administrator needs to allow the therapist to work in classroom in parallel with ECEs, the ECEs need to participate in meetings so a replacement should be in place, and daycare funds should be allocated to material and activities related to diversity and disability.

Logistics, such as time and scheduling constraints were also found to hamper IPP. Administrators are encouraged to solicit suggestions from the whole team in order to better organize meetings (Bondy & Brownell, 1997).

Development of IPP Skills

Practitioners from the health domain and education alike have reported that IPP is a necessity and pointed out the need for training concerning IPP models, IPP's leadership, conflict management, and especially, the need for practicum. Above all, professionals agreed on the essential skills that each member from any team in IPP should posses, namely communication skills, interpersonal relations, knowledge of other professions, leadership skills, and professionalism. Educators believed that IPP members need to be skilled in cooperation, attitudes, listening carefully and empathy (Baerg et al., 2012). Bondy and Brownell (1997) underlined that, in order to establish a productive problem solving, members of a team need to encourage sharing ideas, use simple and clear terms, respect different opinions, and find a common basis. The issue is how to learn those skills. Step one is identification of the people

that already posses these skills. Step two is conducting observation of these experts in practice

and learning about (a) body language, (b) voice inflections, (c) facial expressions, (d) ways in

which they listen to others' concerns or sensitive issues, and (e) formulation of responses. Step

three refers to the analysis of individual behavior while interacting with others in teams, such as

the ability to self-inquire about our mind openness, the ability to understand others' perspectives,

and the capacity to compromise, and clarity of our language (Bondy & Brownell, 1997).

The most challenging skill required from members of any interprofessional collaborative

team is to be able to recognize other professionals' reasoning. For example, an ECE looking at a

four-year-old would describe the child's development in terms of milestones, cognitive

standards, and social abilities. An ABA (Applied Behavior Analysis) therapist analyses the

observable and measurable behaviors and notices the functions of these behaviors. A parent sees

the picks and uncommon in behavior such as the child having a natural proclivity toward music

or arts. Lastly, the director notices the child's support or lack thereof for school transition or

extra school activities. They need to understand each other's perspectives and motives, namely

the *why* that determine them to collaborate and the *how* they interact with the child (Edwards,

2009; Villeneuve & Hutchinson, 2012). In order to be able to take one's perspective,

collaborators need to learn to actively listen. Listening and valuing others' reasoning offers also

the opportunity to talk and learn from other cases.

IPP as Shared Philosophy and Community Culture

Successful IPP is frequently described as part of a particular organizational culture. This

culture is born from common goals, responsibilities, and shared assumptions. In this culture

members are taught ways of thinking that are related to the child's holistic needs (Odegard,

2006). Wong, Sumsion, and Press (2012) proposed that shared values and behavioral pathways

are also part of IPP's culture. Professionals working in interprofessional manner pointed out that

sometimes the mechanisms established in the team challenge the pre-established ideas about

practice. They suggested taking a deeper look at personal beliefs and philosophies of those

involved in the team in order to identify the beliefs that pull them apart, and finally trying to

reconcile these personal beliefs that contradict the team's philosophy (Wong et al., 2012).

      The IPP's culture is modeled by the managers and administrators who need to develop a

framework for practice that contributes to the smooth integration of interventions and further

development of the IPP philosophy. The lack of clarity in team's philosophy leads to confusion

and difficulty to relate to children and provide them with best needed care (Fitzgerald &

Theilheimer, 2013). Therefore, the administrators should make clear to the new staff the

philosophy in which the practice is embedded, the clear expectations from each other, and the

pathways of conduct. In addition, the administrators need to create opportunities for formal and

informal dialog and professional development. This new culture is based on development of the

we approach in which members construct a collective life that is characterized by respect, trust,

and inclusion of each individual's perspective and by alignment of teams' goals with child's

needs (D'Amour et al., 2005). Often professionals working in interprofessional teams feel

confident and comfortable to approach each other even during lunchtime and start an ad-hoc

brainstorming (King et al., 2010).

PART II: ACTION RESEARCH REPORT

Inclusion becomes more present in early childhood centers due to the increase in number of children with special needs. Before inclusion, professionals perform therapies with children in isolation, in their office or at the child's house. When daycares started to accommodate children with special needs, professionals were still pulling children out of the classroom for intervention. Very rarely, one therapist would adventure in the classroom that was, by definition, the ECE's turf. The professionals and parents used to exchange information, progress updates, and goals on a regular basis. However, there was no continuity in intervention and methodology goals as the child moved from daycare environment to parental environment to therapy room to playground, and each environment was demanding from child extremely different and not transferable sets of social and academic skills. I posit that IPP approach is the suitable answer to unification of intervention and methodology that would allow generalization of child's skills over multiple environments. Therefore, a two-fold question evolves from the above discussion and represents the areas of focus of this action research. First part of the question inquires about the effectiveness of IPP in daycare inclusive setting. The second part focuses on facilitators and barriers to IPP.

Context

Two years ago I started my work as a shadow in a Montreal CPE with a three-year-old boy named Sean diagnosed with autism. The role of a shadow is to accompany and help the child during all classroom activities, free-play time, and outings in order to facilitate his integration and effective functioning in the classroom. At the same time, the boy was receiving one to one speech therapy outside the classroom twice a week. The daycare accommodates children belonging to four different age groups: (a) age four to five years old (Group C), two

groups of three to four years old (Groups B1 and B2), and one group of two and a half to three

years old (Group A). Each group comprises between 15 and 20 children and has its own

classroom and two teachers, with the exception of one three to four years old group, which has

seven children and one teacher. The teachers and the principal share the same Reggio Emilia

approach in which children develop their personalities by being useful in their community and by

discovery and exploration in a respectful and responsible manner (Hewett, 2001). In the daycare

there was only one child with a diagnostic of autism; three other children had language

difficulties and were followed by a speech therapist, and several other children exhibited mild

issues of attention, emotion, and behavior.

　　　Family is important for all daycare members, so parental involvement and cultural

exchange are primarily encouraged. Through my direct engagement and work I believe that this

was a stimulating and supporting environment aimed at developing strong relationships with

parents of children with special needs. Even more, I believe that parents with children with

disabilities unique experiences and feelings throughout children's lives. I, myself, was in the

position of a parent of a child with language difficulties and I experienced heightened feelings of

shame, guilt, and sadness when I received my son's diagnosis. These feelings were obstacles in

actively searching for the best resources and services for my son. I learned from other parents

that these kinds of feelings are experienced by the majority of parents of children with problems,

although each parent behaved differently, ranging from total isolation and denial of the problem

to frustration. Having gone through a similar experience helped me to build strong bonds with

parents and to understand them better. Therefore, the personnel's strong beliefs that family and

community exert a huge influence on child development made me perceive the daycare as the

most suitable place for inclusion. However, inclusion was more a concept than a reality because

children with disabilities would benefit from teachers' experience and therapist's expertise, but each professional had his or her own objectives that pertained their distinct field of expertise.

In this context, my goals were to teach Sean the skills necessary to follow the group without any support. However, my goals were closely intertwined with the speech pathologist's objectives, and the ECE's demands. For example, all children followed the daycare curriculum in which each child was required to participate in a discussion following story reading. Unfortunately, Sean was unable to understand the story due to low receptive language ability and he lacked the vocabulary and syntax necessary to retell the story due to expressive language difficulties. In addition, in order to be able to retell the story, every child needed to be attentive during the story reading, and to be motivated to answer. Sean did not pay attention during story reading and he was not motivated enough to participate in discussion. Although the speech therapist's goal may have been to teach the vocabulary required by the story, the shadow may reinforce Sean's attentive behavior and use a visual schedule, and finally, the teacher may accommodate the non-verbal learner using continuously visual support. Furthermore, parents should continue using the particular vocabulary at home. In order to help the child to be successful and achieve this skill, the parents, and administrators need to work complementarily to share objectives, to understand and recognize each other expertise and contribution, in other words to collaborate interprofessionally.

When Sean started his second year in the daycare, specifically in group B, I began to acknowledge the necessity of different type of collaboration and to ask myself how such collaboration could be achieved. In the following year Sean was accepted in a governmental program that offered ABA services in the daycare. I provided the therapy under the supervision of a case manager. The case manager scheduled mandatory meetings with the parents, the

principal and me every second week. This was an excellent opportunity to engage parents in the

therapy, for the teachers to participate and become aware of inclusion benefits, and for me to

extend the collaboration to all the professionals on this specific case. Subsequently, I initiated a

discussion with the ECEs and daycare director about inclusion and the necessity of common

goals. I invited the ECEs to observe the speech pathologist's and the music therapist's sessions

and I encouraged these therapists to include in their sessions the entire classroom or small groups

instead of limiting their therapy to one-on-one sessions. This endeavor was supported by every

single member of the team despite the lack of time or money. For example, ECEs' participation

was not always possible due to the difficulty of finding substitutes, and the speech therapist and

music therapist did not participate because the meetings were not paid. Therefore, I tried as

much as possible to inform the missing members about the new goals and progression of the

current goals and I asked them in return about their sessions, the child's dispositions and

behavior, so the team could determine and decide on new objectives. The principal agreed with

the necessity for inclusion and the new type of collaboration demanded by inclusion and she

provided space for therapies and meetings, and occasionally provided replacements so that the

ECEs could participate in meetings.

The director, Sean's parents, the case manager, the ECE and I met and agreed to

introduce several changes. First, the parents were invited to participate in communication

sessions with the case manager every two weeks. The director, the ECE, and the therapists

participated as well in these sessions, whenever circumstances permitted. Second, before

implementing interprofessional collaboration the, ABA therapy, the Verbal Behavior therapy,

speech, and music therapies usually were held one-to-one outside the classroom. Gradually, the

professionals and I started to implement therapy sessions in which Sean participated along with

another friend from his group, or with small group of children, and at times with the entire

classroom. Third, the case manager organized activities addressing diversity and disability with

the entire classroom. Fourth, the parents and the principal were actively involved in inviting

people with disabilities in the classroom as part of increasing awareness. Fifth, parents actively

listened to each professional's contribution and goals, recognized the importance of

professionals' expertise, and became active disability advocates in media.

 In my capacity as specialized educator I believe that working with special-needs children

in an early childhood daycare requires a clear understanding of the roles of the other

professionals, such as speech pathologists and occupational therapists, teachers, and

administrators with whom one needs to collaborate, and of the environment and the interactions

that happen within such environment. This project emerged from the need to make everyone's

work more transparent and appreciated as one important cog in the special-needs machinery.

The interprofessional practice (IPP) concept found in the medical field describes a form

of collaborative communication in which the collaborators share goals, strategies, and

professional philosophy and include new elements in their practice. A plethora of evidence

showed that IPP fosters communication, collegiality, and parental involvement, improved

professional perspective, and better students' outcomes (Harris & Klein, 2002; Hunt, Soto,

Maier, & Doering, 2003; Malone, Gallagher, & Long, 2001; Millward & Jeffries, 2001; Scott-

Stein & Thorkilsden, 1999; Senior & Swailes, 2004).

Method

Action Research Methodology

In order to gauge the IPP's appropriateness in preschool inclusive setting, I adopted the

action research method (Armstrong & Moore, 2004) which allows the educator to examine

problems from his or her own professional perspective, to create or to implement a new strategy, and to reflect on how the change impacts own practice and students' performance (Goodnough, 2011). In the process, my beliefs as an educator and the beliefs of my team members, as well others' beliefs were scrutinized and reflected upon, so that the analysis would create a space for learning and would integrate practical wisdom and theory. The research questions were:

1. Is the IPP an effective approach for a preschool inclusive setting?

2. What are the benefits and challenges associated with IPP in early childhood center?

3. What are the distinctive traits of IPP in a daycare setting that stand out from the comparison between before and after implementation of IPP?

4. What are the distinctive traits of IPP in a daycare setting that stand out based on the comparison between before and after implementation of IPP?

Sample and Instrument

This case study focused on the relationship dynamics among professionals working on Sean's case, namely, the director, the case manager, the speech therapist, the music therapist, and the shadow.

Multiple sources of data were collected and entailed: (a) Survey B adapted from the *Interprofessional Reciprocity Questionnaire* (IPRQ) (Birlean, Ritchie, Shore, & Margison, 2006). The first part of survey B included questions focusing on how ECEs, specialized educators, administrators, and parents appreciate teamwork. The participants ranked their opinions regarding the importance of teamwork, being approachable, sharing professional advice, being self-centered, and autonomy for ECE, Special Needs Educator (SNE), director, and parents on a scale from 1 (do not value) to 6 (value). Then participants explained how each item is applied in early childhood inclusive setting and to what extent each item is beneficial. The

second part of survey B addressed participants' personal beliefs related to IPP. The participants

expressed their personal beliefs regarding the type of interactions between professionals, the

necessity of close relationships, the perceptions of their professions, and the roles of different

practitioners. For example, "Individuals in my profession make every effort to understand the

capabilities and contributions of other professions."   The scale ranged from 6 (strongly agree) to

1 (strongly disagree) (Appendix B). These two surveys were adapted from the IPRQ. Finally,

an interview was conducted with each participant in order to understand his or her identified

benefits and challenges related to IPP. Interview were recorded and transcribed verbatim.

Multiple data sources were used to assure triangulation and to capture the story in the most

accurate way. Ongoing notes about participants' perceptions and reflections about IPP were also

gathered throughout the data collection process from the principals, the professionals, and the

parents.

Data Collection

Nine participants (three ECEs, the director, Sean's mother, the case manager, the speech

language pathologist, the music therapist, and the special educator) agreed to take part in this

research and they all signed the consent forms (Appendices A and C). Initially I invited only the

primary ECE, the principal, and the parents to complete the two surveys. Later on, after reading

their answers and after having continuous discussions with my colleagues about the project, I

realized that the professionals, the ECEs from previous years, and the case manager were equally

sharing ideas and expertise, so their opinions were equally valuable. Finally, survey data were

collected from all the nine participants.

After collecting the survey data, interviews were conducted with each participant in order

to understand the benefits and challenges of IPP in preschool setting. Then each interview was

recorded and transcribed for later analysis. It was interesting to note that the interviews led to increased awareness in IPP among participants and the participants felt compelled to come back to this topic with new ideas and insights.

Data Analysis

The participants expressed their opinions regarding several IPP characteristics such as teamwork and autonomy. For survey B, first part, the average for each item was calculated and afterward the average was compared with individual score obtained by each professional member involved in the team (Table 1).

Table 1

Means of IPP's Characteristics

	ECE	SNE	Director	Parent	Mean
Teamwork	5	5.67	5.22	5.22	5.22
Approachable	4.89	5.22	5.11	4.67	4.97
Sharing	5.33	5.33	4.78	4.67	5.03
Not Self-centered	4.89	4.67	4.56	4.22	4.58
Autonomy	4.67	5.11	4.78	4.67	4.81

Note. ECE = early childhood educator; SNE = special needs educator

In the second part of survey B, the participants expressed their opinions related to necessity of strong collaboration in daycare and their perceptions of other professions and own. The 14 questions were grouped around four major themes (i.e., necessity of collaboration, perceptions other professions, perceptions of own profession, and perceptions of IPP) and the average was calculated for each theme. Then the average for each theme was compared with the individual profession score (Table 2).

Table 2

Means of IPP's Descriptors

IPP Theme	ECE	SNE	Director	Parent	Mean
Necessity of collaboration	5.83	5.00	6.00	6.00	5.22
Perceptions of other professions	5.17	5.50	5.00	5.50	5.00
Perceptions of own profession	3.70	4.33	5.33	5.00	5.70
Perceptions of IPP	4.58	4.00	4.75	4.75	3.89

Note. ECE = early childhood educator; SNE = special needs educator

Data from interviews addressing the benefits and challenges of IPP in daycare were transcribed verbatim, analyzed within and across participants, and the emergent patters were represented as concept maps. The main method of analysis was open coding in which data from all surveys and interviews were divided in smaller fragments and the meaning of each fragment received a code. Open coding requires the researcher to be systematic and creative at the same time, so that the results of analysis open up new possibilities (Campbell, McNamara, & Gilroy, 2003). When conducting the open coding, I started by given a code to the events. In the second step, I classified the codes in categories based on their properties. Then I developed categories and defined subcategories according to their characteristics. The entire process was accompanied by analytical memos that contain references to related documents and describe facial expressions, comments, and personal explanations (Campbell, McNamara, & Gilroy, 2003). In the next stage of analysis, namely axial coding, I identified the relationships between the concepts and categories revealed during the open coding process. At the last stage of analysis I compiled tables that displayed the main results. The grounded theory, the qualitative research approach of this study, is a complex iterative process in which the generative questions

guide the researcher in the endeavour of identifying the core concepts and linkages between them that would lead after verification to one central category (Trochim, 2005).

Results

Research Question 1: Is IPP an effective approach for a preschool inclusive setting?

The participants agreed that IPP is necessary in early childhood setting for children with special needs. Partial scores from the second part of survey B were compiled into four themes. All participants considered that necessity of collaboration was very important with an average of 6.00. The special needs educator rated the necessity of IPP slightly lower ($M = 5.00$). The participants considered that professionals are open to collaboration but the willingness to work collaboratively was reported as hard to achieve by a few professionals (e.g., the case manager).

"I had in the past, one professional that (was) completely against working with me . . . For example . . . [from] the three families I was working with them, the three families dropped that professional because of lack of collaboration." (Case Manager)

Participants' perceptions of respect and appreciation for own profession were lower than the perceptions of respect for other professions ($M_{own} = 4.63$ vs. $M_{other} = 5.22$), especially for early childhood educator ($M = 3.70$) and special needs educator ($M = 4.33$). The perceptions of IPP regardless the field were somehow similar (average between 4.00 and 5.00), which was expected considering that implementation IPP in real daycare settings is new.
All participants recognized the necessity of IPP in daycare inclusive setting and its advantages.

"It's all positive. It should be this way. It shouldn't be other way."(Sean's mother)

Research Question 2: What are the benefits associated with IPP in early childhood center?

The participants reported unanimously the benefits of IPP implementation in early childhood centers and the most relevant ones were summarized under four themes as follows:

unification of thinking and shared goals and strategies, understanding each other skills and role, efficiency, and fulfilment of all learners' needs. Table 3 lists the themes that emerged from professionals' verbatim transcripts.

Table 3

IPP's Benefits

Theme	Professional	Participant Quotes
1. Unification of thinking and shared goals and strategies	Parent	"It gives a single message. Everyone is more attuned to one another; because is giving better communication, when it is interprofessional, everybody is on the same page...It really helps Sean inter-progressing and having a one single message, having one trail of thoughts, rather than having different methods from different very separate."
2. Understanding each other skills and role	Director	"We get to understand each person's role in supporting the child (and) meet (needs) of development and the skills are shared; your skills on doing the matrix with him, doing the actual implementation of everything and how we can reinforce the in other areas. So that we can all share the information in order to be able to integrate it into all aspects of his life."
3. Efficiency	Early Childhood Educator	"It's like bringing them all here, so that the child doesn't have to change his routine; it's all coming to him here in the daycare setting which he spends the majority of the time, like.... 'cause it takes like time away from the parents, it takes away time from him, being socialize with his friends or, you know [it's more

		efficient].”
4. Fulfilment of all learners' needs	Early Childhood Educator	"That way also I think there's a role modelling for the peers because then it doesn't matter who is working with per se on a goal, it's just here are the goals for some of the friends in our room and this is how we are doing it. And the reality is everyone can benefit from clear expectations, boundaries, guidelines, and support to achieve those goals."

1. The members of the team found unanimously that the *unification of the thinking process and shared objectives, concerns, and, strategies* were the most critical aspects in implementation of IPP in early childhood education. Under the main theme of the benefits, the collective thinking process emerged as the most important piece of IPP.

"It gives a single message. Everyone is more attuned to one another; because is giving better communication, when it is interprofessional, everybody is on the same page ... It really helps Sean inter-progressing and having a one single message, having one trail of thoughts, rather than having different methods from different very separate." (Parent) Team members created common objectives and goals through collective reasoning: "The child would have most success possible, because everyone's working toward the same goals. . . . The big difference for me is result oriented, it's objective oriented." In implementation of IPP the team is "ensuring that everybody is on the same page and working on the same goals in order to advance quicker."

(Case Manager)

Sharing objectives, expertise, and techniques promotes not only fast improvement, but it promotes generalization of child's gains over several environments, endows ECEs with new skills and knowledge as explained by the speech pathologist and ECE:

"So, everybody working together and, you know, and in different environment, you work at the same goal, but in different, with different structures, right. Like, for instance, with me a little more play, a little more easy, open child centered, and with you a little more structured, and the classroom you want him to integrate, to socialize, it's so important for the educators, so on board, and the director, you know."

"It's more efficient I find and teachers, educators get to see what the other therapist, what they do and in return they get to practice what they're seeing, basically."

It seems that the collective thinking and voicing the trail of thoughts have also a cascade effect leading to professional improvement, multiple aspects of the child's progress: The "child has the specialty indigenous to one of them and helps child progressing even better, even more so." Even more, it is leading to increase in service network: "At the same time you can talk to parents and say "you know what, I work with an OT [Occupational Therapist]." I mean professionals speak among each other and they speak with parents."

2. *Understanding team members' roles and skills as well as the actual implementation of interventions* was the second theme emerging from data regarding IPP benefits. One of the educators commented: "The most beneficial thing about working with different professionals, I find, is to get to know their perspectives, their perspectives as a professionals, educators, director, and special educator, as the parents, and when we do our programming we base it upon all the recommendations on the needs of the child and the parents."

An important part of understanding was coming from direct observation of different therapies by ECEs and special needs educator: "We get to understand each person's role in supporting the child [and] meet [needs] of development and the skills are shared; your skills on doing the matrix with him, doing the actual implementation of everything and how we can reinforce the in other areas. So that we can all share the information in order to be able to integrate it into all aspects of his life." (Director)

Very interesting to notice was that direct observation of therapy and classroom activities by all members of the team led to increased trust, openness, and willing to participate, especially for parents: "Parents become more active, switched from client role to team member role." As a direct result of understanding of each others' roles and perspectives, ECEs and the administrator had a better grasp of implementation of inclusion. The special needs educator said that "teachers started to recognize the difference between integration of a child with special needs and inclusion."

3. The participants agreed consistently that IPP allowed better organization and an improved schedule, in other words IPP increases efficiency. Putting all resources in one place creates more time for parents to spend with their children and for children to spend in the company of their peers, rather than spending time in the car in order to reach the speech therapist's office or music therapist place. "It's like bringing them all here, so that the child doesn't have to change his routine; it's all coming to him here in the daycare setting which he spends the majority of the time, like . . . 'cause it takes like time away from the parents, it takes away time from him, being socialize with his friends or, you know [it's more efficient]."

At the same time, blending the special needs educator's objectives with ECEs' goals permits quicker progress. Even more, the child spends more time in the classroom with his peers

instead outside the classroom isolated in therapy and he feels more like a regular child. "Time wise, yeah, because I'm working for I need for my curriculum, while at the same time I can incorporate things that you are working on, too. So I think is beneficial for everyone, you know, I am getting what I need, you, you're getting what you need, too, kind of killing two birds with one stone, you know." (Teacher)

4. As the ECE noted, the benefits are two-way because not only the child with difficulties progresses, but *all children in the classroom enjoy the inclusion* in which the goals are clear and activities are more structured. "That way also I think there's a role modeling for the peers because then it doesn't matter who is working with per se on a goal; it's just here are the goals for some of the friends in our room and this is how we are doing it. And the reality is everyone can benefit from clear expectations, boundaries, guidelines, and support to achieve those goals."

ECEs have the opportunity to learn new skills that are applicable to all children. "I love working with you and other professionals because I find it's open up my perspective and makes me learn different tools, yeah basically, new tools for my toolbox, you know, to apply in, these are things only for the children with special needs, but I think for all kids, you know."

In addition, the needs of all children are balanced and considered as another ECE said, "when we do our programming we base it upon all the recommendations on the needs of the child and the parents, but as well as the group because they are in a daycare setting."

Research Question 3: What are the challenges associated with IPP in early childhood center?

Most of the participants had prior experience with IPP. Therefore, they could compare the collaboration (or the lack thereof) among each other from past experiences, with the interprofessional collaboration developed in our case. In this way, practitioners, administrators,

and parents observed the most challenging events in implementing IPP in early childhood

education centers. Seven themes that were conveying IPP challenges emerged from their

reports: professional ego, parents' expectations and personalities, pooled resources, time and

money, lack of adaptation, institutional boundaries, and perceptions of roles. Table 4 presents all

seven themes as described by the professionals.

Table 4

IPP's Challenges

Theme	Professional	Quotes
1. Professional ego	Parent	"I think it's an ego thing, I think it's people not wanted to step out of their turf and having their special thing, not wanting to be overstepped on by somebody else's specialty."
	Case manager	"And a lot of professionals have, I would call that "ego trip." 'Oh, I have the information, I specialized in that but I don't want someone else have the same thing as you or to know. So, I'm gonna keep it to myself."
2. Parents' expectations and personalities	Early Childhood Educator	"You have parents with their own expectations and their goals. . . . You have an aid of some sorts . . . , then you have the room teacher . . . . each one in their own personalities' styles, but there's need to be a consistency, so whatever are the agreed upon goals, and sometimes has to be a compromise what the agreed goals upon goals could be."
	Speech Pathologist	"So I find it with parents, if parents are not collaborating with me, we get no progress. I mean, it's very important to carry over

		my goals at home and if the parent is not going do that it's going to take forever to reach something."
3. Pooled resources	Parent	"Whether in an environment where there is all different factions when we started, because all we knew both, we did both , when it was separate professionals working with X in different areas, there results were very hard to quantify and there was not as successful because there wasn't one trail of thoughts . So we had . . . . It was very unequal, uneven results. "
	Early Childhood Educator	"The worst I find is finding all the resources that we need to get it here, and the child going somewhere else. It's like bringing them all here, so that the child doesn't have to change his routine."
4. Time and money	Speech Pathologist	"Challenging is the time, too; it's the time and fact that no one has time. Everybody is on their own schedule and it's really that finding that."
5. Lack of adaptation	Music Therapist	"The thing more challenging will be the public school system because there's so little control that parents can have and also teachers can have in terms of who's working with the kids and when they're working with the kids . . . it's tense."
6. Perceptions of roles	Special Needs Educator	"The most difficult part was bending the personal perception of what being a professional stands for as well as allowing the blend of roles, the muddle of boundaries regarding responsibilities and rights."

7. Institutional boundaries	Early Childhood Educator	"I think it's challenging because you have to adopt, you know, because you're not, because you're working as a team, it's not just my way, you know, you have to kind of taking into consideration somebody's else perspective, someone's else objectives, [unrelated]. You're looking at the other objectives. So think that's the most challenging part. Not that you work a little less more, but there are more things to keep in consideration, to keep in mind to, keep in track of."

1. Always, an exaggerated sense of professional importance was seen detrimental in interprofessional relationships. Part of this attitude has roots in the professional silo, mentality which is adopted during the educational formation of professionals and by which practitioners deliberately uphold specialized information. "I think it's an ego thing, I think it's people not wanted to step out of their turf and having their special thing, not wanting to be overstepped on by somebody else's specialty." (Case Manager)

The other part of this attitude involved the professional pride. "And a lot of professionals have, I would call that "ego trip". 'Oh, I have the information, I specialized in that but I don't want someone else have the same thing as you or to know. So, I'm gonna keep it to myself.'"

This kind of behavior makes very difficult for members of the team to share information and techniques because it generates tension. "The most difficult part was bending the personal perception of what being a professional stands for as well as allowing the blend of roles, the muddle of boundaries regarding responsibilities and rights. For example, I was wondering how

much I can be a teacher or a speech therapist without stepping on someone else's toes or my work not being acknowledged."(Special Needs Educator)

Sometimes, it seems that this behavior is motivated by the fear of being misunderstood. "Most challenging I would have to say is that a lot of people have their own egos, a lot of people don't want to share their specialties because, I have seen, if I share then I don't know more about me, it's not their profession, I find there's a different thing."

Unfortunately, holding the professional stance resulted in lack of collaboration and unsatisfied families. "I had in the past, one professional that completely against working with me, for example, at the three families I was working with them, the three families dropped that professional because of lack of collaboration."

2. Nearly as important as the professional stance, the parents' expectations, goals, and personalities are challenging when consistency and follow-up activities are required. "You have parents with their own expectations and their goals... You have an aid of some sorts . . . , then you have the room teacher . . . Each own in their own personalities' styles, but there's need to be a consistency, so whatever are the agreed upon goals, and sometimes has to be a compromise what the agreed goals upon goals could be." (Teacher) "So I find it with parents, if parents are not collaborating with me, we get no progress. I mean, it's very important to carry over my goals at home and if the parent is not going to do that it's going to take forever to reach something."

Most of the time, parents believe that the therapy or educational instruction is carried in the daycare. As soon as they are at home, any form of education stops because parents believe they do not have the expertise and the skills necessary and because parents have been seen as clients, rather than active members of the team. "They are proactive in getting services but not necessarily in doing the work themselves." (Case Manager) "... [Parents] are not able to follow

through." (Speech Pathologist) "They [parents] don't like to have to follow up with professionals, they should rather be autonomous." (Music Therapist)

In addition, the parenting style becomes challenging.   "At times parents may put their needs before the child's. [Parents] may provide too much support that hinders the child's ability to be autonomous." (Speech Pathologist)

Finally, the feelings of confusion, helplessness, and guilt brought forth by the diagnostic may impede parents to participate actively in collaboration. "...when do they do not accept the diagnostic, they are far from the team." (Special Needs Educator) "Sometimes these parents have a hard time accepting the diagnosis, might not be easily approachable." (Teacher)

 3. Centralized resources were found as difficult to achieve, especially if practitioners work in different environments and on different goals or if the progress was not quantified. "Whether in an environment where there is all different factions when we started, because all we knew both, we did both , when it was separate professionals working with X in different areas, there results were very hard to quantify and there was not as successful because there wasn't one trail of thoughts . So we had . . . It was very unequal, uneven results. " (Parent)

The interference in child's progression was noticed by the speech therapist.   "...you know, once you achieve... 'cause typically what you look at is when you achieve one thing and then move on to the next thing, rather than working on a bunch of different games and everything takes a little bit longer."

Having all the resources in one place allows continuity and consistency. However, the actual grouping of resources is sometimes hard to manage. "The worst I find is finding all the resources that we need to get it here, and the child going somewhere else. It's like bringing them all here, so that the child doesn't have to change his routine." (Teacher)

4. The members of the team faced issues related to the institutional structure that was represented by a less collaborative policy. "The thing more challenging will be the public school system because there's so little control that parents can have and also teachers can have in terms of who's working with the kids and when they're working with the kids... it's tense." (Music Therapist)

ECE's talking about past experiences described administrators' policy as going against teamwork. "Directors dictate policy and devalue [to] educators, preventing teamwork to develop." "They [directors] do not want to change" in order to be more approachable." "[Directors] not involved or approachable... not sharing on advice."

5. The perception of roles and boundaries is rooted in years of daycare welcoming children without any problems and is difficult to change. For instance, the special needs educator is rather a new professional in daycare classroom and her role is less understood. "They (ECEs) expect the special needs educator is the one that takes care or help the child and the educator takes care of the rest of the group of children." (Case Manager) "Child with special needs is to be *taken care of* special needs educator. In about 60% of cases, parents don't value team work all that much as they let the professionals take care of their child." (Case Manager)

Another example refers to ECE's role and perception of children with special needs. "Educators seem to share a lot of professional advices that do not necessarily pertain to the child with special needs but more for a typical child. In many cases autonomy is being valued but not in regards to the child with special needs, mostly with typical peers." (Case Manager)

6. The vast increase in number of children with difficulties, of culturally diverse children, and of children coming from diverse family backgrounds posed a problem for many practitioners, ECEs, parents, and administrators because they grew up in a different environment

or attended educational programs that were primarily focused on atypical child development. The unfortunate result was the lack of adaptation and compromise: "I think it's challenging because you have to adopt, you know, because you're not, because you're working as a team, it's not just my way, you know, you have to kind of taking into consideration somebody's else perspective, someone's else objectives, [unrelated] You're looking at the other objectives. So think that's the most challenging part. Not that you work a little less more, but there are more things to keep in consideration, to keep in mind to, keep in track of." (Teacher)

The lack of knowledge and skills was present. "Often [at] times people are set in their ways when it comes to the needs of their students and how to help them best." (Music Therapist) Most of the ECEs pointed that skills and knowledge were lacking. "While I feel [that] educators value teamwork, I do not feel that they are always able to put it into action. They often lack skills to be able to follow through." "Some educators find it difficult to have other adults in the classroom." "I feel that ECEs are approachable. However in a room with 20 children to supervise, it might seem a bit difficult at times."

The lack of communication was noticed. "You notice this with [music therapist] who was elsewhere, it's harder for her to be on the same level. So, I have to tell her, because you guys you're all together; her, she's separate. It doesn't feel as part of the team." (Parent)

The lack of recognition was observed. "Speech therapy is wonderful but often the educator is incorporating strategies, but does not get recognized and this can be a contributing factor in the lack of teamwork." (Teacher) "They [special needs educators] often value the team but lack the skills to be able to work with the team....Some they too can be apprehensive about the process of working in a team classroom situation." (Teacher)

7. Lastly, time and money were challenges for all members of the team: "Challenging is the time; too, it's the time and fact that no one has time. Everybody is on their own schedule and it's really that finding that." (Speech Pathologist) "Replacing the educator to attend group meetings is costly" (Director) The director was expressing her doubts of providing same quality care for more children with difficulties. "If I had 7 children all doing the same thing, could I really commit to that?"

Research Question 4: What are the distinctive traits of IPP in a daycare setting that stand out based on the comparison between before and after implementation of IPP?

Survey data (Survey B, first part) indicated that teamwork was highly valued by each participant ($M = 5.22$) as well as sharing ($M = 5.03$). In addition, they indicated that respect, acknowledgment of parents' role, professional' expertise, and shared responsibilities helped them build productive teamwork. Being approachable was also found as a valued item ($M = 4.97$) and participants pointed toward the value of the "open door policy" that is accomplished through good listening skills, willingness to share information especially for parents with children with special needs, and trust.

One of the interview topics focused on the comparison between Sean's progression before having an interprofessional collaboration and after introducing IPP. Five themes were developed from the collected data and are further presented.

1. *Objectives met on time and successfully versus uneven results and moving faster forward*. Parents were first to acknowledge the qualitative jump offered by IPP. The success was secured by clear concrete objectives, professionals working collaboratively, common goals, and measurable outcomes. "I mean, the big difference for me is result oriented, objective oriented. In our case objectives have been met in timely manner with high level of success.

Whether in an environment where there is all different factions when we started, because all we knew both, we did both , when it was separate professionals working with X in different areas, there results were very hard to quantify and there was not as successful because there wasn't one trail of thoughts. So we had... It was very unequal, uneven results." (Parent)

Sean started to attend daycare at group A. During this time one shadow accompanied him everywhere. He was nonverbal, he was reluctant to participate in any activity, he avoided play or socialization with peers, and he barely sat at the table during lunch time. The year after Sean moved to group B and he started the speech and music therapy and I started following him as shadow.   When he moved to group C the year after, the IPP implemented and we developed the team comprising the group C's ECE, the speech therapist, the music therapist, the case manager in charge with supervision of the ABA program, the parents, the director, and I, the special needs educator. The educator from group A had the opportunity to watch him developing and progressing during the next two years.

"I find, like with the coming of an educator, a specialized educator coming here, with the specialist coming here, you see how he evolved, like in a short amount of time, like he's talking, he's playing, he understands, he's, you know, there is a lot less resistance from him, you know, his willing to do the activity, he, you know, participate, and it's a big thing, like beautiful."

The music therapist also was able to compare Sean's development from group B when the work was individually by each practitioner with his development in group C when we started the interprofessional interactions and she could provide therapy in classroom or in pairs. "I find as if I am able to work with the child alone and integrated in their own environment and the progress is probably twice or three times as faster as would be or even when there are things that I could do integrated in their system that I absolutely not be able to do alone with that."

The objectives that were measurable were met on time and successfully because the collaboration and communication were consistent, the resources were pooled in one place, and the practitioners had the opportunity to learn from practice.

2. *Consistency, established program and continuity versus lack separate thoughts resulted in committed parents, understanding and respect for professionals and educators.* Interesting to notice was the cascade effect that implementation of IPP had on parents' participation, ECE's and mine professional development, director's awareness of diversity, and change in perception of roles and boundaries, to name only a few of the effects. The director mentioned: "Everything was fragmented. Nobody was doing the same thing. Nobody understood the techniques that being used, why were they being used, and how was implemented in our actually way of life. Everybody was in their own separate corner."

The changes were gradually noticed by everyone. "I think if you implement and say if you're going to do this, this is the pattern we're gonna follow, maybe at the beginning they won't be as committed but over time I think that they would get with the program because that you have an established program." When clear goals and anticipation of goals were coupled with permanent consistency the boundaries became blurred and child's needs came first.

"Each own in their own personalities' styles, but there's need to be a consistency, so whatever are the agreed upon goals, and sometimes has to be a compromise what the agreed goals upon goals could be, and in time and space and ability of the child, in our setting. Then, if that begins to happen then it doesn't matter who is working with the child and when they are working with the child. There are a clear set of expectations, there's a clear path to meet the goals, and therefore he child begins to anticipate if I do this, this is going to happen." (Teacher) According to these reports the IPP's traits were making the expertise accessible and reliable.

3. *Beneficial for all children as opposed to solitary therapies that benefit only one child*. Inclusion, in its real form, benefits every child because the curriculum is not reduced or simplified, but is designed to respond the needs of each and all children. "...the whole classroom benefited from ABA, music and speech therapies that were taking place in the classroom, with the entire classroom or just a small group." (Special Needs Educator)

Disability awareness needs to find its way to people who model the behavior toward children and adults with special needs, namely parents and teachers. "...the diversity awareness activities resulted from the tight IPP were welcome the children as well as the parents who applauded the initiative and learned a great deal about disability." (Special Needs Educator)

The IPP in daycare had far-reaching outcomes and holistic perspective.

4. *Professional development regarding inclusion versus lack of knowledge*: "I love working with you and other professionals because I find it's open up my perspective and makes me learn different tools, yeah basically, new tools for my toolbox, you know, to apply in, these are things only for the children with special needs, but I think for all kids, you know." (Teacher)

5. *Understanding expertise and inclusion leads to increase in respect and collaboration as well as understanding of roles versus lack of understanding and misconceptions*. In our conversations as a team we tried to explain why some practitioners avoided working interprofessionally. The director and I agreed that IPP largely required self-confidence as a person and as a professional. However, it seemed that it takes more than self-confidence. Interprofessional interaction required openness, trust, honesty, recognition, and understanding of each other's perspective. "[There is an] amazing increase in team members' willingness to participate in interprofessional exchange. While the willingness increased dramatically, so did the understanding of each other's work and expertise, as well as the respect for each other

contribution. It seemed like one change triggered the other almost simultaneously." (Special

Needs Educator) "Parents become more active, switched from client role to team member role,

director changed the standards in requirements for new employees and the requirements became

concrete and grounded in reality, and teachers started to recognize the difference between

integration of a child with special needs and inclusion." (Special Needs Educator)

Table 5 includes the five emergent themes along with illustrative responses highlighting

each theme and summarizing all the distinctive traits of IPP in preschool inclusive setting as

inferred from each theme.

Table 5

Traits of IPP in preschool

Theme	Distinctive IPP traits	Professional	Quotes
1. Objectives met on time and successfully	Consistent collaboration and communication Pooled resources Learning from practice	Early Childhood Educator	"I find, like with the coming of an educator, a specialized educator coming here, with the specialist coming here, you see how he evolved, like in a short amount of time, like he's talking, he's playing, he understands, he's, you know, there is a lot less resistance from him, you know, his willing to do the activity, he, you know, participate, and it's a big thing, like beautiful."
2. Consistency	Making expertise	Case Manager	"I think if you implement and say if you're going to do this, this is the pattern we're gonna

	accessible Consistency		follow, maybe at the beginning they won't be as committed but over time I think that they would get with the program because that you have an established program."
3. Beneficial for all children	Far-reaching results Holistic perspective	Special Needs Educator	"At the same time, the whole classroom benefited from ABA, music and speech therapies that were taking place in the classroom, with the entire classroom or just a small group."
4. Professional development	Learning from practice	Early Childhood Educator	"I love working with you and other professionals because I find it's open up my perspective and makes me learn different tools, yeah basically, new tools for my toolbox, you know, to apply in, these are things only for the children with special needs, but I think for all kids, you know."
5. Understanding expertise and inclusion	Understanding professional values	Special Needs Educator	"Parents become more active, switched from client role to team member role, director changed the standards in requirements for new employees and the requirements became concrete and grounded in reality, and teachers started to recognize the difference between integration … and inclusion."

Discussion and Implications

The present action-research case study explored the interprofessional interactions within a daycare center that welcomes children with special needs and investigated the effects of interprofessional relationships among the members of team in charge with the progression of children with difficulties. After a detailed review of the literature on IPP's theoretical tenets in education, the paper contained a detailed description of an IPP implementation in a particular daycare context in Montreal that admitted a four-year-old boy with autism. The director of the daycare, the special needs educator, the parents, the case manager, the teachers, and the speech and music therapists that formed the team in charge of the boy's case agreed to share their opinions regarding their experiences related to their engagement with IPP in daycare. The analysis of data permitted answering four research questions, which are further discussed in the light of the research literature.

The first research question dealt with the indispensability of IPP in preschool. Most of research on IPP has been conducted mainly in the medical field or at the elementary and secondary schools. Therefore, the first issue under scrutiny was the necessity and effectiveness of IPP in preschool inclusive settings. According to parents, professionals, special needs educator, case manager, and director who were the participants in this study, IPP was the most effective strategy in meeting the objectives successfully and in a timely manner. They agreed that "It's all positive. It should be this way. It shouldn't be other way."

The implementation of IPP in daycare was gradual. Every step was taken based on systematic assessments and daily observations. For example, the special needs educator that conducted the ABA therapy switched from one to one session to group therapy of two or three children because Sean was more likely to participate and shine in this type of activity and thus,

he would be more assertive and self –confident. Increase in assertiveness and socialization were two of the goals agreed upon.

The second research question pertained to the benefits of having IPP in daycare. IPP benefits identified by the participants in this case were similar to those found at the elementary setting by Malone and Gallagher (2010). For example, in the elementary school, researchers found that sharing ideas and expertise was beneficial in the same way that in the preschool setting, the participants found beneficial to understand each other skills and roles.   In addition, special educators working in elementary schools as well as professionals and parents in daycare setting recognized the efficiency of IPP in preparing suitable planning for all children. However, most of the research on IPP targeted the description of benefits and challenges, the child's progression, motivation, and goals, and predicted outcomes and less, if any, focused on the team's dynamics during engagement with IPP (Bondy & Brownell, 1997; Casper, 2012; Farmakopoulou, 2002; Villeneuve, Chatenoud, Hutchison, Minnes, Perry, Dionne, et al. 2013). The data and participants' verbatim transcriptions described an upward spiral effect that emerged from interprofessional interactions. When each member team was open, trusting, and self-confident, the collaboration was more fruitful with every meeting and discussion, the parents were more involved as equal members of the team, and professionals were extremely available. For example, parents, professionals, and ECEs were invited to observe and to participate in therapies and educational activities. Their competencies were recognized and advice was requested and applied on regular basis and, thereby, the trust and confidence placed on them was visibly demonstrated. Parents were invited to participate in this collaboration as the experts of their child and their inputs were always taken into account. The IPP's characteristic that refers to openly sharing knowledge and experience is called distributed expertise.

The dynamics of the team were characterized not only by the upward spiral effect, but also by the trivial discussions between participants that allowed deeper connections. In the literature, the role of parents in collaboration has been studied solely in terms of their satisfaction with the professionals' joint effort, their parental status (e.g., single parent vs. both parents) and socio-economic status (SES), their expectations and education (Villeneuve et al., 2013; Walsh & Park-Taylor, 2003; Walsh, Brabeck, & Howard, 1999). In the present case study, the parental contribution to IPP was more present. For example, parents, professionals, case manager, and director discussed also past personal experiences with children with special needs as well as how these experiences shaped their practice and their lives. In Sean's case, the mother was involved in media and she had the opportunity to advocate for the rights of children with special needs directly on television. The case manager described cases of other children in which the parents refused to work with professionals. Although these narratives seemed unrelated to Sean's case, they explained the beliefs and rationale that each team member brought to the collaboration. These narratives deepened trust and confidence with each other and, thereby, led to increased respect for each other's expertise. Maude and Dempsey (2009) were the only authors who recognized the importance of how the relationships between practitioners and parents should be built and not only what kind of information they should exchange. They acknowledged the importance of active listening and observation of parents' beliefs, philosophies, psychological and emotional status, cultural values and biases, and the ways of coping with stress. However, participants from the present study acknowledged that all members of the team should be actively listening and carefully observing and they all should be aware of personal strengths and biases.

The third research question referred to the challenges related to IPP's implementation. The shortage of resources, namely financial funds, time, and manpower, was found as omnipresent challenges in this study as well as in many others (Huenbner & Gould, 1991; Ysseldyke, Algozzine, Roastollan, & Shinn, 1981). In the IPP literature, researchers pinpointed toward several other challenges such as lack of feedback opportunities, insufficient specialized knowledge, and confusing team goals that were also found in the present study (Bahr, Whitten, Dieker, Kocarek, & Manson, 1999; Caple & Cox, 1989; Senior & Swailes, 2004; Slonski-Fowler & Truscott, 2004). The most prominent challenge found in this study referred to the professional ego that also received considerable attention from many other researchers (e.g., Edwards, 2009; Walsh, Brabeck, & Howard, 1999). Past research determined that professionals retreated into their professionals' silos when the recognition of their competencies was threatened by the blurred roles and lack of adaptation to new roles as well as when lack of resources and overlapped responsibilities (Drinka, Miller, & Goodman, 1996). However, the past work on effective IPP implementation was less explanatory of strategies necessary to recognize the expertise and the competence of professionals. Sean' team found that having the whole team observing professionals working with children and applying systematically their advice as well as asking for feedback and consistent follow-up ensured that practitioners were kept in high regard and, thereby, they opened professional boundaries and committed entirely to teams' goals.

Visibly acknowledging each another`s expertise was a continuous practice in this study which in turn allowed the parents to commit fully, ensured that ECEs smoothly adapt to the inclusive type of classroom, and facilitate the change of the perceptions of roles. The parents' expectations and personalities were found to be important challenges in IPP implementation in preschool inclusive setting in the present study. The focus in special education research was

mostly on the theoretical grounds that could explain the behaviour of parents of children with special needs and less on practical recommendations (Barnard, 2004; Epstein, 2009; Green, Walker, Hoover-Dempsey, & Howard, 2007; Taylor, 2000). Sean's parents showed that parents need to be involved in children therapies as partners by observing the therapy closely, understanding the rationale of each therapy, and being responsible for the outcomes. Sean' parents became involved when they were required to be present at each meeting, when they were solicited to observe in detail Sean's behavior at home and to share personal notes, and they understood the reason of each therapy. In fact, this approach is the essence of relational agency, the main characteristic of IPP. The parents had the opportunity to understand the "why" behind all activities and thereby to be recognized as experts in the parental field and to become directly responsible for their son outcomes.

Understanding the "why" was also important in Sean's case, especially for teachers who sought a clear understanding of each other roles in order to help them adapt to an inclusive setting. The case manager noted that, in general, the special needs educator is expected exclusively to take care of the child with difficulties and ECEs are expected to be in charge of the rest of the classroom. To move from this perception of roles, teachers need to understand that the special needs educator's main task for is helping the child to acquire classroom skills. Thus, she may start working individually with the child, but the majority of the work takes place in the classroom with the peers and with the teachers. The goal is having the child following class routine without any extra help. This goal is achieved solely by working interdependently and developing a strong partnership. One of the teachers described clearly this partnership: "Everybody's working toward (same goals)... and you don't feel as an educator, myself, and you feel like everyone... and we're working together as opposed to really working against each other

and the benefits of the child." Thus, IPP was successful in Sean's case because the partnership was built on objectives agreed by everyone and the work was intertwined. Consequently, understanding that the teacher's work was highly intertwined with the special needs educator`s work led to smoother adaptation to inclusive setting. In addition, the sense of the common ownership clarified the position of each member of the team, so that everyone was comfortable and recognized as authority in their field, but the goals and the outcome were equally everyone's responsibility.

For the last research question, I decided to determine the distinctive traits of IPP in preschool inclusive setting as they were observed by the participants when they compared Sean's progression before and after the implantation of IPP. The consistency of communication and collaboration was found by all participants to be the basic condition in IPP and it was also pointed in the literature as the main characteristic for an effective IPP (Villeneuve & Hutchinson, 2012). In Sean's case, the collaborative work was effective also because the team was small, the feedback and the progress updates were made available for everybody even when they were not present at the meetings, and all members of the team always used simple language in their communications. Learning from practice and making expertise accessible were signaled by the research as IPP`s most distinctive characteristic (Fitzgerald & Theilheimer, 2013; Villeneuve & Hutchinson, 2012). In the present case study, the teachers learned from professionals through observation, clear explanation, and constant feedback. The goals were decided upon consistent feedback and formal and informal meetings. The approach for each goal was suggested by the most suitable member of the team and the rest of the team agreed or not if the approach fit the need. For example, the parents noted that Sean understood French, but he had difficulties expressing his ideas in French. The ECE confirmed that Sean would understand when someone

was addressing to him in French, yet he always chose to answer in English. The case manager

suggested creating a new ABA program that would increase Sean's French vocabulary and she

listed the actual words that would become part of the program. The team agreed with this new

objective and approach and each member of the team tried to create other situations in which

Sean might possibly use French words. For example, Sean's mom arranged that Sean would

spend one week with her French-speaking parents and Sean's teacher would require a French

answer when he addressed Sean.

Learning from practice was possible because (a) the professionals were willing to share

their knowledge and expertise, (b) the management made possible to have all of the resources in

one place, and (c) the members of the team were willing to broaden their knowledge. By

definition IPP lacks a hierarchical structure in a sense that there is no leader to be followed

without discussion and no established rules. The team has to work collaboratively to define its

own set of guidelines (Molyneuex, 2001). By the same tenets, all members of the team are

responsible for the outcomes. In Sean's case, the members were always asked about their

available time to participate in discussions and they were accommodated accordingly. There was

no central leader, rather the management tasks were shared among team's members. The case

manager was mostly in charge of organization of meetings, the special needs educator was in

charge with managing information and ensuring feedback, the director was in charge with

managing places for therapies and meetings and ensuring financial resources and external

resources.

The IPP allowed far-reaching results because all children in Sean's classroom benefited

from ABA, music, and speech therapies. Moreover, children and parents had the opportunity to

meet with other people with disabilities and understand what means to live with a disability. In

addition, children with autism from everywhere benefitted from Sean's parents who lobbied at

the National Assembly of Quebec in their behalf. The interprofessional interactions built in

daycare triggered increased awareness of autism in particular and of disability in general.

Teachers and the director reported that they had been oblivious to prejudices that people held

vis-à-vis autism and the challenges those families were facing. Thus, IPP implementation

created the opportunity for the participants to perceive children with autism and their situation

from a holistic perspective.

Conclusions

I engaged in the endeavor of discovering and learning how to build constructive

interprofessional relationships in my own practice and thereby to advance the understanding of

IPP dynamics in daycare inclusive setting. Some of findings pertaining to the relational agency,

unification of thinking, accessible expertise, and consistency in collaboration and communication

were also found in prior studies. Other findings such as how to acknowledge practitioners'

expertise, the dynamics of interprofessional interactions in daycare, and the practical strategies

that increase parental involvement in children with special needs education were a new addition

to understanding IPP. The development of the present study itself became a learning tool

because the participants were prompted by the interviews and surveys to reflect critically on the

IPP's meaning, outcomes, and process. They became aware of the unspoken dynamics of

interprofessional interactions and they had the opportunity to express their beliefs related to IPP

as well as to inclusion and autism. The IPP built in Sean's case was unique because it emerged

from within interactions among people with different personalities, experiences, and expertise.

Hence, an IPP built around a particular case would be unique. However, despite the uniqueness

of IPP, there was an IPP's philosophy that clearly emerged. According to this philosophy, the

goals and strategies are shared and agreed upon, the outcomes are each and everyone`s

responsibility including parents, the expertise is shared and is made visible, and personal and

professional experiences are respected.

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Appendix A

Interprofessional practice in a preschool inclusive setting

Consent Form

Investigator: Oana Mircea Educational & Counselling Psychology

Department of McGill University

Email address: oana.mircea@mail.mcgill.ca

Supervisors' names: Prof. Bruce M. Shore

                                Dr. Camelia Birlean

Target population: early childhood educators, special needs educators, daycare directors, and

parents with children with difficulties

    Dear [recipient's name],

            In partial fulfillment of the requirements for the Master of Education in

Educational Psychology degree, I am interested in conducting a study about how special needs

educators, directors, and parents work together for the benefit of the students. The goal of the

study is to create a handbook that will guide early childhood educators, special needs educators,

parents of children with special needs, and administrative personnel to collaborate

interprofessional that is, drawing effectively and respectfully on the knowledge and skills of each

group. If you agree to daycare participation in this study, the intervention aids currently working

in the CPE will be asked to complete a 15-to-20 minutes survey about their view with respect to

themselves as well as other professionals' characteristics that are necessary for a fruitful

professional collaboration such as, being caring, approachable, child-centered, and appreciative

of team work. Their opinions with respect to individual work group work, cooperation and trust among members of the team will also be sought.

The records of this study will be kept under lock in my filing cabinet in my personal residence. Your daycare name and other personal information will be removed and remain fully confidential during and after the study. Should you have any questions please do not hesitate to contact me. The consent forms (containing identifying information) will be kept separate from the data. The results of this study will be compiled into handbook that would be made available to early-childhood centers. The outcomes of this study are intended to be disseminated through publications or conferences. The identity of participants or their children will never be revealed in any of these products.

You have the right to withdraw from the study at any moment without any consequences.

If you have any questions or concerns about your rights as a participant in this project, you may contact the McGill Research Ethics Officer, Deanna Collin.

I have read the above information and I consent to allow the survey completion on interprofessional practice in early childhood centers.

_____

    Name

_____   _____

    Signature   Date

Appendix B

Please circle a number to indicate where you feel a typical member of this profession would be placed on each dimension. Then explain your answer:

Early Childhood Educator:

Highly value teamwork   6   5   4   3   2   1   Do not value teamwork

Please explain:

_____

_____

_____

_____

_____

Are Approachable   6   5   4   3   2   1   Non-Approachable

Please explain:

_____

_____

_____

_____

_____

Sharing professional advice   6   5   4   3   2   1   Do not share professional advice

Please explain:

_____

_____

_____

_____

_____

Are Not Self- centered   6   5   4   3   2   1   Self-centered

Please explain:

_____

_____

_____

_____

_____

Do not value autonomy   6   5   4   3   2   1   Value autonomy

Please explain:

_____

_____

_____

_____

_____

Special Needs Educator:

Highly value teamwork   6   5   4   3   2   1   Do not value teamwork

Please explain:

_____

_____

_____

_____

_____

Are Approachable   6   5   4   3   2   1   Non-Approachable

Please explain:

_____

_____

_____

_____

_____

Sharing professional advice   6   5   4   3   2   1   Do not share professional advice

Please explain:

_____

_____

_____

_____

_____

   Are Not Self- centered   6   5   4   3   2   1   Self-centered

Please explain:

_____

_____

_____

_____

_____

   Do not value autonomy   6   5   4   3   2   1   Value autonomy

Please explain:

_____

_____

_____

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_____

_____

Early Childhood Director:

   Highly value teamwork   6   5   4   3   2   1   Do not value teamwork

Please explain:

_____

_____

_____

_____

_____

Are Approachable   6   5   4   3   2   1   Non-Approachable

Please explain:

_____

_____

_____

_____

_____

Sharing professional advice   6   5   4   3   2   1   Do not share professional advice

Please explain:

_____

_____

_____

_____

_____

Are Not Self- centered   6   5   4   3   2   1   Self-centered

Please explain:

_____

_____

_____

_____

_____

Do not value autonomy   6   5   4   3   2   1   Value autonomy

Please explain:

_____

_____

_____

_____

_____

_____

Parents of children with special needs:

Highly value teamwork   6   5   4   3   2   1   Do not value teamwork

Please explain:

_____

_____

_____

_____

_____

Are Approachable   6   5   4   3   2   1   Non-Approachable

Please explain:

_____

_____

_____

_____

_____

Sharing professional advice   6   5   4   3   2   1   Do not share professional advice

Please explain:

_____

_____

_____

_____

_____

_____

Are Not Self- centered   6   5   4   3   2   1   Self-centered

Please explain:

_____

_____

_____

_____

_____

_____

Do not value autonomy   6   5   4   3   2   1   Value autonomy

Please explain:

_____

_____

_____

_____

_____

_____

Please indicate the degree to which you agree or disagree with the statement by drawing a circle around the number of the response that best expresses your feeling.

The scale is: 6= strongly agree, 5 = agree, 4 = somewhat agree, 3 = somewhat disagree, 2 = disagree, 1 = strongly disagree

Strongly

Strongly

Agree

Disagree

		Strongly Agree					Strongly Disagree
1.	Individuals in my profession need to cooperate with other professions	6	5	4	3	2	1

2.	Individuals in my profession must depend upon the work of people in other professions	6	5	4	3	2	1

3.	Individuals in other professions think highly of my profession	6	5	4	3	2	1

4.	Individuals in my profession trust each other's professional judgment	6	5	4	3	2	1

5.	Individuals in my profession make every effort to understand the capabilities and contributions of other professions	6	5	4	3	2	1

6.	Individuals in my profession are willing to share information and resources with other professionals	6	5	4	3	2	1

7.	Individuals in my profession have good relations with people in other professions	6	5	4	3	2	1

8.	Individuals in my profession think highly of other related professions	6	5	4	3	2	1

Please indicate the degree to which you agree or disagree with the statement by drawing a circle around the number of the response that best expresses your feeling.

9.	Learning with students from other health and social care professions is likely to facilitate subsequent working professional relationships	6	5	4	3	2	1

10.	Learning with students from other health and social care professions is likely to improve the service for client	6	5	4	3	2	1
11.	Interaction with other health care professionals helps reduce stereotyped views of each other	6	5	4	3	2	1
12.	All members of health and social care professions have equal respect for each discipline	6	5	4	3	2	1
13.	It is easy to communicate openly with people from other health and social care disciplines	6	5	4	3	2	1
14.	I have a good understanding of the roles of different health and social care professionals	6	5	4	3	2	1

Adapted from

Birlean, C., Ritchie, K. C., Shore, B. M., & Margison, J. A. (2006). *Interprofessional Reciprocity Questionnaire (IPRQ): An assessment tool for collaborative practice and education*. Unpublished document, The McGill Educational Initiative on Interprofessional Collaboration: Partnerships for Patient and Family-Centred Practice, Faculty of Medicine, McGill University, Montreal, QC.

Appendix C

Interprofessional practice in a preschool inclusive setting

Consent Form

Investigator: Oana Mircea

Educational & Counselling Psychology Department of McGill University

Email address: oana.mircea@mail.mcgill.ca

Supervisors' names: Prof. Bruce M. Shore

                                    Dr. Camelia Birlean

Target population: early childhood educators, special needs educators, daycare directors, and

parents with children with difficulties

Dear Participant,

You are invited to take part in a survey about how early childhood educators,

special needs educators, directors, and parents work together for the benefit of the students. This

project is being conducted as part of my studies at McGill University for the degree of Master of

Education in Educational Psychology. The goal of the study is to create a handbook that will

guide early childhood educators, special needs educators, parents of children with special needs,

and administrative personnel to collaborate interprofessional that is, drawing effectively and

respectfully on the knowledge and skills of each group. If you agree to participate in this study,

you will be asked to complete a 15-to-20 minutes survey about your view with respect to your

own as well as other professionals' characteristics that are necessary for a fruitful professional

collaboration such as, being caring, approachable, child-centered, and appreciative of team work.

Your opinions with respect to individual work group work, cooperation and trust among members of the team will also be sought.

The records of this study will be kept under lock in my filing cabinet in my personal residence. Your name and other personal information will be removed and remain fully confidential during and after the study. Should you have any questions please do not hesitate to contact me. The consent forms (containing identifying information) will be kept separate from the data. I propose to use the results of the study for my Master's project, for a handbook that would be made available to early-childhood centers and as the basis for reports (with no identifying information) to educational publications or conferences. The identity of participants or their children will never be revealed in any of these products.

You have the right to withdraw from the study at any moment without any consequences.

For parents: Your decision to participate will have no consequence on the services available to you or your child.

If you have further questions about the rights of research participant, you may contact the McGill Research Ethics Officer, Deanna Collin.

I have read the above information and I consent to complete the survey on interprofessional practice in early childhood centers.

_____

     Participant's printed name   Date_____

_____

     Participant's Signature