

2000

## An analysis of teaming practices in inclusive early childhood settings

Linda Marie Comer  
*University of Dayton*

Follow this and additional works at: [https://ecommons.udayton.edu/graduate\\_theses](https://ecommons.udayton.edu/graduate_theses)

---

### Recommended Citation

Comer, Linda Marie, "An analysis of teaming practices in inclusive early childhood settings" (2000).  
*Graduate Theses and Dissertations*. 2088.  
[https://ecommons.udayton.edu/graduate\\_theses/2088](https://ecommons.udayton.edu/graduate_theses/2088)

This Thesis is brought to you for free and open access by the Theses and Dissertations at eCommons. It has been accepted for inclusion in Graduate Theses and Dissertations by an authorized administrator of eCommons. For more information, please contact [mschlangen1@udayton.edu](mailto:mschlangen1@udayton.edu), [ecommons@udayton.edu](mailto:ecommons@udayton.edu).

AN ANALYSIS OF TEAMING PRACTICES  
IN INCLUSIVE EARLY CHILDHOOD  
SETTINGS

MASTER'S THESIS

Submitted to the School of Education,  
University of Dayton, in Partial Fulfillment  
of the Requirements for the Degree  
Master of Science in Education

by

Linda Marie Comer  
School of Education  
UNIVERSITY OF DAYTON  
Dayton, Ohio  
February 2000

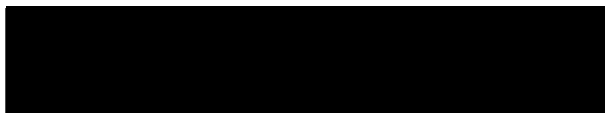
Approved by:

A solid black rectangular box used to redact a signature.

Official Advisor

A solid black rectangular box used to redact a signature.

Reader

A solid black rectangular box used to redact a signature.

Reader

## TABLE OF CONTENTS

LIST OF TABLES.....	iv
ACKNOWLEDGEMENTS.....	v
DEDICATION.....	vii
Chapter:	
I.    INTRODUCTION TO THE PROBLEM.....	1
Impact of Legislation.....	2
Benefits of Collaborative Teamwork.....	3
Problem Statement.....	5
Purpose of the Study.....	5
Assumptions.....	6
Limitations.....	6
Definition of Terms.....	7
II.   REVIEW OF THE LITERATURE.....	9
Rationale for Teaming.....	9
Components of Effective Teams.....	14
Team Models.....	20
Barriers to Effective Teams.....	27
III.  PROCEDURE.....	32
Subjects.....	32
Setting.....	34
Construction of the Instrument.....	35
Administration of the Instrument.....	36
Data Analysis.....	36
IV.   RESULTS.....	38
Discussion of the Results.....	38
V.    SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS.....	46
Summary.....	46
Conclusions.....	47
Recommendations.....	50
APPENDICES.....	53
BIBLIOGRAPHY.....	57

## LIST OF TABLES

Table 1: Survey Respondents-Job Title.....	33
Table 2: Total Years of Experience of All Respondents.....	34
Table 3: Team Effectiveness: Perceptions of Respondents Grouped by Response Clusters.....	40
Table 4: ANOVA Summary Table of Level of Agreement Across Disciplines.....	41

## ACKNOWLEDGMENTS

This project is the culmination of a great deal of collaborative efforts. I completed this work utilizing invaluable professional input and insight provided by my brother, Joe Keferl, and my ever-knowledgeable advisor, Dr. Shauna Adams. I offer my heartfelt gratitude to them.

I would be remiss if I were not to acknowledge my husband and two children. They are the true heroes in this challenging endeavor. They allowed me to become a recluse while working on this project. Thank you Mark, Amanda, and Justin. You will always be most important in my life...no matter what the challenge may be.

## DEDICATION

I dedicate this project to all children served in special education programs. May their evolving challenges, struggles, and victories be acknowledged by caring and dedicated professionals who never forget the true meaning of collaborative teamwork and friendship.

## ABSTRACT

COMER, LINDA MARIE

AN ANALYSIS OF TEAMING PRACTICES IN INCLUSIVE EARLY  
CHILDHOOD SETTINGS, February 2000

Faculty Advisor: Dr. Shauna Adams

PROBLEM. Numerous research studies have noted components of effective teaming. Few studies however elicit self-evaluative studies. This study addresses the teaming practices of selected professionals serving preschool children with special needs.

PROCEDURE. Forty-six teachers, classroom assistants, and therapists serving preschool children with special needs participated in the study. The respondents were surveyed using a five-point Likert-type instrument as well as two open-ended questions. The instrument elicited responses describing current teaming practices as well as successful strategies implemented and barriers encountered.

FINDINGS. Two forms of data analyses were performed on the Likert-type portion of the questionnaire. Responses were analyzed by item analysis and frequency counts that were transformed into percentages. An ANOVA was run which determined if significant differences exist between response groups (teachers, assistants, and therapists). The open-ended questions elicited units of thought falling under broad categories.

CONCLUSIONS AND/OR RECOMMENDATIONS. The respondents were generally in agreement to the constructs identified as components of effective teaming. The responses found to be highest in agreement were those pertaining to team productivity. Nearly one-third of all respondents indicated that their team does not include all team members in meetings. Time constraints was a common barriers identified. The results of this study indicated no significant difference between response groups. This study serves as a potential springboard to effective planning of training sessions to promote more effective teaming practices.

## CHAPTER I

## INTRODUCTION

Present day educational systems have evolved into complex organizations containing multiple levels and disciplines, as well as grade-specific teachers and therapists. School buildings are now micro-communities housing administrators, school nurses, counselors, and numerous other professionals (McLoughlin & Lewis, 1990). Clearly, the days of the one-room schoolhouse with a single teacher presiding are long gone. Today's educational environment consists of a variety of professionals, all of which contribute unique expertise in the educational delivery process. Despite the inherent uniqueness of skills among diverse professionals, an interdependent relationship must be cultivated to provide effective service delivery (Dukewits & Gowin, 1996). In order to facilitate the efficient aggregation and utilization of such resources, professionals must transition from past practices of working in isolation, to participating as members of collaborative teams (Buktenica, 1981; Keferl, Hewes, & Toriello, 1999; Smith, Miller, & Bredekamp, 1998).

The ensuing chapter discusses the impact of relevant legislation and its contributions to the changing educational environment. A discussion related to the collaborative teamwork is important, and addresses the

purpose of the study. The chapter will also identify, assumptions, and limitations to the study. Finally, the chapter will define key terms used in this project.

### Impact of Legislation

In conjunction with increasingly complex educational environments, legislation governing special education has impacted the very structure and process of providing such services. Public Law 94-142 of 1975 (The Education for All Handicapped Children Act), its amendments in 1986, (Public Law 99-457), and the passage of Public Law 101-476 in 1990 (Individuals with Disabilities Education Act) mandates that all children with handicaps have the right to be educated in the "least restrictive environment." Loosely defined, creating a "least restrictive environment" involves placing the child in the most naturalistic setting possible utilizing a variety of supports to meet their individual needs (Cook, Tessier, & Klein, 1996). Further, such legislation calls for the inception of multidisciplinary teams to address concerns, preferences, services, supports, and needs of the family as well as those of the child receiving services (Orellove & Sobsey, 1996). In order to comply with this mandate and achieve integration, contributing professionals must form collaborative teams (Elliott & Sheridan, 1992). Individuals called upon to become members of teams may include parents, teachers,

therapists, social workers, and allied health professionals (Bray, Coleman, & Gotts, 1981).

#### Benefits of Collaborative Teamwork

McLoughlin and Lewis (1990) state that "the purpose of the team approach is to assemble all the information necessary for educational decision making through members' combined expertise" (p.13). According to Ableson and Woodman (1983), people who are actively engaged in the decision making process are more likely to succeed in meeting identified goals, thus producing more favorable outcomes. This description supports the notion that the individual efforts of participants become more potent when such efforts are synthesized as a team-oriented, consummate whole (Keferl, Hewes, & Toriello, 1999). Operating under this premise, teams of professionals sharing their knowledge, skills, and philosophies are the organizational model that will lead our schools into the next century (Rottier, 1996).

Utilizing this model, professionals in the school setting are charged with the enormous feat of creating programs that integrate and use each team member as efficiently as possible and in the best interest of the child and family. Since children come to school with an array of educational needs, application of a team approach is fraught with complexities. Swick and Graves (1993)

affirm that children and their families are multi-faceted and often warrant specialized services such as social services, occupational therapy, physical therapy, to name just a few.

In response to intensified pressures to collaborate, successful implementation of collaborative efforts require that special educators expand their roles as interactive team members (Coben, Thomas, Sattler, & Morsink, 1997). Professional willingness to share responsibilities and combine and share skills and talents is critical to a productive program (Smith & Rose, 1993). To be effective, a team must strive to be "more than a collection of individuals pursuing their own tasks" (Woodruff & McGonigel, 1988).

In order to develop an effective teaming culture, various authors have identified unique theoretical components, levels, typologies, and conditions which are necessary to achieve this goal (Abelson & Woodman, 1983; Coben, Thomas, Sattler, & Morsink, 1997; Dukewits & Gowin, 1996; Dyer, 1987; Friend & Cook, 1996; Garland & Linder, 1988; Hord, 1986; Jensen & Kiley, 1998; Smith & Rose, 1993; Thomas, Correa, & Morsink, 1995). Due to legislative mandates and the subsequent movement towards collaborative teaming in education, a great deal of emphasis has been placed on integrating teaming theory within applied

educational environments. Continued research, evaluation, and refinement of teaming practices in education will enhance the efficiency and effectiveness of professional resources, thus improving educational outcomes of students.

#### Problem Statement

Although numerous research studies have outlined theoretical components of effective collaborative teams (Abelson & Woodman, 1983; Coben, Thomas, Sattler, & Morsink, 1997; Dukewits & Gowin, 1996; Dyer, 1987; Friend & Cook, 1996; Garland & Linder, 1988; Hord, 1986; Jensen & Kiley, 1998; Smith & Rose, 1993; Thomas, Correa, & Morsink, 1995), fewer studies have elicited self-evaluative descriptions of applied collaborative practices (Bauwens, Hourcade, & Friend, 1989; Golin & Ducanis, 1981; Rhode, Leininger, Egan, & Bluhm, 1981). Only after critical reflection of teams utilizing current applied practices, can implementation of systematic changes to improve teams effectiveness commence (Johnson & Bauer, 1992; Phillips & McCullough, 1990).

#### Purpose for the Study

The primary purpose of this study is to determine the level of agreement of team members in early childhood settings located in a selected county in Ohio to established theoretical components of effective teams. A secondary goal of this study is to explore the possibility that significant differences in agreement may exist between the teachers,

assistants, and therapists' responses relating to teaming practices. Finally, this study will identify variables within the school environment that impede and enhance effective teaming practices.

#### Assumptions

In order to carry out this study, several assumptions must be made. First of which is that the respondents will understand the contents of the questionnaire and will answer truthfully. It is also assumed that the instrument is reliable and will consistently measure the perceptions it is intended to measure (Borg, 1987).

#### Limitations

Several limitations to the present study should be noted and should serve as directions for further research. One limitation of this study may be the limited sample size. Another limitation may be that all of the participants were surveyed within a contained geographic area in southwestern Ohio. Since the study will utilize a sample of convenience, caution should be used in generalizing to a larger population (Best & Kahn, 1993). Another potential limitation is that "respondents may not answer validly to the short Likert-type statements in the absence of real-life qualifying situations" (Best & Kahn, p. 250). Furthermore, replication of this study encompassing a more comprehensive sample is necessary in order to generalize findings.

## Definition of Terms

### Early Childhood Education

This term describes a service provided for children between birth and nine years of age who have or is at risk of having a handicapping condition or other special need that may affect development (Hayden, 1978). Services may focus on the child alone or on the child and the family together. Early intervention programs may be center-based, home based, hospital-based, or a combination (Smith & Rose, 1993). For purposes of this study, early childhood education will focus on children with special needs between three and five years of age.

### Team

A team can be described as a collections of people who must rely on group collaboration if each member is to experience the optimal success and goal achievement (Dyer, 1987).

### Collaboration

Collaboration is a style for dynamic interaction between at least two co-equal parties voluntarily engaged in shared decision-making as they work toward a common goal (Friend & Cook, 1996; Turnbull & Turnbull, 1997).

### Therapists

Therapists in this study include occupational, physical, and speech therapists providing specialized services to children in early childhood settings.

## CHAPTER II

### LITERATURE REVIEW

Individuals working in early childhood education settings elect to collaborate with other professionals or agencies involved with a child for a variety of reasons. Some form ineffective teams, solely to comply with legal or administrative directives (Thomas, Correa, Morsink, 1995). Others do so in the spirit of professional integrity. This integrity is rooted in a strong foundational knowledge of theory, law, and best practice (Woodruff, Geneva, & McGonigel, 1988). These individuals challenge themselves and others to provide integrated, meaningful experiences, and program plans utilizing all related fields to work as a collaborative unit for the best interest of each and every child served.

In this chapter, professional teaming in early childhood settings will be justified by providing a variety of reasons to implement a team approach. Components of effective teams will be investigated and three types of teaming models will be described. Potential obstacles to effective teaming will also be examined.

#### Rationale for Teaming

The Chinese proverb states that "a journey of a thousand miles begins with a single step." The decision to make any change often begins with a paradigm shift. This is

true for professionals moving from isolated service deliverers to collaborative teams. Understanding the rationale behind collaboration can be an essential step toward this journey.

#### Support from Professional Organizations

Many early childhood professionals look toward the National Association for the Education of Young Children (NAEYC), the nation's largest professional organization of early childhood educators for guidance in establishing and maintaining quality programs. In its' position statement describing developmentally appropriate practices in early childhood programs, the NAEYC addresses the importance of reciprocal relationships between families and professionals. This relationship requires mutual respect, cooperation, shared responsibility, and negotiation of conflicts toward achievement of shared goals (Bredekamp & Copple, 1997).

The position statement of the Council for Exceptional Children's (CEC) also reflects a belief in the positive outcomes of teaming practices. This organization proposes the use of collaboration among families and service providers in creating an expectation of positive, growth-enhancing opportunities for team members, inclusive services, and a vision of family choice in the sources of service delivery options (McWilliam & Strain, 1993; Turbiville, 1993).

### Theoretical Theories of Learning

Smith, Miller, and Bredekamp (1998) link the notion of professional and parental teaming to the Vygotskian theory of development. According to Vygotsky-based practices on learning, social interaction is critical to all learning. Therefore, collaborative learning and teaching with an emphasis on social partnerships can be applied not only to children, but also to adults serving them. Furthermore, the use of scaffolding instruction upon which existing skills are built, stretched, and strengthened with the help of a more competent partner is also applicable to service providers in early childhood settings. In doing so, individuals can step outside the boundaries of their own expertise and knowledge base, expanding their own professional knowledge, ultimately benefiting the children served.

### Legal Considerations

Professionals serving children with special needs being serviced under Individualized Education Programs (IEPs) are bound by the directive to implement a team approach from federal laws governing service delivery. Public Laws 94-142 of 1975 and 99-457 of 1986 (IDEA), required multidisciplinary teams rather than individuals evaluate and make decisions which impact children with special needs. This allows for the assessment process to be conducted in

all areas in which a problem is suspected including, but not limited to hearing, motor skills, vision, health, and communication (McLoughlin & Lewis, 1990). Prior to these laws, the school psychologist served as the primary decision-maker (Coben et al., 1997). Such decisions include evaluation of students for placement in special education and related services, development of IEPs, evaluation of IEPs, and reevaluation of special education placement (McLoughlin & Lewis). One must not overlook the intent of PL 94-142 to involve parents as well as the students served in the decision-making process (Bauer, Johnson, Ulrich, Denno & Carr, 1998). Others may include administrators, teachers, therapists, social workers, and counselors. McLoughlin and Lewis further assert that parental participation on a team maximizes the chance that parents will support and become involved with a program. More recent is Part H of PL 102-119 of 1991, which emphasizes family and professional collaboration in program development and implementation of family-centered intervention for infants and toddler. Federal laws however, provide only general guidelines on the composition of teams. As a result, states have developed their own set of requirements and operational procedures (Friend & Cook, 1996).

### Cost Effectiveness

As the government imposes federal mandates, school districts are often faced with increasing financial burdens to comply. Therefore, cost-effectiveness is yet another reason to implement a team approach to service delivery. Thomas, Morsink, and Correa (1995) found that "the time of professionals and the scarce resources of public education systems are too valuable to be wasted on uncoordinated or duplicated efforts that produce marginal results for special needs students" (p. v). Many school districts are forced to contract out for therapy services or share therapists with surrounding districts. Consequently, the ability to coordinate services as a team is essential.

### Diverse Needs of Children and Families

The last and probably the most significant reason to utilize a team approach to intervention has its roots in the notion that children and their families are diverse and need a variety of service options to meet their needs (Smith, Miler & Bredenkamp, 1998). Children and their families exhibit diverse cultures, languages, resources, and experiences (LaMontagne, Danbom, & Buchanan, 1998). Working collaboratively, service providers can address the social, physical, and psychological issues that impact children, families, and communities without duplicating services (Jensen & Kiley, 1998).

With the inclusion of children with special learning needs in early childhood settings, professionals from a variety of fields are now working with the same children's families. Holm and McCartin (1978) contend that a single specialist working alone runs the risk of professional "tunnel vision." Many significant developmental problems in young children are so complex and multifaceted that they are outside the expertise of any one profession (Holm & McCartin; Smith et al.1998). Likewise, just as children have diverse skills, needs, and perspectives, so do professionals. Administrators, parents, teachers, and therapists are potential partners and co-learners. They can choose to work as partners or as isolated beings.

#### Components of Effective Teams

The ability to team lies on a continuum. Teams can function from an ineffective skeleton of a group to an outstanding cohesive unit. Jensen and Kiley (1998) assert that "inclusionary practices in schools sometimes are predicted on the expectation that students' special needs are best met in the context of an integrated service delivery. Many factors impact the effectiveness of comprehensive, integrated service delivery systems and the team which delivers the myriad of services is the most crucial component" (p. 4). Researchers have determined key elements essential to an effective team.

### Common Goals

One characteristic of an effective team is a commitment by its' members to common goals (Friend & Cook, 1996; Keferl, Hewes, & Toriello, 1999). In virtually any situation, more can be accomplished in the company of others who have shared interests and goals, than can be accomplished alone (Abelson & Woodman, 1983; Smith et al.1998). According to Thomas et al. (1995), two obvious goals exist for teaming. The primary goal is the improvement in treatment or education for a child with special needs. Second is the training of professionals in skills beyond their own areas of expertise. Other goals may include improved accuracy for assessment and placement decisions and the development and evaluation of programs, including services to parents and community members (Orellove & Sobsey; 1996; Thomas et al., 1995).

Team members must have mutually held goals related to each child (Abelson & Woodman, 1983; Hord, 1986). These visions may be short term or long term. Hord further asserts that the achievement of short-term goals will encourage progress toward increased collaboration. Abelson & Woodman contend that setting goals must also include the identification of problems that interfere with accomplishment of these goals. When stakeholders share a clear and common vision for a child, they can more readily

collaborate to plan and implement strategies to ensure a fit between a child's needs and the diverse teaching strategies available, thus working to achieve the desired end goal (LaMontagne, et al., 1998).

#### Clear Roles and Responsibilities

Once joint goals have been established, effective teams define member roles and responsibilities. Garland and Frank (1997) contend that "teamwork is enhanced when members understand their own and others' roles" (p. 375). Smith & Rose (1993) contend that effective teams must build mutual respect and trust by acknowledging that each branch of the field brings diverse and necessary skills and knowledge. Team members play a variety of roles throughout the teaming process: advisor, learner, teacher, supporter, mediator, evaluator, etc.. Friend and Cook (1996) state that an effective group structure provides individual accountability that increases the tendency of team members to devote adequate effort to meeting their team responsibilities. By clarifying individual roles the team is less likely to waste time duplicating efforts.

#### Joint Planning Opportunities

In holding team meetings, Dukewits and Gowin (1996) suggest clearly defined roles. These roles may vary depending on group needs. All meetings need a facilitator, recorder, and timekeeper. Depending on the specific needs

of the team, other roles such as reporter, encourager, and clarifier can be assigned. In assigning roles, meetings are more likely to proceed with greater effectiveness and member participation.

Research supports the notion that effective teams place great value on team meetings. These meetings are used for team building, program planning, and problem solving. Finding time for teams to meet is a major challenge in most early childhood settings. Joint planning time however, is unfortunately not the norm (Pugach & Johnson, 1988). Dyer (1987) asserts that almost every organization supports teamwork, but few institute programs to ensure team effectiveness. Administrators must facilitate structural reorganization to build professional interaction time into the schedule.

### Team Building

Team building is a gradual process accomplished through careful methodical training, risk taking, and a commitment from all parties involved (Dyer, 1987). Team effectiveness is facilitated when a conscious building process is implemented (Abelson & Woodman, 1983). Unfortunately "professionals frequently lack both the preservice and inservice preparation needed to be successful team members" (Garland & Frank, 1997). Smith and Rose (1993) justify the use of instituting joint preservice and inservice training.

They contend that such opportunities allow members to "build on both sets of knowledge bases, validating the importance of both" (p. 17).

Part of the team building process entails groups learning to utilize the expertise of others to problem-solve. Problem solving is intended to maximize the probability that people will generate the best available solution when faced with a presenting problem (Elliot & Sheridan, 1992). This group problem solving skill takes time and practice to develop. Specific strategies such as peer collaboration (Pugach & Johnson, 1988) and consensus-building strategies can be utilized to develop systematic approaches to cooperative problem solving. In peer collaboration, members guide one another in developing solutions to problems through strategies such as clarification, self-clarification, self-questioning, and predicting outcomes of various solutions.

#### Role Release

In addition to a clear understanding of individual roles and responsibilities, effective teams are characterized by parents and professionals' willingness to share their expertise with one another. This sharing should be a reciprocal and mutual form of interaction with all members having the potential to share in their areas of expertise (Pugach & Johnson, 1988). By sharing information,

team members, particularly regular educators can become more self-sufficient and less dependent upon support from special educators and therapists (Pugach & Johnson). The act of sharing takes place in a supportive atmosphere. The team believes each member can accomplish the impossible and the expectations stretch each member to his or her full potential (Dyer, 1987).

Thomas et al. (1995) describe three levels of role sharing. The first level is general information sharing such as a teacher informing an administrator of her classroom management program. The second level is sharing informational skills. For example, a parent could show a therapist key signs signaling her severely disabled child is becoming frustrated. The third level involves the sharing of performance competencies. At this level, team members train other members to perform specific skills such as an occupational therapists teaching a teacher techniques to strengthen the hand muscles of a child with low muscle tone. Teams move toward higher levels of sharing and increased responsibilities based on the needs of the child and family and the skills of the staff (Garland & Frank, 1997). Therefore, role sharing and interactive teaming is a developmental process.

## Interdependency

As effective teams share their expertise with one another, they become interdependent due to their roles and functions becoming interrelated (Abelson & Woodman, 1983; Friend & Cook, 1996). Interdependence binds the group into a cohesive unit. What affects one member affects the rest of the team (Fiedler, 1967). Each member has a responsibility to the entire team to complete specific tasks. If one member fails, the entire team suffers the consequences. Likewise, all members are rewarded as a group when the predetermined goals are achieved.

## Team Models

Early intervention teams share several common tasks including assessment, program planning, and service delivery. These teams differ not in task, but in structure for interaction among team members (Woodruff & McGonigel, 1988). As mentioned previously, teaming lies on a continuum. Various researchers have categorized teams into three basic types: multidisciplinary, interdisciplinary, and transdisciplinary teams (Benninghof & Singer, 1992; Culatta & Thompkins, 1999; Orelove & Sobsey, 1996; Woodruff & McGonigel, 1988). These teaming models range from least to most sophisticated.

### Multidisciplinary Teams

Public Law 94-142 called for comprehensive evaluations by multidisciplinary teams. This teaming model is the least sophisticated of all the models (Orelove & Sobsey, 1996). Through multidisciplinary teaming, professionals in the various fields work with the child individually. They do not venture from their trained area of expertise. Each professional evaluates and serves children in isolation from one another (Woodruff & McGonigel, 1988). This model generally requires parents to meet with individual team members to discuss progress, evaluations, and plans.

Orelove and Sobsey (1996) site disadvantages to this model. A multidisciplinary approach can result in insufficient assessments and difficult educational planning. Many children in early childhood settings have a variety of impairments: physical, cognitive, sensory, and communication. Very few professionals are proficient in all areas. As a result, information gathered is less likely to address the child's needs holistically (Orelove & Sobsey). The multidisciplinary model lends itself to "fragmented services for children and confusing or conflicting reports to parents (Woodruff & McGonigel., 1988 p. 5). Furthermore, due to specialists completing independent evaluations and program plans, the program recommendations may conflict (McGonigel, Woodruff, & Roszmnn-Millican, 1994; Orelove &

Sobsey, 1996). For example, a teacher may suggest a strong articulation program, but the speech therapist recommends a more functional, total communication program. Since assessments are done independently, IEP's are developed with minimal input from team members. Benninghof & Singer (1992) further contend that in multidisciplinary teams, the focus is discipline-centered rather than child-centered.

### Interdisciplinary Teams

The second model of teaming is the interdisciplinary approach. The multidisciplinary model utilizes unidirectional communication, however, in the interdisciplinary model, communication may be two-way, but is limited (Benninghof & Singer, 1992). Typically, members of the various disciplines assess children separately, however they come together to share information and discuss individual results (McGonigel et al.1994). The interdisciplinary team has a case leader, often the teacher, who collaborates between the specialists on the team. The leader gathers input from each specialist and makes recommendations that lead to the development of the overall educational plan (Culatta & Tompkins, 1999). Although programming decisions are made by group consensus, assessments and implementation remains tied to each discipline (Orelove & Sobsey, 1996). As a result, program planning is more collaborative in nature than a

multidisciplinary approach, but implementation remains discipline-centered. The interdisciplinary model does have a distinct advantage over the multidisciplinary model; the team is more likely to include the family as a team member (McGonigel et al.).

As with the multidisciplinary approach, the interdisciplinary model has potential disadvantages. Benninghof & Singer (1992) warn that, similar to the multidisciplinary approach, the focus of the interdisciplinary team tends to be discipline-centered rather than child-centered. According to Orelove and Sobsey (1996), discipline-centered intervention represent hands-on intervention by therapists, often leading to a separate "pull-out" model in which students receive services away from the general classroom activities.

Another disadvantage associated with the multidisciplinary and interdisciplinary models is the potential for professional "turf" issues (McGonigel et al., 1994). Team members often do not understand and appreciate the expertise of fellow team members. They are weary of venturing out of their area of expertise or sharing their own "professional secrets." Therefore, they may resist recommendations from the other members.

### Transdisciplinary Teams

The last and most sophisticated teaming model is the transdisciplinary approach. As with multidisciplinary and interdisciplinary teams, a wide array of professionals serve on the team to assess, plan, and implement services. The transdisciplinary approach however differs in that team members attempt to "overcome the confines of individual disciplines in order to form a team that crosses and re-crosses disciplinary boundaries and thereby maximizes communication, interaction, and cooperation among team members" (Woodroff & McGonigel, 1988, p. 167). Team members work cooperatively in all facets of assessment, program planning, implementation, and evaluation (Culatta & Tompkins, 1999; Orelove & Sobsey, 1996).

The transdisciplinary model differs from the previous models in a variety of ways. Unlike the multidisciplinary and interdisciplinary models, the transdisciplinary approach incorporates an "indirect model of services, whereby one or two person(s) is the primary facilitator of services and other team members act as consultants" (Orelove & Sobsey, 1996, p. 11). The model is also child-centered rather than discipline-centered (Benninghof Singer, 1992). The transdisciplinary approach is unique in that decisions are reached by group consensus and that family input is more

valuable to problem solving and planning than the other two models.

Another major difference between the models is the fundamental beliefs held in the transdisciplinary. McGonigel et al. (1994) state that the first belief is that children's development must be viewed as integrated and interactive. Children must be viewed in a holistic fashion. Children are active learners who benefit from services that are integrated into the typical daily activities encountered in their natural environment. Strategies and activities must be designed to address their multiple developmental needs simultaneously. The second belief is that children must be served within the context of the family. This is particularly true for children ages zero to three who are served under an Individual Family Service Plan (IFSP). Family is considered a vital key to program success.

The transdisciplinary model was originally designed to serve infants at high risk for disabilities (Orellove Sobsey, 1996). It was developed in the mid-1970s by the United Cerebral Palsy (UCP) National Collaborative Infant Project (Woodruff & McGonigel, 1988). The model served to involve all team members in planning and monitoring services, however, the main goal was to involve fewer members in providing direct service delivery, thereby easing budget constraints. The field of early childhood education

has embraced this approach to intervention (Woodruff & McGonigel) as well as other organizations including the American Occupational Therapy Association, the American Speech-Language-Hearing Association (ASHA), and the Association for Persons with Severe Handicaps (TASH) (Orelove & Sobsey). The National Association for the Education of Young Children (NAEYC) is a strong proponent of family involvement in early childhood education. Consequently, the transdisciplinary teaming model complements the NAEYC guidelines in that parents are full, active, and participating members of the team (Orelove, & Sobsey).

#### Obstacles to Transdisciplinary Teaming

One of the major obstacles in initiating a transdisciplinary model is overcoming professionals' resistance to breaking away from the service delivery to which they are accustomed. Some therapist resist this model due to fear that the indirect therapy would cause therapists to "lose their professional identity" (Orelove & Sobsey, 1996, p. 16). According to Woodruff & McGonigel, (1988), early childhood educators do not attempt to replace the therapists. Instead, "the educator gathers information and skills from the therapists and parents to develop and implement an integrated service plan that takes advantage of the full range of skills that each discipline brings to the

team" (p. 171). A child who needs direct therapy can however, receive this hands on support directly from the therapists. The model requires significantly more communication between members, and a greater commitment to a team concept of sharing professional skills, knowledge, and intervention strategies. (Woodruff & McGonigel).

### Barriers to Effective Teaming

Woodruff & McGonigel (1988) warn that the transdisciplinary model is not for every service provider or program. It is a complex process requiring a great deal of time, planning, and initially significant expense. Unless administrators and team members are willing to challenge themselves to work past the potential barriers and pitfalls to effective teaming, the model will not succeed.

### Lack of Professional Training

One such barrier to effective teaming is the lack of training opportunities in the dynamics of group process for professionals (McCollum & Bailey, 1991; Moore, Fifield, Spira, & Scarlato, 1989). "Collaboration requires a set of skills not typically incorporated into preparation programs (Pugach & Johnson, 1988). Bailey, Simeonsson, Yoder, & Huntington (1990) conducted research to determine the mean number of undergraduate and master's clock hours of team process classroom instruction given to professionals of various disciplines entering or already in the field of

early childhood education. The researchers concluded that "the preservice program within their disciplines did an inadequate job of preparing professionals to work in early intervention, and recommended that changes should occur at both the inservice and preservice level" (p. 28).

In another study, Winitzky, Sheridan, Crow, Welch, and Kennedy (1995) recognized that the widespread practice of preparing preservice educators in isolation from each other leads to a lack of training in working as team members. Educators, administrators, school psychologists etc. are typically educated in separate programs. This practice is inconsistent with the growing use of joint problem solving and decision making in school systems (Winitzky et al.).

Fortunately, a few universities such as the Graduate School of Education at the University of Utah and at the University of Dayton in Ohio have developed collaborative preparation programs for educators. Such programs target developing skills to participate as an active member of an educational team, applying collaborative decision-making strategies in actual or contrived educational situations.

#### Lack of Joint Planning Time

A second barrier to effective teaming is limited time for joint planning. Particularly during the initial implementation of a team model, scheduled planning time is essential for the most effective teaming (Bauwens, Hourcade,

& Friend, 1989; Friend & Cook, 1996; Pugach & Johnson, 1988; SouthEastern Regional Vision for Education, 1993). Once actual implementation of a team model begins, meetings become less lengthy, however ongoing planning is still necessary (Bauwens et al.). Financial issues and increasing caseloads often confound the problem of lack of joint planning time (Phillips & McCullough, 1990).

Unfortunately, Friend and Cook (1996) admit that there is no simple solution for solving the problem of limited time to plan and collaborate, but there are plans being implemented across the country to address this need. Such plans include but are not limited to, early student release schedules and creative use of substitutes to build regularly scheduled time for joint planning (West & Idol, 1990).

#### Lack of Trust or Credibility

Another obstacle encountered by teams is a lack of trust or credibility amongst team members. (Johnson, Ruiz, LaMontagne, & George, 1998). Johnson and Bauer (1992) assert that in order for teaming to be successful, "participants must be credible in each other's eyes" (p. 71). The root of this lack of trust is often based in not fully understanding other's professional roles and expectations or in using an expert model in which professionals act as experts in suggesting solutions to problems (Johnson et al.; Phillips & McCullough, 1990).

Johnson and Bauer further advise that it requires a great deal of time to develop trust and credibility. It is a process requiring training and frequent opportunities to work together. Mutual respect can only be achieved by a willingness to share thoughts, perspectives, and resources with fellow teammates.

#### Poor Communication

A final barrier inherent to effective teaming is poor communication between group members. Olson & McMurray (1996) list team members ability to communicate well with each other by listening and participating with no one person dominating as a vital component of a transdisciplinary model. In a 1981 survey by Brey, Coleman, and Gotts, respondents indicated that a top ten barrier to effective teaming is poor communication among team members. "Members often have difficulty understanding data from other disciplines that are sometimes ambiguous or conflicting" (Moore et al., 1989 p. 52).

Turnbull and Turnbull (1997) consistently advocate that the more accurate the communication between professionals and families, the more successful the alliance will be, and the more likely an empowering context will be created. Turnbull and Turnbull further encourage team members to "master both the science and the art of communication skills and to incorporate these qualities into your personal style

so that they become natural and spontaneous" (p. 63). This task is not always easy. In fact, practice is needed to refine skills such as nonverbal communication skills, verbal communication skills, influencing skills, group communication, and using communication skills in difficult situations (Turnbull & Turnbull, p. 63).

Obviously, early childhood professionals have an enormous challenge. Teams are routinely confronted with a myriad of struggles in their journey to become effective units. Remembering the potential benefits of teaming for themselves, the children, and their families can provide the needed motivation to continue through the long, yet worthwhile dynamic process of learning to become a true team.

## CHAPTER III

### PROCEDURE

This chapter will describe the subjects used in this study as well as the setting in which the study took place. The chapter will also describe the construction and administration of the instrument used in the research. Finally, the chapter will discuss how the data was analyzed.

#### Subjects

The subjects chosen for this study are teachers, classroom assistants, and therapists working with young children with special needs students between the ages of three and five years of age. Therapists include occupational, physical, and speech therapists. All subjects are employed by public school systems or by the county Board of Mental Retardation and Developmental Disabilities (MRDD). All respondents work in classrooms within a selected county in southwest Ohio. Because this study reflects a sample of convenience, confined to a distinct group of education professionals, it was determined that a census would be a feasible and appropriate approach.

Permission to survey as well as names and addresses of subjects was provided by a pre-school coordinator. All teachers, classroom assistants, and therapists from the selected county received questionnaires through the mail. The total group surveyed encompassed 68 subjects. Forty-six

individuals responded to the survey. This accounted for a 68 percent return rate. As shown in Table 1, teachers, therapists, and classroom assistants each accounted for roughly one-third of the total responses. Of the surveys returned, teachers and classroom assistants and therapists each represented roughly one-third of the total respondents.

Table 1

Survey Respondents- Job Title

<u>Job Title</u>	<u>N</u>	<u>%</u>
Preschool Teachers	15	33
Classroom Assistants	14	30
Therapists	17	37
Total	46	100

The range of experience of subjects varied depending on discipline. Teachers represented a broad range of experience with the largest percentage falling in the category of 6-10 years. The classroom assistants ranged from the 0-5 years up to the 11 to 15 years of experience with 64 percent falling in the category of 0-5 years. Similar to the teachers, the therapists filled the entire spectrum of years of experience, the majority of which reported 0-5 years of experience. Combined years of experience across groups is presented in Table 2.

Table 2

Total Years of Experience of All Respondents

<u>Number of Years</u>	<u>N</u>	<u>%</u>
0-5	18	39
6-10	12	26
11-15	7	15
16-20	6	13
More than 20 years	3	7
Total	46	100

For nearly one-fourth of the total group, a high school diploma was the highest degree earned (classroom assistants). A small number of subjects (7%) reported completing an associate degree. Thirty-nine percent indicated that they held bachelor's degrees. The remaining 30 percent held master's degrees. No subjects indicated terminal degrees beyond a master's level.

## Setting

This study was conducted in a southwest county in Ohio. The county is divided into six suburban and rural public school systems. The county serves 21 preschool classrooms in nine different buildings. Some classes are taught in public school buildings, while other classes take place in community buildings such as a church and a community center.

All classes are operated through the county Board of Mental Retardation and Developmental Disabilities or by the public school systems. Each class has one teacher and one to two classroom assistants. The therapists serve multiple buildings. They are divided up based on personal preference, number of students needing services per building, and location of buildings. Typically, these therapists also serve the school age students in the county.

#### Construction of the Instrument

The Perceptions in Educational Teaming Scale (PETS) was developed to analyze current teaming practices. The PETS was constructed using a Likert-type format modeled by one used by Elliot and Sheridan (1992). This instrument also included two open-ended questions. The items on the PETS were initially generated from the teaming literature thereby establishing content validity (Best & Kahn, 1993). The instrument was then reviewed by an expert in early childhood teaming addressing content/construct validity as well as instrument construction. The PETS was revised accordingly, and was subsequently piloted using an expert group of university students enrolled in an early childhood education program. The purpose of this pilot was to further "eliminate ambiguous or biased items and to improve format" (Isaac & Michael, 1995, p. 139), thereby increasing the instrument's overall validity. The final form of the

instrument was prepared according to the recommendations of these individuals.

The final version of the PETS utilized a Likert-type scale and consisted of 14 items and two open-ended questions. The Likert-type portion of the instrument directed participants to select from five possible responses related to their level of agreement. The response choices were: strongly agree (SA), agree (A), Unsure (U), disagree (D), and strongly disagree (SD). The open-ended questions were added to solicit further input related to barriers to teaming practices as well as strategies implemented to increase team productivity. See Appendix B.

#### Administration of the Instrument

The finalized form of the PETS, accompanied with a letter soliciting participants' input was mailed to all preschool teachers, classroom assistants, and therapists serving children with special needs in a selected county in Ohio. A self-addressed stamped envelope was included for ease of return. Following the initial mailing, a 68 percent return rate was achieved thereby negating the need for a second mailing.

#### Data Analysis

Of the 46 questionnaires returned, all were complete and included in the data analysis procedures. Upon return of the questionnaires, item responses were recorded in

spreadsheet format using Excel. This raw data was then imported into SPSS v.8.0 for further statistical analysis.

Upon visual inspection of the transcribed data, the decision was made to consolidate from the original five response levels into three categories. The three resulting categories were: strongly agree/agree, unsure, and disagree/strongly disagree. This produced more meaningful levels of agreement for observing means and frequencies.

In order to address the primary purpose of this study, descriptive statistics were employed to calculate frequencies and means of responses to items. The Likert-type responses were analyzed by item analysis and frequency counts that were transformed into percentages. The secondary purpose of the study, to determine if significant differences between subject groups was addressed using the ANOVA procedure.

The open-ended questions were analyzed by content analysis. The data were read and re-read. Patterns emerged from the data and became categories for the next level of coding. The data was re-analyzed and units of thought were coded according to the broader categories (Johnson, Ruiz, & LaMontagne, 1998).

## CHAPTER IV

## RESULTS

This chapter presents the findings of the research. Results of the descriptive analysis procedures, as well as ANOVA are provided. Findings are discussed in relation to both statistical and practical significance.

## Discussion of the Results

Descriptive analysis yielded high levels of agreement for most items. A collapsed agreement scale produced three categories of response sets. Results of the Likert-type survey are depicted as percentages of combined responses from all groups rounded to the nearest whole number (See Table 3).

The highest level of agreement reported by subjects related to member productivity. One hundred percent of all individuals surveyed either agreed or strongly agreed that members of their team are productive. Establishment of clear goals was another strong area of agreement. Ninety-six percent of respondents perceived their team as utilizing clear goals.

The least agreed-upon attribute of teaming was member participation in meetings. Nearly one-third (32%) of all respondents reported that they disagree or strongly disagree with the statement "All team members participate in team meetings." The greatest area of uncertainty regards

effective use of time. Thirty percent of individuals surveyed responded that they were unsure as to whether time is effectively used during team meetings.

A notable percentage of each subgroup responded negatively to the statement "All members participate in meetings." This is primarily due to two major constraints. First, as indicated in the open-ended portion of the survey, classroom participants are not present during meeting times. If scheduled, meetings typically take place on Fridays. On these days, students are not in attendance. Fridays are not a paid working day for assistants. The second constraint is time constraints. Therapists serving the preschoolers with special needs are contracted through the county, and are thus responsible for serving children in a variety of school districts. As a result, schedules vary drastically making common meeting times extremely rare.

Table 3

Team Effectiveness: Perceptions of All Respondents Grouped  
by Response Clusters

N=67

<u>QUESTION</u>	<u>SA/A</u>	<u>U</u>	<u>D/SD</u>
1. members are productive	10	0	0
2. similar educational philosophies	84	7	9
3. work without hostilities	87	7	6
4. clear goals	96	2	2
5. all participate in meetings	59	9	32
6. engage in problem solving	87	7	6
7. willing to take risks	65	28	7
8. follow up on decisions	82	9	9
9. time used effectively	52	30	17
10. no one person dominates	59	24	17
11. members trust each other	78	13	9
12. consensus is used	72	15	13
13. feel work is appreciated	83	17	0
14. clear on roles and responsibilities	84	9	7

SA=Strongly Agree S=Agree U=Unsure D=Disagree SD=StronglyDisagree  
N=Number of Responses

\* These percentages are rounded to the nearest whole number. The questions in their entirety can be found in the appendix.

A One-Way ANOVA was calculated to examine differences in means between teachers, assistants, and therapists. The null hypothesis for this study,  $H_0: M_1 = M_2 = M_3$  stated no

differences in mean scores on the PETS. Results of the one-way ANOVA reflected no significant differences ( $p < .05$ ) between teachers, assistants, and therapists to same items. The results of the ANOVA are described in Table 4.

Table 4

ANOVA Summary Table of Level of Agreement Across Disciplines

<i>PETS subscale</i>	<i>Cluster MS</i>	<i>df</i>	<i>Error MS</i>	<i>df</i>	<i>F</i>	<i>p &lt;</i>
Productivity	0.217	2	0.257	43	0.845	0.437
Philosophies	0.408	2	0.604	43	0.676	0.514
Hostility	0.601	2	0.808	43	0.744	0.481
Goals	0.109	2	0.349	43	0.311	0.734
Participation	0.434	2	1.299	43	0.334	0.718
Problem solve	0.136	2	0.795	43	0.171	0.844
Risks	0.889	2	0.665	43	1.336	0.274
Follow-up	0.379	2	0.737	43	0.514	0.602
Time	0.430	2	0.891	43	0.483	0.620
Dominate	0.413	2	0.752	43	0.550	0.581
Trust	0.286	2	0.750	43	0.382	0.685
Consensus	1.383	2	0.886	43	1.561	0.222
Appreciate	0.292	2	0.310	43	0.943	0.397
Clear roles	0.255	2	0.544	43	0.468	0.630

Table 4 developed using guidelines for reporting multiple One-Way ANOVA from Huck & Cormier, 1996

Although statistical analysis failed to identify significant differences between groups, comparison of raw data by the three subgroups (teachers, assistants, and therapists) produced evidence of several shared commonalities. As mentioned previously, all respondents indicated that members are productive. Another reported commonality was use of clear goals. A high percentage of each group responded positively to their team having clear goals. A third commonality pertained to issues of member participation. Finally, a large percentage of teachers and therapists indicated a response of "unsure" to the statement "Time is used effectively."

The open-ended portion of the survey contains two probes. The first question asks respondents to list barriers that inhibit their teams' effectiveness. The second question asks respondents to list any strategies the teams have implemented to improve their teams' effectiveness. Patterns emerged from the data and became categories for the next level of coding. The data was re-analyzed and units of thought were coded according to the broader categories. The categories that emerged under the theme of perceived barriers included: communication, time constraints, meeting organization, personal conflicts, and miscellaneous. The categories that emerged related to strategies implemented to improve team effectiveness

included: meetings, communication, group learning, organizational, and inter-personal relationships.

### Open-Ended Responses

#### Current Barriers to Effective Teaming

##### Communication

- Miscommunication: 5 responses
- Lack of communication: 2 responses

##### Time Constraints

- Lack of time to meet: 22 responses
- Scheduling problems: 1 response
- Aids not present on meeting days: 2 responses

##### Meeting Organization

- Off topic: 6 responses
- Lack of preparation: 1
- Single member dominates: 2 responses
- Administrators make team decisions: 2 responses
- Lack of administrative support: 1 response
- Lack of role clarification: 1 response

##### Personal Conflicts

- Personality conflicts: 1 response
- Varying philosophies: 2 responses
- Varying views: 2 responses
- Varying styles: 1 response

##### Miscellaneous

- Lack of follow through: 1 response
- Lack of member accountability: 2 responses

## Current Strategies Used to Improve Team Effectiveness

### Meetings

- Regularly scheduled: 4 responses
- Weekly: 1 response
- Monthly: 4 responses
- Frequent informal meetings with subgroups: 1 response
- Meeting socially: 1 response
- Time limit to meetings: 1 response
- Clear agenda: 4 responses
- Having a meeting facilitator: 3 responses

### Communication

- Sharing ideas: 5 responses
- Brainstorming: 1 response
- Voice mail: 1 response
- Frequent communication: 1 response
- Role clarification: 1 response

### Group Learning

- Inservices about cooperation: 1 response

### Organizational

- Sharing responsibilities: 1 response
- Delegation of duties: 1 response
- Use of PT and OT assistants: 1 response
- Continuous use of same team members: 1 response

### Interpersonal Relationships

- Valuation of members: 1 response
- Respect for one another: 1 response

In terms of barriers to team effectiveness, responses relating to lack of time to meet was a prominent theme. Twenty-two respondents indicated that this lack of time to meet inhibits their teams' effectiveness. It is noted that the classroom assistants are typically not included in meetings, since the teams typically meet on Fridays when students and assistants are not in attendance. Furthermore, the therapists are contracted through the county board of education and are required to serve in multiple locations

throughout the county. As a result, schedules vary among therapists, making coordination of meeting times extremely challenging.

In examining the strategies used to improve team effectiveness, responses evolving around meetings recurred. Those surveyed indicated that regularly scheduled, well-organized meetings contributed to teaming effectiveness. Three of the subjects stated that utilizing a meeting facilitator to keep the group on task is helpful. Four indicated that having a clear agenda is helpful.

## CHAPTER V

## SUMMARY, CONCLUSION, AND RECOMMENDATIONS

This chapter will bring closure to the research conducted in this study. The findings will be discussed and conclusions will be drawn. Finally, recommendations will be made for further research.

## Summary

Professionals in the school setting are charged with the important task of creating programs that integrate and use each team member as efficiently as possible. Due to legislative mandates and the subsequent movement toward collaborative teaming in education, a great deal of emphasis has been placed on integrating teaming theory within applied educational environments. The primary purpose of this study was to determine the level of agreement of team members in early childhood settings located in a selected county in Ohio to established theoretical components of effective teams. A secondary goal of this study was to explore the possibility that significant differences in agreement may have existed between the teachers, assistants, and therapists' responses relating to teaming practices. Finally, this study identified variables within the school environment that impede and enhance effective teaming practices.

Forty-six teachers, classroom assistants, and therapists serving preschool children with special needs were surveyed using the PETS. The instrument elicited agreement ratings related to current teaming practices and also identified barriers and successful strategies employed. The Likert-type responses were analyzed by item analysis and frequency counts that were transformed into percentages. An ANOVA was run to determine if any significant differences existed between response groups (teachers, assistants, and therapists). The open-ended questions elicited units of thought concerning teaming barriers and strategies that were then categorized into related themes.

### Conclusions

Results of the PETS yielded generally high levels of agreement across disciplines. These findings are consistent with the theoretical constructs identified by teaming literature (Hord, 1996; Olson & McMurray, 1996; Phillips & McCullough, 1990; Thomas, Correa, & Morsink, 1995). Based on the high rates of agreement reported on the PETS, and congruent with the literature base, this study contributed additional evidence that team productivity and the establishment of clear goals were themes consistent with effective teaming practices. These strengths may be due to a commitment to following the mandated I.E.P. process. In working with children with special needs, the I.E.P.

facilitates goal setting and clarification of member responsibilities. Thus, productivity is enhanced as a result of clear guidelines.

The theme drawing the most disagreement surrounded issues of member participation in meetings. Although identified as an important facet of the teaming process (Elliot & Sheridan, 1992), thirty-two percent of all respondents indicated they disagree or strongly disagree that all members participate in meetings. Statistical analysis indicated that there was no significant difference in responses between the three groups (teachers, assistants, and therapists). This suggests that although participation is viewed as an important function of the team, the present teaming model may not embrace participation by team members fully. The implication of this observation is that additional strategies to improve or increase member participation should be investigated.

Perceived barriers to greater effectiveness, which were identified in the open-ended portion of the PETS, most frequently indicated lack of time as a major constraining factor of teaming. Nearly half of all respondents stated that lack of available time to convene as a collective group is an inhibitory factor to teaming. This is most likely due to conflicting schedules of the therapists whose services extend throughout the county, resulting in less available

time for teaming activities. Because meetings have historically been scheduled on Fridays, this routine frequently excludes classroom assistants who are also not required to work on this day. Therefore not all members' are able to offer input into programming needs and strategies. This theme concerning lack of time is frequently reflected in various teaming literature (Friend & Cook, 1996; Garland & Frank, 1997; West & Idol, 1990). The exclusionary nature of this issue, poses questions related to the perceived importance by team members and/or administrators, of the classroom assistants' input into team decisions, problem-solving, and planning. This supposition would imply that hierarchal dynamics amongst team members may impact teaming practices.

Despite purported barriers, team members report the implementation of a variety of strategies to improve their teams' effectiveness. Although responses to this probe were more heterogeneously reported, the most frequently identified strategies addressed practices broadly relating to meetings. Nineteen responses addressed strategies used to make meetings more successful. Such responses included holding regularly scheduled meetings, meetings with subgroups, meeting socially, adhering to time limits on meetings, establishing a clear agenda, and identifying a meeting facilitator. These suggestions parallel those

elements found in effective team collaboration (Keferl, Hewes, & Toriello, 1999). A viable conclusion can be drawn that teaming practices are continuing to evolve. Although teams routinely encounter barriers to maximizing teaming efforts, members seek out strategies to circumvent such issues.

### Recommendations

Subsequent research using the PETS should incorporate reliability testing procedures such as test-retest, parallel forms, or tests measuring internal consistency to bolster instrument reliability (Trochim, 1999). Generalization would be enhanced if future studies involved larger samples and employed more diverse sampling techniques. Increasing the scope of this study may generate alternate findings related to demographic and geographical characteristics of subjects.

Future studies should also recognize and include parents as vital members of the team. A primary intent of Public Law 94-142 is to ensure that parents of children with handicapping conditions have the opportunity to participate in decision-making regarding the education of their children (Gallagher & Gallagher, 1992). Parents' input regarding team effectiveness would offer a unique perspective into teaming practices, while also allowing for examination of the participatory intent of Public Law 94-142.

Third, subsequent research on this subject should consider addressing potential variability of perceptions between identified teams. Although this research was designed to extrapolate agreement levels at the individual team-member level, it may be valuable to acknowledge that each team is composed of members possessing unique skills, attitudes, personalities, and philosophies that cumulatively define the groups' teaming dynamics. Such research would contribute further depth of understanding related to the compositional elements of an effective team.

In order to further the knowledge base related to teaming practices in applied settings, additional studies should be conducted which address the types of barriers found in this research. Specifically, the reoccurring barrier associated with time constraints should be addressed. Additionally, since the results of the study were congruent with theoretical literature on teaming practices, findings reinforce the need to facilitate training efforts addressing specific areas of weakness identified by respondents.

In short, the finite allocation of time given to trained professionals and the ever-dwindling resources of public education systems are too valuable to be wasted by uncoordinated or duplicated efforts (Thomas, Morsink, & Correa, 1995). Professionals must continuously ask

themselves "Are we making the most of our time and resources to best meet the needs of children and families we serve?"

(Woodruff & McGonigel, 1988). This study serves as a precursor to determining future planning and inservice activities aimed at maximizing collaborative teaming practices.

## APPENDICES

## Appendix A

October 25, 1999

Dear Colleagues:

I am in the process of completing a Master's program in Early Childhood Education at the University of Dayton, and I need some help from you. Attached you will find a survey. Please complete and return in the enclosed stamped, self-addressed envelope no later than November 8, 1999. The results of this survey will be non-identifying, therefore, do not write your name on it. Your input will be very helpful in my research for this project.

Sincerely,

Linda Comer  
MH teacher  
Warner Junior High School

## Appendix B

## Teaming Survey

**Job title:**

Classroom Assistant      Teacher      Speech Therapist  
 Occupational Therapist      Physical Therapist  
 Other: \_\_\_\_\_

**Years of experience as a teacher/therapist:**

0-5      6-10      11-15      16-20      20 +

**Highest degree earned:**

High School Diploma      Associate      Bachelor  
 Master      Doctoral

**Gender:**

Male      Female

Instructions: Think of a group with whom you are currently working to provide services to a preschool child with special needs. Indicate the way in which your group works by circling the appropriate column for each statement.

**RATING SCALE:****SA: Strongly Agree****A: Agree****U: Unsure****D: Disagree****SD: Strongly Disagree**

1. Team members are productive.

SA    A    U    D    SD

2. Team members share similar educational philosophies.

SA    A    U    D    SD

3. Team members work without feelings of hostility.

SA    A    U    D    SD

4. The team has clear goals.

SA    A    U    D    SD

5. All team members participate in team meetings.

SA    A    U    D    SD

6. The team engages in problem solving.

SA    A    U    D    SD

7. Team members are willing to take risks.

SA    A    U    D    SD

8. Team members follow up on the decisions made at team meetings.

SA    A    U    D    SD

9. Time is effectively used in team meetings.

SA    A    U    D    SD

10. No one person dominates during team meetings.

SA    A    U    D    SD

11. Team members trust each other.

SA    A    U    D    SD

12. Team consensus is used to make final decisions.  
SA A U D SD
13. Team members feel that their work is appreciated.  
SA A U D SD
14. Team members are clear on their roles and responsibilities for accomplishing goals.  
SA A U D SD

A variety of factors may lessen a team's effectiveness.  
What factors inhibit your team's productivity?

---

---

---

---

---

---

---

---

What strategies have been used to improve your team's effectiveness?

---

---

---

---

---

---

---

---

## References

Abelson, M.A., & Woodman, R.W. (1983). Review of research on team effectiveness: Implications for teams in schools. School Psychology Review, 12 (1), 125-136.

Bailey, D.B., Simeonsson, R.J., Yoder, D.E., & Huntington, G.S. (1990). Preparing professionals to serve infants and toddlers with handicaps and their families: An integrative analysis across eight disciplines. Exceptional Children, 57 (1), 26-35.

Bauer, A.M., Johnson, L.J., Ulrich, M., Denno, D.M., & Carr, V.W. (1998). A history of working with and for children. In L.J. Johnson, M.J. LaMontagne, P.M. Eglas, & A.M. Bauer (Eds.), Early childhood education: Blending theory, blending practice. (pp. 45-61). Baltimore: Paul H. Brookes.

Bauwens, J., Hourcade, J.J., & Friend, M. (1989). Cooperative teaching: A model for general and special education integration. Remedial and Special Education, 10 (2), 17-22.

Benninghof, A.M., & Singer, A.L. (1992). Transdisciplinary teaming: An inservice training activity. Teaching Exceptional Children, 24 (Winter '92) 58-61.

Best, J.W., & Kahn, J.V. (1993). Research in education (7<sup>th</sup> ed.). Needham Heights, MA: Allyn & Bacon.

Borg, W.R. (1987). Applying educational research: A practical guide for teachers. (2<sup>nd</sup> ed.). White Plains, NY: Longman.

Bredekamp, S., & Copple, C. (Eds.) (1997). Developmentally appropriate practice in early childhood programs (Rev. ed.). Washington, DC: National Association for the Education of Young Children.

Brey, N.M., Coleman, J.M., & Gotts, G.A. (1981). The interdisciplinary team: Challenges to effective functioning. Teacher Education and Special Education, 4 (1), 44-49.

Buktenica, N.A. (1981). Multidisciplinary training teams: A transactional approach to training and service. Teacher Education and Special Education 4 (1), 32-38.

Coben, S.S., Thomas, C.C., Sattler, R.O., & Morsink, C.V. (1997). Meeting the challenge of consultation and collaboration: Developing interactive teams. Journal of Learning Disabilities, 30 (July/August) 427-432.

Cook, R.E., Tessier, A., & Klein, M.K. (1996). Adopting early childhood curricula for children in inclusive settings. (4<sup>th</sup> ed.). Englewood Cliffs, NJ: Prentice-Hall.

Culatta, R.A., & Tompkins, J.R. (1999). Fundamentals of special education: What every teacher needs to know. Upper Saddle River, NJ: Merrill.

Dukewits, P., & Gowin, L. (1996). Creating successful collaborative teams. Journal of Staff Development, 17 (4), 12-16.

Dyer, G.D. (1987). Team building: Issues and alternatives (2<sup>nd</sup> ed.). Reading, MA: Addison-Wesley.

Elliot, S.N., & Sheridan, S.M. (1992). Consultation and teaming: Problem solving among educators, parents, and support personnel. The Elementary School Journal, 92 (3), 315-338.

Feldman, R.S. (1985). Social psychology: Theories, research, and applications. New York: McGraw-Hill.

Fiedler, F.E. (1967). A theory of leadership effectiveness. New York: McGraw-Hill.

Friend, M., & Cook, L. (1996). Interactions: Collaboration skills for school professionals. (2<sup>nd</sup> ed.). White Plains, NY: Longman.

Gallagher, K.S., & Gallagher, R.J. (1992). Federal initiatives for exceptional children: The ecology of special education. In D.A. Stegelin (Ed.), Early childhood education: Policy issues for the 1990s (pp.175-193). Norwood, NJ: Ablex.

Garland, C.W., & Frank, A. (1997). Building effective early intervention teamwork. In P.J. Winton, J.A. McCollum, & C. Catlett (Eds.), Reforming personnel preparation in

early intervention: Issues, models, and practical strategies. (pp.363-382). Baltimore: Paul H. Brookes.

Garland, C.W., & Linder, T.W. (1988). Administrative Challenges in Early Intervention. (ERIC Document Reproduction Service No. ED 302965)

Golin, A.K., & Ducanis, A.J. (1981). Preparation for teamwork: A model for interdisciplinary education. Teacher Education and Special Education, 4 (1) 25-30.

Hayden, A.H. (1978). Early childhood education. In K.E. Allen, V.A. Holm, & R.L. Schiefelbusch (Eds.), Early intervention: A team approach. (pp. 27-53). Baltimore: University Park Press.

Holm, V.A., & McCartin, R.E. (1978). Interdisciplinary child development: Team issues and training in interdisciplinarity. In K.E. Allen, V.A. Holm, & R.L. Schiefelbusch (Eds.), Early intervention: A team approach. (pp. 97-122). Baltimore: University Park Press.

Hord, S.M. (1986). A synthesis of research on organizational collaboration. Educational Leadership 43, (5), 22-26.

Howard, V.F., Williams, B.F., Port, P.D., & Lepper, C. (1997). Very young children with special needs: A formative approach for the 21<sup>st</sup> century. Upper Saddle River, NJ: Merrill.

Huck, S.W., & Cormier, W.H. (1996). Reading statistics and research (2<sup>nd</sup> ed.). New York: HarperCollins.

Isaac, S., & Michael, W.B. (1995). Handbook in research and evaluation. (3<sup>rd</sup> ed.). San Diego, CA: EdITS.

Jensen, R.A., & Kiley, T.J. (1998). Teams or torture?: Creating a climate for collaboration. (ERIC Document Reproduction Service No. ED 419 344)

Johnson, L.J., & Bauer, A.M. (1992). Meeting the needs of special students: Legal, ethical, and practical ramifications. Newbury Park, CA: Corwin Press.

Johnson, L.J., Ruiz, D.M., LaMontagne, M.J., & George, E. (1998). The history of collaboration: It's importance in blending early childhood education and early childhood special education practices. In L.J. Johnson, M.J. LaMontagne, P.M. Eglas, & A.M. Bauer (Eds.), Early childhood education: Blending theory, blending practice (pp. 1-17). Baltimore: Paul H. Brookes.

Kagan, S., & Rivera, M. (1990). Collaboration in action: Reshaping services for young children and their families. New Haven, CT: Yale University, Bush Center in Child Development and Social Policy.

Keferl, J.E., Hewes, R.L., & Toriello, P.J. (1999). Working alliances: Maximizing opportunities for persons with co-existing disabilities, Journal of Rehabilitation Administration, 23(1), 43-55.

LaMontagne, M.J., Danbom, K., & Buchanan, M. (1998). Developmentally and individually appropriate practices. In L.J. Johnson, M.J. LaMontagne, P.M. Eglas, & A.M. Bauer (Eds.), Early childhood education: Blending theory, blending practice (pp. 83-109). Baltimore: Paul H. Brookes.

McCollum, J.A., & Bailey D.B. (1991). Developing comprehensive personnel systems: Issues and alternatives. Journal of Early Intervention, 15 (1) 57-65.

McGonigel, M.J., Woodruff, G., & Roszmann-Millican, M. (1994). The transdisciplinary team: A model for family-centered early intervention. In L.J. Johnson, R.J. Gallagher, M.J. LaMontagne J.B. Jordan, J.J. Gallagher, P. L. Huttinger, & M.B. Karnes (Eds.), Meeting early intervention challenges: Issues from birth to three (2<sup>nd</sup> ed., pp. 95-131). Baltimore: Paul H. Brookes.

McLoughlin, J., & Lewis, R. (1990). Assessing special students (3<sup>rd</sup> ed.). Columbus, OH: Merrill.

McWilliam, R.A., & Strain, P.S. (1993). Service delivery models: DEC recommended practices. (ERIC Document Reproduction Service No. ED 370 258)

Moore, K.J., Fifield, M.B., Spira, A., & Scarlato, M. (1989). Child study team decision making in special education: Improving the process. Remedial and Special Education, 10, (4), 50-58.

Olson, P.D., & McMurray, C.A. (1996). Inclusion through transdisciplinary teaming. (ERIC Document Reproduction Service No. ED 401 680)

Orelove, F.P., & Sobsey, D. (1996). Educating children with multiple disabilities: A transdisciplinary approach (3<sup>rd</sup> ed.). Baltimore: Paul H. Brookes.

Phillips, V., & McCullough, L. (1990). Consultation-based programming: Instituting the collaborative ethic in schools. Exceptional Children, 56, (4), 291-304.

Pugach, M.C., & Johnson, L.J. (1988). Rethinking the relationship between consultation and collaborative problem-solving. Focus on Exceptional Children, 21, (4), 1-8.

Rhode, V., Leininger, J.M., Egan, M.W., & Bluhm, H.P. (1981). Perceptions of effectiveness as perceived by members of multidisciplinary elementary school teams. Teacher Education and Special Education, 4, (1), 39-43.

Rottier, J. (1996). Implementing and improving teaming: A handbook for middle level leaders. Columbus, OH: National Middle School Association.

Smith, B.J., Miller, P.S., & Bredekamp, S. (1998). Sharing responsibility: DEC, NAEYC, and Vygotsky-based practices for quality inclusion. Young Exceptional Children, 2, (1), 11-20.

Smith, B.J., & Rose, D.J. (1993). Administrator's policy handbook for preschool mainstreaming. Cambridge, MA: Brookline Books.

SouthEastern Regional Vision for Education, North Carolina University (1993, October). Leadership for Collaboration: Participant's Workbook. (ERIC Document Reproduction Service No. ED 366 457)

Swick, K.J., & Graves, S.B. (1993). Empowering at-risk families during early childhood years. Washington, DC: National Education Association.

Thomas, C.C., Correa, V.I., & Morsink, C.V. (1995). Interactive teaming: Consultation and collaboration in special programs (2<sup>nd</sup> ed.). Englewood Cliffs, NJ: Merrill.

Trochim, W.M. (1999). The research methods knowledge base (2<sup>nd</sup> ed.). Cornell University Custom Publishing.

Turbiville, V. (1993). IFSPs and IEPs: DEC recommended practices. (ERIC Document Reproduction Service No. ED 370 257)

Turnbull, A.P., & Turnbull, H.R., III. (1997). Families, professionals, and exceptionality: A special partnership (3<sup>rd</sup> ed.). Upper Saddle River, NJ: Merrill

West, J.F., & Idol, L. (1990). Collaborative Consultation in the education of Mildly handicapped and at-risk students. Remedial and Special Education, 11, (1), 22-31.

R002586048

Winitzky, N., Sheidan, S., Crow, N., Welch, M., & Kennedy, C. (1995). Interdisciplinary collaboration: Variations on a theme. Journal of Teacher Education 46, (2), 109-119.

Woodruff, G., & McGonigel, M.J. (1988). Early intervention team approaches: The transdisciplinary model. (ERIC Document Reproduction Service No. ED 302 971)