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# Empowering Mothers of Children with Special Needs in Early Childhood Inclusion

## Abstract

*Parents of young children with special needs in inclusion are among key stakeholders influencing the effectiveness of inclusion. There is significant evidence to suggest, however, that difficulties they encounter throughout inclusion hinder parents to perform their role as partners. This suggests that their role in their child's education would be highly limited unless their needs resulting from the challenges they face are not met. Meeting their needs would empower them in fulfilling their roles and increase the success of inclusion. This study examines the development and evaluation of a needs-based training program designed for the mothers of children with special needs enrolled in inclusive preschools in North Cyprus. Aiming to support them in overcoming the difficulties they experience throughout inclusion by empowering them as partners, present study employs a mixed methods approach with a dominant qualitative strand. Findings of the study suggest the program have positive contributions to participating mothers and their children.*

*Keywords: Early childhood inclusion, mothers' needs, training program, collaboration, empowerment.*

## Introduction

Early childhood inclusion has been the subject of interest for decades by early intervention research (Odom et al., 2004). There is now a widespread consensus that early childhood inclusion is a highly effective form of early intervention (Guralnick, 2016) as it leads to positive developmental outcomes on children with special needs (Guralnick & Bruder, 2016; Odom et al., 2004; Sucuoglu et al., 2016). To have positive results in the progress of individualized goals and developmental gains, early childhood inclusion must embody the elements of successful and high quality early childhood inclusion (Frauzer-Cross, Traub, Hutter-Pishgahi, & Shelton, 2004). Accepting and welcoming attitudes of school staff, positive relationship between parents and teachers, special education services provided within the inclusive settings, communication among

service providers, modifications and accommodations made for the child and parent involvement are among the key elements contributing to the successful early childhood inclusion (the Division for Early Childhood-DEC & the National Association for the Education of Young Children-NAEYC, 2009; Frauzer-Cross et al., 2004).

One of the most stressed elements of successful early childhood inclusion is parent participation (Buysse, Skinner, & Grant, 2001; Frauzer-Cross et al., 2004; DEC & NAEYC, 2009) since parents play important roles to ensure the success of the inclusion (Ingber, Al-Yagon & Dromi, 2010). Successful early childhood inclusive practices treat parents as partners and collaborate with them (Beneke & Cheatham, 2016; Kim et al., 2012; Todd, Beamer & Goodreau, 2014) to enhance the benefits children gain (Purcell, Horn, & Palmer, 2007). Besides, when parents and teachers have a positive relationship, children with special needs benefit more from inclusion increasing social and

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adaptive skills and decreasing problem behaviors (Blair, Lee, Cho, & Dunlop, 2011; Kim et al., 2012).

Despite the great emphasis on partnership role of parents, parents often encounter difficulties about playing an active role in their child's education and remain ineffective as a result of school-based limitations about parent participation along with ineffective collaboration with teachers (Buysse, Wesley, & Keyes, 1998; Epley, Summers, & Turnbull, 2011; Grace, Llewellyn, Wedgwood, Fenech, & McConnell, 2008; Soodak & Erwin, 2000). In some studies, parents state that communication between parents and teachers is limited and parent participation is not encouraged in early childhood inclusion programs (Epley et al., 2011; Grace et al., 2008; Lim, 1996). This clearly suggests empowering parents to overcome the difficulties encountered while performing their roles as partners is of utmost importance for the child to benefit most from early childhood inclusion (Purcell et al., 2007; Guralnick, 2011).

As stated by DEC and NAEYC (2009, p. 2) "family members, practitioners, specialists, and administrators should have access to ongoing professional development and support to acquire the knowledge, skills, and dispositions required to implement effective inclusive practices", it is clear that parents need to be empowered with knowledge and skills to participate in their child's education (Frauzer-Cross et al., 2004; Turnbull & Turnbull 1997). One of the most effective ways of empowerment is through parent-teacher collaboration (Turnbull & Turnbull, 1997). Collaboration between parents and early childhood professionals needs to be promoted to ensure the success of inclusion (DEC & NAEYC, 2009). Collaboration is a mutual process in which each party is required to contribute; schools must encourage parent participation and collaboration (Dempsey & Dunst, 2004; Dunst, Trivette, & Snyder, 2000; Murray, Handyside, Straka, & Arton-Titus, 2013; Wakimizu, Fujioka, & Yoneyama, 2010). Unfortunately, in an educational context where inclusion is not guaranteed by the law and standards of high quality inclusion are not yet settled, schools cannot accomplish their role in collaborating with parents. In such a context, empowering parents to fulfill their roles as partners can be a way to promote parent participation and collaboration (Frauzer-Cross et al., 2004; Turnbull & Turnbull, 1997).

Programs based on family needs are the most effective early intervention programs (Bruder, 2000). When parents are provided with the knowledge and skills they can act their roles as partners in their child's education (Frauzer-Cross et al., 2004; Turnbull & Turnbull, 1997) through parent training programs. There are numerous studies focusing on the needs of parents who have young children with special needs (Bailey et al., 1999; Bertule & Vetra, 2014; Hu, Turnbull, Summers, & Wang, 2015) or on difficulties parents experience in early childhood inclusion (Epley et al., 2011; Killoan, Tymon, & Frempong, 2007; Tuş & Çifci-Tekinarıslan, 2013). However, studies about parents' needs in early childhood inclusion are scarce to the best of our knowledge. Furthermore, there are plenty of studies investigating the programs which target parents of young children with special needs (Diken, Cavkaytar, Batu, Bozkurt, & Kurtyılmaz, 2010; Mahoney & Perales, 2005; Phaneuf & McIntyre, 2011; Seeley et al., 2009). Nevertheless, there is a lacuna in the programs designed for parents of young children with the aim of supporting them in overcoming the challenges they experience throughout inclusion.

#### *Inclusion in North Cyprus*

In North Cyprus, legislative regulations about individuals with special needs are very limited and inclusion of children with special needs is not endorsed legislatively (National Education Law of Turkish Republic of North Cyprus, 1986; Turkish Republic of North Cyprus Ministry of National Education, 2006). Moreover, criteria for successful inclusion are not defined in North Cyprus. However, in this study the concept of 'inclusive preschools' is used to represent preschools children with and without special needs attend in which teachers attempt to meet the needs of all children with/without appropriate and required supports. It is common for children with special needs to be placed in special education schools and only a few regular schools accept children with special needs. Hence, the number of children with special needs attending inclusive schools is very limited (Polili, 2012). Besides, only some of these regular schools provide special education services within resource rooms. Mostly, children with special needs receive special education services from private institutions. As the government provides limited financial aid and parents need to buy related services

from private institutions, they underline the need of financial support (Seven, 2016). Despite all the aforementioned problems, there is a law draft supporting inclusive education which has been planned to be discussed in the parliament (Turkish Republic of North Cyprus Assembly of the Republic, 2016). There is a growing body of research about inclusion especially focusing on the difficulties experienced by parents, teachers and children with disabilities in North Cyprus (Abbasoğlu, 2016; Tabaklar, 2017). This research shows that schools' physical conditions are generally inappropriate (Abbasoğlu, 2016; Karabulut, 2013), teachers' knowledge regarding children with special needs is limited (Abbasoğlu, 2016; Tabaklar, 2017) and classroom teachers are not provided with supports within inclusive schools (Abbasoğlu, 2016; Karabulut, 2013). Furthermore, parents of children with special needs are not provided with training or support services (Abbasoğlu, 2016; Dogan & Bengisoy, 2017), parent participation is not encouraged (Dogan & Bengisoy, 2017) and effective cooperation between teachers and parents has not yet been developed within inclusive schools (Abbasoğlu, 2016; Dogan & Bengisoy, 2017; Karabulut, 2013). On the basis of the fact that parents are important partners in their child's education (Buysse et al., 2001; Frauzer-Cross et al., 2004), it is essential to identify their needs resulting from the difficulties they experience throughout inclusion and then to support them in becoming effective partners to increase the child's gains from inclusive practices (Purcell et al., 2007). Consequently, this article explores the needs of the mothers of children with special needs enrolled in preschools in North Cyprus where there are no legislations specific to inclusion. It also evaluates a needs-based training program with the aim to support the mothers in overcoming the difficulties they experience throughout inclusion and fulfilling their roles as partners. Since previous studies frequently emphasized that the effects of parent training programs should be evaluated by investigating not only parents' opinions but also parent and child behaviors (Roberts & Pickering, 2010; Reid & Webster-Stratton, 2001), we collected quantitative data in addition to the qualitative data to examine whether the program leads to changes in mothers' and children's behaviors. In parallel with our aim we have four research questions:

1. What are the needs of the mothers of children with special needs enrolled in regular preschools in North Cyprus?
2. To what extent do participating mothers think Mother Training Program (MTP) meet mothers' needs?
3. To what extent is there a change in mothers' and children's behaviors after MTP?
4. What do participating mothers think about MTP after a six-month-follow up period?

## Method

This article explores a needs-based Mother Training Program (hereafter MTP) developed and evaluated as part of the doctoral dissertation of the first author as a case, a methodology well suited to program development and evaluation (Fitzpatrick, Sanders, & Worthen, 2011). A mixed methods approach with an embedded design (Figure 1) where quantitative and qualitative research strands were combined within the traditional qualitative case study design (Creswell & Plano-Clark, 2011) was used primarily because it integrates the strengths of both quantitative and qualitative research and by doing so, it "provides the best understanding" of a research problem (Creswell, 2009, p. 18). As shown in Figure 1, in the first phase, qualitative strand of the study, participating mothers' needs were addressed through semi-structured interviews carried out with mothers. Data collected were used to develop MTP based on the identified needs of participating mothers in the second phase. Following the content generation of MTP, corrections were made based on the pilot testing. Because the intention was to evaluate the impact of MTP on participating mothers through the use of one group pre-test post-test design, prior to the implementation of MTP quantitative data were collected on mother and child behaviors through the use of structured observations. This stage was followed by the implementation of MTP. In the fourth phase MTP was evaluated using both qualitative and quantitative data; qualitative evaluation was based on semi-structured interviews and observation notes and quantitative on one group pre-test post-test with the aim of exploring the changes in mothers' and children's behaviors tested before and after the implementation of the program. Six months after the implementation of MTP, qualitative

data were collected to elicit mothers' views about the program through semi-structured interviews.

### Participants

Identical sampling design with the same sample for both the qualitative and quantitative phases (Collins, Onwuegbuzie, & Jiao 2007; Mertkan, 2015) was employed in the study. Six participants, three young children with special needs and their mothers, selected through criterion sampling, a purposive sampling strategy (Patton, 2002), participated in the study. Participating mothers were required to meet the criterion of having a young child with special needs enrolled in an inclusive preschool.

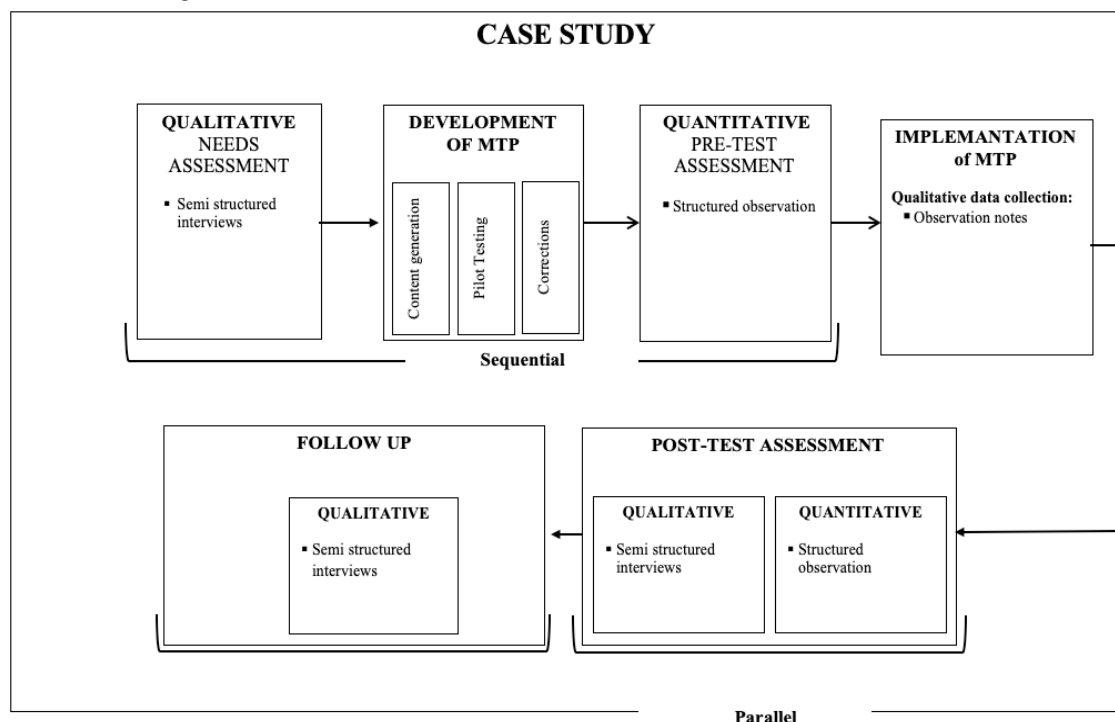
At the time of the study, all participating children were enrolled in inclusive preschools and provided with special education support within private institutions. Mothers reported that participating children had limited language, play, and self-care skills while having difficulties to follow instructions and also demonstrating problem behaviors. The first mother (M1) is a 36-year-old housewife and a high school graduate. She has a five-year-old daughter (C1) with developmental delay enrolled in a public preschool, provided with two-hour special education support from a public institution, and

speech-language therapy from a private institution. The second mother (M2) is a 42-year-old academician with a PhD degree. She has a six-year-old daughter (C2) with autism, enrolled in a private preschool and supported by a 14-hour special education per week composed of special education support, speech-language and occupational therapy. The third mother (M3) is a 40-year-old housewife and a primary school graduate. She has a five-year-old son (C3) with autism, enrolled in a private preschool, who has a two-hour special education support and speech-language therapy provided by private special education institutions. All participating children moved to kindergarten in the new academic term.

Research ethics were rigidly followed throughout the study. Permission to carry out the study was granted by the Ministry of Education, a requirement in North Cyprus and by the principals of the preschools where the children were enrolled at the time of the study. Participating mothers were given detailed information about the study and signed an informed consent form to participate in the study. Interviews were audiotaped with the permission of the participants and codes were used to maintain anonymity. M1, for example, was used for one of the participating mothers while C1 was used for her child.

**Figure 1.**

*Research design*



### *Data Collection*

MTP is a needs-based program developed with the aim of supporting mothers in overcoming challenges they experience in early childhood inclusion. To develop and evaluate MTP, qualitative and quantitative data were used together throughout the study. Data were collected from mothers and children to “triangulate different data sources of information by examining evidence from the sources” (Creswell, 2009, p. 191). In this paper, we present data collection phases separately for qualitative and quantitative strands.

#### *Qualitative data*

Qualitative data were gathered through semi-structured interviews and observation notes. Semi-structured interviews were carried out with participating mothers with the aim of identifying the difficulties and needs of mothers at the beginning of the study, evaluating the mother program following the implementation of the program, and examining the program in the follow up phase of the study. Semi-structured interviews were preferred because they allow for in-depth understanding of the phenomenon (Patton, 2002).

Interview questions were generated based on the literature, first author's experience as a teacher worked in inclusive early childhood institutions and expert opinions of three scholars from the field of special education. Interviews carried out to elicit mothers' needs focused on the difficulties mothers face and their needs regarding early childhood inclusion, with questions on the characteristics of the child, the preschool he/she attends, child's enrolment process to the preschool, mothers' views on the preschool along with their expectations from the preschool, difficulties they experience regarding the preschool, supports/services the school provides to the child, and problems related to child's learning and problem behaviors. During the interviews conducted to evaluate the program, mothers were asked eight questions to elicit their views about the extend MTP met their needs, the contribution program made to them and their children, the successful and less successful aspects of the program, their suggestions regarding the improvement of the program and what they recommend for the mothers who will participate to the program later on. Follow up interviews, covering

seven questions, were made with mothers six months after the implementation of MTP. Questions were asked to draw out mothers' views about the program. The focus was on whether they still utilize what they learned from the program, improvements or problems they observed in their child during the follow up period, the aspects of MTP they benefited most, children's performance in their new schools and parent-teacher relationships in the new school.

At the beginning of each interview mothers read and signed the consent form. Interviews with M1 and M3 were carried out in an empty and silent room in the preschools or private special education institutions their children attend. Only M2 was interviewed in her office. Length of the interviews identifying mothers' needs was 331.38 minutes ( $\bar{x}$  = 37 min, range = 26-48 min). Post training interviews' were 286.72 minutes ( $\bar{x}$  = 48 min, range = 27-67 min) and follow up interviews were 163-minute long ( $\bar{x}$  = 27 min, range = 17-49 min). All interviews were transcribed verbatim.

A variety of procedures was used to ensure validity (member checking, prolonged engagement, triangulation, rich and thick description) and reliability (checking transcriptions, inter-coder agreement) of the qualitative findings (Creswell, 2013). Member checking, a way to determine the accuracy and credibility of qualitative data (Creswell, 2013) was carried out by conducting additional interviews to seek confirmation from participants with regard to what was covered during initial interviews. Furthermore, prolonged engagement was built with the participants in order to establish a relationship between the researcher and the participants based on trust (Lincoln & Guba, 1985). Data triangulation, a means through which validity is enhanced (Creswell 2009; Gibson & Brown, 2009), was achieved through interviewing mothers in addition to mother-child observations. Rich and thick description of the participants, context and findings contributing to transferability of data (Creswell, 2013) was included. In addition to validity, reliability strategies were also used. Audio records and transcripts were checked and compared to ensure complete match (Gibbs, 2007) while inter-coder agreement (Miles & Huberman, 1994) was calculated to ensure reliability. Inter-coder agreement was found as 95%, a percentage meeting the criteria

of at least 80% agreement (Miles & Huberman, 1994).

To evaluate the implementation of the program and participating mothers' reactions, observation notes, were used. Two observers, undergraduate students of the Department of Special Education at the Eastern Mediterranean University, participated in the training sessions after mothers' verbal consent. Observation notes included demographic information (place, date, and duration of the observation), descriptive notes (physical setting, portraits of the participants, dialogs, particular events and activities) and reflective notes (observer's feelings, ideas and impressions) (Creswell, 2009). Observers conveyed their notes, 79 pages, and 1960 lines, to the first author shortly after the session.

#### *Quantitative Data*

One group pre-test post-test design was employed to explore the effect of MTP on mothers' and children's behaviors through mother-child behavior observations, which served as another means of data triangulation. To see the effect of MTP in mothers' and children's behavior, mother-child interactions were videotaped at home environment during pre and post assessment during which twenty minute of unstructured free play between mother-child dyads were videotaped. First three minutes and last two minutes were not included in the analysis; remaining 15 minutes of each recording was analyzed. Mothers were asked to play with their child with toys and materials available at home.

An observation system designed by Laura Lee McIntyre to address positive and negative parent-child behaviors during parent-child interactions (Brzuskiewicz & McIntyre, 2013) was used. This coding system includes positive and negative parenting behaviors and child behaviors. It consists of seven categories of negative parent behaviors: a) inappropriate play behavior, b) intrusion on child's independence, c) positive consequences for child's inappropriate behaviors, d) inappropriate commands, e) lack of follow through, f) criticism, and g) aggression, and two categories of positive parent behaviors: a) descriptive commenting, and b) appropriate praise (Brzuskiewicz & McIntyre, 2013). In addition to mother behaviors, we also examined child outcomes. Data about child behaviors were also collected through the same

mother-child play interaction videos. The coding system involves negative child behaviors; a) aggression, b) disruption and c) negative verbalizations/vocalization and d) positive child behaviors (a) positive verbalizations/vocalization, b) complying with parent commands) (Brzuskiewicz & McIntyre, 2013). This coding system employs partial-interval coding for parent and child inappropriate behaviors and descriptive comments of parents and event coding for appropriate child-directed praise (Brzuskiewicz & McIntyre, 2013). Event coding was used for all behavior categories.

Previous studies using the aforementioned coding system show that it is a reliable tool to code the behaviors accurately. Inter-observer agreement for negative parent behaviors was found to range between 99.2%-100 % (McIntyre, 2008a; Phaneuf & McIntyre, 2007; 2011), and between 96.7%-99.4% for positive parent behaviors (McIntyre, 2008a; Phaneuf & McIntyre, 2011). Inter-observer agreement was found to be 97.9% for children's combined inappropriate behavior (McIntyre, 2008b; Phaneuf & McIntyre, 2011).

In this study, we used Turkish version of the parent-child interaction observation system, translated from English to Turkish by the first author once the permission has been granted by Laura Lee McIntyre; translated version was compared to the original version by the second author who also made the relevant corrections. Afterwards, both authors reached an agreement on the Turkish version to be used in the present study. Due to the absence of an independent observer and time limitations to train an independent observer, intra-observer agreement reliability was used. It was calculated by dividing the number of agreements by the total number of agreements and disagreements and multiplying the result by 100% (Tekin-Iftar, 2012). To ensure accuracy, the first author analyzed a previously recorded videotape of a mother-child dyad's interaction who did not participate in the MTP and achieved 85% agreement. Then she coded 33% of the observations (4 out of 12 mother-child interaction videos) of participating mothers and children to calculate intra-observer agreement. Average percentage agreement for negative parenting behaviors was 99.5% (range = 92%-100%). Average percentage agreement for positive parenting behaviors was 96% (range = 86%-100%) for praise and 100%

for descriptive commenting. Average percentage agreement for inappropriate child behaviors was 97% (range = 92%–100%). Agreement for the child positive verbalizations/vocalization was 98% (range = 91%–98%), and 99% (range = 88%–100) was for complying with parent commands.

*Treatment integrity.* Treatment integrity was examined through session checklists, audio records and observation notes. To ensure MTP was implemented as planned, checklists for each session indicating the steps (flow and content of the session) to be completed were used. Besides, audio records of training sessions and observation notes were utilized to check compatibility with the checklists. The comparison of the checklist and qualitative data showed that all steps were implemented as planned.

#### Data Analysis

##### *Qualitative data analysis*

Data gathered from verbatim transcriptions of interviews were analyzed inductively. Using predetermined codes was avoided and codes were generated from the data (Teddlie & Tashakkori, 2009). Each interview carried out with mothers during different phases of the study (see Figure 1) was analyzed separately. We used hand coding of transcripts by assigning color code schemes for each theme (Creswell, 2009) and examined data for commonalities and differences to categorize different codes into different themes (Gibson & Brown, 2009). The authors and a scholar with experience in special education and qualitative research, but not involved in the study, analyzed the data separately and came to a 95% inter-coder agreement.

##### *Quantitative data analysis*

Mother and child behaviors during mother-child interactions were coded through event recording (Alberto & Troutman, 2009). Change in mother-child behaviors from pre to post assessment were examined by converting frequencies obtained from event recording into percentages. This calculation was made for all mother and child behavior categories included in parent and child interaction observation system (Brzuszkiewicz & McIntyre, 2013). In addition to addressing the change for each behavior category, a composite for positive and negative parent behaviors and a composite for

negative child behaviors were created to show the percentage of change.

#### Procedure

After receiving permission from the ministry, we made contact with the principals of the inclusive preschools located in Nicosia and Famagusta. We delivered fliers, via preschool principles, giving information about the study to the mothers of children with special needs enrolled in their preschools at the time of the study. Only three mothers accepted to participate in the study. First author talked face to face with mothers and their children's preschool teachers to provide them with more detailed information on the study. They signed an informed consent form to participate in the study. The study started with the identification of mothers' needs.

#### *The Mother Training Program*

Upon identification of participating mothers' information needs (emerged needs will be given in the findings), objectives of the Mother Training Program (MTP) were determined. To meet information needs of participating mothers, eight modules, each having a distinct set of content areas generated from the literature having a distinct set of content areas generated from the literature were developed and a program book made up of these modules was prepared. Module one focuses on developmental delay in comparison to typical development. Building up on the first module, second module focuses on inclusion as a form of intervention in detail examining the meaning and benefits of inclusion, characteristics of effective inclusion and the various roles stakeholders need to play. Module three concentrates on the benefits of parent-teacher collaboration, building positive relationships with teachers, importance of parent participation and parent-teacher conferences and effective communication strategies. Modules 4, 5, and 6 focus on strategies mothers could use to teach their child new behaviors and play skills, and support their child's language-speech skills (e.g. giving commands, reinforcing positive behavior, using prompts, using incidental teaching strategies) while module 7 focuses on strategies that could be used to cope with problem behaviors (e.g. proactive and reactive strategies). The last module intends to strengthen mothers to advocate

the rights of their child and includes legislations available in North Cyprus with emphasis on equal opportunity and zero reject policy in the National Education Law of Turkish Republic of North Cyprus (1986). The policy states "Every citizen has the right to education *without any discrimination*" (author's emphasis) and "Individuals of the society are provided with *equal opportunity* in education" to seek for free appropriate education in regular schools and the means through which the rights of their child could be advocated such as participating in non-governmental organizations. In its entirety, module 3 aims to develop mothers' partnership role while modules 1, 4, 5, 6 and 7 seek to support their teaching role and modules 2 and 8 to support their advocacy role. Each chapter was delivered as a printed material to participating mothers prior to each module consisting of three parts – a vignette, main content, an assignment to be completed by mothers after each module. Modules were delivered using a range of strategies including asking questions, role playing and discussion. Each session started with summarizing the previous session and with checking the assignment followed by the discussion of the vignette, and content presentation by the first author. It ended with assigning a new task.

MTP was piloted prior to its implementation. A mother having a child with intellectual disability participated in the pilot and was asked to comment on the content, clarity, and duration of the program. The program was conducted by the first author as two-hour-sessions lasting for three weeks in a classroom at the Faculty of Education, Eastern Mediterranean University. When interviewed, the participant stated her satisfaction with the program. She found the program useful, particularly in terms of the contribution it made to her transformation:

*There were things changed about me. I learned how to talk with the teacher...I learned what she thinks...I told her what I think...I will keep meeting with her...I want the teacher to deal more with my son in the classroom...I demand the teacher to show more effort to keep the child in the classroom.*

The only suggestion made by the mother who participated in the pilot was to simplify some of the vocabulary used in the program. Following the pilot, suggested modification was made and the program took its final form.

Following piloting and corrections on the program, MTP was conducted on participating mothers as weekly two-hour-sessions lasting for eight weeks in a classroom at the Faculty of Art and Sciences, Eastern Mediterranean University. Sessions were implemented by the first author who had a bachelor degree of early childhood education and a master's degree of special education with a nine-year-teaching experience in inclusive kindergartens at the time of the study. To evaluate the program, qualitative and quantitative data were collected from participating mothers and children. Moreover, follow up interviews with participating mothers were conducted to examine mothers' views on MTP.

## Results

In parallel with our research questions, we first present participating mothers' opinions about their own and their children's needs using data from interviews. This is followed by the section where we present participant mothers' views on MTP based on interview data, with a particular emphasis on the extent to which participating mothers' needs were met. Third, we report quantitative findings about the changes in mother and child behaviors after MTP to triangulate data gathered from the interviews. Lastly, we state the findings of follow up interviews to represent what mothers think about MTP after a six-month-period.

### *Mothers' Needs*

The needs emerged in the qualitative data can be categorized under two themes: a) *the need for information* and b) *needs requiring more comprehensive interventions* (financial needs, needs of social support, future concerns, and problems experienced with other family members, etc.). Because the needs emerged under the second theme require more comprehensive interventions which can be provided by the government or different organizations and hence are not within the scope of this study, only findings about the *need for information* are discussed here.

#### *The need for information*

Qualitative findings obtained from interviews with mothers revealed that they experience three distinct sets of difficulties and have needs arising from these difficulties.



These are: a) difficulties and needs related to parenting skills (e.g. teaching new skills to their child and coping with their problem behaviors), b) difficulties and needs about establishing effective collaboration / relationship with teachers, and c) difficulties related to information on their rights and on the requirements and benefits of inclusion.

*a) Difficulties and needs related to parenting skills:* We found that mothers' lack of knowledge on child development and effects of developmental delay on the child leads to a number of problems such as setting unrealistic expectations about their child in general and thinking that their child will heal over time in particular. Focusing on weaknesses rather than strengths of the child is another indication of such problems. Assuming her son will show problem behavior in the class, M3 conveys her worries to her child's teacher leading the teacher to lower her expectations about the child. Limited knowledge about child development also causes mothers to encounter problems when teaching their child and playing with him/her. Data clearly suggest such encounters might lead to problem behaviors in children:

*She is stubborn. Although I devoted myself to her why does she not do what I tell her? Why does she not finish a coloring activity?... She cannot put on her clothes. To be honest it is because of us. She always asks our help for toileting... She is spoilt when with me. As she is spoiled she does not want to follow my instructions. When I tell her to color a picture within lines she cannot...I am her mother, I am not a teacher, she is bored of me." (M1)*

It was common for participating mothers to express that their child has limited skills causing difficulties during play. Though the desire to learn *how to play with their child* was often evident, there is also ample evidence to suggest the child is unwilling to continue the play when mothers fail to follow the interests and requests of the child:

*Suppose that we study the numbers, she can distinguish the numbers until three, she distinguishes number four, but she is confused when it comes to number five and after that she shows escape behaviors or starts to caress me.... But we try to continue the play till the end, in other words after she completes the task she can leave the table or the play. (M2)*

According to participating mothers, children's difficulties in speech-language

skills cause many problems at school examples of which include requesting things, communicating with their classmates and participating in classroom activities. Consequently, it was common for participating mothers to underscore their desire to support speech-language skills of their child, an area our findings reveal they know little about. In addition, that mothers experience difficulties in coping with problem behaviors of the child, which negatively influence the child's learning, adaptation to classroom, and peer relations also emerged as an important finding. Mothers' desire to decrease problem behaviors of their child is visible: *"He screams and he is stubborn. When we do not allow him to do what he wants, he throws himself on the floor. I want to stop him being stubborn. These two behaviors make me exhausted." (M3)*

*b) Difficulties and needs about establishing effective collaboration / relationship with teachers:* Stressing their will to collaborate with preschool teachers, mothers report that their relationship with teachers is weak. For example, M1 offers a striking case where her daughter's teacher failed to ask for the basic information such as the support the child was receiving from other services at the time of the study while M1 did not even consider to share this information with the teacher. Information sharing between participating mothers and teachers was problematic at best with participating mothers underlining they do not have sufficient information about what their child does at school as M3 states: *"I do not know what activities are being done at the school, if my son participates in the activities.... Neither teachers mentioned nor I asked.... I just go, pick him up and leave the school. 'How was he?' 'He was good'. That's all."*

Data show that instead of talking with preschool teachers about their child's education, mothers seek support from other related parties they expect to communicate with preschool teachers on their behalf. This is evident in the way M2 communicates with her child's special education (SE) teacher when she learns her child plays alone in the classroom with the hope that the SE teacher talks with her child's preschool teacher about the her disappointment: *"We did not directly talk with the teacher so she does not feel offended; we mentioned about this issue to special education teacher...We do not want to hurt the [preschool teacher] about these issues, not*

to be misunderstood as if she is not doing her job well.” M3 who wants her son to attend the preschool for longer hours and conveys this to the preschool’s director without negotiating with the teacher offers another example of in-direct communication between mothers and preschool teachers.

c) *Difficulties and needs related to information on mothers’ rights and on the requirements and benefits of inclusion:* Participating mothers acknowledge needs related to their rights and on the requirements and benefits of inclusion. They stress, rather strikingly, informing preschools about their child’s special needs generally results in rejection. In such cases, they are ineffective in advocating their child to be accepted by a preschool, as inclusion is not guaranteed by law and the enrollment of children with special needs depends on the school management’s decision. M3 explains her need for being empowered through information about her rights: “I want to learn my rights. We used to talk with my husband about our rights. Before this preschool accepted him, other schools rejected him, we got hurt.” Assuming their child is a burden on the teacher and the school, mothers were observed to believe acceptance of their child to the school is a “favor” they should be grateful for rather than a right they have:

*My daughter was not able to speak. As there was nothing to do, I used to go to the school like a sacrificial lamb<sup>1</sup>. ... I was really worried at the beginning because she had no toilet training. What if she pulls one’s hair...I used to feel as if we were a problem. (M1)*

Data suggest lack of knowledge about the requirements of inclusion and how it should be implemented leads mothers to reduce their expectations from the inclusion. Talking about her child, M2 underlines her only expectation from the preschool was socialization of her child: “Our greatest expectation was her socialization.... We wanted her to socialize and to do things together with her classmates.... We do not have any academic expectations yet. Parallel with this, mothers do not expect preschool teachers to make any accommodations and adaptations for their child in the classroom either. Following the unrealistic expectations they set for the child and thinking their child will face diffi-

culties when participating in classroom activities, they convey their worries about the child’s performance to teachers.

*Mothers Opinions Regarding the Mother Training Program (MTP)*

Qualitative analysis shows that MTP has positive contributions both for participating mothers and for their children. Data clearly suggest MTP provides mothers with the knowledge they need to act as partners in their child’s education. Participating in MTP supports mothers to improve their relationships and collaboration with teachers, increase their expectations from the inclusion and enhance their parenting skills. Accordingly, children show improvements in self-care, language-speech and play skills with positive behaviors. Even though not aiming to do so, MTP helped the mothers also in terms of emotional relief.

a) *Contribution to parent-teacher relationship and collaboration:* One major contribution of MTP is on parent-teacher collaboration. Due to the increase in their knowledge and skills, mothers improved their relationships with preschool teachers. For example, M1 express vividly that the attitude of her child’s preschool teacher towards her changed positively after witnessing the improvement of her due to MTP: “We have better communication now with the teacher. Actually, we could not create a rapport last year. My daughter was not able to speak, I was going to the school like sacrificial lamb...However, now I am not like that anymore...I am more knowing...I am talking more different than before with the teacher.” Owing to their improved communication skills such as active listening, using “I” language, focusing on problem-solving, mothers demonstrated more collaborative behaviors. M2 reports: “...on the basis of what we have learned from the program when we convey demands regarding what we do or do not want, we propose how we can collaboratively accomplish our goals. As a consequence [of collaborative tone], teacher is more positive, and undertake more responsibilities.”

Interestingly M1 and M3 state that parent-teacher conference they requested and participated in as part of MTP was their first and the longest detailed meeting with the preschool teachers of their children. It was

<sup>1</sup> A metaphor used in Muslim societies to refer to the one who does not know what awaits her/him or agrees to things he/she believes will happen to her/him.

the first step for both parties to understand each other and to determine shared learning goals for the children even though teachers do not seem to be ready and willing to accept mothers as partners. Accordingly, M3's attempts for collaboration were not responded by the preschool teacher. She state her suggestion to participate in the classroom activities was rejected by her child's teacher. Besides, when M3 asked for a second parent-teacher conference, the teacher did not accept her request with the excuse of time constrains:

*We had only one conference. After the conference when I asked for the second she did not accept. She should have been arranging her program. But we could not achieve [the second conference]. In following days our conversation took place for a short time when I picked my child up from the school.*

According to our data, in addition to partnership role, mothers also acted as a mediator between service providers by furnishing communication and collaboration among professionals such as SE teachers and speech and language therapists. Mothers state they wanted the preschool teacher and SE teacher of their child to collaborate and conveyed this demand to both professionals. While M2's demand was accepted, M1's and M3's demands were rejected by both professionals as teachers were not willing to collaborate with each other showing time constraints as an excuse.

*b) Contribution to expectations from the inclusion:* As a consequence of their increasing knowledge about the responsibilities of parents and of schools for inclusion to be effective, mothers expected preschool teachers to make adaptations and modifications in the classroom in order to encourage children's participation:

*I want my child to participate in the classroom activities...I want him to do the same activities done in the classroom. I want him not to stand apart (from the class). I do not want to be said he is special, other children can achieve but your child cannot...I do not want discrimination in the classroom. (M3)*

Participating mothers also underline they advocate their child more effectively due to their increasing knowledge about their rights: "What kind of an inclusion? We experienced it as well...At first they accepted us for a two-hour inclusion. If we did

*not discuss it in the program (MTP), we would say 'OK'. But now, we think half-day inclusion would be more helpful for her."* (M2). In addition, apart from M1 and M3, M2 underlines she will ask for a shadow teacher from the kindergarten her child would start.

*c) Contribution to parenting skills:* Because the program informed mothers about the characteristics of their child and developmental delay, it supported participating mothers increase their awareness about their child's developmental characteristics. With the help of their enhanced understanding, mothers stated that they created more realistic expectations about what their child can achieve:

*I learned that children need to be taught appropriate to their intelligence level, age level. They should not be forced to do (something). We need to consider children's areas of interest; we need to teach them based on their interests. I realized that when the time comes children develop step by step, I observed it in my daughter...I try to teach her what she can do... (M1)*

Besides, as a consequence of developing a better understanding of child development and learning, the mothers discovered the effect of their own behaviors on the child's behavior. Mothers' improvement in teaching skills (giving instructions, reinforcing positive behaviors, using cues/clues) and facilitating speech-language and play skills led positive gains on participating children in a variety of areas ranging from self-care, speech-language and play skills. M2 explained aforementioned improvements by saying, "We have a better communication [now]. She [the child] is able to communicate with us when playing [as] we learned how to support her, for example we offer alternatives or praise her during play...We minimized 'No's...It was very useful for me to give clear instruction instead of saying 'sit properly' explaining what sitting properly means. We (I and my husband) used to give only verbal praise...It was useful to learn different types of praises." Moreover, M1 stated "She now uses more words when speaking...She is now more involved in other children's play. She prefers to play with her friends rather than playing with me", and M3 "Since I have been using the strategies I learned from the program I observed changes in my son...He learned to put on his shoes. He used to put on his

clothes with my help. I was not expecting these [improvements].”

Another positive contribution of MTP is mothers' increased coping skills with problem behaviors of their child. As can be seen in M3's statements, as mothers' coping skills improved, children's problem behaviors decreased: *“We learnt preventing problem behaviors. We learnt how to cope with problem behaviors and we used preventive strategies at home. Hence, my child's life quality is increased... He was a problem child. He used to disobey. I did what I learned from the program on my child and I succeed. I succeed by giving praises and rewards. I ignore his problem behaviors and he gives up. I offer choices as much as possible.”* However, M2 expressed that MTP was not helpful to cope with her child's stereotyped problem behaviors. The difficulty M2 experienced seems closely related with the intensity of the problem behaviors her child displays.

Lastly, without being the target aim, MTP appears to have supported participating mothers have emotional relief resulting from mothers' exchange of their experiences as underlined by M2: *“Training sessions were like psychological therapy as*

*everybody shared her own experience...something more different emerged when everyone has sympathy for what they have been passed through.”*

#### *Changes Regarding Mother and Child Behaviors*

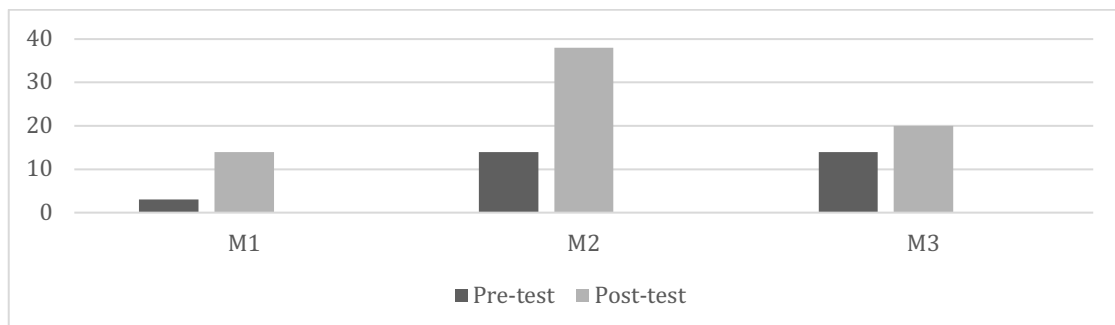
As we used a mixed methods approach to support qualitative data with quantitative data to evaluate MTP, we will present the findings of quantitative strand of the study in this part of the findings.

#### *Mother behaviors.*

According to quantitative evidence, the percentage of positive parenting strategies of participant mothers increased from pre to post assessment (see Figure 2). M1, M2 and M3's use of positive parenting strategies increased 367%, 171% and 43% respectively ( $\bar{x} = 194\%$ ). The greatest increase was observed in descriptive comments, 1300% for M1, 283% for M2 and 167% for M3 ( $\bar{x} = 583\%$ ). Appropriate praise followed the increase in descriptive comments. Increase in appropriate praise was 250%, 67% and 14% respectively ( $\bar{x} = 110\%$ ).

**Figure 2**

*Positive mother behaviors*



**Figure 3.**

*Negative mother behaviors*



The percentage of participating mothers' negative parenting strategies reduced from pre to post assessment (see Figure 3). The use of negative parenting strategies decreased 60% for M1 and M2, 58% for M3 ( $\bar{x} = 59\%$ ). The greatest change was observed in inappropriate play behavior and inappropriate commands. The change in inappropriate play behavior is 72%, 60% and 72% ( $\bar{x} = 68\%$ ), and 50%, 70% and 73% ( $\bar{x} = 64\%$ ) for the change in inappropriate commands for M1, M2 and M3 respectively.

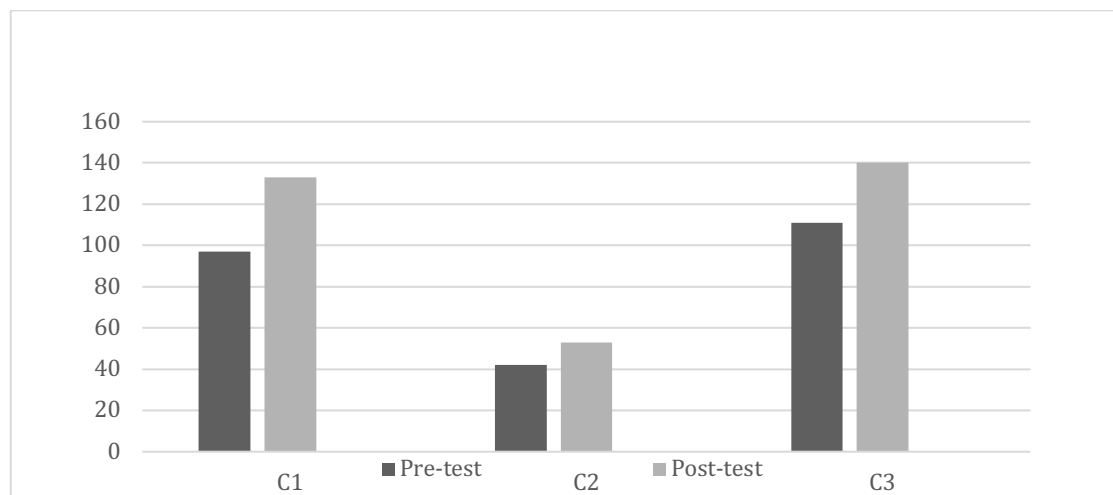
#### *Child behaviors*

As data from semi-structured interviews suggest, positive behaviors of participating

children increased while problem behaviors decreased from pre to post assessment (see Figures 4 and 5). The increase in positive verbalizations/vocalizations was 37% for C1 and 26% for C2 and C3 ( $\bar{x} = 30\%$ ). Complying with parent commands increased as 7%, 34% and 30% respectively for C1, C2 and C3 ( $\bar{x} = 24\%$ ). The percentage of change in children's negative behavior (see Figure 6) was observed as 48%, 85% and 69% respectively for C1, C2 and C3 ( $\bar{x} = 67\%$ ). The negative child behavior where the greatest change took place was negative verbalizations/vocalization; 49%, 83% and 69% for C1, C2 and C3 ( $\bar{x} = 67\%$ ).

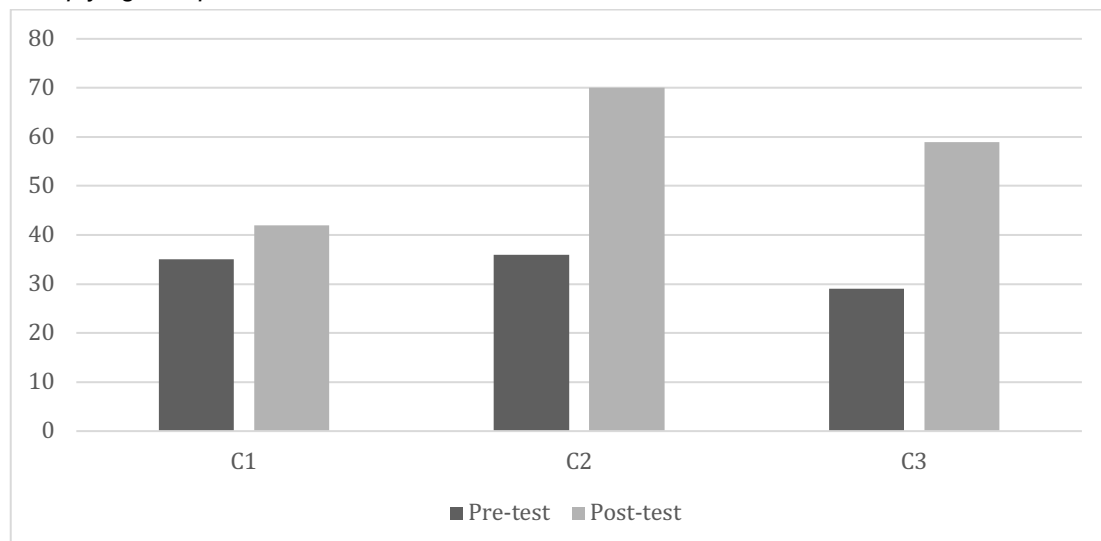
**Figure 4.**

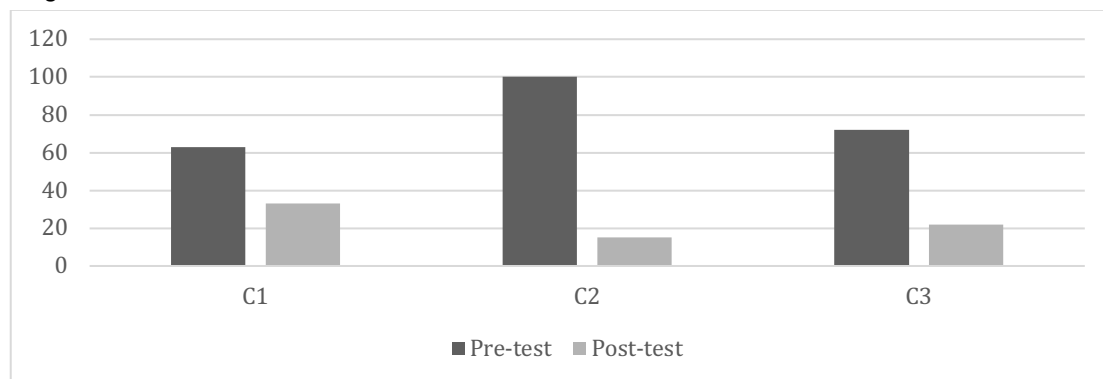
*Positive verbalizations/vocalizations*



**Figure 5.**

*Complying with parent commands*



**Figure 6.***Negative child behaviors*

*Mothers opinions about MTP after a six-month-follow up period*

After a six-months-follow up period, participating mothers were interviewed to explore whether MTP's positive contributions continue. Findings clearly show that positive contributions of MTP on participating mothers and children have continued.

*On-going positive contributions to the mothers.*

Mothers emphasized that they continued to display a range of parenting roles ranging from teaching, partnership, and mediation, to advocacy during the follow period. This seems closely related with the content of MTP supporting aforementioned roles of the mothers. They reported that they teach what they learnt from the MTP to a variety of people including their children, family members, friends, and teachers. An example is M3 who informed the mother of her son's classmate about how to communicate with the teacher based on her learnings from the MTP. In this case, her son's classmate's mother had conveyed her complaints about another child disturbing her child to the principal instead of discussing the issue with the classroom teacher. Witnessing the case, M3 participated in the on-going conversation and suggested the mother build positive communication with the teacher and not to express her negative thoughts about the teacher in front of her child: "I told her 'Do you know what the biggest mistake you did here is? You spoke beside the child. First, you should wait until the teacher ends her speech, and then begin to speak.'" Mothers also maintained their partnership roles in schools their children at-

tend. Data clearly show participating mothers demonstrated more attempts to share information with the teacher. For instance, they informed the kindergarten's director and the kindergarten teacher about the characteristics of their child as is apparent in M2's statement: "We talked with our teacher...She was very concerned at the beginning because my child does not speak, and she had no experience with such children. We had a conference. We informed her about the child and what she needs to do". Knowing more about parents' roles in inclusion, it is apparent that they increased the frequency of communication with the teachers. In addition to face to face conversation, they also communicated through other means such as communication notebook or telephone.

In addition to their teaching and partnership roles, mothers were observed to act as mediators between the professionals by planning the services to be offered to their child. They helped the kindergarten teacher and the SE teacher of their child communicate with each other as is manifest in M1's words: "We talked with the special education teacher...We wanted her to speak to the kindergarten teacher...We gave kindergarten teacher's mobile number to her." Moreover, knowing more about their rights and stakeholders' responsibilities in inclusion, participating mothers started to advocate their child's benefit. One of the most prominent signs of their advocacy efforts is evident when they took action to enroll their child to kindergartens where resource room teacher is available. Furthermore, they demanded for whole-day-inclusion and a shadow teacher from the kindergarten.

*On-going positive contributions to the children.*

Mothers reported that their child showed improvement in terms of self-care, play, speech-language skills and positive behaviors during the six-months-follow up period following the MTP. Some examples from their statements indicating on-going positive contributions of the MTP on aforementioned skills and behaviors of their children are as follows: "She improved her language skills...She goes to the toilet by herself. She started to put on her clothes.... She was playing with her friends when I watched during the playtime. It made me so happy" (M1); "She does not insist on [demonstrating] inappropriate behaviors. As she sees our determination she withdraws... She comes to agree when we say 'You should not do this'. She knows she should not do, and we do stand firm...Her play skills improved. She waits for her turn when we play. We use praises [to promote her]. We can play for longer duration." (M2); "He gets dressed and undressed completely by himself. He is doing alone everything he needs. He does not need me anymore, he accomplished by himself...He improved his speech...He follows my commands. He is able to express himself...These are good developments" (M3).

*Social Validity*

A means through which social validity is assessed is giving the participants the opportunity to express their views about the program (Tekin-Iftar, 2012). As is evident in previous sections, it was common for mothers to stress their satisfaction with the program throughout the interviews. Additionally, they expressed their opinions about the content and language of the program book and the researcher's attitudes as can be traced in M1's words: "The program was appropriate for me...The way you described the content was intelligible...It was very helpful, I gained many benefits. I am glad to be part of it [program]. Moreover, participating mothers recommended other parents to participate in the program, another indication of their satisfaction with the MTP: "Other mothers should definitely participate in the program and should not miss anything about it. And they need to keep the program book to utilize and implement it for their whole life. It should not be left on the shelf. I still take a look [on to the program book]. It is in my office, I read it." (M2).

Lastly, they also articulated their satisfaction by expressing their wish to participate in the program again: "Where were you last year? I wish I could have received this training long time ago" (M1); "I enjoyed participating in the program...It was very useful. I would participate if it was conducted again" (M2); "I wish it took longer. Two months were not enough." (M3).

**Discussion**

This study aimed to explore the development and evaluation of Mother Training Program (MTP), a needs-based program developed for the mothers of children with special needs in inclusive preschools of North Cyprus with the aim to support them in overcoming the difficulties they experience throughout inclusion and fulfilling their roles as partners. We used a mixed methods approach with an embedded design where quantitative and qualitative strands of research were integrated within a case study (see Figure 1) (Creswell & Plano-Clark, 2011). This design provided us with the opportunity to develop MTP, and to examine evidence from different sources by triangulating qualitative and quantitative data in evaluating the program (Creswell, 2009).

Our data revealed information needs of mothers in North Cyprus show significant similarities to those of parents having young children with special needs identified by previous research such as information about child development and developmental delay, teaching the child or coping with problem behaviors (Bailey et al., 1999; Hu et al., 2015; Leung, Lau, Chan, Lau, & Chui, 2010; Sarica et al., 2015; Sucuoğlu, 1995; Ueda et al., 2013). Moreover, as in our case parents of children with special needs enrolled in inclusive classrooms frequently stress their need to improve their parenting skills (e.g. teaching their child, coping with problem behaviors) (Kargin, Acarlar, & Sucuoğlu, 2003; Leung et al., 2010) and to establish parent-teacher collaboration (Lim, 1996; Whitaker, 2007). Data also demonstrate inclusion related needs of mothers specific to the constraints present within our context, needs related to information on their rights and on the requirements and benefits of inclusion, which are closely related to the lack of the definition and standards of inclusion in North Cyprus.

There is a wide range of training programs available for parents of children with special needs with different aims. Some programs aim to reduce negative parent behaviours (McIntyre, 2008a; Phaneuf & McIntyre, 2011) or to enable parents to cope with the child's problem behaviours (Diken et al., 2010; Sumi et al., 2012). Others focus on supporting parents to facilitate the development of the developmentally delayed child (Sturmey & Crisp, 1986; Sucuoğlu et al., 2001) and to increase parent-child interaction (Karaaslan, Diken, & Mahoney 2011; Mahoney & Perales, 2005). Target of some programs is increasing positive child outcomes (Blair et al., 2011) or promoting inclusive practices in early childhood inclusion by enhancing family-school collaboration (Cummings, Sills-Busio, Barker, & Dobbins, 2015). Quantitative data we gathered from mother-child behaviors support qualitative data revealing MTP's positive contributions to the development of participating mothers and children. Similar with the research on the benefits of parent training programs, MTP supported participating mothers to improve their teaching (Sturmey & Crisp, 1986; Sucuoğlu et al., 2001) and behavior management skills (McIntyre, 2008a; Sumi et al., 2012) and to increase their positive behaviors when interacting with their child (Blair et al., 2011; Sarıca et al., 2015). As manifested by previous research (McIntyre, 2008a; Mahoney & Perales, 2005) change in parent behaviors led to improvements in children's behavior in our study. It is noteworthy as MTP is one of the few parent programs available in Turkish literature examining effects of a parent training program on children along with parental outcomes (Karaaslan et al., 2011; Sarıca et al., 2015). In addition to its aforementioned contributions, MTP also empowered mothers by enhancing their partnership and advocacy role, too. Consequently, the Mother Training Program, to the best of our knowledge, is the first parent training program developed with a focus on meeting mothers' needs arising from the difficulties they experience in the inclusion of their children in early childhood settings. Our data show that MTP reached this aim. Even though MTP does not aim to support preschool teachers, the teachers who collaborated with the researchers during the selection of the participants and who know the purpose of the study emphasized the importance of parent participation and collaboration between preschool teachers and

SE teachers. However, according to participating mothers' statements, teachers expect mothers to initiate the collaboration and do not create opportunities for effective partnership.

Qualitative data show that, roles and responsibilities of teachers and parents in terms of collaboration are not clear. Consequently, neither parents nor teachers know their responsibilities in creating effective relationship with each other. Literature emphasizes schools are responsible for promoting collaboration with parents, supporting their partnership roles, and for creating opportunities for parent participation (Dempsey & Dunst, 2004; Dunst et al., 2000; Murray et al., 2013; Wakimizu et al., 2010). Therefore, preschool teachers need to be supported to build effective collaboration with parents of children with special needs (Hurley & Horn, 2010; Turnbull & Turnbull, 1997). In the present study, mothers frequently experienced ineffective parent-teacher relationships which we believe stem from the absence of laws, regulations or standards specific to inclusion in Northern Cyprus. In addition, although some schools accept children with special needs, specific guidelines for effective inclusion do not exist and preschool teachers are not fully prepared for working with children of different ability levels. As a result, mothers, children, and teachers are experiencing difficulties in the inclusion and in some cases teachers and parents support each other. Nevertheless, it appeared that this was not the case in our study. Since system change comes with more comprehensive interventions including policy change, instead of creating an educational system creating opportunities for partnership, this study shows that as parents are supported with the knowledge, they can be partners to become change agents (Trainor, 2010) even if the present system does not change.

MTP supported mothers to overcome the difficulties they experience throughout inclusion and to fulfill their roles as partners by enhancing their understanding of child development and learning, problem behaviors, their rights, the requirements and benefits of inclusion, and of the ways to cooperate with teachers, and by doing so empowering them. Empowerment, defined as "increasing control over one's life, taking action to get what one wants" (Turnbull & Turnbull, 1997, p. 37) is a trait observed in participating mothers after the implementation of MTP. With the help of MTP, mothers



were equipped with the knowledge and skills required to play an active role; they took more actions and responsibilities on the behalf of their children (Bruder, 2000) in inclusive preschools their children attend rather than being passive receivers of the decisions taken for them (Hu et al., 2015; Trainor, 2010).

Empowerment takes place when there is collaboration between parents and schools and it is only possible when parents of children with special needs and preschools are linked to each other through collaboration (Turnbull & Turnbull, 1997). As is evident in the disability right movement where parents of children with special needs stood up to the system and acted as an impetus for inclusion (Erwin & Soodak, 1995; Lipton, 1994), parents have the capacity to transform the system. When empowered, they can act as advocates and partners to ensure the success of inclusion (Frauzer et al., 2004) despite the difficulties experienced in the wider system. Data from this study support the claim that family factors (motivation, knowledge/skills) and contextual factors (opportunities for partnership, obligations for reliable alliances) are two key components of empowerment (Turnbull & Turnbull, 1997). Mothers need a context where they utilize their motivation and knowledge/skills to take action on the behalf of their child, which can be created through parent-teacher collaboration (Turnbull & Turnbull, 1997); parent-teacher collaboration is critical for increasing positive outcomes for the child (Herman, Borden, Reinke, & Webster-Stratton, 2011; Webster-Stratton, Reid, & Hammond, 2001). Evidence from this study clearly show that MTP empowered participating mothers by equipping them with the knowledge and skills they need to take action. However, there is also evidence to suggest when the educational context does not respond to the parents' attempts, mothers' motivation and knowledge/skills become ineffective (Noel, 2008; Turnbull & Turnbull, 1997). According to participating mothers, preschool teachers expected them to display collaboration efforts while not reciprocating these efforts themselves. Why preschool teachers do not reciprocate mothers' efforts to collaborate is an area that would undoubtedly benefit from further research.

Inclusion practices require a system in which all stakeholders are mutually empowered to reach desired outcomes (Turnbull,

Turbiville, & Turnbull, 2009). Mutual empowerment of parents and teachers would, of no doubt, be for the child's best interest in early childhood inclusion as was emphasized by participating teachers *"mother program would be more efficient if you made us involve in the program or we (teachers) could participated in these kind of training program."* Hence, to promote the success of inclusion, more comprehensive interventions aiming to empower both parents and teachers need to be implemented.

Interviews conducted with mothers indicate mothers and children benefitted from the program. However, these contributions are based on mothers' subjective perceptions which might have been influenced by social desirability. Hence, we examined mother and child behaviors during mother-child interactions to see the effect of MTP by triangulating the data gathered from interviews. Quantitative data showed that MTP increased mothers' positive behaviors, and decreased negative parent behaviors while it supported children to show more positive behaviors and less negative behaviors. Its impact on child outcomes in addition to parent outcomes, a means through which the effectiveness of parent training programs is evaluated (Herman et al., 2011; McIntyre, 2008a; Sarica, Akcamete, & Gurgur, 2015; Webster-Stratton et al., 2001), clearly shows MTP has led to desirable mother and child outcomes.

### Limitations

The present study makes important contributions to scholars working in the field of inclusion and practitioners willing to support mothers and their children in early childhood inclusion. However, as with any study, it also has several limitations. The first limitation is the number of participants. MTP was carried out only with three mothers with the single pretest-posttest design because of the difficulties in finding mothers who were willing to participate in the study. That preschool teachers were not included in the program because the focus on mothers was another limitation. Apart from these, MTP only focused on information needs of participating mothers as other needs emerged required more comprehensive interventions. Moreover, video vignettes were not made due to time and financial constraints; participating mothers were provided with only a program book. Besides, we examined intra-

observer agreement in mother-child behavior observations because we could not get other researchers involved in the study due to lack of funding. We suggest further studies examine inter-observer agreement, gather follow up data from mother-child behavior observations in addition to semi-structured interviews and develop video vignettes in addition to program book.

### Conclusion and Implications

This study shows supporting mothers of young children with special needs in early childhood inclusion by empowering them as partners in their child's education has positive contributions to mothers and children. However, inclusion, to be successful, requires a system change in North Cyprus in which schools must take more responsibility to ensure inclusion is effective. This system change is only possible when inclusion is endorsed by the law, when standards of successful inclusion are defined and teachers are supported in terms of knowledge and skills to improve inclusive practices in North Cyprus. Parallel with the limitations of the study, the present study has several implications for practice and further research. First of all, participating children's teachers who collaborated with us in referring participant mothers frequently underlined they need to participate in programs about children with special needs and inclusive practices. Future studies should focus on collective empowerment in which parents and teachers "increase their capacity and mastery over the resources needed to achieve mutually desired outcomes" (Turnbull et al., 2009, p. 641) to increase positive child outcomes (Herman et al., 2011; Reid & Webster-Stratton, 2001; Webster-Stratton et al., 2001). Moreover, supporting parents in all areas they need to improve is essential for the services to be effective. Furthermore, implementing the program on a greater number of participants including mothers, fathers or caregivers of young children with special needs with the use of quasi experimental and experimental designs would also be useful.

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