Preschool Teachers’ Attitudes toward the Role of Israeli Parents of

Children with Autism Spectrum Disorder

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**Abstract**

In this qualitative constructivist study, 36 Israeli preschool teachers who work with children with autism spectrum disorder (ASD) are asked how they perceive the role of parents of children with ASD in their work. Data gathered in semi-structured in-depth interviews are analyzed via grounded theory. The findings show that preschool teachers attribute four roles to parents that complement four roles they attribute to themselves: they are trainers, with parents as their “apprentices”; service providers, with parents as their “customers”; therapists, with parents as their patients; and full-fledged partners. When parents adhere to their assigned roles, teachers are empowered and their experiences validate and corroborate their own perceived roles. When parents swerve from their assigned roles, teachers are affected negatively and most are disappointed and frustrated.

Keywords: kindergarten, autism, teachers, parent, role

Autism Spectrum Disorder (ASD) is manifested in difficulties in social communication and social interaction, and unusually restricted and repetitive behaviors and interests (American Psychiatric Association, 2013). Childhood is the most important period for successful treatment (Reichow, 2012). A condition for the appropriate care of a child with ASD is parental involvement in caregiving (Wong et al., 2015). For parents of a preschooler with ASD, however, this is usually the first experience in coping with such evaluation findings; thus, some parents may be traumatized and tend at times to consider ASD temporary. Thus, they may seek immediate success in treatment and become disappointed when it fails to arrive (Nolcheva & Trajkovske, 2016).

Preschool teachers are expected to cooperate with parents. Their interaction, however, may impair their own psychological wellbeing and foment disapproval (Author et al., 2005). More problematic still, the processes that shape some preschool teachers’ attitudes are an area of inquiry in which research still lacks answers.

Accordingly, below we ask how Israeli preschool teachers perceive the role of parents of children with ASD and how their perceptions affect their feelings at work.

**Implications of ASD for the Family**

Without individualized intervention, ASD may impede independent functioning and scholastic success (Barton, Lawrence, & Deurloo, 2012) and force families to provide constant supervision and continually organize and structure their surroundings; invest enormous amounts of time, money, and emotional resources; and interact with numerous professionals (DePape & Lindsay, 2015; Karst & Van Hecke, 2012). These parents may find their quality of life may impaired and may experience dire psychological symptoms (Karst & Van Hecke, 2012).

These families are also often encouraged to be deeply involved in their children’s education (Karst & Van Hecke, 2012), entailing close cooperation and coordination with professionals (Bezdek, Summers, & Turnbull, 2010) including at home, where intensive complementary care may be needed (Barton et al., 2012; Karst & Van Hecke, 2012; Reichow, 2012). The need for extensive and intensive parental involvement in the work carried out by preschool professionals may trigger conflicts between parents and teachers, additionally burdening both sides the latter (Carbone, Behl, Azor, & Murphy, 2010).

**Cooperation between Parents of Children with ASD and Educational Staff**

Parents of children with ASD have an interest in being heavily involved in their children’s preschools, interrelating with the staff, and identifying with its decisions (Häussler & Kurtz-Costes, 1998). The literature even treats parents as senior partners in this relationship. Sometimes, however, educational professionals do not recognize this, possibly causing parents to complain about being marginalized (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2011). Many parents allege that professionals do not understand their unique perspective, ignore them in decision-making, and treat them patronizingly (Yssel, Engelbrecht, Oswald, Eloff, & Swart, 2007).

Parents may also object to communication patterns that evolve between themselves and the professionals. Parents, for example, object to the kind of “marketing” educational jargon that identifies them as “consumers,” possibility impairing their communication with professionals (O’Connor, 2008). Some parents describe their relations with professionals disparagingly, finding educational staff disinclined to cooperate and prone to withholding information on policy and services (Poon-McBrayer & McBrayer, 2013).

**Professionals’ Perceptions of Parents**

Teachers’ views on parental roles in raising children with disorders that range from mild to severe, including ASD, are often critical (Lindsay, Proulx, Thomson, & Scott, 2013). Some professionals perceive parents as over-emotional (Hodge & Runswick-Cole, 2008), accountable for their children’s behavioral difficulties (Broomhead, 2013), largely unreliable as rapporteurs (Young, Austin, & Growe, 2013), unauthoritative, uninformed, and in need of education (Lindsay et al., 2013) if not therapy (Kayama, & Haight, 2014). Even though teachers of children with ASD affirm their support of parent cooperation in their educational practice, they fear such cooperation lest it diminish their academic authority (Bezdek et al., 2010).

Thus, interrelations between education professionals and parents of children with disabilities appear to constitute a complex matrix of attitudes and conflicts. Within this matrix, professionals’ ostensibly patronizing perception of parents needs further clarification. The current study seeks this clarification by focusing on the professionals who interact with children with ASD most intensively—preschool teachers.

The research question is twofold: How do preschool teachers of children with disabilities perceive the role of parents of children with ASD in their work, and how does this perception affect the teachers’ feelings?

**Methodology**

A qualitative constructivist perspective was chosen for this study in order to explore the subject in depth via those who have the most experience with it (Strauss & Corbin, 1990).

**Participants**

Thirty-six preschool teachers of children with disabilities took part. Israel’s special-education statute (1988) specifies three kinds of preschools for which the Ministry of Education is responsible, in which children with ASD may be placed commensurate with their abilities and condition. The first is a “communication preschool” for children aged 3+ who have been evaluated as having autism only; usually five to eight children attend. Most children in this preschool are at medium-low levels of development; a few are low. Second, the “therapeutic preschool” is designed for those aged 3+ who have various developmental impairments. Most children here display medium to high functioning; the 8–14 youngsters who attend are mainstreamed for several hours. Finally, “integrated preschools” serve children aged 5+. Two-thirds of them have no disabilities; one-third have behavioral problems and developmental impairments of various kinds. Such preschools enroll up to 30 children and employ two teachers, one for special education and one for general teaching. Most children in this setting have high functioning. In all of these preschools, psychologists and paramedical professionals augment the work of permanent teachers and aides on a revolving basis.

Among the teachers who took part in this study, 23 taught in communication preschools, 13 in therapeutic preschools, and one in an integrated preschool. Twenty-seven held bachelor’s degrees in preschool special education and nine had bachelor’s degrees in special education at the primary level. All preschools are in central Israel. Half of them are in areas that rank medium-high on the socioeconomic index, one-third are in areas that rank medium-to-low.

**Research Tool**

Semi-structured in-depth interviews were used in order to allow participants to express their outlooks while presenting specific items of interest to the researchers. Although the study focused on teachers’ perceptions of parents’ roles, the interviews centered on the teachers’ work in general in order to examine their perceptions of parents’ roles in authentic contexts. Topics covered included the preschool (sample question: “Who are your staff members at the preschool?”), the work done there (e.g., “How are Individualized Education Programs written?”), difficulties (e.g., “What difficulties arise in your staff’s work?”), successes (e.g., “Describe something successful that took place there”), sources of support (e.g., “Who helps you in your work?”), and feelings (“How do you feel about the parents?”)

**Procedure**

The interviews, each around two hours long, took place in the middle of the school year in cafés or teachers’ homes. They were recorded and transcribed verbatim. The teachers cooperated with us; some saw it as an opportunity to “let off steam.”

The responses were analyzed using the grounded-theory approach (Strauss & Corbin, 1990) in a three-stage process. First, we used open coding to obtain primary categories. We gave each interview an initial reading in order to obtain a broad and comprehensive orientation; then, in a more careful reading, the paragraphs were analyzed sequentially and any unusual finding was marked. In Stage 2—axial coding—we subjected the interviews to continual comparison until they yielded better-structured categories. We reinforced the internal validity of the findings by adding data from the interviews to each category and assuring ourselves that the structures found exist in the reality researched, i.e., teachers’ roles and complementary parental roles. We also found connections among the categories. At the conclusion of Stage 2, three categories that structured the teachers’ and the parents’ roles took shape: creation of narratives, teachers’ references to parents’ conduct; and the process the teachers underwent. In Stage 3, selective coding was used to obtain the core category, the process underwent by the teachers. This category yielded the following theory: Teachers construct a narrative that awards them a principal role in preschool work and leaves parents with a secondary role derived from the teachers’. Consequently, teachers receive validation and reinforcement in the fulfillment of their role according to how the parents fulfill theirs. Thus parents’ behavior affects teachers’ perceptions of how they fulfill their own roles and experience their jobs. (See Findings and Discussion.)

We saved the results of the analyses and subjected them to a subsequent review.

**Rigor.** In each stage, the researchers first worked separately and then compared their findings. We also worked separately to determine the roles the teachers attributed to themselves (see Findings and Discussion) and then compared what we determined as being the roles of both teachers and parents (see Findings). In the interviews, the authors were found to be strongly in concordance (100%, 86%, 89%, and 66% for the teacher’s role as trainer, service provider, caregiver, and partner, respectively). When disagreements arose, we availed ourselves of an external referee, a colleague experienced in work with early-childhood ASD.

Both researchers train preschool teachers at the bachelor’s and master’s levels. In our capacities at teacher-training colleges, we visit preschools and sometimes interact with teachers and parents. Accordingly, we are well acquainted with developments in the research field but are far enough from it to carry out this study because we are not preschool teachers ourselves.

**Ethics**

At the start of the interview, participants were advised of the topic at hand: their work with pupils with ASD and with parents, their working methods, and their feelings. All participants gave written consent to be interviewed. Strict confidentiality, including their particulars, was maintained. Both colleges’ research committees assented to the study.

**Findings**

The teachers attributed four roles to themselves vis-à-vis their pupils’ parents: training parents in how to care for their children, providing them with services, acting as their therapists, and being partners. The parents’ matching roles were “apprentices,” “customers,” patients, and partners. The teachers structured their roles by setting them within a complete narrative. Accordingly, they expected parents to adhere to the roles that they had assigned them and to the narrative they had created, thus validating and amplifying their own roles. The parents’ conduct in accordance with—or contrary to—these expectations influenced the teachers’ experiences.

**Teachers’ Roles, Parents’ Roles**

Below we match the teachers’ and the parents’ roles with the corresponding narratives.

**Teacher as trainer, parent as apprentice.** Nine teachers perceived themselves as trainers of parents in caring for their children. They viewed parents as apprentices who obey their instructions. The narrative goes this way: “Work in the preschool is highly complex and entails much knowledge, insight, and professional skill. Parents lack the skills to care for their children and therefore must do as the teachers say and follow their instructions to the end.They described their instructions for parents as systematic and profuse, as follows:

You have to relate to parents intensively in explaining and decoding the staged process that their children are undergoing . I also train parents and run group sessions with parents and children together with a psychologist in order to teach parents how to spend time with their children.

The teachers’ own training, administered by professionals such as psychologists, allowed them to continue developing and solidifying their perception of their role as parents’ trainers:

My training taught me a lot about how to train parents in continuing work with their children at home. Once a week I received counseling from a psychologist . . . on how to integrate parents into the work.

Although most teachers who chose this role called the relationship “cooperative,” it was asymmetrical: a proactive teacher versus an acted-upon parent, manifested in expressions such as “I believe in,” “I expect,” “I explain,” “I request,” “counseling,” “teaching,” “working instructions,” “giving examples,” “guidance,” “training,” “talks,” “explanations,” and “decoding.” Parents were asked to follow instructions, e.g., “I believe in cooperation with parents and think that if they insist at home on what we insist on in school, all our lives would be much easier.”

**Teacher as service provider, parent as customer.** Nineteen teachers saw themselves as providing services to parents whom, accordingly, they regarded as customers. These roles fit into the following narrative: “Only teachers, possessors of the appropriate professional knowledgeParents, not so blessed, receive education and childcare services from the teachers and thereby are their customers. Their involvement in raising and caring for their children is limited. One teacher described professional consultations where educational decisions about children were made without parents in attendance: “The teachers and paramedical staff discuss each child, review the reports, talk with the child, and make decisions.” As service providers, the teachers send parents messages and the latter tend to accept them, “strongly trusting the teachers and accepting what they’re doing with the children.” Expressions of this attitude, which recurred in many interviews, were “reporting,” “negotiating,” “working vis-à-vis parents,” and “parental demands.”

As service providers, teachers work “vis-à-vis” parents, not with them. Since it is the teachers’ job is to satisfy the parents, they must prove that appropriate work with the children is being done. “I had to invite her to a meeting and show her proof [that I was doing serious work]. I showed her some tables.” This teacher defines “cooperation,” for the most part, as reporting. Indeed, the teachers’ work as service providers consisted mainly of regular reportage to parents in various settings, accompanied by documentation proving the quality of the work. Parents played their role as customers mainly by approving the work: “After they put together a personal program of study, the staff meets with the parents and obtains their approval.” Parents may also ask questions and make requests of the teachers; they are also given an opportunity to make comments and express dissatisfaction—initially in regard to the educational program and its goals and farther along about the “outcome”: advancement of the child with ASD. “When I speak with parents, they ask, express interest, seek advice. If they ask for anything else, we add their comments. For this reason, they give us free rein.”

Sometimes parents’ criticism forces teachers to use tactics and strategies that recall relations between service providers and customers in the business world (Kelemen, 2003). That is, teachers negotiate with parents and act flexibly to reconcile their customers’ (parents’) demands with their own principles:

I try to relate to them calmly, negotiate, show flexibility instead of standing on principle, and to channel my energy toward discovering what isn’t okay, what I should change, myself first of all, or in my own way, and not to waste [energy] on blaming the whole world. I consult with the staff, of course.

The teachers learned how to persuade parents that they are doing high-quality work; otherwise, “If just one of them felt distrust [in the teacher,] we’d take a great deal of flack from them.”

When parents thought it necessary to follow a different course than the one chosen by the teachers, teachers attempted to surmount their resistance by explaining their methods and attempting to convince the parents that they, the teachers, know best. Sometimes parents accepted this readily: “When parents think one way and I think another, I have a talk with them. I explain what I mean and they accept it.”

In extreme cases, parents behaved like suspicious customers and visited the preschool as if conducting a surprise audit. When this happened, the teachers had to earn their trust:

At the beginning of the year, I had this mother who would watch us through the fence to make sure we were treating her daughter well. [Other] parents dropped in unannounced. It took them a long time to connect with us. Today, however, they’re more open to us; they see how their children are progressing.

**Teacher as therapist, parent as patient.** Twenty-one teachers saw themselves as parents’ emotional therapists. Some said so explicitly, e.g., “I treat the parents’ emotions.” Accordingly, they perceived parents as patients. In these cases, the teachers sought to produce the following narrative: “We really are therapists.” Parents perceived themselves as potential patients, toward whom teathers were to be considerate and understanding. The participants used therapeutic tools and typical therapeutic expressions—understanding the origins of anger and explaining them rationally (“I talk it over with them lots; I understand their rages”), being non-judgmental (“I always have to remember not to be judgmental”), disconnecting parents’ feelings and conduct from their own (“Over time, I learned how to be detached and to understand the parents’ emotional process”), and being available and accepting (“We welcomed the parents at the preschool when they were going through lots of frustration and bad experiences. From my position as a therapist, I try to find as many ways as possible to help the parents cope and to be there for any questions and for consultation”).

Parents were portrayed as needing therapy. They experience “frustration,” “confusion,” and instability; they “suffer” and “lurch from despair to hope,” “find their situation hard to accept,” and “exist in denial.” As their therapists, teachers strove “to be there for them,” “to understand them, how hard it is to bring up the child, to give encouragement, support . . . not to get angry, not to shout, not to abuse,” “not to attack [them] . . .but to enter the picture and support them,” and to establish “a support system” for them.

Some parents find it hard to accept their children:

You have to understand where it comes from. I mean, there are parents who’ll deny that the twin is an ordinary kid who’s worth investing in, so they repudiate her. And there are parents who’ll deny that all their children have disorders; it means they don’t know what a regular child is so, from their standpoint, everything about their child is okay.

Thus, the teachers believed that one of their roles as therapists is to teach parents “to enjoy their children, their real children, not their fantasy children” but “not to give up on them, to believe in their children’s abilities.”

As patients, the parents aroused the teachers’ empathy. Teachers of this mindset used words evocative of empathy such as “understanding,” “patience,” “empathy,” “encouragement,” “processes,” “suffering” (of parents with whom they empathize), “projection,” “compassion,” “acceptance,” “strengths,” “support system for parents,” and so on. Here is an example: “I think about the parents as much as I can, as though I’ve become a member of their support group.”

Some teachers sheltered parents from difficult information by filtering it:

It’s very, very hard to tell parents about their daughter’s emotional condition relative to others of her age. When I talk with parents, I always put a prettier face on things. . . . I always talk about the child relative to herself, how she is and where she’s making progress. But it’s as though I’m hiding the truth from them—how she’s doing relative to others her age. Whenever I say something, I’m very cautious and pick my words. . . . Some things, you don’t say.

The training the teachers received from professionals such as psychologists reinforced the perception of themselves as therapists and parents as patients because it equipped them with guidelines from the therapeutic world—responding to parents’ reactions by giving professional explanations; understanding the psychological processes parents go through, such as denial, acceptance of the child, displacement of their anger to the teacher; and even “the very complex dynamic between parents and themselves.”

In my talks with the psychologist, she explained that parents’ reactions aren’t intended to fault my professional work but are part of the process of accepting children who now have special needs. Once I understood this, I realized that the parents do appreciate my work but show it differently than what I’m used to.

**Teacher and parent as full partners.** Only three teachers characterized their interrelations with parents as a full-fledged partnership. According to the narrative that accommodated this outlook, teachers and parents have the same goal—the child’s advancement—and pledge their personal and professional resources to it. One teacher expressed this astutely: “[Parents] should be shown that we have a common goal. They should be made to feel that we’re working with the children together and will lead them to strong achievements together.”

Here we found expressions of partnership, e.g., “their full entitlement,” “appreciate,” “their status as the child’s parents,” and “a priori respect for every parent of a disabled child.” Unlike the previous perceptions, here we found no hierarchy between teachers and parents; both were equal.

Some of them are friends . . . whom I can see as equals, like friends who’re asking for help. There are parents who, in some of our relations, I identify with and there I work on myself.

The teachers who embraced this attitude appreciated parents as “very experienced and very caring” and “doing their best for their children in order to advance them.” Parents have known their children for years; the real task of coping is theirs. These teachers are mindful of the limits of their knowledge, strength, and resources: even though they can “love them and do much for them , . . . for parents they’re a treasure”; “Ultimately, he’s their son and the ultimate decisions and responsibility are theirs.”

When teachers perceived parents as full partners in the preschool work, they thought it immensely important to co-opt them into meetings with the multidisciplinary staff. There they presented the parents with “the child’s progress after the educational evaluation” and were eager “to hear from them about where they see the child’s difficulties and what they wish to focus on.”

It’s always important for me to set up meetings with parents. You have to consult with them, give them their due as parents, let them make decisions, reinforce their feeling that they’re the parents and that, everything aside, when all’s said and done, they know and will know best what their children need.

You’ve got to make them part of it. The preschool is part of their lives. It’s open and they’re welcome to drop in whenever it’s convenient. I invite them to regular meetings with the caregivers. We have experiential nature encounters.

**Overlapping roles:** Often teachers assigned themselves and the parents several roles concurrently, creating an overlap. For example, some related to certain parents in one role and to others in another role. Other participants switched a parent to a different role after getting to know him or her better. For example, in the midst of work, one participant who usually treated parents as customers related: “Two years ago, there was a father who peppered me with advice about his son. At first I thought he was overdoing it. But at the parents’ meeting at the beginning of the year I met him and saw that he’s a nice guy who has good advice to give. We began to cooperate.” From then on, this teacher invoked the partnership model vis-à-vis the family. Similarly, some participants who usually treated parents as apprentices switched to seeing them as caregivers after becoming acquainted with them, or vice versa. One teacher elaborated on this: “Suddenly I noticed that B’s mother had a hard time doing what I asked because she was too busy feeling sorry for herself and for her son. I felt that I should give her support.”

**Implications of Parents’ Conduct for the Teachers’ Experience**

**The significance for teachers of parents’ apprentice-like conduct***.* In their role as instructors, teachers often felt that parents adequately played the apprentice role that they assigned them. In their judgment, parents viewed them as “reliable and important sources of information,” “people you can consult with and ask questions,” and obeyed their every instruction and guideline. One teacher related: “Sometimes I encounter reactions of sympathy, eagerness to hear me, consult with me, and even gratitude over time. . . . I feel that I’ve taught them lots.”

Seemingly, then, these teachers derived satisfaction and pride from parents’ feedback about their instructional performance, as in the following example: “When I see that parents who attended sessions consistently managed to learn and play with their children and use tools that I gave them, I’m very proud.”

When parents did not cooperate, however, the teachers felt angry and disappointed. They perceived the recalcitrant parents as inept, “lacking the potential for it,” “letting the kid take the lead,” “emotionally disconnected,” and “unable to take responsibility for their actions.” One teacher explained her difficulties:

It’s hard for me to deal with emotionally disconnected parents who don’t accept instruction and learn. I come across parents who just don’t know how to play with their children and tend to leave this responsibility to the preschool staff or the other carers at home instead of using the tools that I can give them as a professional.

Excessive parental independence and disregard of teachers’ instructions at home were perceived by the teachers as disruptive to the preschool’s work:

One of our children at school is being treated with Applied Behavior Analysis (ABA) at home. . . . The parents refuse to cooperate at home with the learning program that the preschool staff put together. They insist on working only on the basis of what the ABA instructor (a private instructor outside the preschool staff) says.

**The significance of “customer” conduct.** When parents in their role as customers expressed satisfaction with teachers as service providers and took delight in their children’s progress, teachers expressed immense contentment. Here is a typical example:

When I hear compliments from parents about the work or when parents are really pleased with their children’s achievements, I’m gladdened and I know that all the frustration, the effort, and the difficulties along the way were worth it.

In contrast, parents who struggled to meet teachers’ demands and play their role as satisfied customers were defined as negative-minded grumblers (“Sometimes there’s enormous progress but all they see is the empty half of the glass”) who incessantly raise demands (“They’re really demanding, it’s hard for them to see all the effort that you’re investing to help them and to advance their children. They always want more and more”), as dissatisfied customers who think their children do not receive appropriate care and sufficient resources (“She complained that we weren’t giving her son care and was very disappointed”), deficient in professional understanding and unappreciative of the work done at the preschool, distrustful of the teacher as a professional, faulting her for lack of success, meddling in her work, and trying to impose their views on the preschool’s conduct (“One father thought my working method wasn’t suitable for his kid, that it wasn’t getting results, and he asked to meet with me. During the meeting, he was very upset and irritated and accused me of all sorts of things”).

Some teachers thought the parents’ attitude stemmed from unrealistic expectations of their children and the belief that the latter would “snap out of their autism” or “go to a regular school.”

We’d just evaluated their children and they expected us to pull them out of their autism and make the whole thing blow over. Hardly a parent hasn’t told me that his kid will attend a regular school and “the whole thing is up to you. You’ll lift my kid out of autism.” That’s more-or-less a direct quote of what they expect.

Teachers used various expressions to describe parents who behaved like disgruntled customers: “grumblers,” “impossible to please,” “demanding,” “nagging,” “bothersome,” “disruptive,” “opinionated,” “critical,” “accusatory and griping non-stop,” “ungrateful and self-centered,” “apathetic and uninterested in their children and the work being done for them,” and “selfish and fixated mainly on themselves and their kids.” Teachers sometimes articulated the hard feelings that these expressions brought about: “The parents gave us a terrible smack in the face.”

**The significance of parents’ conduct as patients.** Teachers described parents who accepted the role of patients as people whom they had managed to teach to accept their children’s hardships. Consequently, these parents “understand the significance of any progress, even the slightest” or “realize that their children are not ordinary.” “[Due to my intervention] they actually accept their children. . . . Here I see them in a totally different place.”

The teachers felt “great satisfaction . . . when what you’re doing [i.e., therapy for parents] starts to seep in.” Parental conduct as patients was “problematic” at times. For example, some parents denied reality: “They didn’t believe [me] that their child is autistic and retarded” and “think he’s okay, just a little behind in his development.” Some parents thought that “their daughter, who’s got PDD, could get well.”

When parents rejected the role of patient and the therapy they were offered, teachers felt “really disappointed”: “I empathize and I’m willing to help, maybe sometimes more than they want to be helped.”

**Parents’ conduct as partners***.* To strengthen the narrative that views parents as active partners in the teacher’s work, teachers described disputes with them in terms of “conflicts,” “disagreements,” “solutions,” and the need to “listen.” Absent here were the accusations that were encountered in the previous roles; instead, teachers tried objectively to understand the conflicts as the outcome of factual circumstances, such as the child’s condition: “Sometimes it works and sometimes it doesn’t, for all kinds of reasons such as the child’s condition. We won’t always agree; the bottom line is that we’ll listen to the parent.”

In these cases, teachers described neither hard feelings nor exhilaration about their work with parents.

**Discussion**

**Teachers’ Roles, Parents’ Roles**

Most respondents described themselves as instructors, service providersm, and therapists, and parents as apprentices, customers, and patients. Few chose the fourth role, full partnership.

Teachers’ attribution of roles to parents of disabled children not novel in the research literature. Parents are described, for example, as “consumers” (O’Connor, 2008) or as semi-professionals who take instruction from “real” professionals in how to work with their children (Hodge & Runswick-Cole, 2008). The current study expands this line of inquiry by understanding the teachers’ psychological mechanism, common to all the narratives, that creates the initial need for these narratives and structures the course of their development. Teaching children with ASD involves great anxiety (Boujet, Popa-Roch, Palomares, Dean, & Cappe, 2017). To cope with the difficult, complex, and almost chaotic reality of working with children with ASD, the teachers in our study devised various narratives that gave them important roles and full responsibility for the children’s progress.

Previous studies have shown that the significance teachers attach to their role as teachers and to the achievement of appropriate goals plays an important part in preventing frustration and keeping them in the teaching profession (Boujut, Dean, Grouselle, & Cappe, 2016; Skaalvik & Skaalvik, 2017; Yinon & Orland-Barak, 2017). As shown above, the teachers designed parents’ roles as complements to their own roles, and when the parents accepted these roles, the teachers’ positive experiences improved their outlook, validated their own roles, and made them feel empowered. The problem with this, however, is that when parents did not adopt the roles the teachers assigned them, the latter responded with feelings of anger, helplessness, and professional failure. It would therefore seem that for teachers, the main role of parents is to help them reflect on their roles and, by so doing, reinforce their professional capabilities.

**Roles and Leading Interventions**

In the first three parental roles—apprentice, customer, and patient—teachers led and parents followed. This approach recalls previous studies (Hornby, 2011; Turnbull et al., 2011), in which teachers provide parents with counseling, services, or therapy, and parents receive help. Parents in these roles are not totally passive; they are required to behave as expected but should not do so independently. They are perceived neither as decision-makers nor as expressers of opinion. Indeed, when the teachers in our study reported that parents did speak their minds or act on their own counsel, they were perceived as uncooperative. Furthermore, teachers thought of parents as having the potential to help their children progress in a secondary manner only; they considered parents’ expertise important only in helping teachers at the initiative of teachers. In such a case, the teachers’ descriptions of the parents’ roles are indicative of underutilization of resources, despite the crucial importance of parents in working with children with ASD (Barton et al., 2012). In our estimation, the use of parental resources might lighten the teachers’ burden—but might concurrently weaken their sense of accomplishment.

**Roles and Cooperation**

Most of the teachers (29) spoke of “cooperation” as something parents owed them. By implication, teachers acknowledge its importance and indeed complain about its absence. Thus, the problem centers not on overlooking parents as participants in a cooperative effort but on misunderstanding the essence of cooperation and parents’ place in providing it. As an example, teachers perceived parents’ praise of their work as a manifestation of successful cooperation. This narrow perspective clashes with current accepted thinking, which aspires to maximum information about children’s living environment as a basis for working with them and creating a form of cooperation in which parents and teachers play equal roles (Hornby, 2011; Turnbull et al., 2011).

Unlike the description of the parents and their roles in preschool work as apprentices, customers, or patients, their description as full partners was accompanied not by the perception of a hierarchy but by one of equality, in which parents are decision-makers, experts, and possessors of immensely important knowledge and experience about the child. They have inherent rights because they are parents of children with disabilities who participate in working with teachers and other team members to help their children advance. This modus operandi is currently viewed as the best practice in work with children with disabilities (Sileo & Prater, 2012). Although this study encountered it among only a minority of participants, we are encouraged by its very presence because it attests to the beginning of percolation of this outlook into educational work and into teachers’ contemplation parents’ standing in it.

**Research** **Limitations**

The main limitation of the research is that it studies only teachers’ perspectives, omitting parental voices. An additional limitation is its failure to take into account all factors in preschool teachers’ work that may affect interaction with parents, as well as its focus on the narrow narrative structure of these relationships. Therefore, future research should adopt a broader perspective that would cover additional aspects of the relationships at issue.

**Conclusions and Future Rresearch**

This study is important because of what it reveals about the processes that underlie the interaction of teachers and parents of children with ASD and their effect on teachers’ wellbeing. This revelation is all the more valid in view of two findings: first, the negative feelings particular to teachers of children with disabilities intensify when the pupils have ASD (Kokkinos & Davazoglou, 2009) and, second and mainly, an intensive relationship between educators and parents is essential for these pupils and their families (Coman et al., 2013). Understanding the psychological mechanism that teachers employ when interacting with parents and, in the main, the “reward” that teachers derive from it may help to bring on change, create alternative rewards, and, possibly, alleviate teachers’ stress. Previous studies have indeed emphasized educators’ disappointment with parental cooperation. Preschool teachers may need to revisit their expectations so that each side will better understand what it wants of the other. This may mitigate the disappointment that arises when the expectations do not come to pass.

The present study suggests a possible link between frustration and the narratives that preschool teachers of children with ASD developed regarding the roles of the children’s parents. To test this hypothesis, it would be appropriate to conduct quantitative research using standard questionnaires that examine frustration. Another point that should be clarified is the very possibility of transition among roles. A thorough investigation of this kind oversteps the limits of this article. Future research that sets this as its goal, however, should examine this point with greater attentiveness.

Finally, this research, like any qualitative study, is based on a limited number of participants. We suggest, however, that future research—quantitative and qualitative—should compare teacher–parent relations in special education with those in regular settings.

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