

Professional Constructs of Future Teachers in Special Education within the Context of Remedial Guidance for Adults with Minimal Schooling

Quels construits professionnels chez des futurs enseignants en adaptation scolaire et sociale, dans le contexte de l'accompagnement orthopédagogique d'adultes faiblement scolarisés ?

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When Adult Education Invites Itself to the Debate About Teacher Development

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Résumé de l'article

De nos jours, le rôle de l'enseignant en adaptation scolaire et sociale (ASS) en est un qui exige des multiples connaissances. Mentionnons, par exemple : les divers types d'apprenants, leurs besoins spécifiques, les particularités des autres acteurs avec qui il devra collaborer. En plus du contexte formel de formation initiale, les connaissances à construire par les futurs enseignants sont aussi acquises en terrain, dans des contextes autres que le pur milieu académique. Dans ce sens, la mise en oeuvre, à l'intérieur du curriculum de formation, d'activités de nature pratique et qui font appel à la mobilisation de différents savoirs, est de mise. C'est le cas de l'activité Clinique dont il est question dans cet article.

PROFESSIONAL CONSTRUCTS OF FUTURE TEACHERS IN SPECIAL EDUCATION WITHIN THE CONTEXT OF REMEDIAL GUIDANCE FOR ADULTS WITH MINIMAL SCHOOLING

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ABSTRACT. The role of teachers today in special education requires extensive background knowledge about various types of learners, their specific needs and the particularities of the stakeholders with whom the teacher is called to collaborate. The knowledge constructed by future teachers is acquired not only in the formal context of initial training, but also in the field, in contexts other than the purely academic milieu. In this frame, the implementation of practical activities involving the application of diverse knowledge has its place in a training curriculum. This is the case of the clinic activity referred to in this article.

QUELS CONSTRUCTS PROFESSIONNELS CHEZ DES FUTURS ENSEIGNANTS EN ADAPTATION SCOLAIRE ET SOCIALE, DANS LE CONTEXTE DE L'ACCOMPAGNEMENT ORTHOPÉDAGOGIQUE D'ADULTES FAIBLEMENT SCOLARISÉS ?

RÉSUMÉ. De nos jours, le rôle de l'enseignant en adaptation scolaire et sociale (ASS) en est un qui exige des multiples connaissances. Mentionnons, par exemple : les divers types d'apprenants, leurs besoins spécifiques, les particularités des autres acteurs avec qui il devra collaborer. En plus du contexte formel de formation initiale, les connaissances à construire par les futurs enseignants sont aussi acquises en terrain, dans des contextes autres que le pur milieu académique. Dans ce sens, la mise en œuvre, à l'intérieur du curriculum de formation, d'activités de nature pratique et qui font appel à la mobilisation de différents savoirs, est de mise. C'est le cas de l'activité Clinique dont il est question dans cet article.

INTRODUCTION

Owing to a government requirement, the bachelor's program in special education (or BASS, for *Baccalauréat en adaptation scolaire et sociale*) at the Université de Sherbrooke has had to meet the challenge of offering its student teachers a chance to gain experience working with learners with learning difficulties. More specifically, these learners are adults who are returning to school for basic general education in an adult education centre. It should be noted that educators in the field of adult education must now address a number of challenges to deal with the growing complexity of their intervention context (Saint-Laurent, 2007). Significant challenges confronting these adult educators

include the following: (1) *A mixed adult population presenting a variety of educational needs and undergoing substantial change* – for example, students between 16-24 years of age constitute a rapidly growing group of learners requiring a specific educational response (Bourdon and Roy, 2004) – and (2) *the establishment of new training programs stemming from the education reform in common basic education* – programs that are based on a change in adult education practices, notably including the diversification of adult education approaches and the decompartmentalization of disciplines. These challenges raise a first question concerning teachers' ability to face these changes, especially in terms of their training and past experience. They also raise the question of initial and continuing training in adult education, especially for student teachers in the field of special education. The problem of adult education is therefore treated from the standpoint of the training of future teachers of adult learners, as well as that of adult learners said to have “low schooling” and whose characteristics lead to a reflection on the content and training devices offered to their current and future teachers.

THE REALITIES OF ADULTS WITH LOW SCHOOLING

As Bélanger, Carignan and Staiculescu (2007) point out, adult basic education is a major issue in Quebec society, where it contributes to the development of basic competencies among citizens and hence to the province's economic, cultural, and social vitality. The adult sector of the Quebec school system is divided into two levels: (1) common basic education (level: first cycle of secondary school) offered to adults with 9 years of schooling or less; and (2) diversified basic education (level: second cycle of secondary school). According to the 2001 census (Roy, 2005, p. 5), 26.3% of the adult population in Quebec (between 15 and 64 years of age) did not have a secondary school diploma and 9.5% had less than 9 years of schooling. The basic education needs of adults are therefore substantial, and encouraging adults to go back to school – as promoted by the *Politique d'éducation des adultes et de formation continue* (2002) – necessarily calls for a greater number of teachers in adult education centres associated with the various school boards in Quebec.

The adult learners with whom the future teachers in the Université de Sherbrooke BASS program will most often be expected to work have low schooling and are enrolled in basic education (level: first cycle of secondary school) in an adult education centre. Many of the adults who did not complete their initial secondary school education had a negative and trying experience in school, and dropped out because of persistent problems experienced as students. Some were judged to be “slow,” “maladjusted,” or “problem children” (Roy, 2005, p. 72) throughout their schooling. Many of these learners experienced a set of difficulties related to social and academic adjustment. These difficulties are a cause for concern insofar as they can present multiple obstacles for adults in terms of their roles and responsibilities, particularly when it comes to certain

facets of adult life (Scanlon & Mellard, 2002): educational opportunities are more limited, work possibilities are scarcer, social isolation is greater, and living independently can be problematic.

As a result, going back to school in the adult education sector can be riddled with pitfalls for adults with low schooling. These adults must overcome many disposition-related, situational, institutional, and sometimes information-related challenges. It should be noted that these adults, some of whom were labelled special needs or “EHDA” in Quebec (*handicapé ou en difficulté d’adaptation ou d’apprentissage*, that is, handicapped or presenting adjustment or learning difficulties) over the course of their schooling, are no longer labelled in adult education.

However, when adults go back to school, these difficulties can persist and impede progress. These learners exhibit what Chamberland refers to as *the burden of learning*, as they continue to experience a set of difficulties related to social and academic adjustment. In their study on the educational progress of adults enrolled in basic education, Bélanger et al. (2007) observe that two thirds of adults who did not achieve their educational plans exhibited learning difficulties, but did not necessarily recognize that these difficulties were responsible for their “academic interruption.” Is this a case of withdrawal, failure, or dropout? According to Bélanger et al. (2007), conceptions such as these are no longer acceptable if we seek to offer adult education with a view to lifelong education. We should note that the adults with whom the future teachers in the BASS program are called to work constitute a highly mixed population in terms of socio-cultural background, life path, previous school-related experiences, native language, sex, religious denomination, age, academic motivation, professional situations, and the like. This leads us to examine the training of teachers who will work with this group of learners.

THE QUESTION OF INITIAL TRAINING

Initial teacher training programs in Quebec are based on a framework of 12 professional competencies (ministère de l’Éducation du Québec [MEQ], 2001) and are geared toward primary and/or secondary education. There is no one specific program for initial training relative to adult education. The current training programs offered to future teachers, such as the bachelor’s degrees in secondary school education or special education, devote very limited time to the question of adult education, that is, 2 or 3 credits out of 120.

Certain authors (Bouchard, 2004; Turgeon & Wagner, 1998) point out that such training cannot be sufficient to prepare teachers who wish to work with adults, even though their teaching certificates allow them to do so. According to Turgeon and Wagner (1998), the training currently offered to teachers therefore eliminates the specificities of adult education by relegating it to a mere “adjustment of normal secondary education” (p. 42, our translation).

Today's programs hardly take into account the educational specificities of adults, instead offering programs similar to those for the youth sector (Turgeon & Wagner, 1998; Bouchard, 2004).

How can the ministry requirement of introducing adult education in the BASS program be reconciled with the reality of offering a high-quality initial teacher training program that is already very heavy – now expected to train teachers for the primary, secondary, and adult sectors? This problem inevitably affects the BASS program at the Université de Sherbrooke, which originally prepared teachers for the primary and secondary levels. At the request of the *Comité d'agrément des programmes de formation à l'enseignement* (approval committee for teacher education programs, or CAPFE¹), BASS coordinators have nevertheless been required to include the adult dimension in the training curriculum since 2005-2006.

To meet this requirement, the teaching team chose to develop the practical training of future teachers in the adult education sector, in complement with their introductory course *l'apprenant adulte* (the adult learner). This two-credit course (30 hours of training) allows student teachers to familiarize themselves with the professional area of adult education by exploring the characteristics of adult learners, examining educational approaches promoted in adult education, and analyzing training programs available to adults with low schooling. Professional practica are therefore offered to student teachers and training activities are developed in the context of a remedial guidance clinic for adults who are returning to school at an adult education centre. This clinic activity is a pedagogical innovation aiming to offer training for adult education that is more optimal within the current limits imposed by the bachelor's program. It is a training device underpinned by a socio-constructivist conception of learning. This is why we here refer to professional constructs, as it is in a real intervention context that the future professional must call on, adapt, and construct knowledge that is likely to provide a response to a given situation. Here, we touch on *savoir* (knowledge), *savoir-faire* (know-how), and *savoir-être* (literally “knowing how to be”) applied according to the *savoir-agir* (“knowing how to act”) that characterizes a professional's competency.

We present the foundations of this clinic activity, then its description in terms of adapting to the adult education context. These sections will be followed by the methodology used, and finally a discussion of results.

FOUNDATIONS OF THE CLINIC ACTIVITY

This academic offering is designated as a clinic (Université de Sherbrooke's Pierre-H.-Ruel clinic) because it is foremost practical in nature. It is important not to associate the term with a medical connotation. Although in French the term is an Anglicism, it is useful insofar as it highlights the dynamic of col-

laboration among peers who directly or indirectly work with people enrolled in a school establishment and experiencing learning difficulties. The activity is thus similar to a workshop in which student teachers must report to a supervisor about their respective responsibilities and the results of their actions. Supervision is carried out by a professional in the field. The supervision style recommended is the one proposed in the past by Acheson and Gall (1980), that is, clinical supervision. This style can be defined as a process whose main goal is to ensure the professional development of pre-service or in-service teachers. The clinical supervision process entails three steps: planning, observation, and feedback (Acheson & Gall, 1980). These three steps are applied and validated weekly, before and after each intervention, by team members involved in the activity. The clinic contributes to developing the professional competencies of future teachers in special education by calling for collaborative work to carry out real interventions with learners experiencing learning difficulties (at the primary, secondary, and adult levels), and by ensuring on-going follow-through provided by an experienced teacher.

The Pierre-H.-Ruel clinic has been active since 1997, but only since 2004 has it been a mandatory part of the program of studies, starting in the second year of training. This decision was based on the will to offer remedial services for learners who needed them, and on the will to provide an exceptional training space for future teachers of learners who are at risk or experiencing difficulties. Moreover, this will is quite directly connected to the aims of the Quebec school system reform, specifically the aim of proposing a *virage vers le succès* or turn toward success, that is, the success of the largest number of students (MEQ, 1999). Most services offered by the clinic target the largest group of learners in the area of special education, namely individuals with learning difficulties or socio-affective adjustment difficulties (Correa Molina, Sanchez and Fryer, 2008). To promote academic progress, these services must necessarily take into account the needs of the learners they address, so as to favour prevention – reducing early manifestations of difficulty – or intervention – providing support for ingrained difficulties.

As an innovative medium for training, the activities of the Pierre-H.-Ruel clinic contribute to developing future teachers' competencies because they are: (1) geared toward solving problems situated in an authentic learning context; and (2) accompanied by pluridisciplinary supervision *in vivo* (Correa Molina, Sanchez and Fryer, 2008). According to these last authors, this is what leads student teachers to go beyond compartmentalized categories of diagnosis and to arrive at a holistic vision of the learner and of intervention. The clinic activity aims to provide dynamic guidance based on experiences shared by university trainees and trainers, so as to favour a real construction of various types of knowledge. It also enables future teachers to develop a set of didactic and psychoeducational competencies required in the field of special education.

The activities of the Pierre-H.-Ruel clinic are guided by a social constructivist epistemology of learning and human development. The clinic therefore draws from two fundamental currents: the ethological approach (Campan & Scapinni, 2001) and the ecosystemic approach (Bronfenbrenner & Morris, 1998). The ethological approach favours a vision of learning and behaviour as occurring in the same settings where they arise and are expressed, since this is where adaptation processes and the difficulties of at-risk learners are created and developed. The ecosystemic approach postulates that child development results from multiple interactions between the person and the environment, or a series of closely-knit family, school, social, and cultural systems with inter-relations that determine the quality of the individual's adaptation. In this sense, our approach allows us to manage the complexity of educational situations in terms of the many sources of interference related to learning and social adaptation processes. The intent is to emphasize all that allows the struggling learner to truly learn and to develop in healthy ways from a cognitive and socio-affective standpoint. This involves, first, the identifying key factors, in various systems, for adapting academic content to learners' specific needs; and, second, ensuring successful social adaptation. Student teachers at the clinic learn to work with struggling or at-risk learners consistent with the principles underlying these last two approaches.

In the activities of this clinic, we attempt to identify the strengths and potentialities that can be called on. It is important to consider the particular situation of training and intervention as a dynamic process of development for people involved in these approaches. As Vygotsky (1927/1994) suggests, it is important to go beyond the disruptive element and to identify the positive forces supporting the development of learning among children and among those who work with these children.

DESCRIPTION OF THE CLINIC ACTIVITY

General characteristics

The work groups participating in the clinic's activities are made up of second-year student teachers acting as observers, third-year student teachers acting as *intervenants* (henceforth referred to as intervenors), fourth-year student teachers acting as evaluators, and a supervisor who oversees each group. Before and after each intervention, the work group gathers to make the most of the roles and interventions of the student teachers in view of helping the learner to progress. With the permission of the parents or the adults (when necessary), each intervention is filmed and preserved for research and training purposes.

Over the course of the academic (university) year, 17 meetings are planned, of which 15 are devoted to direct work with learners (the child, the adolescent, the adult). The work team begins to meet at the start of the university's academic

year, with a first meeting for student file examination. As the year progresses and the meetings with learners progress, the members of the team who are not involved in intervention gradually withdraw. Thus, fourth-year student teachers (evaluation) take part in only 8 meetings, in which they support the team in evaluating and elaborating the intervention plan. Second-year student teachers (observation) attend 13 meetings and are therefore involved throughout the fall term. Third-year student teachers (intervention) are entirely responsible for the activity. The diagram in Figure 1 illustrates the team dynamic as experienced by team members.

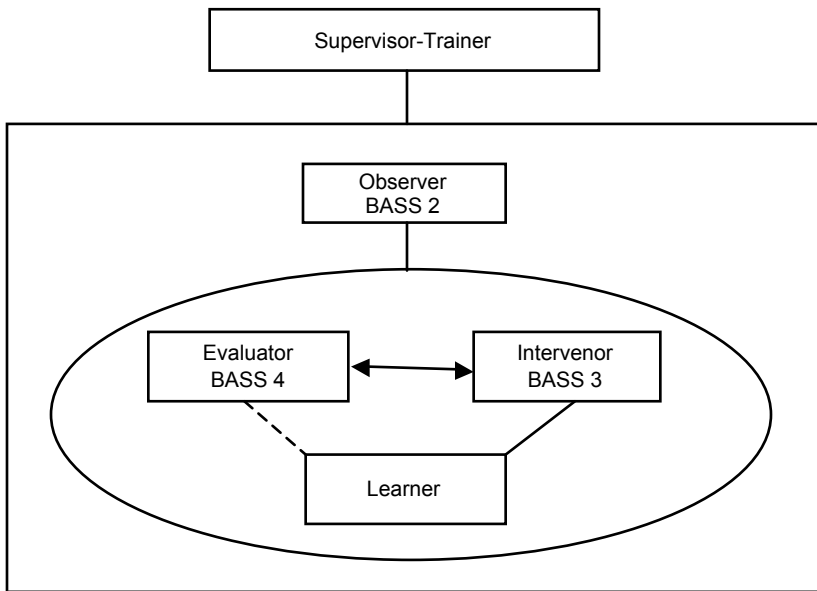


FIGURE 1. *Functioning of the clinic group*

As this figure shows, the supervisor oversees the functioning of the entire team working with a learner exhibiting learning difficulties. Second-year student teachers are never in direct contact with this learner and play an observation role only. They provide information regarding the progression of the activity managed by third-year student teachers, the learner, and the punctual interventions of fourth-year student teachers. This information is shared during the post-intervention meeting with the supervisor and all student teachers on the team. The fourth-year student teachers guide the execution of the intervention plan and principally collaborate in the evaluation phase. Depending on the realities of each learner, they may join a third-year student teacher to carry out activities related to the learner evaluation phase. Third-year student teachers are responsible for intervention with the learner, as well as weekly communication with the parent(s) of the learner (primary and secondary levels) and with the school if necessary.

The clinic activity, adapted to the adult dimension

Aware that the realities of adult learners are quite different from those of primary and secondary school learners, the Université de Sherbrooke – with the support of the *Fonds d'appui à la pédagogie universitaire* (support fund for university pedagogy, or FAPU) – established a collaborative project with an adult education centre, namely the Centre Saint-Michel of the Commission scolaire de la Région de Sherbrooke (Sherbrooke school board). The project aimed to document these realities and to establish a clinic activity as conceived by the bachelor's program in special education. Adjustments certainly had to be made to the activity in order to meet needs specific to adult education services. For example, adults with learning difficulties present characteristics which, in our view, hinder or preclude their presence in clinic rooms at the same time as primary school students. Hence, to preserve the dynamic established with children receiving services and to offer services for an age group with very different needs, the facilities of the Centre Saint-Michel were adapted to allow the teams to function the same way as at the Clinique Pierre-H.-Ruel.

This is why, starting in 2006, teams of student teachers working at the secondary level were put in charge of interventions with adults experiencing learning difficulties at the Centre Saint-Michel. These interventions are patterned after the model presented earlier, that is, teams formed by second-year student teachers (observation), third-year student teachers (intervention), and fourth-year student teachers (evaluation support) along with a supervisor. The interventions are filmed and pre- and post-intervention meetings are held weekly from September to January. The interventions with adults generally take place individually, but the small-group format has also been implemented. We first present our methodology, then a few of our results.

Methodology

The research process undertaken in order to establish a new training program closely links research and training. It integrates methodological approaches suggested in the context of developing an educational aim (Loiselle, 2001; Van der Maren, 2003). The adult clinic was therefore designed, tested, and evaluated in view of its operationalization. To design, test, and operationalize a method for guiding learners with learning difficulties, the teaching team involved in the clinic collected data to better understand the educational intervention modes developed at the clinic with adults exhibiting difficulties. They also sought to determine needs for educational tools or materials in view of enhancing intervention with these adults. The data we are currently analyzing will allow us to know whether we are upholding the mandate of training competent teachers in view of the realities of learners returning to school and in keeping with the twelve professional competencies prescribed by the Quebec Ministry of Education.

Four types of participants were involved in collecting evaluation data pertaining to the adult clinic over two academic (university) years, namely 2007-2008 and 2008-2009:

1. second-, third-, and fourth-year BASS student teachers with their respective training goals in the frame of the adult clinic;
2. adults in training at the Centre Saint-Michel (involved in the activities of the adult clinic);
3. supervisors of clinic activities with second-, third-, and fourth-year BASS student teachers; and
4. the management of the Centre Saint-Michel and the teachers serving as tutors for adults participating in clinic activities.

These participants were asked to answer satisfaction questionnaires and to collaborate with discussion groups on experiences, learning, and satisfaction in line with participation in the activities of the adult clinic. Adults and BASS student teachers were also filmed during clinic observations.

To better identify the effects of establishing the adult clinic, we have used several specific objectives to guide our collection of evaluation data. This evaluation-research aimed to:

1. assess the quality and relevance of developing a clinic for adults with difficulties (to this end, participants questioned included: adult learners, management of the Centre, student teachers, supervisors);
2. assess the satisfaction of participants (again, participants questioned included: adult learners, student teachers, supervisors) concerning their involvement in the clinic for adults with difficulties; and
3. issue recommendations regarding the continuation (or termination), improvement, and long-term prospects of services offered at the adult clinic.

In addition to these evaluation-related objectives, we also had a knowledge-related objective of better understanding the intervention modes developed at the remedial guidance clinic for adults with difficulties.

In this paper, given the progress of our work, we present only the analytical results of verbatim transcripts from the discussion groups held with 19 student teachers. Nine of these student teachers took part in the adult clinic during the 2007-2008 academic (university) year and 10 took part in the adult clinic during the 2008-2009 academic (university) year.

TABLE 1. *Data collected by year*

2007-2008	2008-2009
Verbatim transcript and summary of data collected from 9 student teachers in their second, third, or fourth year (2 observers, 4 intervenors, 3 evaluators)	Verbatim transcript and summary of data collected from 10 student teachers in their second, third, or fourth year (4 observers, 3 intervenors, 3 evaluators)

The data collected from the group interviews were transcribed as verbatim reports, then coded and sorted using a categorization grid (predetermined and emerging categories). Analysis of qualitative content enabled the identification of “units of meaning” but also of “units of context” (Bardin, 1996) which improved understanding of units of meaning. Analytical units were classified using categories constructed based on a fluctuating reading of the corpus, but also based on pre-targeted dimensions associated with a) the development of the 12 professional competencies targeted by the BASS (MEQ, 2001), some of which were specifically targeted clinic activities; and b) the specific characteristics of remedial guidance in adult education (contextual elements, educational material, instructional approaches, particularities of adult learners, characteristics of training activities at the clinic and its links with the BASS, supervision of clinic training activities). This categorization remained open and flexible to changes and improvements throughout the analysis process. The data analysed were the verbatim transcripts of group interviews conducted with 19 student teachers. This material reveals a “perception” among student teachers of the adult clinic as well as a perception of their learning as “people undergoing training” placed in a professional situation within a “training program.”

Results

As mentioned previously, the results here presented come from a specific group of participants involved in this study, namely student teachers belonging to teams that interacted with adult learners. The results are presented in two broad sections. The first concerns professional constructs—the professional competencies expected to be developed in this intervention context—while the second concerns the relevance of and satisfaction with the clinic activity addressing adult learners.

PROFESSIONAL CONSTRUCTS REFERRED TO BY BASS STUDENT TEACHERS

Second-year student teachers

We should recall that second-year student teachers in the BASS program have an observation mandate at the adult clinic. In this context, two competencies are specifically targeted, namely competency 10, “To cooperate with members of the teaching team in carrying out tasks involving the development and evaluation of the competencies targeted in the programs of study, taking into account the students concerned”; and competency 11, “To engage in professional development individually and with others.”

With regard to competency 10, second-year student teachers for the 2007-2008 and 2008-2009 years had a mandate to observe clinic activities, which they judged relevant as long as the other members of the team, their fellow student teachers in their third and fourth years, recognized their value. In other words,

they wished for their observations to be useful to the mandates of the two other groups of student teachers. Their wish was to see the contribution of these observations to the clinic interventions beyond meeting the objectives of a training plan. Although collaboration between members of student teacher teams was globally appreciated, elements were nevertheless cited for improvement to favour the integration of observers into their groups with regard to their concrete contribution to remedial guidance. As for competency 11, the specific context of adult education allowed student teachers to observe the existence of a real career option in this field. Their experience in the remedial guidance clinic was considered “rewarding” and “informative,” a “plus” and an “opportunity” in terms of discovering and learning about a professional setting previously unknown to them.

Second-year student teachers also explore three other competencies in the frame of the adult clinic.

First, competency 9: “To cooperate with school staff, parents, partners in the community and students in pursuing the educational objectives of the school.” This competency was considered in our analyses from the standpoint of cooperation with the staff of the Centre Saint-Michel. In particular, second-year student teachers viewed very favourably the opportunity to be welcomed and guided by the assistant director of the Centre, who coordinates the project of the adult clinic. Conversely, they saw the absence of communication with tutors of the Centre (who are in charge of adults accompanied at the adult clinic) as a negative point. The student teachers could not benefit from the experience and knowledge of these tutors involved in the adult clinic. Consequently, they had to rely on the adults when it came to perceptions of difficulties and remedial guidance needs, and this proved problematic in a number of cases. Putting student teachers in touch with the tutors of adults should therefore be an integral part of training at the clinic.

The next competency in question is competency 12: “To demonstrate ethical and responsible professional behaviour in the performance of his or her duties.” Second-year student teachers observed ethically questionable relationship dynamics between an adult and an intervenor. The close relationships between student teachers and adult learners as well as the way of dressing when working with adults were judged problematic. These dimensions raised the student teachers’ awareness of the need to establish a certain distance in adult-adult relationships in a training context.

Finally, the student teachers observed that the lack of materials provided to work with adults forced third- and fourth-year student teachers to be creative, thus relating to competency 3, “To develop teaching/learning situations (TLS) that are appropriate to the students concerned and the subject content with a view to developing the competencies targeted in the programs of study.”

Third-year student teachers

Third-year student teachers in the BASS have an intervention mandate at the remedial guidance clinic for adults. In this context, many competencies are called on, but three are more specifically targeted. These are: competency 3, “To develop teaching/learning situations (TLS) that are appropriate to the students concerned and the subject content with a view to developing the competencies targeted in the programs of study”; competency 4, “To pilot teaching/learning situations that are appropriate to the students concerned and to the subject content with a view to developing the competencies targeted in the programs of study;” and competency 7, “To adapt his or her teaching to the needs and characteristics of students with learning disabilities, social maladjustments or handicaps.”

In regard to the competencies directly related to their mandate, namely competencies 3, 4, and 7, the student teachers of the 2007-2008 and 2008-2009 cohorts stated that this clinic approach did indeed require creativity in terms of designing and adjusting teaching/learning situations involving adults. They nevertheless disapproved of the lack of pedagogical materials for adult learners. In their view, piloting activities at the clinic required them to take into account factors that they did not usually consider in the context of their past interventions, for instance in practica and clinic interventions in a secondary school setting. Student teachers stated that they had to take into account the adult’s age – sometimes very close to their own – as well as shared interests or leisure activities. As for adjusting interventions (competency 7), the student teachers indicated that two approaches are at odds in their interventions, as adults usually work in units and are generally not used to the social constructivist approach favoured in their training.

Third-year student teachers also touched on other competencies. First, they expressed dissatisfaction concerning collaboration with school staff (competency 9) because they struggled to establish contact with the tutor of their adult learner to acquire more specific information on this learner’s difficulties. However, the student teachers did appreciate working with the teaching team (competency 10) including second- and fourth-year student teachers. On this subject, they suggested that each year one member who worked with adults in a clinic setting belong to the new team the following year, as greater knowledge of the context will help to guide interventions.

Fourth-year student teachers

Fourth-year student teachers, who take on a leadership role in evaluation, had the specific mandate of developing competency 5, “To evaluate progress in learning the subject content and mastering the related competencies.” The student teachers agreed that this learner evaluation process should be carried out on an on-going basis, rather than as a test to be passed at the beginning

of the activity and on which to then base the whole intervention plan. This provides us with clues about their understanding of evaluation as a step inherent to the intervention itself. Indeed, evaluation is an information source permitting the adjustment, modification, or adaptation of the intervention over the course of progress (or lack thereof) in learning targeted for the adult in question.

Starting with this competency, the student teachers referred to other competencies such as those related to collaboration with school staff (competency 9), work with the teaching team (competency 10), and professional development (competency 11). Like the second- and third-year student teachers, they expressed dissatisfaction with the absence of communication with the tutors, but appreciated the initial meeting with the assistant director of the Centre. Fourth-year student teachers expressed strong appreciation of teamwork with student teachers who were in their second or third year. Having acquired experience over the first three years of training as observers and intervenors, they now saw themselves as “guides.” One of the student teachers mentioned that her experience with the adult clinic has led her to pursue professional development in this field.

THE REMEDIAL GUIDANCE CLINIC IN THE CONTEXT OF ADULT EDUCATION

The adult clinic was globally evaluated quite positively by second-, third-, and fourth-year BASS student teachers in the first two years of its implementation (2007-2008 and 2008-2009).

The student teachers nevertheless highlighted that adjustments would be required to improve their own training and the instruction of adults involved in clinic activities, namely:

1. A clarification of the roles of BASS student teachers with regard to the adults taking part in the activities of the clinic. Some adults had substantial expectations about solutions to their learning difficulties and/or confused the activities offered by the clinic with homework assistance. The adults should therefore be better informed about the real possibilities offered by the clinic, as well as its educational mandate.
2. The importance of offering evaluation materials (diagnosis of difficulties) as well as learning materials adapted to adults with low schooling and/or exhibiting learning difficulties. The absence of specific material for adults presented an additional obstacle compared to traditional activities offered at the Clinique Pierre-H.-Ruel. Student teachers also felt they had more professional responsibilities because of the need to adapt and even create materials for evaluation and intervention.
3. The usefulness of organizing a tour of the facilities used for clinic activities together with supervisors and the assistant director of the Centre. To foster

the participation of adult learners, the activities of the adult clinic take place at the same location as adult education; however, student teachers are less familiar with these facilities than with those of the Clinique Pierre-H.-Ruel. This need was addressed in the second year of program testing.

Other irritants pointed out include the small size of classrooms at the adult clinic, as well as a lack of access to students' academic files and a lack of meetings with the tutors. The desire of BASS student teachers for closer collaboration with the Centre Saint-Michel team thus had not been satisfied.

A good deal of learning specific to the adult education sector was accomplished by student teachers in the frame of this clinic:

- It was observed that certain adults undergoing training at the Centre Saint-Michel struggle with persistent learning difficulties involving much more than their academic progression as students of basic education. These difficulties severely impact their lives as adults, notably when it comes to employability. Weak social skills among the adults were also observed.
- Student teachers also underscored the importance of taking into account adults' life experiences, their "baggage," age, and personal interests.
- Adults involved in the adult clinic demonstrated much greater motivation than the secondary school youths with which the second-, third-, and fourth-year student teachers had interacted; these adults have a desire to learn and to succeed. They have higher intrinsic motivation, and this in turn motivates the BASS students.
- The relationship between adult learners and BASS student teachers in the context of the adult clinic is also marked by the fact that the learners *are adults*. Interactions are based much more on respect for the adult, for example when communicating the results of diagnostic evaluation. Stress management for adults who understand the stakes involved in their success or failure was underlined as another dimension. Finally, BASS student teachers came to the realization that a professional attitude, appropriate clothing, and maintaining a certain distance with adult students in training were important aspects in their relationships.
- Second-, third-, and fourth-year BASS students established a clear link between the training activities of the adult clinic and the BASS program. This clinic has its place in the training program and opens the way for professional possibilities among students who have obtained their teaching certificates.

Second-, third-, and fourth-year student teachers nonetheless disapproved of the lack of time accorded to remedial guidance interventions with adult learners who have considerable expectations. Is it realistic to think that the clinic's activities have a significant impact on adults' academic success?

DISCUSSION

Our intent was to ascertain whether the BASS training program answered the needs of student teachers called to work with a population of adults returning to school and exhibiting learning difficulties. Hence, three specific objectives guided our approach to evaluating the activity itself. A fourth objective sought to take a closer look at competency building related to intervention with adults experiencing learning difficulties. As a result, our discussion will be elaborated in line with these two aspects, that is, competency building and the clinic activity adapted to the adult dimension.

Professional constructs in progress

It is not surprising to note that the competencies targeted for each year of training (second, third, and fourth years) were often mentioned by student teachers involved in this study. This is the case for competencies 10 and 11 for observers (second year), competencies 3, 4, and 7 for intervenors (third year), and competency 5 for evaluators (fourth year). Nevertheless, it is important to mention the progressive appropriation of these competencies as is the case, for example, for competency 10, which calls for working together with the teaching team. This competency, which is specifically targeted in the second year, is also strongly present in the discourse of members of the third-year team: “They (second-year student teachers) brought a great deal of highly relevant information to our attention, and in a professional way.” Or in the words of members of the fourth-year team: “Our fellow student teachers in their third year were not afraid to approach us with questions, to ask us for information,” and “we answered to the best of our abilities and they took our answers very well. The collaborative work is very valuable since we can benefit from each person’s competencies and strengths” (our translations).

The above statements suggest to us that this activity plays a significant role in enabling student teachers to build professional competencies. As they take on specific responsibilities over the course of three consecutive years, these student teachers are constantly expected to share their professional resources and to apply competencies appropriate to intervention with adults.

The same is true of other competencies, for instance competency 7, which targets the adaptation of interventions to the level of the student, in this case the adult. Because of the absence of materials for intervention and evaluation specifically for adults, the teams had to work to create and adapt material appropriate to interventions with the adults with whom they were called to work. To do this, the teams based themselves on the material used in their courses or in the frame of the clinic activities addressing primary or secondary school students. This is what student teachers clearly brought to the fore when stating that, because of this reality, they had a greater responsibility and had to work harder than if they had been in the regular context with this clinic,

that is, if they had been working with primary or secondary school learners. In this sense, the statements made by the teams relate to those of Turgeon and Wagner (1998), for whom the training of future teachers does not take into account the specificity of adult education, in accordance with the belief that it is enough to adjust regular secondary education.

The clinic in the context of adult education

As for educational and evaluation-related materials for adults with learning difficulties, a review of the literature reveals, first, that adult remedial guidance (or *ortho-andragogie* in French, Solar and Tremblay, 2008) is a little-explored field of research. The few existing instruction and evaluation materials written for adults have been elaborated in particular by community organizations, associations of persons with learning difficulties, and literacy groups. A few documents—notably those produced by the Quebec Ministry of Education—provide more information on learning difficulties among adults than on coping strategies, particularly over the course of schooling.

Closely related to the above observations, members of the student teacher groups working with adults also pointed to aspects showing that the field of adult education remains to be developed. Indeed, while student teachers maintained that the activity is undoubtedly pertinent for the adults with whom they worked, they also questioned aspects such as the absence of materials specifically designed for adults, the time allotted to work with adults each week (55 minutes) that they deemed insufficient, and the break between meetings because of the practicum weeks in November. These observations are consistent with Turgeon and Wagner (1998) as well as Bouchard (2004), who point out that training programs do not take into account the educational specificities of adult education.

CONCLUSION

The research we have conducted in the context of creating a new remedial guidance service for adults with difficulties illustrates the relevance of this service for student teachers involved, but also reveals its limits. The “non-permanence” of the clinic activity brings into question the real impact of the student teachers and research team on adults participating in the clinic’s activities. Moreover, despite the enthusiasm of BASS student teachers, the research team questions the global competency developed in connection with adult education. Despite the proactive and innovative choices made in adult education by the BASS teaching team, training elements remain very limited and hardly compare with those offered to primary and secondary school students. How can this impasse be broken? The BASS teaching team recognizes that training activities in adult education are popular with student teachers and encourage them to pursue careers in this field. It also observes that the

establishment of the adult clinic led to a reflection on the part of the Centre Saint-Michel management team. A pedagogical support service for adult learners was thus established, constituting a more permanent form of direct assistance to promote the academic perseverance and success of adults in basic education. The faculty team at the Université de Sherbrooke Département d'études sur l'adaptation scolaire et sociale (department of studies in special education) also decided to emphasize the development of master's level continuing education programs for teachers in the little-explored field of adult special education (see Solar & Tremblay, 2008).

It should be noted that the results presented in this text are yet to be completed, since only data gathered from BASS student teachers were analysed. These evaluations are drawn from the discourse of student teachers concerning the professional competencies they are developing. Video analysis of evaluation and instruction interventions carried out with adults exhibiting difficulties should enable us, in the future, to compare this discourse with student teachers' actual practices. Finally, we should note that, when it comes to the methodology described, the evaluations of the supervisors, the adult learners, the management of the Centre, and the tutors of the adults in question remain to be analysed. These evaluations should shed a different and complementary light on the learning of BASS student teachers and of adult learners at the Centre Saint-Michel.

We would like to conclude by pointing out that the Quebec Ministry of Education (ministère de l'Éducation du Québec, 2009) recently proposed a frame of reference for developing complementary services in adult education. This new framework integrates remedial guidance and other measures for adults' academic success. It is therefore our belief that this clinic activity, with the changes that must be made, holds a significant place and is highly relevant in the initial teacher training program in special education, specifically as concerns the adult education dimension.

NOTE

1. The Comité d'agrément des programmes de formation à l'enseignement (CAPFE) is an autonomous and independent committee associated with the ministre de l'Éducation, du Loisir et du Sport du Québec (MEQ).

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