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ACCEPTANCE

This dissertation, AFRICAN AMERICAN MOTHERS' AND PROFESSIONALS' PERCEPTIONS ABOUT TRANSITION TO SPECIAL NEEDS PRESCHOOL, by JANA R. LADNER, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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ABSTRACT

AFRICAN AMERICAN MOTHERS' AND PROFESSIONALS' PERCEPTIONS ABOUT TRANSITION TO SPECIAL NEEDS PRESCHOOL
by
Jana R. Ladner

The Individuals with Disabilities Education Improvement Act (IDEIA) mandates services from birth through age 21 for children with disabilities and their families (U.S. Department of Education, 2004). Children experience significant transitions between formal parts of special education, including the transition from birth-to-age-three services, to age-three-to-five services (Fowler, Donegan, Lueke, Hadden, & Phillips, 2000). Barriers, problems, and positive factors in these transitions (Christenson, 2004; Feinberg, Beyer, & Moses, 2002; Mitchell & Sloper, 2002; Valle & Aponte, 2002) include stress, satisfaction/dissatisfaction in professional-parent interactions, resistance of professionals to working with parents, and agreement/disagreement over service provision (Christenson, 2004; Ladwig, 2003; Minke & Scott, 1995; Park, 2003; Valle & Aponte, 2002). The nature of the interactions and the quality of relationships between special education professionals and parents can facilitate or hinder the process and outcomes of special education (Gould, 2002; Hanson et al., 2000; Hoover, 2001). Previous studies have examined the positive and negative experiences of parents. Further inquiry into the relationships and viewpoints of both professionals and parents could assist in enhancing the quality of services, decreasing the need for conflict resolution, reducing stress, and making team interactions more cohesive and productive. However, more information is needed before such goals can be achieved.

This study examined the experiences and perceptions of special education professionals and parents of children with disabilities who are in the process of transitioning from early intervention services (IDEIA, Part C) to special needs preschool services (IDEIA, Part B, Section 619). The perspective of African American parents is lacking in the research literature and was one focus of this study. A phenomenological qualitative investigation was conducted (Creswell, 1998). This research sought to examine: (a) the perceptions and experiences of three African American mothers across the transition process; (b) the perceptions the African American mothers had of the professionals they had contact with throughout the transition process; and (c) the perceptions professionals had of the African American mothers during the transition process.

Results showed that cultural factors including parenting practices and developmental differences were more salient to participants than race. Professionals expected parents to be knowledgeable about their child, but uninformed about the process of transition. The three parents generally met this expectation. Parents and professionals viewed transition as a process about paperwork rather than focused on relationships or interactions, and viewed this process as primarily child-centered. Results also suggested that while all participants accepted that transition requires process, positive interactions and rapport were desired and helped to minimize difficulties throughout the transition.

AFRICAN AMERICAN MOTHERS' AND PROFESSIONALS' PERCEPTIONS ABOUT TRANSITION TO SPECIAL NEEDS PRESCHOOL

by

Jana R. Ladner

A Dissertation

Presented in Partial Fulfillment of Requirements for the
Degree of
Doctor of Philosophy
in
School Psychology
in
the Department of Counseling and Psychological Services
in
the College of Education
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Atlanta, GA
2011

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Jana Ladner
2011

Acknowledgements

I thank all of the people who supported and helped me throughout this dissertation process including:

The three wonderful mothers who let me follow them on part of the journey with their beautiful children.

The very busy principals, teachers, diagnosticians, psychologists, therapists, social workers, administrators and service coordinators who said “Yes” to just one more thing at their busiest time of the year.

My committee: Steve Truscott, Peggy Gallagher, Joel Meyers and Jeff Ashby, who taught, mentored and supported me, were patient with me, and expressed confidence in my abilities throughout my years in this program.

My coding team: Cori Wixson, who brought wonderful insights and gave so much time; and Debra Smith, Ph.D. whose insight, support and friendship made it possible for me to finish.

This dissertation is dedicated to:

My amazing cohort. In memory of Karen Lopp, a true academic and a caring practitioner. To Jasolyn Henderson, Ph.D. who taught me that passion about education and about race and culture do matter. To Michele Brenneman, Ph.D. who supported me in so many ways and was a model for how you just get it done. To Sharon Thompson, Ph.D. my sister in so many things- we did it together, one step at a time.

My parents, James C. and Ruth D. Rowan, who taught me that education is the most important thing- after love and laughter.

My beautiful boys, Ben and Owen. And to my amazing husband, David, who encouraged and supported me from the first day to the last step. I love you three men.

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ABBREVIATIONS

BCW	Babies Can't Wait
DHR	Department of Human Resources
EI	Early Intervention
IDEIA	Individuals with Disabilities Education Improvement Act
IEP	Individual Education Plan
IFSP	Individualized Family Service Plan
NECTAC	National Early Childhood Technical Assistance Center
OSEP	Office of Special Education Programs
SNP	Special Needs Preschool
USDOE	United States Department of Education

CHAPTER 1
STATEMENT OF THE PROBLEM

Introduction

The Individuals with Disabilities Education Improvement Act (IDEIA) mandates practices and procedures for special education for children with disabilities and their families from birth through age 21 (U.S. Department of Education, 2004). Part of the law mandates formal transitions between programs and agencies that serve children at different ages. One such transition is between the programs and agencies that serve children with disabilities (and their families) from birth to age 3, and those that serve children with disabilities ages 3 to 5 (Fowler, Donegan, Lueke, Hadden, & Phillips, 2000). A child's service provision is shifted from one segment of service to the next when they turn 3. A formal transition process is intended to prevent gaps in service for children and families.

The transition from early intervention (IDEIA, Part C) to special needs preschool programs (IDEIA, Part B, Section 619) is intended to be as seamless as possible, avoid duplication of services, and occur with as little stress for the family as possible (Fish, 2006; Gould, 2002; Hanson et al., 2000). However, a myriad of barriers and problems are related to this transition. Research, opinion papers, parent internet blogs, books, and other literature tell us that this transition can be difficult to navigate smoothly. Issues include programmatic, legal, relational, logistical, time, and practical differences between the agencies involved.

The research literature concerning transition mirrors the broader concerns found in special education literature. Families report experiencing stress, being more focused on child outcomes than the transition process itself, and dissatisfaction with the communication and collaborative interactions that occurred with professionals. (Ladwig, 2003; Park, 2003). Little information is available about professionals' perceptions of transition. However, across contexts of special education, teachers and service providers report a variety of stressors and reasons they are resistant to working with parents (Christenson, 2004; Minke & Scott, 1995; Valle & Aponte, 2002).

Across special education services and meetings, and specifically during transitions, assistive factors and barriers noted in the research literature highlight many logistical issues such as time constraints and how meetings are structured (Boyd & Correa, 2005; Christenson, 2004; Feinberg, Beyer, & Moses, 2002; Mitchell & Sloper, 2002; Valle & Aponte, 2002). Conflicts between families and professionals over the specific services offered and how decision-making responsibilities are shared also can be problematic to resolve (Feinberg et al.; Gould, 2002). The quality of the relationships between special education professionals and parents of children with disabilities can facilitate or hinder other aspects of the smooth functioning of special education. For example, culturally diverse families have reported difficulties gaining respect, having a voice in program planning, and being part of the special education team process (Barnwell, 2001; Lo, 2008; Rao, 2000; Salas, 2004; Zionts, Zionts, Harrison, & Bellinger, 2003). Families who reported the most seamless transitions reported effective communication, collaboration, and trust with the professionals (Arndt, 2004).

The body of research on African American parents' involvement and participation in schools is limited. Within special education, and specifically focused on transition, research with this population is extremely limited. The few extant studies have shown that African American families desire to be involved in their child's schooling, but barriers often exist that make it difficult (Smalley & Reyes-Blanes, 2001). These barriers include teachers assuming parents were apathetic, and family factors such as parent education or time to participate (Thompson, 2003). Without more research, it is difficult to draw conclusions or make generalizations.

Overall, it is clear that the relationships between parents of all races and professionals during the transition process are important. (Gould, 2002; Hanson et al., 2000; Hoover, 2001). This observation is reflected in approaches to early childhood education and early intervention particularly. A family-centered model, based in Bronfenbrenner's (1979) Ecological Systems theory, that features the purposeful use of collaborative and empowering behaviors to enhance parents' competent participation in special education has been advocated and is now predominant in the literature (Bailey, Hebbeler, Spiker, Scarborough, Mallik, & Nelson, 2005; Dempsey & Keen, 2008; Dunst, 2002; Morrow & Malin, 2004). Although supported by research, the model is practiced inconsistently within early intervention (Dunst).

Specifically, research regarding parents' and professionals' experiences during the transition process from early intervention to special needs preschool programs is limited. Most studies have focused only on parent experiences through the transition process, primarily using retrospective interviews. Hanson et al. (2000) conducted a qualitative study including parents, early intervention service providers and school

system preschool educators to examine participants' experiences across the transition process. This included observing events and conducting interviews. Their results indicated that all participants viewed transition as an event rather than a process, and that parental choices were limited.

Several qualitative studies have been conducted examining parent and/or family perceptions of the transition process. Hoover (2001) examined mothers' perceptions. Results illuminated factors related to satisfaction, stresses and supports that were perceived by the mothers. The participants had a positive experience with transition, felt involved, and became better advocates. Similarly, Park (2003) conducted a multiple case study of Korean families' experiences with the transition process including perspectives of families. Her analysis described the contexts and nature of the transition process. Results indicated that transition had different meanings for family members within a family and across the families studied. Barnwell (2001) examined Latino families' perceptions of transition focusing on the role that culture plays in how families attach meaning to transition. Results suggested that the model of school-based transition evident in that system was not congruent with the families' cultural values, that collaborative relationships were not established and, therefore, that the families' access to information and resources was minimized. Ladwig (2003) studied parental needs, psychological reactions, and factors related to confidence and anxiety about preschool services before and after transition. Results indicated that while parents viewed early intervention professionals as their primary source of information and support, the information they received was often not helpful. A gap was identified between best practices and mandated

services. Despite the negative views, parents still reported general satisfaction with the transition process.

Overall, these few studies highlight parent experiences: both positive and negative. The results suggest that transition meant different things to different participants. While parents have both satisfactory and unsatisfactory experiences, child outcomes and child-based decisions most strongly influenced parents' reports concerning overall satisfaction. Parents felt that the school system could help their children even when they held negative views of the transition process itself. Missing from the research are studies examining the perspectives of special education professionals and parent and professional interactions during transition events. Additionally, the voice and perspective of African American parents are lacking in the research.

Significance of the Study

In 2005-2006, 19,042 due process hearings were requested within school systems in the United States; 5,385 of those went to full hearings (Mueller, 2009). School systems in the U.S. spend almost $100,000,000.00 per year related to resolving conflicts with parents. In one Georgia school system during the 2007-2008 school year, four of the eight cases that went to due process hearings involved parents of children in the preschool program (T.C. Baird, personal communication, March 20, 2009). While many of these conflicts revolve around programming issues and differing interpretations of IDEIA, the interpersonal factors that may help or agitate these situations remain unclear.

Relationships between professionals and parents can be unique to each situation and difficult to manage and understand. The differing experiences, perspectives, backgrounds, and emotional involvement between parents and professionals, the complex

interplay between professionals within and across schools and agencies, and the continual changing of key people in the process all contribute to the challenge of understanding. Research illuminating these issues could assist professionals working with parents to enhance the quality and nature of service provision. School systems might reduce the occurrence and need for conflict resolution processes by knowing more about relational and systematic elements that potentially contribute to these conflicts. Understanding more about the early stages of relationships between parents and public schools may reduce problems later (Feinberg et al., 2002).

Bronfenbrenner (1979) encouraged researchers to study the complex nature of interactions between parent and child, two parents, teacher and parents, and so forth rather than just examining individuals within a system. Simultaneous interactions assist educators in understanding more about the nature of the relationships and their influence on the developing child (Bronfenbrenner). Additionally, he encouraged examining "ecological transitions" (p. 6) such as when a child enters preschool. These transitions provide an opportunity to examine the change in the role of the developing child as well as the interactions between mesosystems and members within microsystems.

Overall, understanding relationships between parents and professionals in the contexts of special education may help reduce stress and adjudication and make team interactions more productive and cohesive. Problems created by simply following legal mandates and procedures without consideration of the relationships between participants might be avoided by careful attention to relationships and communication with parents. One goal of the transition process could also be to increase satisfaction within the process

for all participants, not just to minimize conflict and the need for legal resolution. However, there is a critical need for information before such goals can be achieved.

Purpose of Study

The purpose of this study was to examine the experiences and perceptions of special education professionals, and African American mothers of children with disabilities who are in the process of transitioning from early intervention (IDEIA, Part C) services to special needs preschool services (IDEIA, Part B). This was a phenomenological qualitative investigation (Creswell, 1998). Because the research literature is limited concerning the perceptions and experiences of African American mothers and of professionals involved in this transition process, a qualitative methodology was applied to allow investigation of this phenomenon in the natural context; and to create an in-depth understanding of a context or process that may inform people who are involved in the same context (Maxwell, 2005).

Research Questions

The experiences and perceptions of African American mothers and professionals across the transition process from early intervention to special needs preschool remain unclear. Developing a better understanding of these experiences and perceptions is an important step in planning for increased success both relationally and procedurally. The following research questions guided this study:

1. What were the perceptions and experiences of the African American mothers across the transition process?

2. What perceptions did the mothers, with children transitioning from early intervention to special needs preschool, have of the professionals they had contact with throughout the transition process?

3. What perceptions did the professionals have of the mothers with children transitioning from early intervention services to special needs preschool?

Theoretical Sensitivities

Hypotheses in qualitative research are different from those in quantitative research. Speculations about what the data show are encouraged as they permit the researcher to make guesses about what will happen while still remaining open about what the data reveal (Merriam, 1998). Specific predictions may be unwanted to avoid bias. However, the primary investigator's theoretical sensitivities, experiences, and speculations inform the research process. This philosophical bias includes the belief that family support and family-centered services are important and must be valued by professionals who work with parents and families. The child is part of a family system and to serve the child well, the family must be understood, helped, and respected. Parents usually do the best that they know how to do, and have an expertise about their child that the professionals cannot have. The degree to which professionals establish positive relationships with parents when their children are very young, establishes the foundation for parents' perceptions across a child's school career. Relationships established between professionals and parents of a preschool child may impact a child's educational experience for 18 years.

While the relationships between parents and professionals are critical, the skills that adults use in these interactions are complex and varied. What constitutes parental

satisfaction within the transition process may be multilayered. Elements include satisfaction with programmatic and logistical aspects of the child's special education services, as well as satisfaction, lack of satisfaction or even irritation with the interpersonal interactions that occurred along the way. The degree to which specific collaborative behaviors and decision-making processes are observed is related to the nature of the relationship between the parent and the professionals. Examining the parents' and professionals' perceptions and experiences can illuminate factors that can be viewed within organizational frameworks that might help professionals better understand and facilitate the processes involved.

Definition of Terms

Numerous terms are used throughout this dissertation related to the law and culture of special education, programs and agencies that deliver special education services to children and families, and other germane topics. The following definitions are provided here to aid the reader in understanding those topics that occur throughout the document.

1. Assessment/Evaluation. These two terms are defined as the process of gathering and discussing information from multiple and varied sources to develop an understanding of what students know, understand, and can do with their knowledge as a result of their educational experiences. The process culminates when assessment results are used to improve subsequent learning (Cooper, 2006). Therefore, assessment and evaluation are often used synonymously as nouns. The term 'evaluation' will be used throughout this dissertation to identify the second of the three events being studied. The term

‘assessment’ may be used to denote the process of gathering detailed information to inform decision making (Sattler, 2008).

2. Parent. A parent means a birth, adoptive, foster parent, guardian or the individual who is legally responsible for the child. This study involved parents of children with disabilities who were in the process of transitioning from early intervention to special needs preschool. In all chapters, the term ‘parent’ refers to parents of children with disabilities in the context of special education. For clarity, throughout this dissertation the simpler term ‘parent’ will be used to denote the longer description, ‘parents of children with disabilities who are in the process of transitioning from early intervention to special needs preschool’, or otherwise involved in special education.

3. Early Intervention. The term ‘early intervention’ will be used to indicate Part C services provided to children birth to 3 and their families, as mandated by IDEIA. This term will be used when referring to the law, the research literature and the local agency participating in this study. A detailed description of early intervention is provided across Chapters Two and Three of this dissertation.

4. *Special Needs Preschool*: This term will be used to describe the public school agency that provides services to children aged 3 to 5 under Part B, Section 619 of IDEIA. A detailed description of special needs preschool is provided in Chapters Two and Three.

5. Transition: A change from one part of IDEIA service to another is transition. Although several transitions exist within IDEIA, this dissertation addressed the transition that occurs from early intervention services to special needs preschool services when a child turns 3 years old.

Summary

Relationships are important to our experiences and perceptions in a myriad of ways. The ways that parents and professionals relate can assist or hinder how other aspects of special education operate, particularly the transition between early intervention and special needs preschool. The ways that parents and professionals relate can also affect the trust, degree of collaboration, level of stress experienced, and the participants' satisfaction with the process.

This examination of the transition process from early intervention to special needs preschool sought to provide perspectives that were missing in the research literature. Issues of relationship may be key factors in how parents and professionals navigate this process that can also include difficulties in how special education services are designed and implemented. This qualitative examination sought to aid the understanding of what works and what doesn't.

In the chapters that follow the relevant research literature is reviewed, the methodology for the study is provided, the results of the study are presented, and the interpretation and analysis of those results is presented and discussed. Chapter Two provides a review of both conceptual and research literature related to special education and specifically the transition from early intervention to special needs preschool. Chapter Three provides a description of the methodology for the study including descriptions of key agencies, events and personnel who were involved in the study. Chapter Four provides the results of the study based on the research questions and related foundations and themes, and Chapter Five provides a discussion of those results, limitations of the study and implications for future research.

CHAPTER TWO

A REVIEW OF THE LITERATURE

There is a great deal of research surrounding the identification, services, and outcomes related to children with disabilities, their families, and the professionals who work with them. This chapter reviews the legal and professional frameworks of special education focusing on two key segments of early childhood special education; early intervention and special needs preschool. The law governing special education is discussed, including the primary sections, documents, services and participants related to the law. The importance of parental involvement, parent-professional relationships, and prevalent issues often related to conflicts in special education are also reviewed. Family-centered practices will be defined and discussed as one model that has been implemented within special education. This set of practices is intended to aid in the establishment of positive relationships between parents and professionals, which in part contribute to parental satisfaction with special education meetings and processes. Finally, the process of transition between early intervention and special needs preschool, and the barriers that can exist within that process are examined. This review will serve as the foundation for the study described in Chapter Three.

Key Elements of the Individuals with Disabilities Education Improvement Act

The Individuals with Disabilities Education Improvement Act (IDEIA) is the federal law that governs special education. IDEIA mandates that children and youth with disabilities get a free and appropriate public education (U.S. Department of Education,

2009). Services and supports for children with disabilities birth through 21[1] and their families are mandated and implemented in all 50 states (Federal Resource Center for Special Education, n.d.). Nationwide, few children with disabilities received special education services prior to the 1974 enactment of the Education for All Handicapped Children Act. Currently, after periodic revision and renewal of IDEIA, more than six million children in the United States receive services (U.S. Department of Education, National Center for Education Statistics, 2008b). The law now mandates that a child must be served if their disability causes an educational impact, without restrictions on the types of disabilities recognized.

IDEIA has four main parts focused on provisions for special education. Parts A and D will be briefly defined here with lengthier descriptions of Parts B and C, as they are the focus of this study.

Part A. IDEIA Part A contains general provisions, or the administrative aspects of the law, including operational definitions, language, Office of Special Education Programs (OSEP) regulations, and state compliance mandates. The provisions of Part A are interconnected with the practices of Parts B and C.

Part B. Part B addresses the education of children with disabilities ages 3 to 21. It includes procedural safeguards to protect children and families, regulations for monitoring and enforcing the law, and technical assistance in implementing the law. It also directs states to set targets for children served, and to provide data to document services and compliance (National Early Childhood Technical Assistance Center; NECTAC, 2008). Specifically, section 619 of Part B addresses the education of children

[1] From this point forward the term "children" will be used to denote children with disabilities. This shortened term will be used for clarity, as special education is the focus of this paper, and all children noted in this chapter are children with disabilities receiving special education services.

aged 3 to 5. Part B services are predominantly provided through public school agencies with most students receiving special education within their school day. A smaller number of students receive services at community settings, private schools, or in the home.

Two documents guide the implementation of IDEIA Parts B and C, and are essential to special education processes and the participants' roles and contributions: The Individualized Family Service Plan (IFSP) and the Individual Education Plan (IEP). These documents enable family members, service providers, and other educational professionals to plan, implement, and evaluate services tailored to the family's and/or the child's unique disabilities, concerns, priorities, and resources. Both the IEP and the IFSP are developed by teams that include parents, professionals, and any other relevant or necessary participants (Zhang & Bennett, 2003). The IEP will be discussed further here related to Part B of IDEIA, while the IFSP will be discussed further as part of the review of Part C of IDEIA.

In Part B, the IEP is the plan and process for children ages 3 to 21 served under Part B. It has standard components including the child's educational needs and current functioning, goals and objectives, services provided, the child's placement, how goals will be evaluated, parental concerns and the duration of the IEP (Fish, 2006). IDEIA states that the following people should be participants at the IEP meeting and have input in its development: parents, at least one general education teacher, a special education teacher, a school system representative, a person who can address the educational implications of evaluation results, any other individuals who have essential or relevant information concerning the child (e.g., therapists), and when appropriate the child with a disability (U.S. Department of Education, 2004). IDEIA also stipulates that parents can

request the attendance of other people they deem relevant. For example, the service coordinator from Part C, early intervention, may be invited to the initial IEP meeting to assist in a smooth transition.

Part C. Part C of IDEIA, or early intervention, pertains to infants and toddlers, ages zero to 3, with developmental disabilities or those who are at risk for developmental delays, and their families. IDEIA permits each state to define "developmental disability". In Georgia, disabilities are defined as "significant developmental delay" if a delay exists in one of the five areas of development (motor, cognition, communication, socialization, adaptive skills) and can adversely affect the child's educational performance if not treated (Georgia Department of Education, n.d.). To be eligible for services, the delay cannot be considered temporary or mild, or caused by environmental, cultural or economic factors, or a lack of experience in developmentally appropriate activities (Georgia Department of Education). The governor of each state designates a lead agency for early intervention services (NECTAC, 2008). The statewide program providing Part C services in Georgia is called Babies Can't Wait (BCW). BCW is administered through the Georgia Department of Community Health, Division of Public Health (Babies Can't Wait, 2009).

Early intervention professionals provide services not only to the child, but also to the family, helping them access resources, gain knowledge and become a primary therapist for their child. Since parents live with their children and have primary care for them, they are in a better position to provide the variety of interventions needed. This perspective is an emphasis of early intervention. It is not what the service provider does, but what the parent learns that can have a lifelong impact on the child (Childress, 2004). Ideally, services are provided in the child's or family's natural environment with the

parent present. Natural environments are settings that are natural or normal for typically developing children including the home, childcare settings, and any community settings that include children without disabilities (Childress, 2004; Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001; U.S. Department of Education, 2008a).

The IFSP is the document that guides services for children ages birth to 3 served under Part C. Similar to the IEP, the IFSP is both a plan and guide for implementation of early intervention services and a model of service (ERIC Clearinghouse on Disabilities and Gifted Education Council for Exceptional Children, n.d.). It includes a multidisciplinary evaluation of the child, an assessment of the family's resources, concerns, supports and priorities, written statements about developmental functioning, goals for child progress, expected outcomes and timelines, criteria to evaluate progress toward these outcomes, a plan for transition to other services when appropriate at age 3, and parental consent (U.S. Department of Education, 2009). Goals in the IFSP should be functional, generalizable, natural, measurable and sequential (Hammitte & Nelson, 2000).

Part C includes directives for inclusion of the child's parent or primary caregiver as part of a collaborative team that plans and implements the individually directed services of the IFSP. An important focus of the IFSP is to help the family care for their child by identifying and family addressing needs, and by utilizing existing strengths and supports within the family to address those needs. Best practice models to accomplish this goal include family-centered strategies that involve parent-staff collaboration, that enable and empower parents, and that encourage parental decision-making (Dinnebeil & Hale, 1996; Dinnebeil & Hale, 1999; Dunst, 2000; Dunst, 2002; Minke & Scott, 1993).

Part D. IDEIA Part D focuses on professionals and national activities to improve the education of children with disabilities through personnel preparation and staff development (U.S. Department of Education, 2009). Part D identifies mandates for technology, personnel preparation, and parent training intended to support the regulations of Parts B and C.

Transition services. Another component of IDEIA is a mandated process of moving from one system of services to the next at various points within special education. This process is known as "transition" (Fowler et al., 2000) and is the focus of the study presented in Chapter Three. What follows are an historical review and the legal and practical frameworks for transition as defined by IDEIA.

IDEIA mandates that transitions between various parts and systems of special education be as seamless as possible (Arndt, 2003; Hanson et al., 2000). The transition most salient to this research occurs when a child must move from early intervention (Part C) to special needs preschool (Part B) services when they turn 3 years old. This is a particularly important transition[2] because intervention services for young children can enhance development and remediate delays. Services should be provided without delays or gaps in service provision.

Transition services can be provided in a variety of ways. Across models there is a consistent focus on both systems and individual considerations of transition. Most include family participation, interagency collaboration including written agreements, preparation of the child and family for transition, and preparation of the receiving program that will serve the child and family (Rosenkoetter, Whaley, Hains, & Pierce, 2001).

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[2] For the remainder of this discussion the term "transition" will denote the transition for families and children between early intervention (Part C) and special needs preschool (Part B, Section 619) services as this transition is the focus of the current study.

The plan for transition between early intervention and preschool is embedded in the IFSP. It must include a description of appropriate transition services the family should receive, priorities for the child and family, who is responsible for implementing the components of the plan, and other considerations of transition that are unique or relevant to a particular family (Goode, Lazara, & Danaher, 2008). IFSPs are reviewed at least every six months at a team meeting that includes the parent and the child's service providers. The IFSP meeting that addresses transition must occur between nine months and 90 days before the child's third birthday (BCW, April, 2008). The shift from early intervention services to preschool services is generally characterized as a change from more home and family focused services to services that are more child-focused and provided outside of the home. The transition process is intended to reduce stress for the family, avoid duplication or interruption of services, allow placement decisions that meet the individual child's needs, and provide effective models of advocacy (Fish, 2006; Gould, 2002; Hanson et al., 2000).

A brief history of transition planning. Head Start was the first organization to promote collaboration and guidelines about transitions given that 10 percent of their participating children had special needs. In the mid 1980's the Office of Special Education Programs (OSEP) funded projects to develop a model of transition to kindergarten for children with disabilities and their families. Part C of IDEIA (originally called Part H) was created at this time, presenting an additional transition for children and families when they were old enough to receive preschool services (Rosenkoetter et al., 2001). The 1991 reauthorization of IDEIA mandated a transition meeting with formal timelines. Also mandated were a transition plan including strategies to prepare the child

for transition, program options for transition, and directives for how records, therapeutic evaluations and progress, and other relevant information about the family and child are transmitted to the school system. Parental consent was required for these steps.

Common practice during this time was to transition a child to a school system on the first day of the school year following the third birthday. Subsequently OSEP required that transition occur by the child's third birthday rather than on the first day of the next school year (Rosenkoetter et al., 2001), thus eliminating potentially large gaps of time in service delivery between early intervention and special needs preschool. The 1997 reauthorization of IDEIA mandated that the receiving school system must send a representative to the transition meeting, and transition planning must be provided even for children who are not eligible for preschool special education (Rosenkoetter et al.). These additional changes, intended to make the transition smoother for families and children, are monitored by OSEP as part of its state monitoring of special education to assess for compliance.

The Importance of Parent Involvement

Parental role. First a clarification of the term 'parent' will be helpful in the discussion. A parent can be a biological, adoptive or foster parent, or an appointed guardian acting in a parental role who has the legal right to act on the child's behalf, and to make legal and educational decisions (U.S. Department of Education, 2004). In early childhood education, 'parent' typically means mothers, since mothers most often participate in educational planning. The research literature predominantly examines mothers as participants.

There has been little research that includes the role of fathers in early childhood special education. Garriott, Wandry, and Snyder (2000) noted three prominent themes that may prevent fathers from participating more fully: (a) scheduling conflicts for fathers between work and IEP meetings, (b) marital status resulting in single mothers making decisions, and (c) an agreed upon assumption of responsibility by mothers for educational decision-making in the family. Gender roles, the logical or pragmatic stance that fathers often take, and communication difficulties between fathers and early intervention personnel are additional barriers that may keep fathers in a peripheral role in special education (Melton, 2005).

IDEIA emphasizes the importance of parental involvement in Special Education, although key definitions have remained both too broad, and too narrowly interpreted to be of universal use and understanding. However, an overview of what we do know about parental involvement is essential to this discussion. This includes theoretical support, IDEIA mandates, and research findings.

Theoretical support for parent involvement. Ecological Systems Theory (EST) is an important theoretical foundation for parental involvement and for current practice in early childhood education (Bronfenbrenner, 1979). This theory highlights the importance of the parental role in child development, the role of other social, political, and personal influences on the child, and the interactions between all of these factors. The structures that most directly impact the child typically include the immediate family, school, neighborhood or child care (Berk, 2000). Relationships are bi-directional in that the child influences relationships, and the people in these close environments affect the child. Child development takes place as the child interacts with the people and activities in their

environment. The people and environments interact with each other as well and these connections have implications for the child's development.

Cultural values, customs, and laws also can have strong, indirect influences on a child. For example, IDEIA, cultural values about parent involvement in a child's education, and the degree to which a teacher holds authority, are also structures that might influence a child's development. According to Bronfenbrenner (1979) the most influential setting for a child is the family or home because of the amount of time spent in this environment and the emotional influences. Teachers provide a vital secondary role to a child but can never replace the complex and influential interactions of the primary caregiver. Bronfenbrenner encourages educators to find ways to support the family and to create a school environment that is nurturing and welcoming to families.

Legal support for parent involvement. Congress also has affirmed the importance of parents having meaningful opportunities to be a part of their child's education under IDEIA (IDEA Partnership, 2008). IDEIA specifically mandates the participation of the parent as part of the IFSP or IEP team including shared decision-making and the exchange of information between parents and professionals (Leiter & Krauss, 2004; Lo, 2008). This must occur consistently throughout a child's involvement with special education. According to IDEIA, a parent has the right to give or withhold consent at crucial times such as at evaluation, in developing the IEP and the IFSP, and for placement decisions (Federation for Children with Special Needs, 2009). IDEIA also assigns responsibility to the parent to respond to notices from the school, to make their child available for evaluations, and to participate in IEP meetings (Vitello, 2007).

General research findings concerning parental involvement. Research reveals several factors and trends about parent involvement in schools. U.S. DOE statistics from 2007 indicate that 89% of students across grades had parents who attended a school activity or meeting (U.S. DOE, National Center for Educational Statistics, 2009). Comparison of data across years indicates that the number of parents who reported some involvement in their local school rose in the years between 1999 and 2003 (Child Trends, 2003). Students whose parents are involved in their schools have fewer behavioral problems, better academic performance and are more likely to complete secondary school than students whose parents are not involved (Arnold, Zeljo, Doctoroff, & Ortiz, 2008). Research results indicate that parent involvement can be affected by the socioeconomic level of the parent, whether the parent is single or married, and whether there are younger siblings who require care at home (Arnold et al.). Parent literacy has also been linked to parent involvement: the bottom one fourth of parents as defined by the parents' literacy was the least involved in their children's schools (U.S. DOE, National Center for Educational Statistics).

In his 10 year study of 20,000 high school students, Steinberg (1997) concluded that parent attendance at and involvement in activities such as parent conferences and school programs matter more than home-based support such as monitoring homework. He posited that parental presence at school sends a strong message to students about the importance of education. School personnel notice this parent participation and are inclined to listen to these parents' concerns (Steinberg). Parent involvement is often narrowly defined by school-based terms such as attending events and volunteering in the

school (Waanders, Mendez, & Down, 2007), therefore minimizing or ignoring home factors that may be unknown to school professionals.

Many parents want to be more involved but find the multiple barriers forbidding, such as lack of knowledge or skills needed to participate (Smalley & Reye-Blanes, 2001). Kolobe (2004) noted that "the impact of parent education on child outcome has not been consistent across socioeconomic and ethnic groups," (p.440). U.S. DOE statistics indicated that across education generally, parents of White students participate in school-related activities more than parents of Black, Hispanic, or Asian students, or non-English speaking parents (U.S. DOE, 2009). Waanders et al. (2007) found that parent involvement is multidimensional and not easily defined. For example, the size of the school, neighborhood stability versus unrest, parent interest in involvement, and time barriers were all highly variable factors that impacted parent involvement. These could essentially be defined as ecological factors. As noted, these are the factors attributed to limited parent involvement across cultural groups. African American parent involvement typically means mothers (Cai, Kaiser, & Hancock, 2004; Smalley & Reyes-Blanes, 2001). Cai et al. conducted a study of "African American families," (p. 303); however demographic information for their study indicated that all participants were female, with 88% being mothers and the remaining being grandmothers or female guardians.

The body of research focusing specifically on African American families and education is relatively small, and inconclusive. African American parents' involvement in schools may be influenced by a number of factors related to variables cited as common within the African American community. These include low socioeconomic status, the larger number of single parent families, lower educational level and negative teacher

attitudes toward African American students and families (Trotman, 2001). For example, Brandon, Higgins, Pierce, Tandy, and Sileo (2010) found that African Americans parents' reported level of alienation from their child's school was not correlated to single or two parent status, income level, parental education level or whether their child was in special education or general education. Thompson (2003) found that African American parents generally rated their satisfaction with schools high, with parental satisfaction with elementary schools consistently rated higher than with secondary schools. Additionally, Thompson's results indicated a correlation between ratings of an individual school and ratings with the school system overall. Much is still to be discovered about African American parental involvement in schools, variables that limit involvement and the best ways to assess parent involvement in cultural groups.

Parental involvement in early childhood special education. Historically parent involvement in special education was viewed as parents participating in ways that child professionals determined important (McWilliam, Tocci & Harbin, 1998). In the 1980's when IDEIA mandated services to infants and toddlers, a new view emerged, largely based on Ecological Systems Theory. This perspective encouraged early intervention professionals to build relationships with parents and families in ways that empowered families, and enabled professionals to work more collaboratively with parents (McWilliam, Tocci, et al.). Proponents stressed that this view was the appropriate way to interpret IDEIA in terms of parent involvement and decision-making power.

Following two decades of research and advocacy for parent-professional collaboration, most early intervention programs currently implement strategies to some degree that involve parents more fully as partners with professionals (Gallagher, Rhodes,

& Darling, 2004; Melton, 2005). Most parents and caregivers are fairly uneducated about early intervention at the beginning of the IFSP process but they have much to contribute such as vital information about family routines, strengths, needs, and their child's abilities and temperament. Parents have to learn to navigate a system with which they were typically unfamiliar prior to their child's initial eligibility for services.

Parent involvement for parents of children in special education can mean many different things and their definitions of involvement can differ from the legal definitions (Hughes, Valle-Riestra, & Arguelles, 2002; Sheehey, 2006). For example parents may include class volunteer time, home support, and providing enriching activities to their children as involvement whereas professionals and legal definitions refer primarily to IEP meeting involvement and decision-making (Harry, Allen, & McLaughlin, 1995). In one study 89% of the participants reported attending all of their child's IEP meetings; however half of those respondents reported taking a passive role during the meetings (Garriott et al., 2000). This would fit the legal definition of participation but suggests limitations. Parent participation in their child's education may be influenced by beliefs held by the school, receptivity of the school to parents, and the school's willingness to change if a need was indicated (Soodak & Erwin, 2000).

Special Education Practices with Parents

Home and school are both important microsystems for a child. The intention of IDEIA is for these systems to work together. From initial contact, opportunities for interactions and relationships occur between special education professionals and parents. What involvement occurs and the myriad of variables that influence parent participation is complex.

Models for parent-professional interactions. Several models of practice exist to guide how professionals interact with parents in early childhood education; most prevalent are professionally-centered, family-allied, family-focused, and family-centered (Dunst, Boyd, Trivette, & Hamby, 2002). Within the professionally-centered model, the professional is viewed as the expert about the child and family, and little consideration is given to the views and opinions of the family. Families are seen as less competent than professionals to understand choices for the family and child, and decision making is left to the professional. In this paternalistic and expert-based model (Dunst et al.) the professional may give diagnoses and prescribe treatment and interventions without first determining the needs or opinions of the family. Comments or suggestions from parents may be viewed as dissent or disrespect.

In the family-allied model the professional is also viewed as the expert. Professional roles are similar to those in the professional model; however families are felt to have capabilities as long as they are exerted to accomplish the professional's recommendations. The professionals identify a family's or child's needs based on their own tools or criteria and then give instructions to parents to carry out at home.

In the family-focused model, families are seen as capable of making choices and decisions limited to those posited and approved by the professional. Once choices are made, control reverts to the professional to implement the intervention and services. For example, the professional might allow the parents to choose from several options of service or intervention. The professional would not suggest or encourage interventions they are not comfortable implementing. The professionally-centered, family-allied, and family-focused models are also more child-centered than family-centered, in that the

child is the focus of intervention and therapy, rather than including consideration of the family's needs and supports.

Within the family-centered model, professionals are "partners with and agents of families," (Dunst et al., 2002, p. 223). The family-centered model of service delivery is advocated within a variety of professions including health care, therapeutic services, and educational settings, and can have a number of benefits when properly implemented (Dempsey & Keen, 2008). Dunst (2002) defined family-centered services as a set of beliefs, values, principles and practices that support and strengthen a family's ability to nurture and contribute to their child's development. This model will be described in detail later in this chapter as one model of service delivery that has been shown to be effective in working with families.

The Cultural Component in Parent-Professional Relationships. Successful inclusion of parents in special education requires that professionals understand the cultural diversity of families served (Darling & Gallagher, 2004; Haring & Lovett, 2001; Lo, 2008; Salas, 2004; Vacca & Feinberg, 2000). Parents are not homogeneous in their needs, strengths, or ways of advocating for their children. Professionals should respect the family's cultural paradigm rather than assuming a family's cultural values, traditions, or norms (Hammitte & Nelson, 2000). In addition to ethnic and racial diversity, the cultural component also includes an understanding of differences in parenting practices, of poverty and of rural viewpoints. Butera and Maughan (2001) remind us that, "families are embedded in communities," (p.15).

The importance of understanding children and families from culturally and linguistically diverse (CLD) groups is supported by recent figures from the U.S. Census

Bureau. Overall, 34% of the U.S. population are minorities, with Hispanics comprising the largest and fastest growing minority group. Nearly half of U.S. children under the age of five are members of a racial and/or ethnic minority (U.S. Census Bureau, 2009).

As with all parents, it is important for culturally diverse parents to feel supported. They should also have printed materials that are comprehensible to them. Interventions should be built using the supports that already exist for the family or child (Cho, Singer, & Brenner, 2000; Talay-Ongan, 2001; Zhang & Bennett, 2003). Several studies remind us that there are differences between caregivers with different ethnic and/or cultural backgrounds. For example, Darling and Gallagher (2004) identified differences between African American and European American caregivers in reporting their overall needs. While differences were not found in the quality or sources of support reported for the two groups, the urban African American caregivers reported the highest levels of need in terms of personal and/or family growth when compared to the rural African American or all European-American caregivers. The researchers did find differences between urban and rural participants concerning their reported sources of support. In another study, rural mothers with young children with disabilities were more likely than urban mothers to report that their service providers and God were sources of resiliency, but both groups used similar strategies to cope with the stressors they experienced (Brasfield, 2007). The culture of poverty also impacts family and school relationships. Overall, parents of students from poor families have been found to be less involved in schools than parents of students from nonpoor families (U.S. DOE, 2009).

Early Childhood Special Education: Practices That Work, and Barriers

The early childhood special education research literature highlights successful practices and potential conflicts that occur. Much of this literature elucidates parental experiences and their satisfaction or dissatisfaction with the processes within IDEIA, and with the professionals they meet.

Practices that work. A collaborative model, which includes the parent as an equal participant, allows sharing of information, planning of educational and developmental goals, monitoring of progress, and greater parent participation in child care and therapy. The family-centered model, one of the four models noted to be implemented in parent-professional interactions, is an important foundation in the study of early childhood education (King, Kertoy, King, Law, Rosenbaum, & Hurley, 2003). The family-centered model has four primary tenets in relation to families: (a) the family is a constant in the child's life (while professionals are not); (b) the family is best positioned to determine the child's needs; (c) when the family is helped, the child is also helped; (d) the family holds decision-making power, deserves respect, and should be sought for collaboration and partnership (Dempsey & Keen, 2008). Examples of family-centered practices or behaviors are scheduling meetings when they are most convenient to the family, offering to meet in the home, not asking personal questions unless they are relevant, asking and offering resources instead of telling a family what they need or don't need, and treating parents as experts on their child.

Two Essential Elements of the Family-Centered Model. Collaboration and empowerment are elements considered essential to a child's and a family's success within

the scope of early childhood special education, and are anchors of the family-centered model.

Collaboration. Collaboration exists when parents and professionals work as equal partners (Dunst, 2002). These individuals have complementary skills and more effective solutions are created when the goals, plans and activities created are shared across their expertise. Responsibility and power are also shared, as individuals develop trust with each other. Collaboration includes: (a) a commitment to having a common goal to guide and direct the team activities; (b) a process that is respectful of the contribution of each member; and (c) a coordinated and integrated outcome such that the outcome is more effective and satisfactory to participants. Communication, commitment, equality, skills, trust and respect have been identified across research studies as key categories that facilitate collaborative partnerships (Blue-Banning, Summers, Frankland, Nelson & Beegle, 2004; Dinnebiel & Hale, 1999; Minke & Scott, 1995; Soodak & Erwin, 2000).

Research on interpersonal relationships in special education suggests that showing openness and empathy, keeping others informed, using good listening skills, and adhering to common courtesies such as punctuality and adequate preparation for the meeting are essential skills utilized in successful collaborative relationships (Dinnebeil & Hale, 1996; Soodak & Erwin, 2000). For example, within an early childhood setting (children aged four to eight years old) Soodak and Erwin (2000) found that partnerships between parents and professionals were influenced by trust, open communication, and common philosophies about education and about children.

Empowerment. It is difficult to define empowerment because it is conceptualized as both a state of being and as a process. However, in family-centered practice,

empowerment is described as a process through which a family gains knowledge, skills, resources, and experiences that enable them to gain increased control over their lives (Dempsey & Dunst, 2004). Empowerment involves components of self-efficacy, collaboration and participation, a sense of control, getting personal needs met, and understanding the environment in which you are functioning (Dempsey & Dunst). Within the scope of family-centered practice, empowerment might be thought of as what the parent "does" or demonstrates. It is expressed through attitudes, knowledge and behaviors (Singh & Curtis, 1995).

The idea that an individual's experiences either facilitate or undermine their sense of control is a prevalent theme across analyses of the construct of empowerment. An important concept of the process of empowerment is that focusing on the strengths a person already possesses and on the resources that are already available to them is vital to the development of empowerment (Dempsey & Dunst, 2004). Characteristics of an empowered parent include positive self-efficacy and self-judgments, a willingness to learn new skills, successfully managing routines of their day, and working to obtain needed services for their child. Research on parent empowerment shows that parents may speak about characteristics and behaviors associated with empowerment in terms of learning new skills, asserting themselves, gaining confidence, and assuming the leadership role (Morrow & Malin, 2004; Nelson & Hammitte, 2001). Characteristics of an unempowered parent can include frustration, stress, depression, feelings of helplessness, and being overly dependent on the service providers (Brookman-Frazee, 2004).

Research on empowerment in early childhood settings is limited; however studies have been conducted that illuminate this process. Parent empowerment has been found to be positively related to satisfaction, child functioning, and changes in caregiver functioning (Cunningham, Henggeler, Brondino, & Pickrel, 1999; Resendez, Quist, & Matshazi, 2000). A model that aims to empower caregivers can do so, and positive changes can occur within the family when empowerment is increased (Cunningham et al.). Much remains unclear. For example, in one study families described empowerment as self motivated rather than the result of interaction with professionals (Edwards, Millard, Praskac, & Wisniewski, 2003). In another study mothers reported feeling more empowered when fathers attended meetings with them, even if the father did not speak during the meeting (Sheehey, 2006). Other research suggests that parent involvement in their child's education, making decisions, positive experiences in mediation, agreements being enacted as expected, and parents having some degree of influence within the school may all be empowering experiences to parents (Harris, 2002; Nowell & Salem, 2007).

Professional role has also been shown to have an affect on parental reports of increased control. For example, parents who worked with social workers and nurses were more likely to report increases in control over their situation than parents who interacted with workers in other professional roles (Dempsey & Dunst, 2004). Examining empowerment from multiple perspectives is important to better understand it, given that it may be difficult to identify the source of empowerment. Research suggests, though, that it may be an important component in parent-professional collaboration.

The Influence of Helping Behaviors. The degree to which collaboration occurs and parents become empowered can be affected by the way help is offered and the skills

professionals use to interact and work with parents (Dempsey & Dunst, 2004; Trivette, Dunst, Boyd, and Hamby, 1995). Within the scope of family-centered practice, helpgiving behaviors are what the professional "does" or demonstrates. Based on their research McWilliam, Tocci, et al. (1998) concluded that a family-orientation, a positive regard toward parents/families, sensitivity concerning the family, responsiveness (i.e., taking action based on parental concerns), friendliness, competencies, and the professionals' child-oriented skills are crucial to successful family-centered services. According to Trivette et al. professional helpgiving practices can affect a parent's assessment of control over obtaining needed services, resources, and supports; although according to Harris (2002) professional behavior may not impact feelings of empowerment.

Dunst (2002) describes two types of helpgiving behaviors often used in parent-professional interactions: relational and participatory. Relational behaviors include showing empathy, warmth, authenticity, trustworthiness, and genuineness. Relational skills can be used to acknowledge someone's strengths. Listening, expressing an understanding of the parents' feelings, expressing concern for their child and their concerns, greeting the parent, engaging in conversation, gauging how comfortable a parent is, and trying to increase their comfort are other examples of relational skills.

Participatory behaviors are those that actively involve parents in setting goals and a course of action. Participatory helpgiving behaviors deliberately strengthen a parent's skills, enable parents to become more involved in the educational process, and emphasize the parent's responsibility for finding solutions (Dunst, 2002; Gutierrez, 1995). Providing contact information for possible resources, but not making arrangements for the family is

an example of a participatory behavior. Providing more assistance initially and gradually reducing it in favor of the parent bearing increasing responsibility is another. Responsibility for problem solving is attributed to the helpseeker (e.g., the parent) for finding solutions and initiating and maintaining needed services. Thus experts posit that the professional should be seen as an assistant to the parent, forming a supportive relationship, and assisting in accessing services (Dempsey & Dunst, 2004; Hammitte & Nelson, 2000). Bruder and Dunst (2008) found that within early intervention, variables of the service coordinator's practice, such as frequency of contact with the family, and the service coordinator's use of family-centered practices including relational and participatory skills had an effect on outcomes for the family.

Using both relational and participatory skills may have the greater positive affect on a family or parent although the ineffective use of relational and participatory skills is the most common error in implementation of the family-centered model (Dunst, 2002; McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993). A summary of research on family-centered services concluded that family-centered helpgiving is related directly to parental locus of control, self-efficacy, empowerment, professional support received, and satisfaction with the services provided (Dempsey & Dunst, 2004; Dempsey & Keen, 2008; Dunst, 2002; Trivette et al., 1995).

There are many scales that assess the level of family-centeredness in preschool programs including factors of empowerment, satisfaction, and needs and concerns from the family perspective. This focus on measuring family-centeredness illustrates that understanding family-centeredness is important to early childhood special education service provision (Dempsey & Keen, 2007). However, over the last decade or so early

intervention programs have shifted toward more child-centered practices despite a purposeful model of family-centered services (Bailey, Bruder, Hebbeler, Carta, Defosset, Greenwood et al., 2007; Peterson, Luze, Eshbaugh, Jeon, & Ross Krantz, 2007; Turnbull et al., 2007). For example, in one study of family-centered early intervention programs, the researchers anticipated that most of the parent-professional-child intervention session would be spent in triadic interactions intended to enhance the parents' behaviors and ability to interact and intervene with their child. However, results showed that the special education professionals spent most of their time directly teaching the child, and very little time interacting with parents (Peterson et al). Therefore the family-centered model remains an ascribed model of early childhood special education but may not be implemented in actual practice.

Although the model may not be implemented consistently many practices have been shown to be effective within the Family-centered framework, parent-professional interactions, and generally across professional team activities. For example, some of the benefits of team processes identified in the research literature include multidisciplinary input to a team pre-referral process, collaboration across disciplines, sharing information, and having a variety of perspectives (Gallagher, Malone, & Ladner, 2009; Meyers, Valentino, Meyers, Boretti, & Brent, 1996). Fish's (2006) study of parent perceptions in special education suggested that a democratic team process with balanced parent-professional involvement helps the IEP process work better for parents.

Interventions developed in collaboration with families also are more likely to address identified needs of the family (Baldwin, Rawlings, Marshall, Conger, & Abbott, 1999; Pelchat, Lefebvre, Proulx, & Reidy, 2004). Positive outcomes of the collaborative

process identified in one study included parents feeling optimistic about the future, feeling more competent to access resources, advocate, and care for their child, and feeling better able to work more proficiently with professionals (Bailey et al., 2005). In support of collaborative practices with parents, research results also highlight that parents want to receive information about their child's education and the educational process, to participate, and to have a voice in the process (Hanson et al., 2000).

Research also shows that when professionals and parents of infants and toddlers work within a collaborative framework, better outcomes are achieved for the child (Dinnebeil & Hale, 1996; Dinnebeil & Hale, 1999; Dunst, 2002; IDEA Partnership, 2008; Minke & Scott, 1993; Zhang & Bennett, 2003) including improved language development and behavioral skills (Chao, Bryan, Burstein, & Ergul, 2006; Dempsey & Keen, 2008), preliteracy skills in preschool children (Arnold et al., 2008), and improved performance on assessments (Chao et al). For example, Chao et al. randomly assigned preschoolers at risk for language and behavioral problems to a control group or to an intervention group that included parent-professional collaboration. The young children in the intervention group had statistically significant better ratings of behavior and assessments of early language development than the control group.

Parental Satisfaction. Parental satisfaction is one interpersonal yardstick of the outcomes of special education. Lanners and Mombaerts (2000) offered the following definition of parental satisfaction. "Satisfaction is the difference between the expectations of the parents about early intervention programs and real service delivery" (p. 62). They note inherent difficulties in measuring parental satisfaction with special education including that the concept of satisfaction is vague, relative, and subjective. Parent

satisfaction may not be an inherent goal of the model with older children since parents of older students become less involved in their child's school and the degree to which family-centered services are practiced declines as the child's age increases (Ramirez, 2001). However, parents of zero to 3 year olds with disabilities were most satisfied with the quality of the parent-professional relationship, when compared to groups of parents of older children (Summers, Hoffman, Marquis, Turnbull, & Poston, 2005). This may be a simplistic analysis since satisfaction can result from a variety of parent-professional interactions including when parents are able to use professionals as confidantes, or when professionals provided food, clothing, and transportation to needy families (Claussen, Scott, Mundy, & Katz, 2004; Rosenberg, Robinson, & Fryer, 2002). As parents become more knowledgeable about the IEP process and educators become more knowledgeable about the child's disability, parent satisfaction can increase, and relationships improve over time (Fish, 2006).

Special Education Conflicts. There is much success in special education, considering the large number of children served through the extremely large and complex federally driven system. For example in the 2006-07 school year 66,331 students nationwide were exited from special education and returned to general education (Data Accountability Center, 2009). Problems and conflicts can also occur. Feinberg et al. (2002) note three primary sources of conflict in special education: design, delivery, and relationships. Their framework is helpful in reviewing the literature related to special education.

Design Issues. Design issues which include the program designed for the child in the IEP meeting occur when key participants have different ideas or perceptions about

special education (Feinberg et al., 2002). Frequent areas of conflict are eligibility determination, which placement options should be considered for a child, perceptions of services needed to address goals of an IEP, and the interpretation and scope of IDEIA including what is and isn't required.

The majority of design conflicts revolve around IEPs, assessments, or placements (Feinberg et al., 2002). Parental dissatisfaction with service time for occupational, physical and/or speech/language therapy services, or transitional services stated within the IEP is another primary source of design-related conflict (e.g., Fish, 2006; Hughes et al., 2002). Disagreement about the best classroom placement for a child to address the goals of the IEP, or the amount of time allotted to various placement options such as small group or general education are examples of placement –related design conflicts.

Delivery issues. Conflicts about the delivery of special education services usually involve the implementation of the IEP and/or IFSP that had previously been agreed upon by parents and school professionals (Feinberg et al., 2002). Examples of delivery issues include transportation issues, time delays in service provision, the competence of the teacher or therapist, coordination of services so that they occur smoothly and as determined by the IEP or IFSP, and confidentiality breaches. For example, a child might be determined eligible for physical therapy and have an amount of time specified in the IEP or IFSP; however a therapist is unavailable to provide the services agreed upon. Design-related barriers to inclusion and collaboration for children and families can also include high staff turnover and the size and complexity of the school system (Tschantz, 2002) which can limit team interactions, including parent-professional interactions. Other barriers include inadequacy of time, and issues of time management and scheduling

(Arnold et al., 2008; Edwards et al., 2003; Gallagher et al., 2009; Harry, Allen, & McLaughlin, 1995). For example 41% of respondents in the study conducted by Gallagher et al. indicated that time constraints were a limitation of the team process.

Delivery issues can also involve evaluations and information exchange. Parents prefer that information be delivered by a knowledgeable individual rather than simply be distributed to them. Parents also want professionals to share information with each other and work together (Mitchell & Sloper, 2002).

Relationship issues. Relationships are one of the key ingredients to successful intervention or progress in almost any environment (Dinnebeil & Hale, 1996; Dinnebeil & Hale, 1999; Wampold, 2001); however, relationship building uses, and adds, time to professional practice. While relationship issues can be the most elusive, they are arguably the most important source of conflicts in special education (Feinberg et al.). Conflicts regarding relationships in special education typically derive from cultural differences, breakdowns in communication between parents and school system personnel, and a loss of trust (Feinberg et al.). Factors that influence collaboration are interactive and may be difficult to understand (Tseng, 2004), and parent-professional relationships are generally difficult to quantify in the research. Prevalent attitudes- often negative- about establishing relationships with parents do exist. The anticipation or experience of parents being difficult to work with prompted publications such as *An Educator's Guide to Difficult Parents* (Wilde, 2000), and *Dealing with Difficult Parents: and with Parents in Difficult Situations* (Whitaker & Fiore, 2001). One of these authors describes professional interactions with parents as "nails on a chalkboard" (Whitaker & Fiore, p.21). Some

professionals are afraid of parents because of past negative interactions or stressful situations.

Many professionals resist collaboration despite evidence that it can facilitate better outcomes for children. Some professionals fear that families will become either too dependent on them, or too independent from them. They believe families may lack the necessary skills to collaborate. Some professionals believe that collaboration could lead to confusion in how they identify themselves and their role (Minke & Scott, 1995). Christenson (2004) posits that resistance can also stem from limited perspective taking and empathy, cultural misunderstandings, anger-provoking and blaming perspectives, and assumptions that differences of opinion necessitate conflict.

When a parent disagrees, refuses the services proposed by the professionals, or believes a problem exists when available evaluation results suggest otherwise, professionals often pathologize the parent as difficult, anxious, or overly emotional and thus unable to participate meaningfully (Valle & Aponte, 2002). Professionals may say that the parent is in denial about their child's disability or potential (Gallagher, Fialka, Rhodes, & Arceneau, 2002). Professionals may want to move the parent past denial, or use their denial as an excuse for a negative working relationship rather than understand how parents of a child with disabilities move through a variety of emotions over time, which can be cyclical and shifting. The parent's emotional needs can be better met when professionals accept the parent's emotions and empathize rather than dismiss them as denial (Gallagher et al.). Christenson (2004) stresses that extra time is required to overcome or avoid common barriers in collaboration and relationship-building such as sparse or ineffective communication, adhering to negative cultural or family stereotypes,

maintaining misunderstandings, or blame and anger. Frequently, though, there is not adequate time, or there is an unwillingness to invest the time, and these barriers persist.

Among the barriers and conflicts that exist in regard to parent involvement in special educational decision-making is the notion that professional degrees and credentials beget power to professionals and put parents in a less powerful role (Harry et al., 1995; Sheehey, 2006). The use of jargon or the perceived status of the parent can also influence parental participation on school teams, and limit parental decision-making (Harry et al.; Meyers, Meyers, & Gelzheiser, 2001). Limiting parental input is contradictory to the intent of IDEIA parent participation. Although partnership implies access, many professional cultures view access as privileged and not for everyone (Westergard & Galloway, 2004). When professionals maintain control and parents are not viewed as equal partners in the processes of their child's education, a power imbalance exists (Blue-Banning, Turnbull, & Pereira, 2000; Valle & Aponte, 2002).

In research conducted to examine parents' experiences with early intervention or special needs preschool, common relational or interpersonal barriers were found across all age groups within special education. These include parents' initial concern about being outnumbered at the meeting, a lack of support and preparation for parents to participate in meetings, and scheduling meetings at times that were not convenient for parents (Hughes et al., 2002; Robinson, Lytle, Sadao, & Sandall, 2006). Parents reported missing work to attend meetings scheduled at times convenient for professionals, during the professionals' workday (Hughes et al., 2002; Lo, 2008; Salas, 2004).

In their qualitative study of parents Robinson et al. (2006) found that across groups by age of child, parents did not feel supported by professionals to participate in

the IEP/IFSP process, and their input was limited during the meetings. Parents of all aged children can disengage from the decision-making process of IFSP or IEP meetings if the pace of meetings as set by professionals is too fast for the parent to participate, and if parents were presented with draft documents at meetings that suggested to the parent that their input was not welcome (Lea, 2006; Sheehey, 2006). The documents of the IEP meetings can become part of the power the professionals have (Valle & Aponte, 2002). Parents are empty handed, often not having seen the documents prior to the meeting, much less having had a chance to ask questions or have assessment results explained to them. Lack of awareness on the part of the professionals about this imbalance promotes a "paternalistic benevolence" (Valle & Aponte, p. 477). This is supported by the professional's interpretation or understanding of the law and their role as helper, further promoting the imbalance of power and participation. Even the physical environment of the meeting can influence the power balance and parent participation such as when parents were seated alone across the table from all of the professionals, or where meetings were held in the janitor's closet (Dabkowski, 2004).

Parents can feel disillusioned about their child's school situation after they have tried, and failed, to form relationships with teachers or become more involved in their child's education (Westergard & Galloway, 2004). One source of parental dissatisfaction occurs when parents meet resistance when determining their child's educational services (Leiter & Krauss, 2004). Parents often experienced an adversarial relationship with special education personnel, although they did not desire one (Fish, 2006; Zionts et al., 2003). Parents may embrace their role as advocate for their child, but find the assertiveness required to be effective to be a challenge (Yssel, Engelbrecht, Oswald,

Eloff, & Swart, 2007). Parents have reported being treated negatively, blamed for their child's problems, and accused of being unreasonable in their demands for services by school personnel during IEP meetings. Parents who felt dissatisfied in their relationships with professionals experienced stress and uncertainty (Summers et al., 2005). These negative emotions can impact the relationships negatively and create conflict that persists throughout the child's and family's career with special education.

Barriers for culturally diverse families in special education. While Hanline & Daley (1992) observed over a decade ago that a limited number of studies exist that examine "the development and delivery of services to families from diverse ethnic backgrounds," (p.352) the available research continues to be limited today. For example, Peterson, Tremblay, Ewigman, and Saldana (2003) purposely eliminated non-English speaking participants (Hispanic) from their study due to language barriers and other issues affecting their research design. Additionally, analyses of certain US DOE statistics omit Hispanics because they are considered an ethnic group rather than a racial group (U.S. DOE, 2009). However, several studies exist that illuminate particular issues and barriers for culturally diverse, or non-White, families.

CLD background, maternal unemployment, and low family income are key predictors of underutilization of special education services for children under the age of 5 in CLD families (Zhang & Bennett, 2003). CLD parents may have additional barriers to participation in IEP or IFSP meetings (Zhang & Bennett). The use of jargon, including educational and medical terms that parents do not understand, is a barrier for CLD families, (e.g., Harry et al., 1995; Lo, 2008; Salas, 2004; Yssel et al., 2007). CLD families often experience difficulties with special education meetings and professionals

including language alienation, lack of respect and feeling that their input was not valued or welcomed (Lo, 2008; Robinson et al., 2006; Salas, 2004). This was true even for CLD parents who were English proficient and did not require translation services (Lo, 2008).

Research indicates that parents experienced discrimination based on stereotypes of lower SES parent participation (Ramirez, 2001). Communication between parents and teachers generally was reported to be low. Salas (2004) described a setting with having 80% white staff, few bilingual staff, and where parents were told, “only English please,” (p. 186). Across studies CLD parents reported feeling stupid or disrespected. This often led to frustration (Hughes et al., 2002).

In her qualitative study of predominantly minority adolescent mothers of young children with disabilities, Lea (2006) concluded that the more dissimilar the lives of the parents and the providers, the poorer the relationships and the lower the levels of trust and respect between the two groups. This has been borne out in the research of Foo (2002) who identified a disconnect between professionals and the African American mother in her study, and by Liu and Ortiz (2005) who found that parents and teachers both reported that parent participation was increased when the parents and teachers were the same race. As the U.S. demographic profile changes rapidly, the shortage of professionals trained to work with culturally and linguistically diverse families increases. Additionally, regular and special education practices continue to result in disproportional placement of CLD, and particularly African American students in Special Education (Henderson, 2008).

Research about the experiences of African American parents in special education is limited. In a three year, qualitative study of 24 African American parents of preschool

children with special needs, Harry et al. (1995) interviewed parents repeatedly. They also interviewed 10 professionals. Results suggested many barriers to parent involvement and advocacy: late notice about meetings, inadequate time, professional jargon, power structured toward professionals, and compliance to documents and procedures versus participation. Zionts et al.'s (2003) qualitative study of 24 African American families showed disrespect by professionals is a common occurrence. Parents were frustrated with predominantly White teaching faculties with a lack of cultural understanding. The lack of cultural knowledge and knowledge about disability created perceptions that the teachers blamed difficulties on the child, or attributed difficulties to race and culture in racist ways (Zionts et al.). Parents sought trust and collaboration, but encountered factors that prohibited it for them. The mother in Rao's (2000) case study expressed concern about the lack of focus on positives about the child and family. These and other results also suggested that matching a family and service provider based on race was not a simple fix (McWilliam, McGhee, & Tocci, 1998; Rao, 2000).

Boyd and Correa (2005) summarized three factors shaping African American parents' perceptions of special education: (a) African American experiences in American society; (b) bias that develops toward school professionals; and (c) the level of acculturation of the parent. African American parents may prefer to seek informal sources of support initially such as family and friends, viewing social agencies as uninformed and unsympathetic about their needs (Boyd & Correa).

There is still much work to be done in the area of cultural competence to address barriers in the design and delivery of special education, and the relationships made between parents and professionals; however some positive signs do exist. For example,

the majority of the Latino parents in Hughes et al. (2002) were satisfied with special education, felt comfortable and welcomed in the school environment, and participated in school and classroom activities. Of note are key features of the school studied that may have influenced these perceptions and experiences: (a) the majority of the school staff, including the principal, was bilingual; (b) meetings were held in English and Spanish and translators were available for all but informal conversations; and (c) a concerted effort was made by the school to involve all families. Our understanding of CLD families and children is limited and further research is needed to better understand what barriers prohibit fuller participation.

Parental Involvement in Transition.

While the transition literature has similarities to the broader special education literature, there are unique concerns during the transition process from early intervention to special needs preschool.

Aids to transition. The aids to transition are very similar to the positive factors in special education generally (e.g., time, parent control and decision-making, trust). However, several studies highlight factors within the transition specifically. For example, what appears to work within transition process is when the professional is helpful, when parents were present during assessment of the child, and when parents and professionals spent adequate time together conducting the assessment (Gould, 2002). At the initial preschool IEP meeting parental satisfaction was related to the services that were put in place for the child, and the degree to which the parent felt listened to and understood (Gould). Hanson et al. (2000) found that some professionals spend time preparing the families for transition, including providing information prior to the transition meeting,

contacting the parent, answering questions and completing paperwork; however others do not.

One important factor identified in influencing the family's role and the degree to which they participate was a principle guide (Ankeny, Wilkins, & Spain, 2009; Hanson et al., 2000). This person might be a professional, a friend, or another parent, but they provided information and helped ease the continuity across services during transition. Rosenkoetter, Hains, and Dogaru (2007) encouraged social workers to be positive agents in the transition process, leaving fairly open the ways and points at which social workers would participate and support families.

Barriers for families in the transition process. Barriers that exist within special education for parents and professionals can also exist within the transition process from early intervention to special needs preschool. These can again be described using Feinberg et al's (2002) structure.

Design. Families and professionals often view transition as an event, a formality, or required paperwork rather than a process as it was intended (Hanson et al., 2000). Several points of discontinuity can exist between early intervention and preschool special education that are policy related (Danaher, Shackelford, & Harbin, 2004; Hanson et al.). Key programmatic differences exist between the two programs that can cause discontinuity of services. For example, the location of service provision will change since early intervention services are typically provided in the child's natural environment and preschool services may be facility based. When the transition occurs between an IFSP and an IEP the focus shifts from the child and their family to the child and school (Chao et al., 2006). Parent involvement changes at that point. Differences between early

intervention and special needs preschool services can add to the confusion or uncertainty for parents who were already relatively uninformed about the process (Hanson et al., 2000).

Delivery. Barriers to a smooth transition that are related to the delivery of services can include ineffective communication between early intervention and special needs preschool agencies, inadequate time to plan for services, a reduction of support from service coordinators, and a lack of training in early childhood transitions (Edwards et al., 2003; Fowler et al., 2000; Janus, Kopechanski, Cameron & Hughes, 2008; Myers, 2007).

One way early intervention and special needs preschool agencies attempt to avoid delivery conflicts is to write interagency agreements, an IDEIA stipulation. An interagency agreement is intended to describe the policies, procedures and relationships that function as collaborative factors between agencies involved in transition (Wischnowski, Fowler, & McCollum, 2000). Specifically it should address how information will be transmitted between agencies, procedures for preparing the family and child for transition, policies for determining eligibility, the ways that transition will be evaluated, and a process for monitoring the interagency agreement (Fowler et al.). Even when agreements are written, breakdowns can occur with communication and information exchange across systems (Fowler et al.; Hanson et al., 2000). Positive interactions and a collaborative team process is one support to writing successful interagency agreements (Wischnowski et al.)

Hanson et al. (2000) found that choices and decision-making regarding transition were mostly driven by the system (program options and professionals) rather than an individual child’s needs. This limited parent involvement in decision-making as did the

barriers reported in other special education contexts such as special education regulations, time constraints, personnel preparation and training, and information exchange.

Relationships. The relationship conflicts described previously also exist in the transition process. Research suggests that during transition professionals were judged to be able to gauge reactions and strategies being used by parents, but were not able to identify perceptions and factors contributing to internal decision-making in parents (Pelchat et al., 2004). These interpersonal assessments can result in difficult interactions or weak relationships. Barriers can also be created by misperceptions. For example, finding services for a child may not be a family's top priority when other critical needs such as medical, financial, or transportation difficulties exist (Shannon, 2004). However, professionals often viewed families who did not access available services as unmotivated to do so.

Conclusions and Relevant Research Questions

Several qualitative studies have been conducted examining parent and or family perceptions through the transition process that were intended to illuminate an understanding of the transition process. Ladwig (2003) studied families prior to and after transition. Results indicated that while parents viewed professionals as their primary source of information during transition, the information they received was not helpful. Park (2003) examined Korean families' experiences in transition to identify perceptions that may be specific to that cultural group. Results indicated that transition had different meanings to different people but that transition impacted the whole family. Barnwell (2001) examined Latino families' perceptions of transition focusing on the role that culture plays in how families attach meaning to transition. Results suggested that the

model of school-based transition was not congruent with the families' cultural values and that collaborative relationships were not established.

While researchers have studied the transition process and have identified factors that can lead to increased success in relationships between parents and professionals within special education, the experiences and perceptions of both parents and professionals across the transition process remain unclear. Specifically the perceptions of African American mothers are missing from the research literature. Illuminating these experiences and perceptions is an important step in understanding them, and in planning for increased success where difficulties now exist. Bronfenbrenner (1979) emphasized the importance of studying dyadic or triadic relationships in action and simultaneously in order to understand the interpersonal structures and factors of macrosystem interactions. Therefore, the research questions posed for this study are as follows:

1. What were the perceptions and experiences of the African American mothers across the transition process?
2. What perceptions did the mothers, with children transitioning from early intervention to special needs preschool, have of the professionals they had contact with throughout the transition process?
3. What perceptions did the professionals have of the mothers with children transitioning from early intervention services to special needs preschool?

The next chapter explains the methodology used to examine these research questions. This discussion includes a description of key agencies, events and participants across the transition process.

CHAPTER 3

METHODOLOGY

This study examined participants' experiences and perceptions in the context of the transition process between early intervention (Part C of IDEA) and special needs preschool (Part B, Section 619 of IDEA). This transition process involves two agencies or programs, and numerous professionals within these two programs. Three events were examined involving many of these professionals and the relationship between the two related programs. An overview of the programs, professionals, and events involved in this process is provided here as a foundation for the study presented later in this chapter.

Program Overview

Early Intervention. In Georgia, early intervention services are provided following the federal guidelines of IDEIA. Georgia's early intervention program is called Babies Can't Wait (BCW) and is administered through the Georgia Department of Community Health (Georgia Department of Community Health: Division of Public Health, GDCH: DPH, 2009). BCW facilitates service provision to infants and toddlers with disabilities and their families throughout the state by way of 18 district offices. Data from December 2005 indicates that 5,665 infants and toddlers received services statewide. Eight of those children were American Indian or Alaska Native, 98 were Pacific Islander, 1,906 were Black, 678 were Hispanic, and 2975 were White (BCW, 2006). Data from fiscal year

2006 indicates that 5,357 infants and toddlers were served with a similar cultural/ethnic representation.

A family can access early intervention services immediately following a child's birth. In Georgia, infants or toddlers are automatically eligible for BCW services if they have any one of a long list of medical conditions, if the condition is verified by a doctor. These include metabolic and mitochondrial disorders, as well as nervous system disorders and genetic syndromes. For example, when a child is born with a recognizable condition such as Down syndrome where patterns of delay or medical needs are well known, eligibility is automatic. Pediatricians, hospital personnel, family members, child care programs or social agencies may be the referral source to BCW.

Services from BCW can also be initiated for a child at any time between birth and age 3 even if there is not a previous medical condition. A common scenario might be when an infant is not meeting typical developmental milestones such as rolling over, sitting up, or beginning to talk. Again services can be initiated following referral from a number of sources. If the child falls under the referral category of suspected delay, the child is evaluated. If delays are identified the child can be found eligible for services.

BCW channels referrals through a single agency; Children 1st. Referrals are reviewed for appropriate dispensation. All referrals follow a standard procedure of evaluation, intake and enrollment, and notification back to the referral source. If available information and assessment indicate the child does not qualify for BCW services, the family is referred back to Children 1st for follow up including referrals to other supportive agencies and services.

Following qualification for services, and identification of a disability or delay, whether at birth or subsequently, the family can begin receiving services. A service coordinator, who acts as a case manager, is assigned to the family. An Individualized Family Service Plan (IFSP) is developed by the parent, service coordinator and professionals who aided in evaluation of the child, and services commence. Each child and family in early intervention meets with their service coordinator and service providers at least twice a year to review their IFSP. More frequent meetings or contact can be requested by the family or professionals when deemed necessary.

IDEIA states that to the extent possible early intervention services should be provided in the child's natural environment such as the home (BCW, 2008). For the 2007 reporting year, Babies Can't Wait indicated that 5,327 of the 5,383 infants and toddlers received services in their home. Only 19 received therapies or services at a service providers' office, or in a clinic setting. The remaining 37 children received services in other natural settings such as typical child care settings. When services are provided in the child's natural environment the parent is present and may assist in the intervention or services. Thus parents learn to do interventions and to work with their child daily when the professional is not present. When the parent works with the child outcomes for the child can be greater.

Transition within IDEIA. Federal guidelines mandate a process of moving from one system of services to the next at various points within special education. A child must exit early intervention (Part C) and move to other service options when they turn 3 years old. This process of moving from one system of services to the next is known as *transition* (Fowler et al., 2000). Up to six months, but at least 90 days before the child's

third birthday, an IFSP meeting is held that serves as the transition meeting to services beyond BCW.

It is the responsibility of the service coordinator to assist a family in learning what resources are available to them once their child turns three (GDCH:DPH, 2009). These resources potentially include public school special needs preschool services, Head Start, Pre-kindergarten programs, child care, health care and insurance, social security benefits, and community services and programs. The typical age for initiating a child's transition is 33-34 months. This gives the receiving program, such as a special needs preschool program, adequate time to conduct additional evaluations as needed (Malone & Gallagher, 2008).

A large number of children receiving early intervention services will transition to special needs preschool services in a public school system. A transition plan is developed and initiated within early intervention to address priorities during transition, projected dates for the start and completion of transition, and to clarify who is responsible for the identified actions. The public school preschool program is then notified that the child is approaching their third birthday. Parents must give permission for this notification; they can also opt out of transition and related services (GDCH:DPH, 2009).

Despite mandates, not all children are placed in the receiving program by age 3 (Malone & Gallagher, 2008). Sometimes transition is delayed and a child does not begin receiving services until after their third birthday. However, the intent of IDEIA and of the agencies involved is that the transition occurs by the child's third birthday.

Special Needs Preschool. Special education services to children 3 to 21 years of age with disabilities are mandated under Part B of IDEIA (National Early Childhood

Technical Assistance Center, n.d.). These services are provided through public school systems. Preschool children can receive services in a public school preschool classroom, in a community-based program such as a child care or private preschool, or in their home. A combination of these service options could also occur. The extent of services including hours of intervention, related services, and goals are determined by the child's special needs preschool initial Individual Education Plan (IEP).

Referrals to public school special needs preschool (SNP) programs come from a variety of sources, as they do in early intervention. Pediatricians or other health care providers, child care or preschool teachers, parents, friends and relatives are typical sources of referrals. Children receiving early intervention services who are approaching their third birthday account for a large number of referrals to SNP programs.

Once initial contact is made with the public school system, the preschool staff gathers information about the child including referral concerns, medical and developmental history, and past interventions. An evaluation is scheduled. Relevant information including assessment data, medical diagnoses, and parent input is used to determine whether the child is eligible for SNP services. If the child is eligible, an IEP is developed, placement decisions are made and services commence. A child who has not previously received early intervention services can be referred at any time between ages 3 and 5, prior to being old enough to begin kindergarten. As noted, children who have received early intervention services should be transitioned to special needs preschool by their third birthday.

Once a child begins receiving special education services through a public school system services can continue until the child no longer needs or qualifies for them, the

parent withdraws consent for placement, or they leave the school system. The child transitions from preschool to school age services when they start kindergarten, with their IEP still in place, although goals and objectives will be reevaluated and modified over time.

Early Intervention and Special Needs Preschool Agencies in this Study

The setting for this study was a large county in the Metro Atlanta area of Georgia. More specific information about the early intervention and the public school system in which the study took place will aid in understanding the design of the study.

Early Intervention. This district's early intervention program is part of Georgia's BCW and serves approximately 500 infants and toddlers and their families. Fifteen private and public service coordinators, 45 therapists, and 14 special instructors are employed and/or contracted with this district's early intervention program. A BCW Coordinator oversees the program for the district. This BCW program is typical of the early intervention programs described earlier. Most children are served in natural environments, primary in the home, throughout the district.

For the reporting period July 1, 2005 to June 30, 2006, this BCW district reported that 100% of the children exiting BCW on their third birthday had an IFSP in place that included transition steps and services, and the public school system had been notified of the possibility of transition for those children (BCW, February, 2008). For the 2007-2008 reporting period the district reported that 100% of children had an IFSP that included transition steps, and that the school system had been notified of transition in a timely manner for 87% of those children.

Special Needs Preschool. The school district that was the focus of this study is one of the largest public school systems in Georgia. The system is a predominantly suburban setting, also having rural and urban characteristics and serving approximately 110,000 students in 114 schools. This includes 68 elementary schools, 25 middle schools and 16 high schools. The system employs 6,838 classroom teachers and 1,531 special education teachers. Ethnically, the system is composed of 46.8% White students, 29.7% Black students, 14.4% Hispanic students, 4.5% Asian students, 4.5% Multi-Racial students and .2% American Indian students. Ethnically the staff is 77.5% White, 18.1% Black, 2.4% Hispanic, 1.2% Asian, .7% Multi-Racial and .1% American Indian employees (District website, 2010).

SNP classrooms are housed in 54 of the 68 elementary schools. Seventy-nine special education preschool teachers and 40 preschool speech/language pathologists are employed by the system (source: 2008-09 SNP logs). Additionally the SNP program is overseen by one supervisor, assisted by four lead teachers, three preschool evaluation teams, and a secretary (source: 2009-2010 SNP logs).

In the 2007-2008 school year (summer 2008 inclusive) 231 children were referred to the SNP from BCW. By comparison, in the same school year the SNP program received 1,047 referrals from community sources other than Babies Can’t Wait such as child care centers, private preschools, doctors and parents. Thus BCW referrals were the minority of referrals when compared to all other referrals. Similar to BCW, dispensation of these 1,278 referrals ranged from a SNP staff member conducting an observation of the student in a community setting, to evaluation of the child for developmental or

speech/language delays, or case closures due to a lack of response from the parent following initial contact.

In Part B of IDEIA a student must meet criteria for a specific eligibility category. One non-categorical designation also exists. A child can receive services due to a Significant Developmental Delay. This eligibility can be established initially for a child until they are seven and can continue through the end of the school year in which they turn nine years old. For the 2008-09 school year, the referrals received by SNP were processed in the following ways: (a) Children were found to be eligible for services in the following categories: 218 in Significant Developmental Delay, 102 for speech impaired services only, 56 in Autism Spectrum Disorders, 13 in Other Health Impaired, 9 in Deaf/Hard of Hearing, 8 in Orthopedically Impaired, and 10 in other categories (Emotional/Behavior Disorder, Traumatic Brain Injury, Moderate/Severe/Profound Intellectual Disability, Vision Impaired); (b) Children were not found to be eligible or did not receive services for the following reasons: 50 children did not qualify for services, 17 referral packets that were sent out were never returned nor was any further contact made by the parent, 9 parents declined to consent for evaluation or placement, or withdrew their child once the IEP was written, and 5 children moved out of the school district (source: 2008-09 SNP logs).

People across the Transition Process

IDEIA defines key personnel who are involved with a child with a disability and the child's family. Numerous people from early intervention and SNP can be involved in the transition process across a variety of roles. The following people may be involved in

the transition process and have the following roles related to the family, child, and the transition process.

Parents. According to IDEIA a parent is defined as a biological, adoptive, or foster parent, or a duly appointed guardian including surrogate parents, grandparents or other relatives. IDEIA notes legal considerations and stipulations related to these designations but these general categories represent the broad definition (IDEIA, 2006).

Early Intervention Professionals. Early Intervention professionals can include the following:

1. A service coordinator is assigned to every family receiving early intervention services. The service coordinator enables and assists a child and the child's family in a variety of activities that provide procedural safeguards, inform and protect about rights, and inform and assist related to the services they receive under the state's early intervention program. The service coordinator is the central, cohesive source of quality early intervention services (Harbin et al., 2004).

The service coordinator has many responsibilities, including several that are broadly defined. Some of the typical broad roles include coordinating a child's or family's services between agencies, coordinating a family's contact with agencies, serving as the single point of contact with Early Intervention and a primary source of information, and "continuously seeking the appropriate services and situations necessary to benefit the development of each child being serviced for the duration of the child's eligibility" (NECTAC, 2007, para1). More specifically defined responsibilities include coordinating assessments and evaluations, facilitating the development and review of the

ISFP, helping families find service providers, telling families about advocacy services, and facilitating the development of the transition plan.

2. A special instructor is an early intervention professional who works with a primary caregiver to help boost a child's development in any developmental area. They recommend and teach strategies to the parent to assist the parent in helping their child meet goals for treatment (BCW, 2009). A special instructor would typically work with a child and family in their home or other natural environment for an amount of time each week specified by the IFSP.

3. The speech/language pathologist evaluates a child's articulation, fluency, voice skills, speech intelligibility, oral-motor structures used for speech and their expressive, receptive, and pragmatic verbal and non-verbal language. The speech/language pathologist also provides therapy to remediate speech or language disorders that have been identified.

4. The physical therapist evaluates a child's gross motor skills and abilities to ambulate and function in their environment. They may develop adaptations, exercise programs and other supports for the child if delays or disabilities are present. They also provide the therapy to help improve motor functioning.

5. The occupational therapist evaluates a child's self help skills including fine motor skills, feeding skills and sensory issues that may be hindering development. They also provide the therapy to help improve fine motor functioning, self help skills, or sensory sensitivities.

6. As needed social workers assist families in identifying particular needs and problems that could negatively impact families. They also identify resources and services

that will address those needs. They provide counseling and guidance services. This can occur in a variety of ways including linking families to social or community services or helping the family create a cohesive care plan with extended family and community support (BCW, 2009). In BCW some service coordinators have a social work background and use those skills in their role as service coordinator.

Special Needs Preschool Professionals. Some professionals in SNP have the same roles as in early intervention. For example, therapists work in both agencies. SNP professionals include social workers, occupational therapists, physical therapists and speech/language pathologists having the responsibilities mentioned above. However, SNP includes professionals typical of a public school system that are different from early intervention including these professionals, listed first by typical assessment/intake team roles, and then by local school/potential IEP roles:

1. A social worker can have many roles and responsibilities. The social worker is often the public school representative who participates in transition meetings although IDEIA does not designate a specific person to serve this role for the school system (Rosenkoetter et al., 2007). The program for this study for example, has one preschool social worker and she is the designated school system representative to attend transition meetings. In addition to her BCW transition responsibilities, she also assists families in linking to community resources and social programs. She counsels and guides them in terms of acquiring resources for their child with disabilities. She also makes necessary referrals to agencies that provide intervention and supports to neglected children. She works closely with other school social workers, counselors, task forces, and support groups. She is often a liaison between the community and the SNP program.

2. An educational diagnostician conducts assessment across the five domains of development (motor, cognition, social/emotional, communication, adaptive). She also schedules evaluations, coordinates evaluation team members and the compilation of student records, and coordinates the transfer of records to SNP teachers. The SNP program in the school district in this study employs three diagnosticians.

3. A school psychologist conducts developmental and standardized formal assessment when social/emotional/behavioral difficulties, or the characteristics or prior diagnosis of autism spectrum disorders are present. The SNP program involved in this study has three psychologists assigned to them from the Psychological Services department.

4. A nurse is involved with the evaluation if a child may need nursing services, a nursing plan, or emergency medical services while at school. A nurse's participation on the evaluation team would be stipulated if records indicate that the child has life threatening allergies, is medically fragile, or has medical conditions that require nursing treatment while at school. As part of the evaluation, the nurse conducts an in-depth interview with the parent and a review of the records to document the medical conditions of the student, and the need for nursing services. One of the 13 Special Education nurses in this school district is assigned to work with the SNP evaluation teams as needed.

5. Following the evaluation, a preschool special education teacher will be involved with the child and family if the student is found eligible for services within the school system. The teacher initially serves as the next contact with the family following the evaluation, and as a case manager. She schedules and leads the initial IEP meeting.

That teacher will then become the student's classroom teacher if placement in a SNP class is determined to be appropriate for the child.

6. A Preschool Lead Teacher mentors and supervises SNP teachers. Lead teachers often attend IEP meetings and have contact with parents. They may be involved in writing the IEP and leading the meeting, especially if the preschool teacher is inexperienced in IDEIA mandated practices.

7. A school administrator from the receiving school (the school the child will attend if found eligible) is often requested to attend IEP meetings. The administrator may be the principal, assistant principal, or other designated employee within the school working at an administrative level.

Events of Transition

For those referrals coming from BCW to the SNP program, the child and family move through three events of transition. These events are: (a) the Individualized Family Service Plan (IFSP) meeting at which transition is initiated, (b) the child's evaluation with the SNP program, and (c) the initial Individual Education Plan (IEP) meeting.

IFSP/Transition Meeting. Once a child is enrolled in the Babies Can't Wait system, transition planning begins regardless of the age of the child. Transition planning is an ongoing process. The child's service coordinator routinely discusses options with families and helps them gather information about transition options in their community. If the family chooses to be referred for SNP services through the local school system or other community programs, BCW will convene a meeting between current providers, the family, and representatives from the local school system and these community programs. The purpose of this meeting is to plan for the child's smooth and effective transition. This

meeting is scheduled by the BCW service coordinator. The majority of transition meetings[3] are held at the county Health Department in the BCW office. The SNP Social Worker attends as the school representative. Parent(s) and the family's service coordinator attend. Other therapists, family supports, or language interpreters may also be in attendance. A parent is not encouraged or discouraged in terms of bringing their child to the meeting, but the child's presence is not required at this event.

In the school district where this study occurred the meeting is usually led by the SNP social worker. She facilitates the transfer of information between BCW and the school system's SNP by giving an overview about SNP services, gathering and reviewing information about the child, including medical history, formal diagnoses, current therapists, and parental concerns. She also answers the parent's questions. She then explains the process of transition to the SNP program, one of the possibilities for transition. This includes the evaluation process, options for services, the IEP and timelines. If the parent does want to pursue SNP services, they are asked to sign the Special Education Parent Consent for Evaluation, given the Parent Intake Questionnaire to complete and return, and given information about required hearing and vision screenings.

The service coordinator takes notes and contributes information as needed, although interaction is primarily between the parent and the school system social worker. IFSP paperwork is completed and signed by all participants at the conclusion of the meeting. Transition meetings typically last 45 minutes. Following the meeting, the SNP social worker creates a summary of information gathered at the transition meeting

[3] The term 'transition meeting' will be used for the remainder of this dissertation to represent this event.

including documentation of previous interventions and copies of IFSP's which become a part of the child's SNP file.

Evaluation for Preschool Services. The second event of transition is the evaluation of the child through the school system's SNP. Evaluations are scheduled following the receipt of the referral information to the preschool program. This includes the IFSP from the transition meeting, notes and documentation from the social worker, early intervention records, private evaluations, and case notes. Referral information also includes the Parent Intake Questionnaire the parents were given at the Transition meeting once it is returned, although scheduling cannot be delayed because the questionnaire has not been received. The evaluation is scheduled with the parent.

The evaluation can be delayed if the required hearing screening, or a medical diagnosis and definition of a hearing impairment when one exists, is not received. Vision screening may be conducted prior to the evaluation by a private provider, or at the Health Department. If not done prior to the evaluation, vision screening is conducted at the beginning of the evaluation. Additionally, the parent is requested to bring to the evaluation any new information about the child including therapy evaluations, doctor's reports, and the Parent Questionnaire if not already received.

The composition of the evaluation team is based on referral concerns, and determined after a review of the child's records by SNP personnel. Parent concerns and requests, prior services and evaluations, and information about the child's developmental and health history are reviewed to determine which professionals should be part of the transdisciplinary team evaluation. Evaluation teams are tailored to the needs and strengths of the child so that a comprehensive evaluation addresses all areas that are

needed to determine eligibility for services. The SNP evaluation results also are used as a starting point for developing IEP goals and objectives.

For example a child with Down syndrome who has received speech/language therapy and physical therapy may be evaluated by an educational diagnostician, a speech/language pathologist and a physical therapist. A medically fragile child with sensory or feeding issues and significant developmental delays could be evaluated by a nurse, an occupational therapist, a physical therapist, a speech/language pathologist and a school psychologist.

Evaluations are conducted at one of three evaluation areas at two different locations in the school system. Two areas are housed in the northern part of the county, and one in the southern part of the county. Families are scheduled in the area closest to their home. Family members bring the child to the evaluation area where a developmentally appropriate evaluation is conducted in a child friendly environment. The parent remains present during the evaluation to provide information and assist with the evaluation, or any child care required during the evaluation (e.g., diaper changes, comfort, or snacks). Team members alternately interact with the child for assessment and play tasks, and with the parent to obtain anecdotal information. Evaluations last approximately 90-120 minutes. If the child attends a private child care or preschool, or a Head Start facility, a classroom observation may be conducted by a member of the evaluation team either before or after the evaluation.

At the conclusion of the evaluation, preliminary results and impressions are shared with the parent(s) and the next steps in the process are explained. These steps include: (a) the parent receiving written reports of the evaluation results, (b) having

phone or in person conferences with members of the evaluation team to discuss the reports, (c) being contacted by a SNP teacher to schedule the IEP meeting, and (d) the parent observing potential classroom placements.

Initial IEP Meeting. The third event of transition is the meeting to determine eligibility, or ineligibility, within the SNP program and, if appropriate, to develop the child's Individual Education Plan (IEP). This is called the initial IEP meeting. The majority of these IEP meetings take place in the SNP classroom or the conference room of the school designated as the child's home school based on their address. Some meetings take place at the same evaluation area where the child was evaluated. Most meetings are led by the teacher of the class the child will attend if found to be eligible for services. Parent(s), related support personnel (e.g., speech/language pathologist, occupational therapist), a regular education representative, a lead teacher, and an administrative representative may also be in attendance.

Initial IEP meetings have a typical structure and agenda. Participants introduce themselves, the purpose of the meeting is stated, and information about the child's current functioning is reviewed. Eligibility is determined based on this information. If the child is found to be eligible an IEP is developed that includes goals and objectives for the child, minutes of the meeting, parental concerns, and input from evaluators and each of the individuals attending the IEP meeting. Following development of goals and objectives, placement decisions are made and then issues such as transportation are decided. Following this meeting, the child will begin receiving services as soon as the next school day or at a date agreed upon by all members of the IEP team.

The Current Study

The purpose of this study was to examine the experiences and perceptions of African American mothers of children with disabilities, and related professionals involved in the process of transition between early intervention (IDEIA Part C) services and SNP services in a public school system (IDEIA Part B, Section 619). This was a phenomenological qualitative investigation (Creswell, 1998). Since little is known about the perceptions and experiences of people involved in this transition process, a qualitative approach allowed in-depth investigation of this phenomenon in the natural context, examining embedded characteristics at close range to illuminate issues that may be little understood (Merriam, 1998; Yin, 2003). A visual description of the study and all related appendices are included (Appendices A-F).

Design

Three key events of the transition process (the transition meeting, evaluation and initial IEP) served as primary points of contact and were examined in detail with three African American mothers and the professionals they interacted with across the three events. For each of the three mothers, participation began with each family's transition meeting and ended with an interview conducted after the initial IEP meeting. The primary investigator attended the three events of transition for each family and conducted interviews with each parent and two professional participants from each event. This resulted in nine parent interviews and 18 professional interviews. Duration of each family's transition process was approximately 90 days, depending on when the transition meeting was held in relation to the child's third birthday.

Participants

Criterion sampling was used (Creswell, 1998). Criteria for participation was African American mothers whose child and family were receiving Early Intervention services and preparing to transition to public school SNP, pending determination of eligibility. Criteria also included African American mothers who spoke English as the first or second language in the home so that the parent had enough English proficiency that an interpreter was not needed. Criteria also included families who had been involved with Early Intervention for at least one year prior to their transition meeting.

Participation in the study was voluntary for all participants. Participants for each case were the mother of the child, and two primary professionals from each event, that were defined as each case emerged. Mothers were identified from the active schedule of transition meetings coordinated by the SNP social worker. Early Intervention service coordinators schedule transition meetings with the SNP social worker in hour blocks on two days of the week. Participants were chosen from Transition meetings scheduled within the 60 days following IRB approval of the study.

Following identification of families from this schedule, a recruitment letter was sent by US mail to potential parent participants explaining the scope and purpose of the study and what was requested of participants. Interested participants were asked to contact the researcher. Five mothers responded out of six who appeared to meet the study criteria and received the letter. The purpose and scope of the study were explained verbally and all questions answered. One parent declined to participate. One parent had not participated in BCW for the time stipulated by the study criteria. Three mothers met the criteria and agreed to participate. All three mothers signed informed consent that

included the potential risks and benefits of participation, other safeguards for participants, and permission for the primary researcher to audiotape interviews and to observe events. See Table 1 for a summary of demographic information about parent participants.

All three mothers had a child who was receiving early intervention services and was approaching their third birthday in late May or early June of 2010. All three mothers identified their race as Black when completing the demographic form. Mother One was a 27 year old with two Bachelor's degrees. She lived in a four bedroom house in a subdivision with her two children and her partner, the children's father. The home was valued at $170,000 for tax assessments (source: County Board of Tax Assessors). The paternal grandmother also lived in the home. Household income exceeded $100,000 per year. This mother worked as a nurse in an oncology unit in a local hospital. Prior to becoming a nurse she was a classroom teacher for three years within the school system in which the study was conducted. Her work schedule allowed her to be home most weekdays and she was the primary caregiver of her two children, ages 2 and 1.

Both parents attended the transition meeting. At the end of the meeting the PI asked the father if he would also like to participate in the study by being interviewed individually or with the child's mother. He expressed appreciation for being asked, but declined to participate, deferring to his partner saying that she handled the majority of matters with their daughter.

Table 1.

Parent Participant Demographic Information

Parent	Age	Education	Parent(s) Income	In Early Intervention
Mother 1	27	B.S.	>100k	2.5 years
Mother 2	23	H.S. diploma	<15k	1 year
Mother 3	38	2 yrs college	15-45k	1.5 years

Mother Two was a 23 year old with a high school diploma. She and her son lived with her parents in a four bedroom house in a subdivision. Her three younger brothers, all high school graduates also still lived at home. She indicated her personal income at less than $15,000 per year although her parents' home ownership and three car ownership suggested middle socioeconomic status. Their home was valued at $213,000 for tax assessment. She and her child had regular contact with the child's father, although the mother and father were no longer in a relationship. The extended family assisted the mother in the care of the child, age 2, although she was the primary caregiver.

Mother Three was a 38 year old with two years of college education. She lived in a three bedroom house in a middle class subdivision with her three children. The house was appraised at $123,000 for tax assessments. She indicated her household income was between $15-45,000 per year. This mother was the only caregiver for her children, ages 18, 13 and 2. All extended family lived out of state and the child's father was not involved with the family.

For each of the three transition events each mother attended, two professionals who would be participating were sent the recruitment letter explaining the scope and purpose of the study and requesting participation. All 15 professionals who received the

request agreed to participate. See Table 2 for a summary of demographic information about professional participants.

For the first event, the transition meeting, each family's BCW service coordinator, and the school system's SNP representative participated. See attached visual description and timeline of the study (Appendix A). Because the social worker is the one system representative for all transition meetings, she could have been interviewed three times. Coincidentally, she served on jury duty at the time of one of the transition meetings and another school system SNP representative, a person experienced serving in this role, attended one transition meeting and was interviewed. Thus the social worker was interviewed twice. After parent recruitment was completed, information indicated that one of the service coordinators served two of the families and so she was interviewed twice.

For the evaluation, the second transition event, two of the evaluators from each child's evaluation team participated. Request for participation was guided by two factors: (a) choosing different roles across the three families; (b) and choosing people who had not already participated. This provided a broader perspective across professionals. This resulted in two educational diagnosticians, two occupational therapists, one speech/language pathologist, and one school psychologist participating.

For the initial IEP meeting, the third event, two special education teachers who served as case managers, one lead teacher, and three speech/language pathologists participated. One of the speech/language pathologists was also an evaluator for one of the three children, and was interviewed after the evaluation and again after the IEP meeting. (See Appendix F for a summary of all participants and event dates).

Table 2.

Professional Participant Demographic Information

Age (in years)	Experience (in years)	In current position (in years)	Education (by degree)	Gender:	Race:
Average: 44	Average: 19.5	Average: 8.5 yrs.	1 Ph.D.	Female: 100%	AA: 2
Range: 28-55	Range: 5-33	Range: 2-22	2 Ed.S.		Cau: 13
			12 Masters		

All 15 professional participants were females. Thirteen of the professionals were Caucasian and two were African American. Demographic information indicated that the ages of the professionals ranged from 28 to 55 with an average age of 44. All 15 professionals had a graduate degree including 12 with Master's degrees, two with Educational Specialist degrees, and one with a Ph.D. Professional experience working in schools or in special education ranged from five years to 33 years with an average of 19 and a half years. Professionals reported holding their current positions from two to 22 years with an average of eight and a half years in their current position with either BCW or the public school system.

Data Sources

Data came from multiple sources including semi-structured interviews, a reflexive journal, demographic forms, contact summary forms, and researcher notes from interviews and observations. Multiple sources of data allowed for triangulation and greater depth of examination of the phenomena being studied (Lincoln & Guba, 1985).

Interviews. The primary investigator (PI) conducted individual, face-to-face semi-structured interviews with each mother after each of the three events in which she

participated. Each professional was interviewed following the event in which they participated. Interview protocols were developed a priori from a review of the literature, the primary investigator's familiarity with the conceptual design of the study, and the primary investigator's experience as a preschool school psychologist (Appendix B).

Interviews were structured to address the research questions and included open-ended questions that allowed for prompts, follow-up, and elaboration. The questions were developed to examine themes and issues cited in other studies, and potentially unknown themes about participants' experiences with transition. A combination of open-ended and focused questions allowed for follow-up of phenomena that emerged during the course of the study (Merriam, 1998; Yin, 2003). Professional interviews were tailored to the participant's role, and to the event. Additional probes were used beyond the a priori question set. The interviewer sought to elicit responses that revealed attitudes, perceptions, and experiences.

Interviews lasted 30-45 minutes and took place in a location chosen by the participant for her convenience. Detailed notes were taken during the interviews and assisted in illuminating ideas or themes for follow-up during subsequent interview sessions. Each interview was audiotaped and transcribed verbatim by the primary researcher or professional transcriptionist. The PI reviewed each transcript and tape together to ensure the accuracy of the transcription.

The PI observed all nine events across the three families' transition to provide a more solid foundation for the interviews. A structured observation protocol was used to record the logistics and interactions during the event (Appendix C). This observational information was used to inform subsequent interviews and to provide follow up questions

about events, perceptions and the dynamics of the meeting. The researcher maintained the role of observer during the transition meetings, interacting only if requested, or as necessary for the interpersonal comfort of the other participants.

Reflexive Journal. Another source of data was the reflexive journal (Lincoln & Guba, 1985). Entries included logistics and scheduling, personal reflection on the progression of the study, a record of methodological issues, emerging results and interpretation, and any other salient reflections or information throughout the study (Lincoln & Guba, 1985). The reflexive journal was used to verify the data, and allow the PI to become aware of and elaborate on researcher biases throughout the process. Entries were recorded by the PI following any contact with any participants or during data analysis. Journal entries began when research and initial contacts with participants began and continued through data analysis and interpretation of results.

Demographic form. Basic demographic information was collected for each participant (Appendix D). Information including age, SES, race, contact information, education level, and family constellation was collected for family participants. Contact information, age, SES, race, education, and number of years of experience in their field, and with the school system was collected for each professional. This information was viewed only by the PI and used to provide descriptive information about participants.

Contact summary forms. Contact summary forms were completed following any contact with any participant. This included email or phone follow-up questions to participants for the purposes of clarifying any issues from the events, scheduling, or any other incidental contact (Appendix E).

Research Team

The research team was comprised of the Primary Investigator, two independent coders trained in qualitative methodology, a peer debriefer, and a faculty advisor. Only the PI had contact with the participants across the events and phases of the study.

Data Analysis

Data collection and analysis took place simultaneously (Creswell, 1998). The PI and the two independent coders began data analysis following the transition meeting of the first family. Prior to beginning data analysis the coding team discussed biases or preconceived ideas of the topic and the participants under study in order to bracket their assumptions about what the data might reveal (Creswell, 1998). For example, the PI had previous and current work experiences with an early intervention agency and with the SNP program, spanning 18 years.

Transcripts were coded in groups of three (1 parent, 2 professional interviews) following each of the nine total events. Initially the three coders conducted independent, open readings of the interview transcripts with no analytical intent (Wertz, 2005). In the next step the coders read the transcript making notes in the margins and developing initial codes (Creswell, 1998). A unit of data was defined as the smallest segment of information that could stand alone as meaningful and be heuristic (Merriam, 1998). If an issue or theme appeared more than once within an interview, the code was repeated. Statements or chunks could have been coded with multiple codes when they reflected two different themes but this did not occur. Following the coding of a group of three transcripts all non-repetitive, non-overlapping coded chunks were added to spread sheets, for examination of emerging patterns and to begin interpretation of those patterns.

Meaningful units, or patterns of experience, and themes were identified related to the three research questions and the purpose of the study (Merrian, 1998). Through consensus and discussion, the codebook was modified, as necessary, collapsing or reconfiguring codes. Following the coding and discussion of each set of transcripts (9 sets in all) the codebook was modified and the research team used the newest codes and terms for the next set of transcripts.

All 27 transcripts were coded by all three members of the team independently as a group of transcripts was available, across the timeline of data collection. Then the PI and at least one member of the team compared and discussed all transcripts. No new codes emerged during coding of the eighth and ninth groups of transcripts and it appeared that data saturation had occurred. The coding team then aggregated categories of codes, identifying key themes, experiences, perceptions, and contexts.

Once the codebook was finalized three transcripts were re-coded by all three team members to verify the codebook. Interrater reliability was calculated by comparing all three raters' transcripts. If all three raters had the same code for the same phrase or sentence this was counted as an incidence of agreement. Across the three transcripts 100 units of data were coded. The PI and rater 1 agreed 92 times. The PI and rater 2 agreed 85 times. The PI then re-coded the remaining 24 transcripts using this verified codebook. Few chunks of data were re-coded; those that were involved changing the name of a code to a term that had been chosen as the codebook evolved to describe a phenomenon the team had identified more generally. Finally, direct interpretation of the emergent themes occurred and the research team sought to develop generalizations in a naturalistic

perspective, reflective of research questions posed and data that illuminated those questions (Creswell, 1998).

Planning for Trustworthiness/Verification Procedures.

In an effort to increase the validity of the findings the researcher and research team utilized a variety of techniques. Triangulation of the data enhanced credibility, or the internal validity of the data. Triangulation occurred in four primary ways: (a) the sources of data, (b) the methods applied, (c) the composition and behavior of the research team, (d) and the theories applied to the study of the phenomenon (Lincoln & Guba, 1985). Triangulation of the data was achieved using multiple sources for analysis. The interviews were compared with the researcher journal, other contacts and follow-up questions with participants, and member checks

to note and examine possible discrepancies.

Triangulation also occurred between members of the research team as the data were analyzed. Additionally, a school psychologist unrelated to the study served as peer debriefer (Lincoln & Guba, 1985). The peer debriefer had a Ph.D. in School Psychology and had experience in qualitative methods. She also worked in the school system that was the focus of this study and had knowledge about early intervention and experience with the SNP program. The peer debriefer reviewed the process and procedures of data collection, coding, and analysis, and helped the research team illuminate biases, clarify interpretation and analysis, and be a neutral sounding board for emerging theory and interpretations. Recursive data collection and analysis also enhanced trustworthiness, as it allowed the researcher to develop follow-up questions in interviews, and to refine the interviews.

Detailed documentation of all aspects of the study enhanced reliability (Yin, 2003). An audit trail was established (Lincoln & Guba, 1985). The audit trail included all data collected, detailed documentation of the data collection and analysis, all versions of the developing code book, researcher notes including journal, interview notes, notes about methodology, and personal notes on the research process.

Member checking was also used to enhance trustworthiness by affirming or disconfirming the analysis, or highlighting differences or errors. After all data were collected and analyzed, the PI conducted member checks in two ways with selected participants. Each parent was sent Figures 1 and 2 in the mail with a cover letter explaining the member check procedure. Then the PI talked with each of the mothers individually to review results. Each parent was given the option of meeting in person or conducting the check by phone. All mothers requested to talk by phone for their convenience. Feedback was solicited on the content, tone, and accuracy of the data including themes and patterns that emerged and whether they reflected what that mother felt they intended to communicate about her perceptions and experiences. The PI particularly sought clarification and correction on any results with which the parents disagreed. This included presenting the results of the study and then asking the mothers what their reactions were, what they would like to clarify or correct, what was different from what they remembered discussing, and what additions or changes they wanted to make. All three mothers stated that the results reflected the content of the interviews and their impressions and experiences. Typically, they offered additional anecdotes or repeated statements from the interviews to confirm their agreement with the results. No recoding was necessary following member checks with the three mothers.

The PI also conducted a focus group with five of the professional participants with the same intent as the parent member checks. The five professionals were selected purposefully so that at least one participant who attended a transition meeting, one from an evaluation and one from an initial IEP meeting was present. The group also represented at least one professional working with each of the mothers. Three of the five professionals had attended more than one event or met with more than one mother giving the group the broadest possible experience. A week prior to the focus group each of the five professionals was given a copy of the transcript of their interview(s) to remind them of the topics discussed. A cover letter also provided information about the purpose of the member check.

The professionals agreed with the results and felt that the themes and subthemes presented did represent their experiences. The professionals clarified the results in several ways. Typically their clarifications and anecdotes were the same ones they had stated in their interviews although they did not seem aware of this. They also shared other examples and thoughts that were parallel with the information that was elicited and coded from their interviews. No re-coding or interpretation was necessary following the member checks.

External validity, or the generalizability of the results, can be a limitation of qualitative studies. The examination of three families navigating the transition process enhanced external validity. Additionally providing thick description with the results aids a reader in drawing generalization as warranted. Representative quotes and other pertinent details are presented to illustrate results. This helps the reader to better

understand their meaning and importance. Richness of details is important for understanding the study and the phenomena that was examined.

Prolonged engagement involves the researcher investing enough time to learn the culture being studied, evaluating distortions and misperceptions within the study that may appear from different sources, and developing trust with the participants (Lincoln & Guba, 1985). In this study prolonged engagement was achieved in part because of the previous experience and knowledge the primary researcher has of this particular educational culture. Additionally, by interacting with the parents across three events, three interviews and other miscellaneous contacts, and the use of good interpersonal skills, sufficient trust was established. The same procedures were applied to interactions with professionals including those previously known, and those previously unknown to the primary researcher. Staggering the families' start by the date of their transition, and by working within the time line of the transition process, typically 90-120 days, sufficient time was invested to establish prolonged engagement.

In order to provide depth to the study the researcher also utilized the technique of persistent observation (Lincoln & Guba, 1985). The researcher continually explored the phenomenon to determine relevant factors, and the multitude of influences and experiences of the participants, in order to best understand the perceptions and experiences across the transition process. Of course bracketing assumptions and maintaining a researcher perspective provided a counterbalance to the sought after depth involved in persistent observation so that bias is minimized while depth and scope were maximized.

The experiences and perceptions of African American mothers and professionals throughout the transition process from early intervention to special needs preschool were examined in-depth using rigorous qualitative methodology. This examination was intended to increase understanding of the transition process and of the people who work within it. The results and interpretation of this study are presented in Chapters Four and Five.

CHAPTER 4

RESULTS

The purpose of this study was threefold: (a) to examine the perceptions and experiences of African American mothers with children transitioning from early intervention to special needs preschool; (b) to more specifically examine the perceptions the mothers had of the professionals across the transition process; (c) and to examine the perceptions the professionals had of the mothers in transition. Analysis of the 27 parent and professional interviews illuminated perceptions, opinions, interpersonal factors and related issues about the process of transition.

The results of the data analysis are presented by research question with the themes and subthemes that emerged within each of the three questions. A visual depiction of the codes for each research question and the subsidiary analysis is provided in Figures 1-5. For each research question themes and subthemes are defined and explained and illustrative quotes are provided. Quotes from parent interviews are referenced to mother and interview. For example, the second interview for Mother One is notated as (M1, i2). Professionals' interviews are notated by the mother with whom they interacted, and a unique professional number so that a quote from the service coordinator for the third family is notated (M3, P4). Refer to Appendix F for a list of participants by number and the event in which they participated.

Research Question One: What were the perceptions and experiences of the African American mothers across the transition process?

Three parents were interviewed once after each of the three transition events. Analysis of the nine parent interviews yielded six themes related to the mothers' experiences and perceptions throughout the transition process: Parent Knowledge, Self Perceptions, Child Perceptions, Perceptions of Meeting, Race and Culture, and Defining Success. See Figure 1 for a visual representation of the codes used for research question one.

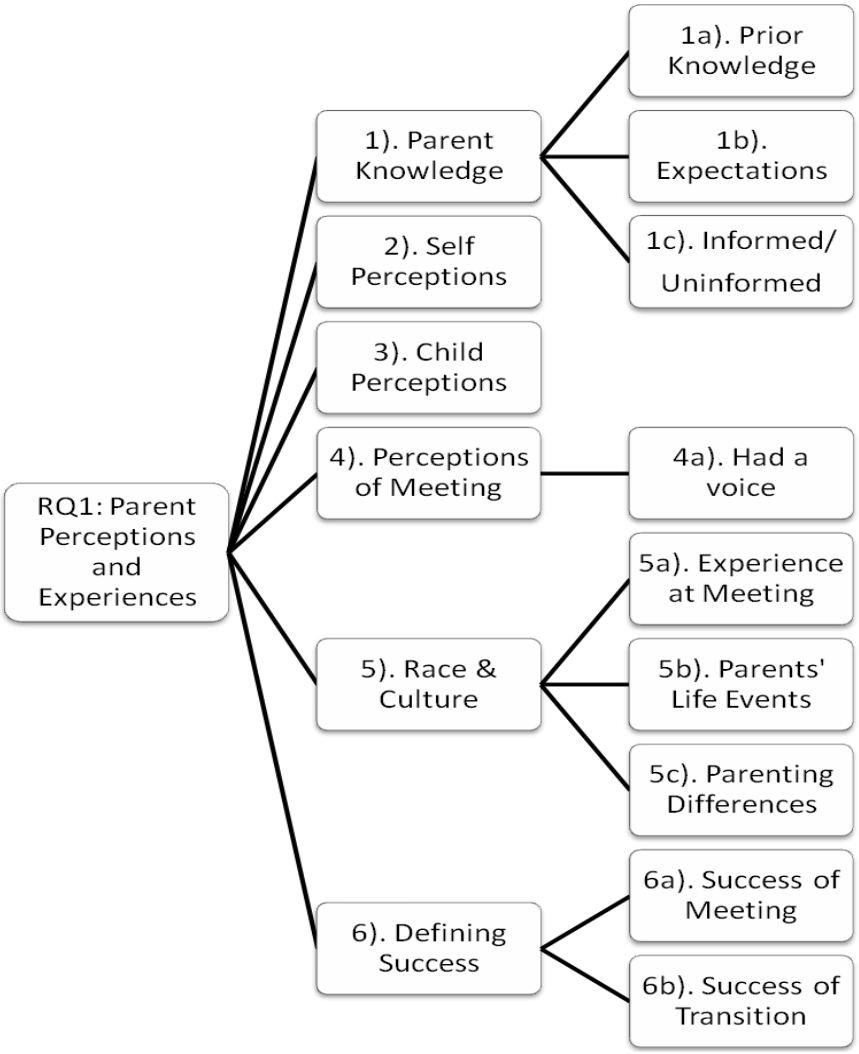

Figure 1. Research Question One Codes.

Parent Knowledge

The first theme, Parent Knowledge, encompassed knowledge in several ways. First, information or knowledge that the parents had prior to the transition process was examined. Secondly, how this prior knowledge shaped the mothers' expectations about transition, and thirdly, the ways that their knowledge changed during the transition process were examined. These three factors are represented by the three subthemes: Prior Knowledge, Expectations, and Informed/Uninformed.

Prior Knowledge. This subtheme captured the mothers' knowledge about the transition process or individual events *before* the transition meeting occurred. These data focused on knowledge the parent already had when transition formally began, with the transition meeting, and what they didn't know. Five statements were coded that reflected a parents' prior knowledge. All three parents referenced prior knowledge about some aspect of the transition process. One parent had been a classroom teacher and noted several times how that experience was helpful in navigating the transition process for her daughter. For example, when asked about the tone of the transition meeting she said, "Oh, no. I felt comfortable. I used to be an elementary school teacher so I'm very familiar with how the whole IEP process works and all that" (M1, i1). This parent also reported familiarity with the terminology of special education. Another parent, when asked if she understood what the evaluation would be replied, "Yes. I most definitely did. He's had so many of those. By [children's hospital] a couple of times and by [early intervention] a couple of times. So I knew what to expect" (M2, i2).

Although all three mothers had some prior knowledge that was useful to them, they also lacked specific knowledge about the transition process, the school system

including SNP procedures, and the vocabulary of special education. Fifteen statements were coded representing the parents' lack of knowledge about transition. "I didn't know the school system did its own evaluation" said one parent (M3, i1). Overall, the balance of knowledge parents had was weighted toward lacking knowledge that would assist them in understanding and navigating the transition process.

Expectations. The second subtheme in Parent Knowledge represented the mothers' expectations about the transition process or individual events. Twenty-five units of data were coded in this subtheme. The mothers' prior knowledge, or lack of knowledge, influenced their expectations about the process and about individual events. When asked what she thought would happen at the first event, one parent said:

> Actually, I had no clue (laughed). I was actually a little nervous about it. I was told there was going to be a social worker. And I was like, and when I think of 'social worker,' I think, hold on, what? You know, I never hear anything good about a social worker, so I assumed the worst. Oh my God, what? I was just like, calm down, it's probably nothing. It was fine (M2, i1).

Another parent indicated her expectations were not met when the early intervention therapists did not attend the transition meeting:

> I wasn't sure about the therapists. If they were going to be there. [child] gets PT and Speech. And I didn't know if they were going to be there to tell what she was doing. Because I know when we go for the evaluation they aren't going to see her for that long; they're not going to see everything.

Overall, parents did not know what to expect at individual events, but expected that by the end of the transition process services would be offered that would benefit their child.

Informed/Uninformed. This subtheme addressed education or information the parents received or did not receive as they moved through the process from one event to another. Informed/Uninformed is differentiated from Prior Knowledge in that Prior Knowledge is what parents knew *before* the Transition meeting and Informed/Uninformed was what they learned or did not learn from the professionals *during* the transition process to SNP. This code was used 40 times: 21 Informed and 19 Uninformed. Informed reflected parents getting information from the professionals with whom they interacted at any of the three transition events. When asked if she learned anything at the Transition meeting one parent said, "I didn't know there were all of those options. Like home-based services. And community preschools. I didn't know anything about that" (M3, i1). Another parent reflected similar information had been shared, "I didn't know they were actually going to do it through the school system. So yeah, that was new" (M2, i1). Following the Evaluation the same parent indicated she had acquired new information. She said:

> Yes I did. The fact that they went a little more into detail about the schooling and how it's going to work and him going there. I didn't know it was half a day and how many days he was going to be going (M2, i2).

The code Uninformed was applied when parents did not get information from professionals. This was often related to parents not knowing what would happen at the next event or who would be there. When asked if she had learned anything at the

evaluation one parent simply said, “No” (M3, i2). Another parent indicated that she had been given limited information at the transition meeting about the evaluation, saying, “Just that she would need to have her hearing screen done. And that’s pretty much it. I didn’t know how long it was going to take, or who was going to be there” (M1, i2). Another parent said:

> I didn’t know they were going to…I thought they were going to – like another meeting, then another meeting after that. Because they were talking about the IEP goals. And then I was told when I went to [the evaluation center] that it was going to be the IEP evaluation and then another meeting. So I’m like, ‘oh my gosh,’ all these meetings. [PI: So it sounded like two or three different meetings instead of one?]. Right. And I’m like, okay, here are all these people and then I gotta come back and meet the same more people plus some more people. So I was like I don’t know. I was just hoping going in there that this was one big meeting (M2, i3).

Overall, the themes of Parent Knowledge reflect the limited knowledge parents had prior to the beginning of transition, primarily from past work experiences, or experience with other helping agencies. These themes also reflect the limited ways that knowledge increased during the transition process through interactions with early intervention and educational personnel.

Self Perceptions

The second theme, Self Perceptions, included perceptions or emotions that the parents described or attributed to themselves personally. This included positive emotions such as comfort, relief and hope, and negative emotions such as uncertainty, frustration and powerlessness. Twenty-seven units of data were coded here. In general, parents

reported positive emotions about individual events and about the process. One parent said, “I felt comfortable right away. I guess because we sat on the floor” (M2, i2). Despite comfort at events, parents were also aware of the process-oriented nature of the events. Two parents emphasized the importance of completion of the process over interpersonal connections. One parent said, “I just want to get on with this. I want to get some answers…But yeah, I felt like everything with me at the meeting was fine” (M3, i1). After the IEP meeting another parent said, “I was just ready to get it done” (M1, i3).

One parent talked about how she was feeling about her son starting school once the transition process was completed: “Real nervous. I mean I am so nervous” (M2, i3). The mothers also reported that anxiety or nervousness were more significant at the beginning of an event, but abated as the event progressed. For example, one parent said, “I was a little nervous at first and then when I got there and we started talking and they started explaining everything, I was relaxed” (M2, i3). Across the data coded in this theme attributes were evenly distributed between positive perceptions and negative perceptions related to events, the process or how the parent felt they were treated by professionals.

Child Perceptions

The third theme, Child Perceptions, included any data in which the parents referenced the child in describing their own experience or perceptions. This occurred 50 times across the nine parent interviews. Twenty five of these references were when the parent expressed concern for the child. For example, one parent talked about her son’s adjustment to the preschool classroom: “I’m excited. I’m hoping and wishing and praying that he takes to her and takes to them and takes to everyone else and just like their goals

are going to be met" (M2, i3). Another mother expressed concern about her daughter's strengths being seen by a teacher who had recently seen the child misbehave. She said, "I hate to say this, but there really is just two sides of [the child]. There really is. So I want them to see both of them" (M3, i3).

Twenty of the 50 codes in this theme represented when the parent indicated her significant knowledge of the child. For example one parent said, "If he was scared usually, he grabs my face and turns my face towards him and 'Mama' and points to the door" (M2, i1). When asked about the evaluation another parent noted, "I knew it was probably going to take her a minute. That's normal with her. So I knew she'd be fine once she kind of got used to everyone for a couple of minutes" (M1, i2). This theme contained a large portion of data and was a primary topic for parents throughout all interviews. The mothers' focus was frequently child-oriented.

Perceptions of Meeting

The fourth theme, Perceptions of Meeting included references to the event and not to people or interactions. Results were generally positive for the nine events, including 26 positive references such as that the meeting was 'fine', 'good', and that the tone of the event was comfortable. The mothers commented in all nine interviews that the events were process-oriented or about paperwork, although these were typically neutral statements rather than criticisms. For example, when discussing eligibility for the child one parent said, "I was expecting her to be [eligible]. I just knew they had to go through the motions of it, you know. There's state standards that they have to be met, but I knew she would be eligible" (M1, i3). Negative comments about meetings were coded 10 times, seven of those from one event: the interview following the evaluation for the third

family. Predominantly, this mother's negative comments reflected that she felt an inadequate amount of time was spent conducting the evaluation. This was the same parent who expressed concern about the EI therapists having an opportunity to provide information about current functioning. In this way she reiterated her concerns about the thoroughness of the evaluation and that events were disjointed.

Parents also reported feeling that they had a voice, were listened to, and were comfortable speaking up in eight of the nine events. One parent said that she tested the professionals by asking repeatedly about her main concern, how the professionals would treat her child if he misbehaved: "It was just to reassure myself so, you know, my own little mother test, let me try to bring this up one more time, see how they answer this time, you know, because some people, they might change" (M2, i3).

Race and Culture

The fifth theme, Race and Culture, reflects data that captured the parents' perceptions related to interactions at events, or to other issues that parents felt were relevant to race and culture. This theme is best understood in three subthemes: Experience at Meeting, Parents' Life Events, and Parenting Differences.

Experience at Meeting. This subtheme captured any thoughts, interactions or perceptions related to race or culture that occurred during an event. Thirty-one units of data were coded in this subtheme. Throughout the interviews, no parent indicated that issues about race were present during the events. For example one parent said, "No, not at all, not even for a second. I just thought that these people were trying to help me, and they're trying to help me help my son. That's it" (M2, i1). When asked about race or culture related to a potential teacher, another parent replied:

> Can she handle her and I'm not even really, it's not all about, okay, she's a Black woman. First of all I want my child to be with someone, well, first of all with someone who really cares about what she's going through. And the situation. So can she handle her? Are they really doing this because they care? So there's other factors outside the race as far as, okay she's a Black teacher, she's a White teacher (M3, i1).

Another parent replied, "No. I think it was totally neutral. I think she and I would have been treated the same whether we were White, Asian, Hispanic, you know" (M1, i2). One mother responded positively to the way the professionals introduced race or cultural topics: "When they asked me his dad's ethnicity I was bothered not at all. I guess they didn't make me feel uncomfortable at all the way they asked" (M2, i2).

Parents' Life Events. The second subtheme in Race and Culture, Parents' Life Events related to anecdotes or references the parents made about their own lives when discussing issues of race or culture. Two of the parents recalled past events where they had experienced racism. These stories were in response to the open ended questions about race and culture related to the transition events. The parents were not specifically asked about their past experiences, but these anecdotes related to the mothers' feelings as they were now going through the transition process with their child. These two parents shared multiple anecdotes in their interviews about experiences where racism occurred. One parent related the following experience that made her wary of her child attending their neighborhood school:

> The only reason why is because when I moved here, I had this accent, this weird accent. And people over here weren't used to that. I wasn't used to being at a

> predominantly White school and over here I was. And I'd sometimes be the only Black girl in the class. And because of that I faced *a lot* of racism. And they would just say the most ignorant stuff to me, and there'd be a teacher in the class and the teacher would hear it. Wouldn't say nothing (M2, i1).

These previous life events raised the possibility that they could experience racism again within the school system as a parent or that their child could. One parent said, "I don't want my child to have to go through what I had to go through. It was so horrible" (M2, i1). When discussing how her life experiences were shaping her expectations for her child another parent said:

> I don't know what to say. I really don't. This is life. This is the way of the world. Regardless how many years it's been. Whatever. Regardless of who we have as President [Note: in 2010 Barack Obama was the President of the U.S.]. This is society and society's choices to think what they want to think. People are going to think what they are going to think (M3, i2).

Culture was also mentioned related to parents' understanding of society or cultural groups. When talking about race and culture one parent referred to a former job working with adults with disabilities who were predominantly African American. She said:

> Normally, in that population, far less African-Americans that are getting services, or even that seek services. I think that's more the issue more so, they don't seek services. I think that we don't seek services as much because we seem to think we're immune. From, our kids can't have these issues, and I think a lot has to do with our religious background as well, 'Oh just pray about it and they're going to

> be fine.' Just things like that so I think there's a big cultural difference when it even comes to even seeking services, even though it sounds crazy (M3, i1).

The mothers also discussed cultural factors including biases that exist about disability. One parent reported:

> I don't think it was so much dealing about race or culture, or the funny thing is that when I told my 13 year old about, because you know, because she's [the child] not tiny, tiny, but she's not the biggest 3 year old either. So when I was telling her [the 13 year old daughter] that if she was approved for services that she would ride that short bus. And I don't know if that's a cultural thing, because my daughter's like, 'she is not riding, I don't want her to ride a short bus.' You know 'cause that signifies, um [pause; looked at PI]. [PI: You say it. You say it the way you want to say it.] This is me, I can say this [pause] to people or kids, but it signifies [pause] retardation. (M3, i1).

Parenting Differences. This small subtheme (three coded units) captured parents' comments about how cultural differences can exist in parenting practices and how these differences are reflected in testing biases. For example, after filling out two developmental checklists one parent said:

> And you know, family-wise, I was raised in a Black family. And I don't know, if people start things earlier in a different culture, you know? Because just like people over in other countries you know they say the babies walk before one because, somewhere they pretty much push the babies to walk, the mothers. So every culture is so different. Are these things they expect a three year old to be doing? Should she be tying her shoes? Should she be saying all of her ABC's in

> order right now? Should she know all of her body parts *including* the wrist? Things that were not your 'general'. To be general means your eyes, ears, nose, feet. But it has 'including' the wrist, the knees. So I'm like, okay, are we not. Are we supposed to be teaching our babies to do this? (M3, i2)

Defining Success

Defining Success was the sixth category within research question one. This category was defined as parents reporting on how they felt about the event overall. Typically this was in response to an interview question asking parents to evaluate how successful or unsuccessful an event was, or how successful transition was overall. While some data coded in Defining Success is similar to that coded under Informed/Uninformed, no units were double coded. The first subtheme of Defining Success was Success of Meeting. The parents reported that eight of the nine events went well. This included that their questions were answered and their expectations were met. One parent said, "The meeting was great. The meeting was very educational" (M2, i3). Another reported that her main concern finally had been addressed in the IEP meeting by the two professionals. She said, "There were alternative options as far as behaviors- in school, out of school. Tactics, especially with the restaurants, in public. You know, they [the professionals] really were useful and informative and concerned" (M3, i3). The ninth event, the evaluation for the third family, did not go well according to that parent. Her dissatisfaction related to interpersonal issues and will be presented in the results for research question two later in this chapter.

The second subtheme of Defining Success was Success of Transition. As part of the third interview the mothers were also asked how they felt transition had gone. One

parent said, “I think it went really smoothly” (M1, i3). All three parents reported that they felt it went well. This included that their expectations were met, and that they were satisfied with the services that were in place for their child. One parent said:

> I think it went smoothly. Every transition was very smooth. It was not like I had thought at first. I thought you know you’re doing all these meetings and transition, I’m like, oh crap. I’m going to have to do this and this and this and everything is going to not go smoothly. But they were basically, just held my hand and just passed me along, and help me cross the street. It was like okay, we can cross the street now and hand me off to this next person and hand me off to the next person. So it was not never like oh, no, no, where am I supposed to go, what am I supposed to, who am I supposed to talk to? It was never like that (M2, i3).

Related to the success of transition, parents reported that although transition is process-oriented, it was also child-centered. One parent summarized:

> I mean those things have to be done, but it definitely felt like they were like the main objective was to make sure [child] is evaluated properly, they know exactly what she can do, can’t do and, you know, where she needs to be and how fast she can get there. So I think that was the clear-cut goal the whole time even though paperwork had to get filled out and had to go to this meeting and that meeting (M1, i3).

Two of the three parents experienced the transition process as disjointed. This reflected the kind of previously cited concerns about who attended the meetings and how information was conveyed. One parent commented, “I don’t think anything would have

been that smooth. I'm not saying it had bumps in it, it's a process, so I think that everybody does their part to the best of their abilities" (M3, i3).

The results presented within research question one reflected the mothers' experiences and perceptions of individual events and the transition process overall. Themes highlighted both positive and negative aspects of transition as well as ways that transition was child-oriented and ways these mothers described themselves. These descriptions included changes in knowledge, feelings, and attitudes. Overall success was related to the parents becoming more informed, finding the professionals helpful and services being put in place that the mothers felt would benefit their child. Results related to race and culture suggest that issues of race were not relevant during events, but were salient in terms of parents' life experiences and their expectations. Results for research question two include data specifically related to the mothers' perceptions of the professionals and their attitudes and impression about the interactions that occurred.

Research Question Two: What perceptions did the mothers with children transitioning from early intervention to special needs preschool have of the professionals they had contact with throughout the transition process?

The themes that emerged within research question two represented the parents' perceptions of the professionals across the transition process, rather than related to the meeting or their own experiences or feelings. Four themes emerged: Professional Attributes, Interactions, Child as Indicator, and Perceptions of Professional Roles. See Figure 2 for a visual representation of research question two codes.

Professional Attributes

The first theme Professional Attributes related to the parents' descriptions of the professionals' demeanors and intentions. Fourteen of the 15 professionals were described in positive terms. This included both positive attributes describing the professional and that the parent felt that the professional perceived them positively. For example, one parent noted that the professionals were, "Friendly, polite, open" (M1, i3). She also commented about the teacher specifically saying, "I think she's really nice. I think she knows what she's doing. So I'm very confident in her" (M1, i3). Another parent described the social worker at the transition meeting, "I felt like she was nice and supportive" (M3, i1). The parent also noted:

> I think she went above and beyond what she needed to do. You know, she told me about Head Start. And when she told me about the [parent support group and respite care for parents]. She didn't have to tell me about that. That wasn't really what the meeting was about. But that meant a lot to me. I really appreciated that.

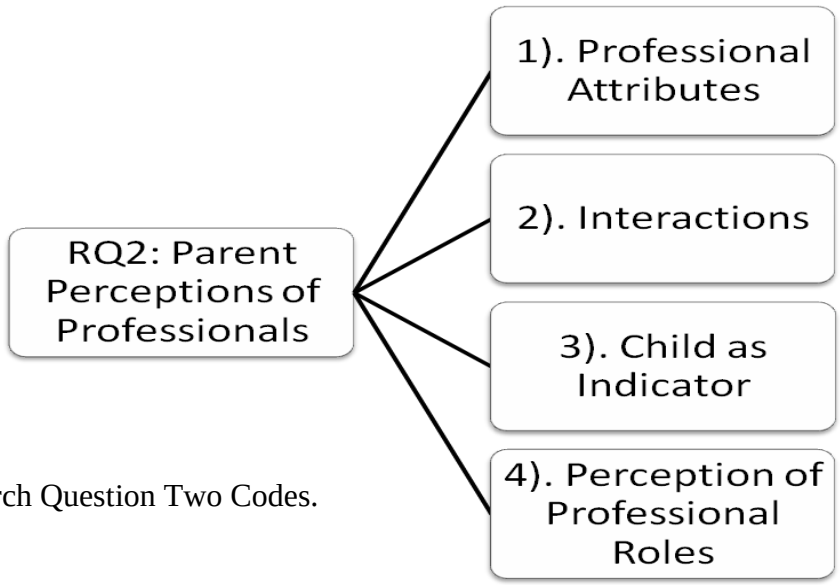

Figure 2. Research Question Two Codes.

Positive comments about professionals were predominant across events; however, negative attributes were noted from one of the parents for one professional at one event. The mother described the professional this way: “I think out of the three [professionals conducting the evaluation], she was the one that did kind of put that, the shell there, and kept it strictly, just, business-wise” (M3, i2). This parent’s strong feelings about this individual event were seen in the data across themes in research questions one and two and will be discussed further in Chapter 5.

Interactions

The second theme under research question two was Interactions. Parents reported generally positive interactions with professionals across events and reported positive responses to these interactions (21 coded units). For example, “She seemed very happy to work with [child] and I” (M2, i3). One parent described the interactions in the following way:

> It was structured. It was a structured meeting but it didn’t have that structured feel. Meaning it wasn’t so stiff, like, it wasn’t like a robot feel. It was more like a relaxed, friendship, family thing. It was still structured but you could still talk, but it wasn’t like so much, oh my gosh, I’m being quizzed (M2, i1).

Parents noted that they felt a good rapport existed and that they felt “on the same page” (M2, i1) with the professionals. One parent indicated that rapport can be assessed early in the event:

> If I would have come in and they had just seemed rude, or if I was thinking in my head, she’s not working right with her, I probably wouldn’t have said something right then, but I probably would have called [the diagnostician] and I would have

> said you know, [child] wasn't really comfortable with this person, or this person was just rude and I didn't appreciate it or whatever. But that's the only time, you know when you first come in the room and they shake your hand, you can kind of pick up on what, if they're going to be pleasant or whatever, and they were. So I didn't have any issues with that (M1, i2).

Five references describing interactions between the parent and the professionals were about process and occurred in the one event that was negative for one of the parents. She noted that the event felt process-oriented because of the nature of the interactions. She reported that the interaction within this event felt disconnected and impersonal. "It wasn't a conversation back and forth. It wasn't really none of that. It was 'sometimes,' 'often.' It just really felt that it was rushed. I just don't know how else to say it" (M3, i2).

All three parents indicated that they wanted positive interactions with the professionals. The parent who had been a classroom teacher said, "I mean no one wants to deal with an uncooperative parent. And no one wants to deal with an uncooperative teacher. I know what that relationship is supposed to be like in order for it to be effective" (M1, i2).

Child as Indicator

The third theme, Child as Indicator, captured incidents where the parent reported that they assessed the professional by her interactions with the child. This included parents believing that the child seemed to like the professional, that the professional would be good for the child, that the professional seemed to have a positive attitude about the child, and that the professional seemed open-minded about the child. Twenty-seven units of data were coded from all nine parent interviews. For example, one parent said, "I

think she liked him. She was trying to get him to talk to her. He blew kisses though. He blew kisses to her" (M2, i1). At another event the same parent said, "Then she'd watch him again. And she said, 'oh he's so smart'. And then she'd write it down. And so I liked her too" (M2, i2). Parents repeatedly linked their perceptions and satisfaction to their child's experience, including how they evaluated the competence or demeanor of the professionals. This was an important focus for all three mothers.

Perceptions of Professional Roles

Perceptions of Professional Roles was the fourth theme within research question two. These data referred to parents' perceptions of what the professional's job or role was, or why they attended the meeting. Typically, the parents reported on the professional role based on their observations of them during the event, rather than prior knowledge of the role or the title or professional discipline of the person. For example at the transition events the parents described the school representative as the leader of the meeting and the person who gave information. They indicated that the service coordinator was not a participant but an observer and someone who completed paperwork. Their descriptions of the service coordinator also included information about their prior role with the family, but that the role was not congruent with the role the person took during the event. For example, when asked about the service coordinator's role at the meeting, one parent reported:

> You know, it was less than I expected. I thought she would talk more, would be more involved. I mean I guess it was [the school representative]'s meeting. I realized. So that was probably how [the service coordinator] was supposed to act, but her involvement was less than I expected; less than she usually does (M3, i1).

Parents indicated that they were confused about professional roles and names across the events of transition. A typical response about professionals at the events was, “Names? I can’t remember names” (M1, i1). This was most true within the evaluations. One parent noted:

> I know they were each in a different field so of course the questions would have to pertain to each of their fields. So I mean, and to be honest I didn’t quite remember which one was which field (M3, i2).

Professional roles were always described by process function rather than relational function. For example one parent described the classroom teacher this way: “She was kind of a leader. She, you know, went through everything and gave everyone else a chance to talk, but she was like the main person, you know, guiding the meeting” (M1, i3). Another described the social worker, who was the school system representative this way, “Well I think it was to explain about the transitional services and to tell me what services are offered through the school system” (M3, i1). Another parent described an occupational therapist at the evaluation in the following way:

> She was the one trying to get the information. Trying to get it all down while they were working with him. She was asking me what I think, and what he can do and what he can’t. Just in case he doesn’t do it for them (M2, i2).

These data show that the mothers’ interactions and perceptions with the majority of professionals were positive. The mothers typically did not remember the names or formal roles of the professionals and their perceptions were primarily based on what they saw the professional do at events. Perceptions were related to how parents felt they were

treated by professionals. Key indicators for parents were how they felt their child responded to the professional and how the professionals seemed to feel about the child.

Research Question Three: What perceptions did the professionals have of the mothers with children transitioning from early intervention services to special needs preschool?

In all 18 professional interviews the professionals responded to questions about the mothers in the study in two modes: to reply about the specific parent, and to illustrate their point by giving an example or anecdote about parents generally or another parent with whom they had worked. This resulted in a large amount of meaningful data that was grouped into two areas: Parents in Study and Parents Collectively. Results will be provided here and comparisons and links between the two categories will be discussed further in Chapter 5.

Parents in Study

Four Themes emerged reflecting the professionals' perceptions of the three parents participating in the study during the transition process: Parent Attributes, Related to Child, About the Professional, and Race and Culture. Figure 3 provides a visual representation of the codes for this part of research question three.

Parent Attributes

Parent Attributes contained data reflecting how the professionals described the parents. This included their perceptions about their knowledge, priorities, and feelings. 179 units of data were coded in this theme from the 18 professional interviews. This theme was subdivided into two subthemes: Competency and Personality.

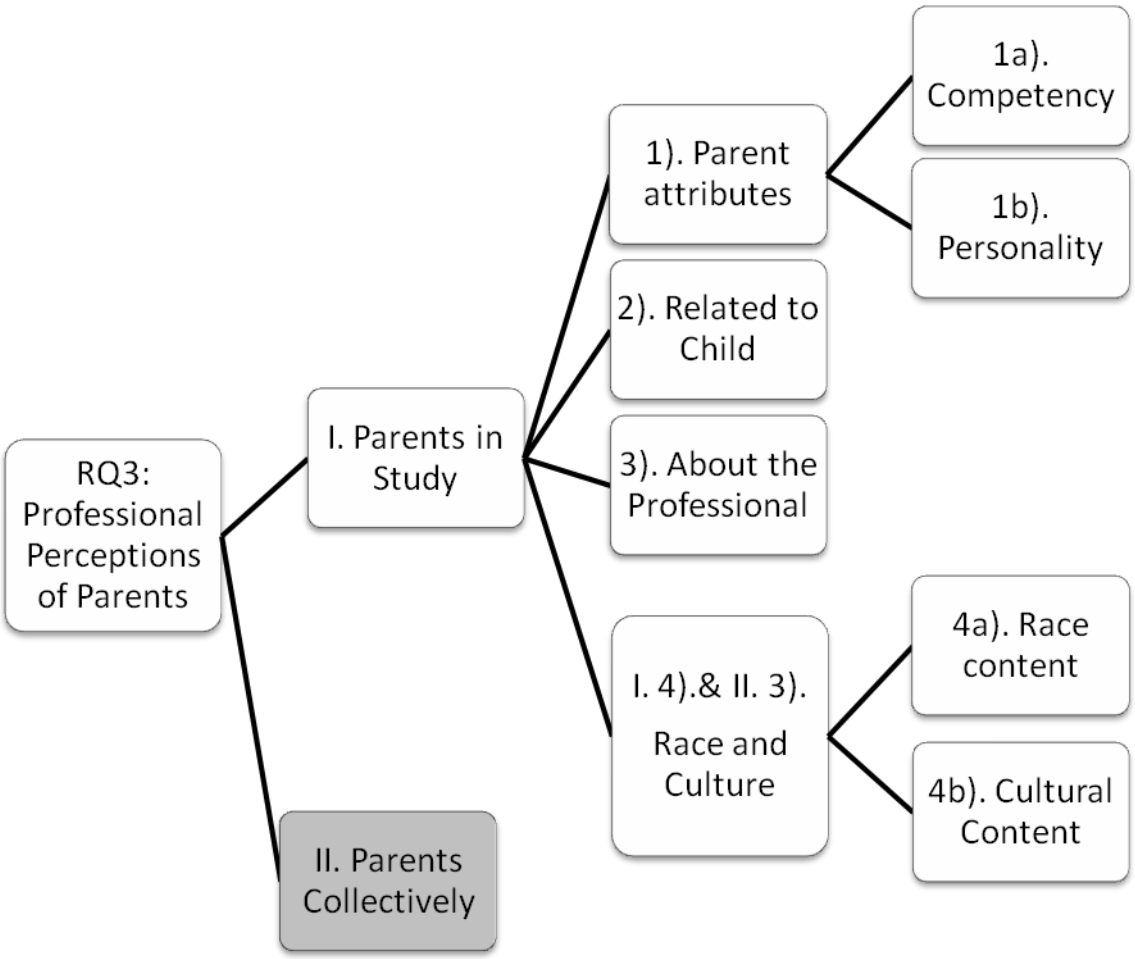

Figure 3. Research Question Three Codes: Parents in Study.

Competency. Units of data were coded as Competency when professionals described the parent in terms of perceived knowledge and expertise during events, or attributes related to competence rather than personality or appearance. Seventy-eight units were coded including characteristics of the parent such as being educated, competent, responsible, or a good informant. Competency also included when the professional felt that the parent understood the information provided or had prior knowledge about the event or the transition process. One professional described a parent

this way: “It seems like she was already aware of the process and, you know, had knowledge about what was going to happen, seemed like. I don’t know; it just seemed like she did.” (M1, P12).

Competency also included references to the ways in which parents participated in the events. For example one teacher said, “She knew what she wanted. She knew where the concerns were. And she wasn’t afraid to say her concerns for her child” (M2, P13). Another professional commented:

> I felt that she was very knowledgeable. She was very informative. She answered my questions appropriately. And I feel that rapport was established very early on and that she felt comfortable in that arena, talking with us, talking with me and with other people involved (M3, P3).

One professional expressed the parent’s competence this way: “She seems pretty knowledgeable about that when it comes to, for example, he had a recent OT evaluation and she was able to express the outcomes, the results and everything” (M2, P1).

Data suggested that professionals also believed that the parents increased their knowledge and understanding during some events. A typical statement was, “And I think mom felt comfortable at the end too. The questions were answered, and she left with some new knowledge of what’s coming next and what to expect” (M2, P8).

Units of data (17) were also coded within this subtheme when the professional perceived that the parent lacked these skills. For example following an evaluation, a speech/language pathologist said she felt that the parent was not knowledgeable about her child: “She seemed to give me an answer when I asked, what was her therapist working on, but she didn’t really seem to know what [child] was capable of doing” (M3, P7).

Parents were also seen as lacking competency about the process and programs that were involved. When discussing what was unfamiliar to the parent one professional said, “Just what maybe the next step in the process, and, I kind of got the impression that she knew there was a special preschool for her child. But just not knowing how to get to that next step” (M1, P6). Another professional indicated the parent lacked knowledge about special education including, “just the IEP process and what an eligibility is and what does Significantly Developmentally Delayed mean” (M2, P13).

Personality. This subtheme referred to descriptions and perceptions of individual characteristics of the parents including attitude, personality or interaction style. A total of 101 units of data were coded in this subtheme. Positive characteristics were coded 42 times. These included that the parent was nice, seemed comfortable, and was open, receptive and calm. One professional said, “I think she’s a younger parent, but I think she has it together” (M2, P8).

There were 29 occurrences when some, but not all of the professionals indicated two of the parents were hard to read and they were unsure what the parent might be feeling or thinking. One professional said, “And I don’t know if she felt uncomfortable. Sometimes you shut down when you feel uncomfortable. Maybe she felt we were criticizing her. I don’t know” (M3, P7). Another professional commented about another parent, “So I don’t know, she wasn’t very open and forthcoming with her feelings. So it’s hard to really pick up exactly” (M1, P12).

Related to Child

The theme Related to Child contained professional assessments of the parent in relation to parenting or observed interactions with their child during events. Children

were present at five of the nine events. At the other four events the children were the topic of the majority of the discussion. Seventy-one units of data were coded in this subtheme. Of these, 32 were units where the professional reported that the parent was extremely familiar with and a good informant about the child. Professionals at eight of the events expressed a positive perception of the parents' relationship and knowledge of their child. One teacher said "I felt that she seemed to really know her child and really cared what happen" (M1, P11). A diagnostician commented about another parent, "I felt like she loves [the child] and tries to be a good mom and that she, you know, they were both put together and looked appropriate for the situation. You know there's definitely that separation anxiety going on" (M2, P8). Another professional said, "I thought she was pretty accurate about, mostly about his likes and dislikes and what his abilities were at home" (M2, P9).

This knowledge of the child also included developmental and medical information. For example, one professional indicated that the parent was knowledgeable about their child in the following way:

> Well today I didn't feel like we needed to go there because mom seemed informed, you know? I think with this particular child, the fact that she had Down syndrome, and she was low tone. And I did mention to mom that she had some, hands seemed to be a little weak and she seemed to have some hypermobility. But I don't really think that was something she didn't know (M1, P6).

About the Professionals

This theme captured the professionals' perceptions and opinion of what the parents thought about them. Professionals based their opinions on the interactions during

the meeting. Units were coded in this theme 46 times. Positive perceptions were coded a total of 27 times about all three mothers. One service coordinator said, “I think they see me as being somebody important because they look to me for information. To guide them on the right path. I think we have a good relationship” (M1, P1). A teacher indicated, “I got a warm, fuzzy feeling from her” (M2, P13). Another professional described the parent’s attitude in this way:

> I think she felt comfortable with me. I feel like at times she was able to, just through some body language, give me enough feedback, or nod her head, or smile, or laugh a little bit- but I felt she was comfortable. I think she got the impression that I was genuine in asking my questions and it just wasn’t just, ‘tell me your answer, tell me your answer.’ That I was invested in trying to find out about her child and what her impression was about her child (M2, P9).

Negative perceptions were coded eight times about all three mothers. One professional indicated, “I felt like she felt like I was just there gathering information. She didn’t really ask me any questions about my opinion” (M3, P10). One teacher reported, “I felt sometimes that she thought I was being a little condescending maybe. And I wasn’t” (M3, P15). She added that she attempted to alter how she was interacting with the parent to counter this perception.

The professionals also reported that the parent’s opinion did matter to them. When talking about their positive perceptions of parent interactions many professionals qualified their statement by saying, “I hope so.” One professional elaborated:

> I want to matter to….I want that person to know that I care. I really do. You know there are certain parents that you make an impact. And you want to do the right

> thing. They really know that you care and they know that you went the extra mile. And I feel good about that. I'm not going to lie. You know what I'm saying? (M1, P5).

Race and Culture

The theme of Race and Culture was subdivided into data reflecting Racial Content and Cultural Content. Professionals frequently noted that race was not an issue when working with families. They acknowledged that the race of the parents in this study was African American. Several professionals also said that when they saw that the mother was a single mother, which two of these three mothers were, they had often experienced that single mothers were common in African American families.

Professionals also commented on the involvement of extended family for two parents where this information was known. In relation to race and culture one professional said:

> I guess I did kind of think about, and I don't know if it's a cultural thing, but I kind of wondered about the family dynamics. They didn't have the same last name, I think, and so I wondered are they all living together because he mentioned the grandmother and there were so many different family members involved that I wondered what exactly is the family unit that is living together. I just didn't know exactly who lived in the house with her and who she had involvement with every day in terms of the baby (M1, P2).

In discussing race and culture another professional responded:

> It is only positive things, just that everybody did seem so with the program and so well-educated and such a balanced family and not supporting the fact that

> grandmother came too to find out what was going on which is a strong, strong support system, which, of course, could be across any race, culture or anything (M1, P11).

For two of the mothers, who were in their 20's, professionals commented that their perceptions of the parents revolved more around their age than their race. These professionals reported that in their experience young parents are often less competent and knowledgeable than older parents. These two young parents contradicted that experience. One professional said, "She's young, but smart" (M2, P1). Regarding another parent a professional commented:

> I did feel like they [the mother and father] were both really young and [I] didn't know how old they were. They both looked very young, but they seemed to have it together as well. Because a lot of times we have very young people, and sometimes we think, Oh Lord, this poor child. But they just seemed to have everything together and seemed to know what they wanted for the child, and how they were going to do it, and seemed very positive about it (M1, P2).

Professional perceptions of one mother revolved around the large number of tattoos that she had. Professionals commented that they had never seen an African American woman with multiple tattoos. When asked about issues of race or culture during the meeting one professional said, "The only thing I thought about, and it was culture I guess, more so than race, was all the tattoos and the piercings and everything" (M3, P7). Another professional reported that she did not perceive that issues of race were present, adding, 'but I did have an interest in her tattoos. She had a lot of tattoos" (M3, P3). When probed she added:

> It is rare. Now I have seen a lot of African American women with one or two. Like the name of their children or a butterfly. Just one or two, but I've never seen that amount of tattoos on a person of color (M3, P3).

Several of these professionals also acknowledged that they had a negative perception of tattoos. One said, "I guess truthfully it was a negative reaction. It's just not something that I find appealing….And it makes you wonder, what are people thinking?" (M3, P7).

Parents Collectively

Three themes emerged reflecting how the professionals felt about parents in general. These themes reflected their experience and personal opinions about working with parents. The three themes were Parent Role, Talking about Disability, and Race and Culture. Figure 4 provides a visual representation of the codes for this part of research question three.

Parent Role

Professionals indicated that parents can have many roles and ways of participating in the three events of transition. Three subthemes emerged that reflect all of these roles: Source of Information, Participant, and Express Needs.

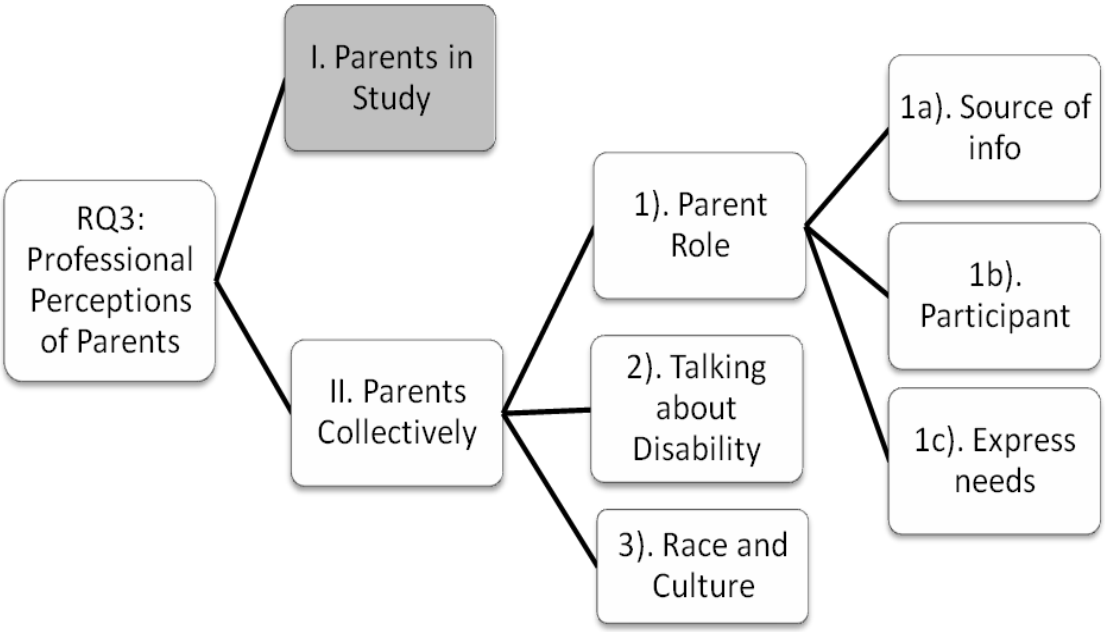

Figure 4. Research Question Three Codes: Parents Collectively

Source of Information. Overwhelmingly professionals viewed the parent role as being a good informant including being knowledgeable about their child. Being a good informant was coded 24 times in the 18 professional interviews. Additionally being knowledgeable about their child was coded 18 times. When asked the parent's role one professional said, "Mainly to give us information about the child, number one" (M1, P2).

Professionals expect parents to be able to give information about the child's history, current services including therapies and goals, developmental skills, and their temperament and behavior. Parents are also expected to be knowledgeable enough about their child and the child's services and history to validate the evaluation information and suggest corrections if necessary. One professional said the parent's role is, "To provide the background. They know their child better than anybody in that room. And they give us a lot of information" (M2, P8). Another professional described the informant role in

this way: ‘to be able to act as an informant for me so that I can gain knowledge about her concerns about her child. And to be able to tell me what services her child is receiving and what the concerns are” (M2, P3).

Participant. A related, but separate subtheme was that parents are active participants in the events of transition. This subtheme occurred 20 times. When asked the parent’s role one service coordinator said, “I leave it up to the parent to take the lead and provide the information” (M1, P1). Across events, parent participation included asking questions, knowing what goals they want, facilitating their child’s involvement in the evaluation when necessary, and advocating for their child. For example, the diagnostician at one of the evaluations commented:

> You know sometimes parents are willing to help us, you know, getting the kid used to the situation, you know like the mother did today. And if they are willing to do that. I also take their advice: is it better if you go in the hall? Is it better if you stay? Whatever. I try to be very respectful of that (M1, P5).

The lead teacher for the third parent’s IEP meeting commented on the parent’s role in developing the IEP:

> And I try to get them to be a part of the development of the education plan. If they have something specific that we can work on, I want to make sure that I have a goal in there that addresses that (M3, P15).

Express Needs. Numerous statements were made by professionals indicating that one way to view the parents’ role is that parents have and express needs that professionals try to meet. This included needing information, wanting services, and needing reassurance. This subtheme was not aligned with the parents actually expressing

needs but rather reflected the professionals' assuming parents have needs and positioning themselves to meet them. One professional indicated that "sometimes they'll ask for a recommendation as far as what they're doing at home, so sometimes I try to provide some of that" (M3, P10). Another professional noted, "I can answer some of those questions that the parent might have about the classroom" (M2, P8). Another professional commented on how she attempts to address perceived emotional needs of parents:

> So I do feel like if I can pick up on the fact that the parent – you can just kind of tell from the body language and all- are feeling uncomfortable. You know, then I try to ask their input and make them feel more at ease (M1, P12).

Talking About Disability

Professionals indicated that one frequent interaction with parents is talking about the child's disability. As a whole these professionals reported that they felt comfortable talking to parents about their child's disability. Flexibility appeared to be important for these discussions in that professionals indicated that they gauged the parents' readiness or openness for the discussion (coded 12 times), were guided by the event at which the discussion was taking place (coded twice), and were flexible to the severity of the child's disability in having the discussion (coded six times). One professional said:

> I try to be very empathetic, because you know, putting myself in their shoes, especially if the children are young. And I sometimes will not say everything that needs to be said because sometimes you cannot swallow it all. If I have a parent that is very negative, doesn't want to know it, I don't say it. I know that's probably a cop out. I'll say, 'yes I'm seeing weaknesses in communication,' and I just let it go at that. I feel like if they don't have a good feeling when they leave

> here, it's a long way they're going to be with us. There's no point in setting up an adversarial situation to start with (M3, P7).

Another professional said:

> It's not difficult at this time. I think that when you're working with families, it really depends on how you word things and your delivery, and your showing of empathy and support. I think that means a lot to families (M2, P3).

Professionals noted that while they are generally comfortable talking with parents about the child's disability, they are less comfortable talking about the ramifications of that disability. Ten of the professionals noted that the more experience you have with these conversations, the easier it was. One professional contradicted this by saying that it does not get easier with time or experience. She said:

> Oh, no. Oh, I don't believe that at all. It's much easier when you're young and may be a little naïve and you don't have children of your own. The things I said to parents when I didn't have my own children is just terrible (M2, P14).

Race and Culture

Most professionals expressed a value for culture and race. None indicated that race or culture were not of value or importance. The professionals indicated that cultural issues were important to consider when working with families. Professionals regarded culture as having a greater impact on their work with families than race, citing multiple examples of how families from different cultures have different parenting practices. Several professionals also remarked that given differences in parenting practices or lifestyles across cultures, assessment instruments can be biased. One professional explained:

> Culturally some of our families, and I know even in interviewing with the Vineland, which is a parent interview, some of those things can be very different. It's not so much lack of ability; it's just that they're not exposed to that type of thing in different cultures (M3, P15).

Several professionals noted that gauging any parent's understanding of the information being conveyed, and the quality of the interactions are important when working with families, regardless of their culture or race. One professional said, "I just get a variety so it's not necessarily the race, but it's about what the parent understands in talking with them at their level" (M2, P3).

Professionals also appeared to interpret questions about race and culture as suggestions that something bad had happened. For example when asked if she thought about race or culture during the meeting one professional replied, "Well for me it's not an issue. I get along with everybody. I don't know how they feel about me, but I try to get along with everyone" (M1, P1). This was a typical reaction, especially in early interviews. To counter this initial reaction the PI reminded the participants of the nature of the study and clarified that any and all reactions or thoughts were being elicited about race or culture before the questions were presented. Professional participants were more comfortable talking about culture or family differences than race. The data concerning race and culture is somewhat limited, but suggested that race was a sensitive topic for professionals. This sensitivity will be discussed further in Chapter 5.

Results presented within research question three elucidated the professional participants' views and perceptions about the three mothers in this study and also parents generally. The majority of professionals held positive views about these mothers

including valuing their participation and competence. Professionals viewed these parents as good informants about their children, an expectation they have for any parent. Across all results professionals and parents agreed that parents are not familiar with the procedural minutiae of the transition process. Race and culture were important issues although they were also sensitive topics for professionals.

Subsidiary Analysis

One peripheral block of data emerged during coding and analysis of the professional interviews. It is related to the results presented within the three research questions, but broader than the specific questions. Parents' perceptions of success were part of research question one. This subsidiary theme, Defining Success, is presented here as a foundation for the discussion in Chapter 5, including discussion of the congruence between parent and professional perceptions. See Figure 5 for a visual depiction of this theme.

Defining Success related to how professionals viewed the outcome of events. This included the event, interactions, and processes within the event. Coded data related to Defining Success were categorized into two subthemes: Process-focused and Interpersonally.

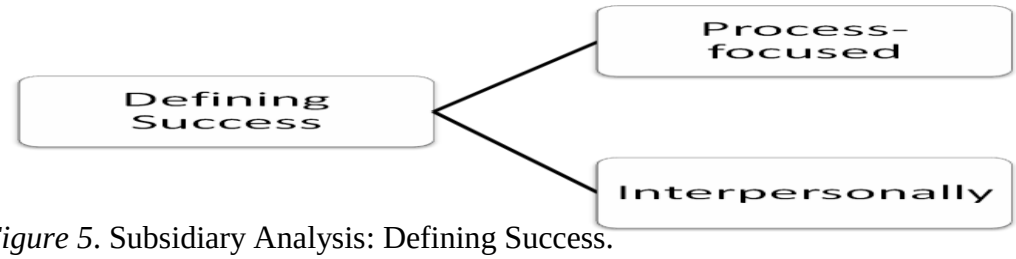

Figure 5. Subsidiary Analysis: Defining Success.

Process-focused. For the majority of professionals, success was evaluated in terms of process. Units of data were coded 29 times in this subtheme. The majority of comments about the success of the transition events related to paperwork being done correctly, legal guidelines being met, and time lines being met. A service coordinator indicated the meeting had been successful adding:

> I think it went well. I mean. She got some of her questions answered. Although she [the parent] was late, [the school representative] was able to get most of the information across, the best that she could. And we got most of our paperwork done. So everything went well (M2, P1).

Interpersonally. To a lesser degree professionals indicated that success of the event related to the parent or the interaction between the parent and the professional. Seventeen units of data were coded in this subtheme. One professional said, "I felt that the mom left on a positive note and looking forward to what was coming in the future, possibly through our special needs preschool for [the child]" (M3, P3). One of the professionals at an evaluation said:

> It was great to see all of the things that he knew. Because walking in I didn't think we were going to get that much from him at all. So it was really good to see that he calmed down. He did find that comfort level to give us….And I think mom felt comfortable at the end too. The questions were answered and [she] left with some new knowledge of what's coming next and what to expect (M2, P8).

At an IEP meeting one of the teachers indicated that the meeting was a success in the following way: "It was smooth and it went well and everyone seemed happy and

everyone is excited about [child] coming into the classroom. So I think [the meeting was] good" (M1, P11).

Oftentimes the codes for Process-focused and Interpersonally were applied to separate units of data within the same longer response. Professionals defined success in terms of both process and interpersonal factors. One professional described the success of the meeting in the following way:

> I hope she understood the process. I realize that we go through things very, very quickly and especially [Teacher] (*laughed*). And I don't know that she got the whole thing, but I think in the end we ended up with a good IEP and we ended up with what she wants which is to have her child in a preschool classroom which is going to help him in lots of areas (M2, P14).

At a transition meeting the school system representative indicated the meeting was successful in this way:

> And I was more worried about covering everything that I was supposed to cover and getting everything signed that I needed to get signed, but in terms of the family. I really enjoyed the family; I enjoyed the child. I think having the child there, and she was so well behaved and such a joy to watch, it made it even better (M1, P2).

Results from the coding, analysis, and interpretation of this data yielded rich and plentiful information about the experiences and perceptions of African American mothers and professionals interacting within the process of transition from early intervention to special needs preschool. In the next chapter these results will be discussed to examine

meanings that have been illuminated and ways that they relate to the current literature. Implications for practice and directions for future research will also be discussed.

CHAPTER 5

DISCUSSION

This research sought to increase our understanding of the transition process from early intervention to special needs preschool by examining the perceptions and experiences of people who navigate it. Specifically this study was designed to explore the experiences and perceptions of African American mothers, whose voices are missing in the existing literature on transition and are largely absent from the literature on special education (Boyd & Correa, 2005; Zionts et al., 2003). The perspective of the professionals who worked with the African American mothers, as well as the perceptions the parents and professionals had of each other were important components of this research.

This qualitative study provides several unique contributions to the current literature. First the qualitative methodology offers a rich picture of how three African American mothers experience the transition process with their child. Secondly, examining the perceptions of professionals across the transition events, along with the perceptions professionals and parents have of each other during transition offers a unique perspective on the process of transition. Third, examining the transition process as it unfolded rather than interviewing participants about it retrospectively provides a thicker description of the transition experience. Concurrent observations at events provided context for the participants' reports of the events during their interviews. The results of this study illuminate specific issues that align with the current literature and extend the current knowledge of the transition process.

Three research questions guided this study: (a) what were the perceptions and experiences of the African American mothers across the transition process; (b) what perceptions did the mothers, with children transitioning from early intervention to special needs preschool have of the professionals they had contact with throughout the transition process; and (c) what perceptions did the professionals have of the mothers with children transitioning from early intervention services to special needs preschool. Within this chapter the results of these three research questions are integrated and compared to emphasize similarities and differences, particularly related to questions two and three. Discussion is broadly framed within practice models in early childhood education, and the impact race and culture may have had on participants' interactions with each other. This framework illuminates the results within each question including the mothers' experiences and perceptions, and what parents and professionals thought of each other. Summaries of broad findings within these two areas are presented and then more detailed discussion is provided.

One of the foundations of this study was the literature related to family-centered practices, in early childhood special education and more specifically in early intervention. This study showed that while family-centered practices have value participants used practices from several different parent-professional models with success. Participants were most focused on practices and interactions that were related to services and attention given to the child and relegated adult relationships to less importance in the process. Interactions were not found to be collaborative as defined by the literature and the parents remained somewhat uninformed about the process throughout the transition events. Parents defined the outcomes as successful, though, since their measure of

success was the services that were put in place for their child. Additionally since parents didn't know what they didn't know, they had limited ability to report on how their knowledge increased relative to what was possible. The finding that transition is more about process than relationships undermines an intentional focus on relationships and further diminishes the importance of which practice model is used. Findings of barriers in transition for parents including a lack of preparation for transition, lack of information about transition and special education, and the segmented nature of the transition process were consistent with previous literature.

In Chapter Two four models of practice were described relating to family-professional interaction. The family-centered model has been emphasized as a best practice model to include families in decision-making and to increase their participation in special education meetings and processes (Dunst, 2002; King et al., 2003). Within the family-centered model this increased participation is achieved by the use of a number of practices and principles. These include the use of specific skills by professionals such as showing empathy and offering help, and the use of practices that emphasize collaboration and empowerment. The discussion of results in this chapter is organized in relation to how they elucidate family-centered practices, or practices aligned with other models of family-professional interaction. This includes what participants' priorities were within the transition process, how help was offered to the African American mothers, how participants perceived interactions with each other, and the impact race and culture had on these interactions and perceptions. Findings related to race and culture were multifaceted and intermingled with family-centered practices, concerns about the child, and interactions between parents and professionals. Models for practice and relevant

concepts are reviewed to provide a framework for this discussion. Implications and directions for future research and the limitations of this study are also discussed.

Components and Comparisons within the Family-Centered Model

Professionals across disciplines interact with families using a variety of models to frame their relationships with parents. In the professionally-centered model families are expected to follow the expert's diagnosis and prescription for intervention with no opportunity for input expected. In the family-allied model families' capabilities are evaluated by how they exert their efforts to comply with the expert's recommendations without parent input in the development of the interventions. In the family-focused model families may be involved in making decisions within a limited range of choices proposed by the professional. However, the balance of control remains weighted toward the professional. These three models are more child-centered than family-centered in that resources, evaluations, interventions and program planning are focused on the child's needs with little consideration of the family's needs or their ability to collaborate in information gathering or intervention development. The child is the priority and most services are structured to them directly.

The family-centered model emphasizes the importance of family in a child's life, including that parents have the right and capability to make decisions about their child. Another tenet of the family-centered model is that when the family is helped and supported, the child is also helped (Dempsey & Keen, 2008). Within the family-centered model parents and professionals are viewed as equal partners who work as a team to support the child and the family. Parents are viewed as competent and capable to actively participate in decision making and planning, although to varying degrees (Dunst, 2002).

Collaboration and empowerment are elements considered essential to a child's and a family's success within the scope of early childhood special education, and are inherent to this model. The family-centered model includes practices, beliefs and principles that support a family's ability to care and aid in their child's development. The more family-centered a program is, the more parents participate in decision-making, although parents may feel fairly equal levels of comfort across programs with different levels of family-centeredness (Dunst; Shannon, 2004).

In this research, participants demonstrated that the teams had a mix of family-centered, family-focused and child-focused orientations. While these participants did not use family-centered practices in the ways that have been written about and encouraged as best practice, they did use family-centered practices to some extent. Participants worked to get along, to complete a process that was largely child-centered, and expressed general satisfaction once the process was completed. In examining these elements more specifically, they can be viewed in terms of parent competence, how child-focused participants were, and ways that participants worked collaboratively with one another.

Competence. All parents bring some level of knowledge and competence to the process of transition. In this study each mother expressed some prior experience that was helpful to them at transition events. Mother One had been a general education classroom teacher. Mother Three had worked in an agency that provided services for adults with disabilities. Mother Two expressed an understanding of the process of evaluation from previous evaluations of her child, and also of speech therapy from having observed the early intervention therapist working with her child in the home. These results also show that the professionals believed that these mothers were competent and capable. For

example, several professionals made references to Mother One having been a classroom teacher and ways they assumed this affected her competence. A diagnostician summed up one parent's knowledge this way: "[she's thinking] I know him. He's mine. Ask me" (M2, P8). In this way, the professionals demonstrated family-centered attitudes.

The parents' competence was viewed primarily as it related to their child. In terms of parental competence three congruent comparisons can be made from the data: what the parents knew, what professionals expect parents to know generally, and what professionals felt these three mothers actually knew. All participants agreed that parents are experts on their child. These mothers often referred to themselves in ways that demonstrated their knowledge of their child. This was consistent with professional perceptions and expectations in two ways: professionals expected parents collectively to be knowledgeable about their child, and they felt that these three mothers were. For example, the teachers at the initial IEP meetings had a wait and see attitude about the information they received from the evaluation team, reporting that evaluation results were often inaccurate. They expected parents to be able to clarify and correct differences in the evaluation results and to provide more accurate and detailed information that could be used to develop appropriate IEP goals. These findings support parent participation in the transition process. Parental knowledge of the child is an asset that needs to be validated and used as a tool toward ensuring that the most suitable goals and interventions are developed for a child.

In this study professionals realized that their expertise about children or child development was different from the expertise parents had about their child. Parents and professionals can have different experiences with the same child in different settings (Cai

et al., 2004). When a difference of opinion existed between a mother and a speech/language pathologist (SLP) concerning the child's language skills, the SLP said, "And that's okay," (M3, P7). Differing opinions or experiences with a child do not necessarily translate into adversarial relationships. These parents felt confident in their knowledge of what their child could do. Despite any differences of opinion, at most events the parents' expertise was valued and information was directed toward developing an appropriate service plan for the child.

The child is the focus of transition. These results also suggest that for all participants, transition was child-centered. This includes the acknowledgement and value placed on the parent's expertise about the child and the child's functioning. All participants indicated ways that a successful transition is about the child with little attention given to family functioning or needs. This is in contrast to the intent of the family-centered model but consistent with McWilliam, McGhee et al. (1998) who found in early research on family-centered practices that family members and early interventionists prioritized services for the child over services geared toward the family. More recent research also supports this finding (e.g., Bailey et al., 2007; Peterson et al., 2007; Turnbull et al., 2007). The mothers' perceptions were strongly tied to how their child felt or reacted, and to what services would be available for their child. These results are consistent with those of Gould (2002) who noted that parental satisfaction was related to the services that were put in place for the child and with the results of Zionts et al. (2003) who found that parental satisfaction was related to the respect shown to the child by school personnel. "It's not about me. It's about her," (M1, i3) illustrated the parents'

child-centered focus. By the third interview all three parents expressed satisfaction that services were in place that they felt would benefit their child.

Professionals also demonstrated a child-centered focus. This was most true at the evaluations. When asked how she felt the evaluation went overall, one diagnostician said, “I wished she (the child) would have done more. I wish she would have, that little girl, would have been warmer to us; warmed up more than she did” (F1, P5). At another evaluation the speech/language pathologist expressed the success of the evaluation this way:

> I thought we ended up doing a darn good job. You know? Because once we got her (the child) out in the hall and got her going, she was able to do things for us. I know the Intake said she was shy and slow to warm. But I think the little girl was able to respond (F3, P7).

Collaboration + Empowerment = Participation. In addition to valuing a parent’s capability to participate, collaboration and empowerment are inherent in the family-centered model as ways to increase parental participation. In collaborative relationships parents and professionals work as equal partners bringing together complementary skills to plan and develop interventions (Dunst, 2002). Communication, shared power and responsibility, and respect are key factors that facilitate collaborative partnerships as participants work toward common goals (Blue-Banning et al., 2004; Dinnebiel & Hale, 1999; Minke & Scott, 1995; Soodak & Erwin, 2000). Empowerment is what the parent demonstrates through their attitudes, knowledge and behaviors (Singh & Curtis, 1995) that helps them gain a sense of control over their situation. Self-efficacy, collaboration and understanding the environment in which you are functioning (Dempsey & Dunst,

2004) are important elements of empowerment for parents working to get services in place for their child. This includes the belief that parents want to receive information and also to have a voice in decision-making (Hanson et al., 2000).

When asked as part of the interviews, the mothers reported that they did feel like they had a voice, participated, and were listened to. Like the results of Morrow and Malin (2004), mothers in this study did not use the word empowerment but spoke about characteristics and behaviors associated with the concept such as learning new skills, asserting themselves and gaining confidence and knowledge. One parent indicated that she repeatedly asked the professionals at the IEP meeting how they would manage her child's behavior saying that she was testing them in an effort to alleviate her anxiety about how her child would be accepted into the classroom. When one parent did not feel like she had a voice in one event, she reported feeling frustrated and dissatisfied. These findings are consistent with those of Gould (2002) who noted that satisfaction with the transition process appeared related to the extent to which parents felt they had a voice during the IEP meeting. In contrast, the numbers of coded units concerning the parent role of informant versus participant suggests that professionals valued the parent role of informant over that of active participant. Few collaborative interactions were observed at events. Instead the parent was most often asked for information. So, while parents indicated they had a voice it may not have been an intentional behavior on the part of each professional to insure that they did. These results also support McWilliam, Tocci et al.'s (1998) contention that parent involvement is often defined by what professionals value.

A parent's sense of control and ability to participate in this process is related to understanding the environment in which that parent is functioning (Dempsey and Dunst, 2004). In this study parents came into the process lacking knowledge and remained fairly uninformed about terminology, required procedures, details about services and the purposes of meetings throughout the transition process. In this way the practices of this setting were inconsistent with family-centered practice.

At the beginning, all three parents expressed a vague understanding of what the transition process would be about. The mothers did not seem to know what their participation would be with other team members beyond giving information about their child, but they did expect to receive information. For example, one parent described the purpose of the transition meeting this way: "I knew it was to find out about the public school system when Babies Can't Wait ends. I know it's going to end. To find out what services came after that; what services are available through the school system" (M3, i1).

Across parent interviews and across events, the data indicated that limited increase in parental knowledge occurred as each mother moved through the transition. There was a change in the number of times that units of data were coded as Informed/Uninformed across events. For example, Informed was used three times and Uninformed once following the transition meetings. Following the evaluation parent interview transcripts contained one code of Informed and 15 codes of Uninformed. The comments related to the theme of Parent Education indicated that the mothers remained relatively uninformed or unsure what to expect at the initial IEP meeting. After the initial IEP meeting the code Informed as used 18 times and Uninformed used 4 times. While parents reported becoming more informed over the process, gaps in information

remained. For example, they had limited information about how classrooms and therapy would function, and were still unfamiliar with the terminology and paperwork of special education. While the trend toward gaining any information was important, this information was limited in scope. Parents had a better understanding of each event once they had attended it, but still lacked a broader understanding of the transition process and available services. Any lack of knowledge will keep the parent in a powerless position (Dempsey & Dunst, 2004) and will affect the degree to which they can participate.

Barriers to Parent Participation

Lack of preparation for transition. Hanson et al. (2000) noted that a key aid to transition is preparing families for the transition (e.g., by exchanging information and letting parents visit options for placement). Lack of information and preparation is not uncommon (Robinson et al., 2006), and in this study, an increase in knowledge about special education and the transition process generally did not occur. There are several explanations for this limited change in parent knowledge. Data from service coordinator interviews and parent interviews suggested that one explanation is that the mothers were not prepared adequately for the transition process. The service coordinators indicated that their main tasks were to schedule the transition meeting well in advance, and to tell the parent that she would get information about transition from the public school representative. One parent said, “She just said we were going to schedule her transition meeting, to transition her out of Babies Can’t Wait into the school system, but it was never explained to me exactly what it would consist of” (M1, i1). It appears that service coordinators handled logistical issues such as scheduling, but left the exchange of information to the school system representatives. The school system representative who

attended the first family's transition meeting was not clear what the service coordinator's role was. She said, "I know they're there to get their things signed, make sure it's done and that sort of thing" (M1, P2). When asked to clarify her expectations from this service coordinator she continued:

> So every Babies Can't Wait person is different, and I'm sure [the social worker] is different from me or [another SNP lead teacher] or whatever. But it seems that their willingness to participate is different and that kind of makes me wonder, do they have a directive as to what you are supposed to do (M1, P2)?

There are many ways to prepare parents for transition. For example, standard resources that explain transition could be distributed. One service coordinator commented that resources have been developed but may not be distributed consistently to parents. Parents should be informed prior to the start of the transition process not only what will happen, with whom, and when, but also that 'you will be viewed as an expert on your child during this process'. Parents should be encouraged to ask and answer questions, and to communicate their concerns and needs if parental participation and confidence is to be enhanced.

Transition is segmented. Another possible explanation for limited increase in parent knowledge is that the transition process in the system studied is segmented from one event to another. People are not consistent across the events which typically occur in three different locations. Within this system the transition process is structured toward the school procedures and convenience rather than being family-centered. This structure maximizes the school systems' efficient use of time and resources, but also limits the participation and comfort of families. This is also contradictory to family-centered

practices (Dunst, 2002; King et al., 2003). While some information is given about the next event, each set of professionals within an event appeared to focus on the process and information most relevant to their event. Some professionals expressed a lack of knowledge about what information was conveyed in other meetings. The same school system representative who expressed a lack of understanding about how parents are prepared for transition reflected this segmentation this way: “And actually, I’ve never asked them, is that their role: to stay quiet, or if that’s… So I sometimes question what exactly is their role?” (M1, P2). Because of the segmentation the professionals could not see the big picture of information exchange. The mothers seemed to accept the process as it was presented to them and may not have realized the effect it had on limiting their knowledge. An example of the redundancy that can be created by this segmentation is when one mother explained what she had been told about the transition process: “[the service coordinator] said ‘they’ll basically ask the same questions that I’m asking’” (M2, i1).

A familiar person can help to create continuity across these segmented transition events and increase comfort for families (Ankeny et al., 2009; Hanson et al., 2000). Such a guide, across events, might increase the degree to which the parent becomes an informed and active participant in the process. This interpretation is supported by observations during the transition events. The PI, who sought to avoid being a resource or a guide and thus interfering in the process, was perceived in differing degrees by the mothers as the “constant” and resource for information through all the events. At all three evaluations and initial IEP meetings the parent appeared pleased to see the PI, a familiar person. Parents interacted non-verbally during the events (e.g., greeting, eye contact,

shared enjoyment at jokes or comments, looking to the PI to express or seek reactions), and asked follow-up questions of the PI at the end of the interviews.

Transition is process-oriented. Another explanation for limited increase in parent knowledge was that transition within this system is more process-oriented than collaborative or family-centered. Similar to Hanson et al. (2000) and Malone and Gallagher (2008) the participants in this study viewed transition as process-oriented. This meant that goals and effort were geared toward completing paperwork, and adhering to timelines and legal requirements rather than toward collaborative practices, or parental involvement. Exchanging information valued by the school was part of the process-oriented nature of events. There were differences in professionals' perspectives as to whether this process-orientation was positive, negative, or merely the nature of the events. Some professionals regretted that the legal requirements limited the parent's participation, while others accepted that events were about paperwork. Professionals typically defined success first by process, which they often expressed as coming down to them from supervisors and their understanding of the law (i.e., the design of special education per Feinberg et al., 2002). For example, following an initial IEP meeting, one teacher discussed the required process this way:

> I think that's the most stressful thing about a meeting is making sure that you have everything like that done. It doesn't bother me to talk to a parent and to go through. It's more you're just afraid of getting sued or, you know, something like that (M2, P13).

Parents' observed this process-oriented nature of events, and for the most part, accepted that it was necessary even if it was flawed. When discussing what impact the process-oriented aspects of the initial IEP meeting had on her, one mother said:

> Not pressure on my end; probably would have been pressure on [the teacher's] end because it has to be done before she's 3, but it doesn't matter to me either way, whether it's done now or in July, as long as it's done (M1, i3).

All three mothers voiced criticism about the process, including that additional evaluations seemed unnecessary, and that early intervention therapists did not attend the transition meeting to share current information with the school system. These criticisms also reinforce the segmented nature of transition within this system. Despite these criticisms the mothers were generally satisfied with their experiences. For the parents the impact of the process-oriented nature of transition was to limit parent knowledge, and did not negatively impact parent interactions with professionals. In one event the mother described the process-oriented nature of the meeting this way, "this was strictly business, you know? Strictly business" (M3, i2).

Interpersonal components of Transition. A key component of family-centered services is how service providers and educators interact with families and the way help is offered. The majority of responses describing personal attributes indicated the professionals and mothers in this study viewed each other in positive ways and valued interpersonal harmony. The helpgiving behaviors previously discussed as what professionals do and the skills they use in working with parents (Dempsey & Dunst, 2004; Trivette et al., 1995) provide a framework for understanding the ways participants

related to each other. These helpgiving behaviors include participatory and relational skills.

Professionals use participatory skills to involve the parents collaboratively in setting goals and developing interventions. Participatory helpgiving behaviors are intended to strengthen a parent's skills, and increase their ability to participate in the educational process as an equal team member with educators. In this study, although the process involved parents, it was not truly collaborative. There was confusion about the goals within events, or in creating interventions for the child. Sometimes a lack of communication meant that goals were not identified, and were not shared. For example, one parent indicated throughout the interviews that she was seeking help concerning her child's behavior. No one asked this parent what her goals or primary concerns were. For the most part, goals or parent concerns were not elicited across events. These practices are more aligned with the professionally-centered and family-allied models where parent concerns typically are not elicited. The absence of participatory behaviors may also be related to the ways that transition is process-oriented. Goals were to complete the process and the paperwork. Since these goals are clear procedurally, parent input is not needed to set or to reach them.

Another way professionals use participatory skills is when they give parents resources that address their needs or concerns. In this study uniform information and resources were given to every parent. This included parent rights in special education, contact information for hearing evaluations, and contact information for the receiving teacher. Professionals also encouraged the mothers to call if they had questions. From a more specific definition of participatory practices however, only the social worker used

participatory skills in that she gave resources for respite care to one parent based on a specific need that was identified. By the third interview the parent had not contacted the agency that was recommended, but still expressed appreciation toward the professional who suggested it; for understanding her specific need and addressing it. This parent felt better informed about resources available to her family. These findings are consistent with Dunst (2002) who maintains there is a lack of appreciation for and use of participatory practices, and that they are used less by professionals than the second helpgiving behavior emphasized in family-centered practices: relational skills.

Relational skills are basically good counseling or interpersonal skills and include greeting the parent, using active listening skills, conversing with parents, gauging how comfortable a parent is and showing genuineness. The use of good relational skills can increase the trust people feel for each other and create a positive foundation for achieving the goals of a process (Dinnebeil & Hale, 1996; Minke & Scott, 1995). The professionals often expressed empathy for the parents or commented on how they would feel in the same situation. The mothers recognized the use of relational behaviors by professionals such as warmth, authenticity and being non-judgmental. They expressed overall satisfaction with the interactions that occurred throughout the process. The parents reported that for most events they felt listened to and were comfortable with the interactions. Mothers frequently did not remember the names or formal role of the professionals with whom they interacted; however, they did remember how they were treated and how things got done. Given that most participants would not meet again, making a relationship that included remembering names may be unimportant. Professionals typically introduced themselves quickly at the beginning of events. Across

events a professional used the parent's name a total of seven times at five events. More often the parent was called, "Mom." Using names did not appear to be an important part of interactions. The professionals in this study were better at relational skills than participatory skills and this discrepancy suggests that this is another way that the practices were not truly family-centered.

The use of relational skills was not one-sided and results show that the mothers also used them when interacting with professionals. The mothers expressed a desire to have a positive tone during the meetings. For example, Mother One indicated how parents and teachers both want things to go well. When asked about the intent of her participation as a parent, she said, "I just want it to be smooth sailing" (M1, i1). The mothers also expressed ways they were aware or purposeful about interactions. In another interview the same mother said, "And yeah, you have to be a people person. Yeah I just go with the flow with these things," (M1, i2) to describe her comfort and intention about interactions including when she would ask for clarification or be assertive. Following the evaluation for Family 2, the PI asked about ways that the mother had seemed to be seeking interaction with the evaluation team:

> PI: So you were not just answering questions you were putting stuff out too. Did you feel like you were getting responses back? Mother Two: Yes. Yes. She was like oh, okay that's good. I was doing that just to let her know he has been working on that too and a lot of the stuff they were doing he's been working on (M2, i2).

The use of relational skills was also noted when the professionals indicated they were trying to gauge parent reactions or determine how the parent was feeling. For

example, the teacher who led one of the initial IEP meetings described how she gauged the mother's attitude during the meeting and changed her style of interacting to reduce negative perceptions. Several of the professional participants talked about being intentional about trying to create an environment that would increase the parent's comfort and participation.

Even in a situation where professionals found outward appearances off putting, they tried to create a warm environment. Four of the five professionals working with Mother 3 reported being curious or put off by the number of tattoos that she had. Two of these professionals specifically commented that they did not intend to communicate any negative feelings to the parent. This mother reported that she felt positive about the interactions with these two professionals at the initial IEP meeting and did not feel any judgmental "vibes." She felt good about the professionals because they seemed to have positive expectations for her child's development through the interventions proposed. This is consistent with Blue-Banning et al.'s (2004) claim that parents felt positively about professionals who could make things happen and had high expectations for their child.

While these attempts to gauge the parent's attitude and adjust interactions accordingly may not be something that all people involved in these transition events can do proficiently, in this study such intentionality promoted parent satisfaction. This finding is consistent with Dabkowski (2004) who noted that by being intentional about and aware of the culture that is created by team members, it can be changed. This can also include the affective environment of a group.

Although the professionals in this study felt able to gauge parent reactions, they were often unable to evaluate internal factors contributing to the parents' decision-making (e.g., Pelchat et al., 2004) or to gauge how the parents felt. One teacher said, "She is not incredibly easy to read in my opinion, so I really couldn't tell….She doesn't display a ton of emotion, it's hard to get a feel for how she really feels about everything" (M1, P11). For some professionals this can result in feelings of inadequacy or discomfort about addressing the needs of families, or feeling overwhelmed by those needs (Brotherson, Summers, Naig, Kyzar, Friend, & Epley et al., 2010). These professionals' demeanor during this questioning suggested that they felt uncomfortable not knowing how the parent was feeling during the event. One of the diagnosticians said, "I wish she was warmer, but she wasn't. I can't make her be something she's not…I hope she wasn't intimidated. Because that's something I would never, that's just not who I am" (M1, P5). Despite the professionals' inability to know how a parent was feeling, their interactions were largely perceived as satisfactory by the mothers.

Only one of the nine events was reported to be unsatisfactory. For this one meeting, the parent reported that she felt disconnected from the professionals, that the evaluation was about the paperwork, and that her input was not solicited. The professionals commented that the parent seemed distant and hard to read. Thus the evaluators perceived the mother's lack of engagement, but could not account for it, nor did they attempt to change their behavior. During her interview (M3, P10) one of the evaluators at this event made 11 comments about process and procedures including four comments that the parent was unfamiliar with the process of evaluation and eligibility. In response to questions about expectations for the event or perceptions of the parent, this

evaluator's responses centered on efforts to choose the appropriate assessment tools for the evaluation. Thus, her process-orientation and the parents' perception of it were comparable. Observational notes by the PI from this event included, 'The mom is smiling for (the evaluator) for show; to me she seems unhappy,' 'when (the evaluator) got up from the table, (mom) looked at me and gave a big 'Whew' of relief silently,' and 'it seems like (the evaluator) is not giving (mom) back the empathetic response she was seeking.'

This event was an unsuccessful aspect of the transition process for this parent, similar to participants in Gould's (2002) study. This parent's experience is also consistent with the results of Summers et al. (2005) who reported that parents who felt dissatisfied in their relationships with professionals experienced stress and uncertainty, and with Feinberg et al. (2002) who noted that one source of conflict is a breakdown in communication. Based on this negative experience at the evaluation, this mother said she expected the same feeling of disconnect at the initial IEP meeting and felt uncertain and tense about attending the meeting. This was an unfortunate loss of positive momentum that had been established at the transition meeting. Fortunately this mother did feel good following the initial IEP largely due to the interaction that occurred between the two professionals and her. These were the same two professionals who said they were intentional about how they interacted with the mother to minimize negative perceptions. As noted the parent felt a positive rapport and that her need for suggestions to deal with her child's behavior was finally addressed. She said, "Tell the truth, the meeting, it went well. It went great. Especially with me expecting it to go bad" (laughed) (M3, i3).

Following this meeting she had positive expectations for the upcoming teacher/school experience.

Accumulated professional experience is one factor that may have increased participants' comfort with interactions, promoting awareness of the tone of the meeting, and being able to change or adapt that tone for the benefit of others. The results of this study suggest the professionals felt comfortable with the needs of these families due to their professional experience. The 15 professionals had an average of 19.5 years of experience working with families and with children with disabilities. They frequently commented that experience is key to proficiency across tasks and interactions.

This study elucidates practices and styles of interacting with one group of participants including the use of skills that may foster or hinder collaboration with parents. This includes identifying perspectives and priorities for participants. The results of this study indicate that a lack of preparation for transition and the segmentation and process-orientation of transition kept parents uninformed and limited their participation. The absence of a trajectory that leads to increased parental participation and collaboration between parents and professionals is contradictory to family-centered practice. However, if satisfaction is the difference between expectations and real delivery (Lanners & Mombaerts, 2000), then these parents were satisfied with the services offered (e.g., evaluations, placement options, IEP goals, speech therapy) perhaps partly because they did not know what to expect from the beginning. For example, one parent said she did not know the services through the school system were free. Mothers' satisfaction was predominantly related to the child receiving the attention and services they needed (per Gould, 2002), and feeling that, for the most part, the professionals were helpful.

Generally early childhood education is more family-centered and practices change to more child-focused toward high school (Dunst, 2002). These results suggest that even at the stage of transition from early intervention to special needs preschool programs, the focus may be more child-centered and utilizing a family-focused rather than a family-centered model. For these participants this seemed acceptable. Family-focused and child-centered models of service may be compatible if all adults primarily seek what is best for the child and if parent satisfaction is most closely related to the services and aids the child receives. As Blue-Banning et al. (2004) summarized, "common sense and ordinary human decency are at the heart of positive partnerships between families and professionals serving children with disabilities" (p.181). For the most part, all participants reported positive interactions. Professionals expressed empathy and tried to understand the concerns that families had. All participants worked to accomplish the one goal that they shared and held in the highest priority: meeting the needs of the child.

Race and Culture

There were several important findings in this study related to race and to culture. These included (a) perceptions of racial issues during events and the comfort level participants had to discuss race and culture; (b) how parents' life events framed their current perceptions, and (c) other societal factors that were important to parents and professionals. These findings indicate that issues of culture including value, tolerance, parenting practices and disability seemed to supersede issues of race. Generally participants did not feel that race was an issue during parent-professional interactions at events. For example, when asked about race one diagnostician said, "But as far as going, oh, this is an African American mom, I need to say this. No" (M2, P8). However, a

pervasive sentiment expressed by professionals was that discussing race was an indication of a negative interaction, and also that it caused discomfort to the professionals who feared missteps with parents.

Underlying these apparent results, though, were related issues of cultural competence, comfort discussing race and culture and how race is prioritized when other issues also matter. Although participants expressed a desire to be culturally competent fears of saying the wrong thing or being perceived as culturally or racially insensitive dampened the extent to which these issues were openly discussed. The degree to which positive relationships can occur within the transition process including collaboration and active parent participation can be related to racial and cultural factors (Boyd & Correa, 2005).

Many of the participants expressed awareness of cultural differences within families accessing services through early intervention and SNP. The professionals gave examples from their experiences with families from different cultures that highlighted differences in parenting practices. One parent and the professionals who were knowledgeable about assessment indicated that assessment instruments can be culturally biased. These comments were related to the assessment of adaptive skills. This included comments about when parents from different cultures introduce self-help skills such as using a spoon or introducing toilet training, how tests don’t consider these differences, and how tests set up expectations that parents should be teaching adaptive skills that may be unrealistic for young children. Recall from Chapter 4 how Mother Three expressed dismay at items on a checklist she felt were not things her daughter should know. Despite

improvements in culture fair assessment, it appears that parents and practitioners are still aware of ways measures are biased.

Superficially these results, noting a focus on culture and minimizing the importance of race, seem in contrast to literature examining African American parents' experiences in special education where racial difficulties are noted (Lea, 2006; Rao, 2000; Zionts et al., 2003). However, a closer examination indicates several factors that may influence these findings including cultural variables that often co-exist with race and influence perceptions. For CLD families, SES and education may be variables that are as influential as race (Lea, 2006; Ramirez, 2001) and are related to a parent's level of acculturation. These factors can minimize bias toward special education staff (Boyd & Correa, 2005) and may account for why these mothers also tended to discount racial issues during events. Lea's study noted many dissimilarities between the African American mothers and their service providers beyond race and concluded that these dissimilarities (e.g., age, SES, life experiences, beliefs, hopes) have a combinative negative effect on relationships.

Related to these social and cultural factors, these three mothers were all from middle class backgrounds and lived in middle class neighborhoods. Two mothers had college education, and all three had at least some knowledge to work within the system of special education. When asked her perceptions about the mother, one of the therapists said, "I guess she came off fairly competent. And you know I guess she's probably middle class, probably educated, and probably well informed about her child. So I didn't feel a need to focus more on her," (M1, P6).

Secondly, Zionts et al. (2003) noted that rather than race, a lack of cultural understanding and knowledge about disability is the major barrier to parent-school collaboration and parental satisfaction with special education services. In this study the professionals expressed an understanding of cultural differences in families. They also had a comprehensive knowledge of disability. The parents also understood their child's disability or delays to varying degrees. All participants prioritized putting services in place to address the child's disability and other specific needs. This may account for why all participants indicated race was not an issue during events.

Professionals may also discount cultural differences they are not prepared to deal with (Sexton, Lobman, Constans, Snyder, & Ernest, 1997). The professionals in this study reported that they valued and understood cultural differences but were less comfortable talking about them. One factor that became apparent from the first interview was that asking participants about race and culture equated to asking about something negative. Initial responses included, "Oh no, I think everything was fine." By adding a brief introduction to the questions, explaining to participants that the questions were intended to elicit any response or feeling, whether positive, neutral or negative, a defensive response that 'everything was fine,' was counteracted to some extent. For example in one interview the question was phrased this way:

> PI: [Dx], part of my study is also factors specifically related to race and culture. All three of my moms are African American. I designed my study with my committee with that in mind. So I have a couple of questions about that. So just to clarify, it's good, bad or neutral or nothing or whatever. Did you think about race or culture at all during the meeting (F2, P8)?

In this and other interviews the participants seemed more comfortable answering the questions about race and culture, although their responses still tended to discount race. One professional replied to the questions about race and culture with a precise, "No," (M1, P5) and eye contact that indicated she had nothing to add or clarify. One parent consistently reported that race and culture were not factors for her throughout this transition process. In the last interview when she again indicated that race or cultural factors were not an issue during events, the PI said, "That just hasn't really been an issue for you dealing with that." She replied, "No, not at all" (M1, i3).

Professionals noted being self-conscious if the parent first introduced the topic of race during interactions. For example, one teacher said she had thought about race during the meeting because, "the parent alluded to a racial issue during the meeting, which then kind of put me on my guard a little bit because she had brought it up," (M3, P15). The White participants also made statements indicating that they were trying to be culturally competent or culturally congruent with the families with whom they worked. In analyzing the data and through clarifications during the professional member check, these two reactions suggested that professionals are aware that race matters and don't want to appear racially insensitive, and that they are uncomfortable with the topic, viewing it as impolite or undesirable. (Sue, 2003; Sue, Nadal, Capodilupo, Lin, Torino, & Rivera, 2008). Sue notes that Whites often avoid acknowledging race by refusing to see color. This kind of comment was noted several times across interviews. For example, a therapist at an initial IEP meeting said:

> I guess I noticed that she's African American. But really at this school I don't see much difference between the races here. We've had just wonderful experiences

with all races and I don't – so far. I mean I haven't noticed any differences (M1, P12).

These kinds of statements and expressions of concern about speaking appropriately about race may be an indication of the participants' racial identity status (Helms, 1995). Helms also proposes that growth along the continuum of racial identity is driven by the need for growth. This need arises when existing ways of coping become ineffective and the person must accommodate by adopting a new status or awareness. The interviews and member checks may have brought the topic of race to the consciousness of participants in ways they were not comfortable with. During the member check focus group with professionals the White participants agreed that they are not comfortable discussing race for fear of saying something wrong. They also viewed it as a topic most linked to negative events and so the absence of the discussion of race was viewed as a good thing.

Obegi and Ritblatt (2005) proposed a model for understanding and assessing cultural competence in early childhood child care workers of typically developing infants and toddlers. Their results indicated that education was significantly related to cultural competence. Their results also highlighted issues with the participants' self awareness: while caregivers felt that cultural competence was important and an on-going process, they also denied that their own cultural or ethnic background influenced how they cared for children. They also were found to have a higher perceived cultural competence than actual cultural competence. Child care workers who said they had not experienced cultural conflicts because they were open minded about culture were less successful at negotiating cultural topics with parents than those caregivers who recognize and

acknowledge differences and worked at negotiating them (Obegi & Ritblatt). While most of the professionals avoided talking about race, one occupational therapist commented that it is okay to talk about race and culture, if it is done in the right way. At the evaluation in which this OT participated, she had interacted with the mother for 30 minutes or more getting background information. She was observed to use good relational skills during this interaction. As the evaluation team was commenting on how beautiful the child was, the therapist asked "What is his father's ethnicity?" and the mother replied in a matter of fact way. No tension was observed in this interaction. The parent's report following this interaction indicated that she felt comfortable with this kind of dialog because of the way it was introduced. She said:

> When they asked me his dad's ethnicity I was bothered not at all. I guess they didn't make me feel uncomfortable at all the way they asked. It was just like, dad's ethnicity? Thai. And they weren't like, no, really? And they didn't ask me 50 thousand questions (M2, i2).

It is important to be able to have dialogues about race and cultural differences that help us understand a child's development and a family's unique perspective. If professionals avoid these conversations important engagement with families and information may be lost.

Another finding related to race and culture was that for two parents the transition process triggered negative associations with their own school experiences, the experiences of an older child, or society at large. Recall that Mother Two shared painful experiences with racism when she was a high school student. Mother Three also shared stories about racist experiences in her neighborhood and with her older son's school

experience. The stories they shared provided insight into the ways the mothers couched their experiences. “Parents reveal their stories as a way to understand the past in relation to an imagined future for themselves and their children,” (Gabbard, 1998, p1). These stories seemed to be expressions of the mothers’ worry for their child’s upcoming school experience and their protectiveness toward them. They also seemed to represent the parent’s child-centeredness, expressing an understanding of their own past, or of society. This child-centeredness included the parents’ understanding of and sensitivity to racism. This aligns with Smalley & Reyes-Blanes (2001) who note that “prior tumultuous school experiences” (p. 520) deter parent involvement in their children’s education and with Boyd and Correa’s (2005) assertion that African American experiences in American society influence parent perceptions of special education.

Another important but small finding about race and society was related to two mothers’ comments concerning the underutilization of mental health and other social services in African American communities. One parent spoke about the cultural meaning of African Americans relying on prayer more than community resources. Religion is a well known and powerful support in African American communities and a source of resiliency (Boyd & Correa, 2005; Jones, 2009; McWilliam, McGhee et al., 1998). Another parent indicated concern about the transition meeting after being told there would be a social worker present. African Americans are less likely to seek community mental health and other social services than Whites, and to be mistrustful of community resources (Larrison, Schoppelrey, Hadley-Ives, & Ackerson, 2008). Three main factors account for this disparity: (a) client factors such as SES, lack of transportation or insurance; (b) intervention factors such as inappropriate diagnosis or cultural

inappropriateness; (c) and clinician factors such as cultural competency or matched ethnicity with client (Alvidrez, Snowden, & Kaiser, 2010; US Department of Health and Human Service, Office of the Surgeon General, 2001).

Although these mothers are utilizing available services for their children, their stories suggest they experience anxiety and guardedness as they do so. Framed through the family-centered model, these results suggest that these African American mothers are limited in active participation in the transition process. This is consistent with African American consumers being largely absent from the development of interventions or materials that might decrease resistance and encourage African Americans to utilize community sources more (Alvidrez et al., 2010), and that African Americans are limited in their active participation within their child's special education programs across grade levels (Boyd & Correa, 2005). The lack of trust of mental health and community resources and the reliance on religious supports combine to limit the degree to which African Americans prefer to seek support from these kinds of formal institutions.

Professionals need to consider the origins of parental mistrust and anxiety, and create a culturally competent environment. This may mean problems are minimized and parent participation maximized. Additionally, disability may be a key factor that has some overriding influence to race or culture. Parents and professionals in this study were largely focused on the child's developmental and educational needs, perhaps relegating racial and cultural concerns to a lower priority. The relationship of these multiple variables remains unclear.

Another small but meaningful piece of data related to culture was when one mother talked about the cultural meaning of riding the "short bus". Students in special

education programs are often transported to and from school in smaller buses than the general education population. This mother voiced the stereotype that riding the “short bus” signifies that a child is retarded. This cultural meaning is widespread (Fine, 2001; Mooney, 2007). While school systems try to make school buildings and programs accessible to all by providing safe transportation for all students, the “short bus” continues to be one of the last places where inclusion is not implemented (Fine). The smaller bus is the norm in SNP because of the smaller numbers of children transported, the door-to-door service provided for preschool children, and that the buses are fitted with carseats. In preschool, choosing to have your child transported by bus is a difficult decision for most parents; one that many parents are not ready to make. For example, another of the mothers said, “she’s too young to get on a bus. And she would be scared,” (M1, i3). Combining concerns about the child’s age and the stereotype of the “short bus”, many parents decline to have their child transported to and from school. The power of this stereotype for the parents of our youngest students needs to be explored with parents, validated and addressed with empathy.

The limited depth and number of questions posed about race and culture in these interviews meant that this investigation remained somewhat superficial on this topic. Participants may not have felt comfortable offering deeper insights and this was not pressed in the interviews. However, these results suggest that when transition is about process and paperwork rather than people, culture and race are not viewed as relevant. From the mothers’ perspectives moving through the process, having shared child-centered goals and accomplishing those goals, and being treated respectfully along the way was the essence of a smooth transition. For the professional a successful transition

was predominantly about process, but participants also valued positive interactions with parents. Goals were focused on putting services in place for the child. Collaboration and active parent participation appeared to be a lower priority for educators. Too often forming partnerships with parents is viewed as a specific activity rather than an attitude or philosophy (Christenson, 2004; McWilliam, Tocci et al., 1998).

This philosophy requires extra time (Christenson, 2004; Edwards et al., 2003) to implement successfully. Limitations of time will continue to be a factor for overtaxed special education professionals; however, there is value in the extra time needed to talk with parents, explain the process, events to come and ways that parents can participate. Spending time to address issues of race and culture within the context of the transition process can also increase parent participation and the extent to which relationships are collaborative in nature.

Implications and Future Research

Several implications for practice and directions for further research were underscored from this study. One factor that was illuminated was how complicated it is to examine perceptions of race and culture. A myriad of factors impacted these participants' reports of interactions and attitudes. Interviews conducted over time involving more in depth examinations of attitudes and perceptions including participants' racial identity status (Helms, 1995) may be useful in better understanding race and culture within agencies that also involve families of children with disabilities. It seems vital to first examine participants' perceptions about race, using a conceptual framework such as Helms' (1995) racial identity model to understand participants' racial identity status. This foundation could be an aid in better understanding the interactions that occur and

potential changes or reflections participants have across the transition process. While these participants were hesitant to discuss or even to acknowledge issues of race existing literature indicates that these factors are interactive and ever present (Boyd & Correa, 2005; Jones, 2009). The evidence related to race and culture in this study also highlights the need for ongoing, quality cultural competence training and mentoring for education professionals.

Higher education and pre- and in-service teacher training influences professional competence in a variety of ways, including working with families with children with special needs (Obegi & Ritblatt, 2005; Sue, Torino, Capodilupo, Rivera, & Lin, 2009). All 15 professionals in this study had at least a Master's degree, and received ongoing professional learning throughout their careers. They shared an average of 19.5 years of experience working with children and families, and indicated that experience over time is an important factor in their perceived competency working with families. Mentoring and modeling can also play an important role in the development of professional skill development. The lead teacher in this study said she attended IEP meetings most when the SNP classroom teacher was a young teacher. She said:

> You know when I mentor teachers and beginning teachers, or teachers new to the special needs preschool, I always tell them you know 'you've got to take in stride that this is all very new information [to parents]. It's usually the first time they've been through this and again they're just wrapping their hands around a disability' (M3, P15).

Further research is needed to bring attention to the experiences and opinions of culturally diverse families in transition and with special education. The growth in the

number of families from culturally and linguistically diverse backgrounds reinforces this need (U.S. Census Bureau, 2009). Studies like this one that focus on Hispanic, Asian or Indian families, for example, can give insight into the needs of these groups. Interviews might include more in depth questioning about racial and cultural attitudes and perceptions. This could include how professionals view race and culture in relation to working with families with a child with a disability. Despite potential challenges, research should be conducted without regard to language barriers and translation issues that seem to have minimized participation of CLD families in other research. The intersection of diverse communities and special education remains largely misunderstood and should be the focus of further inquiry.

Examining interactions using severity of disability as a variable may be helpful in better understanding parent and professional interactions across the transition process. Professionals approach family interactions differently based on the severity of the child's disability (Zionts et al., 2003) and examining these interactions more closely may illuminate a deeper understanding of the data. Dunst (2002) and Malone and Gallagher (2008) also noted that the child's level of functioning may be an important variable for further study.

Given the segmentation of this transition process, and the perception that the parents appreciated the presence of a familiar person across the process, a guide or mentor might be beneficial to parents. The role of guide to parents could be filled in a number of ways. The family's service coordinator might attend all transition events. One service coordinator commented that under a former practice model she was able to do this. Perhaps a member of the evaluation team could attend or conduct the transition

meeting, and then also attend the IEP meeting. In addition to providing continuity across the process and being a guide to parents, this would allow for assessment results to be explained at the initial IEP meeting by a person knowledgeable about the evaluations, something parents have indicated is helpful (Mitchell & Sloper, 2002) and that is mandated by IDEIA.

Other areas for further study involve modifications in the design of this study. For example, an agreed upon flexibility in the proposed design of this study was that in rare cases a professional might be interviewed more than once. Three of the professionals were interviewed twice after two different events or with two different families. These pairs of interviews suggested that richer information about professional perspectives could be gained from interviewing professionals multiple times across events and/or families. This study showed the ways that professionals may work to be flexible and intentional about gauging individual parents. Repeated interviews may better capture the styles of relating and interacting and how professionals change based on the situation.

Lengthening the engagement of the study by conducting additional interviews with parents once the child attends SNP for three to six months could aid in understanding the experiences and interactions within the transition process. Once the parent has more experience with the design, delivery and relationships that are inherent to their child's school experience, they may be able to provide greater insight on the transition process. The perspective of teachers who have formed relationships with families from the end of transition into a classroom service setting is an important factor for study.

Several other directions for future research were elucidated in the course of this study. One was the need to examine the influence of extended family members within the context of transition. In two of the three families, grandparents lived with the parent and child, were involved in the day to day care of the child, and were valued by the mothers for this role. Several of the professionals shared the perspective that an extended family is more often involved in African American families and that multiple generations often live in the home. One professional expressed negativity about the extended family make up when she didn't know its exact composition. In contrast another professional viewed extended family involvement as a positive element in the family and expressed enthusiasm for the involvement of multiple generations in the child's life.

This extended family involvement was observed throughout data collection. In Family 2 the grandmother transported the mother and child to all three transition events, and cared for the child while the mother attended the IEP meeting without the child. Both grandparents were caregivers for the child at times in the home, including supervising the child during each of the three interviews conducted in the home. The father was not able to attend the initial IEP for Family One and the mother reported that he had scheduled a time to go by the school to see the classroom and meet the teacher. She added, "And actually his mom is going to go, too, with him. She wanted to be there too" (M1, i3).

Over six million grandparents live in a home with grandchildren. In sixty percent of those living situations, the grandparent is not the primary caregiver (U.S. Census Bureau, 2008), and this was not the case in these two families. Receiving information about the child, and living in closer proximity to the child's primary residence are two factors found to have positive effects on the grandparent's relationship with their adult

child and factors viewed positively by grandparents (Gallagher, Kresak, & Rhodes, 2010; Green, 2001; Lee & Gardner, 2010). Parent well being was also increased by the involvement of a grandparent on a weekly basis (Green). Educators need to take a broad vision of family (Gallagher et al.) and value that extended family is often the preferred source of support for African-Americans (Boyd & Correa, 2005; Harry, Allen & McLaughlin, 1995; McWilliam, McGhee et al., 1998). Future research could contribute a solution-focused view of grandparent involvement including ways that extended family members support parents in the care of children with disabilities.

A related issue for further study is that of father involvement. Research is needed that identifies the roles fathers have that may aid understanding of why parent participation is the paradigm of mothers, and ways that fathers support mothers and children. In this study, Family 1 was a two parent family. The father cared for the children when the mother was at work, and was an active father throughout the week. The father participated in the transition process as much or as little as the mother directed (i.e., Garriott et al., 2000). For example, the mother said:

> But normally I come home and I tell him, ‘this is what they said.’ But I knew that this would probably be- because I had no idea what to expect- I was like, ‘you know, you should just be there.’ So I kind of tell him where he needs to be (laughed) (Mi, i1).

Mother Two lived in a house with her own father and three adult brothers. All four men clearly had good relationships with her son and her father helped with the care of the child, and was supportive of her. These father figures were clearly valued by her and by her child. With a better understanding of the roles fathers can have, interventions

that address the needs of father would be a logical next step. Interventions can improve fathers' self esteem, parenting satisfaction and may increase fathers' confidence about their ability to teach their children (Fagan & Stevenson, 2002). Valuing and understanding these family support systems is also inherent to family-centered practice.

Limitations

There were several limitations to this study. The inclusion of three parents limits the generalizability of these results. The recruitment of three mothers is also a limitation and underscores the need for the inclusion of fathers or other caregivers in research, but also the difficulty circumventing the paradigm of mother participation in educational decision-making for children. The participation of 18 participants in total also limits generalizability of these results. Prolonged engagement, persistent observation and providing a depth and richness in the results addressed this limitation and these results provide a rich picture of participants not found in previous literature. Additionally it was not possible to differentiate parents across variables such as SES or geographic location. Thus, parents had a similar family of origin SES, although their demographic information suggested variation in family income. This study was conducted within a single EI and public school district in one southeastern state and may not reflect how other early intervention to special needs preschool transitions operate. Results cannot be generalized to contexts or settings beyond the setting in which the study occurred.

Conclusion

While parents need the assistance of professionals to help organize and make meaning of the large amount of information they receive in the transition process, professionals need to be willing to enter into a reciprocal relationship with parents to

create the best understanding of the child and the process. These relationships remind us of the goals of the process- to help the child- and of the value parents bring to the transition process. This study assists in understanding the perceptions and experiences of professionals and parents during the transition process. These findings can help facilitate a positive transition experience for parents and professionals, thus benefitting the priority of all the participating adults- the child constituents.

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APPENDIXES

Appendix A: Visual of the Study

Events/Interviews	Participants	Actions	Data Sources	Timeline
1) Selection of Participants	in consultation with SW	From SW caseload Select on criteria Recruitment letter to Parent.		February 1, 2010 To March 3, 2010
2) Transition Meeting	SW or School Rep. Parent Service Coordinator	Attend/observe	Observation protocol Researcher notes Researcher journal	F1: 2/11/2010 F2: 2/25/2010 F3: 3/4/2010
		1st interviews scheduled		
3) Post Transition Meeting interviews	Parent SW or School Rep. Service coordinator	Conduct interviews Audio record Transcribe interviews	Interview transcripts Researcher notes Researcher journal	F1: 2/11,12,15/2010 F2: 2/25,3/1,3/2010 F3: 3/9,10,11/2010
		Began data analysis		
4) SNP Evaluation	Parent SLP, Dx, OT, or Sch. psych.	Attend/observe	Observation protocol Researcher notes Researcher journal	F1: 4/13/2010 F2: 4/28/2010 F3: 5/3/2010
		Schedule 2nd interviews		
5) Post Eval interviews	Parent SLP, Dx, OT, Sch. psych.	Conduct interviews Audio record Transcribe interviews	Interview transcripts Researcher notes Researcher journal	F1: 4/13, 19/2010 F2: 4/28,30/2010 F3: 5/3,7,/2010
		Continue data analysis		
6) Initial IEP meeting	Parent Teacher SLP	Attend/observe	Observation protocol Researcher notes Researcher journal	F1: 5/6/2010 F2: 5/14/2010 F3: 5/19/2010
		Schedule 3rd interviews		
7) Post IEP interviews	Parent Teacher SLP	Conduct interviews Audio record Transcribe interviews	Interview transcripts Researcher notes Researcher journal	F1: 5/7,10,13/2010 F2: 5/18/2010 F3:5/19,26/2010

Terms: Eval: Preschool evaluation Dx: Educational Diagnostician SW: social worker
IEP: Individual Education Plan OT: Occupational Therapist F1, F2, F3: Family 1, 2, or 3
Sch Psych: School Psychologist SLP: Speech/Language pathologist

Appendix B: Interview Protocols

Parent Interviews

Parent Interview 1 (Post-IFSP/Transition meeting)

1). What are your expectations for this transition process?
2). Tell me who was that the meeting [Parent will list names/descriptions/titles as they are able].
3). What was _____'s role at the meeting? [Using same description/name parent used].
4). What did _____'s attitude toward your child seem to be?
5). What did _____'s attitude seem to be about you? [query as necessary for clarification or more information, examples].
6).How did you feel during the meeting about the interactions that were occurring? Talk me through that. (Elicit examples).
7). Tell me about the interaction that occurred between _____ and you (for each professional in attendance; query as necessary to clarify).
8). Did you feel you had a voice during this meeting; that you were listened to?
9). Did you think about race or culture during the meeting as you interacted with the other participants?
10). Did you feel like there were any factors or issues during this meeting that were about culture or race?
11). Did you receive any information before this meeting to prepare you for it?
    11a). What have you been told?
    11b). From whom did you get the information you received? (Clarify who gave information/resources).
12). Did you learn anything at this meeting? If so, what did you learn?
13). What could be done to make this meeting better? Give me some examples of what went well and what didn't go well.
14). If I told you ____ was going to be your child's teacher, what would your reaction be? (for each professional at meeting).
15). Thinking about the relationships, or ways you interacted with people at this meeting, is there anything else you can tell me, or that comes to mind that I haven't asked yet?
16). What were your expectations going into this meeting? What did you expect to happen at the meeting? Were your expectations met? Or not met?

Parent Interview 2 (Post-Evaluation)
1). Tell me who was that the evaluation [Parent will list names/descriptions/titles as they are able].
2). What was _____'s role at the evaluation? [Using same description/name parent used].

3). What did _____'s attitude toward your child seem to be?
4). What did _____'s attitude seem to be about you? [query as necessary for clarification or more information, examples].
5).How did you feel during the evaluation about the interactions that were occurring? Talk me through that (elicit examples).
6). Tell me about the interaction that occurred between _____ and you (for each professional in attendance; query as necessary to clarify).
7). Did you feel you had a voice during the evaluation; that you were listened to?
8). Did you think about race or culture during the evaluation as you interacted with the other participants?
9). Did you feel like there were any factors or issues during the evaluation that were about culture or race?
10). Did you receive any information before the evaluation to prepare you for it?
    10a). What have you been told?
    10b). From whom did you get the information your received? (Clarify who gave information/resources).
11). Did you learn anything at this meeting? If so, what did you learn?
12). What could be done to make this meeting better? Give me some examples of what went well and what didn't go well.
13). If I told you ____ was going to be your child's teacher, what would your reaction be? (for each professional at meeting).
14). Thinking about the relationships, or ways you interacted with people at this meeting, is there anything else you can tell me, or that comes to mind that I haven't asked yet?
15). What were your expectations going into this meeting? What did you expect to happen at the meeting? Were your expectations met? Or not met?

<u>Parent Interview 3 (Post-IEP Meeting)</u>
1). Tell me who was that the meeting [Parent will list names/descriptions/titles as they are able].
2). What was _____'s role at the meeting? [Using same description/name parent used].
3). What did _____'s attitude toward your child seem to be?
4). What did _____'s attitude seem to be about you? [query as necessary for clarification or more information, examples].
5).How did you feel during the meeting about the interactions that were occurring? Talk me through that (elicit examples).
6). Tell me about the interaction that occurred between _____ and you (for each professional in attendance; query as necessary to clarify).
7). Did you feel you had a voice during this meeting; that you were listened to?
8). Did you think about race or culture during the meeting as you interacted with the other participants?
9). Did you feel like there were any factors or issues during this meeting that were about culture or race?
10). Did you receive any information before this meeting to prepare you for it?
    10a). What have you been told?
    10b). From whom did you get the information your received? (Clarify who gave information/resources).

11). Did you learn anything at this meeting? If so, what did you learn?
12). What could be done to make this meeting better? Give me some examples of what went well and what didn't go well.
13). What were your expectations going into this meeting? What did you expect to happen at the meeting? Were your expectations met? Or not met?
14). Do you think that you can work with this teacher? How are you feeling about that relationship?
15). Do you think that you can work with this therapist? How are you feeling about that relationship?
16). How are you feeling moving forward from here?
17). In terms of how people interacted, how was this meeting similar to and different from

a) the Transition meeting and
b) the evaluation?

18). Thinking about the relationships, or ways you interacted with people at this meeting, is there anything else you can tell me, or that comes to mind that I haven't asked yet?
19). In the first interview I asked you, "What should be done to make this meeting better? What went well, what didn't? What about now. Any new ones?
20). Review the expectations for the process that the parent gave in the first interview (question #1). Reflect back on them. Were these expectations met? unmet? realistic?
21). Have you changed in any way through this process? Your knowledge? Your attitudes?

Professional Interviews

Post-IFSP/Transition meeting

1). What were your expectations for the meeting today? What did you expect to happen? [Query as necessary for more information. Some of the questions below may be covered directly in this first question and would, thus, be skipped as I come to them].
2). What was your role at the meeting?
3). Were there any other roles, or ways of participating you had, in addition to what you just told me?
4). What is the parent's role at the Transition meeting?
5). What was your impression of this parent? How did you feel about them during the meeting?
6). What did you feel their attitude was about you? [query as necessary for clarification or more information, examples]
7). What do you generally expect a parent to know or be competent at in the IEP meeting?
8). What did you think this parent knew?
9). What seemed unfamiliar to them?
10). Did you think about race or culture during the meeting as you interacted with the other participants?
11). Did you feel like there were any factors or issues during this meeting that were about culture or race?
12). Tell me what it is like for you to talk about difficult kinds of things with parents such as disabilities or the ramifications of disabilities.

13). What were your overall perceptions and impressions of this Transition meeting?
14). Thinking about the relationships, or ways you interacted with people at this meeting, is there anything else you can tell me, or that comes to mind that I haven't asked yet?
15). On a scale of 1-10, how much do you like your job?

Post-Evaluation
1). What were your expectations for the evaluation today? What did you expect to happen? [Query as necessary for more information. Some of the questions below may be covered directly in this first question and would, thus, be skipped as I come to them].
2). What was your role at the evaluation?
3). Were there any other roles, or ways of participating you had, in addition to what you just told me?
4). What is the parent's role at the Evaluation?
5). What was your impression of this parent? How did you feel about them during the evaluation?
6). What did you feel their attitude was about you? [Query as necessary for clarification or more information, examples]
7). What do you generally expect a parent to know or be competent at in the Evaluation?
8). What did you think this parent knew?
9). What seemed unfamiliar to them?
10). Did you think about race or culture during the meeting as you interacted with the other participants?
11). Did you feel like there were any factors or issues during this meeting that were about culture or race?
12). Tell me what it is like for you to talk about difficult kinds of things with parents such as disabilities or the ramifications of disabilities.
13). What were your overall perceptions and impressions of this Evaluation?
14). Thinking about the relationships, or ways you interacted with people at this meeting, is there anything else you can tell me, or that comes to mind that I haven't asked yet?
15). On a scale of 1-10, how much do you like your job?

Post-IEP Meeting
1). What were your expectations for the meeting today? What did you expect to happen? [Query as necessary for more information. Some of the questions below may be covered directly in this first question and would, thus, be skipped as I come to them].
2). What was your role at the meeting?
3). Were there any other roles, or ways of participating you had, in addition to what you just told me?
4). What is the parent's role at the IEP meeting?
5). What was your impression of this parent? How did you feel about them during the meeting?
6). What did you feel their attitude was about you? [Query as necessary for clarification, information, examples]
7). What do you generally expect a parent to know or to be competent at in the IEP meeting?
8). What did you think this parent knew?

9). What seemed unfamiliar to them?
10). Did you think about race or culture during the meeting as you interacted with the other participants?
11). Did you feel like there were any factors or issues during this meeting that were about culture or race?
12). Tell me what it is like for you to talk about difficult kinds of things with parents such as disabilities or the ramifications of disabilities.
13). What were your overall perceptions and impressions of this IEP meeting?
14). Going forward from here how are you feeling about working with this parent?
15). Thinking about the relationships, or ways you interacted with people at this meeting, is there anything else you can tell me, or that comes to mind that I haven't asked yet?
16). On a scale of 1-10, how much do you like your job?

Appendix C: Observation Protocol

Family # _____ Date: _____ Event:_____ Location: _____
start time: _____ end time: _____

General:	Parent Statements/Actions	Professional Statements/Action	Physical layout of room/seating chart (sketch/describe)

Use of Parent name (first or last) Tally:

Who is in the room? [Circle all that apply]
parent social worker service coordinator
Dx SLP OT PT Psych Nurse
Tchr Administrator
child
Other: specify _____

Observation p. 2

Descriptive Notes	Reflective Notes

Descriptive: tone of meeting (formal/ informal) interactions, leadership roles, Q's posed/answered, requests, responses
Reflective: during and after: apparent comfort/ discomfort tension/ease between participants. What happened?

Appendix D: Demographic Information

Parent Demographic Sheet

Family # ___

Name: _____

Address _____

Phone: _____

Email: _____

Age: _____

Relationship to child: _____

How long have you been involved with Babies Can't Wait? _____

Highest educational level attained: _____

Race: _____

Gender: _____

SES: Is your family income

_____less than $15,000 per year _____between $15,000-45,000 per year

_____between $45,000-100,000 per year _____ more than $100,000 per year

Is your household a 1 parent/2 parent/or other? _____

Home school in [district]: _____

Number of siblings: _____

birth order of this child: _____

Any siblings receiving/received EI or SNP services? _____

Appendix D: Demographic Information

Professional Demographic Sheet

Professional # ___ Event: IFSP Evaluation IEP (circle one)

Name: _____

Address _____

Phone: _____

Email: _____

Age: _____

Highest educational level attained: _____

Race: _____

Gender: _____

Position/Title: _____

Years of experience in your profession: _____

Years of experience in your current position: _____

Any other areas of professional experience: _____

Appendix E: Contact Summary Form

Contact Type: _____ Date of Contact: _____

Circumstance/Location:

_____ Date of Summary: _____

_____

1). What were the main issues or themes that struck me in this contact?

2). Summarize the information I got (or failed to get) on each of the target questions I had for this contact.

3). Anything else that struck me as salient, interesting, illuminating or important in this contact?

4). What new (or remaining) target questions do I have in considering the next contact with this person?

Appendix F: All Participants by Event and Date

All Participants	Transition Meeting	Evaluation	Initial IEP Meeting
Family 1	**Mother 1** **P1**:Service Coordinator **P2**: School System Rep. **February 11, 2010**	**Mother 1** **P5**: Diagnostician **P6**: Occupational Therapist **April 13, 2010**	**Mother 1** **P11**: Teacher **P12**: Speech/ Language Pathologist **May 6, 2010**
Family 2	**Mother 2** **P1**: Service Coordinator **P3**: Social Worker **February 25, 2010**	**Mother 2** **P8**: Diagnostician **P9**: Occupational Therapist **April 28, 2010**	**Mother 2** **P13**: Teacher **P14**: Speech/ Language Pathologist **May 14, 2010**
Family 3	**Mother 3** **P4**: Service Coordinator **P3**: Social Worker **March 4, 2010**	**Mother 3** **P10**: Psychologist **P7**: Speech/Language Pathologist **May 3, 2010**	**Mother 3** **P15**: Administrator **P7**: Speech/Language Pathologist **May 19, 2010**

Professional participants listed by role and by individual identification number.