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Special Education Preschool: Perceptions of the Parent Participation and Education Component

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SPECIAL EDUCATION PRESCHOOL: PERCEPTIONS OF THE PARENT PARTICIPATION AND EDUCATION COMPONENT

by

Denise Ann Ludwig

A Dissertation
Submitted to the Faculty of the Graduate College
in partial fulfillment of the requirements for the Degree of Doctor of Philosophy
Department of Educational Leadership, Research, and Technology
Advisor: Jianping Shen, Ph.D.

Western Michigan University
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SPECIAL EDUCATION PRESCHOOL: PERCEPTIONS OF THE PARENT PARTICIPATION AND EDUCATION COMPONENT

Denise Ann Ludwig, Ph.D.
Western Michigan University, 2009

The purpose of this study is to examine parent and early intervention professional perceptions and experiences of the legislative requirement of the parent participation and education component of Early Childhood Special Education. The study focuses on examination of reports of parent and early intervention professional experiences and analysis of child outcome data of children receiving intervention among three different service delivery models of Early Childhood Special Education. Data are collected from 24 parent and early intervention professionals, each experiencing one of three service delivery models, and record review of developmental outcomes for language, social, and motor skills for 120 children enrolled in early childhood special education programs and services. The study uses a mixed methods approach, whereby qualitative methods are used to examine perceptions and identification of components of parent participation and education for special education preschoolers. Quantitative measures are used to determine which service delivery model(s) are predictive of positive child and family outcomes. Findings reveal that five common themes emerge from participant reported experiences that are ascribed to positive family and child outcomes: parent-teacher relationships, home visits, parent to parent support, parent training, and inclusion of family members in the intervention plan. Examination of the impact of service delivery
model on child outcomes using ANOVAs and post hoc comparisons reveals statistically significant positive social skill outcomes for children receiving services or service combined with programs. Implications for informing practice within Early Childhood Special Education are discussed.
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Denise Ann Ludwig
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A Comparison: Experiences versus Identified Components of Service Delivery

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Inform ECSE Practice

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CHAPTER I

INTRODUCTION

Background

Early childhood special education professionals are charged with the responsibility of providing education programs and services to children and to their families. This requirement of including families in service delivery is supported by legislation (Individuals with Disabilities Education Act [IDEA], 2004; Michigan Department of Education, 2002) and as best practice within extant early childhood special education research (Sandall, Hemmeter, Smith, & McLean, 2005). Both existing authorities place emphasis upon the role of parents in the development and implementation of Early Childhood Special Education (ECSE) intervention.

This critical element is often overlooked within service delivery models as an essential component that impacts child developmental outcomes for children age three to five. The need for quality parent participation and education services is well supported in the literature related to children age birth to three. Research has shown a positive correlation to child outcomes by including parents and family members in the intervention process (Campbell & Sawyer, 2007; Dunst & Bruder, 2006; Mahoney, Wheedon, & Perales, 2004; Raver, 2005; Trivette & Dunst, 2004).

Studies examining the effects of training parents report that mothers are capable of learning responsive interaction strategies and imbedding strategies within daily routines
that promote language and social development of preschoolers with developmental delays or disorders (Trent-Stainbrook, Kaiser, & Frey, 2007; Woods, Kashinath, & Goldstein, 2004). Siblings of children with autism have been taught to employ behavior strategies positively correlated to improved child outcomes (Celiberti & Harris, 1993). Siblings of children with Down syndrome have also used strategies effectively to teach language and social skills (Trent-Stainbrook, et al., 2007). Studies that have focused on parental involvement in early intervention programs for children with motor impairments have suggested that parental participation is crucial for improving performance in children with physical disabilities (Ketelaar, Vermeer, Helders, & Hart, 1998). Maternal well-being has been examined within three aspects of service delivery for preschool children with motor impairments (cerebral palsy): parental stress, social support, and family cohesion. Findings indicated that family service intensity and comprehensiveness predicted significant increases in social support levels and child outcomes (Warfield, Hauser-Cram, Krauss, Shonkoff, & Upshur, 2000).

Although this research has focused on populations of children under age three or preschoolers with physical and sensory disability, much can be learned about the usefulness of parent participation and education as applied to children age three to five receiving Early Childhood Special Education intervention.

Legislative Foundation

Federal and state legislation have recognized the efficacy of Early Childhood Special Education programs and services (previously referred to as Pre-Primary
Impaired) since the 1970's. Public school service delivery practices for children, age three to five, with identified special education needs have changed minimally over the past twenty years. Current federal legislation, the Individuals with Disabilities Education Act (IDEA, 2004), mandates special education programs and services for children from birth through age five. The State of Michigan is one of five states that also mandate special education services and programs for children from birth through age three. State special education legislation is aligned with basic constructs of federal special education legislation. The federal IDEA contains two regulation components of legislation: Part B encompasses children from age three to twenty-one and Part C encompasses children from birth to age three.

Part C of IDEA provides a mandate for services to children from birth through age three and their families. The State of Michigan Administrative Rules and Regulations (2002) require that services include a parent participation and education component. These services are described to include parent determination of educational outcomes and service delivery provided in the child’s natural environment. The legislative definition of Part C services includes: (a) family training, counseling, and home visits defined as services provided, as appropriate, by qualified personnel to assist the child’s family to understand the child’s special needs and to enhance the child’s development (34 C.F.R. Sec. 303.12 (d)(3)); (b) service coordination defined as assistance and services provided by a case manager to a child and the child’s family (34 C.F.R. Sec. 303.12 (d)(11)); (c) social work services that include making home visits to evaluate the child’s living conditions and patterns of parent-child interaction and providing individual and family-
group counseling with parents and other family members, and appropriate social skill-
building activities with the child and parents (34 C.F.R. Sec. 30312 (d)(12)); and (d) special instruction defined as providing families with information, skills, and support related to enhancing the skill development of the child (34 C.F.R. Sec. 303.12 (d)(13)).

Part B of IDEA provides a mandate for services to children from age three through twenty-one. State of Michigan Administrative Rules and Regulations (2002) identify ECSE programs as classroom services for children, age three to five, who qualify for and need special education (Rule 340.1754). This state rule defines an early childhood program as providing a minimum of 360 clock hours and 144 days of instruction, with teacher to student ratios not to exceed two to twelve. Based upon a child’s Individual Education Program (IEP), services are provided by an early childhood special education teacher to children with disabilities or developmental delay who are two years, six months through five years old. The rule includes a requirement that early childhood special education programs provide a parent participation and education component, however, this component is not clearly defined. State regulations define this component in the same way that federal regulations do: there is an assumed access to parent counseling and training within “related services” for all IEP teams.

State of Michigan Administrative Rules and Regulations (2002) also define ECSE services (Rule 340.1755) within Part B of IDEA. These services are defined for children with disability or developmental delay provided in family and community settings. The services must be provided by an early childhood special education teacher or related services staff to children birth through age five based upon the IEP or the Individual
Family Service Plan (IFSP). Services must be provided for a minimum of two hours per week, but not less than 72 clock hours within 180 school days. ECSE services must also have a parent participation and education component and are regulated by the same Part B definitions as ECSE programs.

The legislative definition of Part B ECSE services includes: (a) counseling services defined as rehabilitation counseling and services provided by qualified personnel (34 C.F.R. Sec. 300.34 (c)(2)); (b) parent counseling and training defined as assisting parents in understanding the special needs of their child, providing parents with information about child development, and helping parents acquire necessary skills that will allow them to support the implementation of their child’s IEP (34 C.F.R. Sec. 300.34 (c)(8)); and (c) social work services in schools defined as preparing a social or developmental history on a child with a disability, group and individual counseling with the child and family, and working with those problems in a child’s living situation (home, school, and community) that affect the child’s adjustment in school (34 C.F.R. Sec. 300.34 (c)(14)). While there is overlap between Part B and Part C of IDEA the clear intent is the inclusion of families or primary care-givers in the planning and service delivery of ECSE.

The ECSE services rule encompasses both the birth to age three population and the age three to five population. Traditional service delivery paradigms for children age three to five have focused on providing classroom programs directly to the child under the ECSE program regulation. They have not consistently accessed the option of providing services that include a defined parent participation and education component, as provided
within the ECSE services regulation. However, the legislative mandate to provide a parent participation and education component to children age three to five clearly exists.

Children from birth to age three are regulated by IDEA Part C parent participation and education rules and eligible for ECSE Services as defined by IDEA and Michigan Special Education Rules and Regulations. Special education intervention for children age three to five are regulated by IDEA Part B parent participation and education rules and are eligible for either ECSE Services or Programs.

**Historical Perspective**

The conceptualization of the relationship between early intervention service providers and parents and families has significantly changed the way early intervention has been provided over the past 20 years. The change has been most visible in providing early intervention service to the birth to three population.

Parent and family involvement has been considered to be a critical part of early intervention (Mahoney & Filer, 1996). The introduction of the Part H program (P.L. 99-457, Education of the Handicapped Act Amendments of 1986) validated parent and family involvement by including this service as a requirement in the federal statute. This legislation is based on the assumptions of benefit to families and family participation (Mahoney, Robinson, & Powell, 1992). The purposes of early intervention for infants and toddlers were clearly stated in Part H (now Part C of IDEA, 2004)

The Congress finds that there is an urgent and substantial need (1) to Enhance the development of handicapped infants and toddlers and to minimize their potential for developmental delay; (2) to reduce the educational costs to our society, including our nation’s schools, by
minimizing the need for special education and related services; (3) to minimize the likelihood of institutionalization and... maximize the potential for independent living in society; and (4) to enhance the capacity of families to meet the special needs of their infants and toddlers (P.L. 99-457, 1986, Sec 671)

The last two purposes reflect the intent for early intervention to provide sufficient supports so that families can care for their children at home and have the skills to provide appropriate home intervention for their child. The reauthorization of IDEA in 1991 as the Individuals with Disabilities Education Act (IDEA), expanded the scope of family services by addressing the content of intervention and the way in which services are provided (Mahoney & Wheeden, 1997). Early intervention service providers interpreted the statute by providing clinically oriented educational and therapeutic service models. The focus of this early intervention was the use of specialized instruction that professionals provided to address children’s developmental needs. This model was based on the concept that professional staff planned for and delivered specialized instruction within clinical settings (Mahoney, et al., 1992).

Early intervention has also been viewed as a child-focused construct with the major purpose of enhancing developmental outcomes (Bailey, Buysse, Edmondson, & Smith, 1992). As service providers began to invite parents and families to carry-out instructional plans, the model construct expanded to the “family-allied model” (Dunst, Johanson, Trivette, & Hamby, 1991). Early intervention service providers invited parents to participate in the intervention process by replicating in the home what was done in the clinical setting.
As parents were provided practice at implementing these activities in the home, service providers shifted attention to the home environment by emphasizing the role of parents and families in caring for the child. In a study by McBride & Peterson (1997), parents, as a whole, reported limited success in using the clinically based activities in the home routine. Family dynamics and demographics varied widely and professionals responded with heightened awareness and sensitivity to the rights of parents to serve as partners in developing intervention plans for their child. These findings were supported by other studies of parent experiences (Dunst, et al., 1991; Dunst, Trivette, & Deal, 1988).

As the family-centered model developed, federal early intervention legislation was modified to promote three goals for parent and family involvement (Mahoney & Filer, 1996). These three goals were to broaden the range of services available to help parents respond to raising a child with a disability; include parents as full partners in the planning of early intervention services with outcomes focusing on both the child and the family; and include parents as interventionists (Mahoney & Filer, 1996). The assumption was that the developmental outcomes children met depended upon the effectiveness of parents, as opposed to professionals, and that developmental outcomes are maximized when provided within the child’s natural environment. The early intervention professional community was supportive of expanding family services and providing parents with a more direct role in the planning and intervention process (Dunst, et al., 1988).
Both Part C and Part B of IDEA (2004) emphasize informed consent, parent participation in decision-making, access to records, and procedural safeguards. Part C regulations require assessment of family resources, priorities, and concerns; procedures to address family needs, and service coordination. Other services under Part C include family training, counseling, home visits, and social work services. Related services for families of preschoolers within Part B regulations include parent counseling and training, described as helping parents understand their child’s special needs and acquire skills that enable them to support the implementation of their child’s individualized program of services.

The reauthorization of IDEA in 2004 was followed by a review of regulations governing Parts 300 and 301: Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities. Public comment was invited as related to Part B of IDEA regulations. Those that commented stated that the definition of parent counseling and training was not included in the definition of related services of IDEA and therefore, should not be included in the regulations. Others who commented recommended that the regulations should describe the responsibility of school districts (e.g. Local Educational Agencies) to provide parent counseling and training. Federal response stated that IDEA clearly indicates the requirement to assist parents in understanding the special needs of their child and provide parents with information about child development. Further, additions to the regulations made in 1999 ...required that parents be assisted in acquiring the skills to allow them to support the implementation of their child’s IEP or IFSP, recognizing
the more active role of parents as participants in the education of their children. The IEP team determines what is necessary for the child to receive a free and appropriate public education (Assistance to States for the Education of Children With Disabilities and Preschool Grants for Children With Disabilities, 2006, p. 46540)

Other Part B services for families are social work, assistance accessing community resources and working with the family to address problems in the family’s living situation that might affect the child’s use of services. Both Parts C and B include families as potential recipients and beneficiaries of services. Differences lie in the interpretation of federal and state regulations resulting in a disproportional number of children age three to five receiving ECSE classroom programs.

Research Problem

Two similarities exist between requirements of ECSE programs and ECSE services. They both require an individual intervention plan and a parent participation and education component for children age three to five. The individual intervention plan has been well defined in federal and state special education rules and regulations as the Individual Education Program (IEP). The parent participation and education component, however, has not been well defined within ECSE program regulations. There is overlap between the State of Michigan ECSE program (340.1754) and ECSE service (340.1755) rules with respect to the age of the eligible children as both include ages three to five. This enables either a program or a service to be provided to children age three to five. The required parent participation and education component of ECSE programs is subject to interpretation by service providers as related to service delivery practices. This practice
results in a lack of consistent application of intervention models. The impact on child developmental outcomes is not clear.

Research Purpose

Current research in ECSE has documented the impact parents have on their child's early development. Parent interaction intervention has been documented to increase developmental outcomes for the child (Kaiser, Hancock & Hester, 1998; Trivette & Dunst, 2004; Turnbull, Blue-Banning, Turbiville & Park, 1999). ECSE services as a service delivery option is founded in well-defined tenets of natural environment setting, family-focused intervention, and defined roles for the interventionist and caregiver. The type of service delivery included in the parent component may include education, training, support, case management or other activities. This emphasis of family-focused intervention is not present in the definition of ECSE programs. The literature examining ECSE programs as a service delivery option has not found an intervention archetype that includes defined parent participation and education components (Chao, Bryan, Burstein, & Cevriye, 2006). The purposes of examining perceptions of the legislative component of ECSE programs and services are to inform the field of early intervention of those practices that professionals and parents report as having an impact on the child's development and to explore the relationships between those practices and child and family outcomes.
Rationale/Significance of the Study

This study explores the descriptions provided by parents, of the types of services provided by service providers to meet the ECSE requirement of the parent participation and education component, and the descriptions of these same practices by early intervention professionals. In the absence of a clear definition provided by state legislation, service providers are in a position to interpret the statute requirement. Collecting information from parents of ECSE children will inform service providers of those practices that parents view as participatory and educational. In a study by Bruder and Dunst (2008) findings support that within Part C service delivery models, different service coordination structural and process variables, but not parent variables, accounted for differences in service outcomes. Research has not been located that examines the impact of parent participation and education on service outcomes for ECSE Part B programs. Applying tenets of Part C services to Part B services for children age three to five and programs will examine this relationship.

Implications for service delivery models may include staffing needs, location of services, type of services, types of materials or needs of other family members. Current practices provided to children age three to five vary by service provider. This does not provide consistency to families. These children are typically scheduled to receive classroom services five half days per week. Parent contact consists of semi-yearly conferences and intermittent telephone calls and written notes. This study seeks to learn what parents describe as the parent participation and education activities that impact family outcomes and developmental growth for their child and how early intervention
professionals describe participation and education activities, as a means to inform educational practice. (see Appendix A for conceptualization)

Research Questions

For the purpose of this study, the following research questions will be addressed:

1. How do parents and early intervention professionals describe the parent participation and education components of ECSE programs or ECSE services? What are the similarities and differences between parents and intervention professionals?

2. What parent participation and education components are identified by parents and early intervention professionals as positively impacting the child and family? What are the similarities and differences between responses of parents and early intervention professionals in their perceptions?

3. How does the parent participation and education component impact child developmental outcomes?
CHAPTER II

LITERATURE REVIEW

Early Childhood Special Education (ECSE) research has addressed the constructs of parent participation supports and services provided to children age birth through three and their families (Campbell & Sawyer, 2007; Dunst, et al., 1991; Gallagher, 2002; Raver, 2005). ECSE programs for children age three to five are defined for elements of teacher certification, classroom ratios, and number of instructional hours (IDEA, 2004). ECSE services are defined as a service delivery option for children from birth to age five. Unlike the birth to three population, the literature has not yet proposed a widely accepted framework for the types of family support services that should be provided to families of children age three to five under the ECSE service rule. Child and family outcomes have been identified as essential components of ECSE (Bailey, 2001; Dunst & Bruder, 2006; McWilliam, Snyder, Harbin, Porter, & Munn, 2000).

This literature review will present research of the application of the parent participation and education component for Part C services for children age birth to three and Part B services for children age three to five, and current ECSE service delivery models provided for children age three to five. Components supported by the ECSE research as significant for parent participation and education for children age three to five will be identified (Harbin, 2001; Kaczmarek, Goldstein, Florey, Carter, & Cannon, 2004; Mahoney & Filer, 1996). These components will be related to current ECSE for children age three to five within the paucity of available research of service delivery models.
Child and Family Services: Defined

The importance of family-centered practices has been identified in the literature in early intervention service delivery for families of children age birth to three (Bailey, et al., 1998; Dunst, et al., 1991). Early intervention research has identified and recommended guidelines and strategies for implementing intervention services within a family-centered framework (Sandall, et al., 2005). Researchers have stated that the primary purpose for early intervention is family support (Bailey, McWilliam, Darkes, Hebbeler, Simeonsson, & Spiker, 1998; McWilliam, Tocci, & Harbin, 1998; Zigler & Black, 1989).

There is agreement that programs utilizing family-centered practices view parents as partners, provide support to families, recognize differences among families, and work to empower families to be key decision makers in their child's educational program (Bailey, Simeonsson, Winton, Huntington, Comfort, et al. 1986; Dunst & Bruder, 2006; Dunst, et al., 1991). Early intervention approaches have become known by various terms: family focused, family friendly, family directed, family driven, or family-centered (McWilliam, et al., 1998). Zigler and Black (1989) define family supports as “enabling families to be independent by developing their own informal support networks” (p. 11). Other labels have been used to describe this construct. Dunst (1985) used the term parent empowerment; Bailey et al. (1986) suggest the term family-focused intervention; and McWilliam, Tocci, & Harbin (1998) used family-centered care.
The term “child outcome” is defined as developmental growth in specific domains. The term “family outcome” is defined as a benefit experienced by families as a result of services received. Although family refers to the parents or primary caregivers, there is the potential that benefit is experienced by siblings and extended family (Poston, Turnbull, Park, Mannan, Marquis, et al., 2003). A family outcome should not be thought of as receiving the services, rather, what happens as a consequence of providing services or supports that are developed to ultimately benefit the child.

Impact of Parent Participation and Education on Child Outcomes

The constructs represented within the variety of family-centered terminology are similar in several ways. They incorporate the following concepts: (a) intervention with a child affects and influences the family and intervention with the family affects and influences the child; (b) involving families in intervention is intrinsically more intensive for the child than working with the child alone; (c) families should be able to choose their level of involvement in service delivery; and (d) professionals should plan intervention to match the priorities of families even when they differ from those of the professionals (Bailey, et al., 1992; Bernheimer & Keogh, 1995).

These concepts are represented as actions taken by early intervention professionals within service delivery models. Five commonly used family-centered constructs are found in the ECSE literature. Dunst & Bruder (2006) identify all five in their examination of perceptions of early intervention professionals related to their roles as service coordinators for children age birth to three that impact child outcomes. The actions
identified as most important are communication, support, training, relationships, and events within routines. Communication is defined as information provided by service coordinators that impact service delivery and is supported as a critical element in related research (McWilliam, et al., 1998; Murray & Mandell, 2004; Raver, 2005). Support systems, first identified by Dunst (2002), include collaboration with other families and community agencies, and have been identified as essential in recent research (Campbell & Sawyer, 2007; Murray & Mandell, 2004). Training activities relate to specific coaching of child interventions (McWilliam, et al., 1998; Raver, 2005). Relationships have been found to be predictive of successful intervention (Campbell & Sawyer, 2007; McWilliam, et al., 2000). Events within routines include the service coordinators ability to understand the families' needs (Murray & Mandell, 2004). Research has also emphasized different aspects of the role of service coordinators in supporting parent participation and education such as the inclusion of parents in decision-making, providing assistance in obtaining health care and child care, and agency coordination (Dunst & Bruder, 2006). However, these findings were predictive of service coordination within the birth to three population under Part C guidelines related to family outcomes. Research was not available relating these constructs to ECSE children age three to five. These tenets of early intervention are most often associated with service delivery provided to children age birth to three and their families and are included here as a theoretical foundation for addressing family outcomes along with child outcomes for children age three to five.
Early intervention research has demonstrated that parent involvement produces positive effects on children's physical, cognitive, social, and language skills (Blasco, Hrncir, & Blasco, 1990); and increased parental satisfaction with services (Trivette, Dunst, Boyd, & Hamby, 1995).

There are numerous benefits for families who participate in parent support and education opportunities. Gage and Christensen (1991) found that parents who talk with other parents, talk with their spouses, and take parenting classes reported to feel more important as an individual, feel more satisfied with their role as a parent, and feel greater self esteem. Warfield, et al. (2000) reported a positive correlation between early intervention parent support groups and participation based upon examination of family outcome indicators. McClean, Wolery, and Bailey (2004) studied family assessments as a means to inform early intervention practice. They found that a family assessment, which considers culture, beliefs, experiences, religion, and family relationships, had a positive affect on service delivery and child outcomes.

Parent Participation: Birth to Three

Parent participation and education for families of children age birth to three has been studied in the ECSE literature as child-focused supports and services and family-related supports and ECSE services have been studied as related to the birth to three population. The National Early Childhood Technical Assistance Center (NECTAC) examined trends in the types of services listed on individualized family service plans (IFSPs) from 1994 through 2001, based on reports from states (Buysse, Wesley, Snyder, & Winton, 2006).
Three of 17 services identified could be described as family participation services: (a) family training, counseling, and home visits; (b) social work services; and (c) respite care. Home visits are specifically identified within Part C of IDEA regulations as definitive of services within the natural environment. The United States Department of Education reported that 68% of these early intervention services were provided in the home setting. Turnbull, Summers, Turnbull, Brotherson, Winton, et al. (2007) found that home visit services are utilized most often for children age birth to three and the focus remains as child-focused intervention versus family-oriented intervention. These findings may be confusing. The service definition requirement for Part C of IDEA mandates intervention in the child’s natural environment to the greatest degree possible, indicative of the home setting. Turnbull, et al. (2007) offer a possible interpretation of this finding. Funding sources such as Medicaid may require reporting specifically focused on child skill development. This may deter reporting of family supports, even though these family intervention supports are a requirement of IDEA Part C regulations. IDEA identifies counseling services, family training, social work services, home visits, service coordination services, parent training, and special instruction for families as essential components of intervention.

These findings are supported by studies of perceptions of early intervention professionals comparing ideal to actual practices of family involvement for children age birth to three (Bailey, et al., 1992; Dunst & Bruder, 2006; McWilliam, et al., 1998). Findings revealed a statistically significant discrepancy between how families were currently involved and how families ideally should be involved across variables of
decision about child assessment, participation in child assessment, and inclusion of family goals along with child goals. These findings were supported by mothers’ perceptions of the extent of including family goals as part of intervention (Mahoney, O’Sullivan, & Dennebaum, 1990).

Parent Participation: Age Three to Five

The construct of parent involvement and family support for children age three to five is difficult to define based on the paucity of research and relies on early intervention professional’s interpretation of actual legislation. In a study of professionals working with ECSE children age three to five, researchers found that professionals may continue to see their role as telling parents what is wrong with their child and what needs to occur to ameliorate the deficits (Bernheimer, Gallimore, & Weisner, 1990). Dunst (2002) reports similar findings of professional perceptions of their role. Researchers have pointed out that a gap exists between methods professionals use to support parents and actual family-centered practice as defined by parents for children age three to five (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Bruder, 2000; Chao, et al., 2006).

Much can be learned from research examining the role of families in school involvement. The Harvard Family Research Project examined family-strengthening intervention programs that were proven by substantial research and evaluation to be effective (Caspe & Lopez, 2006). Data was derived from experimental and quasi-experimental evaluations of how intervention programs impact families and children.
Results revealed that parent intervention had a positive impact on four parenting processes: family environment, parent-child relationships, parenting, and family involvement in learning in the home and at school. In addition, family-strengthening programs, integrated into a larger intervention program, can improve child outcomes. These findings support the existence of a legislative mandate for a parent participation and education component within ECSE special education for children age three to five.

Similar examinations have revealed that parent involvement and family support programs need to be individualized because of diversity of family resources, priorities, concerns, and cultures. In a study by Chao, et al. (2006), preschool children at-risk for language and behavior problems were randomly assigned to a control and an intervention group that received parent-professional support. Results revealed that children in the intervention group out-performed children in the control group in both receptive and expressive language development. Implications support that parents should be given opportunities to participate as active partners in planning services for their child and for themselves and professionals need to recognize and support that relationship.

Findings of research examining the parents’ role in school services further report that families are the ultimate decision makers for their child and services should be organized in such a way that families feel enabled and competent in advocating for services and meeting the developmental needs of their child (Bailey, et al., 1992).

Three themes have emerged as related to examination of parent participation and education for children age three to five: parent participation and education can be conceptualized as a set of policies, a set of program models, and a variable set of
practices (Bailey, 2001; Bailey, et al., 1998). As a policy, parent involvement and family support services are rooted primarily in the IDEA. While Part C specifically indicates that a primary goal of early intervention is to help families meet the special needs of their infant and toddler with disabilities, Part B, which refers to preschoolers, is less specific about family support as a primary goal, but contains a number of provisions regarding family rights and responsibilities in the context of deciding on goals and services needed for the child (IDEA, 2004).

From a program perspective, there is wide variability in early intervention models as related to parent involvement and family support characteristics (McWilliam, et al., 1998). IDEA describes 16 components required of a statewide early intervention system and states are given the opportunity to interpret the way state and local programs are organized. Parent involvement and family supports are often part of a larger program of services, and may include home visits, parent support groups, parent training activities, respite care, resource referrals, and service coordination. These types of interventions are most often provided within Part C services, to the exclusion of Part B services (Bailey, 2001).

Early intervention literature has examined intervention practices specific to intervention models. There is great variation in the behaviors and activities of professionals who are involved in parent participation and family support programs. Early intervention service providers establish relationships with families, listen and respond to families' priorities and concerns, try to understand family perspectives, build on informal support systems, and assist families in accessing community resources.
Family empowerment may be a practice based on the assumption that parents will have to make decisions about their child (Dunst, et al., 1988). Parents as teachers may be a practice based on the assumption that parents are the best and most important teachers of their children (Mahoney, Boyce, Fewell, Spiker, & Wheeden, 1998).

Service Delivery Models for Children Age Three to Five

Traditional service models for children age three to five are child-focused, oriented to children’s developmental or physical needs, and include components of developmental goal areas, planned methods or strategies, and progress measurement or monitoring. In traditional services, the interventionist plans activities that provide a context in which the child can learn or practice targeted skills and works directly with the child to provide learning opportunities. Home programs may be designed for caregivers to work on targeted outcomes between intervention visits (Dunst, Trivette, Humphries, Raab, & Roper, 2001; Mahoney & Wheeden, 1997).

Alternatives to the traditional approach have been offered and attempts have been made to rethink and define practice in natural environments for children age three to five. A conceptual model for implementation of services in natural settings, such as home and community, has been described by Stremel and Campbell (2007) who defined nine components of practice in natural settings by summarizing recommended practices reported in the literature. These components comprise what Stremel and Campbell term “participation-based intervention.”
The primary purpose of intervention in natural settings is to promote children's participatory learning opportunities and to teach caregivers to use effective strategies in their interactions with children (Campbell, 2004). This approach is parallel in purpose to the parent-coaching approach proposed by Mahoney & Bella (1998). The assumption underlying both of these approaches is that services will be incorporated into the family's daily routines and activities. The importance of providing routine-based intervention services has also been emphasized by McWilliam & Scott (2001). Whether it's called routines-based, activity-based, natural environment, parent-coaching or participation-based, these constructs all share a common focus of identification and use of activities and routines as contexts for teaching and learning and on an interventionist role of supporting and teaching families.

The purpose of both traditional services and the alternative approaches is to provide intervention for a child with a disability. The use of alternative approaches allows the interventionist role to shift to the parent or primary caregiver. The impact of shifting the interventionist role on child developmental outcomes has received cursory examination for the three to five ECSE population (Campbell & Sawyer, 2007). The Office of Special Education Programs (OSEP) reports that most children in this age category are provided classroom programs and not services (Bailey, Bruder, Hebbeler, Carta, DeFosset, et al., 2006). Turnbull, et al. (2007) offer several reasons for the lack of a universal service framework that includes models for parent participation and education as mandated by legislation. First, family needs should not be slotted into pre-determined supports and services. Families of children with special education needs are focused on their child's
needs and do not have the opportunity to focus on what might be helpful to them. Second, families do not have access to information from other families while their child is receiving services.

The Early Childhood Outcomes Center (ECO), funded by OSEP, provided recommendations for family outcomes for Parts C and B of IDEA (Bailey, et al. 2006). OSEP accepted most of the Part C recommendations and none of the Part B recommendations. Instead, OSEP recommended collecting data on the number of schools that facilitated parent involvement as a way of improving child outcome results (Bailey, et al. 2006). OSEP did not specify the definition of family involvement upon which this data would depend. Bailey, et al. (2006) discovered differences of opinion from Part B stakeholders as to whether programs for children age three to five are required to provide family services:

Some stakeholders (typically individuals working in or responsible for Part B programs) argued that preschool programs are not required to provide family services (despite the related service descriptions), and thus they are less accountable for attaining family outcomes. The way that services currently are structured for preschoolers often reduces the potential contacts professionals have with families and thus minimizes the likelihood of impact on families. Others, especially parents, argued not only that regulatory support for working with families of preschoolers does indeed exist, but also that regulations should not be the only factor in determining whether family outcomes are desirable (p. 245-246)

OSEP’s response to the ECO Center’s recommendations is further evidence of focusing on what is provided in early intervention rather than how it is provided. The construct of parent participation and education for children age three to five is supported by policy and in only part by practice.
An extended perspective related to family-focused intervention suggests that the content not be limited to outcomes, rather to the relationships that exist between parents and professionals (Bailey, et al., 1992; Dinnebeil, Hale, & Rule, 1996). Characteristics of this relationship include trust, mutual respect, open and clear communication, a collaborative attitude, follow-through, and interpersonal skills (Dinnebeil & Rule, 1994). These same variables were found to influence collaboration between parents and service coordinators for Part C services (Dunst, et al., 1991).

The gap exists in the absence of a framework of service delivery that promotes the role of parents or primary caregivers for Part B of IDEA in a manner that is congruent with Part C. The determinant at present appears to be the occurrence of a child’s third birthday and not the developmental needs of special education.

Once children reach age three, special education guidelines fall under Part B of IDEA, special education services are determined by IEPs and the relational emphasis is shifted from child-families to child-school. Typical family involvement for children enrolled in ECSE programs consists of open houses, parent-teacher conferences, and informal parent-teacher communication. The advantages of active family participation and professional collaboration have been reported in the literature, “Individual Family Service Plans should be the norm through kindergarten, and perhaps beyond (Chao, et al., 2006).” Individual Family Service Plans focus on child outcomes within the context of family routines.
Three approaches to parent participation and education for children age three to five have been cited in the literature. These types of support were identified in a study by William and Scott (2001): parent involvement, parent education, and parent support. Parent involvement is described as participating in the education of their children through school activities, follow-up activities at home, and assisting in assessment activities. Parent education is provided by early intervention professionals to teach what children experience in intervention. It intends to extend specific instructional methods to other environments and it assists parents in being active in their child’s development through knowledge and training. Parent support can be informational, emotional, or material. These findings are supported in a study by Gilkerson and Hanson (2000) in identifying key strategies for involving parents as education and support. William and Scott (2001) examined conversations held between parents and professionals and found that the content of these conversations were as important as the actual child intervention delivered. Material support is described as a sharing of reading materials about child development and parenting. Jacobson and Engelbrecht (2000) report a need to be flexible within the parent participation and education component because the process is a dynamic one. This is especially critical for children transitioning from birth to three services into intervention for children age three to five. This is the point where intervention traditionally becomes so child-focused that it is at the expense of being family-oriented. The Division for Exceptional Children (DEC) of the Council for Exceptional Children (CEC) has supported the need to change models of service delivery.
for preschoolers as needed based upon child and family outcomes (Sandall, et al., 2005). DEC states that these changes in service delivery require that “team members select child and family priorities for intervention based on child and family functioning (not service) and determine what is interfering with growth or progress in each priority area” (p. 135). These guidelines provide support for developing services and programs that align with child and family outcomes.

Current practice provides ECSE programs within which child outcomes are addressed. There is evidence that classroom-based preschool intervention programs can result in significant improvements in children’s developmental functioning (Dale & Cole, 1988; Yoder, Kaiser, Goldstein, Alpert, Mousetis, & Kaczmarek, 1995). These studies have identified the need for highly skilled teachers and resources and supports for curriculum implementation. Recent studies have begun to examine the role of parents in the intervention process. A basic tenet of early intervention for preschool age children is that the success of intervention may not be dependent on the curriculum or instructional activities implemented in classrooms but rather requires that schools and parents work together to enhance children’s developmental stimulation within daily routines (IDEA, 2004; Sandall, et al., 2005). In a study by Mahoney, Wheeden, and Perales (2004), developmental outcomes of children participating in ECSE classroom programs were examined as related to classroom instructional approaches and parental interaction. Children participated in one of three ECSE classroom program instructional approaches: didactic, naturalistic, and developmental instruction. The didactic approach utilizes structured, teacher-directed group and individual instruction. The naturalistic approach is
less structured and more child-centered focusing on choice and engagement in high-interest activities to teach targeted objectives (Rule, Losardo, Dinnebeil, Kaiser, & Rowland, 1998). The developmental approach emphasizes social-emotional skills focusing on child-initiated play, asserting that child-initiation is the primary process for enhancing children’s learning (Mahoney, et al., 1992). This approach is based upon Developmentally Appropriate Practice (DAP) as determined by the National Association for the Education of Young Children (NAEYC) (Bredekamp, 1987). Results indicated “no evidence that any one of these three (classroom) instructional models were effective at accelerating children’s rate of developmental growth” (p. 554). Children had similar rates of developmental growth among the three different classroom approaches.

These data suggest that there were no differences in the effectiveness of three classroom instructional approaches at promoting children’s development. The teacher remained the primary interventionist in all three classroom approaches. Mahoney, et al. (2004) further reported that although parent’s style of interaction did not have an intervention effect, parent’s style of interaction was the only variable that significantly correlated with children’s level of developmental functioning. Similar findings were reported by Kaiser, et al. (1998) in their study comparing the effects of parent-implemented to therapist-implemented language intervention on language development of special education preschoolers. At the end of six months of intervention, both treatment groups made equivalent improvements in their language skills. However, six months after treatment, children in the parent-implemented group showed significantly greater use of functional language than children in the therapist-implemented group.
These findings provide foundation support for use of parents as primary interventionists in service delivery models that utilize teachers in the role of coach or trainer. Mahoney, et al. (2004) further asserts that “classroom based ECSE is not effective at accelerating children’s development so long as parents are not involved in the education process” (p. 556).

Implications of these findings support the assertion that ECSE classrooms do not work systematically with parents to help them implement strategies that will promote children’s learning and development at home and in the community. Further, findings show that parents have significantly more potential to influence their children’s developmental growth, even after children have reached the age of three. The parent-professional interactions that contribute to intervention effectiveness before children are three years old are related to children’s developmental functioning during their preschool years. Findings from an examination of parent-child interactions revealed that “intervention that does not enhance parents’ interactions with their children is not successful at accelerating children’s developmental functioning” (Mahoney, et al., 1998, p. 13).

Although the literature has documented the impact parents have on their child’s development, research has focused primarily on service delivery models for children age birth to three or preschoolers receiving a classroom model of service delivery. Early intervention professionals continue to rely on traditional classroom models or follow tenets of general education interactions. Studies of the effectiveness of classroom models have revealed the importance of the role of parents in the intervention process. Research
has not been located that examines the use of ECSE services (non-classroom instruction) or determines needs and service delivery preferences of parents of children age three to five with significant developmental delay or disorder.

Summary

Researchers agree on the importance of parent participation and support that include opportunities for parents to receive training, education, support, and share information. Early intervention professionals have addressed parent needs effectively since the inception of Part C of IDEA for children age birth to three. Compliance with Part B of IDEA, for children age three to five, remains more elusive in the literature as related to parent participation and education. There is a gap in accepted service delivery approaches to meet this parent participation and education special education requirement for preschoolers. The literature strongly supports inclusion of parents in the intervention process yet classroom program service delivery remains the norm. This study will utilize birth to three service delivery models provided under IDEA Part C as applied to children age three to five, differing from current studies that have focused on program (classroom) service delivery for this population.
CHAPTER III

METHODS

Research Design

The purpose of this study was to examine perceptions and experiential-based identification of the parent participation and education component of ECSE legislative mandates by eliciting parent and early intervention professional descriptions of their lived experiences of public school special education services. A second purpose was to determine what correlation exists, if any, among parent perceptions of three different ECSE service delivery experiences. A third purpose was to determine what correlation exists, if any, between parent and early intervention professional perceptions of the ECSE parent participation and education component. A fourth purpose was to determine what components, if any, of parent participation and education positively impact child developmental outcomes and family outcomes.

A mixed-method research approach was used. This approach was selected because parents of children with special education needs have experienced the phenomenon of receiving services for their child over a period of time and early childhood special education professionals have experience with student outcome data. The common element among the subjects was experience with at least one of the service delivery experiences being examined. The study of the experiences of parents of special education children and early intervention professionals was of primary interest to the researcher as a
composite of "what" and "how" the subjects experienced the parent participation and education component. A qualitative phenomenological examination of the perceptions of parents and early intervention professionals was combined with a quantitative analysis of child outcomes as related to examination of variables that impact child outcomes.

Sampling, Subjects, and Access

Twenty-four participants were identified: four parents and four early intervention professionals who have each experienced one of three service delivery options (ECSE program, ECSE program and services, or ECSE services). Table 1 describes the sample size and stratification. Participants were located from within West Michigan school districts that provide ECSE Programs. All participants had experienced the parent participation and education component of ECSE programs and/or services during the preceding 24 months as determined by participation in their child's IEP. The parent participants were parents of children who were between the ages of three years, zero months and four years, zero months at the time of service delivery, with an identified disability requiring special education programs/services. The parent participants were selected based on recommendations from early intervention professionals as having a high degree (at least two hours per month) of parental involvement at the school to control for high yield data. The recommendation controls for education level of the parent as related to degree of school participation. The early intervention professional participants hold an ECSE teacher certification or early intervention related services certification and had a minimum of two years of intervention experience within the target
service delivery option for which they are selected. Early intervention professionals, who can report on experiences with a variety of families, and parents, who can report on individual experiences, both have valuable perceptions of current ECSE practice. Student participants were children with an identified special education disability, who have experienced intervention, such as a classroom, services, or a combination of both of these service delivery options.

Table 1. Sampling Design

<table>
<thead>
<tr>
<th>Subject</th>
<th>Subject Criteria</th>
<th>Program</th>
<th>Experience with:</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>*has experienced ECSE</td>
<td>n = 4</td>
<td>n = 4</td>
<td>n = 4</td>
</tr>
<tr>
<td></td>
<td>*child with identified disability, ages 3 to 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*high degree of parent involvement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention</td>
<td>*ECSE certification</td>
<td>n = 4</td>
<td>n = 4</td>
<td>n = 4</td>
</tr>
<tr>
<td>Professionals</td>
<td>or related services certification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*minimum of 2 years experience with target service mode</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>*identified special education disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*minimum of 1 year of service/program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*between age 3 and 5 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>{n = 120}</td>
<td></td>
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</tr>
</tbody>
</table>

The 120 children identified for artifact record review participated in ECSE program and/or services for a minimum of twelve months and were between the ages of three years, zero months and five years, eleven months at the time of service delivery.
A maximum variation sampling strategy was used because the common element of the participants was having experienced the phenomenon of ECSE parent participation and education within programs and services. The differences between the parent participant group and the early intervention professional participant group and among the parents within the participant group at the beginning of the study were of interest to the researcher for purposes of data analysis. The difference among parent participants was desirable as it increased the likelihood that the findings will be reflective of different perspectives (Creswell, 2007, p. 126). These differences included child and family demographics, socio-economic factors and duration and intensity of special education services from the point of initial child identification.

A narrow sample size was chosen to ensure that parent participants had sufficiently experienced the same immersed phenomenon of ECSE programs and services. The parents in this study have had a limited time frame of opportunity, up to three years, to have experienced the parent participation and education component of ECSE. Using a larger sample may have reduced the likelihood that parent participants would have had sufficient access to programs and services over this three year period of time.

Access to participants was sought and granted from a human subjects review board at Western Michigan University (see Appendix B). Potential participants were provided full disclosure of the study purpose, content, risk, and potential benefits using telephone calls to offer participation in the study. Rapport was established during the disclosure process. Full written disclosure was provided to each participant at the time of the initial meeting,
written participant approvals were sought, and participants were provided with a copy of the consent approval (Appendix C).

Instrumentation

Instruments used in this study were two parallel Interview Protocols, one for Parents (Appendix C) and one for Early Intervention Professionals (Appendix D). The Interview Protocols were almost identical for parent and professional versions, with wording changes only to make the items relevant to the particular type of respondent. The Interview Protocol contained six questions and a request for a story to be reported. The first five questions were aligned with the five elements of perceptions of parents and early childhood professionals of ECSE experiences. The content of the questions was intended to elicit information about communication, events, relationships, training, and support of ECSE programs and services. Validity support for the phrasing of the interview questions was solicited from a parent and an ECSE colleague to ensure that content matched intended response outcomes. The sixth question asked for identification of specific components of ECSE parent participation experiences that directly impact child and family outcomes. Participants were then asked to relate a story that represented their personal experiences with parent participation and education. Participants were provided with seven specific ECSE parent participation components to rank order. This sorting task occurred at the end of the interview so as not to influence participant’s identification of components during question responses.
A Child Outcome Data Grid was developed to record data from a Developmental Scope and Sequence Document. The Developmental Scope and Sequence Document is used to document domain growth as measured in months by comparing baseline at the intervention entry with post-measure at the six-month point. This study used developmental outcome data representing the domains of language, social skills, and motor skills.

Data Collection Methods and Procedures

The data related to the perceptions of the ECSE parent participation and education component were collected in four ways. Data was collected by conducting individual semi-structured interviews using open-ended questions, subject task completion, and report of experiences. Data of ECSE service delivery correlation to child outcomes were collected by method of artifact review of child outcome data in the form of IEP report of developmental growth in months. A cross-walk of the studies' conceptualization variables and mode of measurement in data collection is presented in Appendix D.

Individual interviews were used instead of focus groups for data collection because of the "perceived newness of the phenomenon" (Creswell, 2007, p. 129). The researcher sought to examine parent and teacher's intact impressions of their experiences without influence of other participants' responses. The experience of the ECSE parent participation and education component occurred within one year of the study timeline. Parent responses provided descriptions of the content of service delivery by early intervention professionals (operational) and the relationship with early intervention
professionals themselves (social theory) and this method of data collection allowed flexibility to capture all data (Marshall & Rossman, 2006, p. 137). Although open-ended questions and report of experiences were used, the data was coded and analyzed to identify both the “what” and “affective how” of this phenomenon. Both operational descriptions about type of intervention, materials, timelines, and techniques and relationship descriptions were data of interest to the study’s transferability (Marshall & Rossman, 2006, p. 202).

Each interview was scheduled for one hour at a location convenient to the participant, and was conducted individually. An interview protocol was used, containing six open-ended questions, the task prompts, and a script for requesting an experience to be reported. Questions were asked as scripted in the interview protocol, without comment provided by the researcher, however, probes of information offered by the participant were included in the interview. Probes were limited to those specified in the interview protocol. Interview anecdotal notes were used to supplement audio recorded information in order to capture nonverbal facial and contextual information. All interviews were audio recorded using a standard tape recorder. Each tape was labeled with a subject identification number so as to protect the identity of the participant. Interview tapes were transcribed verbatim by the researcher to preserve fidelity of responses. All interview protocols were free of information that would identify the participant. Interview protocols, accompanying tapes, and resultant data transcripts were stored in a secure location for the duration of the study.
The qualitative interview procedure contained four parts. The first research question, perceptions of ECSE parent participation and education, was examined in two ways. Parents and early intervention professionals were asked five open-ended questions about perceptions of the parent participation and education component as written in the Interview Protocols (see Appendices E and F). Probes were limited to neutral prompts of “tell me more”. Participants were asked to describe one experience or story of ECSE service delivery that represented each parent and early intervention professional’s participation in the ECSE experience.

The second research question, identification of components that impact child and family outcomes, was examined in two ways. The participants were asked to identify and describe the parent participation and education components that were perceived to positively impact children and families, question six of the Interview Protocol. Probes were used to seek additional information but not alter information already provided. A card sorting task was used related to components of parent participation and education. Participants were asked to rank order cards that represent the seven elements of the legislative definition of parent participation and education related to ECSE programs and services, to reflect the greatest impact on child developmental outcomes, ranking from one to seven (see Appendix G). Participants were allowed as much time as needed to move the cards to a ranking of one to seven, with a rank of one being the most important. If participants stated that two elements are equally important, they were asked to reflect and consecutively order so that each of the seven cards had its own rank (see Figure 1). The content of the sorting task cards was a combination of ECSE services and
interventions provided to children and families. Definitions are based on those provided within the Individuals with Disabilities Education Act (IDEA, 2004).

A quantitative data collection procedure was used to examine research question three, impact of demographics and services on child outcomes, by an examination of archival data of child developmental outcome measures for the purpose of determining if the variable mode of service delivery (program, program and services, services) correlated to

![Card Sorting Task](image)

_Figure 1. Card Sorting Task_

number of months of developmental growth in the modalities of language, motor skills, and social skills. Demographic information of gender, age, ethnicity, and area of special education certification were recorded for the purpose of control of subject identification.

The independent variable was ECSE service delivery mode with three levels: program, program and services, and services. The three modes of service delivery represent differing intensities of parent participation. Dependent variables were the child
outcome developmental data in domains of language, social skills, and motor skills. These outcome variables were defined as the number of month’s growth during a six month intervention period during receipt of one of the ECSE service delivery models.

The developmental outcome data of the 120 students was examined by accessing progress report artifacts of the six month intervention period using the Developmental Scope and Sequence Document or IEP to obtain developmental growth scores for domains of language, social skills, and motor skills. A sample of 120 students provided adequate statistical power for the ten variables. Data was accessed through records stored at the student’s school district. Data was accessed following approval from the HSIRB of Western Michigan University. Data was inspected and recorded in continuous measurement format to a cumulative Data Grid. Each child’s data received a random identification number so that confidentiality of child identity was protected. The Child Outcome Data Grid was stored in a secure location throughout the study. A summary of data streams related to research questions and procedures is provided in Table 2.

Data Analysis Processes and Procedures

Research questions one and two were examined using qualitative data focusing on individual accounts of experiences and mental models by parents and early intervention professionals with the parent participation and education component of ECSE programs and services. The participants were asked to provide information about experience with the phenomenon, experiences that represented successful relationships with service
### Table 2. Summary of Data Streams

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Type of Data</th>
<th>Collection Method</th>
<th>Measurement Scale</th>
<th>Data Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Parent and Early Intervention Professional Perceptions of the Parent Participation and Education Experience</td>
<td>Response to five open-ended questions to elicit mental model of parent participation and education</td>
<td>Interview</td>
<td>Coding of transcribed verbatim responses (Coding Scheme One)</td>
<td>One</td>
</tr>
<tr>
<td>#1 Parent and Early Intervention Professional Perceptions of the Parent Participation and Education Experience</td>
<td>Reporting of a story or ECSE experience</td>
<td>Interview</td>
<td>Coding of transcribed verbatim responses (Coding Scheme One)</td>
<td>Two</td>
</tr>
<tr>
<td>#2 Parent and Early Intervention Professional Identification of Components that Impact Child and Family</td>
<td>Response to one question to identify components of parent participation and education</td>
<td>Interview</td>
<td>Coding of transcribed verbatim responses (Coding Scheme Two)</td>
<td>Three</td>
</tr>
<tr>
<td>#2 Parent and Early Intervention Professional Identification of Components that Impact Child and Family</td>
<td>Rank order of seven components of service delivery by degree of importance</td>
<td>Card Sorting Task</td>
<td>Ordinal</td>
<td>Four</td>
</tr>
<tr>
<td>#3 Parent Participation and Education Impact-Child Outcomes</td>
<td>Child outcome data; service delivery models</td>
<td>Archival Record Review</td>
<td>Continuous</td>
<td>Five</td>
</tr>
</tbody>
</table>
providers, identified actions of service providers that positively impacted child outcomes, and identified services of benefit.

Once the data were collected, all audio taped responses were transcribed verbatim to preserve high fidelity, with notations made of contextual data. Written responses were read several times to obtain an overall feeling of content. Data set one, responses to five open-ended interview questions, and data set two, reporting of a story or ECSE experience, was line by line coded, to improve reliability, representing the constructs presented in Table 3.

This a priori coding system allowed for both structural and textural descriptions that included the “what” and the “how”. The codes used for Code Scheme One were derived from research of identified dimensions of implementing ECSE programs and services (Campbell & Sawyer, 2007; Dunst & Bruder, 2006; McWilliam, et al., 1998; Murray & Mandell, 2006; Raver, 2005). Code number six represented “other” responses and was applied when responses were not compatible within the other five codes. It was possible that code number six, “other”, would contain data that may be further analyzed using post hoc secondary coding such as identifying data patterns of frequent responses. Once coding was complete, responses from parent participants were grouped by whole group and subgroups determined by type of service delivery experienced (program, program and services, or services). Responses from early intervention professionals were grouped as a whole group. Frequency distribution analysis was conducted to examine similarities and differences among the parent subgroups and between the parent whole group and the early intervention professional whole group.
The third data set, responses requesting identification of components that positively impacted child and family outcomes, was coded using Code Scheme Two, representing eight constructs of identified service types. Application of this a priori coding process is well established in legislative rules and regulations as constructs that describe ECSE services (IDEA, 2004; Michigan Department of Education, 2002). Code number eight represented "other" as a construct and was applied when responses were not compatible within the other seven codes, as presented in Table 4. Responses from parents and early intervention professionals were coded as two separate groups and analyzed for comparison of similarities and differences.

Table 3. Code Scheme One

<table>
<thead>
<tr>
<th>Code</th>
<th>Meaning of Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EV</td>
<td>Event - parents participated in a family focused activity at the school or in the community</td>
</tr>
<tr>
<td>RB</td>
<td>Relationship-based – report of actions, words, or impact made by service coordinator or teacher</td>
</tr>
<tr>
<td>TR</td>
<td>Training – instruction provided by service coordinator or teacher to the parent specific to the child’s intervention</td>
</tr>
<tr>
<td>SP</td>
<td>Support – report of emotional or social support provided by the service coordinator or teacher</td>
</tr>
<tr>
<td>CM</td>
<td>Communication – report of frequency, impact, or new information provided by service coordinator or teacher</td>
</tr>
<tr>
<td>OT</td>
<td>Other – other reported information not consistent within the meaning of other codes</td>
</tr>
</tbody>
</table>
Inter-rater reliability measures the internal consistency of coders in applying a scale of measurement. The researcher tested for inter-rater reliability of categorical data within data set one and data set two using Cohen's Kappa, which corrects for chance agreement (Morgan, Reichert, & Harrison, 2002). A random sample of 20-30 data units from each data set (code scheme with six codes and code scheme with eight codes) were provided to a colleague with knowledge of the constructs defined within the coding systems, for coding. A Cohen's Kappa coefficient to assess the reliability of these codes was

Table 4. Code Scheme Two

<table>
<thead>
<tr>
<th>Code</th>
<th>Meaning of Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS</td>
<td>rehabilitative counseling and services</td>
</tr>
<tr>
<td>FT</td>
<td>assist families in understanding needs of child</td>
</tr>
<tr>
<td>SSW</td>
<td>social work services; developmental history</td>
</tr>
<tr>
<td>HV</td>
<td>home visits within home routines</td>
</tr>
<tr>
<td>SC</td>
<td>service coordination; community resources</td>
</tr>
<tr>
<td>SIF</td>
<td>provide families with information &amp; support</td>
</tr>
<tr>
<td>PT</td>
<td>train parent in skills for intervention with child</td>
</tr>
<tr>
<td>OTH</td>
<td>other services</td>
</tr>
</tbody>
</table>

provided. Percentage of agreement and number of items coded to establish reliability is reported for each data set. A Cohen's Kappa of ≥ .80 was required to continue use of the coding system as mutually exclusive descriptors. This systematic approach to applying codes for data sets one through three provided an opportunity to conduct an examination of patterns present in the data.

The fourth set of data, parent and early intervention professional rank order of seven components of service delivery, was analyzed as two separate groups: parents and early
intervention professionals. The constructs identified most frequently by the two participant groups were compared by distribution of frequency.

The fifth set of data contained three dependent variables: child language outcome, child social skills outcome, and child motor skills outcome. The independent variable was mode of service delivery that had three levels: ECSE program only, program and services, and services only. A standard multiple regression analysis was performed to find out whether mode of service delivery was associated with children's developmental outcomes, after controlling for children's characteristics of chronological age, area of special education certification, and duration of service delivery experience. All data was presented visually to inform how parents and teachers viewed the parent participation and education component of ECSE programs and services.

Significance of the Study

The results of this investigation will have implications for early intervention professionals determining what the content of the professional-parent partnership should be. Data about service delivery impact on child and family outcomes will assist early childhood professionals in planning effective intervention. The findings will provide information specific to the events, communication, relationships, trainings and support components of the parent participation and education component of ECSE.

The findings of data that predict positive child developmental growth in the review of record artifacts may have economic implications for service delivery models for school districts.
Activities and Timelines

Subjects were identified based upon teacher availability and parent data indicating a high level of participation. The study was completed over a three month period during which parents and early intervention teachers were involved in active intervention. Conversations were focused socially so as to reduce the impact of any parent-administrator or teacher-administrator relationship.

Delimitations and Limitations of the Study

"Delimitations address how the study was narrowed in scope, whereas limitations identify potential weakness of a study" (Creswell, 1998, p. 150). Limitations to this study were the specific time frame involved in gathering the data, access to participants limited to available subjects, and consent of teachers as subjects. The instrument used for qualitative data collection is not standardized and has not been field tested for validity. It was necessary to limit to the inclusion of perceptions of participants and not include the perceptions of individuals who did not participate in the study.

The study is delimited to open-ended interviews with twenty-four participants. All participants were chosen due to their affiliation with or knowledge of the researcher's special education program professional setting. Interviews were delimited by a parent-administrator or teacher-administrator relationship between the participant and the researcher.
Role and Placement of the Researcher

As an administrator of an ECSE program, the researcher was in a position to establish early childhood professional-administrator relationships and parent-administrator relationships. This placed the researcher in a position to potentially have biases related to the relationship between service delivery and parent participation and education. The researcher took these biases into account and remained as neutral as possible in the collection, analysis, and reporting of the data used in this study.

Summary

This chapter explains the methods and procedures used to analyze the data collected from parents, early intervention professionals and record artifact review of ECSE children age three to five, of the perceptions and identified factors that impact the parent participation and education component of early childhood special education programs and services. A qualitative phenomenological examination of perceptions and reports was combined with quantitative analysis of service delivery variables predictive of positive child outcomes.
CHAPTER IV

FINDINGS

The examination of perceptions of the parent participation and education component of early childhood special education was conducted by interviewing parents and early childhood professionals about their experiences with this phenomenon and by analyzing the impact of service delivery models with differing intensities of parent participation and education on developmental growth outcomes. Results of this examination are described by providing a summary and analysis of participant experiences using a priori coding and textural descriptions followed by findings of statistical analysis of service delivery model on developmental growth outcomes. First, the perceptions of parent participation and education by parents and early intervention professionals are presented. The similarities and differences in parent perceptions and descriptions are compared among three service delivery models and between parent and early intervention professional participants. Second, the experiential-based identification of components of parent participation and education by parents and early intervention professionals are presented. The similarities and differences in perceptions and descriptions are compared between parent and early intervention professional participants. Third, the impact of parent participation and education components among service delivery models on child developmental outcomes is identified and compared. An illustration of the analysis process related to data sets is provided in Figure 2. Each of the qualitative data sets, perceptions and identified components, is identified for both textural meaning and structural coding. The textural
descriptors are compared to the structural identified components. Research questions one and two are each represented by two data sets. Research question three is represented by comparison of the impact on outcomes among three service delivery models by use of artifact review of language skills, motor skills, and social skills developmental growth. This conceptualization of the data analysis process represents the steps taken during the data analysis.

Description of the Sample

Twenty-four participants were identified and interviewed: four parents and four early intervention professionals each having experienced one of three service delivery options: program, services, or both program and services. Parent participants had experienced the parent participation and education component of ECSE programs and/or services during the preceding 24 months, had a child with special education certification who was between the ages of three years, zero month and four years, zero month at the time of service delivery, and had demonstrated a high degree of parental involvement. Early intervention professional participants held an ECSE or related service certification, and had a minimum of two years of intervention experience in one or more of the service delivery options. Table 5 provides demographics of both groups of participants.

The developmental growth scores in the areas of language skills, social skills, and motor skills, were accessed through developmental progress record review of 120 children age three years, zero month and five years, eleven month with identified special education needs who had participated in one of the three service delivery models. A
Figure 2. Conceptualization of the Data Analysis Process

description of the demographics of the sample used for record review is presented in Table 6.

Interview Protocol Analysis

Interviews were conducted with 24 participants and responses were audio recorded. Content analysis procedures followed a number of steps to derive meaning from the data. Interview notes were written during the interviews to document points of vocal stress and
Table 5. Summary of Interview Participants’ Demographic Information

<table>
<thead>
<tr>
<th>Variable</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents (n=12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of Child (3:0-4:0)</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Certification of Child:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECDD</td>
<td>5</td>
<td>42%</td>
</tr>
<tr>
<td>ASD</td>
<td>3</td>
<td>25%</td>
</tr>
<tr>
<td>CI</td>
<td>3</td>
<td>25%</td>
</tr>
<tr>
<td>OHI</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>Child’s Service Delivery:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom Services</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Both</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Early Intervention Professionals (n=12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Years Experience:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2-10 yrs)</td>
<td>5</td>
<td>42%</td>
</tr>
<tr>
<td>(10+ yrs)</td>
<td>7</td>
<td>58%</td>
</tr>
<tr>
<td>Certification/Endorsement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECSE</td>
<td>8</td>
<td>66%</td>
</tr>
<tr>
<td>Related Service</td>
<td>4</td>
<td>33%</td>
</tr>
</tbody>
</table>

Inflection, emotion, and vocal emphasis. Interviews were transcribed as soon after they were completed as possible. The taped interviews were listened to while referring to the interview notes that were collected during the interview. Following actual transcription, the taped interviews were listened to again, this time allowing for written application of the interview notes to the transcripts. The transcripts were then read again to begin understanding and interpreting the data, followed by application of textural descriptions and coding systems to begin constructing meaning from the data.
Table 6. Description of Sample Used for Record Review

<table>
<thead>
<tr>
<th>Variable</th>
<th>Services Only</th>
<th>Service Delivery</th>
<th>Program Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td><strong>n = 48</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>mean = 3 : 8</td>
<td></td>
<td>mean = 3 : 9</td>
</tr>
<tr>
<td><strong>n = 39</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>31</td>
<td>63%</td>
<td>28</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>37%</td>
<td>11</td>
</tr>
<tr>
<td><strong>n = 33</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>35</td>
<td>72%</td>
<td>26</td>
</tr>
<tr>
<td>African Amer</td>
<td>9</td>
<td>18%</td>
<td>6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5</td>
<td>10%</td>
<td>4</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>*</td>
<td>1</td>
</tr>
<tr>
<td>Indian</td>
<td>0</td>
<td>*</td>
<td>2</td>
</tr>
<tr>
<td><strong>Special Education Certification</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>26</td>
<td>54%</td>
<td>18</td>
</tr>
<tr>
<td>Health Impaired</td>
<td>10</td>
<td>21%</td>
<td>5</td>
</tr>
<tr>
<td>Autism</td>
<td>0</td>
<td>*</td>
<td>6</td>
</tr>
<tr>
<td>Cognitive Impairment</td>
<td>5</td>
<td>10%</td>
<td>6</td>
</tr>
<tr>
<td>Speech/Language Imp</td>
<td>5</td>
<td>12%</td>
<td>1</td>
</tr>
<tr>
<td>Physically Impaired</td>
<td>2</td>
<td>3%</td>
<td>3</td>
</tr>
</tbody>
</table>

Coding Schemes

Two processes were employed for identifying meaning of the data. First, textural statements of experiences, “what happened”, were identified for each participant. Second, a coding process of unitizing was used to isolate information units from the transcript texts based upon constructs found in legislation and the literature, “how it happened.” Units were identified and coded based upon the statements provided in the interview experiences that matched the coding system for types of parent participation and education tenets. Two a priori coding systems were used. Code Scheme One was based upon research of identified constructs of implementing ECSE programs and services (see Table 3 for Code Scheme One) and applied to interview questions one through five and
participant stories. For example, if a participant reported an experience that represented direct training of parents by identifying an experience that required a professional staff to provide early childhood developmental information to a parent, the code “TR” was assigned to that particular unit of the transcript.

Code Scheme Two was based upon existing parent participation and education elements identified in state and federal legislation (see Table 4 for Code Scheme Two), and was used to examine component experiences of parent participation and education reported by both parents and early intervention professionals (interview question six). For example, if a parent reported an experience that represented receiving assistance in an agency referral, the code “SC” was assigned as a code representing service coordination.

Analysis of the transcript data included a review of each statement to strike all statements that were redundant, leaving the key meaning units of the experience. This was completed to organize the invariant structural meaning unit by operational code. The experiential units were then coalesced into a description of the textures of the experience (social theory) to augment the operational description with quotations from the text. This provided two perspectives to find possible meanings in the text. Transcript coding results were then reviewed to identify patterns of meaning.

Participant’s report of experiences that represented thoughts, emotions, and beliefs were documented within interview anecdotal notes and used to provide support to the tenets identified in Code Scheme One. For example, the anecdotal notes that were used to record vocal inflection and emotion were used to identify units of meaning that carried intentional weight. The anecdotal notes that represented the “other” code within both
code schemes provided information not identified in the literature. This post hoc approach to the “other” code was used to provide supporting authentic data in an effort to saturate the interview unit data.

Validity

Strategies used to address potential validity threats included interview techniques to minimize researcher bias, triangulation of data, and collection of detailed data using complete interview transcripts between and among groups. Interview protocols were designed to use specific open-ended questions with pre-determined limited prompts for all participants. The researcher-participant relationships as a potential cause of reflexivity was addressed through participant selection of time and location of interviews (one-third occurred in home settings), and controlled nonverbal responses and eye contact during the interview process (Miles & Huberman, 1994). A researcher-participant relationship did not exist for one-third of the interviews. Data was collected using a variety of methods to reduce the risk of chance associations and biases associated with a specific method. Data was triangulated using interview responses of open-ended questions and a story and with open-ended questions and a card sorting task (Moustakas in Creswell, 2007). The use of verbatim transcripts of the individual interviews provided rich data that were detailed and varied in providing a full and revealing description of experiences using participant language to minimize respondent duplicity.
Inter-rater Reliability

Before coding any of the data, two transcript response sets were randomly selected and separately coded to estimate inter-coder reliability. A sample of 20 responses for each Code Scheme was used for independent ratings. Inter-rater reliability was 95% for Code Scheme One and 95% for Code Scheme Two. Cohen’s Kappa coefficients of $k = .94$ for Code Scheme One, and $k = .94$ for Code Scheme Two were acceptable. Table 7 displays the kappa coefficient for each Code Scheme.

Table 7. Kappa Coefficients for Code Schemes

<table>
<thead>
<tr>
<th>Code Scheme One</th>
<th>Code Scheme Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample $n$</td>
<td>20</td>
</tr>
<tr>
<td>$fa$</td>
<td>19</td>
</tr>
<tr>
<td>$fc$</td>
<td>3.3</td>
</tr>
<tr>
<td>$(k)$</td>
<td>.94</td>
</tr>
</tbody>
</table>

Research Question One: Parent and Early Intervention Professional Perceptions

Parent participant responses provided descriptions of the content of service delivery by early intervention professionals (operational) and the relationships between parents and early intervention professionals (social theory). Interview questions were used to obtain descriptions of experiences related to parent actions, early intervention professional actions and the relationships between these individuals. Participants were also asked to provide a story about a parent participation experience. Stories for all participants overlapped in at least one component with information provided during
interview responses. Responses were coded for salient units of meaning identified within
codes, among parent participant subgroups and between parent participants and early
intervention professional participants.

Parent Participant Responses Among Three Service Delivery Models

Parent participant descriptions of the experiences among the three service delivery
models revealed noted differences in the meaning of the content and the emphasis of the
content. Parent perceptions are presented by structural frequency in Table 8 and textural
description in Table 9. Frequency of component response was determined by identifying
how often parent participants described the components within their responses.
Component identification was counted once, and the three subgroups of parent responses
were compared to examine the weight of each component within each parent subgroup.
For example, event was identified most frequently by parents experiencing programs, at
48%, as compared to parents experiencing services only, at 36%, and parents
experiencing services and programs, at 16%.

Parent participants receiving service only emphasized support and relationship-based
most often during both open-ended interview questions and a related story, at 25%
frequency for each. Parent participants receiving program only emphasized
communication and training at 25% and 27%. Parent participants receiving both
programs and services emphasized training and relationship-based, at 33% and 25%,
each one an element that overlapped with one of the other two service delivery models.
Table 8. Structural Frequency of Perception Responses by Parents Among Subgroups

<table>
<thead>
<tr>
<th>Component</th>
<th>Parent Subgroup</th>
<th>% Total per Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>Both Services and Program</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>RELATIONSHIP-BASED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Both Services and Program</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Both Services and Program</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Both Services and Program</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Both Services and Program</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

Parent participation descriptors focused on the reporting parent, family and child and for the two service delivery models that included services, descriptions of experiences were first-hand and accompanied by vocal emotion. Parent participants who experienced a program only, focused on child-teacher relationship reporting.

Parent participant responses included statements of emotion (e.g. “I never dreamed these outcomes could be met [participant 8, line 161]”), or value (e.g. “that was critical for our family [participant 10, line 150]”) for subgroups that experienced services or both program and services.
An experience representing an event was not emphasized by parents receiving services or both programs and services with limited references available within the coded transcripts. Events were discussed most often by parents with children enrolled in classroom programs only. This represents the essence of the contact between parents and their child's school for this subgroup.

In comparing five of six components of Code Scheme One among the three parent subgroups, parent participants who experienced services only reported support, communication, and relationship-based more frequently than the other two subgroups. Parents who experienced program with service reported training more frequently than the other two parent subgroups. Parents who experienced program only reported event most often with content focused on the child-teacher relationship.

A common theme identified in both interview question responses and story-telling, for parent participants experiencing services or both programs and services, was the value of parent-to-parent contact during service delivery (e.g. "parents sharing and learning from each other was extremely powerful to me [participant 11, lines 294-295]"). These responses were coded as training as these contacts were established during scheduled parent training groups. Training, as a component, focused on reports of continuity of intervention between teacher and parent, in addition to parent contact. Relationship-based reports focused on partnerships and support reporting focused on meeting parent needs. Three of these five components of Code Scheme One, whose constructs are research based, were reported with highest frequency by parents experiencing services only.
Table 9. Descriptors of Parent Perceptions Among Three Service Delivery Models

<table>
<thead>
<tr>
<th>Component</th>
<th>Textural Description – Parent Quotes by Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVENT</strong></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>* we were attending community activities (6, 62)</td>
</tr>
<tr>
<td>Program</td>
<td>* we would come to school for anything that was offered as a learning experience (12, 86-87)</td>
</tr>
<tr>
<td></td>
<td>* at family events I learned it's okay to follow what your child wants and not what you want (7, 203)</td>
</tr>
<tr>
<td>Both Service and Program</td>
<td>* being a part of functions in society outside of the house (10, 137-138)</td>
</tr>
<tr>
<td><strong>RELATIONSHIP-BASED</strong></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>* we didn't know how to communicate - the school partnering with us gave me a language to reach my son (11, 101-103)</td>
</tr>
<tr>
<td></td>
<td>* I always felt they were trying to help me be a partner in the education process (11, 52-53)</td>
</tr>
<tr>
<td></td>
<td>* we have to feel like that person cares about (child) and that they're not just there because that's their job (3, 72-75)</td>
</tr>
<tr>
<td></td>
<td>* I think it helps when the teachers know you're involved...it helps them get a better sense of how we are as a family and what works and what doesn't work for us (5, 29-33)</td>
</tr>
<tr>
<td></td>
<td>* the early intervention professionals that work with us tend to really crave my input and welcome my ideas (6, 82-85)</td>
</tr>
<tr>
<td></td>
<td>* I really felt I developed a relationship with the people who were coming into my home and helping him so I could be honest with them and I didn't have to put up a front and then my honesty was able to help me develop the skills I needed to learn about how to best reach my son (11, 22-25)</td>
</tr>
<tr>
<td>Program</td>
<td>* participating in the classroom guided me and I was able to see what he could learn (12, 14-16)</td>
</tr>
</tbody>
</table>

\[1\] Denotes participant number and transcript line(s). For example, participant number six and transcript line 62
Table 9 — Continued

<table>
<thead>
<tr>
<th>Component</th>
<th>Textural Description – Parent Quotes by Subgroup</th>
</tr>
</thead>
</table>
| Both Service and Program | * part of our groups was connecting with other parents... sharing our experiences...this had high impact (8, 58-64)  
* they (teachers) worked with me and let me decide about his services...the great thing is they let me decide (1, 11-14)  
* there was a trusting relationship...(teacher) emphasized with me when there was a week when we really didn’t do what we were suppose to do with (child) and (teacher) told us in a kind way that it was important for us and we would be able to see a difference and we did...this was the kind of relationship we had (2, 48-51)  
* being here (school) one day a week made a huge difference... there was more communication...I knew more with the combined classroom and group program than the five day a week classroom program (8, 6-11) |
| TRAINING Services      | * we learned the skill of getting down on the floor and playing with your child and making it fun so that he will respond to you...the eye contact becomes better...once you build up that trust...then your child joins your world (10, 124-130)  
* I needed direction for our routine at home and the teachers gave me that (11, 17)  
* it was really helpful for us because we really didn’t know what to do with (child) and how much to push him or not to push him or what we should be doing, so it was great for someone to show us how and what we can expect (3, 20-25)  
* (child) seemed a lot more comfortable when he was at our house then when we took him somewhere and he had all these toys to deal with and didn’t know what to do first (3, 59-62)  
* it helps me feel like I know what’s going on for (child) because I don’t have a standard to compare him by (5, 11-14)  
* now we find a way to integrate his goals into his playtime so he’s still working on them but he’s having a good time (5, 25-28)  
* training with other parents was essential...we really gelled as a group and as friends...we laughed...we cried...and I |
Table 9 — Continued

<table>
<thead>
<tr>
<th>Component</th>
<th>Textural Description-Parent Quotes by Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>learned so much from the other parents and from choosing the direction for the group to meet our needs to learn skills (11, 64-68)</td>
</tr>
<tr>
<td></td>
<td>* we were kind of apprehensive (about a parent group) and we thought this was a big time commitment but hopefully it helps...so in the program we got to meet other parents...we heard about other kids and their stories...I’ve got to tell you it was very helpful from a parent perspective because when you hear other people’s stories you feel not so alone and your child’s not that different...by the end of it we were thinking it was great and when are they going to do it again (3, 121-130 &amp; 138-139)</td>
</tr>
<tr>
<td></td>
<td>* I found it extremely helpful just hearing what other parents were saying about what works and what doesn’t work (5, 76-79)</td>
</tr>
<tr>
<td></td>
<td>Program</td>
</tr>
<tr>
<td></td>
<td>* I come to the classroom to learn how to play with him (7, 27)</td>
</tr>
<tr>
<td></td>
<td>* I have been going to her school and I’ve learned a lot about her body and what’s good for her and how to stretch her and how to include that kind of stuff into play times (4, 15-19)</td>
</tr>
<tr>
<td></td>
<td>* I go to the school to see what the teachers are doing and I try to do those things at home (4, 34-36)</td>
</tr>
<tr>
<td></td>
<td>* teachers show me how he can learn to talk...he could be three years old and learning how to talk (7, 4-7)</td>
</tr>
<tr>
<td></td>
<td>* just learning how to talk to a special needs child...it was really hard for me to accept that someone else knew how to do it and I was like this is my child...but they were right...once I put that guard down and then it worked...I realized that (teachers) know what to do (7, 174-182)</td>
</tr>
<tr>
<td></td>
<td>Both Service and Program</td>
</tr>
<tr>
<td></td>
<td>* I went to parent groups not knowing what to expect and was able to learn things I could bring home to teach my family (10, 5-7)</td>
</tr>
<tr>
<td></td>
<td>* he’s learning two words...they’re using those two words at school. I’m using them at home and if (child) just took a bus every day and went to school and took a bus</td>
</tr>
</tbody>
</table>
Table 9 — Continued

<table>
<thead>
<tr>
<th>Component</th>
<th>Textual Description-Parent Quotes by Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>home and I got a handout, chances are I wouldn’t know those two words...I wouldn’t know the inflection of voice to use or the animation or anything (10, 49-54)</td>
<td>* when they came here for home visits and he did something I was the one who knew what he meant...I was necessary for the teachers to be able to work with him (1, 32-33)</td>
</tr>
<tr>
<td>* trying to get a whole bunch of kids in one room would be chaos for him...he needed the home visits in his familiar setting (1, 56-58)</td>
<td>* (classroom and services) gave me an opportunity to work hands on with (child) with the recommendations of the staff...this lets me have more involvement in helping improve their outcomes because of the limited time that they have here at school with the staff (8, 15-17)</td>
</tr>
<tr>
<td>* I’ve been able to carryover at home and that’s helped...we’ve worked with sensory techniques here at the school exposing (child) to different tactile sensations that he’d been adverse to and carryover with that at home...for example when he first came to classroom he didn’t like to touch playdough and with exposure at school and with exposure with different textures at home its now one of his favorite things to do (8, 40-46)</td>
<td>* I think that parent training groups have been the most important aspect of my experience...it’s important to be able to get the information and to take that home to be able to work with my child (10, 2-4)</td>
</tr>
<tr>
<td>* because of this, (child) was able to be a part of the family routine at home (10, 151-152)</td>
<td>SUPPORT Services</td>
</tr>
<tr>
<td>* as much as my child is trapped in his world, I’m separated by a huge barrier from my friends...time with teachers who understand is great (11, 122-124)</td>
<td>* the experience helped my husband and me have better expectations about what to expect and how we handle ourselves...we have a lot more patience (3, 30-33)</td>
</tr>
<tr>
<td>* I think I maybe took more support from them (teachers) than even (child) did (6, 78-79)</td>
<td>* I always felt like they were trying to help me be a partner in the education process and then my favorite part was</td>
</tr>
</tbody>
</table>
Table 9 — Continued

<table>
<thead>
<tr>
<th>Component</th>
<th>Textural Description-Parent Quotes by Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>when I started to see myself as more than just one parent...I started to see my family as a whole unit and not just taking care of this one child all the time (11, 52-59)</td>
</tr>
<tr>
<td>Program</td>
<td>* being able to ask questions gave me confidence (12, 74-75)</td>
</tr>
<tr>
<td></td>
<td>* I was so afraid for her to go to school...now I am fine with her working with teachers and I trust everyone there (4, 50-51)</td>
</tr>
<tr>
<td></td>
<td>* they really helped me to understand her and know what her needs were so I could get her into a church setting with regular kids (9, 76-78)</td>
</tr>
<tr>
<td></td>
<td>* to get a four to seven page report on something is almost mindless when you’re just trying to get through your days and you don’t understand your child...you appreciate the understanding (12, 25-29)</td>
</tr>
<tr>
<td>Both Service and Program</td>
<td>* parents encourage each other...you need other people to tell you you’re doing a good job (9, 143-145)</td>
</tr>
<tr>
<td></td>
<td>* it’s critical to be heard as a parent (10, 9-11)</td>
</tr>
<tr>
<td></td>
<td>* the (parent) groups provided peer support when we were talking with other parents and able to share our experiences...I valued just talking with other parents with special needs children...you don’t always have that experience out in society unless you know someone in particular (8, 62-65)</td>
</tr>
<tr>
<td></td>
<td>* discussing different issues in (parent) group...a lot of recommendations came from parent to parent... other situations that parents had dealt with and that maybe I was dealing with now (8, 73-76)</td>
</tr>
<tr>
<td></td>
<td>* I appreciate someone who would listen to the things that we’re going through with our child...Someone who’s attentive to our needs is important...Someone able to teach and instruct us in the things that we need (8, 86-88)</td>
</tr>
<tr>
<td>COMMUNICATION Services</td>
<td>* being able to communicate on a regular basis helps us work together as a team to raise expectations for my son (6, 58-60)</td>
</tr>
<tr>
<td>Component</td>
<td>Textural Description-Parent Quotes by Subgroup</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Component</strong></td>
<td>* communication was every week so it was natural (3, 78-79) * it was us talking about our children and it was someone listening (11, 286-287)</td>
</tr>
<tr>
<td>Program</td>
<td>* the teachers send notes home to keep me informed (9, 22) * communication about what your child is doing is important so we have a notebook that we send back and forth from school...the teacher will tell me what (child) did and I say well, he did this at home, and (teacher) will try to bring it into the school atmosphere (7, 129-136) * the important element is staying in contact...being on the same page...just knowing what he’s doing at school and at home (7, 142-144)</td>
</tr>
<tr>
<td>Both Service and Program</td>
<td>* the things he was doing at school, he started doing at home (8, 143) * I take the skills I learn at home and work on those outside of the home (10, 32-35) * communication has been number one...we have to be open about the things (child) is going through (1, 52-53) * I think if the parents weren’t included in the planning there wouldn’t be that progress...you really need the parent (2, 14-16) * I think its important that the school let you know things ...I’m stuck on the fact that parents don’t always know what they should be getting for their child (8, 98-101) * I think ideally parents should have weekly conversations with (teachers) (8, 106)</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>* I learned to be the parent my child needed (12, 3) * I learned our son (10, 42) * its really important that teachers can see what happens in our home (5, 69-70) * now she learns things without me and I am amazed how she learned it (4, 28-30) * I don’t think they (school) should put them (child) in school by themselves and not have a parent there(1,21-24)</td>
</tr>
</tbody>
</table>
Statements of opinions and personal observations were coded as other. Although these responses did not fit the existing a priori coding schemes, they represent outliers not forced into coding units, recognizing that these occurred through freedom of response for participants. Items coded into this component were statements of emotion (e.g. “I learned our son [participant 10, line 42]”), or opinion (e.g. “everyone in the family should be a part of the child’s learning [participant 10, lines 41-42]”).

Comparison of Perceptions of Parent and Early Intervention Professional Participants

When asked to describe the important elements experienced in the relationships between parents and early intervention professionals (interview question five), participants cumulatively provided the following elements: communication, honesty, caring/empathy, trust, teaming, respect, and knowledge. Parent participants as a whole group identified communication and trust most frequently, at 42% and 21%, respectively. Early intervention professional participants as a whole group identified trust and respect most frequently, at 25% and 25%, respectively.

Early intervention professional participants’ responses represented experiences in responding to parents and children. Both parent and early intervention professional responses about experiences were similar in frequency pattern, however, differences occurred in the value placed on training by professionals, and events by parents. The frequency that each component occurred without repetition was calculated to determine the pattern of responses. Table 10 provides a comparison of frequency of responses between parent participant and early intervention participant groups.
Table 10. Comparison of Experience Responses Between Participant Groups

<table>
<thead>
<tr>
<th>Component</th>
<th>Participant Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Parents (n=12)</td>
</tr>
<tr>
<td>EVENT</td>
<td>7 %</td>
</tr>
<tr>
<td>RELATIONSHIP BASED</td>
<td>23 %</td>
</tr>
<tr>
<td>TRAINING</td>
<td>26 %</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>20 %</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>20 %</td>
</tr>
<tr>
<td>OTHER</td>
<td>3 %</td>
</tr>
</tbody>
</table>

Early intervention professional participants responded with statements describing training 32% of the time and relationship-based experiences 25% of the time. Early intervention professional responses held a common theme of reporting specific teaching procedures or results of interventions. A textural narrative of the salient units of meaning follows:

**TRAINING**: it doesn’t make sense for a child to learn in school to put blocks in a box when the natural environment offers an opportunity to learn putting clothes in a hamper or putting their cup in the sink (participant 13, lines 46-48); we need to take the service to them (participant 13, line 14); some skills require repetition to learn, some opportunity (participant 15, lines 84-85); the real work happens outside of our service delivery time (participant 16, lines 44-46); we know that parents play a far more critical role in the child’s developmental trajectory than any teacher could (participant 17, lines 32-33); siblings are critical in helping the learning situation (participant 20, line 165)

**RELATIONSHIP-BASED**: the level of a parent’s involvement will influence how many gains the child has the opportunity to make (participant 14, lines 38-41); establish relationships that are in place for the purpose of supporting the child’s growth (participant 9, lines 75-77); progress for a child feels like a joint effort (participant 21, lines 160-161)

**SUPPORT**: receiving support helps parents become better engagers for their child (participant 15, lines 38-40); I had done my job by empowering the parent (participant 17, lines 177)
Early intervention professionals, as a whole group, agreed that training was most critical, although the method used for representing the essence of training differed. Early intervention professionals providing services or both classroom and services referred to home as the primary venue for effective training while classroom early intervention professionals referenced school based events.

Research Question Two: Identification of Parent Participation and Education Components

Components of parent participation and education were identified by participants using both an interview question (protocol question six) and a card sorting task.

Interview Question

Parent participant group and early intervention professional participant group responses to the interview question were examined for textural descriptions of components identified and analyzed by coding units of meaning. Parent training was most often identified, 55% of the time, followed by elements of family training. Findings of the salient units of meaning for training as provided by parent participants are presented as a narrative textural composite:

the parent group was really key…I learned my child needed to calm himself before he could even start to learn (participant 9, lines 119-121); parent training helped in hearing what other parents said about what worked and what didn’t and being able to discuss it (participant 5, lines 76-78); through parent training I’ve learned how to meet my child where he was (participant 12, line 159); I’ve learned that it’s very important that we are on the same page in working with my child (participant 12, lines 184-185); the schools should be required to provide parent training service to parents to help their child otherwise their child is not going to progress (participant 10, lines 108-
Early intervention professionals identified experiences with *parent training* at 41% frequency, however, responses about *home visits*, at 26% frequency, contained meaning related to location and to intervention opportunities. Two of four early intervention professional participants reported strong statements about the need for home visits.

home visits are missing in classroom programs...I think it needs to be done right from the very beginning and right to the end...a program requirement up to the kindergarten year (participant 24, lines 72-76)

as an ECSE teacher, I have done lots of home visits but in a classroom program it's not part of what we do and I wish it was...one of the things that I see and I miss with not being able to do home visits is the ownership parents take for their child...in classroom, parents are not as involved with the program (participant 23, lines 17-23)

In addition, early intervention professional participants reported the communication, in part due to lack of home visit opportunities, is negatively affected.

our contact with parents (in classroom programs) consists of newsletters, phone calls and evening events...we don’t have time for home visits...and that’s a piece that I think that we’re missing and could benefit from (participant 23, lines 20-26)

in classrooms, parents don’t always communicate with me...make the effort to communicate...I’m always the one doing the communicating... when I was able to have this parents were more involved (participant 24, lines 29-32)

Findings of the salient units of meaning provided by early intervention professional participants are presented as a narrative textural composite:

you have a powerful partner in the parent (participant 16, line 329); we need the parent training...parent that sees the importance of this and sits down and will actually work with you and the child (participant 18, lines 116-118); if we go into a home environment but we view ourselves as a teacher versus a partner the results are very different...we need to be partners (participant 19, lines 174-179); it’s not only teaching the parents but its also learning from the
parents (participant 21, lines 115-116); training siblings helps the whole family (participant 22, line 113); using parent training empowered me as a teacher to do things in the classroom that I could share with the family so that they could do them at home...this was powerful...we only see children for a short period of time (participant 21, lines 104-110); we need a home component added to programs...we’re missing this piece...this opportunity for better child growth (participant 24, lines 161-162)

Comparison of identified components between parent and early intervention professional groups is provided in Table 11. Both groups identified parent training as positively impacting child and family outcomes, with the highest frequency, 55% by parents and 41% by early intervention professionals. Home visits and family training were identified by both groups. Parent participants also identified special instruction for families, related to identification of associated medical services. Of the total parent participation responses, 70% were representative of specific training of parents or family members. For parents, during interview responses, the top three identified components were parent training, family training, and home visits. However, during the Rank Order Task, although the top three identified components were the same, for parents home visits was second in frequency. For early intervention professionals, the order of the top three components were the same for both the interview question and the Rank Order Task.

Use of the “other” code identified responses that were descriptive of emotional support or emotional impact attributed to early intervention services or programs. Both participants groups included “relationship” as an identified component that positively impacted child and family outcomes.
Rank Order of Components Task Analysis

The 24 participants were asked to rank order seven components of current Special Education legislation provided as parent participation and education within Early Childhood Special Education. A card sorting task was used at the end of the interview process to provide a systematic way for participants to determine level of importance of components of parent participation and education defined within special education legislation. Placement of the card sorting task at the end of the interview was used to avoid influence of visual card cues on participant responses. Participants were asked to rank order components from most important (rating = 1) to least important (rating = 7). Ordinal values were assigned to rankings to allow for sum comparisons. Table 12 presents a comparison of results of the rank order task for parents and early intervention professionals.

Table 11. Frequency of Components Identified as High Impact

<table>
<thead>
<tr>
<th>Component</th>
<th>Total Group (N = 24)</th>
<th>Parents (n = 12)</th>
<th>Professionals (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Training</td>
<td>47%</td>
<td>55%</td>
<td>41%</td>
</tr>
<tr>
<td>Family Training</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Home Visits</td>
<td>17%</td>
<td>5%</td>
<td>26%</td>
</tr>
<tr>
<td>Special Instruction/Families</td>
<td>4%</td>
<td>10%</td>
<td>**</td>
</tr>
<tr>
<td>Service Coordination</td>
<td>**</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Social Work Services</td>
<td>**</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Counseling Services</td>
<td>**</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Other</td>
<td>17%</td>
<td>15%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Table 12. Rank Order of Parent Participation Components by Groups

<table>
<thead>
<tr>
<th>Component</th>
<th>Sum of Rank</th>
<th>Component</th>
<th>Sum of Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents (n = 12)</td>
<td></td>
<td>Early Intervention Professionals (n = 12)</td>
<td></td>
</tr>
<tr>
<td>Parent Training</td>
<td>20</td>
<td>Parent Training</td>
<td>25</td>
</tr>
<tr>
<td>Home Visit</td>
<td>38</td>
<td>Home Visit</td>
<td>28</td>
</tr>
<tr>
<td>Family Training</td>
<td>41</td>
<td>Family Training</td>
<td>40</td>
</tr>
<tr>
<td>Special Instruction</td>
<td>42</td>
<td>Special Instruction</td>
<td>44</td>
</tr>
<tr>
<td>Service Coordination</td>
<td>43</td>
<td>Service Coordination</td>
<td>46</td>
</tr>
<tr>
<td>Counseling Services</td>
<td>74</td>
<td>Social Work Services</td>
<td>71</td>
</tr>
<tr>
<td>Social Work Services</td>
<td>77</td>
<td>Counseling Services</td>
<td>82</td>
</tr>
</tbody>
</table>

Data was analyzed for sum of ranks between parents and early intervention professional groups and among participants in total group. Data as compared to patterns present from analysis of interview data (interview question six), revealed that parent training, home visit, and family training were identified as having the highest impact on child and family outcomes from both data sources and between both participant groups. Parent training was identified as the most important component by six of twelve parent participants and two of twelve early intervention participants. Home visit was identified as the most important component by two of twelve parent participants and seven of twelve early intervention participants. Early intervention professionals were able to identify the value of home visit intervention. All participants, except one early intervention professional, ranked social work services and counseling as a sixth or seventh ranking, least important in impacting child and family outcomes.

Units of meaning were compared to determine themes present across all data for participant responses. A summary of group themes is presented in Figure 3.
THEMATIC DISTRIBUTION AMONG THE PARTICIPANTS

<table>
<thead>
<tr>
<th>PARENTS</th>
<th>EARLY INTERVENTION PROFESSIONALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• events occurred within the school setting, including evening activities</td>
<td>• regular ongoing communication with parents is critical to impacting student growth</td>
</tr>
<tr>
<td>• parents learned what their child was learning by observing classrooms</td>
<td>• experiences in including siblings and family members resulted in better follow through with consistent intervention at home</td>
</tr>
<tr>
<td>• communication occurred via written notes or telephone calls</td>
<td>• teachers reported that parents have the greatest impact on the degree of growth a child will make</td>
</tr>
<tr>
<td>• events were secondary to the primary setting of the home</td>
<td>• parents who connected with other parents improved skills and confidence in working with their child</td>
</tr>
<tr>
<td>• parents experienced training of strategies specific to their child’s developmental needs, using home routines and materials</td>
<td>• opportunities for school staff to come to the home on a regular basis is critical for all children within ECSE</td>
</tr>
<tr>
<td>• groups with other parents was highly valued</td>
<td>• teachers and staff reported that the parent is a partner in providing intervention</td>
</tr>
<tr>
<td>• parents experienced personal support in meeting their own needs</td>
<td>• the quality of relationships must include trust and communication</td>
</tr>
<tr>
<td>• siblings and other family members were part of the child’s intervention through training</td>
<td>• home visit opportunities are missing for 5-day classroom programs</td>
</tr>
<tr>
<td>• communication occurred on a regular basis, most often in the home</td>
<td></td>
</tr>
<tr>
<td>• parents received education about general development topics</td>
<td></td>
</tr>
</tbody>
</table>

COMMON THEMES
1. The relationship between parent and teacher should include regular communication, trust and respect.
2. Teachers need to visit the child’s home to know the home routine in order to plan family-focused intervention.
3. Parent to parent support positively impacts child and family outcomes.
4. Parent training in skills specific to their child’s needs will positively impact child outcomes.
5. Including siblings and family members in education intervention positively impacts child and family outcomes.

Figure 3. Thematic Distribution Among the Participants
The most cogent units of meaning for both the parent participant group and the early intervention participant group were compared to determine differences and similarities across all data. Themes were identified as salient units of meaning that occurred within two of three subgroups of parents and early intervention professionals across service delivery models. These themes were frequently occurring and held value to the study in representing the experiences of the study participants. Common themes were identified as overlap between the two participant groups. Five common themes were identified related to: parent-teacher relationship, home visits, parent to parent support, parent training, and intervention that include family members. Three of these five themes are consistent with components represented in the Code Schemes. **Parent training** and **parent-teacher relationships** are represented in Code Scheme One, supported by ECSE literature. **Parent training** and **home visits** are represented in Code Scheme Two, supported by legislative requirements for the birth to three population (IDEA, Part C). Two additional themes emerged: parent to parent support and intervention that includes family members. These two themes provided specific information about instructional pedagogy within family-centered intervention. These themes emerged from responses of participants of the study and are added knowledge about the experiences of parents and professionals.

**Research Question Three: Impact of Parent Participation and Education on Child Outcomes**

The research also sought to examine how the parent participation and education component of service delivery models impacted child developmental growth outcomes. The language skills, social skills, and motor skills developmental outcome scores, growth
occurring over a six month period, were examined for 120 children, age three through five, who participated in one of three service delivery models: program, services, or both program and services. The developmental outcome scores were accessed through artifact review of school cumulative records.

A single factor between groups design was conducted to test for differences in mean scores between groups by examining language, social, and motor developmental growth among the three service delivery models. All statistical tests used a .05 alpha level. Table 13 presents means and standard deviations of outcomes for the three service delivery models among language skills scores, social skills scores, and motor skills scores. Figure 4 presents the distribution of scores by service delivery model.

Table 13. Means and Standard Deviations of Outcome Scores Among Service Delivery Models (in months)

<table>
<thead>
<tr>
<th>Model</th>
<th>N</th>
<th>Language Score</th>
<th>Social Score</th>
<th>Motor Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
</tr>
<tr>
<td>Program</td>
<td>33</td>
<td>4.56</td>
<td>5.45</td>
<td>1.85</td>
</tr>
<tr>
<td>Services</td>
<td>49</td>
<td>4.92</td>
<td>2.95</td>
<td>4.37</td>
</tr>
<tr>
<td>Program &amp; Services</td>
<td>38</td>
<td>4.03</td>
<td>2.93</td>
<td>3.42</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>4.50</td>
<td></td>
<td>3.21</td>
</tr>
</tbody>
</table>

Language Skills

Examination of the mean language skill outcome score distribution indicated that the assumption of normality (Kolmogorov-Smirnov) was not met (p=.010). Since the general linear model is known to be robust in departures from normality, ANOVA can remain predictive and was completed. Levene’s test for homogeneity of variance was not
met, $p=.002$. ANOVA results are summarized in Table 14. ANOVA results indicated there was not a statistically significant difference for language skill outcome means among the three service delivery models ($F(2, 117) = .590, p = .555$). Data did not provide sufficient information in the sample groups to support an interpretation of differing service delivery models resulting in differences in language skills outcome scores. Pairwise comparison was not completed due to absence of statistical significant at $\alpha = 5\%$.

![Figure 4. Comparison of Mean Outcome Scores by Service Delivery Model](image)

**Motor Skills**

Examination of the mean motor skill outcome score distribution indicated that the assumption of normality (Kolmogorov-Smirnov) was not met ($p = .002$) and Levene's test for homogeneity of variance was met, $p = .107$. ANOVA results are summarized in Table 15. ANOVA results indicated there was not a statistically significant difference for motor skill outcome means among the three service delivery models ($F(2,117) = .130, p = .875$). Data did not provide sufficient information in the sample groups to support an interpretation of differing service delivery models resulting in differences in motor skills.
outcome scores. Pairwise comparison was not completed due to absence of statistical significance at $\alpha = 5\%$.

**Table 14. ANOVA for Language Skills Outcomes**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among Groups</td>
<td>17.037</td>
<td>2</td>
<td>8.518</td>
<td>0.59</td>
<td>0.555</td>
</tr>
<tr>
<td>Within Groups</td>
<td>1686.829</td>
<td>117</td>
<td>14.417</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1703.866</td>
<td>119</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 15. ANOVA for Motor Skills Outcomes**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among Groups</td>
<td>2.692</td>
<td>2</td>
<td>1.345</td>
<td>0.13</td>
<td>0.875</td>
</tr>
<tr>
<td>Within Groups</td>
<td>1185.675</td>
<td>117</td>
<td>10.134</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1188.366</td>
<td>119</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Social Skills**

Examination of the mean social skill outcome score distribution indicated that the assumption of normality (Kolmogorov-Smirnov) was not met ($p = .010$). Levene's test for homogeneity of variance was met, $p = .349$. ANOVA was utilized, acceptable with normality departure, and results are summarized in Table 16. ANOVA results indicated there was a statistically significant difference for social skill outcome means among the three service delivery models ($F(2,117) = 7.36, p = .001$), indicating a significance at $\alpha = 5\%$. Post hoc pairwise comparison (Fisher's Least Significant Difference) was used to compare sets of two means (service delivery types) at a time in order to determine
specifically, where the significant differences were. Results revealed that group comparison of differences between program and both services and program was statistically significant, p=.025. Group comparison of differences between program and services was statistically significant, p=.000. Group comparison of differences between services and both services and program was not statistically significant, p=.136. The Fisher’s LSD for group comparisons is presented in Table 17.

Table 16. ANOVA for Social Skills Outcomes

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>125.231</td>
<td>2</td>
<td>62,615</td>
<td>7.36</td>
<td>0.001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>994.893</td>
<td>117</td>
<td>8.503</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1120.125</td>
<td>119</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The mean outcome score of the services model is greater than the program and services model, which is greater than the program model. Pairwise comparison findings indicated two pairs were significantly different at α = 5%: between services and programs and between programs and both services and programs.

Table 17. Fishers Least Significant Difference Test for Group Comparisons

<table>
<thead>
<tr>
<th>Groups Compared</th>
<th>p value</th>
<th>Significant Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services – Program</td>
<td>.000</td>
<td>yes</td>
</tr>
<tr>
<td>Services – Both Services &amp; Program</td>
<td>.136</td>
<td>no</td>
</tr>
<tr>
<td>Program – Both Services &amp; Program</td>
<td>.025</td>
<td>yes</td>
</tr>
</tbody>
</table>
Impact of Social Skill Outcomes

Child outcomes for social skills were found to be significantly higher for the two service delivery models that incorporate direct contact with parents: services and both program and services. The greatest impact was evidenced between models of services only and program only. This contrast is consistent with the nature of social skill development within familial models.

Summary

Components identified by both parents and early intervention professionals, using qualitative method, as having the most impact on child and family outcomes were parent training, home visit, and family training, all components of services and both programs and services. These components have been identified as effective for intervention for birth to three year olds. Of interest is the specific identification of parent-to-parent support and the inclusion of siblings and family members in intervention for the child. These types of intervention are consistent with methodologies of, language, motor, and social skill development. Although statistical significance was found for one of three measured developmental outcome modalities, all three evidenced gains using a services only model. Language skills minimally increased when services only were provided and correlate to the most frequently identified components of methodology by both parents and early intervention professional participants as representative of these services. In contrast, parent participants experiencing program only, identified training and support as the least frequently occurring component (see Table 10).
CHAPTER V

DISCUSSION

Perceptions of the experiences of the parent participation and education component of Early Childhood Special Education by parents and early intervention professionals were examined using a mixed-method approach that entailed constructing how participants experienced the meaning of this phenomenon and statistical analysis of the impact of service delivery methods on child developmental outcomes. Methodology included individual participant interviews with a task completion and artifact review of child educational records. The parent participation and education component, as a legislative mandate within Early Childhood Special Education, has been defined for the birth to three population (IDEA, Part C), yet has not been well defined for programs and services provided to preschool age children (IDEA, Part B). The data were examined to determine the meaning of experiences and identify components of parent participation and education, and to identify the impact of these experiences among three service delivery models, with differing levels of parent inclusion, on child and family outcomes.

Overview of Significant Findings

Parents and early intervention professionals who experienced one of three service delivery models (program only, services only, or both program and services) reported positive impact on child and family outcomes consistent with the application of
components found within the services provided to parents. Three service delivery models represented differing intensities of parent contact. Services included direct contact with parents through home visits, parent groups or community groups, and programs typically are five-day classroom experiences for the child. Interview open-ended questions were used to provide data that lent itself to comparison among the responses, however, coding was used to compare responses through theoretical and legislative lenses. Five common themes emerged from participant reported experiences. Themes were viewed as integrated statements of meaning that were present throughout the data sets. High frequency themes from data sets of parents and early intervention professionals were compared for commonalities. A summary of participant common themes was presented in chapter four. These themes are: (a) The components of the relationship between parent and teacher should include communication, trust, and respect; (b) teachers need to visit homes to learn family-based routines for effective intervention planning; (c) parent-to-parent support positively impacts outcomes; (d) parent training positively impacts child outcomes; and (e) the inclusion of siblings and family members in the intervention process positively impacts child and family outcomes. Common themes are presented in Figure 4. On the basis of these findings, it appears that regular contact with parents and families that includes positive teacher-parent relationships and parent and family training in the home environment, lead to experiences of positive child and family outcomes for preschool Early Childhood Special Education.

Examination of the developmental outcomes of 120 preschool children in the areas of language skills, social skills, and motor skills, among three service delivery models using
COMMON THEMES
1. The relationship between parent and teacher should include regular communication, trust and respect.
2. Teachers need to visit the child's home to know the home routine in order to plan family-focused intervention.
3. Parent to parent support positively impacts child and family outcomes.
4. Parent training in skills specific to their child's needs will positively impact child outcomes.
5. Including siblings and family members in education intervention positively impacts child and family outcomes.

Figure 4. Common Themes Among Participant Reported Experiences

ANOVA, revealed a statistically significant difference in positive social skill development for service delivery models that incorporate direct, ongoing contact with parents: when services or both program and services were experienced. The mutually reported service delivery mode was “services” in both construction of experiential meaning by participants and child developmental growth outcomes.

Research Questions One and Two: Perceptions and Identified Components of Parent Participation and Education – Consideration of Findings

Research question one sought to examine parent and early intervention professional’s experiences with parent participation and education and research question two was the identification of components of this phenomenon by these two groups. These research questions will be discussed in tandem. Research has been cited to support the positive impact of well-defined components of parent participation and education for services provided to children from age birth to three, with tenets of service delivery in natural home environments and family-focused intervention. Service delivery models for
children age three to five, using a traditional service delivery model, focus on providing school-based programs. This study's examination of the application of natural environment and family-focused types of services for the three to five year old ECSE population revealed positive child and family outcomes as reported by parents and early intervention professionals. Discussion of the five common themes that have emerged from this study is viewed through both legislative requirements and research-based theory of ECSE for the birth to three population as applied to experiences of parents and early intervention professionals of ECSE for three to five year olds.

Theme One: Parent-Professional Relationship

Parents and early intervention professionals reported the importance of experiencing a positive relationship between the service provider and the parent as a basis for ongoing, regular communication about both the child and the family’s outcomes. Communication as a part of this relationship has been supported as a cornerstone of partnerships that work (Fialka, 1999). The concept of “partnership” emerged as both relationship-based and parent training from both parents and early intervention professionals. Communication, as an element of parent-early intervention professional relationships, was reported in several forms. Parents reported experiencing regular, ongoing, often semi-weekly communication interactions with professional staff for the purposes of discussing child growth and needs, family needs and expectations, and needs of the primary parent or caregiver as a person.
Several unique experiences reported by parents represented a type of communication typically identified as useful for strengthening working relationships. This has been identified by Fialka and Mikus as the feedback offered between parent and professionals about their work as team members and partners. This type of communication within relationships is of a personal nature that is offered by one person to another about their involvement, contributions or support to the relationship (Fialka, 1999, p. 45). Examples found within the data include parent references to professionals seeking their ideas and input as a partner in planning for intervention (participant 6, lines 82-85), assuming the role of partner in the education delivery process (participant 11, lines 52-53), and developing intervention plans by pulling from ideas of both professionals and parents (participant 1, lines 33-35). Examples from early intervention professionals include asking parents to evaluate whether the school professional is a good fit for the partnership and offering to find the professional who could best partner with the parent (participant 16, lines 128-133), and letting parents know that they will be both teaching and learning from parents (participant 21, lines 115-116).

The parent and early intervention professional participants in this study had experienced ongoing relationship-building for at least one year as reports of experiences were made in retrospect. The descriptions of these experiences represented that those relationships evolved over time and that although communication occurred readily, it was the trust element that required nurturing over time. Parents reported a need for a positive relationship to be in place, specific to the role that the early intervention professional would have in providing recommendations about the child and family. Early intervention
professional participants in this study supported this finding with reports of parent motivation, empowerment, and teaming as positively impacting child and family outcomes. The elements most often reported as critical for a successful relationship were communication, trust, and respect. This is consistent with ECSE literature describing building professional-family relationships

when you have trusting and respectful relationships with families, you can practically ensure that collaboration and empowerment will be enhanced. By the same token, when families trust professionals, they create opportunities for all sorts of otherwise unattainable results (Turnbull in Parker, 2008, p. 120)

A positive relationship was a recursive component of participant responses throughout all interviews with specific references imbedded within skill training, acceptance of family dynamics, and nonjudgmental support for the parent as a person. Parent experiences that were positive with early intervention professionals included trust in the recommendations made for their child. Dunst and Bruder (2006) identified one of the components of the teacher-parent relationship that is most important in impacting child outcomes as communication, consistent with this study’s findings. Although the Dunst and Bruder research applied to the birth to three population, the experiences of this study’s participants were similar. Further, positive relationships have been found to be predictive of successful interventions for birth to three year olds (Campbell & Sawyer, 2007; McWilliam, et al., 2000), inferring a similar result for three to five year olds.

Legislative requirements for ECSE programs, while defining credentials needed for teaching and related service staff, do not define the content of family-centered communication. Professionals viewing their role as telling parents diagnostic information
and plans for intervention for the child was a finding of Bemheimer, Gallimore, and Weisner (1990), with similar findings from Dunst (2002). Specific professional roles as defined for the birth to three population in supporting parent participation and education, encompass the inclusion of parents in intervention decision-making, setting priorities, and assisting with supports and service coordination (Dunst & Bruder, 2006). This description is more consistent with experiences reported by this study’s parent participants receiving intervention services as different from classroom programs. This is the difference between family-centered programming and programming that exclusively focuses on the child. Reported experiences of early intervention professionals providing services or program and services were the application of principles of partnerships to relationships. The essence of these findings are relationships that are two-way, open and honest, and able to expand into family partnerships.

**Theme Two: Home Visits**

In analyzing this theme, parents who received home intervention, as a service within one of two service delivery methods, reported a significant difference in their ability to follow through with intervention at home, in natural environments, using existing family routines when receiving services. This is consistent with research findings of the impact of home services for children age birth to three, with approach to service delivery incorporated into the family’s daily routines and activities (Mahoney & Bella, 1998).

In addition, parents who have received home visit services provided emotionally-laden responses describing the impact of these services not only on child outcomes, but
also on their growth as parents, feeling empowered and equipped to help their child within daily routines which were often difficult to complete, using home materials in natural environments (participant 6, lines 44-46; participant 11, lines 17-21; participant 10, lines 115-117; and participant 1, lines 27-36). Family members such as siblings and working parents were able to learn intervention skills and participate in the education of the child with special needs. This description of a family-centered framework is a foundation for ECSE service for children age birth to three (Sandall, et al., 2005). The assumption, founded in literature of the birth to three population, is that services will be incorporated into the family’s daily routines and activities (McWilliam & Scott, 2001).

Early intervention professionals among all three service delivery models emphasized the need for carry-over at home. The difference among the early intervention professional responses was the method used to facilitate this home “carry-over” or “generalization.” The two service delivery models that included options for direct home contact used authentic natural environment contexts, whereas classroom programs used written and verbal suggestions as the method.

Parents of children receiving classroom services discussed the child’s learning within the context of the classroom, not in the home or in the community. Reported experiences centered upon classroom activities and participation with the “school” during family events, and varied in the amount of participation dependent upon the specific classroom teacher. These experiences are valid representations of the meaning of “parent participation” for this particular parent subgroup. This is consistent with traditional ECSE service delivery models, and most children age three to five years receive this type of
service delivery (Bailey, Bruder, Hebbeler, Carta, DeFosset, et al., 2006). However, attempting to foster family-professional relationships by focusing on school-related tasks does not align with the concept of family-centered intervention. Family-professional partnerships can occur when families participate in ways that are consistent with their lives and routines and not by becoming an extension of the school. The scope of this study did not allow for exploration of how the school-home connection needs were met for these families.

The literature reports that the primary purpose for early intervention is family support (Bailey, et al., 1998; Dunst, et al., 1991), even though the traditional ECSE model of intervention for three to five year olds is a classroom program. Clearly parents of three to five year olds receiving services such as home visits experienced greater levels of involvement and reported positive impact beyond the child to the entire family unit. The assumption underlying these experiences parallels those for birth to three year olds to incorporate interventions into the family routine. Children experiencing programs only, defined through state legislation as classroom-based, do not receive this level of home intervention. Parental satisfaction with service delivery, traditionally provided in classrooms for three to five year olds, was examined in a study by Summers, et al. that compared the birth to age three (IDEA, Part C) focus on family settings to services for three to five year olds (IDEA, Part B) provided in non-home settings. Findings revealed that parents of children age three to five were significantly less satisfied than parents of children age birth to three (Summers, Hoffman, Marquis, Turnbull, & Poston, 2005). Evaluation of parental satisfaction was not within the scope of the present study,
however, the same tenets of service delivery were used to examine perceptions by participants.

Although providing classroom programs, 50% of early intervention professional participants reported high value in the ability to see the child in the home environment to assist in understanding family needs within home routines, as supported by Murray and Mandell (2004). Recent studies examining intervention service for the birth to three population have reported that up to 83% of early intervention occurs in home settings (Campbell & Sawyer, 2007), however, legislative requirements for ECSE for three to five year olds is indicative of classroom programs as the traditional course of intervention.

In this study, several early intervention professionals reported experiencing "philosophy-reality conflicts," represented by experiencing implementation of practices that run counter to what they believe is best for young children. All early intervention professionals reported experiences interacting with parents, however, 50% of early intervention professionals who were providing classroom programs reported a lack of home visiting as a significant gap in effective intervention practices that negatively impacted child and family outcomes. Specifically, parents' lack of ownership of their child’s educational program, inconsistent two-way communication as foundational for parent-teacher relationships, lack of opportunity for teachers to understand family routines and needs to support child intervention planning, and lack of parent-initiated conversations with their child (participant 24, lines 72-76; participant 23, lines 17-23). This gap between methods professionals use to support parents and actual family-centered tenets was identified by Chao, et al. in 2006.
Not all early intervention professionals who provided classroom-based service reported a desire to include home visits as part of intervention. Traditional ECSE professional preparation programs focus on methodology for providing classroom-based services. Thus, special education teachers who have worked in the field for a number of years may rely on this training for service delivery efforts. One teacher in this study, providing a classroom program, described parent participation and education as parent/teacher conferences and “visiting” the classroom as the norm for parent involvement stating that because this was a classroom program, parents were not directly involved (participant 14, lines 112-115). There appears to be an absence of expectations that teachers would seek out the partner relationship in planning for and providing intervention across the child’s home, community, and school environments.

Theme Three: Parent Support

Parent participants reported significant value in establishing informal support networks with other parents, consistent with Zigler and Black’s definition of family supports (1989). Parents who reported that this connection was made with other parents focused on the positive benefit for personal growth as both a parent and a person coping with the high demands of a special needs child. Parents reported experiences of personal support and emotional satisfaction in meeting their own needs. Reports of these experiences were determined to be the most emotional of all parent interview data.

Early intervention professionals who reported facilitation of these parent connection opportunities reported benefit to the child as a result of increased parent capabilities and
empowerment. Turnbull, et al. (2007) cite a lack of access for parents to other parents as a barrier to a universal service framework in defining parent participation and education as legislatively mandated. While the legislative mandate for parent participation and education exists for ECSE, the method used for meeting this mandate remains subject to interpretation by service providers. This study’s findings of how parents value support services further highlights this gap. The IDEA (Part B) definitions identified school-based counseling and social work services as part of a system that remains in place through at least age 21 in most states. All participants, with one exception, ranked counseling and social work services as the least important in impacting child and family outcomes (out of a field of seven). This speaks to the disconnect between what schools traditionally provide and what parents and early intervention professionals, who have experienced a relationship-based, home environment intervention, have ascribed as “best practice.” The differences between service needs for preschool and school-age children (kindergarten and up) are not recognized in current legislation. Both counseling services and social work services are parent to professional relationships and may be appropriate for older students provided service under Part B guidelines, however, the usefulness of representing these services as parent participation and education for ECSE is questionable. Not surprisingly, Dunst reported that support systems for the birth to three year old population are defined as “including opportunities to collaborate with other families” (2002).

Parent experiences reported as support were statements and stories of emotional connections that helped parents assume control of their parenting roles and within those
roles feel empowered to understand and teach their child. Statements such as “my husband and I have better expectations,” “I took more support than my child,” and “you need other people to tell you you’re doing a good job,” highlight the message that parents clearly have needs that must be met in order for them to be able to help their child.

Numerous parents made comments about the fact that they were not trained as special education teachers and this represented the somewhat blind trust placed in early intervention professionals and the need for reassurance of these professional’s competencies. These statements were emotional and recursive as a response (participant 3, lines 30-33; participant 6, lines 78-79; participant 9, lines 143-145).

Theme Four: Parent Training

For all participants in this study, parent training was ranked as the most important component in impacting child and family outcomes, and was represented most often in relating experiences of parent participation and education during participant interviews. Experiences reported by parents held meaning in several ways. Training occurred within service delivery methods (services and both services and program) in environments where the child spent the majority of time. First, parents referenced the content of training as congruent with family home routines using existing materials, and as part of the family day without needing to add time to already challenging days (participant 10, lines 151-152; participant 11, line 17; participant 3, lines 59-62).

Second, parents provided experiences of specific intervention that were successful for them such as use of sensory techniques, proximity and eye contact (participant 10, lines
124-130; participant 8, lines 40-46). These were learned through individual coaching and through a variety of groups. Third, parents experienced parent-to-parent learning as a critical component of their services. These parent-to-parent contacts integrated the themes of support and relationship-based to training throughout all data. Parent training opportunities as a whole were viewed as powerful and essential for positive child outcomes. Parents also reported feelings of apprehension about the time commitment and uncertainty of outcomes prior to parent training, however, the benefits at completion were satisfying for parent participants.

Parents whose children experienced classroom programs reported positive training, however, these were referenced as school-based using observation or ad hoc teaching methods. Specific descriptors of parent coaching were not used.

Research supports using family-centered practices that view parents as partners in the educational process. The model of parent-coaching proposed by Mahoney and Bella (1998) entails training parents in skills specific to the child's developmental needs that can be used in the child's home and community environments. This approach is consistent with providing routine-based intervention services as defined for birth to three year olds (McWilliam & Scott, 2001). These tenets of parent training are based on the assumption that parents are the best and most important teachers of their children (Mahoney, Boyce, Fewell, Spiker, & Wheeden, 1998). Parent participants among the three service delivery models shared a common experience of training, however, the venue and methodology varied. In the absence of experience among all three service
delivery models, parents would have a difficult time providing a comparison of effectiveness between methods.

Early intervention professional participants working in classroom environments did not discuss parent training as a program element, however, in three of four cases ranked parent training as important in positively impacting child outcomes, and in two of four cases reported a need for home visits, which lend themselves to a parent-coaching model of intervention. While training is clearly valued, it is difficult to evaluate how parent training has been experienced by these participants.

Early intervention professional participants, providing services or a combination of services and program, reported parent training as essential elements in service delivery. The facilitation of parent groups was discussed as training, education, support, or a combination of these. These participants' experiences were filled with a need to follow the parent's lead and develop content accordingly. Roles were defined using words such as "partner" and "friend" and it was evident that as relationships developed over time, parent training became a shared experience with parents. One early intervention professional reported that the real work happens outside the time parents and children spend with teachers, that the real impact on child developmental growth is a result of the parent actions after participating in training (participant 16, lines 45-56). For some children, it is of little value to teach skills within an isolated classroom, using the cues and strategies that support success within the developed routine, if the child then returns to home and community settings that render that success functionally useless.
Theme Five: Siblings and Family Participation in Intervention

Although comments regarding the inclusion of siblings, spouses, and family members occurred less frequently than did other themes in this study, this variable in impacting child and family outcomes is supported by research that is not all grounded within ECSE literature. The presence of this theme opens the possibility of application of training, support, education, and relationships with family members and siblings to early childhood special education and would thus have implications for service delivery.

Parents communicated positive experiences that impacted their children with a disability through including siblings and other family members in training of interventions and in relationships built with early intervention professionals. Parents reported that spouses, not always available due to work schedules, were able to develop expectations of what their child needed and what actions would help the child, and relayed feelings that all family members should be a part of the child's learning (participant 3, lines 30-33; participant 10, lines 41-42). Parents communicated through their experiences, the emotions they had regarding the loss felt by other family members, including the loss of a parent's time by another child, due to the child with the disability needing that time. These comments were made by parents who had experienced services or both services and program.

Early intervention professionals reported success in teaching siblings effective ways to interact with the child with a disability (participant 20, lines 165-166). These experiences are consistent with findings of studies specific to siblings of children with
Down syndrome and autism spectrum disorder who effectively learned strategies to teach language and social skills (Celiberti & Harris, 1993; Trent-Stainbrook, et al., 2007).

Although the ECSE legislative mandate does not specifically identify family connectedness to service delivery, this study's findings have opened a possibility that merits further examination. Family service intensity and comprehensiveness have been found to be predictive of child outcomes (Warfield, Hauser-Cram, Krauss, Shonkoff, & Upshur, 2000).

A Comparison: Experiences versus Identified Components of Service Delivery

Perceptions of the parent participation and education component of ECSE as reported by parents differed in focus. The experiences of parents whose children received services such as home visits, parent groups or training, or services in combination with a partial classroom program, were centered on the relationship established with the early intervention professional. The relationship provided a foundation for communication and trust in assuming a partnership role, and for receptivity in participating in parent training and parent groups. These experiences of parent training were characterized more closely with the methodology of parent coaching as proposed by Mahoney, Wheeden, and Perales (2004). Experiences with parent groups revealed emotional yet satisfying interactions with other parents in the larger community.

In contrast, parents whose children received a classroom program five-days per week, reported experiences that related to the school setting. Interesting were comments about parent training that were centered within classroom routines and expectations. These
parents still identified parent training as essential to supporting child and family outcomes, however, the content of that parent training was different in delivery, setting, and reported impact on the parent as an individual. Absent the opportunity to fully participate in what the other two parent subgroups experienced, these parents seemed satisfied. However, the lack of opportunity begs the question of how these parents may feel differently, given that opportunity.

The two parent subgroups receiving services described experiences that align with those of parents of birth to three ECSE. The option to pass over the third birthday and continue with the established methodology of service delivery exists but is not mandated and not widely implemented.

Parents and early intervention professionals who had experienced services or a combination of services and classroom, were more closely aligned in identifying components of positive impact and use of common terminology in describing those experiences. Parents and early intervention professionals experiencing a program only, differed in how the phenomenon was described. Parents used words that focused on school-based curriculum that was to be “carried over at home,” as if this was a goal secondary to school performance. Early intervention professionals used words that expressed a desire to spend time in the child’s home to better plan for family-focused interventions.

Service delivery design can be impacted by IEP team discussions, early intervention professional interpretation of IEP goals and objectives, and administrators responsible for ECSE program design. Reports of the family-focused intervention experiences (within
services and a combination of services and classroom) were consistent in this study with components identified as positively impacting child and family outcomes. Parents and early intervention professionals who experienced ECSE program service delivery identified components of positive impact that were absent in practice and did not match their experiences, the standard being the experience with the components of other participants.

Research Question Three: Impact of Service Delivery Model on Child Outcomes

Research question three analyzed the impact among service delivery models with varying degrees of parent participation and education, on child developmental outcomes. The ECSE literature has demonstrated that parent involvement produces positive effects on the child’s physical, cognitive, social, and language skills (Blasco, Hrncir, & Blasco, 1990). In this study, while developmental increases occurred as measured for language skills and motor skills, statistically significant increases were evidenced for social skill development when the service delivery model was service alone or were paired with a classroom program. Research has supported that improvements in social skills is a foundation for corresponding improvements in other developmental areas, mainly cognitive skills and language skills (Parker, 2008; Guralnik, 1990).

The federal Office of Special Education Programs (OSEP) added new reporting requirements for preschool children with disabilities in April of 2005. One of the requirements is a reporting of the percentage of preschool children with IEPs who demonstrate positive social emotional skills. The other two reporting requirements are the
acquisition and appropriate use of knowledge and skills, and children’s use of appropriate behaviors to meet their needs. These requirements represent a holistic approach to child development. OSEP’s “recognition of the importance of social relationships for preschool children with disabilities” is consistent with ECSE research evidencing the importance of social skills and social relationships of preschool children with disabilities (Guralnick, 1990; Parker, 2008). The importance placed upon this area of skill development parallels parent participant experiences in application of parent training through home routines.

For typically developing children, significant aspects of social skill development growth are the learning and practicing of social behaviors within the family that are critical in shaping children’s social skills (Guralnick, 1990). Parent participants receiving ECSE services experienced coaching of how to teach skills such as monitoring play, modeling, and intervening in order to teach their child how to positively interact with others. This study’s findings provide a beginning way to understand how service delivery method can shape a parent’s role in the development of their child’s social skills.

Research about the development of social skills for preschoolers with disabilities has focused primarily on school-based relationships and the challenges faced by parents in attempting to improve the social development of their children. In a study of information provided by parents of ECSE preschoolers, Guralnick, Connor, and Hammond (1995) found that parents placed a high priority on social development. Similar findings occurred in a study by Overton and Rausch (2002), extending the analysis to reveal that while social skill development was a priority for their child, parents did not feel confident in their abilities as parents to make this happen. Even parents of preschool children...
attending an inclusive setting felt that the setting in and of itself was not sufficient for facilitating social skill development (Guralnick, Connor, & Hammond, 1995).

Language and motor skills did not evidence the same level of gains as social skills in this study, however, as previously reported, parents experienced success in learning the strategies needed for continued facilitation of overall developmental growth for their child. Children who experienced classroom programs also experienced trace social skill gains, however, not to the extent of the other two service delivery models. The nature of social skill development lends itself to learning occurring in the home environment according to individual familial norms. In this study, including parents as direct participants and partners in facilitating social skill development resulted in positive child outcomes.

Implications of Findings

The reported experiences of parents and early intervention professionals working with preschool age children with disabilities were coalesced into five themes supported by the evidence-based research available for infant/toddlers, and emerging for preschoolers. Participant stories have provided a way to make meaning of their experiences and these themes are consistent with family-centered practices employed with the birth to three ECSE population as defined by IDEA, Part C. Use of family-centered practices as an element of service delivery models was found to positively impact children's development of social skills for ECSE preschoolers. This study sought to discover the application of Part C tenets to preschoolers receiving special education programs and
services, currently guided by Part B of IDEA. Findings of perceptions of stakeholders revealed that intervention practices for parent participation and education have not consistently shifted to match child and family reported needs. Specifically, the separate system of ECSE legislative requirements for age birth to three does not align with experiences reported by both parents and early intervention professionals of the methodological components that are effective in positively impacting child and family outcomes.

Evaluate ECSE Policy

The reality of separate legislative requirements between Part C and Part B has required early intervention professionals to change their services from family-centered to child-focused when the child turns three. Parent participation and education components change from natural environment and family routines within parent-professional relationships to school-based skill intervention provided by professionals. A well established body of early childhood development literature strongly asserts the significance of the role of parents in the trajectory of their child's development. Young children with disabilities require specialized instruction to ensure developmental gains and reducing a parent's role in this effort counters what we know has the greatest impact.

Recent literature has supported application of family-focused models to the three to five year old population, however, traditional service delivery models persist (Harbin, 2001; Kaczmarek, et al., 2004). Related studies have demonstrated benefit in providing parent training, which parallels the ECSE parent participation and education requirement,
with positive impact on outcomes for at-risk preschoolers. Although the children in these studies do not have identified special education certification, the relationship with and inclusion of parents as partners in intervention is of interest. Several studies found that providing training to parents of children at-risk for language delays resulted in moderate to significant consistent change during parent interactions as well as increased generalization to interactions at home (Hancock, Kaiser, & Delaney, 2002; Chao, Bryan, Burstein, & Ergul, 2006). In the Hancock study, parents also reported using techniques learned with other children. Chao, et al.'s results were similar for both language and behavior of at-risk children (2006).

The early intervention professionals in this study who are guided by Part B regulations have reported parent participation and education experiences confined to school-based routines. The change in systems when the child turns three is not limited to the role of parents in the intervention process, the lens with which we view the child completely shifts from family-home to teacher-school. Individual Family Service Plans (FSP) are discontinued and replaced by Individual Education Program (IEP) plans that may continue through the 21st year. The most powerful tool we have to impact child learning during the birth to five years is, in essence, eliminated or minimized. There exists a disconnect between what we know about how children develop within families and how ECSE legislation limits this application. This limitation is especially puzzling given the proximity to the kindergarten year of three to five year olds.
Inform ECSE Practice

The early intervention evidence base concerning how to design parent participation and education components of supports, training, and education continues to grow by application of research from Part C literature. This study contributes to such an evidence base. This study’s findings can inform practitioners of how best to support, rather than supplant, family efforts by understanding how parents view their role and the early intervention professional’s role, and what parents value for their families. Parents as a whole group identified parent training as having the greatest impact on child outcomes, while early intervention professionals identified home visits. Early intervention professionals who provided services or both services and classroom program had opportunities to learn about a child’s home environment and family routine as a foundation for planning developmentally effective interventions. Parents who received parent training through services or both services and programs reported an impact of the training that extended beyond the child to other family members and to themselves in assuming a degree of ownership of their child’s learning needs. Early intervention professionals providing classroom programs did not report employing these opportunities for parent engagement. Implications for service provision are evidenced in meeting the parent participation and education requirement.

Understanding family routines has been viewed as essential for a portion of this study’s participants. Lack of access to the home environment has been cited in this study as a major barrier to effective intervention and positive child outcomes. Unlike Chao, Bryan, Burstein, and Ergul (2006), who relied on an at-risk preschool population for
evidence of the effectiveness of family-centered service delivery that included parents, the current study found evidence that family centeredness is an effective method for impacting outcomes of preschoolers with identified special education certification. This study has provided evidence of the value of parent training, parent connections with other parents, home visiting, and the need for relationship-based services as experienced by parent participants and early intervention professionals who are able to employ these tenets.

Two primary components of recommended practices are the provider and parent relationship and the use of activities and routines within the home setting as pivotal aspects of a family centered approach. This relationship as a central finding of this study holds importance in equally involving parents as partners and recognizing the value of the parent role. Home-based intervention should not be a transfer of what would happen in school to the home, it should be imbedded and planned to accommodate existing home routines. The real intervention happens between the time spent with the early intervention professional. A clear message from both parents and early intervention participants in this study is that intervention, no matter how well designed or intended, must fit into a family’s home routine in order for the potential for generalization of skills to exist. This has been found to be the case in related studies of parent accommodations within daily routines (Bernheimer & Weisner, 2007). Others have argued that intervention should be built upon natural learning opportunities (Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001). The participants in the present study reported that these family routines are essential contexts for learning. When child skill interventions are imbedded into
family routines, parents can place value on consistently working with their child to improve skills. When child skill interventions are solely addressed within an artificial environment of classroom context, family’s roles are limited.

**Inform ECSE Professional Preparation**

Professional preparation programs for early interventionists have been explored in the past. Many skills taught to early intervention professionals are technical skills that focus on practices and methods for curriculum and pedagogy, however, there are skills that early intervention professionals should have in order to be effective, including the ability to work within different familial systems. Preparation for work within the ECSE field must include skills that provide the ability to work with families of different value systems and cultures; the ability to work on teams, including teams with untrained parents; the ability to generalize information (education) and specialize (child specific); and the ability to work in a variety of settings such as home, child care centers and community locations (Wesley & Buysse, 2001).

This study’s early intervention professional participant responses encompassed parent-teacher relationship pedagogical skills as the essence of the method used for teaching the child. Early intervention professional descriptions of parent participation and education relied on these skills, when the service delivery model was services or both services and program. Even early intervention professionals who were providing classroom programs recognized the importance of a parent-teacher relationship in accessing home settings.
Personal relationship skills are essential for successful interactions. Professional-parent relationships and communication have been examined systematically regarding how members of the medical community communicate with parents, reflecting parallel roles perceived by special education professionals as trying to "fix" what is wrong. Because ECSE centers upon work with very young children and families, early intervention professionals may be the first school interactions the family has. The relationships established early on may set the tone for later parent-teacher relationships. This study's findings are offered to assist early intervention professionals in understanding how parents experience parent participation and education and in application of those meanings to their relationships.

Limitations

This study illustrates how parents and early intervention professionals experienced the parent participation and education component of early childhood special education. Several limitations of this research must be acknowledged. First, this study relied primarily on the parent's and early intervention professional's perceptions and recall of the experiences. Parent experiences in receiving training, support, and services had already occurred and may have affected recall as a retrospective device. Future research with families not yet or newly enrolled in early intervention could provide additional insight into these experiences. Participants were not able to provide a longitudinal reporting of their experiences. However, the primary emphasis for this study was participant perceptions more than anything else.
Second, efforts were made to identify a sample of parents who were recommended by early intervention professionals as highly involved parents. This does not guarantee that the sample is representative of all families whose preschool children have disabilities. The findings of this study can be viewed to raise issues for further examination and not to generalize the findings to all preschool children with disabilities receiving services within any particular service delivery model. However, the constructs found in the ECSE literature for providing family-focused intervention have direct application to this study's findings. Third, the study did not attempt to measure the specific outcomes of the children of parent participants. Outcomes of a larger sample were used to examine the impact of service delivery models and findings of parent perceptions were compared to outcome findings.

The researcher’s role within the interview process of this study was delimited to administrator relationships with 75% of participants. Efforts were made and felt to be successful in limiting the effects of this relationship through interview protocol design and structure of interviews discussing a topic not currently pertinent to the relationship.

Recommendations

The results of this study suggest that the parent-professional partnership using family-centered practices is an effective service delivery method for empowering parents and positively impacting child outcomes. This meets the intent of the IDEA mandate to include parents within a parent participation and education component, but expands methods for doing so that are supported by evidence-based research from other venues.
Recording and listening to the experiences of parents and early intervention professionals who participated in service delivery models typically available only to younger children, as in the qualitative research presented here, can play an important role in understanding the families of young children with disabilities and improving services to meet their needs. Specific intervention methods found to be effective using a services focus included establishing partnership relationships, home visiting, parent training that includes connections to other parents, and expanding intervention to include other family members.

The inclusion of a mandated parent participation and education component in ECSE legislation has significant merit and in fact continues throughout the K-12 years as evidenced by required public school improvement plans, using terminology of parent involvement. State and federally funded at-risk preschool programs, such as Head Start and Great Start, include home contact and parent experiences as program requirements. The existence of ECSE as a separate system is a disservice to children and families by establishing an educational "separatism" that continues through entry to the kindergarten year. Public school expectations for parent involvement can be supported by impacting parents early on with partnerships and empowerment.

Once children reach three years of age, under the current legislative system, service delivery is provided within the terms of the IEP and the emphasis of relationships shifts from professionals to child and families to professionals to child. This study reports the positive impact of active family participation and parent-professional partnerships, using service delivery models that include services, on family-reported experiences and child
social skills developmental outcomes. Although Part C of IDEA provides recognition of the role and value of parents and family in impacting child outcomes, Part B fails to specifically address the inclusion of parents and families as participants. Other studies have made recommendations about what can make the transition from Part C to Part B more family-friendly. Chao, et al. (2006) have recommended that IFSPs should be the norm through the kindergarten year. This study’s findings strongly support that recommendation.

Increased accountability in No Child Left Behind (NCLB) legislation is pushing more rigorous curricular expectations to younger children as the standard against which developmental growth is measured. There exists a potential for the performance gap to widen resulting in increased incidence of the ECSE population. NCLB legislation requires that schools use evidence-based practices. Given the available family-focused research base, current ECSE legislation does not seem to be in alignment. Now is the time to apply evidence-based interventions from the birth to three literature to three to five year olds approaching the kindergarten year.

This study can add to existing research in identifying the intervention practices and service delivery methods that should be in place for preschool age children with disabilities that meet family and child needs. Further research is needed in applying consistent and well-defined parent participation and education constructs as supported by findings of family-focused methods to seamless birth to five service delivery, either with or without a program component. In addition, exploring application of these service delivery methods to the general education preschool population may serve to decrease the
chasm between general and special education. There is value in expanding upon this base of understanding.
References


Appendix A

Conceptualization
Appendix A

Conceptualization

Parent Participation and Education Component of ECSE

Parent Participation and Education:
- DEFINED
- Counseling services
- Parent training
- Social work services

Parent Participation & Education impact on
Child and Family Outcomes

Parent & Professional Identification of Components that impact
Children and Families

Parent & Professional Perceptions of the Parent Participation &
Education Experience

ECSE Program
- Services
- Program:
  - Population: Ages Birth-3

ECSE Services
- Part B
  - Services
- Program:
  - Population: Ages 3-5

Population: Ages Birth-3

Population: Ages 3-5
Appendix B

HSIRB Approval Letter
Appendix B

HSIRB Approval Letter
Appendix C

Consent Form
Appendix C

Consent Form

Western Michigan University
Department of Teaching, Learning & Leadership
Dr. Jianping Shen, Principal Investigator
Denise A. Ludwig, Student Investigator
Special Education Preschool: Perceptions of the Parent Participation and Education Component

You have been invited to participate in a study about “Special Education Preschool: Perceptions of the Parent Participation and Education Component.” This study is being conducted by Denise A. Ludwig, a doctoral student in the K-12 leadership doctoral program at Western Michigan University, under the direction of Dr. Jianping Shen, her dissertation chair, over a three month period. The following information is being provided to inform you that you are free to decide not to participate in the study, or to withdraw at any time, without affecting your relationship with researchers or Western Michigan University.

The purpose of the study is to examine the perceptions and identification of the components of the Parent Participation and Education component of Early Childhood Special Education as provided by parents and early intervention professionals, so as to inform practice. You are invited to participate in the study because you are either a parent or an early intervention professional. Parent participants have a preschool-age child with special education needs and have participated in special education programs and/or services within the past two years. Parents have been invited to participate that have spent a minimum of two hours per month in school activities. Early Intervention Professional participants have ECSE or related service certification, a minimum of two years experience working with preschool special education and experience with classroom, home community services or both.

You will be interviewed for approximately one hour. You will be asked six questions about your participation in parent education activities and in the delivery of special education services and about the impact of your participation and impact of activities on child and family outcomes. You will be asked to provide information about the importance of specific activities that parents and early intervention professionals engage in by rank ordering a set of 7 cards. Audio recording equipment will be used to record the interview and ensure accuracy of the information received and verbatim written transcripts of all interviews will be produced. The data (audio recording and interview transcripts) will be maintained in a locked file cabinet in the residence of the researcher until the completion of the study. At that time, the audio recordings will be destroyed. The written interview transcripts will be stored on the campus of Western Michigan
University, in the possession of the Principal Investigator, for a period of at least three
years.

All information collected in the study will remain confidential. Names will not appear
on any papers on which information is collected or recorded. You will not be asked to
provide identifying information during the audio taping of the interviews. The interview
forms will be coded, and the student investigator will keep a separate master list with the
role of the participant in service delivery and the corresponding coded identification
number. Once the data are collected and analyzed, the master list will be destroyed.

Benefits associated with your participation may be: 1) the information and knowledge
to be gained from examining parent and early intervention professional perceptions and
identification of the parent participation and education ECSE component; 2) the ability to
share such information with professionals and policy-makers to inform practice for
special education children and families; 3) the opportunity for the researchers to conduct
the mixed-methods study for the purpose of examining the data.

You may choose to quit the study at any time without prejudice or penalty, or risk of
any loss of service that would otherwise be provided. If you have questions about the
study, you may contact the student investigator, Denise A. Ludwig, at (616) 819-3684 or
by e-mail at ludwigid@grps.k12.mi.us. You may also contact the principal investigator,
Jiamping Shen, Ph.D., at (269) 387-3887 or by e-mail at shen@wmich.edu. You may also
contact the Chair of Human Subjects Institutional Review Board at (269) 387-8293 or the
Vice President for Research (269) 387-8298 if questions or problems arise during the
course of the study.

This consent document has been approved for use for one year by the Human
Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and
signature of the board chair in the upper right corner. Do not participate in this study if
the stamped date is older than one year.

Your signature below indicates that you have read or had explained to you, or both,
the purpose and requirements of the study, and that you agree to participate.

Signature of Participant
Date

Signature of Person Obtaining Consent
Date
Appendix D

A Crosswalk of the Studies’ Conceptualization Variables and Mode of Measurement
# Appendix D

A Crosswalk of the Studies' Conceptualization Variables and Mode of Measurement

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mode of Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Perceptions of Parent Participation and Education</td>
<td>1. Coded Responses to Open-Ended Interview Questions</td>
</tr>
<tr>
<td>AND</td>
<td>2. Coded Responses to Report of ECSE Experiences</td>
</tr>
<tr>
<td>Early Intervention Professional Perceptions of Parent Participation and Education</td>
<td></td>
</tr>
<tr>
<td>Parent Identification of Components of Parent Participation and Education</td>
<td>1. Rank order of ECSE service components – ordinal</td>
</tr>
<tr>
<td>AND</td>
<td>2. Coded Responses to Open-Ended Interview Question</td>
</tr>
<tr>
<td>Early Intervention Professional Identification of Components of Parent Participation and Education</td>
<td></td>
</tr>
<tr>
<td>Parent Participation and Education Impact on Child Outcomes</td>
<td>1. Continuous</td>
</tr>
</tbody>
</table>
Appendix E

Interview Protocol for Parent Participant
Appendix E

Interview Protocol for Parent Participant

Date:
Place:
Time of Interview:
Participant Identification Number:
Age of Participant’s Child:
Certification of Participant’s Child:
Length of Participation in Service Delivery:
Type of Service Delivery: Classroom/Services/Both

Script: Thank you for participating in this interview. I will be asking you some questions about the parent participation and education component of Early Childhood Special Education programs and services. I will be recording your answers and then transcribing them. Take your time and answer the questions as completely as possible. I may ask you to provide more information about some questions.

Prompt: Tell me more about that

PART ONE:

1. What elements of the parent participation and education component of ECSE programs and services have you experienced?

Notes:

2. What has been the impact of including parents as program participants?

Notes:

3. How have your actions within this program contributed to your child’s growth and your family’s growth?

Notes:

4. How have the actions of your early intervention professional (teacher or service coordinator) contributed to your child and family’s growth?

Notes:
Page two: Parent Interview

5. *How would you describe the important elements of the relationship you have with your child’s early intervention professional (teacher or service coordinator)?*

Notes:

PART TWO:

6. *What specific program or service components would you identify as positively impacting child and family outcomes?*

Notes:

PART THREE: *Tell me one story or experience that represents your parent participation experiences with this special education program.*

Notes:

PART FOUR:

Script: *Among these seven components, which ones are positively impacting your child and your family the most? Please place these seven cards in order from most important to least important with one being the most important.*

Prompts: If two items are ranked of equal importance: *Please take some time to reflect on these items and rank order them in relation to what YOU believe is most important so that each card has its own rank.*

Data Record:

Counseling Services ______  Service Coordination Services ______

Family Training ______  Special Instruction for Families ______

Social Work Services ______  Parent Training ______

Home Visits ______
Appendix F

Interview Protocol for Early Intervention Professional Participant
Appendix F

Interview Protocol for Early Intervention Professional Participant

Date:
Place:
Time of Interview:
Participant Identification Number:
Certification/Endorsement:
Number of Years Experience:
Experience with Type of Service Delivery: Classroom/Services/Both

Script: Thank you for participating in this interview. I will be asking you some questions about the parent participation and education component of Early Childhood Special Education programs and services. I will be recording your answers and then transcribing them. Take your time and answer the questions as completely as possible. I may ask you to provide more information about some questions.
Prompt: Tell me more about that

PART ONE:
1. What elements have you experienced within the parent participation and education component of ECSE rules and regulations?
Notes:

2. What has been the impact of including parents as program participants in your service delivery?
Notes:

3. How have parent actions within this program contributed to child and family growth?
Notes:

4. How do you believe your intervention actions have contributed to child and family growth?
Notes:
5. How would you describe the important elements of the relationship you have with the family's you work with?

Notes:

PART TWO:
6. What specific program or service components would you identify as positively impacting child and family outcomes?

Notes:

PART THREE: Tell me one story or experience that represents a parent participation experience.

PART FOUR:
Script: Among these seven components, which ones most positively impact child and family growth? Please place these seven cards in order from most important to least important, with one being the most important.

Prompts: If two items are ranked of equal importance: Please take some time to reflect on these items and rank order them in relation to what YOU believe is most important so that each card has it's own rank.

Data Record:
Counseling Services _______ Service Coordination _______
Family Training _______ Special Instruction for Families _______
Social Work Services _______ Parent Training _______
Home Visits _______
Appendix G

Definition of Terms Used for Card Sorting Task
Appendix G

Definition of Terms Used for Card Sorting Task

COUNSELING SERVICES: rehabilitation counseling and services provided by qualified personnel (Part B of IDEA)

FAMILY TRAINING: services provided to assist the child’s family to understand the child’s special needs (Part C of IDEA)

SOCIAL WORK SERVICES: preparing a social or developmental history on a child with a disability and working with those problems in a child’s living situation that affect the child’s adjustment in school (Part B of IDEA)

HOME VISITS: making home visits to work with those problems in a child’s and family’s living situation that affect the child’s maximum utilization of early intervention services

SERVICE COORDINATION SERVICES: assistance and services provided by a service coordinator (case manager) to a child and the child’s family by identifying and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services (Part C of IDEA)

SPECIAL INSTRUCTION FOR FAMILIES: providing families with information and support related to enhancing the skill development of the child (Part C of IDEA)

PARENT TRAINING: helping parents acquire necessary skills that will allow them to support the implementation of their child’s IEP (Part B of IDEA)