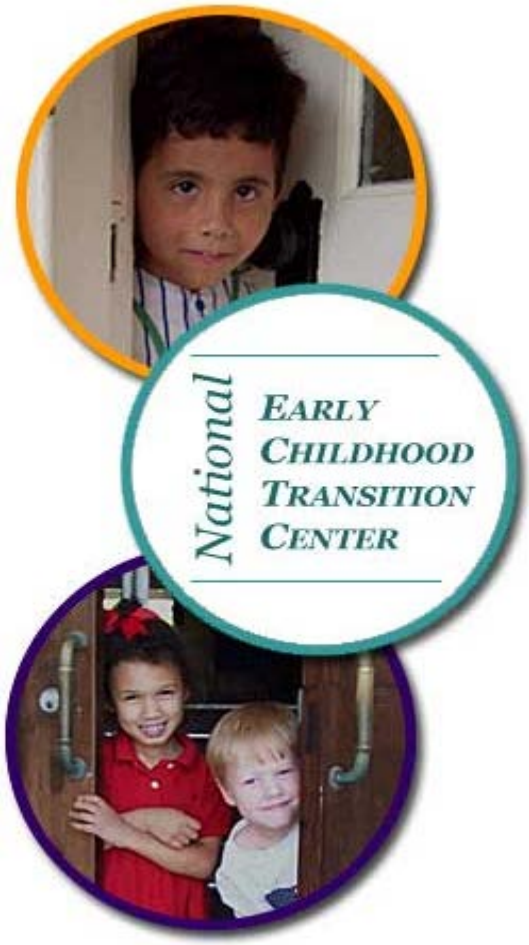

A Critical Incident Study of the Transition Experience for Young Children with Disabilities: Recounts by Parents and Professionals

Technical Report # 6

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(859) 257-2081

Suggested citation:

Dogaru, C., Rosenkoetter, S., & Rous, B. (2009). *A critical incident study of the transition experience for young children with disabilities: Recounts by parents and professionals. Technical Report #6.* Lexington: University of Kentucky, Human Development Institute, National Early Childhood Transition Center.

NECTC is funded by the U.S. Department of Education, Office of Special Education Programs, Cooperative Agreement # H324V020031. However, the contents do not necessarily represent the positions or policies of the U.S. Department of Education, Office of Special Education Programs, and you should not assume endorsement by the federal government.

May 2009

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Abstract

Critical Incident Technique (CIT) is a research strategy used to gather and analyze information from key informants about a significant experience in their lives (Flanagan, 1954). The National Early Childhood Transition Center (NECTC) used CIT to investigate parents' and service providers' perceptions of transition from one service system to another for young children with disabilities and their families. Respondents in the study resided across the United States and participated in a myriad of service systems. Qualitative analysis from 65 participants defined salient issues and suggested practices across these four themes related to transition at ages three and five for children with disabilities and their families: transition processes, evaluation of transition, transition outcomes, and family experiences in transition. The findings of this investigation are considered valuable in their own right, and they contributed to the recommendations from an array of NECTC studies designed to improve early childhood transition policies and practice.

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Introduction

Critical Incident Technique

Critical Incident Technique (CIT) is a research method first described by John Flanagan in 1954 as a tool for collecting direct observations of human behaviors and perceptions related to "critical incidents." This method is extensively used in fields such as organizational and industrial psychology, business, and medicine. Critical incidents are situations that make a significant contribution, either positively or negatively, to an activity or phenomenon. An incident is:

> Any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects (Flanagan, 1954, p. 327).

After analyzing data collected, the investigator can produce a list of components critical to task performance which may be more helpful than vague descriptions (Woolsey, 1986). Since the introduction of the technique by Flanagan in the 1950's, CIT has evolved and its use expanded into other disciplines. This method is extensively used in fields such as organizational and industrial psychology, business, nursing and medicine (Butterfield, Borgen, Amundson, & Maglio, 2005; Fivars & Fitzpatrick, 2001). As with any other research technique, CIT has advantages and disadvantages (Norman, Redfern, Tomalin, & Oliver, 1992). Advantages include: a) ease of administration in different formats, b) inexpensive yet provides rich information, c) data are collected from respondent's perspective using their own words, and d) the design identifies rare events that might be missed by other methods which focus on everyday events. Analysis procedures for data collected through CIT fall within the realm of qualitative research methods, specifically, content analysis. Since CIT generally uses data collection instruments that are easy to administer and relatively short, it facilitates information collection from a large number of subjects, and allows for both qualitative and quantitative analysis. The major disadvantage of CIT is its reliance on respondents' memory; therefore, CIT methods have a high probability of incidents that are imprecise or are not reported. In addition, CIT has an inherent bias of obtaining reports of incidents that happened recently. Finally, the researcher's definition of a critical incident and the respondents' perception of what is considered critical might not overlap.

Transitions: Definition of Importance

Children with disabilities and their families experience a multitude of transitions during their early childhood years (Kagan & Neuman, 1998; Rous, Myers, & Stricklin, 2007). Often, children who have significant disabilities are identified at birth or in the first years of life. During infancy, children with identified disabilities or developmental delays are eligible for Early Intervention (EI) services under Part C of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 (IDEA, 2004). These children and their families receive services through EI that can be home-based, center-based, or a combination of both. Depending on the state, services are managed by various agencies (e.g., Health and Human Services, Education, or Health). Children

served in EI programs undergo a transition at age three. At that time, they transition out of Part C programs, and may transition into a variety of preschool services. Children who continue to have developmental or other disabilities are often eligible for services under Part B, Section 619 (Special Education), which offers services for children with disabilities ages 3 through 21, as administered through state Departments of Education. However, many local school districts also choose to place their preschool children with disabilities (ages 3 to 5) in community programs such as Head Start, state-supported preschool programs, or child care (Danaher, 1998; Fowler, 1990; Lewit & Baker, 1996; Moore, 1988; Shotts, 1994; Williams & O'Leary, 2001). Therefore, at age five, many children with disabilities experience a new transition as they move to kindergarten, not only by entering the elementary school, with all the changes that typically developing children experience, but also to new formats of special education and related services offered by the school system (Wolery, 1999). These numerous and complex transitions children and their families experience during the first five years of life are documented as "stressful, inefficient and problematic for children with disabilities, their families, and agencies engaged in the transition process" (Rous, Hallam, Harbin, McCormick, & Jung, 2007, p.136).

Transitions are stressful events for families as well. According to Harry (2002), Rosenkoetter and Rosenkoetter (2001), and Wolery (1999), families of children with disabilities face additional stressors and changes, compared to those of typically developing children. These include: meeting new service providers and developing relationships with them, confronting questions about the availability of services and technologies, and determining how the child will fit into the new school environment and how new teachers will treat their child. Many times, the sending and receiving programs between which families and children transition differ in terms of philosophical perspectives, service delivery models, eligibility criteria, and program quality (Rous, Hallam, et al., 2007). Some families worry about discrimination against and rejection of their children, the location and duration of their children's attendance, the special education label to be applied, or the means of transportation (Rosenkoetter & Rosenkoetter, 2001).

Recent interest in understanding and implementing positive transitions for children with disabilities and their families has been fueled by several factors (Rous, Hallam, et al., 2007). First, the evolution of the public law that protects the rights of children with disabilities, IDEA, has evidenced a steady increase in the importance placed on transition (IDEA, 2004). Moreover, the number of children who receive services before age 5 – and, consequently, the number of children experiencing transition – has increased in recent years. A third probable cause is the increase in early education programs not only for children with disabilities, but also for children who are at risk and who are developing typically. The importance of effective transitions has increased accordingly. Finally, research in early child care and education demonstrates that transitions have a strong impact on children and families, with influences that can be negative or positive depending on a number of factors related to the transition process. For example, the success of the transition to kindergarten has been related to children's later school success (e.g., Schulting, Malone, & Dodge, 2005). For children who are typically developing and with disabilities, an important outcome of successful transition to kindergarten is school adjustment and positive attitudes toward school (Love, Logue, Trudeau, & Thayer, 1992; Pianta &

Cox, 1999; Pianta & Kraft-Sayre, 2003; Ramey & Ramey, 1998). Schulting et al. (2005) found that implementation of transition practices, even at low intensity, for children and families entering kindergarten had a positive influence on children's later academic achievement and their parents' involvement in school. Increased parent involvement in their child's education is a long-term outcome of effective transition (Pianta & Cox, 1999).

Transition Conceptual Framework

While research on transition provides sporadic insights into factors that impact the transition process and guidelines for improving it, generally the literature fails to provide a comprehensive picture of the ecology of transition processes and the complex relationships among these factors (Rosenkoetter, Schroeder, Rous, Hains, Shaw & McCormick, 2009). One purpose of the National Early Childhood Transition Center (NECTC), a major research institute of the U.S. Department of Education's Office of Special Education Programs (OSEP), was to develop and validate a comprehensive conceptual framework for understanding transition. The Center focused on factors that promote successful transitions of young children with disabilities and their families from infant/toddler programs to preschool programs, and from preschool to kindergarten. This conceptual framework (Rous, Hallam, et al., 2007) was developed based on research review, contemporary theoretical frameworks, and new research. Two main theories, bioecological theory and organizational theory, were used to create the transition framework.

Bronfenbrenner's bioecological theory, based on earlier ecological systems theory (Bronfenbrenner, 1979, 1989, 2004; Bronfenbrenner & Morris, 1998), describes four nested types of environments in which human development takes place, with bi-directional influences within and between systems. These systems exist at different levels of organization and complexity. They include the microsystem (immediate environment, such as family and school), the mesosystem (the interaction between a person's microsystems; such as, for a child, the parent-school interaction), the exosystem (environmental settings in which the child is not directly placed, but can indirectly influence development; for example, the parent's workplace), and the macrosystem (the larger cultural and social context). In transition, the systems that interact include the child, the family, and the programs/schools which provide services. The transitions children with disabilities and their families experience involve changes in the microsystems and mesosystems and are influenced by these microsystems and the larger macrosystem.

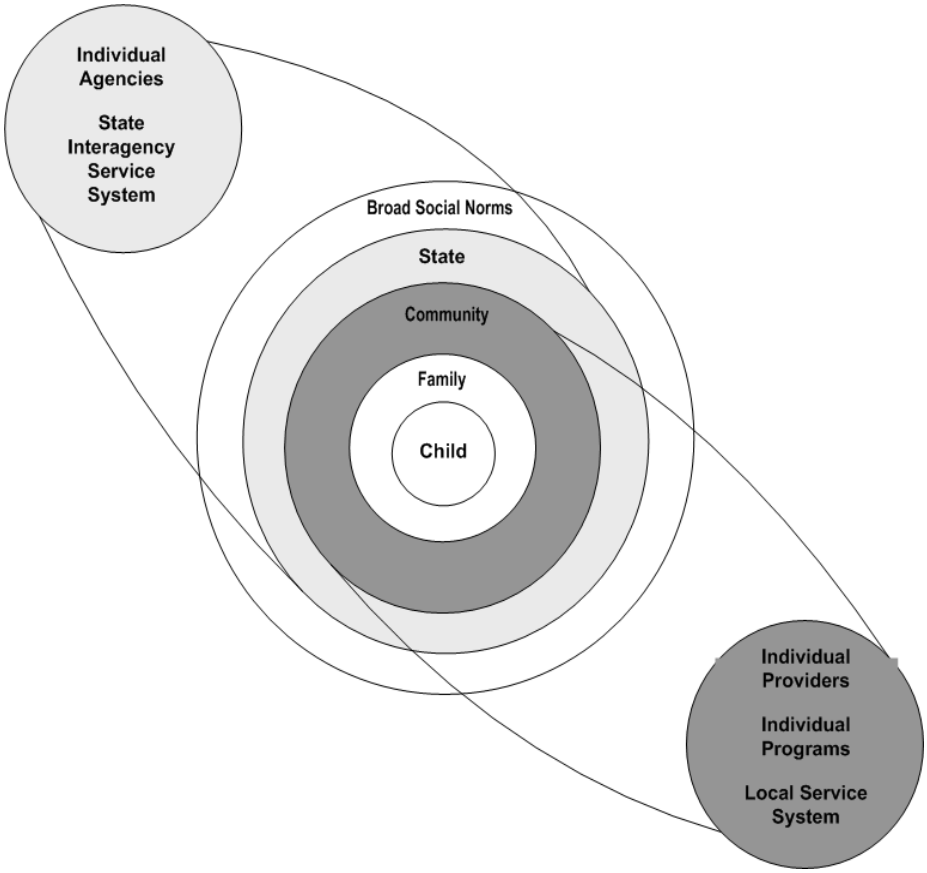
Organizational theory is represented by a framework that includes several theoretical models that seek to understand organizational and human behavior. These models include organizational structure, organizational systems, and organizational change (Rous, Hallam, et al., 2007; Shafritz, Ott, & Jang, 2004). Organizational theory is appropriate for studying transition, for transitions happen within and between organizations with their own culture, systems, and characteristics.

Ecological Contextual Factors

The NECTC conceptual framework is described at two levels (see Figures 1 and 2). The first level reflects the ecological framework or the ecological contextual factors, and describes the elements within a child's ecology that influence the transition experience. These factors move from proximal to distal (i.e., from

microsystem to macrosystem), are divided into child factors, family factors, and community factors (microsystem), and into individual provider factors, individual program factors, local service system factors, and state factors (macrosystem).

Figure 1. Contextual Factors that Impact the Transition Process



Child and family factors. Research indicates that transition experiences and outcomes are influenced by child factors such as temperament or type of disability (Nowak, McCormick, & Hallam, 2008). Moreover, since children are the main actors in the transition process, their unique characteristics should inform and individualize the transition practices implemented. Family factors are also important in predicting how the transition process occurs and what its outcomes will be. Several characteristics such as ethnic diversity, family structure, and economic resources have been found to influence families' abilities to participate in the transition process, and consequently to effect the transition process and its outcomes (Pianta & Cox, 1999; Love, Logue, Trudeau & Thayer, 1992). Other family factors that influence the transition are families' personal views on and experiences with the educational system (Hoover-Dempsey & Sandler, 1997; Rous, Hallam, et al., 2007).

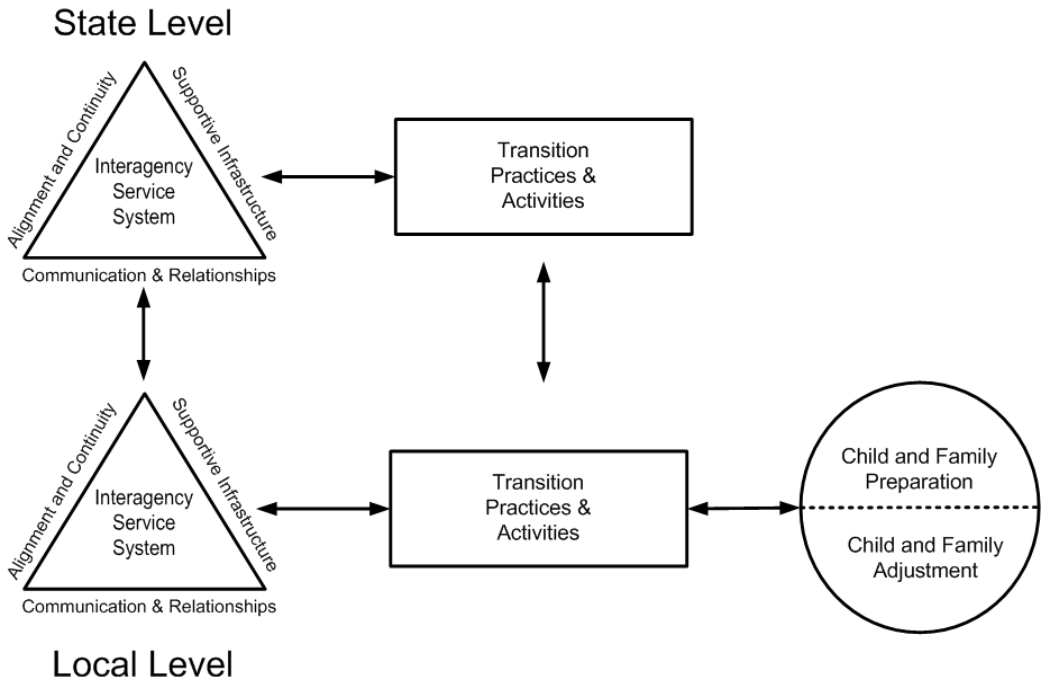
Community and state factors. Community factors have an essential role in determining the characteristics and outcomes of the transition experience. These factors range from individual provider to individual program characteristics, and from local service system to more general state characteristics. The

individual provider factors are important, as a provider who works directly with the child and the family can have a significant, direct impact on the transition process. The provider's experience, education, and training, as well as personal characteristics such as interpersonal skills and temperament, are important factors influencing the relationship with families during the transition process. Individual program factors influencing the transition include the administrative structure of the program, funding sources, and the policies and procedures it endorses. At the local service system level, it is important that various agencies and programs, with their unique characteristics, are aligned in their goals and truly collaborate to support the transition process. Finally, state factors are important in shaping the transition policies and practices and the service delivery model at the local level. These influences will reverberate throughout the system, impacting the individual families and children experiencing transition.

The Transition Process

The second level of the NECTC conceptual framework describes the transition process, which occurs at state and local levels (Rous, Hallam, et al., 2007). Within this definition, the transition process is comprised of three essential elements: critical interagency variables, transition practices and activities, and child and family proximal outcomes, namely preparation and adjustment (see Figure 2). The process, if successful and well-timed, will lead to more distal outcomes for the children and families, such as child success in school and family engagement and involvement, respectively.

Figure 2. The Transition Process



Critical interagency variables. By definition, transition is a process that involves more than one agency or institution. Therefore, three interagency factors have been identified as crucial for supporting a positive transition experience. First, good communication, information-sharing, and positive relationships among the parties involved in transition, the families and agencies (both sending and receiving), are important components of the transition process. This importance is augmented by the fact that transitions for families of children with disabilities, as compared with those of typically developing children, involve a more complex set of regulations, rules, agencies, providers, services, and paperwork. Second, good communication and relationships are enhanced by a supportive interagency infrastructure. For this to occur, there must be interagency administrative support in place to ensure that communication and relationship-building between agency staff is part of the overall service delivery system (Rous, Hallam, et al., 2007). Third, an infrastructure that allows interagency communication and collaboration also requires service delivery programs of the sending and receiving agencies to be aligned in terms of programs, curricula, and child expectations.

Transition practices and activities. Careful planning and implementation of a series of transition activities and practices are essential for a good transition. While no list of activities and practices ensures success, some activities and strategies have been identified as supportive of more successful transitions for families and children. Rous, Myers, & Stricklin (2007) presented a comprehensive list of such strategies, grouped by the recipient of the specific practice: child, family, staff, program, and community. Examples of such practices (e.g., the use of specific instructional plans by the sending agency for preparing the child and the family for the new environment; program visitation of the receiving program by families and children prior to the transition) have been reported to have good results. A number of other strategies have been reported to hinder the transition process, such as kindergarten teachers not receiving their class assignment list prior to the beginning of the school year, lack of kindergarten visits prior to the school year, and limited opportunities to develop transition plans (Pianta & Cox, 1999). In addition, delays in initiating the transition process can represent a negative factor.

Child and family outcomes. The transition process cannot be conceptualized without including outcomes. Both the child and family benefit from a well-planned and implemented transition process. Because transition is not a moment-in-time event, outcomes are divided into proximal and distal occurrences. The proximal outcomes represent the specific family and child outcomes that happen during and immediately after the transition process. The distal outcomes represent school success for the child and increased involvement and engagement for families in the new program.

To better elucidate child outcomes, proximal outcomes for the child were further conceptualized through a child outcome framework that included: (a) continuous growth and development; (b) successful adaptation to the structure and the culture of the new environment; and (c) engagement in the new social and physical environment (Rous, Harbin & McCormick, 2006). For the family, a family outcome framework identified proximal outcomes including: (a) increased self-efficacy as parents; (b) increased knowledge; (c) adaptation to and meaningful participation in the new environment; and (d) facilitation of their child's development (Harbin, Rous,

Peeler, Schuster & McCormick, 2007). For both the family and child, the successful transition is delimited by a window of time; that is, for proximal outcomes to be considered transition outcomes and not effects of the new setting, these outcomes should be apparent within a limited period of time (i.e., four to twelve weeks) after the transition event.

Important factors related to these outcomes are early involvement of the family in the planning process, implementation, information-sharing, support, and families' abilities to advocate for their child.

Purpose

This study used Flanagan's Critical Incident Technique (CIT) to gather and interpret perceptions of the transition experience from families and service providers of young children with disabilities (Flanagan, 1954). The present inquiry, *Tell Us Your Transition Story,* was part of a series of 18 studies conducted by NECTC. NECTC used CIT "to determine effective transition practices at state and local levels and understand how transition practices support children and families in being successful once they begin school" (Rous & McCormick, 2006, p.3). The CIT method offered a unique opportunity to identify effective and ineffective practices related to transitions for young children with disabilities from key stakeholders in the process. Key incidents from the perspective of service providers, administrators, and parents were recorded, analyzed, and interpreted. The participants were asked to describe their transition experience; explain how the experience affected the family, the child, and the staff, in terms of positive and negative outcomes; and identify the practices that helped or hindered these outcomes. Data were collected using questionnaires with open-ended questions via formats including hard copy, computer screens, audio, and web-based entry.

The study posited the following research questions:
-What are the salient issues related to transition for families of young children with disabilities and their service providers?
-What practices are perceived as helpful or harmful?
-How do these data fit with other findings regarding early childhood transitions?

Methods

Participants

Numerous methods were used to solicit stories from the perspective of the individuals who experienced them. A *Tell Us Your Transition Story* link was provided on the home page of the NECTC website. The opportunity to tell stories was advertised in state and organizational newsletters that focused on early childhood and special education, and links were sent via listservs to Part C and Section 619 Coordinators across the country. Specific efforts were made to target audiences

within the five primary NECTC states. In addition, *Tell Us Your Transition Story* booths were made available at various state and national conferences whose participants included families of children with disabilities and professionals. For these events, potential participants were provided with general information about the study and the multiple ways in which they might share their stories, including web-based entry, tape recorders to capture their transition story, or paper forms in both English and Spanish. Small incentives, such as pens and magnets, were provided to contributors. The authors were aware that this data collection method introduced a bias in the sample, as participants who attended conferences, used computers, and were aware of the NECTC website were more likely to be individuals who were very involved in children's education and had strong opinions to share.

Thirty-seven usable stories were recounted by parents and 28 by service providers. The service providers included therapists (Speech, Occupational, and Physical), interventionists, teachers, medical professionals, social workers, and administrators.

Data Collection

For the present study, information was gathered over a four-year period using a questionnaire entitled *Tell Us Your Transition Story* (see Appendix A). The survey had four sections, each containing several open-ended questions or items for choice. The first section (Your Story) asked for the type of transition the respondent had experienced (i.e., early intervention [EI] to preschool, preschool to kindergarten [K], K to elementary school); when the transition happened; and, in the respondents' own words, a description of the transition experience. Three open-ended questions asked the respondent to describe the outcomes from this transition experience for the child, the family, and the service provider, respectively. The second section of the survey (Nature of Transition) asked whether or not the experience involved a change in program administration and whether the new program was in the same community or a different one. The third section (Descriptive Information) collected the respondent's relationship with the child; location (city and state); the child's disability or area of concern; the age of the child; and the types of agencies that were involved. The fourth section (Additional Information) offered the respondents the opportunity to comment or provide additional information which they considered important.

Data Analysis

Transition Stories. Sixty-five stories were collected using the methods described in the previous section. After an initial analysis of all stories collected, 65 stories contained usable information and were selected for further analyses. Stories were set aside if they were duplicate accounts or if they contained no analyzable data. The latter were either strings of text totally unrelated to the study (e.g., system test text) or very short statements deemed unrelated to the topic (e.g., "His mother went back to school and he had never been away from her. He is 2 years old"). On average, stories were 300 words in length.

Text Analysis. Narrative analysis was conducted using a general inductive approach (Thomas, 2006), in which codes, categories, and themes were derived from multiple readings and interpretation and clustering of raw data into key themes. To assist with text analysis, code creation and retrieval, and themes generation the investigators employed a specialized computer software program

(MAXDA 2007©). Text files (stories) were initially entered into a Microsoft Excel® file, one story per row, and then imported into MAXQDA 2007©, an advanced tool for professional text analysis. The software allows researchers to assign labels to fragments of text, retrieve coded segments, and create visual maps. In MAXQDA 2007©, data are organized in individual texts and within paragraphs. For the current study, each transition story was entered as a separate text, with the responses to each particular question organized as paragraphs. However, when respondents completed the questionnaire, they often did not answer each question only within the category of the question. Rather, many began to tell their stories and then continued the story across sections. Quite a few questions were left blank, even though the respondent answered a similar question in another area of the form. Therefore, the paragraphs in each story often did not pertain to the intent of the question. As a result, it was determined that each story be analyzed as a whole rather than by individual paragraphs which paralleled particular items from the questionnaire.

Analysis began with several readings of the text, followed by subsequent iterative steps. First, stories were assigned a set of attributes (see below). An attribute characterized the story as a whole, rather than a fragment of the story. Secondly, a coding system was created after repeated review of the text. Finally, the coded segments were retrieved, organized into themes and subthemes, and analyzed and interpreted, both quantitatively (number of coded segment for each code) and qualitatively.

Attributes. A set of attributes[1] was created to characterize the individual stories, based either on direct respondent answers or on the researchers' judgment in reviewing the data. The attributes were similar to nominal variables in quantitative analysis. Eight such attributes were created (a) respondent relationship with the child (family member or provider), (b) type of transition (into EI, EI to preschool, preschool to K, K to first grade, horizontal [i.e., child attends two programs simultaneously]), (c) child's disability, (d) the general tone of the story (positive, negative, or neutral), (e) whether or not the description related to an actual transition story (yes/no), (f) transition process (yes/no), (g) story main theme, and (h) story actors (whether the actors were mostly the parents and/or children, the providers, or both). The theme attribute categorized stories based on the main theme of the story as it was perceived by the researchers. Two specific examples of such categories from participants were "delay" (when the main topic of the story seemed to be centered on transition services/processes not happening in a timely manner) and "professionals trying to impose their view."

Child disability was determined from each respondent's answer to the item "Disability or area of concern about the child." Responses provided were condensed by the investigators into several categories. For example, conditions including Fetal Alcohol Syndrome, Kabuki Syndrome, and Glutaric Aciduria Type I were grouped under Other Health Impairments; similarly, Sensory Impairments included deafness, vision problems, and blindness. If a respondent answered with more

[1] The term attributes follows the terminology used in *MAXQDA 2007©*

than one disability, the first disability listed was used for classification. Children's ages were difficult to report, as in many cases the information was missing. In other instances, the age the parents reported reflected either the age at which the transition occurred, or the age at the time the story was written. The different ages could not be distinguished.

Codes. Coding of the text followed recommendations from the literature on qualitative research methods using an inductive approach (Thomas, 2006; Miles & Huberman, 1994). While the main themes of interest were based on the research purpose, the subthemes, categories, and codes were derived after multiple readings of raw data and assigning labels or codes to fragments of text the researchers found relevant. A specific type of coding used was the "in-vivo" coding, where a particularly salient word in a sentence or a paragraph was considered itself to be a code. For example, in this fragment told by a mother, "I felt most of the meeting was fine, but didn't feel like I had sufficient support from the service coordinator," the word "support" is salient enough to be considered a code; therefore, the entire sentence was coded "support." In other instances, codes were created based on researchers' judgment. As an example, one mother wrote: "…it seems to me that EI could work with the districts to make this more of a transition and less of a drop and move procedure." This was considered an opinion from the mother and was coded "suggestion."

Data analysis strategies for this study departed slightly from the strict criteria developed by Flanagan (1954) in his original work. More precisely, the analysis followed Norman, Redfern, Tomalin, and Oliver's (1992) CIT strategies used to analyze quality of nursing care. According to the authors,

> Preliminary analysis of interview transcripts revealed that critical incidents need not always to be demarcated scenes with a clear beginning and end, but may arise from respondents summarizing their overall experience within their description of one incident… The researchers found that the most appropriate basic unit of analysis was not the incident itself but 'happenings' revealed by incidents that are 'critical' by virtue of being important to respondents with respect to the quality of nursing care… The authors' analysis suggests that each critical happening consists of a 'happening' and one or more 'meanings.' 'Happenings' are observed events identified by respondents as examples of either high (positive) or low (negative) quality nursing (p. 590 - 597).

According to the authors, besides positive and negative happenings, another type of happening included instances of "non-happenings," that is, examples of omitted care and services. Compared with a negative happening, which is something that occurred but is considered by the respondent to be undesirable, a non-happening is something that did not happen but is considered by the respondent as desirable and important or it should have happened. It was determine that the approach used by Norman et al. (1992) was appropriate for transition studies given the fact a transition is, by definition, a process that happens over time and involves several "happenings" rather than an isolated event.

Results

The 65 transition stories analyzed yielded 468 coded text segments. After coding, reviewing, and code grouping, four main themes emerged: (a) Transition Processes; (b) Program and Transition Evaluation; (c) Outcomes; and (d) Other Family Experiences. These themes are consistent with the premises on which the study was designed, that is, to determine effective transition practices at state and local levels and to understand how transition practices support child and family success after transition. Across these four themes, a total of 13 categories and 57 codes were identified and grouped under the aforementioned themes.

Table 1. The Coding System

Theme	Category	Sub-Category	*N* Coded Segments					
			Positive	Negative	Non	Sub Total	Category Total	Total
Transition Process			76	76	29			191
	Transition practices and strategies		66	21	29		126	
		Collaboration and Communication	26	16	16	58		
		Planning	27	7	7	41		
		Support	16	4	7	27		
	Provider behavior/attitude		8	41	0		49	
	Timeliness		2	14	0		16	
Transition and program evaluation								40
	Transition assessment						24	
		Negative assessment				12		
		Positive assessment				12		
	Program Evaluation						16	
		Pre-transition program evaluation				9		
		Post-transition program evaluation				7		

			N Coded Segments					
Theme	Category	Sub-Category	Positive	Negative	Non	Sub Total	Category Total	Total
Outcomes								154
	Child Outcome						38	
		Negative				10		
		Positive				28		
	Family Impact						58	
		Positive family impact				21		
		Negative family impact				37		
	Provider outcome impact						21	
		Positive				13		
		Negative				8		
	Services as transition outcomes						37	
		Received desired services				25		
		Did not receive desired services				12		
Other Family Experiences								68
	Family preferences, opinions, suggestions, and decisions						27	
	Family uncertainties, fears, and concerns						20	
	Family empowerment						21	
		Empowerment as a result of transition process				5		
		Empowerment helped with transition process				14		
		Not empowered				2		

Transition Processes

This theme included all respondents' references to the transition process, more specifically, references to happenings: particular events related to the transition. Usually, respondents did not treat the transition process as a clearly delimited event in time, but rather, as a series of events that were particularly relevant for them. Different people described various types of happenings, located at multiple points in time for their transition process. This finding corresponds with descriptions of transition, because indeed it is a process that takes time and is not an isolated event (Rous, Hallam, et al., 2007). Based on the codes that emerged, this theme was sub-divided into three categories (a) transition practices and strategies, (b) provider behaviors and attitudes, and (c) timeliness. Following Norman et al.'s (1992) recommendations and definitions, all coded segments grouped under each category were additionally grouped and analyzed into positive happenings, negative happenings, and non-happenings.

Transition Practices and Strategies.

Respondents focused many of their responses on issues related to parents' and providers' practices and strategies for transition. This category contained all references to transition actions that were commonly accepted as typical, and to desired transition practices and strategies. A separate category was created for behaviors and attitudes which, while related to the transition process experienced by the respondent, were more personal to that particular experience and not necessarily typical. The practices and strategies identified in the transition stories were loosely grouped into three subcategories: (a) collaboration and communication, (b) support, and (c) planning. Depending on the connotation the respondent associated with a particular practice or strategy, coded segments were grouped within each subcategory as positive happenings, negative happenings, or non-happenings.

Collaboration and Communication. Within the 65 stories, all segments coded as collaboration and communication were related to the provider's communicative characteristics and not the family's; that is, people in the study tended to focus on aspects related to communication and collaboration only as it pertained to service providers. A number of respondents mentioned collaboration among professionals, especially among early interventionists and preschool or kindergarten teachers, as an important component of the transition process. Respondents were relatively equal in their recounting of positive and negative experiences. However, there were some differences between the two types of comments. Several participants reported the school district intentionally prevented them or the professionals from the sending agency from attending meetings, or their suggestions were ignored by the schools. For example, one parent mentioned:

> …up to this point we had our therapists involved in the IEP process and they would come to the meetings with us. They told us about a week before his transition IEP that they were not allowed to attend. It was a shock because we worked very closely with all four therapists. We felt alone, scared, and abandoned. It immediately made us feel like the district was setting us up by not allowing the people most familiar with him to attend.

Another parent noted: "We asked for a parent presence in meetings, but they didn't listen to our concerns or suggestions regarding the well being or safety of our children."

Information sharing was a related area of concern for respondents, especially for

parents. Several parents mentioned they were not aware of services or choices they had: “I wasn't aware that we could choose a school that wasn't in our county,” reported one parent. "I only heard about transition through my son's PT,” mentioned another. More parents than professionals described professionals’ communication as bad, while more professionals than parents described professionals’ communication as good. The tendency was for parents to report a specific incident, while professionals were more likely to talk about their agency’s general practices: “we, the ECSE team, meet with the receiving elementary school beginning in the early winter.”

Lack of communication and information was a concern for families. “We were never told that our child had the opportunity to be included with typically developing peers,” declared one parent. “The lack of communication made it hard,” concluded another.

Not all reports were negative. Some parents felt that the communication with professionals was positive and helpful. For instance, a parent stated:

> She explained that she would no longer be able to provide services for my son because he would be turning three years old. She let me know that the next step would be sending him to public school, which has a program for children his age who have disabilities also. Somehow paperwork got sent to the school and everything was in place. The school contacted me to invite me and my son to view the classroom the day of his 3rd birthday and he was to start the very next day.

Comments show the participants in this study had mixed experiences with communication during their transitions. Nevertheless, it was clear that the level and quality of the collaboration was an important topic in the transition process.

Support. The respondents were divided regarding the support families received throughout the transition process, but overall they gave more positive assessments than negative. Negative comments described minimal or a lack of support to parents from providers, such as “providers gave no support” and “as a family, we had no support from the school district.” Parents expected providers to be present at a meeting to support them, but some providers were not there or did not provide support. One parent whose child transitioned from EI to preschool services mentioned:

> When we had the meeting on June 15th to discuss the school placement of our daughter, there weren’t any representatives from [school] or any Special Education teachers. I brought a friend to the meeting to support us because I wasn’t sure if there would be a parent advocate.

Another parent commented on the lack of support from the EI providers who were present at the transition meeting, “Surprisingly enough, the Birth - 3 program staff said nothing. I was really outdone by their lack of participation. As far as I was concerned, they could have stayed where they were because they were not helpful to me.”

On the positive side, parents mentioned they felt supported by the professionals generally, or that professionals from the sending agency (usually EI) present at the meeting were very supportive and helpful:

> The presence of our son's therapists, liaison, and teacher at the IEP meeting made a significant impact on the focus and

> tone of the meeting. Instead of just having my husband and I speaking on our child's behalf, we had 5 other professionals who knew him well there who had his best interests at heart, as well as a report based on the re-evaluation by the child psychologist. All of these witnesses and data prevented misconceptions based on our son's disability label being used by administrators in the placement of our child.

In a similar vein, another parent reported they

> …got the backup and support we needed in order to get our son's needs met by the public school administration. The presence of therapists and teachers who were experienced in working with our son provided objectivity in our claims that our son needed an inclusive environment.

Other parents mentioned that they intentionally brought a professional or a friend, sometimes both, to the meeting, so they would have the support they needed. An example of this was provided by the parent who mentioned:

> …when it was time for the [IEP] team meeting, I felt I needed outside support. I invited a nurse that knew [my child] from birth, another [EI] teacher from birth to 3, and a friend. I thought since it was 5 of the district, I should have similar numbers.

Planning. Many respondents commented on aspects related to transition planning, and a greater number of comments were positive rather than negative. Planning includes aspects of the transition process ranging from well-organized meetings to anticipating child's and parent's adjustment in the new environment. Several respondents' comments revolved around the transition meetings, such as this parent who provided a detailed account of the transition experience:

> Closer to transition time, we had a couple of meetings with preschool staff and elementary school staff--- including the principal, the regular education teacher and the special educator. In addition, a number of the specialists who would be working with [our child] attended.

Other transition strategies that revealed good planning were reported to be in place as well, including brochures and written transition plans. Several professionals described their approaches to transition. One early interventionist provided a plan she implemented for a family transitioning from EI to preschool services:

> I worked as a transition support coach for a family whose son was turning 3 and would begin preschool. The reason I was assisting them was that the mom was fearful about her "baby" riding the bus to and from school each day. So the task was both to develop a transition strategy which would make the experience positive and safe for the child and to assist the mom in feeling secure with the transition. 1) We wrote a social story (using pictures and words) about riding the bus. 2) We visited the school and boarded the bus numerous times. 3) We went to the bus stop and observed children boarding the bus (several mornings). 4) We set up a schedule where the child transitioned slowly to riding the bus, first for a week just coming home (mom drove him to school), and then he rode the bus in both directions.

Planning is mentioned not only as a provider attribute but also as a parent activity. Some parents offered detailed descriptions of the steps they took in order to achieve their goals and make the transition smoother. For example, one parent wrote, "My husband and I began visiting schools, interviewing principals

and locating a school community that seemed like it would celebrate his unique gifts and meet his needs."

Another parent talked about the practices the receiving agency, a preschool, had in place for their child who had autism, and the adjustment to that program:

> Absences are always filled with another therapist, and every 6 months the team and team leader are rotated so the children experience the transition of a new team. This helps them to not associate activities with certain people and backgrounds and encourages learning opportunities with all teachers and backgrounds.

Overall, participants in this study recounted few accounts of parents actively planning and implementing their transition plans.

Provider Behaviors and Attitudes. The second major category which defined the transition process was provider behaviors and attitudes. This area represented respondents' accounts of what providers said or did during the transition process. Provider behaviors and attitudes are particular to a specific situation. They do not necessarily reflect typical practices, like those reported in the previous category. A parent mentioned the teachers showed concern and were warm and welcoming to their child and the family:

> I felt they received my child in a positive way to make her feel comfortable and safe in this new environment. They greet her warmly when she walks in the door. They like to take a little time to tell me how she's doing.

Another parent commented in a similar fashion, "The classroom teacher is accommodating and very concerned about the students' success. The principals and playground monitors are willing to accommodate."

Among all categories in this study, provider behaviors and attitudes included the highest number of negative happenings. The behaviors and attitudes were related to both the personal and professional demeanor of providers. Some reported behaviors happened by mistake or misunderstanding, such as the experience described by this provider:

> As the meeting went on, it became apparent that the parent was not being asked exactly the same questions that we were asking. For example, when the school representative asked how old the child was, the family answered 10 (the child was 3). It turned out that the interpreter had asked them how many years they had been in this country. So we really didn't know how to proceed.

However, in most episodes described, the actions appeared deliberate and clearly remained in the respondents' memory. A range of attitudes and behaviors were reported by respondents, from providers blaming the parents for their child's problem, to providers expressing a negative view of the child, refusing to provide services, or being insensitive, unprofessional, or offensive. Being blamed as a parent was mentioned by several respondents. A mother recalling her transition experience said, "I can remember the diagnostic teacher telling me that I was the cause of my child's problems. That my parenting skills may have been a little soft since he had health issues from birth."

Another parent noted the lack of sensitivity toward her child: "During the 'Mom is at fault' ordeal, they didn't take into consideration that [my child] was present in the room." Many parents felt the professionals ignored parental

views and tried to impose their own opinions regarding the needs of their child. A parent recalled:

> When I tried to explain to her what I thought about my daughter's present level of development and what her specific needs are, Ms. Administrator and the parent advocate kept brushing me off saying that my daughter's behaviors were typical.

A similar story was told by a kindergarten provider, recalling a child's transition to first grade:

> Some staff still have doubts about moving this student to a less restrictive setting and they felt they knew more than the parent. They're still getting used to the 'Team' with parents for transitions. Some parents perceived providers' attitudes and behaviors as unprofessional and offensive. Several respondents recalled some providers indicated they did not want the child in the class because it would hinder the school's standings or because they could not "handle" the child's behaviors.

A preschool teacher remembered:

> When it was time to meet to discuss the transition, the home school made it very clear that they did not want her there. They stated that their school is very high achieving and did not think that she would do well there. The principal questioned the family's address at the meeting and throughout the enrollment process telling her that they would make home visits to verify the address. I felt that the home school was concerned that the student would lower their State Assessment scores.

Another preschool teacher shared a similar story:

> When I spoke about his special needs, way to handle behavior, and how to support this child, the principal from his to-be kindergarten school told us that the school, which this child was zoned for, couldn't handle his behavior problems, etc.

Sometimes the providers reportedly failed to fulfill their obligations or even tried to manipulate documents:

> …where we later learned from the classroom aide that my son was deliberately allowed to fail so we, his parents, would agree to a segregated placement. And I found she had fraudulently documented that day, in writing in the progress notes, 'mom refused therapy, told toddler teacher she was just dropping off card. Mom stated she was not going to sign IEP. Counseled mom, if there were issues we could reconvene the IEP team.'

Negligent or undocumented diagnosis procedures were another area of concern expressed by parents. A mother remembered:

> The birth to 3 teacher turned in the referral form, which she showed me, and when it got to the public school, she added a diagnostic area to the referral without anyone seeing my son because she said she heard that he might have autism from a friend.

Another said, "I also saw professionals come in and not even look at him and say 'oh you know he is autistic.'"

In many instances it appeared the relationship between parents and providers was tense. A parent, recalling in a very detailed story, her "10+ year fight," declared:

> We were early on dubbed 'problem parents' and the district tried every means at their disposal to force their views on us. Am I bitter? YES! Ten years later, my son is working on grade level in a private

> school, but he may never overcome the early rejection and humiliation he experienced in our public school.

It appears from these stories the behaviors and attitudes some providers express have an important impact on parents' and other providers' views about the transition process. Interpersonal elements are important factors to consider, beyond good planning and good services. The special education context appeared to be emotionally charged on both sides, with parents dealing with the stress and anxieties of important decisions for their child with disabilities and providers seeking to comply with both requirements they need to fulfill and hard decisions in the context of dwindling financial resources.

Timeliness. Timeliness is the third category of transition processes. It refers to the transition process happening or not happening according to a prescribed schedule. This element was frequently mentioned by participants as important for a good transition experience. Within this category, items related to delays were grouped as "negative happenings" rather than non-happenings, since they generally were perceived as negative experiences by respondents. Ten respondents out of 65 mentioned the transition process was slow and had delays. In many instances, the paperwork was not completed in time, or the transition or IEP meeting was scheduled late. In most cases, this resulted in the child starting services late:

> Well, once we were able to finally track down a special needs program for our son and fill out all necessary paperwork needed for him to be admitted to this program, it took a very long time before he even started receiving services.

The delay in starting services was sometimes long, up to half a year, even if paperwork was submitted on time, as was the case of this parent, "We submitted all documents to the school system in October 2003, and our son didn't start the program until April 2004, and during this time he received no services at all, which was very disappointing." Another parent reported: "… we had to wait 6 months before we got our child any kind of services."

Timeliness includes lack of time needed to discuss all the child's needs and services. One parent, dissatisfied with the fact that at the IEP meeting there was inadequate time, mentioned, "Due to insufficient amount of time, we were unable to discuss other very important issues, such as home-based program, because Ms. Administrator didn't address the rest of 2 Speech, 1 OT and PT sessions being cut."

In small communities, the delay in scheduling a transition meeting was reportedly due to school districts being notified too late about a child to receive services, as demonstrated in this story:

> Our district is isolated and we are often unaware of children in our community who are receiving services until we get a call to schedule a transition meeting. Sometimes, the child will be 3 in a week when we get the call. Only ____ (for deaf and blind children) does a good job of transitioning. The other agencies are a hit and miss.

Positive mentions of timeliness occurred in two stories. One was a self-report of a parent who described in detail the steps the family took to plan for the child's transition to kindergarten: "We began planning for the transition a full year in advance." This parent gave a long account of the transition planning strategies she and her husband developed.

Transition and Program Evaluation

The second main theme was transition and program evaluation, grouping participants' own perceptions regarding the quality of the transition process and the programs involved. This theme has two main categories: (a) transition process evaluation, which represents respondents' expressed judgment about the transition process, either positive or negative; and (b) program evaluation, which includes respondents' evaluations of either the sending program or the receiving program, without particular reference to the transition process.

Transition Process Evaluation. Many participants, mostly parents, expressed their overall assessment of the transition process. The most common was appreciation that the transition was "smooth." It appeared to be of great interest the transition happened in a predictable way, without complications or "bumps in the road." This may be the result of some parents anticipating a more complicated transition process, but came to feel relieved the transition was not as difficult as they had expected. Overall, positive comments did not reflect strong emotions. However, negative comments offered a different story regarding the transition process: "My transition was hell." "This was an awful experience, and it bothers me today." "The transition from early intervention to preschool was horrible." "This was a rough transition for us." "It was a disaster." "There isn't any seamless transition and the experience was horrible." The reasons these parents voiced such bad evaluations varied, but generally were related to the way the transition was organized, the delays, or providers' behaviors. One parent of a child with Fragile X Syndrome summed it up by saying: "I believe that this transition process does not need to be as traumatic as it has been," while another parent concluded, "Transition is lacking in regards to parental education, continuum of services and availability of services for families of children ages birth to 12 or 13 (especially ages 4-12)."

Program Evaluation. Parents also provided information about the educational programs themselves, either the sending program or the receiving program. When the sending program was mentioned, it typically involved a transition from an EI program. All of these evaluations were positive, and a sense of appreciation was consistent throughout stories. Overall, EI appeared to be doing well for children and their families, and the people involved voiced positive feelings about this program. Some parents provided details about their experiences in EI, "My son entered the [EI] program at 18 months of age. He could only say 1-2 words. With the help of his wonderful speech pathologist, his vocabulary bloomed."

Other parents merely expressed their praise and gratitude:

> The Early Intervention Program has been the best thing that has happened to our child and our family. If it wasn't for them, I know that my child would not have progressed the way that he has. I know that this program was there for us… and I could not have imagined what would have happened to us without all their help and effort!!!

Comments about subsequent services were mixed. A parent who transitioned her child with autism from EI to preschool services declared,

> [Program name] was very unorganized and unprofessional at the [IEP team] meeting (even with me being a fellow teacher). They were very uncaring and didn't consider our family's feelings at all. Even with a mediation agreement in place they continued to violate the agreement every

> year causing my son harm and our family distress. Last year I finally had him removed and put into a better school district, and everything is wonderful!

Outcomes

The third major theme was the importance of outcomes. A main component of the questionnaire was geared toward identifying specific outcomes of the transition process. Three open-ended questions of the *Tell Us Your Transition Story* survey asked respondents to describe transition outcomes for the child, the family, and the service providers, respectively. The categories within this theme generally follow the layout of the questionnaire: child outcomes, family outcomes, and provider outcomes. Family outcome and provider outcome were renamed family impact and provider impact because the term impact indicates a larger meaning than outcome. A fourth category was created for this theme: services as transition outcomes.

Child Outcomes. Participants reported both positive and negative outcomes for children.

Positive Impact on Children. Positive outcomes on children were often specific to the child's development. While positive child outcomes were reported, the degree to which these improvements were a direct result of the transition process, services the child received in the new setting, or child maturation that occurred during the transition cannot be determined. Several areas of improvement were reported, such as "Being able to transition into the kindergarten classroom with some help from the kindergarten teacher." A provider indicated:

> His transition is dealing with females was a huge step. He was fearful and untrusting. He also despised touch of any kind. With lots of patience, touch, and love at the age of 28 months he now loves being in our center and is actually a different child.

For another child, "He learned to accept that different people could be associated with learning." A mother of a child with autism concluded her story with these words about how a well-planned and well-implemented transition can positively influence the child and the family:

> The goal was and is always kept in mind. Difficult issues like transitions are introduced frequently, and as a result, I have a very pliable child with autism who used to have trouble going from pajamas to clothes who can now stop a game mid-play and jump in the car if I ask. He is more accepting of change in his life.

Several parents and service providers reported children in their stories enjoyed the new setting and new teachers: "My child started preschool and was very excited;" "He acted like he felt comfortable in the class the first day. I think he loved the idea that he had his own friends that are his size;" "Another area of positive outcomes pertained to children's opportunity in the new environment, to interact with other children;" "My son got much more socialization and he loved to go to school like a big kid;" "He has become more social and will go up to other children and start to play, instead of them coming to him."

Negative Impact on Children. Nine stories out of the 65 included negative child outcomes, most often related to the child's adjustment to the new environment. For instance, a preschool teacher recalled a girl who had to move to her class from another preschool "[she] cried every day of Pre-K, was frustrated, and struggled, ultimately ending in the decision to move her, after all the absences." In another

case, the parent described a direct connection between the lack of services and the impact on the child: “After two weeks in kindergarten, during which the district refused to provide the supports my child needed to succeed, my son declared that he hated school, and he was ‘stupid’.” A mother indicated her child suffered “critical language loss because I had to service him at home with no support. To this day he remains 4-8 months behind his peers.”

Family Impact. This transition outcome emerged as a very important category, as respondents reported on the impact of the transition process on families throughout their text, not only in the section specifically assigned to this topic. Overall, negative impacts on the child were mentioned less often than negative impacts on the family. One possible interpretation is that transition processes provide a stressful situation for parents but not for the children who do not actively participate in discussions and planning processes. A strong majority alluded to emotions, either positive or negative, that family members felt as they went through the transition process.

Positive Impact on Families. At times, families and providers simply declared they were “happy” and “excited.” “We enjoy working on homework assignments together. We are happy to see her improvements,” declared a parent whose child transitioned into preschool. A service provider stated, “They appreciated the change in their child. They were happier [that] his teacher was more structured and on top of and knew her child and encouraged/praised him”.

Several respondents reported that parents felt comfortable knowing their child would get good services from competent professionals in an inclusive environment. What seemed to be important for some was that parents met the professionals ahead of time, “The family… feels much more comfortable with the thought of their child going on to kindergarten when they have the opportunity to meet with the staff of the receiving school.”

In two cases, positive impacts were expressed as decreased stress or uncertainty. “Parents' anxieties were relieved,” declared one service provider. Another noted, “Mom and dad are less tense or unsure about their feelings or concerns about their son. Educating parents on child's condition, providing parent to parent support through the family support network.”

Besides positive impacts on emotion, a few respondents declared the transition experience had increased their knowledge, skills, and self-confidence, as did this parent:

> It was hard to accept at first that our child had something wrong with him, but it has changed our way to deal with him in a positive way. We don't get as upset with him as we used to, and we can actually understand him and have a conversation with him.

Increased family bonding was another positive outcome reported: “The foster family was able to start bonding with the child as well;” “The family got together to fight for the best for my daughter.” Some respondents made a direct connection between a specific transition practice or strategy and a family outcome. For example, one family which was allowed to use a classroom in the school building during the summer before kindergarten to implement TEACCH techniques with their child with autism benefited from the experience, “By giving the child with autism the ability to use the summer to transition into kindergarten, the family had a much more positive experience when the child entered kindergarten.”

In another case, when a provider designed a very thorough plan for helping a child and his mother deal with riding a bus for the first time, the mother "was willing to participate in the plan, and she felt secure."

Negative Impact on Families. Overall, more instances of negative family impact were reported than positive ones. Given the small sample size and voluntary participation, no conclusions can be drawn; however, the stories parents told were informative. Many respondents indicated parents were unhappy, exhausted, stressed, or frustrated by the transition, which was an intensely emotional experience. Only one parent indicated negative outcomes beyond the emotional impact: "Marital problems; loss of income for me so I could fight the district." For others, the negative impact translated into negative perceptions and feelings developed as a consequence of the transition experience: "I feel that it had a negative impact because it immediately made us feel that the school district was against us," declared the parent whose EI professionals were not allowed to attend the IEP meeting. In another case the negative impact was more nuanced, as seen in a case manager helping a family transition from EI to preschool services who declared the parents were satisfied with their services, "but this [decision] limited parent involvement with therapy. The family appreciated the structure of the school setting in regards to the child being in preschool. But their level of support [advocacy] diminished once EI services ended."

The reasons parents felt unhappy with the transition experience were aligned with other negative happenings reported under different themes. Parents felt unhappy either with services provided or with the transition process: "When I found out about that the testing had begun, I was furious;" "I was furious because I wanted an unbiased team to test him and see what they thought;" "When mom saw the ready-made IEP she was furious." Provider behavior and attitude also provoked distress:

> I already was having a hard time facing that I could not teach my child to talk, that I HAD to have outside help. Now I knew how the 'professionals' really felt. I have to say I went on to the new preschool, and SLP's. I never got those words out of my head, today it is exactly a year. We all make each other cry all the time, as I fight over everything now. I trust no one, and now my 19 month old has absolutely no words, and I have nowhere to go.

These comments confirm the highly charged emotional climate of transition- a fact that must be considered in transition planning.

Provider Impact. Providers were also affected by the transition process. The impact described was primarily positive, and in most cases, was related to the provider in the receiving agency gaining a better understanding of the child due to information exchanged during the transition process:

> I think staff had good information about Jim before he came, better preparing them to include him in their classrooms. As well, our involvement in the prior year gave them an insight into our visions for Jim's education and I think that prepared them for our involvement in his life. I think without an early introduction to our level of involvement with our son, we could have been unintentionally intimidating. Instead, I think the team saw that we came in a spirit of collaboration and adventure, and were motivated only by our desire to help our son succeed and to support the educators who were there to lead him on his learning journey.

In other cases the positive outcome reported was the strong relationships staff developed with family members: "Staff has a positive outcome as well because a positive working relationship is built between them and the families."

Services as Transition Outcome. This fourth outcome category includes respondents' reports of the services children received, or did not receive, after transition. While this could be considered a child outcome, a separate category was created in order to convey the importance families and providers placed on obtaining appropriate services for the child. Of the 65 stories told by participants, 21 mentioned the child received services the parent desired, and 12 indicated the child did not get desired services. Respondents described a variety of services they valued: "They still have bus transportation. I drive my son back and forth to school right now, the county reimburses me for gas costs;" "Our son will begin an inclusive kindergarten program with support from therapists and Special education 5-6 hours/week in August;" "My daughter was in speech, occupational, and physical therapy." Another reported:

> [My] child went from getting one time a month @ 45 minutes to one time a week for three hours. Child was not doing well (sensory words and attention) [so we] had another IFSP meeting [and] increased time to three times a week @ three hours.

Other respondents commented their child did not receive the services they thought were needed or received an insufficient amount of services. Again, the services mentioned ranged from "one-to-one" help, to involvement with non-disabled peers, to specific services and therapies the parent thought the child needed:

> It had a negative effect on him in my opinion because he missed out on almost a whole school year's worth of learning, and he didn't receive any services at all. He stayed at home with me, and I tried to help him to learn the things that he would have been learning if he were receiving services in a program. He only benefited 2 months of school services versus a whole school year.

Several respondents mentioned their children missed services they needed due to delays in the transition process:

> My son lost services for three-four months waiting for the district to settle mediation and find us an appropriate placement-he ended up staying where he was for birth-three because that was the only appropriate placement for him.

Another parent mentioned:

> They had no appropriate placement to meet my child's need because it was late in the year so they put him where there was opening, not where my son should go, so I pulled him out until [the] mediation meeting.

Other Family Experiences

In addition to illuminating family outcomes and family emotional reactions during the transition process, the CIT stories contain a rich array of information pertaining to other aspects of families' experiences with the transition process, which emerged as the fourth major theme. The other family experiences include three categories: (a) family preferences, opinions, and decisions; (b) family doubts, fears, and concerns, and (c) family empowerment.

Family Preferences, Opinions, and Decisions. This category includes parents' expressed opinions regarding various aspects

of the transition process and offers insight into how parents perceived their transition experiences. It also includes parents' expressed opinions regarding various aspects of the transition process or the service providers involved, suggestions on how things "should have been" for a better transition, and parents' preferences regarding the transition process.

In terms of decisions, most comments referred to parents' choices to keep their child in the sending program longer before transitioning. One parent remembered they were:

> …unable to decide at age three what therapy we wanted for our son, DX with autism, we maintained our birth to three services almost seven months past our third birthday. We soon decided on ABA, a new program from our town.

Other parents decided to move their child to a particular center to enhance the child's socialization:

> We decided to move my son to center base when he was 2 1/2, so that he had a jump on the social part. He had been getting services at home for over a year, and is social with kids his age.

Some parents were not satisfied with the previous arrangements: "He wasn't doing so well so I moved him into a private kindergarten. But next year he will need to go back into public school."

In their stories, respondents took the opportunity to voice opinions regarding their children's needs, programs, and service providers: "I also think that she needed help, but the school did not agree… I think she needs speech," declared a parent with twins. "I just felt that it couldn't hurt letting him start early with a centered based program," commented another parent. Most of the opinions regarding service providers came as recommendations of how things should be, including recommendations about how different institutions should collaborate: "It seems to me that EI could work with the districts to make this more of a transition and less of a drop and move procedure," declared a parent who reported a negative experience with the transition. Another parent sharing her experience mentioned:

> I feel that it had a negative impact because it immediately made us feel that the school district was against us. It isn't beneficial to anyone to set the stage for an adversarial relationship. The [program] really has to follow regulations and respect people even though they are the authority. The service coordinators have to be more efficient when the child is ready for the transition.

Parents also expressed wishes, usually regarding the services or placements they preferred: "I wanted to keep our EI SLP, who also worked in the district" or "…parents didn't want outsiders in their home." Sometimes parents expressed frustration with aspects of the transition process, "… and she [administrator] had too many technical mistakes in handling the issue. I surely don't want a gap of services for my daughter because of further delay in the transition process."

Family Doubts, Fears, and Concerns.

Research has documented that for some families, the transition can be stressful and demanding (Rosenkoetter & Rosenkoetter, 2001). "I work with many parents to help them learn to be strong advocates, and I haven't met a one that isn't afraid to transition," declared the parent of a child with Fragile X syndrome who also works as a parent advocate to assist other parents of children with disabilities. Parent comments about their fears and uncertainties regarding the transition

experience offers transition planners an opportunity to learn more about the nature of this stress so they can design and implement better transition plans to help minimize families' concerns.

Twenty of the 65 stories had examples of parental concerns about transition. Some parents were frightened to "'let him go' to preschool at age three." For parents whose child had recently been diagnosed with a disability, it was difficult to acknowledge the child had a problem and needed to receive special services: "It was hard to accept at first that our child had something wrong with him, but it has changed our way to deal with him in a positive way." However, even for parents who have been in special services for some time, transition was reported as surrounded with fears and uncertainties. For this parent who had been in EI, moving to a new service delivery system was difficult:

> I am very concerned for my daughter when she has to transition from [EI to preschool]…I am afraid that my daughter will regress a lot, and she needs her services at home so that we can follow through with her.

The provider echoed this sentiment: "The family was very scared to move from the EI umbrella to school services because of the shift from family-centered to 'child centered'." This finding supports the theme discussed earlier, that is, generally parents expressed more satisfaction with EI services than with Special Education services delivered through the school system. In this study, parents reported this was true even when the transition from EI happened when the child was older, as is the case of a parent from a state where EI ends when children move to kindergarten. The child's teacher reflected on such a transition: "The parents, however, were very concerned that without the preschool teacher's knowledge of the child, the kindergarten teacher would not be able to effectively facilitate the child's development as had occurred in the preschool classroom."

Some parents reported that they feared their child would not get the same level of support they had come to expect, "I [his mother] was very nervous to send him to school, and was especially concerned that he would be appropriately supported and have good opportunities for full inclusion."

Bus transportation presented another set of worries:

> I was unsure about putting him on the bus. I tried driving him at first, but I had another baby at home and as the days turned colder, I started just following the bus to make sure everything was OK.

Some were concerned that the children would be overwhelmed in the new environment, "We were fearful of overwhelming her with two sets of teachers, kids, rules, curriculums and settings. We watched for signs this (bed wetting etc.) BUT she handled it"; declared a mother. Even the transition meeting could be an intimidating experience: "I felt very overwhelmed at the meeting, I mean you are bombarded with so much info that you don't know if you are coming or going."

Family Empowerment. Throughout the stories, family members and providers often referred to aspects of parent empowerment as either a predictor of a good transition experience or as an outcome. Some families felt and acted empowered to advocate for their children, which helped them to go through transition and obtain the desired results. Several parents reported they struggled but did not obtain the results they desired, "As mother,

I always have insisted on what has favored the health and education of my son. Sometimes I fight hard for this without achieving my goal, and it frustrates me."

For other parents, they acted as strong advocates for their cause which helped in obtaining the desired services for their children:

> It appeared that the school system was full, and they didn't have a placement for my child, but after a lot of phone calls and letters to certain school district reps and counselors, my son was placed in a program in another district and was provided free transportation for the remaining two months left in the school year, and he was also placed on the priority list for a placement in our local school district for the upcoming school year.

In a few cases, the service providers noted a parent did not obtain the desired results because "these parents were not empowered [and] they did not realize their rights to have their child be in reg. ed. and go to his zoned school." For other families, the transition experience itself caused them to become more knowledgeable, empowered, and skillful in dealing with similar situations in the future:

> This experience was positive in a way that it prepared me for my second born son's transition which would occur two years later. I knew what to expect and was ready for any changes in the way things would take place with him as we have moved to another school district.

Discussion

This paper presents findings from 65 stories told by family members and service providers across 24 states. Though the geographic scope was broad, it is uncertain how individuals who chose to respond may differ from those who did not choose to participate or were not aware of the opportunity. Nevertheless, the study provides helpful insight into the transition process as told by family members and service providers. Questions were sufficiently open-ended that participants' comments most likely reflect the factors most meaningful to the respondents when they recollected their recent transition experiences. The high emotional context of many of the responses is also noteworthy.

Qualitative analysis of the transition stories, performed based on the CIT analysis methodology employed by Norman et al. (1992) revealed four main themes. The first identified theme was that critical elements of the transition process included transition practices and strategies, provider behaviors and attitudes, and timeliness of the transition events. Secondly, transition participants evaluated their experiences positively and negatively; and offered their assessment of the transition process and the services, before and after transition. Third, four types of short-term transition outcomes were evaluated positively or negatively: child outcomes, family outcomes, provider outcomes, and services received. Lastly, other family experiences including family preferences, doubts, and empowerment contributed to or resulted from parental advocacy during transition.

This study provides validation of components of the NECTC conceptual framework for transition (Rous, Hallam, et al., 2007), the child

(Rous et al., 2006), and family outcome framework (Harbin, Rous et al., 2007). The conceptual framework (Figure 2) tested by this study includes an understanding of transition processes based on bioecological theory, which posits multi-directional influences within and between systems (Bronfenbrenner, 2004) and organizational theory (Shafritz, Ott, & Jang, 2004), which emphasizes organizational structure, organizational systems, and organizational change as key to how transitions happen within and between organizations, each with its own culture, systems, and characteristics.

In the present study, the investigators noted that the systems which interact include the child, family, and a component of the community, namely programs including EI, preschool, kindergarten, elementary schools, and their personnel. Findings support the impact on each transition of child factors, family factors, and school factors, especially the more proximal events. More distal factors of local and state policies and broad social norms related to transition were not addressed by these respondents, probably as a result of the data collection method which did not prompt respondents to address larger issues.

The theme and subthemes that emerged from this study support the conceptual framework proposed by NECTC. The main assumptions of the conceptual framework, and especially those described in the second level of the conceptual framework, the transition process, constantly emerged as topics of importance from respondents' stories. The participants did not have prior knowledge of the transition conceptual framework; nevertheless, their comments can be easily placed under one of the conceptual framework's assumptions. The transition process component of the conceptual framework (Figure 2) and the themes and subthemes that emerged from this study (see Table 1) overlap in the major areas. Critical interagency variables speak to the importance of interagency factors, especially communication and information sharing among the parties involved – service providers, agencies, and parents. Many respondents commented on the experiences that they had – good or bad – related to communication and collaboration.

Timeliness is a theme that emerged as an important component of transition and is reflected in the window of time component of the NECTC child outcome framework (Rous et al., 2006). Also, the third interagency variable of the conceptual framework is "the alignment and continuity of the service delivery systems in terms of programs, curricula, and expectations" (Rous, Hallam, et al., 2007, p. 141). A transition process planned and implemented in a timely manner is essential for ensuring alignment between the various programs to which children transition. In addition, for the transition process to be smooth, it is important that parties involved collaborate and share information in a timely manner.

Another finding that emerged is the importance of transition practices and strategies. The respondents consistently mentioned, positively or negatively, different strategies the provider did (or did not) employ. Consistent with the conceptual framework, respondents' stories confirmed that transition has to be a well planned and organized process, with specific strategies and activities in place, carefully planned ahead of time. It is also important that providers with whom families interact have positive attitudes and use professional behaviors. The transition process can be a very emotionally-charged time, for both families and service providers, which can play

a role in negatively impacting the process for all involved.

Another major finding is the identification of child and family outcomes from the transition process. This is not surprising, since the respondents were asked specifically what the outcomes were for the child, the family, and the provider. However, questions were open-ended, and respondents were not offered response choices. Parents' and providers' accounts of children's outcomes matched the outcomes presented in the child outcome framework: adaptation to the new structure and culture, engagement in the social and physical environment, and continued growth and development. Children's adjustment and engagement were important topics mentioned by the respondents, with positive outcomes in some cases and negative outcomes in others, when the parent or the provider indicated the child had problems adjusting to the new setting. Children's continued growth and development was consistently mentioned by respondents; a good number of stories indicated that children made progress in the new environment.

Family outcomes represented another important topic of this study; participants were specifically asked to report, in their own words, outcomes for the family from the transition process. The NECTC family outcome model identified proximal and distal family transition outcomes (Harbin et al., 2007). The proximal outcomes identified by the authors were knowledge, self-efficacy, adaptation and meaningful participation, and facilitating the child's development. The participants of this study were not asked specifically if these particular types of family outcomes occurred as consequences of the transition experience; rather, they were encouraged to describe, in their own words, the outcomes families experienced during transition.

However, the family outcomes described directly, or those that could be inferred, supported the statements of the conceptual framework. On the positive side, participants mentioned increased knowledge and skills for interacting with their child or dealing with the system for their child's benefit, increased empowerment, and emotional well-being. On the negative side, family outcomes were generally described in terms of emotional responses to the transition experience. Families felt excited, happy, exhausted, stressed out, and/or depressed as a consequence of the transition experience. Moreover, many families in the study, or providers relating some family's experiences, expressed a series of concerns, uncertainties, and fears related to the transition process. While emotional family experiences are not a major component of the conceptual framework, the CIT study shows people's emotions, stress, and generally their mental health should be incorporated as an important proximal family outcome of the transition process.

In conclusion, the results of this study confirm major components of the NECTC Conceptual Framework, as well as the Child and Family Outcome Frameworks. Other studies are underway and more results expected that may further validate the conceptual model as well as identify other components that may play a role in supporting more positive transition processes and outcome for children, families, and providers.

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Appendix A

Tell Us Your Transition Story

National Early Childhood Transition Center

OPENING DOORS TO SUCCESS

Tell Us Your Transition Story

Overview of the Study

We would like your assistance with a very important study related to the transition of young children with disabilities. The study is designed to identify factors that impact the transition process for young children with disabilities and their families. As you know, transition strategies and practices can vary across states, programs, and families. This study will attempt to identify practices used across the country and how those transition practices impact children, family and staff members.

The following pages ask you specific questions related to your transition experiences. Please be assured that your responses will be kept confidential. To further ensure the confidentiality of all responses, the findings will be reported as group data, and no specific person or program will be identified. If you are interested in the results from this study, please use the contact information below to request an executive summary.

Once you have completed your story, please place it in the envelope and return it to the National Transition Center staff. You may also return it by mail in the stamped, pre-addressed envelope provided with your form. If you have questions or problems, contact us at the address, phone number or e-mail listed below.

National Early Childhood Transition Center
University of Kentucky
126 Mineral Industries Building
Lexington, KY 40506-0051
859-257-2081
859-257-2769 FAX
brous@uky.edu

I appreciate the time and effort you are taking to tell us your story.

Directions

Please complete each section. To protect rights to privacy, do not use identifiable names. Space is available at the end to provide additional comments.

Please respond to all questions. If you feel you cannot answer a question, you can write "don't know" in the space provided.

When a child moves from one program of services to another, program staff should help the child and family make a smooth transition, reducing or eliminating the stress of program and/or setting changes.

SECTION 1: Your Story

Check the setting(s) in which the transition experience occurred:

- ☐ From Infant/Toddler Program to Preschool
- ☐ From Preschool Program to Kindergarten
- ☐ From Kindergarten to First Grade
- ☐ Change in classroom, teacher or services within the same program
- ☐ Add Other

Approximately how long ago did this experience happen?

What happened? Describe your transition experience.

How did this experience affect the child? (What were the **OUTCOME(S)** for the **CHILD** from this transition experience, either positive and/or negative)?

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How did this experience affect the family? (What were the **OUTCOME(S)** for the **FAMILY** from this transition experience, either positive and/or negative)?

How did this experience affect the staff? (What were the **OUTCOME(S)** for the **Staff** from this transition experience, either positive and/or negative)?

SECTION 2: Nature of Transition

In your transition story, did the child change from one program to another program?

☐ Yes

☐ No

Was the new program in the same community?

☐ Yes

☐ No

☐ Unsure

SECTION 3: Descriptive Information

What is your relationship with the child described in your transition story? (Select all that apply.)

☐ Family Member

☐ Teacher/Interventionist

☐ Therapist (SLP, OT, PT)

☐ Medical Professional (Nurse, Doctor)

☐ Social Worker/Case Manager/Service Coordinator

☐ Administrator/Supervisor

☐ Other

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Where did this experience occur? City and State:

Disability or area of concern of the child:

Approximate age of the child:

For the experience you reported, what types of agencies were involved in providing services? (Select all that apply.)

- ☐ Early Intervention Program
- ☐ Head Start Program
- ☐ Public School Program
- ☐ Child Care
- ☐ Home Visiting Program
- ☐ Public Health Department, Medical Center or Hospital
- ☐ Private, Non-Profit Human Service Agency
- ☐ Mental Health Program
- ☐ University
- ☐ Other

SECTION 4: Additional Information

Provide any other information that you believe is relevant:

Contact

Optional information: We may want to contact you to gain more information about your transition experiences. If you would feel comfortable with this, please provide your name and email address, or phone number below. **PLEASE REMEMBER, THIS IS OPTIONAL.**

This research is being conducted by the National Early Childhood Transition Research and Training Center, which is supported by the University of Kentucky and by Cooperative Agreement #H324V020003 from the Research to Practice Division, Office of Special Education Programs, U. S. Department of Education. Results of the research do not necessarily reflect the views or official positions of the supporting agencies.