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# Boundaries in Family–Professional Relationships

## *Implications for Special Education*

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### ABSTRACT

The issue of boundaries between professionals and individuals/families is well documented within the clinical fields of counseling and social work but not thoroughly investigated in special education. Because maintaining quality relationships between families and educators is important, the development of appropriate guidelines requires a thorough understanding of the preferences of families and educators about the boundaries of their relationships. The authors investigated those preferences through a secondary analysis of a qualitative data set focusing on preferences for partnerships between families of children with disabilities and professionals. They analyzed transcripts from 34 focus groups and 32 individual interviews, identifying three themes related to boundary issues: (a) accessibility/availability (being reliably and flexibly available to families), (b) breadth of responsibility (going beyond strict interpretation of one's job description in working with families), and (c) dual relationships (fostering friendships, mutual support, or other roles in addition to a strict parent–professional relationship). Implications for parent–professional relationships and suggestions for conversations between professionals and families on preferences for boundaries are discussed.

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ONE OF THE MANY DIMENSIONS OF A HUMAN relationship involves the concept of “boundaries” between participants in that relationship. The term *boundary* is a metaphor for rules and limits, which can lead to a sense of safety (Goldstein, 1999). Generally, this sense of safety evolves from having an appropriate balance of closeness or

distance in the relationship and also the extent to which people involved in the relationship have dual roles (e.g., therapist and friend). In relationships that are strictly “professional,” parties interact with each other more formally and play only one role in each other's lives; these are fairly rigid boundaries beyond which parties may not venture without discomfort. Examples of these more professional (and impersonal) roles include the doctor–patient and therapist–client. At the other end of the continuum are friends and family members who may play various roles in each other's lives. For example, two sisters may from time to time share roles of playmates, friends, co-workers doing household chores, advisers/confidantes, and so on. These roles are open and flexible because boundaries between the roles are not clearly defined and may change over time. Of course, between these two extremes are numerous relationships in which the boundary may be more or less prescribed, but in which the parties play more than one role. In many human service fields, professionals may serve a variety of instrumental, informative, emotional, and companionship needs of a client, student, or patient.

Unlike the field of education, the fields of social work and counseling have specific guidelines to create a basis for setting boundaries in relationships between professionals and their clients and to provide a mechanism for monitoring ethical professional behavior. The American Counseling Association (ACA) and the National Association of Social Workers (NASW) are professional organizations with written codes of

ethics that, among other things, define professional-client relationships in the practices of members (ACA, 1995; NASW, 1996). In their respective areas, the codes provide criteria to guide and monitor formation of "appropriate" relationships. If needed, they also provide the ability to sever relationships. Psychotherapists are trained to monitor and manage the phenomena of transference and countertransference (i.e., an "illusory" relationship temporarily perceived about the therapist by the client or about the client by the therapist). Friendships outside of the counseling setting that blur the understanding of role definitions of the therapist and client (e.g., exchanging cards or gifts, having a friendship with a client, having an appointment in a place other than a professional office) can be interpreted as forms of misconduct and can lead to professional and legal consequences for practitioners (Strom-Gottfried, 1999). In the most severe cases (e.g., sexual relationships), the ACA can revoke the individual's membership (ACA, 1995).

The NASW's most recent codes provide a description of boundary transgressions, aiding social workers in identifying potential areas of difficulty. Section 1.06 of the Code of Ethics lists potential pitfalls for social workers, which include conflict of interest, taking unfair advantage of clients, and multiple or dual relationships with clients (<http://www.naswdc.org/pubs/code/standard1.htm>). The codes also help the professions understand the judicial decisions that would most likely be made given a litigated boundary breach (Strom-Gottfried, 1999).

Within the medical profession, the American Nurses Association (ANA) and the American Medical Association (AMA) both have codes of ethics. Although the Hippocratic Oath has long been considered the cornerstone of conduct for a physician (AMA, 1996), both the ANA and the AMA have provisions in their ethical codes that address relationships with patients (<http://www.nursingworld.org/ethics/code/ethicscode150.htm> and <http://www.ama-assn.org/ama/pub/category/2512.html>). In addition, the medical community is striving to promote care centered around the needs of families. The Institute for Family-Centered Care, a nonprofit organization, supports this movement by working to inform both families and members of the health-care community (<http://www.familycenteredcare.org/index.html>). It is not apparent, however, that boundaries are currently perceived as a central issue.

These codes of ethics provide broad guidelines for behavior that steer professionals away from extreme or egregious cases of conflict of interest or exploitation of clients for a professional's personal needs. However, within those extremes there is very little guidance on how to judge the appropriateness of everyday transactions between professionals and those they serve (Strom-Gottfried, 1999). How does the professional set boundaries that guard his or her personal time and emotional space when those receiving services may have needs that transcend the "regular" setting and hours? What are the professional limits when those receiving ser-

vices need assistance beyond what is typically offered by the professional? Should professionals attend family celebrations and engage in other activities that generally connote friendship?

Currently, there is no "code of ethics" defining boundaries in relationships between families and educators, either delineating the more extreme conflicts or presenting guidelines for everyday behavior (Keim, Ryan, & Nolan, 1998). However, professional educational organizations have touched briefly on the issue. The National Education Association (NEA), with more than 2.5 million members, created the *Code of Ethics of the Education Profession* in 1975 ([www.nea.org/aboutnea/faq.html](http://www.nea.org/aboutnea/faq.html)). Under the first principle, Commitment to the Student, the seventh provision reads, "In fulfillment of the obligation to the student, the educator shall not use professional relationships with students for private advantage." Under the second principle, Commitment to the Profession, the eighth provision reads, "In fulfillment of the obligation to the student, the educator shall not accept any gratuity, gift, or favor that might impair or appear to influence professional decisions or action" ([www.nea.org/aboutnea/faq.html](http://www.nea.org/aboutnea/faq.html)). Although the ethics code addresses boundary issues that can arise between professionals and students or between professionals and families, the provisions specified in the NEA's code cannot be enforced outside of the NEA membership or its affiliates.

In the field of special education, the Americans with Disabilities Act (ADA, 1990), the Individuals with Disabilities Education Act (IDEA) Amendments of 1997, and Section 504 of the Rehabilitation Act of 1973 establish guidelines within policy to involve students and families in educational decision making, but they do not address issues surrounding boundaries between educators and parents. In the early 1980s Dobson and Dobson (1983) recommended that leaders in special education create and disseminate ethical guidelines. The Council for Exceptional Children (CEC) responded by writing the *Code of Ethics* and professional standards in 1983 (Cobb & Horn, 1989). The *Code of Ethics* was applauded as a vehicle bringing standards to a field that historically has been viewed as a "semiprofession" (Heller, 1983, p. 200). Despite this initial enthusiasm, Cobb and Horn reported that these standards and ethics were neither widely read or used nor backed by sufficient enforcement procedures. Heller's dream of "a serious and forceful implementation of the adopted standards [to] serve to prevent such practices from being promulgated against those least able to protect themselves, the exceptional children of this nation," was not realized (Heller, 1983, p. 200). Currently, neither the *Code of Ethics* nor the standards concisely define professional roles in a way that would enable the creation of clear relationship boundaries for families and professionals. Although the *Code of Ethics* does mention parent relationships, there is no discussion of guidelines concerning the appropriate degree of closeness or distance in family-professional relationships (CEC, 1983). The field of special education, therefore, has an

existing, un-enforced (and unenforceable) code of ethics that fails to address the issues of boundaries in the relationships between professionals and families.

The lack of ethical guidelines related to boundaries in family-professional relationships is especially problematic in the field of special education given the high priority placed on family-professional partnerships as part of state-of-the-art practice (Turnbull & Turnbull, 2001). Indeed, family-centered philosophy and practice are likely more incorporated into early childhood practices in special education than into any other human service field (Allen & Petr, 1996; Bailey, Buisse, Edmondson, & Smith, 1992; Dunst, Johanson, Trivette, & Hamby, 1991; Murphy, Lee, Turnbull, & Turbiville, 1995; Roberts, Rule, & Innocenti, 1998). Given the strong emphasis in family-centered practice on focusing on the families' preferences and choices, it is likely that there could easily be a blurring of boundaries in families wanting a closer relationship with the professionals serving them—a relationship more like friendship. A review of the literature suggests that only one article (Foley, Birch, Hochman, & Miller, 1994) in the field of early intervention has directly addressed the issue of boundaries in the relationships between families and professionals. These authors advocated for the need to establish an "optimal distance" (p. 19) in early intervention in order to manage issues of transference and countertransference. Consistent with family-centered practice, however, what if the family wants "optimal closeness" rather than "optimal distance"?

In summary, the issues involved with establishing guidelines for boundaries are twofold. First, the ethical guidelines in existence in the psychological, social work, and medical disciplines provide a broad template for defining situations that are clearly "out of bounds" or extreme cases of conflict of interest or exploitation. These guidelines are not concisely defined or well articulated in the field of special education. Second, even the existing codes of ethics do not provide a template for deciding how to negotiate boundaries *short of* extreme conflicts or transgressions—the day-to-day interactions between parent and professional require some guidance to enable the parties to make decisions about the boundaries that will define how, when, and about what they will interact.

One step in developing appropriate guidelines for boundaries between educators and parents is examining both parents' and professionals' preferences about the issue. The study reported in this article is a secondary analysis of a larger data set that focused on the broad issues of family-professional partnerships. In the original study, the primary research questions was, What specific indicators of professional behavior do parents and professionals identify as indicative of collaborative partnerships? We found that these indicators fell into six broad categories of parent-professional interaction: communication, commitment, equality, professional skills, respect, and trust, containing within these broad categories a total of 39 specific indicators (Blue-Banning, Summers, Frankland, Nelson, & Beegle,

2002). Subsequently, we developed a measure based on these findings intended to assess family satisfaction with their partnerships. When we submitted this draft measure to several pilot groups, there was considerable reaction among the members to the language parents had used to describe their perceptions of "committed professionals." Specifically, there were concerns about the idea that professionals should be "like family" or that professionals should be continuously available to provide support to families. We removed the item from the draft scale because it did not reflect consensus between families and professionals (see Summers et al., 2004). However, because both parents and professionals felt strongly about the issues related to boundaries, we decided to return to the original data and analyze them more in-depth to learn more about the issue.

Thus, the research team conducted a secondary analysis of the larger data set based on the following research question: What are the specific perspectives of parents and professionals about the closeness-distance continuum of their relationship and about having one or multiple roles in their relationships? This article describes the method for the larger qualitative study and the secondary analysis, as well as the secondary analysis findings and implications of those findings.

## METHOD

### *Sites and Sample*

**Process.** We conducted focus groups and individual interviews seeking an understanding of what parents, professionals, and administrators in education, social services, and health agencies thought about successful family and professional relationships. The research team turned to three states where they had solid contacts with parent organizations and administrators: Kansas, North Carolina, and Louisiana. Site coordinators were located to help select participants. When selecting individual family members to participate in focus groups, the researchers and site coordinators sought participants with similar demographic characteristics such as income level, marital status, ethnicity, level of education, place of residence (urban or rural), age of the participant's child, and the child's type of disability. Those professionals asked to participate encompassed administrators or direct service providers and came from a variety of human service positions, including education, social services, health care, or a combination of these fields. As suggested by Krueger and Casey (2000), these individuals were clustered in separate focus groups designed to be homogeneous groups of individuals with similar characteristics. In addition, family focus group participants faced comparable issues in relation to their children's needs. For example, families who were low income, shared the same ethnicity, lived in an urban area, had young children, and had a child with a disability were in the same focus group. In all, there were 34 focus groups with 107 participants.

To ensure the participation of immigrants and citizens/noncitizens characterized by linguistic diversity, the researchers conducted individual interviews with a group of non-English-speaking parents and a group of professionals who primarily served those populations. The research team utilized purposive sampling for these interviews (Creswell, 2003) to select 18 families in Kansas City, Kansas, with children with disabilities and limited English proficiency. These were primarily Spanish speakers, although three participants spoke Korean or Vietnamese. Interviews were conducted with the help of interpreters. The researchers also interviewed 14 professionals who served these families.

**Participant Demographics.** Among both focus group and interview participants, a total of 137 family members were included. Among family members, 72% (99) were women. One focus group included 8 individuals with disabilities; among the remaining 129 participants, 101 (79%) were biological parents, 8 (6%) were adoptive or foster parents, and 6 (5%) were other family members (e.g., grandparent, sibling); this information was missing for 14 participants. The ethnic distribution was 64 (41%) African Americans, 23 (17%) Hispanics, 41 (30%) Whites, and 6 (4%) "other." Family members included 80 (67%) who were between the ages of 30 and 60, with 24 (18%) under age 20 and 2 over age 60; this information was missing for 23 participants. A total of 70 (51%) of the family members were employed either full-time or part-time. Among the 101 participants reporting income levels, there was a relatively even distribution of annual income levels: 37% under \$25,000; 34% between \$25,000 and \$50,000, and 21% above \$50,000. For the 70 family members who had a child with a disability, 27% of the children were preschool age, 36% were elementary age, 19% were secondary age, and 7% were postsecondary age. These family members reported the following distribution of the levels of severity of the children's disabilities: 42% mild, 45% moderate, and 4% severe or very severe.

Of the 53 professional participants in the focus groups and interviews, 48 (91%) were women. There were 17 (32%) administrators and 36 (70%) direct services providers. They were working in the fields of education (13, 25%), human and social services (28, 53%), health care (9, 17%), or a combination of fields (3, 6%). The majority (36, 70%) were White, with 17 (32%) African Americans represented.

### **Procedure and Data Collection Protocol**

**Focus Groups.** The focus groups were conducted in two rounds. The goal was to understand the participants' views of relationships between parents and professionals. The protocol guided a conversation seeking the participants' general opinions as well as experiences about both successful and unsuccessful relationships (Creswell, 1998; Krueger & Casey, 2000). The specific questions asked the participants to describe, first, a successful partnership they had experienced

with a professional serving their children, and, second, to describe an unsuccessful partnership. The facilitator moderated group discussions to identify the specific factors that were related to both the positive and negative experiences of the group. Each focus group was audiotaped, with additional observation notes taken by research assistants (Rubin & Rubin, 1995).

Round 1 focus groups included open-ended questions to encourage the participants to provide researchers with rich information (Stewart & Shamdasani, 1990). Wrap-up or summarizing questions clarified the participants' input and helped the researchers ask more specific questions when necessary (Krueger & Casey, 2000). At the conclusion of each focus group, researchers reviewed and revised interview protocol to ensure use of the most effective probes.

Round 2 focus group participants received a handout listing emergent themes discovered during Round 1. Participants were asked to respond to the themes, discuss whether they felt there were missing factors, decide if the comments were accurate and relevant, and elaborate or expand on their own understanding of those factors.

**Individual Interviews.** Individual interviews were conducted by graduate students involved in a course on naturalistic inquiry. A set of protocol questions initially guided the interview process, but respondents were encouraged to talk about those issues that affected their lives most directly (Lincoln & Guba, 1985). Research teams, typically pairs of interviewers, were introduced to families by service providers who had working relationships with the families. This helped create rapport between families and interviewers, resulting in more information sharing (Massarik, as cited in Lincoln & Guba, 1985). When interpreters were involved, family participants replied to questions asked and waited for interpretation to take place after each comment. All interviews were taped, and notes were taken during interviews to ensure accurate data collection.

### **Data Analysis**

As described earlier, the data analysis occurred in two phases. The first phase focused on the larger data set pertaining to issues related to family-professional partnerships. The second phase focused on the secondary analysis, which is the focus of this article.

**Phase 1 Analysis.** Interview tapes were transcribed verbatim and checked by the focus group facilitator or interviewer. There were 34 focus group transcripts and 32 individual interview transcripts. The 66 transcripts were entered into *Ethnograph*, a qualitative research organizational tool. Each member of a four-person research team read the first 8 transcripts independently, then met and discussed the themes that appeared to characterize the results. Each theme

was then given a defined descriptive code, which was entered into *Ethnograph* and used to code the transcripts. The codes created through this group process were the first "codebook."

The team then split into dyads, with each dyad reading transcripts, coding them based on the initial codebook, and identifying new, emerging themes, each of which received a new descriptive code. The two dyads met regularly to combine their findings. This process was repeated throughout the reading of a total of 24 transcripts, at which point the team agreed that very few new themes were being identified. These codes and definitions were applied to the remaining 42 transcripts read by individual members. Throughout this process, the codebook went through a total of 11 revisions; transcripts were recoded at the conclusion so that all transcripts matched the final version.

Reports from each code were drawn from *Ethnograph*, providing a printed document reproducing sections of the narrative from all transcripts that had received that code. The research team reviewed these reports for accuracy, again working in dyads, and either eliminated items that were mistakenly coded as a given category, revised the definition of the code to represent more accurately the meaning of a category, or broke the category into several subcategories. The four-member team met to discuss the findings and to make any necessary changes to the codebook. Overall, the role of *Ethnograph* in this analysis was more limited than in studies in which investigators experiment with a variety of ways to cluster or combine categories directly in the program. The team considered the group involvement and consensus-building process important enough to conduct much of the coding and category reduction process (see next section) by hand. The primary value of *Ethnograph* was the production of these reports, which clustered all narrative related to a given theme together and enabled a closer interpretation of the meaning of the theme and the perceptions held about it.

**Category reduction.** With the completion of the codebook, the individual definitions of each code, along with the code name, were written on index cards. The research team then met and organized the cards into conceptually coherent groupings. At times, definitions of separate codes were so closely linked that the research team decided to collapse or combine the two codes. The related codes became a collection of terms leading to definition of an overall domain. The result of this category reduction was the definition of 187 codes, which the team collapsed into 39 categories or indicators, which were in turn organized into six broad areas (see Blue-Banning et al., 2004). As noted, this more visual and "hands on" method for category reduction was used in preference to the analytic features available in *Ethnograph* in order to involve all four members of the research team in this activity at the same time. The rationale was to gain a "peer consensus" of the emergent categories and thus enhance the credibility of the collapsed categories beyond that which might occur if one person manipulated the software and then presented her judgment to the team.

**Member check.** At the conclusion of the focus groups, each participant was sent a summary of the conclusions and interpretations made by the researchers and a cover letter requesting input if the participant wanted to add, change, or comment on any aspect of the conclusions, along with a self-addressed stamped envelope. We had no response to this letter; a follow-up call to a sample of 10 participants indicated the participants were satisfied with the summary and conclusions. Thus, the primary member checking for this study should be considered to lie in the written summaries and discussion given to Round 2 participants, soliciting their reactions to those preliminary conclusions. Both of these member-checking approaches are considered acceptable procedures to establish credibility in a study, which is considered analogous to internal validity in quantitative research (Anfara, Brown, & Mangione, 2002).

**Phase 2 Analysis.** As described previously, the secondary analysis carried out in Phase 2 occurred when data from Phase 1 were presented to professional audiences. Given the concern expressed about families' wanting professionals to be their friends, the research team initiated a review of the literature from other human service fields on boundary issues and then carried out a second phase of the analysis. The team reviewed the codebook to identify categories relevant to boundary issues to determine if there were emerging themes related to parents' and professionals' preferences. Using *Ethnograph*, the team selected 47 of the 187 initial codes they judged as relevant to boundary issues and generated reports for reanalysis of the question of boundary preferences. For example, some comments by parents focused on their perceptions about the need for professionals to view their relationships as "more than a job," and all of these types of comments had been coded as "More Than Job." Similarly, professionals made comments about thinking of their job as a calling, having a commitment to "do what it takes" to benefit a child, or the importance of commitment; these comments were coded "Commitment." One team member analyzed these reports and identified major themes that consistently appeared in all three geographical sites and across the various transcripts of parent interviews or focus groups, as well as in some of the service provider focus groups. After review of the *Ethnograph* reports by other members of the research team, who also read a sample of the transcripts to assess the plausibility and credibility of these themes (Patton, 2001), the authors developed tentative definitions of each theme as described in the following section.

## RESULTS

We identified three key themes related to boundaries in family-professional relationships: (a) availability and accessibility, (b) breadth of responsibility, and (c) dual relationships. All of these themes relate to the day-to-day interactions



related to closeness–distance or one relationship versus dual relationships. There were no comments in the transcripts related to more serious boundary violations (e.g., sexual misconduct). The first two themes relate to preferences expressed by participants for defining their boundaries in the context of day-to-day interactions; the third relates to having dual roles in the relationship, that is, crossing “boundaries” from strictly professional–parent relationships to other roles, such as friendship. For each theme, we present in the following discussion the qualitative data derived from the focus groups and interviews of parents of children with disabilities.

### **Availability and Accessibility**

An *available* person is defined as one who is obtainable or at one’s disposal, and the ability to contact a person is considered *accessibility* (Morehead & Morehead, 1981). The theme of availability and accessibility is related to boundaries because professionals may be either rigid (e.g., by allowing contact only during traditional professional work hours) or open (e.g., by being responsive to parent requests for availability and accessibility) regarding when and under what circumstances they will interact with parents. The inconsistent nature of the following examples of parent–professional relationships displays the lack of clearly defined boundaries within the field.

**Parent Perspectives.** Participants discussed the need for professionals to be flexible about the times they are available. Parents praised those individuals and agencies that were available at flexible times. According to the parents interviewed, some professionals were willing to provide services outside of the regular work week:

She went as far as giving me her home phone number and told me whenever I feel depressed and need to call and just need to talk, I could always call her. Ya know, and I told her, I said, “Well, that might be just about every night,” I said, “because ya know, these kids are working on my nerves.”

Another parent noted that available and accessible service providers did not restrict themselves to regular office hours, because of their commitment to the child and the family.

The teachers here aren’t just your 8:30 to 2:30 people. They are involved in the lives of the children and their well-being, not just education. They are interested in their education, but it doesn’t stop there. And they have also made themselves available to us as a family that other teachers wouldn’t.

On the other hand, some parents expressed anger about what they perceived as mixed messages. That is, they thought some

professionals said they were interested in the welfare of the family, but, as one parent pointed out, they were not willing to help before or after the contracted hours: “Sometimes agencies can say, ‘Oh, we understand. We care.’ But it’s different in the feeling that you get back: ‘Oh call me between 8:00 and 4:00 and that’s it.’”

**Professional Perspectives.** Most of the professionals’ comments focused on perceived responsibilities toward families, and comments about availability and accessibility were consistent with parents’ perspectives. One participant described the reactions of parents when she made herself available, maintaining that the perception of some parents that professionals are inaccessible is one of the barriers to partnership:

Oftentimes parents see a professional as behind a door and you have to go through the secretary. . . . You have no idea how many times somebody, especially a parent, will say, “I didn’t know I could call you. I thought I had to make an appointment. . . .” I tell people, “Call me . . . I answer my phone.”

Although professionals agreed with parents that flexibility and accessibility were important for productive relationships, they also discussed the challenges of living up to that commitment. For example, in one focus group of program administrators, the group problem-solved ways to enable staff to be more flexible when planning for transitions from school to work:

We’ve had teachers attend at night and teachers attend on a Saturday. [But] we can’t look at someone and say, “Well, so-and-so has heart and the other person doesn’t.” We don’t know what their commitments are! We don’t know. Maybe that’s all they can do is Monday through Friday, that’s it. Ya know, so we can’t look badly at someone because they can’t attend something that’s at a time that’s not a traditional school time. . . . [But] it always seems to work out if you keep going back to the drawing board. . . . Somebody will say, “Well, if you come in at 2:30, I’m supposed to leave at 2:30, but look, if you come in at 2:00, then we’ll make it—can we make it till 3:00 and then we’ll both give a little?”

### **Breadth of Responsibility**

Breadth of responsibility refers to professionals or agencies providing services that are not within a narrow definition of their job or program but may be within a broader scope of professional responsibilities. This theme emerged as parents described professionals who they believed were taking actions above and beyond their duties, thus expanding the

"safe connection" that characterizes the boundaries of their relationship. Sometimes the examples they gave were minimal efforts or courtesies (e.g., making an extra phone call), and sometimes the examples given represented more extensive efforts (e.g., making home visits). By not clearly identifying these responsibilities, or boundaries, professionals are at risk of either overstepping their professional roles or narrowly interpreting their job requirements. All of the following examples in this thematic area were within the realm of the professional's role as a professional (rather than as a friend), but outside the realm of what might be considered strict or narrow requirements of the job.

**Parent Perspectives.** Parent participants provided both positive and negative examples of their opinions concerning the need for professionals to define their job broadly. Some parents spoke positively of home visits and additional phone calls to check up on the family or student. Other parents expressed disapproval of service providers who they believed defined their job narrowly and, as a result, failed to follow through or show greater commitment to their children or to them. These professionals were characterized by the parents as "in it just for the paycheck."

One parent described her son's middle school teacher as "amazing." The teacher told the parent she wanted to meet with her at the mother's house and look at the child's test scores, report cards, and past work. Another parent was very appreciative of her child's service provider, who would call once a week to check on the child's health progress. This service provider worked with the child daily, but she wanted to be sure that any progress seen at school was also seen at home.

There were also examples given by parents of a lack of willingness by some professionals to broaden their responsibilities beyond a set of tasks or a place to perform those tasks. A parent discussed her irritation with a service provider who refused to follow through on an instruction given by another service provider. The parent eventually completed the task that was supposed to have been performed by the service provider. Another parent also found herself performing her service provider's job. When she realized things were not getting done, she approached the caseworker with questions. Instead of answers, the caseworker gave her the money to do the job, stating, "Boy, I wish I had more parents like you that would do this." This parent wondered why the caseworker was getting paid for work she was not doing.

**Professional Perspectives.** Professionals also talked about the importance of going beyond a narrow interpretation of their job responsibilities. Professionals often phrased the concept of breadth of responsibility in terms of having a "whole child" or "whole family" perspective of their job responsibilities: "Here we focus on the child, the family, the whole package." "I know my hours are from 7:00 to 3:00, but it goes beyond that. If one of my parents needs to call me at home, they will call me." These comments were in contrast

with those of professionals in other agencies who were perceived by these participants as being too narrow in their concept of their jobs. "The [school] has been real quick to tell, in front of me, the parent, 'Our job is to educate your kid, we're not into you. . . . We don't deal with families, we deal with just your child.'"

However, professionals also acknowledged the emotional toll that this kind of dedication can produce: "I've been told that I need to learn how to do better, instead of taking home little Johnny's problems, or whatever, and crying and worrying about it all night." Still, participants in these focus groups acknowledged that one of the requirements in a good working relationship with professional colleagues is that they all need to "care about the kids and about the family." Such a common perspective made the workday go more easily. Professionals also believed it is vital to have co-workers who share this attitude and thus make life easier for everyone. This was called, variously, avoiding "turf" issues or "pitching in" where work was needed: "Everybody is willing to lend a hand, and if something needs to be done and you see that it needs to be done, just because your little task is over doesn't mean you're going to sit on your butt and wait for somebody else to do it."

### **Dual Relationships**

The theme of dual relationships directly addresses the closeness–distance continuum parents and professionals experience. It may be difficult to determine whether a situation is actually a "dual relationship," because common courtesy, friendly exchange, and thoughtfulness may all be part of professionals' demeanor and indeed may be considered essential to establishing a sense of rapport with parents. In the field of social work, dual relationships are the crossover from a therapeutic relationship into a second relationship that oversteps the prescribed boundaries of the profession. As described earlier, these relationships are considered inappropriate within the NASW Code of Ethics (NASW, 1996).

**Parent Perspectives.** Participants described examples suggesting that dual relationships in parent–professional interactions are qualitatively different from the concepts of availability and accessibility and breadth of responsibilities because they are outside a professional context. One parent described a visit by her son's paraprofessionals and teachers as particularly meaningful because they "went out of their way" to visit him in the hospital. Another parent relayed a story about how she still contacts her child's service providers about problems, even after "many years." Furthermore, three parents in one focus group, whose children with severe disabilities had personal care attendants, described them as being "like a member of the family":

Parent 1: I can trust her to do things the way I've asked her to do them. . . . She mirrors what we do.

Parent 2: She's like family. She's like family.

Parent 1: Yes, she is. And she deals with my other kids, although she's not responsible for them. . . . She includes them so that [child with disability] is more a member of the family inclusively, you know?

Parent 2: Well, you know, that's the same way with us, with our son, he has three different [home care providers]. . . . But they're all, you know, like part of the family. You know, we trust them.

Parent 3: What seems to help us most is to move out of kind of the professional-type relationship and, like, the new social worker, she comes in and she's had a meal with us and she's announced to us her new baby, you know? It's like she includes us in her life and we include her in our life.

Two parents expressed some uneasiness or saw negative aspects to situations where professionals stepped outside the professional relationship. One parent, a single mother, called a professional for help with her child who has a disability. The professional helped and then became friends with the parent. Later, the professional was unable to obtain services that the parent needed. The parent saw her friend's inability to obtain services for her as a personal affront and broke off their friendship. She left the relationship feeling betrayed, angry, and determined to not become a friend to another professional. A second parent described a paraprofessional who sewed matching shirts that she and the child wore at school. This parent said the paraprofessional had "practically adopted" her child. She was positive about progress she thought her child was making with this "extra attention" but expressed concern that the child would be hurt when it was time to move to another classroom. She also expressed unease that the paraprofessional might be "taking my place."

**Professional Perspectives.** Professionals, on their part, described being included in family events such as weddings, funerals, or children's birthday parties and described sharing aspects of their personal lives as an important part of establishing a trusting relationship:

[Parents] can really tell when you truly believe in them. . . . I mean, we don't just go in, sit down, and start . . . doing paperwork. . . . We may talk about soap operas or . . . one of the kids we're working with, the parents are getting married, we're going to the wedding. We're going to the shower. I mean it's just stuff like that. Because you talk about other stuff that's happening in their

lives. I'll tell them about, ya know, I'm doing this, I'm doing that. So it's not just professional.

Professionals also talked about engaging in activities beyond their educational role, such as babysitting. For example, one early childhood program staff member said, "I think often we have to go beyond just being here as a staff person, because oftentimes we have to volunteer our time to take them to appointments, out of town . . . and that's not necessarily in our job descriptions that we have to do that, but we do."

Although the phrase "like a family" was not used to the extent it was by the parent participants, in one focus group involving mostly early childhood service providers, the concept was also expressed:

A lot of them [parents] do not have other supports. Their own family members, for whatever reasons, and they don't have neighbors that they feel like they can call on. So, I mean, if they see that, for 6 hours a day that their child is with us, and that yes, we love them and we're going to care for them . . . it's just a bond that we seem to make, not that we really set out to do that, but it just happens. It's just like we're an extension of their family.

Still, professionals also talked about limits in their relationships with families, even among participants who believed in dual relationships. When asked if there were limits to their responsibilities in supporting families, participants named two areas: religion and marital relationships. In the case of religious beliefs, they cited legal issues such as separation of church and state, or, more pragmatically, simply the need to respect other religions. Also, they believed that, with the exception of a risk of violence to the child, marital relationships were beyond their scope of responsibility: "As far as what's personally happening with husband and wife, that's none of our business."

## DISCUSSION

One might conceptualize availability and accessibility, breadth of responsibility, and dual relationships as a continuum, from more rigid boundaries separating parents and professionals into discrete roles, to more fluid boundaries enabling a greater sense of connection and closeness. Although there is much more to be learned about boundary parameters in special education, it is likely that each parent and professional has specific preferences, time availability, strengths, and needs that influence the particular point on the continuum that he or she considers appropriate in terms of forming a relationship. Furthermore, these preferences may differ across relationships for the same person. For example,



a parent of a young child with a disability may desire to keep a strictly formal relationship with one professional but cultivate a closer relationship with another professional, both of whom are working with her child. The same variability may exist for professionals in terms of forming relationships with the various parents of the students with whom they work.

### **Availability and Accessibility**

Our findings are compatible with literature reports that parents prefer educators who are willing to have frequent contact with them (Baker, 1997; Salembier & Furney, 1994; Turnbull & Turnbull, 2001). Some parents want planning meetings to be held at times and in locations better suited to their needs, outside of strict professional hours and locations (Jordan, Reyes-Blanes, Peel, Peel, & Lane, 1998; Salembier & Furney, 1994). Baker interviewed parents who wanted to be able to call educators at home to check on the progress of their children.

One might question whether professional accessibility and availability is truly an indicator of a more open boundary or is simply an expression of common courtesy that is well within the "job description" of any educator. However, it appears from the comments of our participants that many professionals do not recognize the importance of those courtesies. Also, comments from professionals about challenges inherent in finding time to be flexible suggest that consistent availability on the part of most educators is not an automatic expectation. Appropriate administrative supports and more explicit job expectations appear to be needed to achieve more general availability and accessibility.

### **Breadth of Responsibility**

Again, the literature appears to confirm the findings of our study, primarily in discussions related to building relationships and making home visits. For example, Davern (1999) reported that parents wanted educators to "extend themselves" more and do everything they could to build relationships with the parents. Salembier and Furney (1994) emphasized the value of home visits as a way to build relationships. Some parents viewed home visits by school staff as very helpful (e.g., Davern, 1996). Others viewed home visits as intrusive, giving educators more reason to criticize families (Turnbull, Turbiville, & Turnbull, 2000). Differences in parent preferences suggest that broader interpretation of professionals' responsibilities and boundaries, especially in terms of *where* those responsibilities are discharged, may not be welcomed equally by all families.

The idea of going above and beyond one's job description appears to be an indicator of professional commitment for our study participants and in most of the literature we reviewed. Professionals who go above and beyond are perceived as having a genuine interest in the child and family as persons—hence the impression that such professionals view their relationships as "more than a job" or "more than just a

paycheck." Conversely, parents may perceive that professionals who define their jobs narrowly are in effect depersonalizing the family or the child—hence the statements "He thought my son was just a case," or "They treated me like another number." However, as our respondents noted, broader interpretation of one's responsibilities takes an emotional toll on professionals. Also, not all families may welcome this interpretation. When boundaries are broader, the need for flexibility and administrative supports again increases.

### **Dual Relationships**

Dual relationships are generally defined as ones that commingle a professional and a social relationship (Borys & Pope, 1989; Strom-Gottfried, 1999). We were not able to find special education literature that directly addresses the issue of dual relationships. Foley, Birch, Hochman, and Miller (1994) argued for "optimal distance" (p. 19) in parent-professional relationships in early intervention. They described clinical phenomena of transference and countertransference, which encompass (a) the tendency of the therapist and the client to project their wishes, desires, and needs on each other or (b) the tendency to ascribe to the person characteristics or traits experienced from past relationships. Suggesting that transference can take place in early intervention as well as in psychotherapy, the authors advocated for professionals to understand this dynamic and to manage it by taking a position they call "optimal distance": "Optimal distance suggests being neither so close as to strangle objectivity nor so far as to freeze an emotional resonance. . . . Psychological separateness suggests an emotional membrane which allows for the transfer of thoughts and feelings but guards against the merger of perceptions and affects" (p. 21).

In contrast to this more cautious view about dual relationships, Coles (1989) urged professionals to form closer relationships with people they seek to assist. He reported that one of his mentors gave him the following advice: "Why don't you chuck the word 'interview.' Call yourself a friend. Call your exchanges conversations!" (p. 32). Coles was clearly calling for more closeness between professionals and families.

Schorr (1997) studied programs that succeed in spite of odds against progress and distilled key elements of successful practice across a range of human service programs. A pervasive theme in her findings is "a new form of professional practice" (p. 12), which she characterizes as being strengths-based, empowering, rooted in caring, and going beyond the bounds of traditional professional norms to establish close relationships with families. Schorr has advocated significant movement in the direction of dual relationships, especially in working with families from underserved communities who face tremendous environmental challenges.

The theme of dual relationships appears to be the least well defined and the most open to possible conflict and misinterpretation concerning the advisability of stepping outside

strict parent–professional roles in a relationship. Is it appropriate for professionals to attend parties at the home of the families of their students, pursue hobbies together, have a meal together outside of the work setting, or engage in other activities that generally are characterized as a friendship, “like a family?”

Some parents appeared to welcome the idea of developing friendships and family-like relationships with professionals serving their children. However, there were also limits and some acknowledged emotional risks to these more fluid roles. The real meaning behind the expression “like a family” needs to be studied further. Do some parents and some professionals really want a family-type relationship as implied by that expression, or are they referring more simply to the sense of comfort and informality that comes from treating each other “like family”?

Noteworthy cautions to dual relationships in education include possible conflicts of interest and potential for favoritism when one student in a classroom is the child of an educator’s friend. Although there are clearly pitfalls in developing friendships, potential benefits are also evident. Currently, there are no best-practice guidelines on the extent to which it is appropriate for educators and families to experience dual relationships, and there is no current evidence that educators should be subject to strict prohibitions on friendships with families or students.

### **Study Limitations**

The major limitation of this study is that the research questions related to boundaries emerged from the larger data set, which focused more broadly on family–professional partnerships. If questions concerning relationship boundaries had formed the interview questions from the outset in the larger study, there would have been opportunities in the focus groups and interviews to probe for more depth of opinion related to key boundary issues. The lack of extensive data prevented an analysis of the difference of perspectives among focus groups and opportunities to probe families and professionals about each other’s perspectives.

In addition to this more substantial limitation, other limitations include the following:

1. Some parents and professionals did not attend the Round 2 focus group, which prevented the opportunity to follow up in greater depth on their perspectives.
2. The lapsed time between focus groups ranged from 3 to 4 months, which is more time than is preferable for maintaining a sequence of in-depth reflection on partnership issues.
3. Interpreters were present during the interviews with families who did not speak English in order to provide interpretation to the family

and to the interviewer. The data analysis process did not include a back-translation to ensure accuracy of their interpretation.

### **Implications for Future Research**

Future research should focus on the question of how to develop ethical guidelines for relationships between parents and professionals. Educators and families may appropriately engage, on the one hand, in an equal partnership to meet the needs of the child, and, on the other hand, they may be in a relationship where the educator provides support for intensive emotional challenges the family is facing, such as terminal illness of a child. How then to reach an appropriate ethical standard for practice? Future research should explore explicit parameters surrounding parents’ and professionals’ decisions about appropriate practices with each other.

In our study, a few respondents suggested practical or administrative factors that impede or facilitate the ability of professionals to be available or to more broadly interpret their responsibilities. These comments suggest a need for a more focused study exploring educators’ preferences for accessibility and job responsibilities. It is critical to consider implications of more fluid boundaries in family–educator relationships for educators’ job performance and quality of life. For example, should educators be expected to be available before or after working hours to answer calls or to provide services to the child and family? What accommodations should programs provide to enable them to make home visits, be available on a flexible basis, and respond reliably and promptly to calls from parents?

A more extensive implication for educator quality of life involves the emotional well-being of educators who regard the students and the families they serve as “more than just a number,” who demonstrate commitment by interpreting their responsibilities broadly, and who consistently “go the extra mile” for children and families. These are the professional ideals most educators entering the field initially pursue. However, this type of commitment involves what has been termed *emotional labor* (Hochschild, 1983; Murray, 1998), meaning that completion of one’s job responsibilities necessarily requires an emotional investment that is by definition a part of what we mean by “caring” for one’s students and their families. Professionals who care deeply about the people they serve have opened a boundary between their professional and personal selves—between their minds and their hearts—and it is clear from both the respondents in our study and the literature that these are the kinds of educators many families want, and that many professionals want to be. Yet, defining one’s responsibilities broadly and engaging in “emotional labor” may over time lead to increased stress, exhaustion, and burnout.

One consideration regarding educator quality of life is benefits returned to educators who invest in closer relationships. In the spirit of “what goes around comes around,” it

could be that educators who extend themselves are rewarded with families who extend themselves in return. Thus, families might engage in reciprocal "emotional labor" for the well-being of educators. The conversation about boundaries must consider how to (a) enhance quality of life for families without jeopardizing quality of life for educators serving them and (b) enhance quality of life for educators without jeopardizing quality of life for families. Ultimately, the goal is to create a mutually rewarding situation for both families and educators by defining boundaries that produce the greatest benefits and the fewest drawbacks.

In addition to research on the impact of more fluid boundaries on educators, it is also important to inquire into educators' expectations and preferences about the roles of parents related to availability and accessibility, breadth of responsibility, and dual relationships. These expectations were briefly alluded to in comments by practitioners in focus groups and interviews (e.g., comments about the need for parents to be reliable in keeping appointments). Further study should explore this question more fully.

We also suggest that a research agenda about parent-educator boundary issues should pay careful attention to variables related to the existence, type, and extent of disability; age of the child; and cultural values of parents and educator. Our qualitative study revealed substantial differences in perspectives of parents of children with and parents of children without disabilities regarding relationships with educators. Parents of children without disabilities in the focus groups described relationships with educators in very general terms, but none of them addressed boundary issues. It is not surprising that the experiences of families of children with disabilities with educators were far more frequent, intense, and provocative of personal reactions. In terms of the type and extent of disability, we hypothesize that parents of children with low-incidence disabilities and with more severe disabilities might rely more extensively on professional support because of the lack of experience that family members, friends, and members of the informal support system might have. Thus, they may prefer closer relationships and more fluid boundaries. This is an empirical issue that warrants systematic inquiry.

The age of the child can also influence boundary preferences of parents and educators. A family-centered philosophy is far more prevalent at the early childhood level than at other stages (Bailey et al., 1992; Dunst et al., 1991). Given this family-centered approach of including the family in all decision making, developing services for the whole family and not just for the child, being guided by the family's priorities for goals and services, and respecting the family's choices regarding their participation, it is likely that boundaries between parents and educators will be more fluid. As children age through elementary and secondary school, we predict that boundaries become firmer and more distant. Boundaries may again be more flexible and relationships closer when families and educators are working together to plan transitions from

high school to adulthood. In fact, given that transitions are typically the most stressful time in family life as it relates to childrearing (Carter & McGoldrick, 1980; Olson et al., 1983), families may have stronger preferences for closer relationships during times of change and new experiences.

Finally, cultural values clearly influence the extent to which parents expect to have formal versus informal, hierarchical versus egalitarian, and distant versus close relationships (Kalyanpur & Harry, 1999; Lynch & Hanson, 1998; Turnbull & Turnbull, 2001). For example, many Asian American parents prefer to show deference to educators by staying silent and even avoiding direct eye contact (Bennett et al., 1998; Park & Turnbull, 2001; Sileo & Prater, 1998). Cultural values of both parents and professionals will likely strongly influence the nature of their preferences toward boundaries in their relationships with each other. A research agenda should be rooted in multicultural perspectives in exploring boundary issues influenced by diverse cultural values.

### *Implications for Current Practice*

Pending clarifications that may be derived from future research, we encourage educators to engage in conversations with families to explore preferences and share their own preferences. Evolving "effective practice" concepts are increasing chances that educators and parents will be placed in situations where roles are ambiguous. For example, in early intervention, educators are encouraged to identify family routines and embed interventions in them; to do so may require educators not only to know about those routines but also to make home visits when these activities are carried out (e.g., child's bedtime, dinnertime). Similarly, functional instruction for students with severe disabilities requires teachers to work with students in vocational, leisure, shopping, or other community settings. All these practices increase the likelihood that the question of boundaries will emerge and make it even more critical that educators and parents have clear understanding of their respective expectations.

A prerequisite for having conversations with families about boundaries is for educators to think through their own preferences about relationship boundaries and also the feasibility of their "going beyond the call of duty." Given different types of professional and family responsibilities, some educators have more time and energy to be more available and accessible, to define their roles more broadly, and to spend time developing a deeper relationship with families. For other educators, this clearly is not feasible given their other responsibilities. Therefore, we recommend that part of professional development for all educators include self-reflection to determine what one prefers and what is possible at given times and under various circumstances.

Another benefit of dialogue with parents about boundaries may be a better understanding of hoped-for outcomes parents want from greater accessibility or broader role definitions, and discussion of how those outcomes can be achieved

without stretching the educator too thin. In our study, it appeared that respondents valued accessibility and broader responsibilities because these actions demonstrated caring on the part of professionals. Perhaps self-disclosure of one's circumstances (e.g., the educator's own childcare demands) coupled with a demonstration of caring in other ways (e.g., sending a card at birthdays) could meet the parents' need and help create a positive relationship.

We believe that directly addressing boundary issues in family-educator relationships is overdue for the field of special education, and we eagerly anticipate findings of future research that will provide more illumination of this crucial topic. Our hope is that the knowledge base will progress to highlight win-win situations in which family-educator relationships are catalytic for enhancement of quality of life for both families and educators. ■

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#### AUTHORS' NOTES

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