

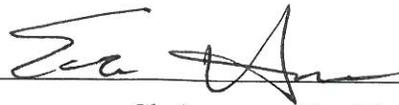
FAMILY-PROFESSIONAL PARTNERSHIPS IN ACTION DURING THE
IMPLEMENTATION OF A CHILD-FOCUSED INTERVENTION

BY

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Chairperson, Eva Horn, PhD



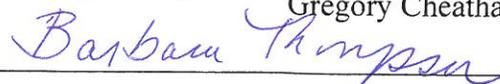
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ABSTRACT

This qualitative study explores and identifies observable behaviors and interactions of family-professional partnerships in action formed during the implementation of the *Foundations Intervention*. The *Foundations Intervention* is an intervention requiring families and professionals to engage in a mutual task of identifying a child's needs for change, selecting strategies to work on at both home and school environments, and then to reflect jointly on how well those strategies worked. The question for this study was to examine the observable interactions of the families and professionals as they worked together, to identify observable components of effective partnership. This study was an analysis of transcribed videotapes and other qualitative data gathered for 10 family-professional dyads who were engaging in the *Foundations Intervention*. The analysis involved coding the data using an initial framework developed by previous researchers on components of partnerships based on participants' retrospective perspectives and insights about partnership. The goal was to identify components of partnership that are readily observable and evident in real time and within the relatively short time-frame of the *Foundations Intervention*, i.e., *Partnerships in Action*. The study results yielded a framework for *Partnerships in Action*, including four primary domains: communication, skills, equality, and collaboration. Within each of these domains, I also identified and defined a series of indicators. The *Partnerships in Action* framework is a first step toward development of a functional tool to measure more objective behaviors and to provide guidance toward promoting better family-professional partnerships across home and school environments.

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Chapter 1: Introduction

Family–professional partnerships are equal collaborative relationships focused on benefitting families, professionals, and children. Families and professionals defer to each other’s judgment and expertise (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2015). For over thirty years, the concept of family and professional partnerships has been considered either a recommended or an evidence-based practice for working within home and school to support children with disabilities or developmental delays. This recognition of the need for effective interaction in the form of partnerships between families and professionals influences not only practice, but also policy, including research and federal legislation such as the Individuals with Disabilities Education Act (IDEA, 2004). However, while many people involved in education, including family members, teachers, and researchers, emphasize the importance of family-professional partnerships, often partnerships are unsuccessful or elusive (Bruder, 2010). While it is not clear why there is such a great disparity between research and practice, one explanation may be the inconsistencies in the definition of family-professional partnership. Another reason may be the lack of efficient ways to measure what happens between families and professionals and to describe exactly what families and professionals need to do in order to achieve an effective partnership. To address this problem, a functional definition of family-professional partnerships that occur in interaction between families and professionals within practice is needed, as well as an observational framework for measurement of family-professional partnerships.

Statement of the Problem

Few studies examine the nature of family-professional partnerships. Studies in the past have tended to examine the family’s satisfaction with services (Summers, Hoffman, Marquis,

Turnbull & Poston, 2005a; Summers et al., 2005b, Summers et al., 2007, Kyzar, 2010), the helpfulness of their service provider (Scarborough et al., 2004; Bailey, Hebbeler, Scarborough, Spiker, & Mallik, 2004), or how families interact with professionals (Dunst, Trivette & Hamby, 2007). All of these collect retrospective perspectives about the nature of the partnership. A measurement tool to examine what actually happens during a family-professional interaction in real time is not yet available in the literature. A functional tool to support family-professional partnership may be useful for families who have children with disabilities or developmental delays and the teachers who work with children with special education needs. To create such a tool, the first step would be the creation of a framework about family-professional partnership to help understand specific and observable behaviors comprising the nature of partnerships as families and professionals interact with each other in specific contexts. This framework, in turn, could be useful in identifying critical elements of partnerships *as they occur*, in order to promote better family-professional partnerships.

Purpose of the Study

While there is a consensus on the importance of promoting family-professional partnership, there is a need to identify observable behaviors and actions that professionals and families might take to support partnership. Researchers could use such a tool to investigate effective partnerships by observing interactions between families and professionals. Studies that address involvement of families during preschool years often fail to provide specific guidance for how this occurs (Waanders, Mendez, & Downer, 2007). Many studies of family-professional partnership in early childhood programs are unclear about how to help program staff develop effective partnerships. The studies highlight the need to enhance interpersonal relationships (e.g., respectful, helpful) and program infrastructure (e.g., caseload, resource development) (Fantuzzo,

Tighe, & Childs, 2000; Fogle & Mendez, 2006). However, these studies do not specifically address possible elements of the interactions needed to support the development of better partnerships. Although studies of perceptions of the qualities required for effective family-professional partnerships exist (e.g., Blue-Banning, Summers, Frankland, Nelson & Beegle, 2004), they typically describe perceptions of partnerships recalled by participants, rather than actual interactions between families and professionals. The purpose of this study is to identify concrete, observable, actions related to partnerships between families and professionals that occurred during the implementation of the *Foundations Intervention*. In particular, I am interested in understanding the observable characteristics of family-professional *Partnerships in Action*. I use the term *Partnerships in Action* to indicate that I will investigate an active, observable format to describe family-professional partnership, rather than perceived traits or attitudes that are not visible or audible in communication.

Importance of the Study

One way to study how partnerships evolve in real time is to observe families and practitioners in the context of their engagement in a task that requires them to work together. One model that might provide such a context for viewing observable behaviors and interactions that may result in enhanced partnerships, is the Foundations for Self-Determination in Early Childhood model or the *Foundations Intervention* (Palmer et al., 2013). The conceptual framework for the *Foundations Intervention* emphasizes that families and teachers of young children should adjust the environments of young children to work on skills of self-regulation and engagement, thus providing an early support for later self-determination. A critical but unexplained part of the *Foundations Intervention* is how families and professionals work together to bring about a change in the child's environment both at home and at school.

Understanding the behaviors and interactions required of families and teachers while they are actively engaged in the *Foundations Intervention* will (a) enhance knowledge about how families and professionals partner with each other during a child-focused intervention that was not tied to the Individual Education Plan (IEP) process, and (b) provide information about observable elements of partnership that include both a home and school focus, rather than simply a focus on what happens at school.

One of the ways to think about how to align the purpose of the study, the research question, and the importance of this study is to offer a definition of *Partnerships in Action*. A definition of *Partnerships in Action* will clarify the scope and purpose of this study and provide guidance to addressing the research questions to examine what behaviors and interactions are evident in the context of the partners interactions in real time (i.e., “in action”) as they engage together in a task. Thus, the definition for *Partnerships in Action* is as follows:

Partnerships in Action are clear and observable interactions between family members and professionals about the child contextualized across home and school environments.

Research Question

The specific research question for this study is, what are the observable behaviors and interactions that define *Partnerships in Action* between families and professionals? In Chapter Three, I will describe the method used to observe and identify the partnership behaviors of a sample of families from the *Foundations Intervention* study. In the following Chapter, I will review the literature to provide a more detailed examination of the rationale for this study.

Chapter 2: Literature Review: Evolution of Concepts Focusing on Family-Professional Partnerships

For young children enrolled in early education programs, the relationship between a child's teacher and his or her family members is critical to the child's development across all environments a child traverses (Pianta, La Paro, Payne, Cox, & Bradley, 2002). Recognition of families as their children's first teachers and as *the* experts on their family has been difficult to implement among professionals across early childhood environments despite widespread acceptance of family partnerships as an evidence-based practice (Dunn, Cox, Foster, Mische-Lawson, & Tanquary, 2012; Summers et al., 2007). Literature in the field of early childhood special education characterizes the relationship between families and professionals in two primary but sometimes overlapping ways: as family-centered practice or as family-professional partnerships. Understanding unique aspects of each definition and how these may converge can provide specificity needed to understand and implement effective partnerships with families across early childhood environments.

The idea of embedding interventions for young children in a collaborative partnership between home and school has roots in Bronfenbrenner's developmental model for human behavior, based on ecological systems theory (Bronfenbrenner, 1977). Ecological systems theory views human development as influenced by different environmental systems and identifies five systems within which an individual might interact. The *microsystem* refers to institutions and groups that most immediately and directly impact a child's development, including family, school, neighborhood, and peers (Bronfenbrenner, 1977). The *mesosystem* is concerned with the connections between family, teachers, and a child's peers through their interactions. For young children, Bronfenbrenner suggests that family is the most immediate and earliest influence on

their overall development. Families enhance and build their children's development by providing environments that are supportive of positive child outcomes. The need for young children to have supportive environments provides a strong rationale for partnering with families early in a child's life (Trivette, Dunst, & Hamby, 2010). Effective family-professional partnerships can be critical for ensuring consistency across the microsystem and the mesosystem to support positive child outcomes.

The importance of effective family-professional partnerships was reinforced most recently in the Division for Early Childhood (DEC) of the Council for Exceptional Children's (CEC) recommended practices. Using the best available empirical evidence as well as practical application (DEC Recommended Practices, 2014, p. 9), DEC created a document to help bridge the research-to-practice gap. *Family practices* is one of eight topic areas; however, this content regarding families is fundamental to all topic areas, as per the Bronfenbrenner model described in the previous paragraph. Three primary practices guide the family practice section of the DEC recommended practices: (a) active participation of families in decision-making specific to their child, (b) collaborative development of the Individual Family Service Plan/Individual Education Plan (IFSP/IEP), and (c) development and support of family members' goals for their child and other family members. These practices are conceptualized further into recommended family practices for practitioners in Table 1. Although family-professional partnership is recommended practice, this concept has evolved over time, through concepts such as family-centered practice, described next.

Family-Centered Practice

Family-centered practice emerged from the pediatric medical field (Kovacs, Bellin, & Fauri, 2006). When research on effects of separating hospitalized children from families was first

Table 1 - *DEC Recommended Family Practices: Key Actions for Professionals*

Professional Responsibility to Families	
Practitioners should:	
1	Build trusting and respectful partnerships with family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.
2	Provide family with timely, comprehensive, unbiased information for informed decision making.
3	Respond to family concerns, priorities, and changing life circumstances.
4	Collaborate with families to create outcomes or goals, develop individualized plans; implement practices addressing family priorities and concerns, child's strengths and needs.
5	Support family functioning, promote family confidence and competence, and strengthen family-child relationships by recognizing and building on family strengths and capacities.
6	Engage families in opportunities that support parental strength, knowledge, and competence with flexibility, individualization, and respect for family preferences.
7	Work with family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
8	Provide information to families of young children who have or risk having developmental delay or disability, and who are dual language learners (tell about benefit of learning in multiple languages for child growth and development).
9	Help families know, understand their rights under special education law.
10	Inform families about leadership and advocacy skill-building opportunities; encourage participation by those who are interested.

Note. Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*, p. 9.

published in the early 1970s, hospitals and other health care agencies began adopting policies that advocated partnering with families. In the United States, specific federal legislation in the late 1980s and early 1990s strengthened the importance of family-centered practice in health care (Kovacs et al., 2006). *Family-centered practice* was conceptualized as recognizing that each family is (a) unique, (b) a constant in their child's life, and (c) an expert on the child's abilities and needs. The service provider's goal is to support families in making informed decisions about the service and supports their child and family might need. One must consider the strengths and needs of all family members (Kovacs et al., 2006).

In the early childhood special education field, various definitions of family-centered practice have guided professionals when they interact with families (Ensher, Clark, & Songer, 2008; Dunst, Trivette, & Hamby, 2007). Epley, Summers, and Turnbull (2010) found 63 articles describing family-centered practice and extracted information about how family-centered practice was characterized in the literature. The authors identified five key concepts inherent to all or most definitions of family-centered practice: family-professional partnership, family choice, family as the unit of attention, family strengths, and family services. The authors also analyzed the frequency with which these concepts occurred in each of the 63 articles, in order to (a) find consensus of the meaning of family-centeredness; (b) provide guidance for competencies, curricula, and standards for professionals; and (c) provide a basis for evaluating outcomes of family-centered practice. The study's findings indicated that while key elements of family-centeredness are consistent across the literature, definitions of family-centeredness vary greatly. One of these consistent concepts is the idea and importance of family-professional partnerships (Epley et al., 2010).

Several studies examining practitioner behavior in relation to family-centered practice provide insight into how programs may fall short (Dunst, 2002; McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993; Trivette, Dunst, & Hamby, 1996). Dunst and Dempsey (2007) examined *relational* and *participatory* practices to determine the extent to which certain programs are family-centered. The relational component includes practices that reinforce active listening, compassion, empathy, respect, judgment-free dialogue, and professional beliefs that support parenting capacity and competency building. The participatory component includes practices that are individualized, flexible, and responsive to family concerns and priorities. These practices also provide families with opportunities to be actively involved in decisions and choices. Furthermore, the participatory component honors family-professional collaboration, particularly those family actions used for achieving desired goals and outcomes (Dunst, 2002). Findings across several studies produced consistent results related to professional behavior, which suggests that professionals in programs characterizing themselves as family-centered tend to have good relational skills, but are weaker in regard to helping families participate more fully (Dunst, 1997; Dunst & Brookfield, 1998; McBride et al., 1993; Trivette et al., 1996).

McWilliam, Tocci, and Harbin (1998) examined family-centered practice within early intervention and reported that the behavior of only 14% of early intervention professionals was consistent with the definition of family-centered practice. The mismatch between what is happening in the early intervention field and the definition of family-centered practice warrants reinvestigation, perhaps through the lens of family-professional partnerships discussed below. Although this research involves families and professionals serving children aged birth through three, this information is still relevant to the current study, which targets slightly older children.

If the basic implementation of family-centered practice is not yet in place during what we refer to as early intervention, it is certainly less likely to be implemented during the preschool years.

Family-Professional Partnerships

As early as 1978, Ann and Rud Turnbull, researchers associated with best practice related to families of children with disabilities, began investigating and sharing families' perspectives about what families wanted from professionals who supported their children. Families with young children were clear about their desire to have professionals listen to and work closely with them to effectively meet the needs of their child (Turnbull & Turnbull, 1978).

The definition of family-professional partnerships appeared in the mid-1980s with the book entitled *Families, Professionals, and Exceptionality: A Special Partnership* (Turnbull, Turnbull, Summers, Brotherson, & Benson, 1986). This landmark textbook highlighted the importance of a new approach for working with parents that emphasized shared decision-making between professionals and families. It was common for professionals to generally operate from a "power over" position in regards to families (e.g., telling parents how to raise their child with Down syndrome; Turnbull et al., 1986). The Turnbull's work generated discussion about approaches that might better reflect a partnership philosophy. Until this time, "parent training" or "parent education" were two terms often used in discussions of how to partner with families to indicate a unidirectional flow of power in which information flowed in only one direction – from the professional "expert" to the parent "non-expert" (Winton, Sloop, & Rodriguez, 1999). This did not reflect the type of partnership practices characterized by shared decision-making by families and professionals. The current definition of family-professional partnership is a:

Relationship in which families (not just parents) and professionals agree to build on each other's expertise and resources, as appropriate, for the purpose of making and

implementing decisions that will directly benefit students and indirectly benefit other family members and professionals (Turnbull et al., 2015, p. 161).

Based on an extensive qualitative study in which 137 family members and 53 professionals in a series of focus groups, were asked to define what they expected in a high-quality partnership, Blue-Banning et al., (2004) reported six categories of specific behaviors that define broad partnership principles. The categories include communication, commitment, equality, professional competence, trust, and respect. Communication was defined as verbal, nonverbal, or written messages that families and professionals use for communicating with each other. Communication indicators included being clear, being honest, sharing information, and communicating frequently. Commitment was defined by this group as what occurs when partnership members are all devoted or loyal to the child/family and realize the importance of shared goals. Indicators of commitment included flexibility, encouragement, consistency, and accessibility. Equality within the family-professional partnership included an emphasis on members who feel a sense of equity in decision-making and service implementation. In addition, all members of the partnership are equal when it comes to influencing outcomes for children and families. Equality indicators included validation, reciprocity, harmony, and avoiding turfism. Skills was defined as professionals being highly qualified in understanding and implementing “recommended practices” for working with children and families. Indicators for skills included taking action, having expectations for child progress, and a willingness to learn. Respect reflected the way each team member regards other members with esteem, through actions and communications within the partnership. Indicators of respect included honoring cultural diversity, exercising nondiscrimination, and avoiding intrusion. Trust involved partnership members who assure that the team is reliable, uses sound judgment, maintains confidentiality,

and trusts themselves. Being discreet and keeping the child safe also were indicators of trust (Blue-Banning et al., 2004).

Measurement of quality for family-professional partnership and family-centered practice involves development of such indicators. That said, relatively few studies examine outcomes related to the quality of family-professional partnerships. Most measures tend either to quantify or qualify (a) the family's value of or satisfaction with service, (b) perceptions of helpfulness, or (c) interactions with professionals; versus offering measures of what to do to increase the quality of family-professional partnerships. For example, the National Early Intervention Longitudinal Study (Scarborough et al., 2004; Bailey, Hebbeler, Scarborough, Spiker, & Mallik, 2004) followed 3,338 children in early intervention. An assessment of parents' satisfaction with their involvement in decision-making was one objective of the study. Questions for the families addressed feelings about professionals working with their child and whether early intervention professionals (a) respected family cultures, (b) respected family opinions, and (c) made families feel optimistic and hopeful about their child's future (Bailey et al., 2004). Information gathered in this study represented a first step toward understanding how families viewed the quality of their family-professional partnership. However, as a large scale data collection effort to learn how families perceive their experiences in early intervention, this study did not shed light on exactly what professionals did that led the respondents in the study to conclude that the practitioners respected them, gave them hope, etc.

Researchers may need to consider whether older measures of family-centered services are consistent with current practices found in the field (e.g., the Family Focused Intervention Scale; Mahoney, O'Sullivan, & Dennebaum, 1990; the Family-Centered Program Rating Scale; Murphy, Lee, Turnbull, & Turbiville, 1995). These measures reflect perceptions of families'

interactions with professionals but do not address outcomes of their partnerships. Research in family-centered practice tends to indicate professionals have a good understanding of relational practices such as active listening, compassion, and empathy, but still struggle to help families make informed, autonomous choices and decisions. Although relational skills are important, helping families participate more fully is a priority of the Individuals with Disabilities Education Act (IDEA, 2004). To be family-centered, both family participation in decision-making and relationships between families and professionals must both be in place. Family-professional partnerships help us understand the partnerships and participation as these constructs apply to relationships, since the definition gives clear guidance about sharing decision-making and bi-directional expertise between family members and professionals. This, in turn, leads to better understanding of what outcomes should be measured in family-professional partnerships.

Outcomes of Family-Professional Partnerships

Additional research on family-professional partnerships will set the stage for the ideas within this dissertation. The qualitative study by Blue-Banning and colleagues (2004), described earlier, formed the basis of a second phase of research to develop a measure of family—professional partnership based on the six domains with their various indicators identified in the qualitative work. The research team conducted two national field tests to examine the constructs of partnership statistically and to develop a psychometrically valid measure (Summers et al., 2005a). The resulting measure was an 18-item scale with two factors: child-focused partnerships and family-focused partnerships. The *Beach Center Family-Professional Partnership Scale* (Summers et al., 2005a) is thus a relatively short and valid measure that assesses the broad construct of partnership satisfaction on the part of families. It sheds light on the elements that are of primary importance to families, i.e., how professionals treat their child

and how they treat their family as a whole. Data from the tool can be used for making comparisons across types of services, ages, and severity levels to assess relative importance of and satisfaction with specific aspects of parent's partnerships with professionals. Another important aspect of the tool is its usefulness in program evaluation to assess family satisfaction with services. Items on the *Beach Center Family-Professional Partnership Scale* are useful as talking points for professionals and family members that can lead to greater understanding and future plans for eliminating barriers to high-quality partnerships (Summers et al., 2005a). While it is useful in a research context to examine outcomes of partnership in terms of family quality of life, or differences in partnership satisfaction based on various demographic characteristics of families (see below), this tool, again, does not provide guidance about the specific actions professionals must take that result in these perceptions about satisfaction.

Regarding understanding how family characteristics impact partnership satisfaction, a study using the *Beach Center Family-Professional Partnership Scale* (Summers et al., 2005b) examined perceived importance of and satisfaction with 18 aspects of a child and family's relationships with their primary service provider. Importance ratings were more stable and uniformly high for families with children whose ages were birth to three years, three to five years, and six to 12 years. But families with older children reported lower satisfaction with their partnerships. No reliable differences in importance levels were examined across respondent demographic variables, nor were there significant differences across age groups for perceived importance ratings. The findings suggest that differences in satisfaction do not stem from differing perceptions about what is important in successful family-professional partnerships. However, as children get older, families are less satisfied with their relationships with professionals. Professionals must understand how to better support families in partnerships with

professionals, and grasp that while work in early childhood is important, efforts to enhance family-professional partnerships extend across school careers of students with disabilities (Summers et al., 2005b).

Regarding research examining the impacts of partnership satisfaction on family outcomes, Summers et al. (2007) examined the relationships among family ratings of satisfaction with their partnerships, service adequacy and family quality of life (FQOL). Results suggested that most families were generally satisfied with partnerships with their primary service provider, the lowest mean satisfaction ratings were focused on the items asking about the provider's ability to meet their child's individual needs and to provide information about an array of services. The study also found that service adequacy ratings were a significant predictor of family quality of life and that family-professional partnerships mediated this effect (Summers et al., 2007). In other words, for example, higher satisfaction with partnerships helped to mitigate the impacts of service inadequacies on family quality of life.

Similarly, a study by Epley, Summers, and Turnbull (2011) examined the relationship among (a) parent ratings of the adequacy of Part C early intervention services, (b) immediate family outcomes measured by the Early Childhood Outcome (ECO) center, and Family Quality of Life (FQOL). Family outcomes identified and measured by the ECO center were that families, as a result of early intervention services, should (a) know their rights; (b) effectively communicate their children's needs; and (c) help their children develop and learn (Bailey, et al., 2006). Regarding service adequacy, parents were more likely to rate child services as meeting the child's needs than they were to rate family services as meeting their family's needs. Family services indicating high levels of need but low service adequacy ratings included respite care and information about their child's disability (Epley et al., 2011). The study's results demonstrate

that parent ratings of service adequacy are positively associated with immediate outcomes of services (i.e., ECO outcomes) and FQOL. Furthermore, the ECO outcomes of early intervention services partially mediated the relationship between parent ratings of service adequacy and FQOL. Conceivably, the ECO outcomes, especially those of knowing one's rights and effectively communicating needs constitute components of partnership skills for families. Thus, the Epley et al. (2011) study suggests that equipping families with these partnership skills makes a contribution to higher family quality of life (Epley et al., 2011).

Examining a population of children with deaf-blindness, Kyzar (2010) investigated outcomes of satisfaction with family-professional partnerships, perceptions of supports and services for their child, and FQOL for their families. Families' perceptions of the adequacy of their supports and services were significantly related to FQOL. The relationship was dependent on levels of satisfaction families had with family-professional partnerships and ages of the persons with deaf-blindness in the family. Four interaction effects significantly predicted FQOL: (a) education services adequacy x family-professional partnerships, (b) related services adequacy x family-professional partnerships, (c) friend and family support adequacy x age, and (d) child care adequacy x age (Kyzar, 2010). Similar to results in Summers et al. (2007), Kyzar's outcomes demonstrated a clear relationship between family-professional partnership and FQOL. Kyzar was also able to demonstrate that parents' perceptions of the adequacy of their child's services impacts the family-professional partnership. This finding is particularly important because professionals do influence the types of services children and families receive. This has been particularly true for families with whom race/ethnicity and socioeconomic status differ from those of their professional partners (Sontag & Schacht, 1994).

Characteristics of Families and Family-Professional Partnership

Development of family-professional partnerships has been challenging for families from diverse backgrounds and practitioners who work with these families because a successful partnership is based on the assumption that families understand home and school contexts in the same ways that professionals do (Crawford & Zygoris-Coe, 2006). Sontag and Schacht (1994) found that substantial numbers of Latina/o and Native American families of children with a disability reported problems about getting accurate information about services their children needed. Families were not told what services were available, nor did they believe they received complete, accurate, or consistent information across sources (Sontag & Schacht, 1994). Ryan and Smith (1989) looked at low-income Chinese immigrant families who had children with developmental disabilities. They found that limited English proficiency within these families impeded their understanding of diagnoses, slowed the obtaining of information about the disability, and restricted families' use of social services (e.g., translation, respite care). The study is consistent with other research suggesting that participation challenges continue for many families, particularly families whose first language is not English (Harry, 2008; Lian & Fontnez-Phelan, 2001; Salas, 2004; Tellier-Robinson, 2000). When early intervention partnerships do not express their ideas in families' first languages, they may not be providing opportunities for meaningful IFSP/IEP meeting participation and for other IDEA mandates (Cheatham, 2011; IDEA, 2004).

Culture and Self-determination

Along with language barriers, families from diverse cultures may have different understandings of the roles of families in partnership with schools (Ladky & Peterson, 2008). For example, many Afro-Caribbean populations place a high value on preparing young children for

school by teaching them pre-academic skills and proper behavior. These families do not see needs for family involvement in school-based activities (Mitchell & Bryan, 2007;Roopnarine, Krishnakumar, Metindogan, & Evans, 2006). Similarly, Latina/o parents often do not attend school events, volunteer in classrooms, or communicate directly with school staff, especially if they do not speak English (Llagas & Snyder, 2003; Mariñez-Lora & Quintana, 2009; Wong & Hughes, 2006). However, these same families appear to engage in high levels of home-based involvement by emphasizing educational values, providing educational resources to their children, and ensuring their children have adequate nutrition and rest (Hill & Torres, 2010; Martinez, DeGarmo, & Eddy, 2004; Niemeyer, Wong, & Westerhaus, 2009; Tang & Kao, 2012). Generalizing information about family perceptions between and within particular races is difficult because families within specific racial categories are more different than similar. However, these studies focus attention on family challenges related to language barriers, shared understanding, and educational values relevant to establishing family-professional partnerships.

The construct of self-determination provided the focus of the *Foundations Intervention* which is the context for exploring partnerships in this study. It is another area where cultural barriers may be relevant. Wehmeyer (1992) states that self-determination refers to the attitudes and abilities required to act as the “primary causal agent in one’s life and to make choices regarding one’s actions free from undue external influence or interference” (p. 305). Foundational skills of self-determination such as self-regulation and engagement manifest themselves differently across different cultures. Differences in understanding could include: (a) beliefs and expectations about child development (Frankland, Turnbull, Wehmeyer, & Blackmountain, 2004), (b) beliefs and common meanings about promoting self-determination in young children, and (c) meanings and milestones of independence versus interdependence as

they relate to capacity for building competence within family or community life (Palmer et al., 2013). For example, many families of Mexican American descent encourage their children to perform chores to support family functioning (e.g., washing dishes, sweeping floors; Huer, Parette, & Saenz, 2001). European-American parents are more likely to focus on their child's own interests across the community (e.g., dance, sports; Palmer et al., 2013). This is not to say that children in this country do not help at home, but involvement in activities based on child interests outside the home is an expectation for many middle class families in the United States. Interdependence of family members in many other cultures does not negate the need to be self-determined to the extent that families support. However, independence is often incorrectly touted as a critical part of self-determination, rather than the emphasis on causal action or making something happen that is important to one personally. Differences stemming from cultural background about the nature of the joint task, which is a focus of this study, may have an impact on the partnership experience.

Family-Professional Partnerships in Promoting Self-Determination

Bronfenbrenner's ecological systems theory (1977) highlights factors (e.g., family values, characteristics) that can influence family-professional partnerships. Ecological systems theory can also be used to examine child, family, school, and community factors associated with the promotion of foundational skills of self-determination (Shogren, 2013). Few studies have examined factors or strategies to help families focus on creating the impetus for self-determination skills in their homes. Brotherson and colleagues (2008) investigated home environments to study how families arrange the child's environment to support developing skills (Brotherson, Cook, Erwin, & Weigel, 2008). Palmer et al. (2013) theorized that supporting foundational skills of self-determination was important not only in the home, but also in

preschool environments. Strategies to promote development of self-determination in early elementary environments exist; however, this research has been limited to roles of educators or related support personnel (Shogren & Turnbull, 2006). Although literature attests to the importance of self-determination in these two different contexts – home and school – the focus has not been on a collaborative effort to support both families and professionals to promote self-determination of children.

In an initial study of goal setting and problem-solving for students prior to adolescence, Palmer and Wehmeyer (2003) adapted the Self-Determined Learning Model of Instruction (initially developed for adolescents) for students in kindergarten to third grade. The self-determined learning model of instruction is a problem-solving process used by teachers to enable students to self-direct their learning and become causal agents in their own lives. This approach was extended in several publications to suggest families could reinforce at home the skills children were learning in school (Palmer & Wehmeyer, 2002; Lee, Palmer, Turnbull, & Wehmeyer, 2006), but to date no research has examined how relationships between teachers and families affected student's learning of self-determination skills. Similarly, Erwin and Brown (2003) developed a series of questions that families and early childhood professionals could use to assess young children's opportunities for self-determination within natural learning environments. Although the questions helped families and early childhood professionals better understand what they might do to promote self-determination opportunities, the questions did not address how families and teachers could work together to promote these opportunities (Erwin & Brown, 2003). Clearly, few researchers have addressed the role of families in supporting self-determination for young children beyond noting the need for more data to encourage promoting the beginnings of self-determination in early childhood.

Families and a Focus on the Foundation for Self-Determination in Young Children

Summers and colleagues (2014) investigated families' perspectives about foundations of self-determination and strategies used to develop foundational skills leading to later self-determination (i.e. choice making, self-regulation, and engagement) for their young children with disabilities. The qualitative analysis aimed to a) determine what families believed was important when working with practitioners in partnership to build foundational skills leading to self-determination at home and school, b) find out what families think about providing opportunities for developing foundational skills, and (c) find how families provide opportunities for developing these skills. In in-depth interviews and an open-ended online survey, families reported a variety of strategies used to develop choice-making, self-regulation, and engagement skills. This knowledge and wisdom shared by families contributes to the growing knowledge base in the field regarding families' attitudes about the foundational skills needed for later self-determination. In addition, the conceptualizations shared by families regarding the foundational skills of self-determination provide solid ground for successful partnerships between families and professionals, according to Summers and colleagues (2014). Shared understanding between families and professionals in early childhood programs, can translate into successful interventions for the child at both home and school (Summers et al., 2014).

Self-Determination Intervention in Early Childhood Programs

A conceptual framework describing the Foundations for Self-Determination Intervention model actively utilizes family-professional partnerships to promote self-determination (Palmer et al., 2013). This model's conceptual framework proposes that early in life, children can begin to develop some essential skills such as self-regulation and engagement that will lead to self-determination (hence, "foundational" skills). The model further proposes that effective

development of these skills requires adults in the child's environment to collaborate across environments to provide intentional and consistent cues to further shape both engagement and self-regulation (Palmer et al., 2013). Using a four-part process, *Assess, Select, Try It, and Reflect*, a facilitator guides a family member and practitioner to collaborate on developing strategies for young children who were not necessarily noticing or following environmental cues at home and school to develop positive outcomes that could be the start of a firm foundation for later self-determination. This model shows promise for supporting young children with disabilities in becoming more self-regulated and engaged at home and in preschool settings in the context of family-professional partnerships (Palmer et al., 2013; Summers et al., 2014; Stroup-Rentier, Summers, Palmer, & Turnbull, 2015; Haines, 2013).

Figure 1 depicts the Foundations of Self-Determination for Preschoolers Intervention, referred to from now on as the *Foundations Intervention*. The model consisted of a problem solving process for families and practitioners, with the help of a facilitator, to use in setting short term functional goals for young children at home and school with four components: *Assess, Select, Try It, and Reflect*.

In the first step, *Assess*, the dyad of family member and professional, along with support from a facilitator, met to work through the *Foundations Home-School Conversation Guide*, adapted from McWilliam's Routines-Based Interview (RBI) (McWilliam, Casey, & Sims, 2009). This format highlighted usual daily routines in both home and classroom on the same page, in parallel, enabling conversation about areas of strength and need for the child (e.g., dressing or bedtime at home, transitions or free play at school). In each dyad, the professionals and family members reflected jointly, with support from a project facilitator, on the children's daily routines in the contexts of their families and classrooms.

Second, the *Select* process encouraged the family member, professional, and facilitator to work together to *select* a short-term goal (for example, six to eight weeks). Once the family members and professional agreed on a specific goal for home and school, the facilitator helped to develop criteria for the Goal Attainment Scale (GAS) measure (Kiresuk, Smith, & Cardillo, 1994). The GAS provided a means for the family member and practitioner to agree together on not only the goals, but also the criteria to measure success (steps in possible goal progress). After identifying the goal, the facilitator used steps for the goal to develop a five-part rubric to measure goal attainment providing a way to score child progress.



Figure 1. Foundations of Self-Determination Intervention in Early Childhood Programs or Foundations Intervention.

Third, the *Try It* step included the family member and the professional in using one or more strategies at home and school to address the selected goal. A key feature of this step involved asking family members or professionals to use a flip camera or videophone to record the child trying the identified strategies, recording data about results, and sharing child progress

on a regular basis. The dyad communicated regularly during the *Try It* phase, based on the preferences of the dyad members, the means of communication (e.g., face-to-face meetings, emails, or phone messages). The facilitator made regular contacts individually with the family member and the professional to support the *Try It* efforts.

Fourth, the *Reflect* step involved the family member and professional thinking jointly about how well the strategies worked. This shared reflection resulted in selection of a new goal or in revision of the strategies to continue working and improving on an existing goal, depending on the judgment of the family member and the professional. While the facilitator continued to assist the family member and professional during this reflection, this role was more like a “guide at the side” during reflection. The facilitators intentionally reduced their level of support as the partnership between the family member and professional progressed over time.

The results of implementing the *Foundations Intervention* reported in Palmer et al. (2015) suggest that the *Foundations Intervention* provided a feasible method and logical framework for organizing the family-professional partnership around the needs of the child specific to engagement and self-regulation across home and school. Results showed adequate implementation fidelity and usefulness of the intervention, as the *Foundations Intervention* was applied in real-world settings with economic, geographic, and racial diversity. Used as both an outcome measure and as a functional part of the *Foundations Intervention*, the Goal Attainment Scale (GAS) (Kiresuk et al., 1994) results showed that the *Foundations Intervention* was effective on the children’s goals that families and professionals set at home and school. Likewise, gains in child outcomes became stronger when families and professionals used the *Foundations Intervention* to set goals of the same type (e.g., self-regulation and/or engagement) across home and school environments (Palmer et al., 2015). For the outcome of child

engagement, significant intervention effects were demonstrated for Competent Engagement on the *Children's Engagement Questionnaire* (CEQ; McWilliam, 1991) as reported by both families and professionals. The child outcome measure of self-regulation, collected by the Devereux Early Childhood Assessment (DECA) (LeBuffe & Naglieri, 1999) and rated by families, showed significant differences in pre and post intervention ratings. While the professional ratings show positive trends in the pre and post intervention ratings, the results were not significant. While the Palmer and colleagues' (2015) study did not use a control group to demonstrate effectiveness of the *Foundations Intervention*, it does show promise as an evidence-based intervention strategy to promote the foundational skills of self-determination and family-professional partnership.

Additional analyses of the process of the *Foundations Intervention* included a case study of the *Foundations Intervention* at one Head Start program. This further analysis provided an initial in-depth exploration of family-professional partnerships within the *Foundations Intervention* (Stroup-Rentier, et al., 2015). The purpose of this study was to examine pre-existing attitudes and structures related to partnerships at one Head Start program and to gain insight into the intervention's influence on this setting's partnerships. Findings indicated that the *Foundations Intervention* was a good match for this Head Start program, and showed how the intervention process, which relied on the existing beliefs and administrative structures, led to perceptions by the study participants that the intervention had a positive impact on family-professional partnerships (Stroup-Rentier, et al., 2015). This qualitative study suggested that the *Foundations Intervention* model may be feasible for use in a typical program providing services to a racially and economically diverse set of families. While this was only an exploratory study, it appears that interventions similar to the *Foundations Intervention* could be a tool used to support family-professional partnerships in Head Starts and other early childhood programs. To

date, there has been no additional work completed to further examine the family-professional partnership and the *Foundations Intervention*. The present study will continue this work of analyzing extant data collected during the original *Foundations Intervention* study.

Purpose of the Family-Professional Partnership in the *Foundations Intervention*

The intended purpose of the family-professional partnership aspect of the *Foundations Intervention* was to enhance communication and partnerships between families and professionals, often teachers, to promote more effective child outcomes in early childhood settings. By acknowledging cultural and family/professional preferences and perspectives, the *Foundations Intervention* intended to promote sharing information between families and professionals to benefit young children across home and school settings (Palmer et al., 2015). The strong emphasis on family and professional collaboration in the *Foundations Intervention*, which involved close cooperation at each step, was a short-term intervention lasting anywhere from six to eight weeks, the length of time required to set and achieve one round of goal-setting at home and school. Other studies focusing on family-professional partnerships have not been based on an intervention implemented jointly by a family member and professional acting in partnership, but rather have looked at parent perceptions of the family-professional partnership over time (Kyzar, 2010; Summers et al., 2005a; Summers et al., 2005b; Summers et al., 2007). In addition, due to the short term nature of the *Foundations Intervention*, tools assessing the broad construct of partnership, such as the *Beach Center Family-Professional Partnership Scale* were less likely to show pre-post differences in dimensions of partnership within a short period of time. These tools are designed to elicit more generalized perceptions about the quality of a partnership and less targeted to measure reported or observable elements of partnership. Another factor that makes the *Foundations Intervention* unique is its orientation towards having families

and professionals problem solve together with frequent exchanges of information between the families and professionals which focus on the child's short term goals. The *Foundation Intervention* implementation study by Palmer et al. (2015) examined the impact of the *Foundations Intervention* on improving the engagement and/or self-regulation of children who were the focus of the goal setting between families and professionals. However, this study did not directly focus on investigating the nature and characteristics of the interactions between the family and professional, in terms of their partnership engagement while completing the tasks of the intervention.

Rationale for the Current Study

A critical but unexplained part of the *Foundations Intervention* is how families and professionals connect to bring about a change in the child's environment both at home and at school, to achieve positive outcomes. Understanding the action of family-professional partnerships while engaged in the *Foundations Intervention* will enhance knowledge about how families and professionals partner with each other during a child-focused intervention. The primary reason for conducting this study includes the lack of research on short-term, observable, and measurable behaviors that help us to understand what family-professional partnerships look like in action and practice.

Purpose of Study and Research Question

The purpose of this study is to investigate family-professional partnerships formed during the implementation of the *Foundations Intervention*. In particular, I am interested in understanding the observable characteristics of family-professional partnerships in action. Therefore, the research question for this study is, what are the observable behaviors and interactions that define *Partnerships in Action* between families and professionals?

Chapter 3: Research Methods

This study is a qualitative exploration of family-professional partnerships evidenced within the *Foundations Intervention*, described in Chapter 2. The primary source of information for this work is the initial and final videos recorded during the first and last steps of the *Foundations Intervention, Assess and Reflect*, as well as additional documentation described subsequently.

Research Design

Phenomenology involves the analysis of how people experience phenomena and is the theoretical basis of this study's qualitative inquiry approach. Creswell (2013) describes phenomenology as a search for central meaning based on images and outward appearances. Qualitative inquiry incorporates iterative, rigorous data collection and analysis processes (Creswell, 2005). I used phenomenological theory to explore the lived experiences of this study's participants in relation to family-professional partnerships during their participation in the *Foundations Intervention*. These methodological processes entailed gathering primary data, conducting comparative analyses, developing and interrelating categories of information, and developing propositions. This design is ideal when the researcher's purpose is to generate predictions, explanations, interpretations, and applications (Creswell, 2013) and was particularly appropriate for this study of family-professional partnerships.

Researcher Background

In qualitative studies, researchers reflect on their backgrounds to provide perspectives on study findings, illuminating their own assumptions, experiences, and belief systems (Creswell & Clark, 2007). I have professional and personal experience with family-professional partnerships. As a professional, I have facilitated over 250 Individual Family Service Plan (IFSP) and

Individual Education Plan (IEP) meetings and have worked with several thousand families. Additionally, I have worked in the field of early childhood special education for 25 years in a variety of roles including as a program coordinator and technical assistance provider. Currently, I work for the Kansas State Department of Education as an Assistant Director. Since 2003, I have participated in early intervention and special education services as a family member. Three of my children received early intervention services, and one of my children currently receives special education services. As a parent, I have attended over 40 IFSP and IEP meetings representing several of my own children and have spent many hours communicating with professionals. These experiences shaped and will continue to influence my experience as a researcher and administrator. I believe family-professional partnerships (a) should be supportive and integrated; (b) meet the informational, financial, logistical, and material needs of all families; and (c) enhance the family's quality of life. I am female, white, and have a middle-class background. While I was involved in the larger Foundations study, I facilitated the *Foundations Intervention* in two sites for this current study.

Participants

I used a purposive sampling plan (Patton, 2001) to select dyads that participated in the *Foundations Intervention* study. Purposive sampling in qualitative studies (which inherently employs small numbers of participants) maximizes diversity of participants in order to capture a wide range of possible differences in experiences of the participants relative to the phenomenon or phenomena studied (Patton, 2001). I selected only the number of potential participants for whom there were complete data sets – specifically, those families and professionals who participated in pre- and post-videotaped interactions from the first and last sessions of the intervention. Based on this criterion, 10 potential dyads out of the original 48 dyads were

available for purposive sampling. Although each of the 48 dyads set goals and completed most aspects of the intervention, a full set of recordings and notes related to family-professional partnership aspects of this dissertation study were incomplete. From this smaller pool of 10 dyads (10 children) with complete data (including nine family members due to one set of siblings), and seven professionals due to one teacher working with three different children during the course of the study, key characteristics included (a) race/ethnicity of the family and child, (b) family income, (c) determination of disability, (d) setting, and (e) facilitator. The following information will describe the participants in this dissertation study.

Race and ethnicity. Racial and ethnic diversity was present in the group of 10 children; four were White, non-Hispanic/Latino, five were American Indian with two of these children also being of mixed race Hispanic and American Indian, and one child was African American.

Family income. Relevant to family income, families in the selected sample of ten dyads were predominantly from low-income families. Seven families reported incomes of less than \$19,000; one family reported an income of between \$20,000 and \$39,000; and two families reported incomes between \$40,000 and \$59,000. These income levels and other demographic information presented above were representative of the *Foundations Intervention* study as a whole.

Determination of disability or delay. Six of the 10 children in the currently selected sample had Individualized Education Plans (IEPs) to receive services under the IDEA. These children received a wide range of special education services. The remaining four children did not have IEPs. One child had recently been dismissed from special education services upon transfer to preschool.

Settings. Three different settings were included in the selected sample. These settings included three distinct types of early childhood programs: (a) Head Start (three children), (b) early childhood special education with included peers (four children), and (c) a community-based preschool (three children).

Facilitators. Four facilitators participated with the 10 families. Facilitators' roles included (a) interacting with dyads, (b) facilitating pre- and post-partnerships meetings, and (c) insuring that steps in the intervention occurred. The sample of 10 children described in Table 2 includes four facilitators (labeled A, B, C, and D in Table 2).

Table 2

Participant Grid

Dyad Number	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
Race/ethnicity	AA	H, AI, AN	C	AI, AN	C	C	AI, AN	H, AI, AN	C	H, AI, AN
Income	\$20-39K	\$<19K	\$40-59K	\$<19K	\$40-59K	\$<19K	\$<19K	\$<19K	\$<19K	\$<19K
IEP	Y	Y	Y	Y	N	N	N	Y	N	Y
Setting	ESE	ESE	ESE	HS	CB	HS	CB	HS	CB	ESE
Facilitator	A	A	B	B	C	D	A	A	C	B

Note. D= Dyad number; AA = African American; H = Hispanic; AI = American Indian; AN = Alaska Native; C = Caucasian; K = 1,000; Y = Yes; N = No; ESE = Early childhood special education classroom; HS = Head Start; CB = Community-based preschool.

Table 2 is the purposive sample grid featuring the key characteristics of the participants, illustrating the wide array of characteristics of this smaller sample. Since this is a qualitative investigation of ongoing partnerships from a larger study of the *Foundations Intervention*, these

10 cases represent a relevant range of important characteristics (e.g., race/ethnicity, income).

Data Collection

The larger *Foundations Intervention* used a number of data sources to assess social validity, fidelity of implementation of the intervention, and child outcomes (Palmer et al., 2015). However, this dissertation study used only data sources relevant to family-professional partnerships. These included (a) pre- and post-videotapes of partnership meetings, (b) transcripts of pre- and post-videotapes from partnership meetings, (c) available documents and artifacts (e.g., facilitator field notes), (d) open-ended responses from the social validity measure, and (d) open-ended responses from the fidelity measure.

When families and professionals interacted during discussions in the initial and final facilitated meetings, the researchers videotaped these first and last parts of the *Foundations Intervention* process. Essentially, at the beginning of the intervention, we were deciding on the child goals for home and school, using the *Assess* step of the *Foundations Intervention*. After the families and professionals implemented strategies to meet the goals both in the home and classroom, they then met to *Reflect* (Step 4 in the *Foundations Intervention*) on how the intervention worked. The families' and professionals' reflection included: (a) the child's progress towards their goal at home and school, (b) the interaction with other team members and/or family members and how that impacted the child's progress, (c) the necessary modifications to the goal to optimize the child's success, and (d) the steps to enhance the existing goal or a discussion of future work towards a new goal.

Data Sources

Table 3 is table of the data sources used in this study. The following sections describe these measures.

Table 3

Data Sources

Process Measures	Collection	Target Participants
Partnership videotape	Pre-Post	Families, professionals
Partnership transcription	Pre-Post	Families, professionals
Documents, artifacts	Ongoing	Families, professionals
Foundations Social Validity Measure	Post	Families, professionals, facilitators
Foundations Fidelity Measure	Post	Families, professionals

Pre- and post-videotapes of partnership meetings. Videotaped observations of pre- and post-partnership sessions enabled me to better understand how the *Foundations Intervention* process affected family-professional partnerships. I frequently reviewed portions of sessions particularly relevant to the research questions to examine *Partnerships in Action*. My analysis of the videotapes required at least 2 1/2 hours of viewing per dyad, for a total viewing time of 25-30 hours. Most of the pre- (beginning) videotapes had durations of 60 to 90 minutes; the post- (ending) videotapes had durations of less than 60 minutes. This data source was vital in providing a richer and deeper understanding of how the family-professional partnerships worked during the *Foundations Intervention*.

Partnership transcripts. Pre- and post-videos of partnership meetings were intended to document the quality of partnerships between the professional and the family from the beginning

to the end of the six- to eight-week *Foundations Intervention* process, however these were not analyzed as part of the larger study. The initial or pre-intervention video included conversations between team members about (a) what was currently happening at home and school with the child, (b) what was and was not working, (c) selection of a goal to address what was not working, and (d) possible strategies to address the goal. Goals similar enough to work simultaneously in home and school settings received special attention. Post-intervention videos included conversations about how the process worked for the team and were specific to (a) strategies used for addressing the goal, (b) how strategies were changed/tweaked to better address the goal, (c) reflection of how changing strategies and addressing the goal worked for the child/family/teacher, (d) how the overall process impacted the child in the context of classroom/home setting, and (e) how the overall process impacted family-professional partnerships. The larger Foundations study did not use the videos, but the audio portion of the videos were transcribed to provide a data source for this dissertation study. I watched the videos that corresponded to the transcription and added any observed context to the transcribed copy to strengthen the understanding of the words. This data source not only enhanced the viewing of the pre- and post-videotapes; it assisted in keeping the focus on the intent of the research questions, observing *Partnerships in Action*.

Documents and artifacts. I analyzed a series of documents and artifacts (see Appendix B) collected in the *Foundations Intervention* to determine (a) the degree to which families and professionals jointly selected strategies and interventions, (b) the degree to which families and professionals followed through on the intervention, and (c) the level of family and professional engagement. Types of documents and artifacts used during the *Foundations Intervention* include (a) intervention strategy materials that were developed (e.g., social stories, visual aids), (b) joint

planning notes, and (c) field notes (i.e., written accounts of researcher/facilitator observations and experiences during *Foundations Intervention*). These documents and artifacts assisted me in understanding *Partnerships in Action* (e.g. who initiated the goal, was a similar goal worked on jointly at both home and school).

Foundations social validity measure. Entitled the *Self-Determination Foundations Study Feedback* tool, this measure had 13 items rated on a 5-point Likert scale (Summers, Palmer, Brotherson, Maude, & Erwin, 2012a) Items addressed (a) teachers' and families' perceptions of increases in their knowledge and skills related to the child, (b) usefulness of intervention components, and (c) views regarding use of video and timing of intervention steps. Family members, facilitators, and professionals completed this form independently. In addition to numerical ratings, the form invited comments from participants about their overall impressions of the process. Five open-ended questions were included on this measure. They included: (a) What did you learn through participating in this experience?; (b) What did you learn about your child/student that you did not know before?; (c) What do you think that this child gained from being a part of this research process?; (d) Is there anything else you would like to share about this study?; and (e) What can we do to improve this study? I compiled open-ended responses to the social validity questions for each of the 10 dyads represented in the study. The compiled documents for Dyad 1, Dyad 2, and so on, formed part of the data set for coding the perspectives of the dyad members with respect to identifying observable indicators of *Partnerships in Action*. The data were helpful in interpreting the video interactions and assisted in understanding later phenomenon. Appendix A contains copies of measures described here and below.

Foundations of self-determination fidelity measure. Professionals, families, and facilitators independently completed the *Foundations of Self-Determination Fidelity Measure* (Summers, Palmer, Brotherson, Maude, & Erwin, 2012b). This measure asked participants to report the degree to which they had completed 13 items related to the five components of the intervention on a Likert scale by rating these from 1 (not at all) to 5 (completely). Each section of the measure corresponded with each step in the *Foundations Intervention (Assess, Select, Try, Reflect)*; all the sections also work together as a unit. After each section, there is a comment box asking participants to provide further comments relevant to each step in the *Foundations Intervention*. I compiled and coded the open-ended comments for this fidelity measure for each of the 10 dyads, as described above with respect to the social validity measures. These comments provided insight into the perspectives of the participant about their own abilities to carry out each step of the *Foundations Intervention*.

Data Analysis

Miles, Huberman, & Saldana (2013) suggest the use of a confirmatory conceptual framework as a starting point to guide the initial coding process. Figure 2 is my confirmatory conceptual framework, based on the work of Blue-Banning et al., (2004). Using this framework, I analyzed the data beginning with the six partnership domains suggested by Blue-Banning et al. This included using the six domains of partnership these researchers identified: (a) communication, (b) commitment, (c) equality, (d) skills, (e) trust, and (f) respect, along with their accompanying indicators. Using a confirmatory conceptual framework in this study set a basis for the first round of coding. This framework allowed me to expand on what we already knew about family-partnerships (domains and indicators) to begin to build a new framework to support *Partnerships in Action* (Miles, Huberman, & Saldaña, 2013). Through this analytic

process, I expected these indicators to change as the data reflected new insights through comparison between initial codes and themes successively identified in the coding process (Creswell, 2013). Blue-Banning and colleagues (2004) gathered perceptions of family members through the mechanism of focus groups and elicited more general opinions from participants about characteristics of effective partnerships. In contrast, this study analyzed data emerging from actual statements and observations of family and professional interactions as they engaged in an intervention project; hence, the indicators derived from this study are more accurately seen as *Partnerships in Action*. I organized and analyzed data following the four phases of Creswell's (2013) recommended practices: (a) preparing and organizing data, (b) describing and coding data, (c) synthesizing codes into themes, and (d) interpreting data and reporting findings. This was an iterative process and as the data were analyzed, additional family-professional partnership key domains and/or indicators were added to the initial spreadsheet. This enabled me to describe in a more definitive manner the family-professional *Partnerships in Action* in context of the *Foundations Intervention*.

Preparing and organizing data. A student assistant transcribed video recordings of pre- and post-video partnership meetings verbatim. For each dyad, I created an Excel spreadsheet tab for each data source. In other words, there were 10 spreadsheets, each with four tabs: (a) transcriptions and videotapes, (b) social validity, (c) fidelity open-ended comments, and (d) documents/artifacts. Using this organizational structure, I recorded ideas and thoughts during the data analysis process within tabs. On the left column of the tabs for Dyad 1 were the initial partnership indicators for each of the domains from the confirmatory conceptual framework for Family-Professional Partnership (Blue-Banning et al., 2004).

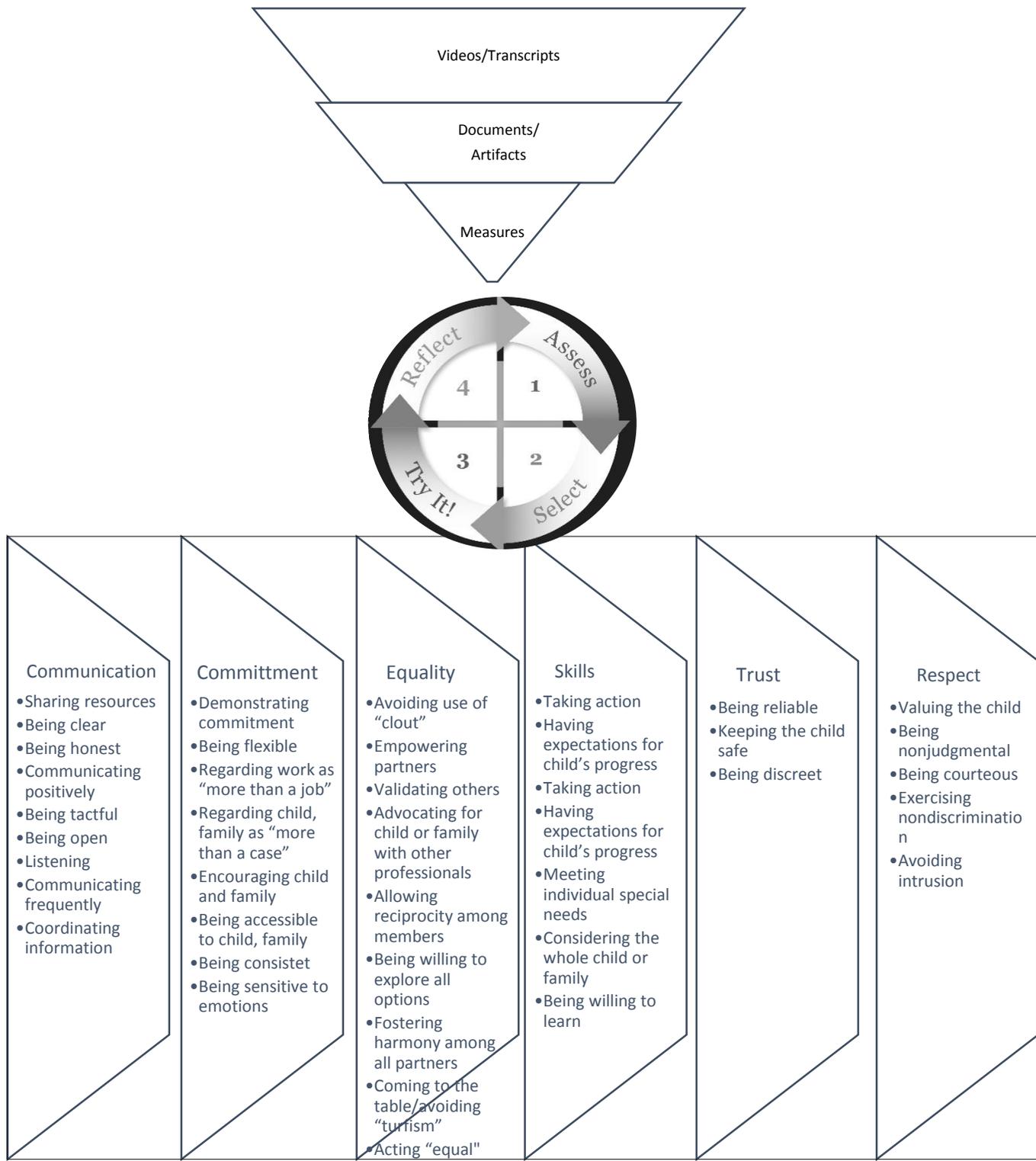


Figure 2. Confirmatory Conceptual Framework for Family-Professional Partnership

Note. Blue-Banning et al., 2004 & Palmer et al., 2013

I analyzed all data sources from Dyad 1, in which I coded sections of the data that were relevant to the initial framework, and also added any new indicators or domains. For example, for Dyad 1, within the communication domain, I added the indicator of same page. I applied the same procedure to the data for Dyad 2. I created a new spreadsheet for each dyad, copying the revised code for Dyad 1 into the spreadsheet for Dyad 2. Similarly, I copied the revised spreadsheet for Dyad 2 into Dyad 3 initial spread sheet and used that for the coding process. Once I had finished this process with all dyads, followed up with memos that reinforced or challenged my existing constructs.

Describing and coding data. By using a constant comparison analysis procedure, I examined each dyad in succession starting with Dyad 1, then Dyad 2, then Dyad 3 and so forth. I did this for each dyad, until no more codes could be added (after Dyad 8); in other words, I reached saturation. I used both descriptive and *in vivo* (Saldaña, 2012) coding procedures for the open-ended questions on the process measures and the partnership videos for Dyad 1. Descriptive coding summarizes the basic topic of the data in a word or short phrase (most often a noun). Codes were identifications of topics or categories rather than abbreviations of content. The content word or phrase represented the substance of the message with the primary goal to assist readers in gaining a clear understanding of what was seen and heard (Wolcott, 1994). *In vivo* coding is the practice of assigning a label to a section of data (e.g., an open-ended question) using a word or short phrase taken from that section of data (Saldaña, 2012). An example of an *In vivo* code from the data in this study was “I love collaborating to develop a common goal,” which became a code/indicator entitled “collaboration.” These two coding approaches enabled me to stay as close as possible to the research participants' words or to use their terms to capture key elements of family-professional partnership. Descriptive coding is also a method that is

appropriate for document and artifacts (Saldaña, 2012). Therefore, descriptive coding was the coding procedure for reviewing documents and artifacts. A descriptive coding example for the data was “demonstrating commitment” as evidence in one of the social validity measures. After completion of coding across all data sources, synthesis of the first-cycle codes occurred.

I reviewed the analysis and codes from Dyad 1 with a peer researcher, who was a principal investigator from the *Foundations Intervention* study. This researcher contributed to the overall study by expanding my understanding of the data and attention to the identified research question of the study. Together, the peer researcher and I agreed on any expansions or additions of indicators from the initial coding structure developed in the initial codebook for Dyad 1. We retained any unused indicators from the confirmatory conceptual framework for family-professional partnership in case subsequent dyads might have examples of those indicators. Upon completion, I developed a domain and indicator framework to use in further analysis. The same peer researcher cross-checked the codes to determine if they were relevant to the research question. The revised codes formed the basis for coding all data sources from Dyad 2, again a part of the constant comparison method (Creswell, 2013; Saldaña, 2012). Following the coding for Dyad 2, the peer researcher again reviewed the findings. Following this second revision, the revised codebook formed the basis for coding the data sources for Dyad 3. Coding continued in this way for each dyad using all the data sources. Revision of the codebook occurred throughout the study for all 10 dyads. At this point, I removed any unused codes from the initial coding structure to produce an initial representation of *Partnerships in Action*.

Preliminary synthesis of coding structures. The first step in synthesizing the data included reviewing all individual Excel spread sheets for each dyad. This provided a visual inspection of each individual dyad and an opportunity to examine the partnership actions taken

across the dyads. As part of this process, I wrote definitions of the domains, focusing on the meaning of the terms for this study. For example, the original domain definition of “skills” included only professional skills; based on this analysis, I expanded the definition of the domain of skills to include the skills of the family member as well as the skills of the professional.

The next step in the synthesis process was to develop a second Excel spread sheet showing codes from Time 1 and Time 2 video transcripts for all 10 dyads as they pertained to the final coding structure. This Excel spread sheet represented the individual dyads across time and which domains/indicators were added through the coding process. The domains and indicators were on the left side of the spreadsheet and the Time 1 and Time 2 dyads across the top of the spread sheet. Time 1 included the initial meeting of partnership (video and transcript) coding for each dyad, and Time 2 included the final meeting of partnership (video and transcript). Seven different color codes identified the additional domains or indicators. It is important to note, that this part of the analysis did not include social validity, fidelity, documents, artifacts, field notes, and researcher notes. This step in the analysis was useful because it provided a visual inspection of consistent presence or absence of domains and indicators across all the dyads for Time 1 and Time 2. This summary spreadsheet provided the foundation for a *Partnerships in Action* framework by highlighting both new indicators and those that were not evident in the data for this study.

Synthesis of codes into themes (referred to in this study as domains and indicators).

In order to further synthesize the domains and indicators selected for the active partnership framework, I developed nine different matrices, one for each domain. This included the following nine domains and their accompanying indicators: (a) communication (12 indicators), (b) commitment (9 indicators), (c) equality (10 indicators), (d) skills (10 indicators), (e) trust (4

indicators), (f) respect (5 indicators), (g) coordination (2 indicators), (h) confidence building (1 indicator), and (i) intentional partnership (4 indicators). The matrices included space to include the best example quotations from the 10 coded spreadsheets to illustrate each indicator. The peer researcher reviewed the selected quotations and indicated those which she questioned in terms of the degree to which the quotation successfully illustrated the indicator. Based on subsequent discussions, I either found a more relevant quotation or eliminated an indicator or a domain due to lack of evidence.

Further synthesis through consensus building. As part of the analysis process, the primary researcher, the previously identified peer researcher, and a second peer researcher, who was also a co-principal investigator on the *Foundations* study and also from the University of Kansas, met to identify and confirm the domain/indicators based on the *Partnerships in Action* framework. Through this consensus-building process, two of the original partnership domains from the initial coding structure, trust and respect, were eliminated because trust and respect were not readily observable behaviors within the brief timeframe of the intervention. Some of the indicators within these two domains were moved to other domains (e.g., communication) because they could be observed. During this portion of the analysis, the team identified the need for definitions for each indicator to help clarify appropriate examples of *Partnerships in Action*.

Interpreting data through final revision. Next, I used the examples to develop clear definitions for each indicator and to rearrange indicators to other domains to improve consistency and clarity of the meaning of each domain. Refinements to definitions included merging and eliminating indicators. Using these clarified definitions, the three peer researchers again compared the definitions to example quotations and scenarios from the data. This resulted

in a final *Partnerships in Action* framework consisting of four domains: (a) communication, (b) skills, (c) equality, and (d) collaboration.

Establishing Trustworthiness

Qualitative analysis must be rigorous and systematic so that findings are accurate and justified (Marshall & Rossman, 2010). Anfara, Brown, and Mangione (2002) described four components of trustworthiness for judging qualitative research: (a) credibility, (b) confirmability, (c) dependability, and (d) transferability.

Credibility. In qualitative research, credibility is the extent to which findings accurately represent participants' realities (Anfara et al., 2002). I used two techniques to establish credibility: (a) triangulation of data and (b) peer debriefing. Triangulation calls for using multiple data types and sources from multiple participants by multiple collection methods and multiple researchers, with the overarching purpose of creating rich data and themes (Maxwell, 2012). After analysis of transcripts, open-ended questions, documents, and artifacts specific to Dyad 1, the peer reviewer reviewed the generated codes and notes, listened to ideas, and discussed emergent themes, and assisted in writing the codebook to be used for Dyad 2. The peer reviewer continued to review findings for each successive Dyad until the codebook stabilized and no additional changes appeared. This saturation was almost complete by review of Dyad 8, so that for Dyads 8, 9, 10 the code appeared to be quite stable. Based on information from each discussion, I documented emergent themes (e.g., collaboration after reviewing Dyad 1). Each discussion resulted in revisions and clarifications (Rubin & Rubin, 2011).

Confirmability. Qualitative research includes the possibility of multiple potential interpretations and explanations for "reality." Confirmability determines whether the researchers' conclusions are reasonably traceable to the rich data sources the study generates. This study

ensures confirmability by (a) triangulation of data, (b) peer debriefing, and (c) reflective practice (Creswell, 2005; Creswell, 2013). After completion of analyses of the data for all 10 dyads, the second peer researcher did a final review of examples, definitions, and the organization of the domains and indicators. Using this process, the second peer researcher confirmed whether decisions made during research are reasonable (Anfara et al., 2002). This assisted me in being true to the research question and the scope of the work.

Dependability. Dependability is similar to the concept of reliability (Anfara et al., 2002) in quantitative research (Anfara et al., 2002), in that it provides the opportunity for multiple researchers to examine and agree or disagree with the analysis. It differs from quantitative research in that no statistics about percentage agreement are generated. Instead, I used the assessments of the peer researchers to refine, revise, and focus the data structure. To achieve dependability, the first peer researcher independently coded Dyad 1, and subsequently audited the codes for the remaining Dyads. Both the first and second peer researcher challenged the coding in the case of examples that were not clearly related to the code definition. The primary researcher reviewed and revised the definition and/or searched for new examples that all three of us could agree appeared accurate and representative. When no new examples could be found, I deleted that code. Thus the final structure represents the consensus of three peer researchers.

Transferability. Transferability refers to the extent to which the findings of the study can apply to other contexts or participants. Researchers must provide enough information for readers to recognize the potential for transfer to other contexts (Guba & Lincoln, 1994). I provided thick, detailed descriptions to help readers obtain a clear picture of the data (Anfara et al., 2002). Purposive sampling also enhanced transferability by including data from multiple settings and diverse racial/ethnic populations.

To summarize, these methods enabled a focus on the purpose of this dissertation research, to further investigate a framework for understanding *Partnerships in Action* during the implementation of the *Foundations Intervention*. This investigation supports understanding how family-professional partnerships, adapting an existing coding structure of domains and indicators, as observed and actualized in practice.

Chapter 4: Findings

The purpose of this study was to investigate and refine a framework for understanding *Partnerships in Action* in authentic settings. The study focuses on the time interval when families and professionals implemented a child-focused intervention. It considers observable interactions as families and teachers engaged in partnerships to accomplish a mutually established goal for the child. In this context, I explored the research question: What are the observable behaviors and interactions that define *Partnerships in Action* between families and professionals? Although previous studies outlined essential aspects that delineate effective family-professional partnerships (Blue-Banning et al, 2004), not all the previously identified elements are observable. Components of partnership derived from the subjective experiences and insights of research participants reflecting about partnerships over time may or may not be effectively documented via observation. In addition, when partnerships are formed for specific purposes and within essential contexts of elements of school and home circumstances, I found different evidence for partnership domains and indicators tied to observation of actions, rather than perception alone.

Summarized results of the analysis of this study in Tables 4 through 7 provide an overview of the four over-arching domains of *Partnerships in Action*, along with their respective indicators and definitions. *Partnerships in Action* sets aside the idea that even though people report what it is needed to build partnerships, when I looked at visual and verbal evidence within a particular context such as the *Foundations Intervention*, I explored how the partnership unfolds in the context of the interactions between families and professionals as they work together on a task before them. The findings of this study provide clear and observable indicators organized

into domains of family-professional partnership and resulting in a framework describing *Partnerships in Action*, involving both home and school settings.

Definitions of Overall Domains

As noted in Chapter 3, I used an existing family-professional partnership framework as the basis to begin developing the code for this study (Miles et al., 2013). The initial framework I used was articulated in Blue-Banning et al. (2004) and encompassed the following six domains: (a) communication, (b) commitment, (c) equality, (d) skills, (e) trust, and (f) respect. Based on the data from this study, the domains that evolved to reflect the definition of *Partnerships in Action* were (a) communication, (b) skills, (c) equality, and (d) collaboration. These four domains, and their respective indicators, comprise the framework of the *Partnerships in Action* construct, i.e., specific partnership-related behaviors that could be observed in the context of family-professionals interactions over a brief period of time. In the sections that follow, I present a discussion of each of these domains, examples illustrating the indicators, and a rationale for their inclusion as a representation of *Partnerships in Action*.

Communication

For the purposes of this study, communication is defined as sharing information that is understandable and respectful among all members of the partnership. The quantity of this shared information is efficient, effectively coordinated, and understandable across both partners (Blue-Banning, et al., 2004). Table 4 provides a summary of the four indicators comprising the communication domain for *Partnerships in Action*.

Table 4

Communication Domain and Indicators

Domain	Definition	Indicators	Definition
Communication	Sharing information that is understandable, and respectful among all of the members of the partnership. The quantity of this shared information is efficient, effectively coordinated and understandable across both partners	Sharing relevant and clear examples	Partners providing concrete examples that either partner can use with the child in home and school environments
		Being tactful	Partners phrasing their communication in a diplomatic way
		Communicating frequently	Partners perceiving or indicating that they exchanged information often
		Demonstrating empathy	The ability of partners to indicate and demonstrate that they are relating to each other with concern.

Following are further examples and explanations of these indicators.

Sharing relevant and clear examples. Partners providing concrete examples that either partner can use with the child in home and school environments illustrates the definition of sharing relevant and clear examples. This definition was derived from examples such as Jaret's mother sharing what kind of blankets she used with him when she was trying to calm him down. "He likes fleece blankets, like the soft kind, he won't use any other blanket." Michael's teacher talked about how his social story about using a peer to stay engaged in classroom routines and activities helped him. She said, "Several times this week I used this strategy with Michael, just stop, look, and listen to what the other kids are doing, what should you [Michael] be doing?"

Kennedy's mother demonstrated her understanding of the information shared when the teacher asked how much time Kennedy interacted with the people in her home when problem solving how to increase Kennedy's social interactions.

Kennedy likes to role play, because I have a lot of little dress up things where she'll dress up like a princess. When she has a tea party, both I and Papa have to stop what we're doing and sit down and have a tea party. She makes sure that we both interact with her, depending on where she's at and what she's doing.

In this example, Kennedy's family member gave additional details on Kennedy's social interactions, while the teacher further explained how when Kennedy's shared objects during play, she increased her ability to interact with other children in the classroom.

When Joe's mother asked his teacher how he interacted with peers when he didn't want to share what he was playing with them, the teacher replied with the following relevant and clear example,

He will be playing with the math tiles right here, and somebody will just walk up to the table and he'll say, "No! I'm playing with these." They're not touching it or they might just be looking. He'll say, "Don't look at me or at the table!" He feels like his space is being threatened. He's worried that someone is going to try and take what he's using.

In each of these exemplars, the speaker provided additional information to clarify the report of what the child did or what he enjoyed doing.

Being tactful. Being tactful is defined as partners phrasing their communication in a diplomatic way. Michael's teacher demonstrated being tactful when she explained why she thought both of them (the family member and teacher) needed to work on Michael's self-regulation.

Maybe that's just something we need to have an upfront discussion about today. I guess my fear is it will be seen as inappropriate behavior (Michael acting out when another child touches him) when he goes to Kindergarten. I know he is not intentionally doing something to annoy another student...

This is an example of the teacher being tactful because Michael didn't have problems at home when his mother wanted to hug or touch him. However, this was an issue in the classroom and the teacher was able to articulate the quote above with sensitivity and tact. Kennedy's teacher was tactful as when she explained how difficult it was for Kennedy to leave at the end of the day. "She cries and says, "I don't want to go home! I don't want to get on the bus!" I know it has nothing to do with you guys, but it is challenging at the end of the day."

Communicating frequently. Communicating frequently was defined as partners perceiving or indicating that they exchanged information often. More specifically, the dyads in this study perceived a dramatic increase in the frequency of their communication over the period of their participation in the *Foundations Intervention*. All of the dyads in this study indicated that their communication increased to a daily or at least two to three times weekly. Previously, the communication occurred more sporadically. Mya's mom articulated this well by saying, "I felt like the communication just totally opened up. Not that we never talked before, now it is consistent. There are e-mails and other stuff going back and forth regularly."

Michael's mother shared her experience as well regarding the frequency of her communication with the teacher. "We did have extra conversations about the prompts. I wasn't sure how much Michael was using his decision making board or paper. You said we should still emphasize that because it helped to reiterate things. So...we did that."

Demonstrating empathy. Demonstrating empathy is defined as the ability of partners to indicate and demonstrate that they are relating to each other with concern. When Uriah's teacher shared how it was important to be consistent with Uriah when trying to potty train him, Uriah's dad shared that sometimes it was hard to be consistent and that Uriah's teacher made it look easy. She empathized by sharing, "I do understand that is not easy sometimes. I love all the kids, but I'm not their mom. I don't have that same connection with them. When it's your own kid, it breaks your heart a lot quicker." Ethan's teacher demonstrated empathy with Ethan's mom by saying, "Sometimes you get exhausted, too, don't you?" Ethan's mom replied "Yes, I do."

In summary, the results of a review of the communication domain for this study include a total of four indicators of effective communication. The next section discusses the skills domain.

Skills

I defined skills as a domain in *Partnerships in Action* as partners demonstrating their own or describing their partner's competence in working with the child (Table 5). It is important to note that we are describing family member as well as teacher competence in this domain. This means that on the one hand, family members believe that the teacher/professional is capable of fulfilling roles and demonstrating "recommended practice" approaches to working with children and families. Conversely, it also means that teachers/professionals believe that the family member is capable of fulfilling his or her roles and demonstrating knowledge of child development. Through participation in the *Foundations Intervention*, the partners were intentionally and jointly working together to develop their skills. The skill building process matches closely with the indicators under this domain including (a) taking mutual action; (b)

having expectations for child's progress; (c) meeting individual child's strengths, interests, and needs; (d) promoting strong child development strategies; (e) facilitating problem solving; (f) reflecting, and (g) building confidence.

Table 5 - *Skills Domain and Indicators*

Domain	Definition	Indicators	Definition
Skills	Partners demonstrating their own or describing their partner's competence in working with the child	Taking mutual action	Partners identifying tasks they want to work on together and then implement those tasks
		Having expectations for child's progress	Partners identify opportunities they believe will enhance the child's development and express confidence that the child can reach the goals they set.
		Meeting individual child's strengths, interests, and needs	Partners identifying opportunities they believe will enhance the child's development
		Promoting strong child development	Partners knowing and understanding how to use strategies such as positive praise, offering choices, and use of natural reinforcers when interacting with the child
		Facilitating problem solving	Partners working together systematically to resolve situations
		Reflecting	Partners are thoughtful and contemplative when considering the child's progress
		Building confidence	Partners promoting the other partner's sense of self-assurance.

Taking mutual action. Taking action is defined as partners identifying tasks they want to work on together and then implementing those tasks. Data were coded as taking action when teachers and families noticed a need and found a way to work on it in a mutual way. Jaret's mother demonstrated this by indicating that she needed help with self-regulation. "I wanted to work with Jaret so he won't urinate on the floor when he is going to the bathroom," and she and the teacher developed a joint plan to support each other in meeting this goal. Isabella's teacher shared their classroom experiences of working with letters because both she and the parent were working on the same goal. "We use our puppet. I'll say the first part of the word, and Isabella will say the second part."

Having expectations for child's progress. Partners identify opportunities they believe will enhance the child's development and express confidence that the child can reach the goals they set. Uriah's teacher talked about how they addressed certain behaviors in the classroom and then gave the family an opportunity to think about their own schedule. "How do we think about that behavior in your schedule? (talking about Uriah's short attention span)" Uriah's step-mother said she thought that running outside for a little while before he came to use the bathroom would help Uriah stay on the potty longer and keep him from getting up because he wanted to go outside. So, Uriah's teacher, dad, and step-mother came up with a plan to address his short attention span related to his toilet training goal. Kennedy's mom shared what they were trying at home to enhance her development as follows: "Kennedy can ask for help, so we are trying to branch out, so if we are not there immediately, she'll be able to respond in an appropriate manner." In a review of the goals set for the child for all of the dyads in this study sample, the family member(s) and professionals were able to set concrete expectations for the child as part of the *Foundations Intervention* and subsequently were able to evaluate the child's progress.

Meeting individual child's strengths, interests, and needs. Meeting an individual child's strengths, interests, and needs is defined as partners identifying opportunities they believe will enhance the child's development." Jaret's teacher said,

...that's where I motivate him as much as I can with his interests. If Jaret wants to play with a certain toy, that is fine, but there is a consequence if he doesn't play appropriately. Like the trampoline, if he pinches, hits, then he is done, and he doesn't get another turn on the trampoline, but his friends can still jump.

Joe's teacher shared a story about Joe's strengths in using a strategy while playing with a friend. "It was neat to see when he started playing, start to have a conflict with a friend, and then turn to me and say, "I took two breaths, I am relaxing." Uriah's dad shared a similar story about Uriah's strengths. "He is really excited to get underwear to wear each day. He never fights us to put them on, he's like okay I'm ready."

Promoting strong child development. Promoting strong child development is defined as partners knowing and understanding how to use strategies such as positive praise, offering choices, and the use of natural reinforcers when interacting with the child. Jaret's mother shared one strategy that worked with Jaret. "...yes, he likes the microwave so I use it as a reward. If he does X, then he can use the microwave to cook a hot dog or something. Once the hot dog is done, so is he." Jordan's mother also used cooking to demonstrate her of knowledge of child development. "We did a lot of cooking together. We made cookies. They took turns mixing the batter, and they got along pretty well. Jordan would help by telling us what came next."

Facilitating problem solving. Facilitating problem solving is defined as the partners working together systematically to resolve situations. Examples of engaging in a problem solving process were particularly evident during the initial meeting when the partners reviewed

their daily routines and identified problem areas to address with the child. Deciding which specific issue(s) to address required the partners to prioritize problem areas and to discuss which goals to choose. Most of the dyads in this study sample were able to work together to come to an agreement on the problem(s) to address. For example, Mya's mother and teacher both wanted her to participate more meaningfully in activities at home and school; however, they both had to decide on what meaningful meant to each of them. For Mya's teacher, it meant Mya would participate in circle time without blowing raspberries or yelling; for Mya's mother, it meant Mya would "help" mom by lifting an arm or leg when she was dressing her.

Another example of this was when Jordan's teacher talked about using the thinking chair at school after both the teacher and the mother agreed this was a good strategy for both of them to use. "We said, Jordan, you are to go sit and think about it. So, she's had some time on the thinking chair. However, after two days, she realized 'I need to quit doing that,' and that was the end of that behavior." Jaret's mother's thoughts about how to respond to his behavior when she took a toy away reflected her ability to problem solve with her partner. "That's what's tough with Jaret, to get the toy back would be rewarding enough for a lot of kids, but with Jaret I may need to be more creative."

Reflecting. An indicator within the skills domain, reflecting, means partners are thoughtful and contemplative when addressing child's progress. Jake's teacher demonstrated her ability to reflect by sharing two examples. First, in figuring out what might work best at nap time. "I wonder if we did a scripted story about what Jake does during rest time. Just lay it out specifically what he does, how he feels, and everyone else feels when he's successful." Second, she reflected how coming in early to have one-on-one time with Jake before he took a nap was helping him. "I think lately it's been better as I've been coming in earlier. It's easier for Jake to

go to sleep when he knows I will have one-on-one time with him.” Uriah’s dad was reflective when discussing on Uriah’s behavior. “He’s a lot different when he’s at our house because there aren’t very many kids around, and all our attention is on each other. When we go out to my mom and dad’s, it is different, there are more kids and less individual attention.”

Building confidence. The last indicator in the skills domain, building confidence, is defined as partners promoting the other partner’s sense of self-assurance. For example, Joe’s teacher promoted Joe’s mother’s confidence when she commented on the variety of foods Joe got to try at home. “I think it’s good that he eats the fruits and vegetables and tastes the other foods. A lot of children don’t do that; they are picky about what they eat.” Ethan’s mother struggled to keep Ethan at the table during meal time with his aunt and grandma. Ethan had eaten his supper in front of the television on several occasions when his grandmother was in the hospital. Ethan’s mother talked about the confidence she gained when Ethan’s teacher encouraged her to be persistent about him staying at the supper table to eat. “...persistence is essential. It’s so easy to take the easy way out and let him eat in front of the television to avoid an argument. However, that’s not how he learns boundaries and rules.” This domain, skills, and its accompanying indicators, was the largest of the four domains that emerged in this analysis. The next section addresses collaboration.

This domain, skills, and its accompanying indicators, was the largest of the four domains that emerged in this analysis. The next section addresses equality.

Equality

Equality (Table 6) occurs when partners feel a sense of equity in decision making and service implementation; they work actively to ensure that all partnership members feel equally powerful in their ability to influence outcomes for children, families. The results within the

equality domain yielded three observable indicators: (a) validating others, (b) acting equal, and (c) being honest.

Table 6

Equality Domain and Indicators

Domain	Definition	Indicators	Definition
Equality	Partners feel a sense of equity in decision making and service implementation; they work actively to ensure that all partnership members feel equally powerful in their ability to influence outcomes for children and families	Validating others	Partners confirm information provided by other partner
		Acting equal	Partners asserting and expressing that each person had both needs and strengths, and that their opinions were equally valued
		Being honest	Partners offering full disclosure of their opinions or private information

Validating others. Validating others is defined as partners confirming information provided by the other partner. In an effort to talk about how Jaret was engaged in the classroom, Jaret's teacher shared a funny story about him wanting to use the mop after something was spilled in the classroom. His teacher shared that she was happy to let him use the mop but was amazed how good he was at using it since he couldn't see what he was mopping [due to vision limitations]. She decided to call his mom to see if he had used the mop at home.

I called her and she said he'd been using the mop for weeks and when she would make a big deal about it, like we did, he would ask to do it every time something was spilled, even if he didn't need a mop.

Jaret's mom said it was validating to know that the teacher was using the mop at school. Mya's mom validated information from Mya's teacher and described a contrasting situation to the one seen at school, validating the information across settings. "We don't see Mya imitating preschoolers like you saw here, but she will imitate us at home her dad and I, her brother, and her sisters."

Acting equal. I defined acting equal as partners asserting and expressing that each person had both needs and strengths, and that their opinions were equally valued. Jordan's mom didn't hesitate to act equal in addressing school-related goals, as illustrated below:

... for the school goal, I wanted to work on language because that's what I've been working on quite a bit. I think it would help her [Jordan] to interact with other children in her class. At home, I want some strategies to work with her and her brother so they understand each other.

Kennedy's teacher provided an example of this same sense of equality when the facilitator asked the teacher if she needed the same type of support around the goal identified for the child as the family member did. The teacher indicated she needed just as much help by saying, "I need help too." The mother's non-verbal response was to smile and nod and to become more engaged in the conversation following the teacher's admission.

Being honest. I defined the third indicator, being honest, as partners offering full disclosure of their opinions or private information. Honesty was evidenced in Isabella's mother's description of Isabella's behavior at home, and provided the teacher with an example of how her behavior might look in the classroom. "Even if you think she's not listening, she hears everything you're saying. She's like me. I have OCD. She knows what she wants, if it's not

perfect, she'll go back and do it again." Coincidentally, Michael's mother shared similar observations of Michael.

He and I are very much alike. I tend to get over stimulated easily and have difficulty with transitions. However, if I can make a schedule so we both know we are going to do, X and then we're going to do Y that makes it much easier for both of us.

Jaret's mother was honest in her appraisal of her partnership, "...it helps to know that I am not the only parent, especially in a closed community like ours. It feels like there is help, people listen, and are concerned about my family." While the equality domain had only three indicators, the examples were rich in description. The next section discusses the collaboration domain.

Collaboration

Collaboration (see Table 7) is defined as planning and working together as partners to embed activities in home and school environments. Two indicators form this domain. They include: (a) aligning home/school goals and strategies and (b) supporting partner's goals.

Table 7 - *Collaboration Domain and Indicators*

Domain	Definition	Indicator	Definition
Collaboration	Planning and working together as partners to embed activities in home and school environments	Aligning home/school goals and strategies	Partners' choosing to address the same or similar goals and using the same or similar strategies both at home and at school
		Supporting partner's goals	Reinforcing a goal or strategy that one partner may have with the child, even though the goal(s) might be different in the other environment.

Aligning home/school goals and strategies. Aligning home/school goals and strategies is defined as the partners' choosing to address the same or similar goals and using the same or similar strategies both at home and at the school. Uriah's teacher described how she and the family aligned their approach to working with Uriah:

I think both of us having the timer worked well. And having the same language, "in two minutes it's going to be time to go to the bathroom." The timer rings, and he knows it is time to go to the bathroom no matter where he is. He understands that not going to the bathroom is not optional.

Aligning home and school strategies often involved embedding complementary activities into existing routines at home and school. Mya's teacher reflected on how the coordination between her and the family went deeper than the Individual Education Plan (IEP) process they already had in place. "We really got to talk about what's going on at home, what's going on at school and come up with a common goal. At IEPs we get ideas, and we get input from families. This went much deeper than that process." Jake's mother provided another example of alignment: "We're starting to use the same vocabulary that you use. For example, [I will say] I know that choice makes you sad, and I know that you don't like that. He pouts, takes a few minutes to regroup, and then he realizes it is okay."

Supporting partner goals. Supporting partner goals is defined as reinforcing a goal or strategy that one partner may have with the child, even though the goal(s) might be different in the other environment. In other words, if the parent has a particular concern that is not a problem at school, the teacher may nevertheless work to support her efforts with the child on that concern. Vice versa, the parent may work with the child on activities or behaviors that are a concern at school but not at home. For example, Jake's teacher talked about how he would run away from

his mother at home and at school. This was not an issue at school for his teachers, since Jake watched other children and often followed their lead, without needing to understand verbal direction. However, because it was such an important issue for his mother, they started working on it at school. “One of the behaviors we’ve touched on a little bit about is that in the evening Jake runs away from Mom. He’ll run down the hallway without her or into the parking lot. I know that has been a safety concern for Jake’s mother, so we are working on it too. We all want to keep Jake safe.” Jordan’s teacher also talked about both she and Jordan’s mother working together to insure Jordan was making good choices at home and school. She said, “...the important thing is that we are working together so she knows when she is making good choices and that those good choices will benefit her.”

Summary

It should be evident that many of the domains, indicators, and examples combine and interact to support and describe ongoing partnerships. Figure 3 is a framework proposing how these four domains converge to produce *Partnerships in Action*. An obvious example is that communication is a lynchpin for the other domains, including equality, skills, and collaboration. Similarly, the mutual assumption of equality results in more collaboration and more effective communication, as well as greater development of skills. Because the *Foundations Intervention* had a major focus on partners establishing a balanced relationship, it also sought to embed communication, skills, and collaboration into the overall process required to complete the intervention.

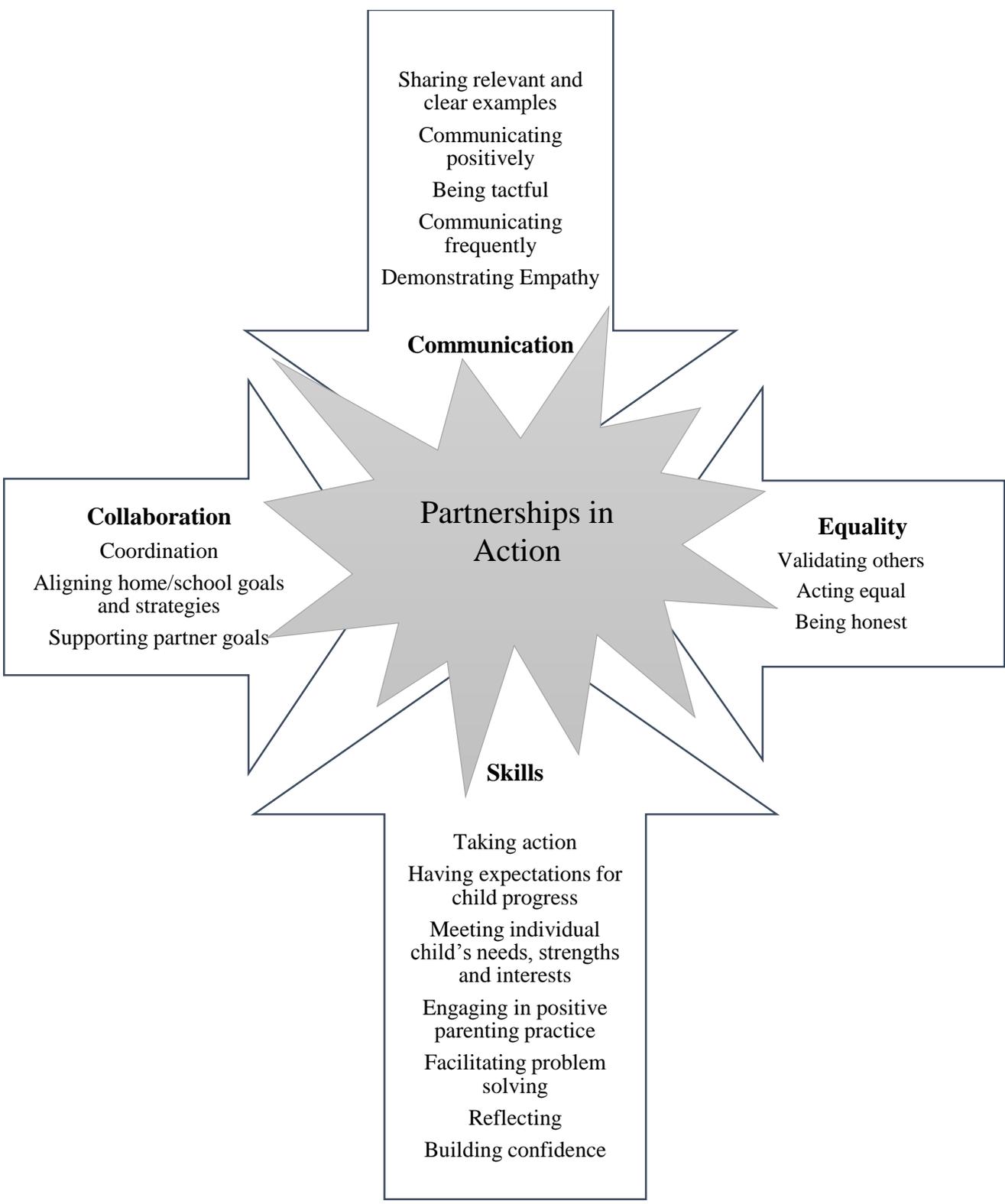


Figure 3. Framework for Partnerships in Action.

Chapter 5: Discussion

Results in this qualitative study generally suggest observable indicators across four domains that comprise a framework for *Partnerships in Action*. The purpose of this study was to understand the observable characteristics of family-professional partnerships that were a part of the *Foundations Intervention* to support families and professionals to set short-term goals at home and school for preschool children. The specific research question was as follows: What are the observable behaviors and interactions that define *Partnerships in Action* between families and professionals? To address this question, I utilized videotaped interactions (including transcripts) of family members and preschool professionals engaged in the *Foundations Intervention* designed to support family members and professionals in problem-solving and address issues related to their child. Initially, I based the work in identifying related elements of observable family professional-partnership domains suggested by Blue-Banning et al. (2004). In many ways, the framework provided a typical view of partnership as it is represented in the literature, comprised of the subjective and retrospective perspectives of family member and professionals about what is important in building partnerships over time. I revised that initial framework to re-define domains and indicators that represent *Partnerships in Action*. In this chapter, I will discuss: (a) how the *Partnerships in Action* domains and indicators are similar to and different from the framework of Blue-Banning and her colleagues, (b) limitations of this study, and (c) implications for future research related to *Partnerships in Action*.

Comparison of Perceived and Observed Frameworks

The overall *Partnerships in Action* framework, as represented in Figure 3, contains four domains rather than the six listed in the Blue-Banning framework (2004). Specifically, the earlier framework also included the constructs of trust, respect, and commitment in addition to

communication, equality, and skills. The fact that I eliminated these domains from the *Partnerships in Action* framework does not imply that these constructs are not important descriptors of partnership, in general. On the contrary, trust, commitment, and respect are all emphasized throughout the partnership literature (Dunst & Dempsey, 2007; Keen, 2007; Turnbull et al., 2015) and are enduring qualities of many long-term, targeted partnerships. Trust, respect, and commitment are, however, aspects of partnership that emerge over time and in the context of the ongoing experiences a family member and professional may have with each other over time and through many interactions. The *Partnerships in Action* framework focuses on observable interactions that may occur in just one interaction or at least during a very time-limited series of events. Therefore, I have not included commitment, trust, and respect in the *Partnerships in Action* framework. Instead, I reassigned some of the more observable indicators to the four domains listed in Figure 3.

Collaboration

I created a new domain that was not included in the Blue-Banning framework, collaboration. Collaboration was a central part of the observable interactions between the families and professionals in this study. The two indicators – aligning goals for home and school and supporting partners’ goals – represent the two critical behaviors that comprise home-school collaboration. I added this new domain, collaboration, because the indicators and examples reflected the need for a different, more observable domain that was not already evident in the Blue-Banning et al. (2004) framework. Bruder (2010) summarized family-centered orientation (of professionals) and described the family as the constant in a child’s life and the primary unit for the delivery of services (by professionals). Families’ ability to understand collaboration enhances their capacity to partner with professionals and support their child in the best way

possible. Across the data I observed family members and professionals operating as equal partners and collaborators, a directive of the Individuals with Disabilities Education Act (IDEA, 2004). Families often experience a shift from a mutual partnership that they experienced in early intervention to a more teacher-directed relationship in preschool. Preschool programs are often less family-centered and more program-centered (Fox, Dunlap, & Cushing, 2002). The data from this study show participants describing a deeper sense of collaboration different from their experience with the IEP process. Mya's teacher emphasized this well confirming that the *Foundations Intervention* went deeper than the usual IEP process (see also Table 7). "We really got to talk about what's going on at home, what's going at school and come up with a common goal. At IEPs we get ideas and we get input from families. This went much deeper than that process."

Effective home-school collaboration has long been recognized as an evidence-based practice leading to better academic outcomes for young children (Arnold, Zeljo, Doctoroff, & Ortiz, 2008; McWayne, Hampton, Fantuzzo, Cohen & Sekino, 2004; Fantuzzo, McWayne, Perry, & Childs, 2004; Waanders et al., 2007). Home-school collaborations are part of many school reform components with the assumption that increased coordination between family members and teachers will support students with challenging behaviors or other academic outcomes (Bradshaw, Mitchell, & Leaf, 2010; Bryan & Henry, 2012; Goddard, Tschannen-Moran, & Hoy, 2001; Serpell & Mashburn, 2012). Much of the literature, however, continues to emphasize the "power over" model of collaboration, involving teachers providing instruction to parents on effective collaborative practices. A contribution of this study is to link the two indicators in this domain (a) aligning home/school goals and strategies and (b) supporting partner's goals, which suggests that home-school collaboration is carried out by both members of

the team having the skills to achieve mutually agreed-upon goals. These indicators suggest that collaboration may take place in one of two ways. First, the partners may align mutually agreed-upon strategies to help the child achieve the same goals both in the home and at school, carried out in a coordinated way. Or second, one member of the partnership, for example the teacher, might support the other partner in achieving a goal for the child at home that might not necessarily be something needed at school. For example, in Jake's case, he did not run from his teacher at school, but he did run from his mother at home and school. At school, they worked on Jake's home goal too so that he would also know what was expected to keep him safe.

Communication

The communication domain in the *Partnerships in Action* framework was part of the perceived partnership elements in the Blue-Banning et al. (2004) framework. The indicators within the *Partnerships in Action* framework provide a focus on aspects of communication that are observable and reflect more immediate interactions. Specifically, the indicator of understanding parent/teacher was eliminated from the communication domain because other indicators, with examples, better illustrated this concept.

The four indicators of *Partnerships in Action* that form the communication domain include (a) sharing relevant and clear examples (content of communication), (b) being tactful (process of communication), (c) communicating frequently (process of communication), and (d) demonstrating empathy (communication facilitator). I had observable examples, such as being honest, that more appropriately fit within the equality domain. All of these indicators reflect both relational and participatory qualities, which is consistent with the current literature in the field indicating professionals need both relational and participatory practices to work well with families (Dunst et al., 2007).

The *Partnerships in Action* framework and the earlier framework from Blue-Banning et al. (2004) both include overlapping examples between communication and equality. Equality often included examples specific to validating others or acting equal. Because of this, many of the indicators in this domain were eliminated due to a lack of observable examples, including: fostering harmony, coming to the table/avoiding turfism, and allowing reciprocity. In addition, I eliminated advocating for child or family with other professionals because the setting for the *Foundations Intervention* was limited to family members and one professional, with the potential need for the support of a third individual, the facilitator.

Equality

The domain of equality showcased how the nature of *Partnerships in Action* may differ when families and professionals implement the *Foundations Intervention* since both the professional and family member were both learning something new together under the guidance of a third party, i.e., the facilitator. This may be different than more typical partnership interactions, in which the teacher may have something to convey to the family member (e.g., strategies for building a child's self-regulation) or the family member has something to convey to the professional (e.g., explaining how he or she is able to get the child to participate at dinner time). The fact that learning how to do the *Foundations Intervention* was equally novel to both members of the partnership may have automatically created a greater context for equality. The *Foundations Intervention* intentionally facilitated the development of equality between the two partners, the family member and the professional. During the *Assess* step of the *Foundations Intervention*, the partners used the *Home-School Conversation Guide* (Summer et al., 2012) to talk about the child's strengths and needs in the context of home and school environments. The tool, similar to the Routines-Based Interview (RBI) (McWilliam, Casey & Sims, 2009), enabled

family members and professionals to communicate about the child, learn the four steps of the process together, and reflect on how the process was working. While McWilliam (2005b) did not specifically address home and school environments jointly when using Routines-Based Interview, McWilliam did find that families using the RBI had more functional outcomes and higher satisfaction with the Individual Family Service Plan (IFSP) process (McWilliam, 2005b). An IFSP is a plan for special services for young children with developmental delays. An IFSP applies to infant and toddlers from birth to three years of age (IDEA, 2004). This research, along with the current study, helps to strengthen the need for such a tool to assist in helping partners to engage with each other.

The facilitator often took the lead in the initial discussions about goal setting; however, this role tended to fade as family members and professionals gained understanding of and comfort with the intervention process, which led to greater shared equality between partners. Once the facilitator explained the *Foundations Intervention* and helped facilitate the initial entry into the process, the family member and professional were very willing and able to continue conversations and discussion of strategies to support goals without help from the facilitator. Specifically, Mya's family described less need for a facilitator as the *Foundations Intervention* came to an end. By this time, Mya's mother and teacher were communicating by either e-mail or phone on a two to three time a week basis, and the role of the facilitator became far less important at the final meeting. In contrast, the partnership of the family and professional for Ethan tended to need further support from the facilitator due to both the teacher/professional and the family. The teacher needed more time and practice to understand the *Foundations Intervention*, and Ethan's mother needed more support with the strategies she was using with him in the home environment. The teacher did not provide this support because she was

struggling with implementing the strategies in the classroom. The facilitator was able to help both the teacher and family with the strategies.

Skills

With respect to skills, the domain definition was changed to reflect both partners' roles in the development of skills. This included adding parent skills to the originally-identified professional skills (Blue-Banning et al., 2004). Three indicators in this domain were collapsed to make an indicator entitled meeting child's individual needs, strengths, and interests. In addition, choices was added to the indicator of promoting strong child development. Due to lack of observable examples, considering the whole child and family was eliminated. The skills domain highlighted the rich experiences of both family members and professionals in meeting the needs of the children. Families not only used strategies jointly with professionals, but they also exhibited creative ways to work with their children which extended learning opportunities across each day. For example, Jaret loved the microwave, and his mother wanted to promote his independence so she began to use this interest as a reward for his positive behavior. Jaret could operate the microwave to put in an agreed on snack for himself and his sister with his mother's help. Increasing his caloric intake, as requested by his pediatrician, was an added bonus in using this learning opportunity. Mya's mother and teacher talked about putting her Easter eggs on a black blanket so she could see them better and then participate in "the hunt" with her brother and sisters and with her peers at school.

Limitations

This qualitative study was meant to explore the feasibility of creating a *Partnerships in Action* framework for the family and professional partners who used the *Foundations Intervention* as a way to build their partnership. The findings might apply to other situations; but

as with other qualitative work, it is important to be cautious when making applications to other family-professional partnership contexts.

This study had several limitations. First, the data were part of an already-completed study so I was unable to go back and interview the participants to gain further insight about their partnership. Too much time had passed between the completion of the pre- and post-intervention videotaping, the collection of other pertinent data, and the initiation and completion of the original *Foundations* study. Although family-professional partnership was one of the key parts of the *Foundations Intervention*, the larger study did not uniquely focus on partnerships during the intervention phase of the study. It is possible that additional pieces of data (e.g., interviews, focus groups, additional video of partnership meetings) could have provided richer data for this particular study. A third limitation was using only pre and post videos to represent the activities within each partnership. Clearly, the families and teachers were interacting, sharing information, collaborating, and communicating often during the length of the intervention, but the research team did not have the resources to study family-professional partnership in depth by doing more than two videotaped sessions.

The fourth and final limitation is the short-term nature of the intervention. It would have been preferable to deliver an extensive intervention for families and professionals. Ideally, family members and professionals would have a minimum of six months to practice several goals, not only to encourage stronger family-professional partnerships, but to also measure child progress over time at both home and school.

Future Research Implications

The focus of analysis in this study was the partnership interaction occurring while families and preschool professionals were engaged in the *Foundations Intervention*. My analysis

yielded a framework, *Partnerships in Action*, for observable elements of partnership. While I was able to note some partnerships that were strengthened over time, my analysis did not find any major changes in these partnerships. This may have been due to the fact that the family members and professionals in the study already had a relationship before they embarked on the *Foundations Intervention*. A longer term ethnographic study investigating how partnerships are formed from the first meeting and extended over a longer period of time could provide more information about the evolution of *Partnerships in Action*.

Another issue for further study might be to investigate if partnership could be encouraged by using a different type of conversation starter than one based on the Routines-Based Interview (McWilliam et al., 2009). It is possible that using a coaching model (Hanft, Rush, & Shelden, 2004) or some other intervention requiring families and professionals to work together would align with this *Partnerships in Action* framework. Future research could examine whether these same or different behaviors emerge in other intervention contexts. Additionally, this study may provide a framework, based in qualitative experiences of families and professionals, to develop an objective measure of partnerships. Most existing measures of partnerships use subjective ratings of elements of partnerships (e.g., satisfaction). Alternatively, the *Partnerships in Action* framework may provide a more objective set of items for either self-report of the partners or as the basis for creating an observational tool based on these or similar indicators. The development of a partnership measure for families and professionals of children with disabilities or developmental delays might be useful in a variety of settings including Part C early intervention, special and general education preschool settings, child care, and or Head Start. If the purpose of the measure to be developed is understanding how to strengthen the quality of

family-professional partnerships, one would need to determine if all the codes developed during the current study would be relevant within a number of similar and additional settings.

Future research could be focused on using a newly developed measure to identify effective intervention models to strengthen family-professional partnerships. Such a measure might be useful to evaluate IFSP or IEP meetings, interactive coaching sessions, and/or teacher training programs. The measure could be used for joint or self-reflection against the already identified indicators in the framework to see how well partners understand what is important in developing their partnership (Trivette & Dunst, 2000). The smaller number of observable indicators comprising *Partnerships in Action* may be conceptualized as a sub-set of the wider range of constructs that families and professionals perceive as important (e.g., trust, commitment, and respect) (Blue-Banning et al., 2004). Developing an observation measure in which participants learn how to explicitly practice *Partnerships in Action* could then lead to the next empirical question which would be an investigation of whether or not engaging in these observable behaviors promotes the more long-term aspects of partnership such as building trust, commitment, and respect.

A *Partnerships in Action* tool could also be used in teacher preparation at the university level. Using the observable indicators from this study, a tool could be created and validated to assess strengths and needs related to partnership behaviors in practicum students. This could aid in teacher training in development of the students' skills for working with families. For example, practicum supervisors could identify how practicum students engage in partnerships with families in their assigned program placement. Together the practicum supervisor and student could work to assess strengths and needs related to partnership behaviors.

Conclusion

The findings of this study suggest a framework for viewing how families and professionals interact in the context of working together on behalf of a child with a disability or developmental delay. With further study and research, the *Partnerships in Action* framework depicted in Figure 3 provides observable domains and indicators that may be used to evaluate the impact of interventions, such as the *Foundations Intervention* on family-professional partnerships. This framework can provide direction in promoting family-professional partnerships and can be used to further explore how family-professional partnerships look in observable behaviors. Future research will focus on developing and validating tools that can be used to support preservice and inservice training around family-professional partnerships.

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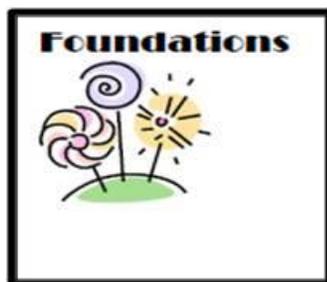
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Appendix A:
Measures

Self-Determination Foundations Study Feedback



Your Name _____

Child's Name _____ Date _____

(If you are a teacher, please put the name(s) of the student(s))

Directions: Please take a moment to tell us your thoughts about the supports you were provided through the Self-Determination Foundations Study. Check the box or boxes that match your opinion for each statement. Your feedback will help us determine whether or not our project information and procedures worked for you. Since we are developing the process through our grant activities, we can still make changes in the process. Be sure and help us by sharing as many details and suggestions as you can!

1. This study has increased my knowledge and understanding of my child/student's strengths, abilities, and needs (e.g. I know more what this child can do, or what he/she needs to do).

- Strongly Agree
- Somewhat Agree
- No Opinion
- Somewhat Disagree
- Strongly Disagree

2. As a result of this study, I have increased my knowledge on ways to support my child/student.

- Strongly Agree
- Somewhat Agree
- No Opinion
- Somewhat Disagree
- Strongly Disagree

3. As a result of this study, I have increased my skills on how to help my child/student.

- Strongly Agree
- Somewhat Agree
- No Opinion
- Somewhat Disagree
- Strongly Disagree

4. My ability to partner with teachers or family members has improved due to participation in this study.

- Strongly Agree
 Somewhat Agree
 No Opinion
 Somewhat Disagree
 Strongly Disagree

5. Please indicate how useful you found each of the components of our study.

	Very Useful	Somewhat Useful	No Opinion	Not very useful	Not useful at all
The way you were introduced to the study – consent form, background information, written explanations.					
Assessment process (surveys and paperwork)					
Selecting an intervention – using the Routines Based process to find a goal for home or school					
Trying an intervention- working on the goal that was set					
Reflecting upon the intervention – figuring out what worked or did not work on goals					
Please share any additional comments or thoughts about these key study steps:					
<hr/>					

6. Please help us understand your opinion on the following:

	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree	N/A did not use
Flip cams were a critical resource for sharing information.						
Exchanging videotapes was easy to do from home or school to the SDF project staff.						
Face-to-face meeting with the parent/teacher was an important component of this study.						
Finding time to meet across our schedules was difficult.						

If you want to tell us more...please complete the following:

7. What did you learn through participating in this experience?

8. What did you learn about your child/student that you did not know before?

9. What do you think that others helping this child gained from being a part of this research process?

10. Anything else you would like to share about this study? What can we do to improve this process? Please feel free to share any thoughts you may have on how we can improve this study.

Fidelity Measure

Directions: Please share your ideas about our Early Foundations project worked for you. Here are some questions about each of the steps in the process. We want to know YOUR opinion about how best to work well with families, practitioners, and a facilitator. Your answers will help us revise the model to make it work better for others. THANK YOU!

This form completed by (check one and fill in your name):

Date: _____

____ **Family member:** _____

____ **Child's name:** _____

____ **Practitioner:** _____

____ **Facilitator:** _____

I. Figuring out the child's needs (Assess)

1. We talked about what the child does well and about what he/she needs to do a bit better.

1	2	3	4	5
Not at all	A little	About half the time	Mostly	Completely

2. We talked about our daily routines both at home and school.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

Please add any comments in the box below you would like to make about how the Foundations process affected your ability to assess strengths and challenges.

II. Deciding on a goal/strategies to use at home or school (Select)

3. The short-term goal or goals /strategies we chose were clear and meaningful.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

4. We agreed on how to figure out whether the child met the goal(s) we set.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

5. Everyone clearly understood the things we planned to do both at home and school.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

6. The things we tried were helpful both at home and at school.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

Please add any comments in the box below you would like to make about how the Foundations process affected your ability to think about ways to meet the goal or goals you set.

III. Working on goals/strategies at home and school (Try It)

Please answer the following questions about either home or school, depending if you are a family member or teacher.

7. We followed the steps we had agreed to do at home or school.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

8. We were able to take a video of the child working on the goal at home and/or at school.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

Please add any comments in the box below you would like to make about how the Foundations process affected your ability to use steps to meet the goal or goals you set:

IV. Thinking about how the project worked for you (Reflect)

9. We shared the videos of us and the child working on the goal/strategies.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

10. We talked together about what worked and what didn't work.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

11. We decided together on changes or next steps.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

Please add any comments in the box below you would like to make about how the Foundations process affected your ability to reflect about how well the strategies you selected worked, and on what to do next:

V. Working Together (Family Professional Partnership)

12. I felt like an equal member of the team in making decisions about the child.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

13. I felt comfortable talking with everyone.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

14. I felt confident about my part in the project.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

15. I felt everyone respected me and my ideas in this project.

1	2	3	4	5
Not at all	A little	About half	Mostly	Completely

Please add any comments in the box below you would like to make about how the Foundations process affected your partnership with your child's teacher or the child's parent:

Appendix B

Examples of Documents and Artifacts

Meeting Notes: Susan, Tami, Kalee

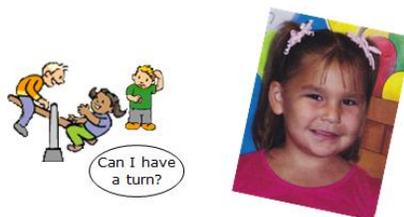
Susan and Tami wanted to encourage Kalee to use her words at home and school. Tami talked about how she was more likely to play appropriately with friends when she used her words, particularly with one little girl who also shared her same interests. At home, Susan wanted Kalee to use her words so she and Teddy would play longer together, especially with the new baby coming.

We brainstormed about some ways to increase Kalee's engagement at home and school.

1. Textured blocks and thistle blocks for Tyler so he and Kalee can play together longer.
2. Social stories to intentionally spell out what Kalee could be saying and doing.
3. Pairing Kalee with a classmate who shares the same interests, so they can practice using their words with each other.

Illustrated below are examples of what we talked about that was specific to Kalee's words:

I Can Use My Words



Adapted from Rochelle Lentini, USF



I need help. or by talking.

Anna's Story

Pre-Observation

At the time of our study, Anna was four and one-half years old. She was diagnosed with severe developmental delays as result of significant seizure activity. Anna was also diagnosed with Cortical Visual Impairment (CVI) and Cortical Hearing Impairment (CHI). Her vision and hearing acuity remained unclear. Anna did not respond consistently to simple commands within home activities with family members or within school activities with classmates. Before the study, Anna's family members and her teacher had tried several different strategies to get Anna to follow simple commands (e.g. head up", "look", "legs up"). Each of the simple commands was embedded into a preferred activity within an existing routine, such as bathing, story times, or meal times. The teacher or family member and Anna would play in the preferred activity; when her head started to lag, an indication that Anna was disengaging from the activity, the family member or teacher would give her a simple command such as "look" or "head up." Based on their perceptions, Anna's teacher and her mother felt that Anna was following any one of the commands only 20% of the time.

Foundations Intervention

During the *Foundations Intervention* procedure, the family member and teacher used strategies identified previously but added these procedures: (a) simplify the environment (e.g., remove noise, distractions), (b) position Anna so she sees faces of family members or teachers during the interaction, (c) simplify the expression of a goal for Anna to one simple command, such as "Heads up," and (d) the teacher and the family member work simultaneously on shared goals.

Implementing the intervention at home meant starting when Anna was in her bath chair in the bathtub. The bath chair was positioned in the middle of the bathtub; one of Anna's parents would lift her from her wheelchair and seat her in the bath chair. Mom or dad would stay with Anna while running lukewarm water into the tub. Typically, there were many toys in the tub, but her parents would take the toys out when washing Anna. While Anna was being washed, her head would usually lag after two to five minutes of washing. At that point, Anna's mom or dad would say "heads up" and Anna would raise her head to an upright position until it began to lag again. Consequently, Anna had multiple opportunities to practice this simple command. Using the bathroom for this goal also helped to eliminate background noise (e.g. siblings, music, kitchen sounds).

Implementing the intervention at school meant starting on the playground where the teacher could be closer to Anna. Here, other children were not as close to Anna as they were in the classroom. The classroom atmosphere (e.g. loud noise, fluorescent lights) would often cause Anna to disengage, with a head lag, after only one minute. The preschool playground was less noisy and did not have the fluorescent light. The playground was a space of about 50 square feet and included three appropriately sized swings, two slides, and one sandbox. Near the sandbox was a grassy area where Anna liked to sit in her wheelchair. This is where Anna and her teacher would work on using "head up" as a way for Anna to indicate she was ready to communicate when peers came to talk or play with her during recess.

Post Observation

When the teacher and the family member both worked on a common goal they identified mutually, Anna had approximately 10-15 opportunities per day to work on responding to simple commands. After two weeks, Anna was responding to this particular command approximately

98% of the time. She began to generalize this command to other simple commands within the same activities (e.g. “open your hand” while in the bathtub or “look at Ethan” while at the playground). By the end of the six-week intervention, Anna was able to respond to the “head up” command in different settings such as home, at school, and in church with other important people in her life (e.g. grandparent, Sunday school teacher). In addition, Anna’s parents and teacher were working together on simple commands such as “open your mouth” and “use your hand” across different activities during the days and nights. While we did not gather data on these shared goals, Anna was making steady progress toward achieving them at the end of our intervention. Her mother and her teacher said Anna not only met but exceeded her goals, much to their surprise but also their delight.