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PROVIDER PERSPECTIVES: EXAMINING THE TRANSITION FROM EI TO ECSE

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PROVIDER PERSPECTIVES: EXAMINING THE TRANSITION FROM EI TO ECSE

by

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A Dissertation

Submitted in Partial Fulfillment of the Requirements for the
Doctor of Philosophy degree

The Department of Counseling, Quantitative Methods, & Special Education
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Southern Illinois University Carbondale

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DISSERTATION APPROVAL

PROVIDER PERSPECTIVES: EXAMINING THE TRANSITION FROM EI TO ECSE

by

Katherine Ancell

A Dissertation Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Doctor of Philosophy
in the field of Special Education

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AN ABSTRACT OF THE DISSERTATION OF

Katherine Ancell, for the Doctor of Philosophy degree in Special Education, presented on September 26, 2018, at Southern Illinois University Carbondale.

TITLE: PROVIDER PERSPECTIVES: EXAMINING THE TRANSITION FROM EI TO ECSE

MAJOR PROFESSOR: Dr. Deborah A. Bruns

Children with disabilities might experience multiple transitions during their early years. One important transition that occurs for many children with disabilities or developmental delays and their families is the transition from Early Intervention (EI) to Early Childhood Special Education (ECSE) services at three years of age. The stress of this transition may be exacerbated for families of young children with disabilities as the shifts between services involve many choices and decisions depending on the child's level of need. Effective transition procedures for children with disabilities sets the stage for future positive or negative transition experiences and optimal learning experiences in the school setting.

The study of transition is multifaceted and researchers, as well as professionals, attempt to understand the complexities of the transition experiences of young children with disabilities and their families. There is a common assertion in the literature that providers assist in the transition by providing environmental supports and involving families in transitions, yet provider perspectives and specifics of how they are involved in transition is mostly absent in studies about transition. Some researchers suggest that little is known about how relationships between families and service providers, which often begin during the transition between systems, are established. The purpose of this study is to investigate the common practices that EI professionals engage in during the

EI-to-ECSE transition, and the perceptions of EI professionals during the EI-to-ECSE transition focusing on determining which actions, policies, and procedures contribute to make the experience a positive one for all of those involved.

The research questions are answered through two focus groups and two interviews with Early Intervention providers in the Southern part of Illinois. The major themes that emerged are related to professionalism, working within the EI system, and supporting families. EI providers discussed their roles, staff shortages, schedules and funding, parent education, and collaboration. Implications and future research are discussed.

DEDICATION

First and foremost I would like to thank my committee for their time and dedication. The countless emails, meetings, and revisions did not go unnoticed. In particular, Dr Deborah Bruns, this would not have been possible without your guidance and tireless efforts. Thank you for your organization and timeliness. Dr. Stacy Thompson, your support, particularly near the end of this project, was much needed. I wasn't always sure I could finish, but you were. You helped me re-engage with my topic and data and I am so thankful for your time and encouragement.

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CHAPTER 1

STATEMENT OF THE PROBLEM

Transition is a series of well-planned steps that result in smooth placement and subsequent adjustment of the child and family in another setting. Children with disabilities might experience multiple transitions during their early years. One important transition that occurs for many children with disabilities or developmental delays and their families is the transition from Early Intervention (EI) to Early Childhood Special Education (ECSE) services at three years of age. The EI-to ECSE transition process has been described as a “carefully planned, outcome-oriented process, initiated by the primary service provider, who establishes and implements a written multi-agency service plan for each child moving to a new program” (McNulty, 1989, p. 159). Hutingger (1981) emphasized that the transition process should include the exchange of information between families and professionals, coordinated services, and active family involvement. Transition activities should support interactions among all systems in which a child is involved including the family, schools, community, peers, and service agencies. Research illustrates that specific actions taken during transition periods can improve the quality of that transition.

Although families with children without disabilities might experience stress at transition times such as beginning preschool, the stress may be exacerbated for families of young children with disabilities as the shifts between services involve many choices and decisions depending on the child’s level of need (Fowler, Chandler, Johnson, & Stells, 1988; Hanson et al., 2000). For example, when a child turns three, he or she may be eligible for a full day Early Childhood Special Education program, or a

half day program combined with another program such as Head Start, or a half day program combined with private therapy. The range of options often depends on the community in which the child resides (Fowler, Hains, & Rosenkoetter, 1990). In addition, transitions for families with children with disabilities are often complex due to the regulations, agencies, and providers that are involved (Dogaru, Rosenkoetter, & Rous, 2009; Fowler et al., 1990; Hanson et al., 2000). Services that were once home-based and family-focused change to services that are public school-based and child-focused. Other salient issues during the transition from infant-toddler to preschool services include differing eligibility requirements, new demands on the child for interaction and group participation in school-based settings, new expectations for child behavior, the type and level of therapist involvement, and philosophical shifts in intervention models. Furthermore, EI is built on family-centered practices and ECSE utilizes an educational model, which typically results in less communication between families and public school-based professionals and focus on a child's educational, rather than developmental needs (Fowler, et al., 1990; Hains, Fowler, & Chandler, 1988; Hains, Rosenkoetter, & Fowler, 1991; Hanson et al., 2000; Hoover, 2001; Noonan & Ratokalau, 1991; Shotts et al., 1994).

The terms “service provider”, “therapist”, and “professional” are used interchangeably throughout this document to refer to an EI provider or ECSE professional who provides services to young children and their families. The use of a consistent term is difficult because the term “provider” is typically used in EI, and “therapist” or “professional” in ECSE.

Before examining the current practices and policy of EI, the evolution of special

education must first be examined. The history of special education services for young children is an evolution of national, state, and local initiatives designed to support children who have been identified as at-risk or in need of specialized services. The Education for All Handicapped Children Act (EAHCA) or Public Law (PL) 94-142 was enacted by congress in 1975. It required all public schools accepting federal funds to provide equal access to education for children with physical and mental disabilities. Schools were also required to evaluate children and create an education plan with parent input. Free Appropriate Public Education (FAPE) became available to children over five years of age. In 1983, amendments to EAHCA authorized state grants for the development of comprehensive service plans for children with disabilities ages birth through five years of age (Kunesh, 1990). In 1986, Congress again amended EAHCA. This amendment, the Education of the Handicapped Amendment (1986), extended rights and protections provided by EAHCA to children age three years through five years under Part B of the Individuals with Disabilities Education Act (IDEA). This law mandated services for children three through five years of age, and developed incentives for states to develop services for infants and toddlers. Developmental domains, intervention strategies, and contextual understanding of these services grew significantly.

For example, Part B of IDEA assisted states in implementing a statewide, comprehensive, coordinated, multidisciplinary, interagency program of services for young children and their families. Likewise, funding to each state is based upon census figures of the number of children, aged birth through two years, in the general population. According to the Data Accountability Center, a total of 350,581 eligible

infants and toddlers received EI services under Part C in fiscal year 2015 (Technical Assistance and Dissemination Network).

Effective transition procedures for children with disabilities sets the stage for future positive or negative transition experiences (Rosenkoetter, Hains, & Fowler, 1994) and optimal learning experiences in the school setting (O'Brien, 1991). An examination of effective practices supporting transition across the early childhood years revealed both child-focused and family-focused practices (Harbin, McWilliam, & Gallagher, 2000; Rous, Hallam et al., 2007; Pianta & Cox, 1999). Research examining the EI-to-ECSE transition process began when states started implementing EI programs following new regulations in IDEA. It was found that although EI programs along with the Local Education Agency (LEA) are required to meet the requirements of transition prior to a child's third birthday, barriers to service provisions included non-completion of required assessments, lack of Individualized Education Plans (IEP) by a child's third birthday, undetermined eligibility for services, and gaps in continuity of services (Malone & Gallagher, 2008; U.S. Department of Education, 2004; U.S. Department of Education, 2005).

In addition to federal and state guidelines defining the EI-to-ECSE transition process, professional organizations have further emphasized its importance. In 2005, the Division for Early Childhood (DEC) emphasized the need for families and professionals to work collaboratively and to use formal and informal community supports during early childhood transitions. In the 2014 update to the DEC Recommended Practices, transition was more specifically addressed. Recommendations include practitioner- exchange of information before, during, and

after transition services with parents and other practitioners; as well as the use of a variety of support adjustment and outcome strategies with the child and family before, during, and after transition (Division for Early Childhood, 2014).

Transition experiences are multifaceted and researchers, as well as professionals, attempt to understand the complexities of the transition experiences of young children with disabilities and their families. Although there have been calls for attention to the transition process, and empirical research has been conducted, a seamless set of transition practices at state and national levels has not been fully realized, as reflected in this statement by Rous, Hallam, Harbin, McCormick, and Jung (2007):

The last decade has seen an increase in the need for empirically based practice, which includes those associated with successful transitions for young children and families. While there has been some limited progress in the field of identifying specific variables that affect the transition of young children with disabilities and the impact of transition practices on child outcomes, the literature has focused more on effective transition procedures and practices than on the complex interactions across multiple levels of the system (provider, program, community, state) and how these interactions influence child outcomes both during and after the transition. (p. 144).

This quote still reflects the current needs for transition practices that consider the various levels of the system.

Most of the research in the 1980's and 1990's focused on interagency coordination, information exchange between families and professionals, continuity of

services, and change from an Individual Family Service Plan (IFSP) to an IEP (Fowler et al., 1990; Hains et al., 1988; Hutinger, 1981; Rous, Hallam, Harbin, McCormick, & Jung, 2007). Parent and professional goals for the EI-to-ECSE transition process have included:

- (a) placement decisions that meet individual needs; (b) uninterrupted services;
- (c) non-confrontational and effective models of advocacy that families can emulate throughout their children's lives; (d) avoidance of duplication in assessment and goal planning; and (e) reduced stress for children, families, and service providers (Shotts, Rosenkoetter, Streufert, & Rosenkoetter, 1994, p. 395-396).

Little has changed over the course of the past 20 years regarding recommendations for facilitating a smooth transition from EI to ECSE for young children with disabilities and their families. Transitions have been described as “stressful, inefficient and problematic for children with disabilities, their families, and agencies engaged in the transition process” (Rous et al., 2007, p. 136), and current studies continue to describe transition as confusing for families. A recent study found that parents feel “out of the loop” when it comes to understanding the daily provision of services for their child, they describe communication issues, and parents did not achieve the expected level of involvement in their child's services (Podvey, Hinojosa, & Koenig, 2013). The transition at age three continues to be cited by administrators, practitioners, and families as an area of concern in both the literature (Pianta & Cox, 1999; Ramey & Ramey, 1998; Rous, Myers, & Stricklin, 2007) and in Annual Performance Reports states submit to the Office of Special Education Programs

(OSEP). For example, in 2012 only 77.15% of potentially eligible Part B (school-age special education services) children had a transition conference (Illinois, 2012).

Contrary to the expectations of IDEA, transition is seen as stressful by parents and professionals, it offers few choices to parents, and there is poor communication between stakeholders (Hanson et al., 2000). Parents continue to be dissatisfied with the transition process and there continues to be confusion about transition practices and service disruption during the EI-to-ECSE transition. In addition, EI provider perceptions have been virtually ignored in transition research.

How providers are involved in transition is completely absent in most studies about transition. There is a common assertion in the literature that providers assist in the transition by providing environmental supports and involving families in transitions (Myers, 2006; Bruder & Chandler, 1993). Lawlor and Mattingly (1998) suggest that little is known about how relationships between families and service providers, which often begin during the transition between systems, are established. However, neither assertion has been sufficiently studied. Newsome (2001) surveyed the perceptions of parents of children with autism who had recently sought support during transitional periods in their child's life. These transitions included the transition between early intervention and preschool. While Newsome focused his findings on the implications for the social work field, his results indicate that parents perceive professional support from social workers, educators, and administrators during the transition periods to be limited. Myers and Effgen (2006) surveyed 207 pediatric physical therapists across the United States regarding their role during early childhood transitions, including the transition from early intervention to preschool services. This study found that overall, physical

therapists reported that their role in the transition was not well defined. Researchers and practitioners recognize the need to individualize transitions for each child and family, while also adhering to recommended practices (Bruder, 2010). Families continue to be nervous and unsure about what transition means for their child and how they fit into the process. Families often express concern not only with the nature of the transition, but also with the shift in service agencies and orientation and many parents worry about future services and placement (Hanson et al., 2000). Although providers also reflect concern about the shift in service models from family-centered to school-centered, as well as requirements that go along with the new service model, they are in a position to help decrease the uncertainty that parents feel during transition as they work closely with the families during the EI-to-ECSE transition (Hanline, 1998; Hanson et al., 2000; Rous, Hemmeter, & Schuster, 1994). However, the field needs a better understanding of provider perspectives and challenges.

Research Focus

Children born with disabilities face numerous transitions in their lifetime as they move between and among the systems of care and education. Transition periods require supports that facilitate a seamless process. Much of the research on the transition process of young children with disabilities focuses on the significance of family involvement (Kang, 2010), and the importance of an ecological approach involving all services in which the transitioning child is involved (e.g., Rimm-Kaufman & Pianta, 2000; Rous, Hallam et al., 2007).

The perceptions of providers in the transition process is lacking in the literature. It is unclear what transition procedures practitioners value, and there seems to be a gap

between the research recommendations and what practitioners report as “what works” in the field. Examining the transition process from the perspective of practitioners provides insight into this process from a new perspective. The purpose of this study is to investigate the common practices that EI professionals engage in during the EI-to-ECSE transition, and the perceptions of EI professionals during the EI-to-ECSE transition focusing on determining which actions, policies, and procedures contribute to make the experience a positive one for all of those involved. The results of this exploratory study may also assist in providing additional recommended practices in the area of EI-to-ECSE transition.

Specifically this research study examines the following questions:

- How are transition practices implemented in various CFC’s in Southern Illinois?
- What are the providers’ perspectives on the EI-to-ECSE transition?
- What challenges do service providers encounter in transitions and how do they try to adjust to overcome them?

CHAPTER 2

REVIEW OF LITERATURE

An initial literature search was completed with *OneSearch*, which searches *EBSCOhost*, *ProQuest*, *Academic Search Complete*, and *Ovid*. The keywords “early childhood special education + transition”, and “early intervention transition + early childhood special education” were initially used. Twenty-one articles were identified with this initial search. Google Scholar was then searched using the following keywords: “early childhood special education + transition”, “early intervention transition + early childhood special education”, and “transition from early intervention to early childhood special education”. Thirteen additional articles that did not overlap with the first search were located using this method.

The reference lists from the 34 articles were then searched for additional articles, which were located via *OneSearch* and/or Google Scholar. This process found 15 additional articles (49 total). The reference lists from these articles were also searched. Ten additional articles were found for a total of 59 articles. Of the 59 articles, the majority were from the *Journal of Early Intervention*, *Topics in Early Childhood Special Education*, *Infants and Young Children*, and the *Journal of the Division for Early Childhood*. The Table of Contents of these journals were browsed, and five additional articles were found for a total of 64 articles.

Each article was downloaded and saved in a digital folder, read multiple times and relevant information digitally highlighted. The articles were saved in digital folders based on common themes that were found among the articles. The themes were

further organized for review and use during the writing process and method development.

The following literature review is a comprehensive summary of the themes identified in the literature. Although there are various recommendations regarding the EI-to-ECSE transition, commonalities emerged during the literature review. These commonalities include (a) interagency communication and agreements; (b) knowledge and expectations of receiving programs; and (c) parent-provider relationships and communication. This literature will emphasize perceptions on the EI-to-ECSE transition. Results will be primarily from studies examining parents and families, as there is a dearth of investigations focusing on providers.

Interagency Communication and Agreements

Providers should be planning how they will help prepare a child to be successful in new ECSE environment(s). Professional collaboration and a willingness to communicate between agencies are critical for a successful transition as there is potential for confusion, miscommunication, and lapses in service during transition. In order to rectify this, agencies should cooperate and collaborate on service delivery (Bruder & Chandler, 1996; Fowler et al., 1990). Professionals must also be willing to look outside of their agency or program for ways to collaborate and share information. Thus, interagency agreements can be integral in preparing children for new environments (Hanline & Knowlton, 1988; Hoover, 2001).

Harbin and McNulty (1990) described a conceptual model of collaboration but noted that, often, interagency agreements are written in such general terms that they accomplish little in terms of specific plans for individual families and children. They

described six dimensions of interagency collaboration, including climate, people, resources, policies, process, and agency and noted specific supports and barriers within each dimension. Since Harbin & McNulty's model anticipates supports and barriers to interagency collaboration, Wischnowski, Fowler, & McCollum (2000) expanded upon this line of research and examined the supports and barriers as perceived by participants in the interagency agreement process. Participants repeatedly identified key people as being an important support and a possible barrier to the interagency agreement process. Although participants did not identify key people by position, they described them as, "...those who had an understanding of the daily requirements of transition, but also had administrative decision-making roles in their organizations. Key people also understood the law, expressed a positive attitude toward the task, and demonstrated shared leadership skills" (p. 304). This finding underscores the importance of team and interagency communication. It also highlights the idea that "key people" need not be administrators specifically, but can be anyone who has the characteristics described above.

Strong interagency agreements were found to reduce barriers as children with disabilities move from preschool to kindergarten (Rous, Myers, & Stricklin, 2007). The research done by Rous and colleagues was part of the larger project conducted by the National Early Childhood Transition Center (NECTC), which sought to identify, among other things, socially valid transition practices. The study used focus groups to elicit transition strategies based on previous experiences and various perspectives of professionals and family members. The researchers conducted nine focus groups, with 43 participants at various conferences across the country. The majority of the

participants identified themselves as practitioners, administrators, trainers, or researchers; only ten participants were family members. The study used only five broad questions to explore and elicit information regarding strategies and practices that they found effective for facilitating the transition from EI to preschool programs and from preschool programs to school-based programs. The researchers found that over half of the statements centered around the interagency process, making this the first major theme resulting from the study. This theme included strategies related to supportive infrastructure, relationships and communication, and continuity. Supportive infrastructure was the most salient sub-category and this underscores the importance of interagency agreements, guidelines for the transition process, transition plans, and written information that supports specific transition activities. The involvement of multiple agencies and individuals in the transition process requires transition facilitators in both sending and receiving programs to support communication between special and regular education staff, families, and outside agency service providers (e.g., speech/language therapists, occupational therapists, and behavioral mental health staff). In addition to facilitating high intensity and personalized transition practices, the involvement of the appropriate agencies and individuals in the transition process increases the likelihood of a quality transition for children with disabilities and their families (Rous et al., 2007).

Other researchers have underscored the importance of interagency agreements, but have taken it a step further to recommend that there must also be a standardized process within an agency, and within school districts. In their three-month study with six families experiencing transition, Podvey, Hinojosa, and Koenig (2013) found confusion

surrounding the transition from early intervention to preschool special education. They recommend interagency agreements, but also training with an agency or school-district in order to ensure the entire staff is aware of their co-workers' expectations, roles, and responsibilities. During the EI-to-ECSE transition process, there are numerous agencies and individuals that work with children and families and these agencies have their own timelines, policies, procedures, and practices. Furthermore, as the number and types of programs available for young children has increased, transitions have become more complex, increasing the need for a uniform and streamlined transition process that includes common agency goals and missions (Rous, 2008; Rous & Hallam, 2006; Rous, Hallam, et al., 2007). As indicated by Rous and colleagues (2007), research findings also underscore the importance of collaboration, planning, and information exchange. "...it is the complexity, divergence, and episodic nature of the early care and education system in the United States that necessitate quality transition planning" (p. 136). Collaboration across professionals, and between families and professionals, is critically important to ensure a smooth EI-to-ECSE transition process, both for the families as well as the service providers involved. For example, the criteria for eligibility for preschool must be clear and known to early intervention service providers otherwise, the sending program (EI), may recommend services that the receiving program (the local school district) cannot provide, creating tension among service providers and frustration for families (Fowler et al., 1990). Preschool criteria are not universal, so providers must be sure to understand the requirements of each school district with which they work. Utmost care must be taken to ensure continuous services during the EI-to-ECSE transition, as uncertainty regarding placement or a gap in service

delivery can have a negative effect on the transition process (Hicks, 2011).

Furthermore, the population of children who receive EI services, particularly those with significant disabilities, is more likely to have limited access to high-quality early childhood programs, and the transition process from EI to ECSE is more regulated than that for typically developing children transitioning to preschool. Therefore, there is a particular need for transition planning to take into consideration the needs for the family and child, if there are appropriate environments available for those needs to be met, and the specific steps and collaboration needed to provide the appropriate environment, even if that means working with various agencies (Rous, Hallam, et al., 2007).

Interagency agreements require collaboration to facilitate the EI-to-ECSE transition process. For example, the EI agency or the local education agency (LEA) can partner with local public schools and childcare centers to pool resources to provide joint training on topics such as transition and program expectations (Branson & Bingham, 2009). A better understanding of the knowledge and communication required between sending and receiving providers and relationships with families they serve is important for all involved in the EI-to-ECSE transition. Although this is a common recommendation in the literature, available studies do not provide much information as to whether or not this is a widely used practice (Rous, Hallam et al., 2007, Rous, Myers, Stricklin, 2007; Rosenkoetter, Hains, & Dogaru, 2007). The current study seeks to investigate this process.

Knowledge and Expectations of Receiving Programs

A lack of match between sending and receiving programs is related to less successful transitions for children, while teaching skills for the requirements in the next

environments is associated with more successful and positive outcomes after transition (Kemp & Carter, 2000; Troup & Malone, 2002). Rosenkoetter et al. (2009) conducted a review of referred research between January 1990 and March 2006 on early childhood transition with a specific focus on findings related to transitions of young children with disabilities and their families. Fifty studies that focused on children in transition and families of young children involved in the transition process were reviewed. Based on their review of these studies, Rosenkoetter et al. (2009) identified the major findings on effective transition practices with strong evidence. One of these major findings was that there be a match between the sending and receiving environments and the teaching of pre-requisite skills necessary for the next program (Rosenkoetter et al., 2009).

Although some of these studies involved students transitioning to kindergarten, many recommendations can be generalized to the EI-to-ECSE transition. Providers should not assume that children with disabilities will automatically conform to new expectations or requirements. Many of these children will need to be taught the new expectations and given time to practice them before transitioning to the new setting. Personnel who work with the children and families must identify supports required to address child and family needs for a successful transition (Troup & Malone, 2002). Furthermore, although there are certain trends in preschool classrooms, not every setting is uniform with respect to seating routines, group activities, materials, and expectations of the child; thus the process must be carefully planned, executed, and evaluated (Rosenkoetter et al., 1994).

Practitioners and families have described various transition practices and activities that support the EI-to-ECSE transition process. Individualized transition

supports are an important feature of family centered services. One specific strategy described is called “identify-observe-explore”; this three-step individualized process was developed by parents (Stoner, Angell, House, & Bock, 2007, p. 32). The first step is to identify the potentially difficult expectation, the next step is to allow the child to observe in the setting during a time of low stress, and finally allow the child to explore the setting before they are expected to participate. This process has been particularly useful for children with Autism Spectrum Disorders, but it could be applied to children with other developmental disabilities as well. In a vignette described by Branson and Bingham, a young boy who is transitioning to an early childhood classroom begins visiting the new classroom with his EI service coordinator and a peer buddy four weeks prior to his 3rd birthday. He was not expected to fully participate, but was instead able to choose his level of participation depending on how comfortable he felt. This gradual easing into the classroom was successful in this instance.

Other suggestions include the use of developmentally appropriate practices across settings. For example, the same visual supports should be used across settings to help ease with transition. These visual supports could include a daily schedule, a picture exchange communication system, or a system allowing children to engage in choice making. Further examples include helping the child and the family understand the expectations in the receiving program such as self-care skills, functional skills that allow the child to participate independently in the new setting, and social skills such as sharing and turn-taking (Allen & Schwartz, 2001; Blasco, 2001).

A national study of over 2,000 preschool teachers was conducted by Rous, Hallam, McCormick & Cox (2010), in which they asked public school preschool teachers

about transition practices that they used for children with and without disabilities. Preschool teachers were asked about 25 transition practices to support the transition of young children into preschool programs. Teachers reported using various transition practices, and interestingly they reported that transition practices that required coordination with other agencies in the community were a good idea, but were less likely to occur than other practices that required no such coordination. These “good idea” practices included child visits to the classroom, home visits by the preschool teacher, and/or visits to a previous setting. These practices would allow the teachers of the receiving program to better understand the children, and would allow the child, family, and current providers to better understand the expectations of the receiving program. Barriers included limited after hours/summer pay and parents who were not interested. Preschool teachers identified the importance of these practices, but were clear that they were not being used as much as other “low-intensity” (whole group) practices that were perhaps easier to implement such as materials sent home to prepare families, and receiving reports from the sending program (Rous, et al., 2010).

Even personnel who do not work directly with the child can help facilitate the successful transition for young children with disabilities. Rosenkoetter, Hains and Dogaru detailed responsibilities for social workers involved in the EI-to-ECSE transition (2007). They acknowledged that the nature of services, philosophies of the programs, and intervention activities and formats may differ from program to program, and that these differences can be challenging for a child who is used to the routines, structure, and individual-intervention of Early Intervention. Social workers can help families recognize program differences such as a focus more on the child and less on the family,

and a focus on educational goals. They can then help the family prepare for those changes. Furthermore, if adjustment problems emerge around those changes, social workers can assist families and providers in recognizing and communicating concerns and resolving challenges (Rosenkoetter, et al., 2007).

EI providers and service coordinators should be involved and included in all aspects of transition planning. Specific recommendations based on the STEPS (Sequenced Training to Education in the Public Schools) transition model include knowledge of placement options and an understanding of how to prepare a child for the next environment (Rous, Hemmeter, & Schuster, 1994/1999). In their analysis of 65 transition stories from parents (n=37) and professionals (n=28) across Kentucky, Louisiana, North Carolina, Oregon, Utah, and Wisconsin; Dogaru et al. (2009) found that staff can become knowledgeable about placement options and expectations within the receiving program through cross-program visitation and joint committee work, yet many providers report not having the time or the resources to engage in such activities. Although some report that they do not have the time or resources to engage in such collaboration, many EI providers describe this as being an important part of their job. This sentiment is echoed in the previously discussed study by Rous et al., 2010 where preschool teachers reported the same value, yet barriers to such collaboration.

Myers (2007) examined the involvement of independent therapy providers and the role they play in a trans-disciplinary team approach to transition. Occupational, physical, and speech/language therapists who provided services to students in early intervention responded to a survey about their role in the transition process and the factors perceived as influencing their participation. Myers found that communicating

with receiving programs and therapists was one of the most commonly reported strategies for participating. However, barriers such as lack of time and decreased support from service coordinators were also identified.

Knowledge of placement options and an understanding of other program requirements such as expectations and eligibility requirements is important for EI practitioners, as they are often helping to guide the family through the transition process. Rous (2008) sent surveys to members of DEC and National Association for the Education of Young Children (NAEYC) (n=419) that listed 21 practices related to transition. Respondents were asked to rate their level of agreement to the degree to which the statement represented a practice that is important to a successful transition on a Likert-type scale (1 = Strongly Disagree, 4 = Strongly Agree). One of the practices that was most highly rated included staff knowing key information about a broad array of agencies. EI practitioners should be well versed on the eligibility requirements, contact information, and developmental expectations for various community agencies, as this is important information to share early on with families. This can not only help families prepare for the next program's routines and expectations, but it can also help inform current therapies and visits with EI providers. Near a child's third birthday, EI providers are starting to help the family and child prepare for transition. Providers have an important role in this preparation, by beginning to give the child the opportunity to develop and practice the skills they need to be successful in the next environment.

Parent-Provider Relationships and Communication

Finally, parent-provider relationships and communication have been identified as integral to the transition process (Brandes, Ormsbee & Haring, 2007). A consistent

theme in studies of early childhood transition is that transitions are challenging for families (Hanson et al., 2000; Hains, Fowler, & Chandler, 1988; Malone & Gallagher, 2008; Myers, 2007). Family concerns and priorities should be considered, and families and professionals should collaborate when designing transition goals and plans.

Cross, Trabu, Hutter-Pishgahi & Shelton (2004) conducted a longitudinal study of seven young children (ages 1 year 3 months to 5 years 2 months) with significant disabilities through the transition from Early Intervention to an inclusive preschool setting. Six boys and one girl, each diagnosed with two or more disabilities including autism, Down syndrome, traumatic brain injury, developmental delay, multiple disabilities, and orthopedic impairment were identified as participants. The children were transitioning into inclusive community programs that included school-sponsored and church-sponsored preschool and childcare in locations that ranged from small towns to large cities. Analysis of interviews and observations identified that parent-provider relationships were identified by providers and by parents as being most critical to the success of the transition. Parent involvement and participation was valued at the sites where the children were transitioning, and parents felt a shared responsibility and were viewed as active partners in the transition according to the professionals involved in the transition. Ongoing communication was also found to be critical. This importance placed on parent-provider relationships could have been due to the severity of the children's disabilities, and may not be present in relationships involving children with less severe disabilities. Furthermore, not all families are the same in their desire to make decisions or help problem solve, so finding different families' comfort zones in the transition process is critically important (Pang, 2010).

Other studies that have examined both parent and provider opinions about EI-to-ECSE transition have identified communication as being of the utmost importance during this transition, but also an area where differences are seen. In many cases, information is exchanged and discussed prior to transition meetings where decisions are made. This open communication and reciprocal relationship helps foster respect and a positive view of the transition for both providers and parents (Hanson et al., 2000). In Dogaru and colleagues' examination of provider and parent opinions (2009), parents (n=37) generally described communication as a weakness, while service providers (n=28) (therapists, interventionists, and service coordinators) viewed their communication as a strength. Positive experiences were reported when the transition process was well planned and organized, when the parents were part of the team, and when they had positive interactions with providers. Families build trust through the transition process when programs and individuals are provided reliable and consistent information (Lovett & Haring, 2003). In a study that examined families' transition experiences, Hanson and colleagues (2000) found that professionals and "the system" dominate decisions surrounding transition rather than families' active involvement in decision-making. In 1996, Mahoney & Filer sought to examine the extent to which parents and professionals are "in tune" with each other regarding early intervention practices such as the level of services being delivered, whether families needs were being met, and whether parents and providers agreed on what services are important. Questionnaires were collected from 76 early intervention providers and at least one family that they served. The results suggested that parents and professionals are generally not in agreement regarding many early intervention practices. Furthermore,

many families have identified the importance of information exchange and communication between professionals involved in the transition, and many families have reported a lack of such communication (Hanson et al., 2000). It remains to be seen whether practitioners view transitions the same way many families do. Family interaction during the transition process will vary (Bruns & Fowler, 1999), so it is important for providers to remain dedicated to open communication.

One study attempted to examine the needs of all stakeholders in the EI-to-ECSE transition process. A study by Rous and colleagues (2007) used focus groups conducted at seven conferences across the country. These conferences included early childhood specific conferences like the DEC conference and the NAEYC leadership conference as well as the Head Start National Transition conference and various community forums and alliance meetings. Of the total focus group participants (n=43), 33 (76.7%) identified themselves as practitioners, administrators, trainers or faculty/researchers; and the remaining 10 (23.3%) identified themselves as family members with children with disabilities. Major themes were a need for a supportive interagency infrastructure, continuity and alignment, and relationships and communication. This nation-wide study is a good example of how these major themes are represented in the literature. Furthermore, these themes have been effectively implemented for children, families, staff, administrators, and communities, not just one of these stakeholder groups. Although the current study will focus only one stakeholder group, EI providers, it was important to examine the literature and recommendations for all stakeholders, particularly since there is not a wealth of literature focusing specifically on providers.

Literature Summary

Interagency communication and agreements, knowledge and expectations of receiving programs, and parent-provider relationships and communication have emerged as common recommendations across various studies, and over time. While some researchers have been more specific in their recommendations (Dogaru et al., 2009; Hanline & Knowlton, 1988), these three big ideas tend to encompass many of these more specific recommendations found in the literature. Since transition teams and practices differ across and even within states, it seems best to provide more general recommendations that can be adapted to fit a transition team rather than outline specific tasks that must be done. Additionally, it has been difficult to identify a set of practices that address the diverse needs of young children, yet are straightforward enough to implement across the various programs that serve young children (Rous, 2008). The literature on the topic of EI-to-ECSE transition has focused primarily on systems, and on how families interplay with those systems. There is a lack of research on how providers work within those systems and with families. The provider perspective is important, yet under-represented in the literature so far, and the current study seeks to narrow this gap.

CHAPTER 3

METHODOLOGY

The purpose of this qualitative study was to examine early intervention service providers' perspectives of transition within the southern and central part of the state of Illinois. In order to achieve this outcome, the researcher developed an interview protocol that guided focus groups with self-selected participants. Two focus groups and two interviews were conducted with various Early Intervention professionals using the same discussion questions. The researcher then engaged in various reliability and trustworthiness checks to ensure that the data from this preliminary study could be generalized and the results could be analyzed and understood within the existing research available

Purpose

In order to understand transition strategies based on experiences and perspectives of professionals, challenges service providers encounter, how they overcome those challenges and providers' opinions on the effectiveness of the EI-to-ECSE transition, focus group methodology was selected. This methodology supports participant interaction and dialogue (Kreuger, 1994; Patton, 2002) and seeks to find the range of opinions across several groups (Krueger & Casey, 2009). Furthermore, focus group interviews were selected as a preferred method, as the goal of research was in gaining further insight into participants' "attitudes, perceptions, and opinions" (Kreuger, 1994, p. 19). Another advantage of focus groups is that they allow the researcher to directly interact with respondents. This provides opportunity for clarification, follow-up, and probing for additional responses. Additionally, the open response format allows for

rich data in the respondents' own words. Finally, because focus groups are inherently social, respondents can react and build upon the responses of other group members which may result in data that may not have been uncovered in individual interviews or through traditional questionnaires (Stewart & Shamdasani, 2014).

Because of the open-response format, the immediate interaction with the researcher, and feedback from other participants, focus group methodology has been identified as a viable way to understand salient issues that may impact practice and, subsequently, the development of positive outcomes for young children with delays and disabilities. It was a feasible means to better understand the values, attitudes, and perspectives of individuals who work with young children with disabilities and their families (Brotherson, 1994; Brotherson & Goldstein, 1992).

Sampling

A detailed account of the purposive sampling of participants for this focus group study is provided below. A full description of the recruitment process, including the recruitment of providers who ultimately did not participate, is also included. In their review of focus group studies, Vaughn, Schumm, and Sinagub (1996) reported that researchers using this methodology frequently failed to provide an adequate description of focus group participants. This included, but is not limited to, descriptions about participant selection (such as inclusion criteria), percentage of recruited participants who ultimately joined the study, participant demographics, and other details about the process of sampling and recruiting participants.

Purposive sampling procedure was used (Bloor, Frankland, Thomas & Robson, 2001; Morgan, 1997; Patton, 2002). Several purposive sampling strategies exist

(Patton, 2002), one of them being homogenous sampling, which was used for the present study. The homogenous group identified for this study was groups of Early Intervention providers from the same CFC. There were several advantages to using pre-existing groups of providers in this study (Bloor et al., 2001). While the logistics and implementation of early intervention is consistent across the state, the participation of EI providers on school-based IEP teams differs between local school districts. Grouping focus group participants by region allowed providers to challenge or contribute to the on-going conversation in more detail because of their shared knowledge of the school districts or school-specific guidelines.

Recruitment. The target population was early intervention providers in central and southern Illinois, which included service coordinators (SCs), developmental therapists (DT's), speech language therapists (SLP's), behavior therapists (BT's), occupational therapists (OT's) and physical therapists (PT's). Professionals from these disciplines work closely with families during the EI-to-ECSE transition. To provide some background, Early Intervention (EI) services in Illinois are provided through regional Child and Family Connections (CFC) offices. Staff from the CFC and local education agency (LEA) participate in a child's transition meeting.

Study participants were recruited by contacting the CFC manager from various CFC's. A CFC manager helps families navigate all aspects of the EI system including transition to age three services by providing information on available services, and assisting in the development of the IFSP and IEP. Managers of the seven CFCs (18, 19, 20, 21, 22, 23, 24) in central and southern Illinois were contacted via email. The purpose of the study was explained and they were asked if they would be willing to help

the researcher gain access to their service providers. If they agreed, the researcher and the manager discussed a time/date when multiple EI providers would be available during an already scheduled training held by the CFC office (e.g., during the lunch break of a professional development day). Approximately one week prior to the CFC trainings, the researcher sent an email to the EI providers attending the training asking for their participation. Many CFC managers chose not to participate. There were only two CFC managers who agreed to and helped facilitate a focus group. A third manager agreed to assist but a training was never held. However, this manager did help the researcher get in touch with professionals to participate in individual interviews at a later date after the focus groups were held.

Participants. The research plan called for a minimum of three focus groups in total. This is a standard number of groups suggested for a focus group study due to the intensive effort needed to recruit participants, transcribe recorded audio, analyze transcripts, and identify themes and patterns in responses (Bloor et al., 2001; Patton, 2002). Additionally, it is recommended there be between five and 10 participants per focus group with six to eight participants being the preferred number of participants (Krueger, 2002). The researcher moderated all focus group sessions. One additional person was present to serve as an assistant moderator and received instructions about roles and responsibilities prior to helping in a session. For a list of assistant moderator responsibilities see Appendix A. Two focus group sessions were held; Focus Group A (FG-A) in Southern Illinois, and Focus Group B (FG-B) in Central Illinois. See Table 1 for a summary of participant demographics.

Focus Group A. Six EI providers participated in Focus Group A (FG-A); the session lasted 53 minutes. Providers represented a variety of disciplines including behavior therapist (n=2), nutritionist (n=1), developmental therapist (n=2), and physical therapist (n=1). Four out of the six participants had 10 years or more working with young children with disabilities and developmental delays. See Table 1 for additional demographic information. The focus group took place during the lunch break of an all day training session. Most of the participants in this group knew and worked with each other, but there were some that were not as familiar with the other participants or who were relatively new to the field.

Focus Group B. Five EI providers participated in Focus Group B (FG-B), the session lasted 55 minutes. Providers represented were service coordinator (n=3), developmental therapist (n=1), and program manager (n=1). See Table 1. The focus group took place after a morning training had concluded. The participants knew and worked with each other and this was evident as they were comfortable interacting and speaking freely with each other. This group often had to be brought back to the protocol questions, and re-focused, while the first group required more prompts to give rich details to the questions.

Interviews. After facilitating two focus groups and various attempts to schedule a third, the researcher modified the research plan to include individual interviews with EI professionals. The interviews were needed because a third focus group could not be scheduled, and after transcribing the data from the two focus groups, the researcher found that there was insufficient data saturation. Two interviews were conducted with EI providers in order to add to the data available. Interview A (I-A) was with a

Developmental Therapist, who had 5 years of experience, from the Southern part of the state that lasted 17 minutes. Interview B (I-B) was with a Physical Therapist, with 1 year of experience, from the Southwest part of the state that lasted 25 minutes. The primary researcher conducted the interviews.

Procedure

Before each focus group, the author double-checked equipment (i.e. laptop including password protection, audio recording program), posted a sign on the door that stated, “Do not disturb-Meeting in progress”, and checked that all paperwork (focus group protocols and demographic questionnaires) were prepared. As participants arrived, they were offered a bottle of water and the focus group process was explained, including audio and video recording, and confidentiality.

Prior to the start of the focus group/interviews, participants were asked to sign the consent form (Appendix B and Appendix C), which described their rights as participants and reiterated that the study had been approved by the Southern Illinois University-Carbondale Human Subjects Committee. They were then asked to complete a demographic questionnaire (Appendix D), which was used to gather information such as length of time as an EI provider, age, and CFC; this information is summarized in Table 1. Finally, they were asked to read the focus group protocol (Appendix E). These forms were provided via email to the interview participants who reviewed them prior to starting the interview. After collecting the completed consent and demographic forms, the researcher proceeded to the focus group protocol (Appendix E) and the recording began.

Instruments. The same focus group protocol, informed by the review of literature, was used across both focus group sessions and interviews. The focus group protocol kept discussions on key issues consistent across groups and encouraged unique contributions and insights from individual participants (Patton, 2002). During each focus group, the researcher provided adequate time for participants to process the questions and offer their responses (approximately five minutes per question). The protocol was structured with questions progressing from general to more specific as suggested by Stewart and Shamdasani (2014), and positive questions (e.g., “What are ways you participate in transition?”) prior to negative questions (e.g., “What prohibits you from participation in transition activities?”) (Krueger & Casey, 2009). Additionally, the questions are ordered by their relative importance to the research questions (see Chapter 1). Questions were developed and adapted from various sources. The research questions drove the major themes of the questions, but specific questions were a mix of researcher generated, and literature generated. Similar studies were used to assist in some question development (Hanson et al., 2000; Hoover 2001; Myers, 2007). While ample time was given for the participants to respond to questions, there were times during the focus groups that the facilitator felt it necessary to probe or ask some follow-up questions to keep the group discussion moving. Prompts included things like, “tell me more about that”, “can anyone else relate to that point”, or “has anyone else experienced something similar”. While not leading, these prompts helped participants continue the line of thinking and discussion necessary to gain rich data. Since the interviews were conducted individually, there were more prompts needed for some of the interview questions. For example, the third protocol question asked, “What

are some ways that you participate in the EI-to-ECSE transition?”, the second interviewee responded, “What do you mean?”, and the facilitator provided some examples of ways that a provider might participate in the transition like attending an IEP meeting or helping the family understand the process. While these prompts were more leading than the prompts needed for the focus groups, they were kept to a minimum and only used when necessary.

To enhance the study’s fidelity, participants completed a brief, anonymous questionnaire regarding the focus group. The Fidelity of Implementation Questionnaire (see Appendix F) was adapted from Rous, Myers, and Stricklin (2007). It covers topics such as flow of the discussion, participants’ comfort level, and their knowledge level of the topics being discussed. This questionnaire also provided an opportunity for participants to share additional information related to the research questions. The information obtained from these questionnaires was used during data analysis to help evaluate the trustworthiness of the transcripts.

Analysis

To assist with the triangulation of focus group data, the researcher maintained field notes and written memos during each focus group to capture the breadth and depth of responses that did not appear on the audio recording such as facial expressions and body language. The audio and video recording from each focus group was saved on a password-protected laptop to prepare for transcription. Each audiotape was transcribed verbatim, typed, and used for content analysis. Next, the videotape was used to add nonverbal information such as body language and other non-verbal cues, or in cases where the audiotape was not clear or it was not clear who is speaking.

There was no videotaping, only audio, of the individual interviews as these were conducted over the phone.

Following each focus group, the researcher met with the assistant moderator for a post-session debriefing to begin the data analysis process (Kreuger & Casey, 2009). First, the audio recording was checked to make sure it successfully captured the focus group conversation. Second, the researcher and assistant moderator discussed what themes were heard and added this information to original field notes. For each focus group there were a few major themes easily identified by both the researcher and the assistant moderator. These themes will be discussed in the next chapter.

Transcripts from the focus groups and interviews were analyzed as soon as they were prepared using grounded theory (i.e., constant-comparative method; see Corbin & Strauss, 2008). To begin the process, the researcher read the focus group transcripts and unitized the data by identifying excerpts that provided information about one or more of the study's research questions. A unit was defined as "the smallest amount of information that is informative by itself" (Vaughn et al., 1996, p. 106). Following this step, excerpts were coded line-by-line to note emerging themes (Corbin & Strauss, 2008). Multiple codes could be given to an excerpt. These multiple dimensions and properties, represented by codes, later helped form categories and provided a rich description of the ideas represented in the focus group discussions in relation to the study's research questions.

After this step, the researcher refined the codes and categories. The researcher used axial coding, or identifying relationships among the codes, to compare initial codes and categories to each other and to new data (Corbin & Strauss, 2008). Codes were

smaller units of information, which went into making up the broader categories. In this process of constant comparison, the researcher looked for similarities and differences between codes and categories to further differentiate and refine category development. At the conclusion of coding the second focus group transcript, all the data was examined to determine whether or not theoretical saturation had been reached (Krueger & Casey, 2009; Patton, 2002). After a thorough review of all data, the researcher determined some categories had not reached saturation, so the researcher moved to some individual interviews, and repeated the coding process with this additional data.

The final step in the data analysis process was to engage in an interrater agreement process. Johnson and LaMontagne's (1993) guidelines for interrater agreement were used for this study. Three additional readers were used for this project. The assistant moderator was not used as a reader as he moved out of the area before the project was completed. The first reader was a doctoral student in sociology whose background is health related, and she is conducting interviews as part of her dissertation related to gender roles and exercise. To train the rater, the researcher randomly selected a small sample (10%) of coded data from each category and discussed the categories and their definitions with the graduate student. A point-by-point method of agreement was used (i.e., agreements divided by agreements plus disagreements, multiplied by 100). Training was considered successful when the researcher and the rater reached at least 80% reliability in each category. Once the training criterion was met, the rater coded an additional 25% of the data that was randomly selected from each category. The range of reliability across all categories was 80% to 100% (M=90%). The second reader was a master's student in early

childhood, and the third reader was a doctoral student in curriculum studies. Training was not conducted with these two readers, they were given the raw data and were asked to code it on their own. The reason for this change was that the researcher felt that the first reader was influenced too much by the researcher.

Trustworthiness. In qualitative studies, truth, value, applicability, consistency, and neutrality are concerns associated with trustworthiness. Through application of Guba's (1981) trustworthiness model, these concerns are addressed through four modes, respectively: credibility, transferability, dependability, and confirmability. The following paragraphs articulate how this study considered the modes related to Guba's model of trustworthiness.

Credibility focuses on confirming the "findings and interpretations with the various sources (audiences or groups) from which data were drawn" (Guba, 1981, p. 80). One means of testing credibility is through member checking. Guba (1981) described the process of member checking as an opportunity for researchers to "expose their thinking to this 'jury' of peers and to deal with whatever questions they may pose" (p. 85). This study's design allowed for member checking at its conclusion. At the end of each focus group, the researcher provided a brief oral summary of the participants' discussion. Participants had an opportunity to confirm, challenge, correct, or add to the summary, and the researcher made field notes of these changes.

Second, the Focus Group Implementation Questionnaire, previously described, gave participants an opportunity to share their views the way data were collected during the session (e.g., flow of conversation, comfort sharing idea, knowledge of the issues

discussed). The participants' responses to the open-ended questions were transcribed and analyzed similar to the other participant data collected in this study.

Dependability is determined by “whether the findings of an inquiry would be *consistently* repeated if the inquiry were replicated with the same (or similar) subjects (respondents) in the same (or similar) context” (Guba, 1981, p. 80). Guba (1981) argued that dependability considers stability and trackability. This study considered dependability through three methods: data collection, systematic coding and analyses, and public sharing of the findings.

Data collection involved two focus groups and two individual interviews. The systematic coding processes used in this study were: initial and focused coding procedures. Glaser and Strauss (1999) advocated for a systemic coding process that protects researchers against the “forcing of ‘round data’ into ‘square categories’” (p. 37). Charmaz (2014) suggests that during initial coding you closely read the data and remain open to all possible theoretical directions. During focused coding, you develop and pinpoint the most prominent categories among your large amount of data.

Individual interviews were conducted after initial and focused coding of the focus group data and finding certain categories incomplete. Obtaining further data to fill in these gaps made the categories more precise, explanatory, and predictive (Charmaz & Belgrave, 2012). When categories are incomplete, as some were in this study, the researcher returned to the field to learn more about certain categories. This assisted in getting richer data, helped in further developing categories, and highlighted variations and gaps within or across the categories (Charmaz & Belgrave, 2012). It was

important, during these individual interviews, to remain open to the possibility that new codes would emerge.

Guba (1981) advocated that neutrality can be claimed when researchers share their methodologies with the public. Guba (1981) argued that neutrality is strengthened when methodologies are shared with the public described as individuals who are “at least one step removed from direct investigator-subject contact” (p. 81). This study’s neutrality was strengthened in two ways. After each focus group, the researcher and assistant moderator discussed the focus group and identified themes that emerged. Second, the researcher used three additional readers to confirm neutrality.

Transferability and generalizability. In qualitative studies, transferability is a concept, which considers that “virtually all social behavioral phenomena are context-bound” (Guba, 1981, p. 86). Guba (1981) advocated for the use of theoretical sampling and thick description to capture the specific context of a study. Theoretical sampling was demonstrated by selectively searching for data to answer the research questions. Thick description ensured that the findings accurately portrayed the participants’ perceptions and context. Thick description is used to portray an authentic presentation of data and strengthen the study’s trustworthiness (Eisner, 2017). Emphasizing its importance, Maxwell (1996) asserted that anything less than thick description puts the study at risk for “inaccuracy or incompleteness of the data” (p. 89).

Researchers who conduct qualitative research traditionally focus on individual cases, and incidents, while not being concerned with how findings might generalize or transfer to other cases, incidents, and, ultimately, populations (Patton, 2002; Stake 2010). Transferability provides support for understanding the particular experiences of

an individual or group of individuals. They also provide information necessary for others to develop their own understanding of how the findings might relate to them, thus making the findings potentially transferable to similar groups. Several activities related to transferability were used in this study and are described next.

A key transferability activity was to clearly describe and define the purposive sampling strategies used in this study including outlining the recruitment process. Another activity that aids in transferability of knowledge was the use of contextual, thick description (Patton, 2002; Stake, 2010). Several data collection methods and sources were used to better understand participants' experiences and work settings in order to provide thick descriptions including a demographic questionnaire and interview questions that probed participants to discuss their unique experiences (e.g.,). Collecting and reporting this information provided readers with information that may help them decide how the findings from this study relate to the age three transition within their context. Key findings from this study are reported in the next chapter.

Researcher identity. Self-disclosing ones' values, beliefs, and assumptions prior to and while engaging in research (e.g., engaging in reflective journaling), increases the credibility of a qualitative study (Brantlinger, Jimenez, Klinger, Pugach, & Richardson, 2005). This necessitates a brief description of my values and beliefs about early intervention, early childhood special education, and the transition between these systems.

Prior to becoming a doctoral student, and during some of my doctoral program, I worked as a school psychologist in K-12 schools. As a school psychologist, I helped facilitate many children's transitions from EI to ECSE. During the transition meetings

and evaluations, I often felt there was a disconnect between the two systems. At times, I felt that the school team, of which I was a part, relied too heavily on our own evaluations and opinions, and didn't fully utilize the EI providers' expertise or experience with the child and family. I wanted more input from EI providers and wished that they took a more active role in the transition such as participating in the transition meetings and helping to develop the IEP goals.

CHAPTER 4

RESULTS

The goal of the research was to better understand the common practices that EI professionals engage in during the EI-to-ECSE transition, and to understand the perceptions of EI professionals during the EI-to-ECSE transition. Specifically, how transition practices are implemented across the southern half of the state of Illinois; EI providers' perspectives on the EI-to-ECSE transition; and what challenges do services providers encounter. The findings from the data collected are discussed in this chapter. The providers' responses were categorized and identified through systematic analysis of focus group and interview data, and a synthesis of the focus groups and interviews are presented along with the themes that emerged during data analysis. Also, an interpretation of the findings in regard to the research questions is presented. There were three main themes, as well as seven sub-themes that emerged after data analysis. The main themes were collaboration, working within the EI system, and parent preparation. Refer to Table 2 for a summary of themes and key statements.

Collaboration

Collaboration is woven through all aspects of working with children and families, but for the purpose of this analysis, collaboration refers to providers' varied experiences and levels of participation in transition, including collaboration with other professionals and families; as well as their mandated responsibilities and tasks during the transition period.

Experience of transition. Providers across the two focus groups and interviews spoke about starting transition early and talking about it often with families, "They hear

about it at the very first appointment. That's when we first bring it up" (7); "Transition starts as soon as they come into early intervention" (1), yet easing parents into the idea of transition, "you talk about it a little at a time" (8). "Basically I feel like it is, in a nutshell, it's the transition from working with early intervention therapists that provide therapy services within the home to going into the big wide world of being in a school environment" (13). Although transition starts when children reach 27 months of age per IDEA, participants described giving families time to absorb information about the transition process and beginning to prepare families much earlier. Providers want families to think about what happens when their time in EI ends in preparation for transition. Another provider described the difficulty some parents might have, "It can sometimes be a little bit difficult for families to swallow the fact that they're going to be losing this nice service...so it's important to keep them included hands-on" (13). Numerous providers explained that educating parents is the biggest role they play during the EI-to-ECSE transition. "I'll ask them what they think they need, but most of them don't even know what to expect. They don't know what's out there. I'll explain to them all the different programs", explained a developmental therapist (12). "There are some definite ways to prepare parents for that move [from EI to ECSE]. Explaining to them that the focus is going to be on their child going into a school setting. I also try to discuss with parents some ways to effectively advocate for their child so it becomes more of a cooperative effort", said a Board Certified Behavior Analyst (BCBA) (2). "It would be best case if all service providers on the team were able to attend the meeting and be on the same page so we can consolidate our thoughts and not repeat things

since it is limited on time. Basically family expectations being clear and communication between the team members ” (13).

Responsibilities. Participation in the EI-to-ECSE transition consists of a number of mandated practices including completing an evaluation to share with the transition team, consulting (both formally and informally) with families regarding transition, participating in transition meetings, and linking parents with resources to assist them in their child’s transition. When asked about attending transition meetings, some therapists reported attending all of their transition meetings for children on their caseload, and some reported attending none. Overall, responses varied from provider to provider. One provider said, “I always try to attend mine, but a lot of therapists can’t. I’m still relatively new so I’m not always full so I have a little wiggle room in my schedule. I think it’s important that they have someone in the room that is familiar with the kiddo” (6). While another said that she rarely goes unless specifically asked, but “if they request that I come to the transition meeting, I will always rearrange my schedule for that if I’m asked” (12). One service coordinator reported that she attends all transition meetings, but this is not necessarily the case everywhere or with direct providers. “I think you’ll find it varies by area. In our area, it’s hard because there are lots of people who are doing EI and are working other jobs during the day” (7). Even when attendance is not possible, providers are encouraged to provide information to help in decision making, “Every service provider should be helping with the transition either attending the meeting or sending their information” (13). Another provider explained that her service coordinator attends all the meetings for the kids on her caseload unless she is specifically asked to attend, but she prepares the service

coordinator. “They have my reports and a synopsis with my recommendations. So that’s helpful, at least someone who has been in the home and is familiar with the family is participating” (4). “The school receives our most current reports whether that’s the six month or the annual” (13). Most therapists see attendance of EI providers as an integral part of the transition meeting. One therapist said that attendance at the meetings is important, “to help the family facilitate questions to the school district or just put some leading things out there just to help the school and family communicate” (8).

Providers described teaming with their colleagues such as “speech therapists, developmental therapists, we all work together” (3), as well as with the school system as a way of helping facilitate the transition from EI to ECSE. One developmental therapist reported that the schools she works with will “a lot of times ask us as therapists, our input on how they’re doing and what we feel their strengths and their needs are” (9). A physical therapist described a form that is used if she cannot attend the meeting. “The form asks about the child’s current level of performance and performance at the time of the last formal evaluation” (13).

Transition coordinators, service coordinators and parent liaisons were all mentioned as participants, in addition to the therapists themselves, who help facilitate transition. “The system allows a lot to happen. So remember we used to have a pre-transition meeting with the school system and therapists. It was absolutely wonderful. It was very helpful” (1). “The way we do it now is the service coordinator and the parent come to the transition meeting. The supervisor from special education comes. School psychologists are invited” (2).

Challenges Within the EI System

This theme refers to the topics participants discussed that were out of their control. Topics like funding, staff, time, scheduling and other system issues that may be barriers, or that simply have an impact on their role in the transition.

Staff. Some CFC's in Illinois have transition coordinators or parent liaisons who facilitate the transition process, but others do not and the direct providers take on that role. "We all share the duties. We answer questions if they have any, but typically they will talk to the services coordinators about specific transition planning questions...We are all invited to the transition meeting and we get notice of that" (9). "Each CFC is a little different. You have one CFC that has a parent liaison that is very active in that role. You have some CFC's who do not have a parent liaison. I think the service coordinators like having someone work with them" (1). "The transition coordinator is important for the school district too, but not every CFC has one. I cover some rural areas where the service coordinator functions as transition coordinator. So it varies depending on where you are. The interesting thing about transition coordinators is a lot of times she never meets the family until the transition" (6).

Although different CFC's have some small differences in terms of staff, there were commonalities between them in terms of staff shortages. "We're definitely not oversaturated with PT's in our area. I definitely never have a problem keeping a case-load full. There's a huge shortage of physical therapists, they're begging people to take on more kiddos." (13). "There is a huge shortage of providers. We are always looking for OT's, we need DT's and we're always looking for PT's. I don't know what the

solution is to that...you look somewhere like Chicago or Springfield, they have more providers...we're constantly recruiting from the school to beef up our providers" (1).

Importance of time and funding. Providers across disciplines, and in both focus groups and interviews spoke about time and funding constraints as being the biggest barrier to participation. For example, several commented on missing previously scheduled therapy appointments for a transition meeting, "It makes it difficult because it's scheduled during a time when you're seeing a child, that you can't switch that time and that family gets upset if you're missing their appointment" (9). "I would love to [attend transition meetings], but with our caseloads it's really hard to because we don't get an option on what day or time they're going to hold them. They can schedule the meeting and I'm not even in that county!" (12). Another provider echoed this sentiment by talking about needing to strike a balance, "When you have a case load and have the meetings sometimes you have to cancel regular visits to go to those meetings. That can be very difficult. Some families get very upset if you're canceling too many visits" (1). "I have some appointments set up to work with the families; if the mom is only off on Thursdays, then that's my only day to go to their house. I can't miss that" (12).

Providers also spoke about the difference in payment between therapy and attending a meeting, "The billing part is different. The rates are different when the service is in a home versus a meeting" (1). Additionally, travel time can have an impact. "If you have to travel a long way to go to that meeting you might end up not losing just one visit, you could be losing two visits" (1). Finally, another provider noted, "There's just so many people to consider when you're scheduling these transition meetings, it's hard to work around everyone's schedule" (13). When asked about participation in

transition meetings for the young children they work with, one BCBA therapist summarized with the following sentiment, “if logistics were not a problem, then I would go to the transition meeting” (2).

Communication and planning. When asked to describe a best-case scenario transition, one service coordinator said, “We have talked about it from the moment we’ve done intake. Parents remember, and ask questions, and providers talk about it along the way” (8). Other providers mentioned classroom visits, providers written discharge summaries, providers attending the IEP meetings, and school districts attending exit meetings. “I just think if the school district could attend the exit meeting to see really where that child is, and everybody would be there at that point, they’d be able to hear what the therapists have to say” (11). “And vice-versa. I think attending the IEP meeting is also a huge thing. I know that the ones I’ve attended, the school therapists were very appreciative to have the professional input to write those IEP goals” (9).

While many providers discussed stories around parent involvement and follow-through, some providers shifted the conversation and spoke about school planning as well. “I want to add to all of this what the school’s resources are. I just had a delayed transition and we had sent the referral in advance so the district knew that the family’s language was very specific. They still couldn’t get a translator by the time everything should have been in place. Then I’ve had another instance where the child had a very specific diagnosis and the PT and OT evaluations were not done. There was no excuse.” (8).

Therapists and service coordinators did speak about helping families understand the benefits of transition. For example, a service coordinator spoke about transitioning

to an early childhood classroom in this way, “They’ve been so accustomed to us coming into their home and it’s family centered, they get attached to a provider. They might not have a good idea of the services they can actually get from the district. Just opening their way of thinking to seeing the public school system differently” (8). A program manager talked about helping families visit classrooms. She said classroom visits were one of the best practices that go into a successful transition. “Classroom visits really help. One teacher is so awesome with our families. She will hug them, talk to them, and make them feel very comfortable” (10).

Other suggestions for changes revolved around invited participation at transition meetings held by the local school district. “You kind of feel like its the school’s meeting. There are times that I have gone to a transition meeting, and I’ve sat through the whole meeting, and nobody has really asked me a question” (6). A program manager echoed this sentiment regarding communication from the school, “Including CFC staff and providers as far as written IEP notice...So they know when the meeting is, so they can plan accordingly (10).

Providers shared additional ways to facilitate school-based transition meetings such as, “I know some people are just better at facilitating it. You know the ones that take into consideration the needs of each family and allow for longer meeting times so the family really understands what’s going on” (13), and “Maybe setting up certain days that the transitions happen, like the first Fridays of the month. As providers we can keep that in mind as we schedule therapies and we might be able to attend more” (6). When providers cannot attend, one provider had an idea to meet with someone who would be attending. “The provider could meet with either the parent liaison or the

transition coordinator or whoever is going to that meeting, so that person has an idea. That way the providers don't necessarily have to go to the meeting because they know their reports will be read and considered" (6).

Preparation of Parents

This theme encompasses a large component of what providers saw as their main role, parent preparation. It includes education, and things that providers "add" to parents' knowledge base, as well as things that are missing.

Parent education. When discussing their roles, therapists were careful to explain their role as being a support person for the family rather than being a more active participant in the meetings. "I've sat in IEP meetings, but I'm not there to speak on behalf of the parent...They should be the ones that are advocating and being empowered themselves" (10). A developmental therapist explained that she "likes to train the parents...to look for what's important. To look for those things and ask those questions" (1). Another developmental therapist explained, "I try to talk to parents to prepare them for what to expect. I tell the parents, 'I think you can handle this, but if you want me there just let me know.'" (12). "All along the way we're talking about empowering them to ask questions and to advocate for themselves..." (8). A physical therapist commented that when thinking about placement for the children on her caseload, she already knows from her work with them what she thinks will be the best fit, so "...educating the parents as to those trigger words that are going to send the rest of my peers around the room in that direction. So educating. Lots of parent education" (4). Many providers described how they work with the families to educate them on the

differences between EI and ECSE and help them become advocates for their children.

A behavior therapist summed it up this way:

Because early intervention and early childhood are so different. Such different models. I think that just helping them with the information. Give them some advice along the way. As far as how to advocate for their child and how to work with the school system so that they can get what they think they need for their child (3).

A practice that was mentioned in one focus group and that is also present in the literature, is pairing parents with other families who had been through transition, or “connecting parents with parents” (1). After gaining permission, one provider described how she was able to match one of her parents with another family who had a similar experience, “she was able to hear it from another parents’ point of view and hear what she had done to get what she needed. I think that really eased this mom’s mind because she could talk to someone who had been through it” (3).

Anxiety. Many providers spoke about helping reduce anxiety in families surrounding transition. “I’ll be honest, it’s a scary situation for a lot of parents. It was for me. All these people that are professionals...I’m only a parent” (10). “It’s helping parents understand what it’s going to look like, people are going to go over some reports, and they’re going to ask you questions. It’s hard to focus though. You don’t necessarily hear what people are saying though. It’s like going to the doctor. You don’t always hear it the first time” (6). Another physical therapist said that, “I’ve encouraged families to invite me to the IEP meetings so that I can better help them transition” (13). “The family needs to have support there” (8). “There’s still a stigma there, and there’s

some parents you work with that will say, 'Well I was in special ed, and it was horrible and I had a terrible experience'" (11). Providers talked about tangible ways to reduce anxiety including more home visits and family-centered practices. "I think one thing we've seen change in the past couple of years is that our local school is more willing to go to home visits instead of a transition meeting at a school. They've opened up...which means a lot to some of our families" (8). "All of our social workers are very willing to go the homes...it's just more personal" (8).

Ignorance. A common barrier that providers discussed was the need to educate the families they work with. "Some families have false expectations of the transition, they don't know what their options are" (13). "Going into it (the transition) most of them don't know even what to expect. They don't know what's out there" (12). Additionally, some providers talked about helping ensure that children received services at all. "Sometimes parents decline or are very resistant. They might agree, consent to their referral but they're not going to follow through" (11). "There are some families that just don't understand the importance or don't see the importance. Or some that even decline the transition to begin with and then call a month before the child turns 3 and want services" (10). "A huge risk factor is for parents who are illiterate...they get a letter from the service coordinator but they can't read so they don't really understand the information and we talked about it, but it was six months ago at the annual meeting. There's so much information being thrown at them, that they're not able to process the information and then don't remember to apply it once it's time for their child to turn three."(13).

Conclusion

After reviewing the transcripts from the two focus groups and two interviews, three main themes emerged: Collaboration, Challenges within the EI system, and Preparation of parents. Collaboration encompasses both the general experience of transition as seen from the providers' perspective, as well as their professional responsibilities during transition. Challenges within the EI system includes staff issues, time, funding, communication, and planning. Often these topics were mentioned when discussing barriers to a successful transition, and these were also seen as things that impact transition, but are out of the control of EI service providers. Finally, preparation of parents was a topic that nearly every participant saw as an integral part of their transition role. Parent education, support, and helping parents deal with anxiety as well as address any ignorance and unfamiliarity parents have regarding transition were all mentioned as important topics.

As seen from the themes that emerged and the participants who contributed to the category development, providers held very similar beliefs to one another. This was particularly true for the providers who were in the same focus groups (and the same CFC). However, on the focus group implementation questionnaire, several providers commented that the group was a good opportunity to hear how others in the field do their job, "It was new information to be discussed. As therapists, we don't always know everything being done by the CFC" (9).

CHAPTER 5

DISCUSSION

The discussion that follows focuses on issues surrounding the major themes that emerged from the research questions. These issues are described in relation to current literature, followed by providing limitations and implications for research and practice.

The current study examined provider experiences regarding common transition practices, barriers to practice implementation, and overall provider perspective on the EI-to-ECSE transition process. This study's research questions differed from previous research in that other researchers primarily investigated only families' perceptions of transitions (Dogaru, et al., 2009; Hains et al., 1991; Hanson et al., 2000). The methodology used in this study provided open-ended answers about transition perceptions, specific examples of how providers participate, and associated barriers. The discussion that follows focuses on issues that emerged related to three key themes: (a) collaboration (b) challenges within the EI system, and (c) preparation of parents. These topics are discussed in relation to current literature, followed by a discussion of the limitations and implications for research and practice.

Collaboration

Numerous focus-group discussions and protocol responses addressed collaboration with other professionals. Providers gave examples of scenarios where they were pleased with the level of collaboration and communication, and also those where they were not. Many providers spoke positively about working relationships with their EI colleagues such as instances of sharing information before and during the transition through report sharing, direct communication with teachers or therapists, and

collaboration with parents. However, professional collaboration was also seen as something that could be improved upon in order to improve existing transition practices. Providers shared stories highlighting a lack of communication and collaboration with other professionals. In research involving physical therapists in EI, Myers (2007) found that communicating with “receiving” programs and therapists was one of the most commonly reported strategies for participating in transition. Additionally, state systems that have consistently maintained a high level of performance in early childhood transition activities attribute that progress in part to ongoing communication and collaboration between EI and school-based providers (Kasprzak et al., 2012).

Challenges within the EI system

Staff issues, time, and funding emerged as a theme that can best be described as working within the EI system. As discussed above, many participants in this and other studies described positive experiences working with their colleagues. However, barriers such as lack of personnel, lack of time to participate in activities other than therapy, and lack of support from service coordinators were also identified. Many participants discussed the difficulty finding providers; particularly physical therapists and occupational therapists.

Additionally, almost all participants discussed the pressure to engage in therapy as opposed to other indirect transition activities such as attending transition meetings. Study participants mentioned barriers such as not being invited to transition meetings, difficulty getting reimbursed for attending meetings and scheduling conflicts with transition meetings. Some participants had suggestions to improve this area including having a designated person to communicate with regarding transition meetings and

dates; having specific dates or days set aside for transition activities, and changing the funding structure so that providers are paid equally for therapy and for attending transition meetings. This theme and the barriers that were discussed support the finding that Hanson and colleagues (2000) found that “the system”, rather than families, dominates many aspects of the transition.

Preparation of parents

One of the three major themes to emerge from the research was parent preparation and providers across disciplines talked about supporting families before, and during transition. While family-focused services are a basic tenet of Early Intervention (Dunst, Johanson, Trivette, & Hamby, 1991), responses from participants reinforced this point. Providers talked about empowering families as well as providing emotional and physical support during the transition process. Multiple providers viewed parent preparation as their most important and biggest role during transition and described educational and emotional support such as educating parents regarding different available programs and the program expectations and preparing parents for the transition meeting at the child’s public school.

Providers also talked about being a support person for the parents while at the transition meeting, answering their questions about what they should expect, and being physically present for them. Other providers talked about empowering parents and educating them so they could better participate in their child’s transition. Parent-provider relationships have been identified as being one of the most critical pieces of a successful transition (Brandes et al., 2007; Cross et al., 2004; Rosenkoetter et al., 2007). Cross and colleagues identified positive relationships when parents feel a shared

responsibility and are viewed as active partners in the transition. Providers from the study echoed this, saying that they didn't participate for parents, but, rather, helped parents to better participate. A working parent and provider partnership involves a variety of factors. These include attitude, openness, the desire to gain needed skills and willingness to share information and be involved as a member of the instructional team (Cross et al., 2004). It is hard to define or outline specific steps that help build a successful parent-provider partnership; rather a variety of factors work together to build this relationship. However, there is support that early childhood programs increase the likelihood of developing a successful parent-provider relationship when these factors are present (Connelly, 2007; Fialka, 2001; Harris, 2011;).

In addition to building relationships, there are additional concrete actions that EI providers can engage in that help support the families they work with. Providers in this study mentioned physically attending meetings or visiting preschool sites with as one way they help support families. They also mentioned connecting parents with other parents who have recently transitioned. Additionally, professionals must educate parents about potential placement, plan for follow-up visits, phone calls, notes, and frequently check for understanding throughout the process.

Brandes and colleagues (2007) developed a tool that provides a timeline and checklist to help with the sequential steps, planning and communication between all parties for a successful transition. The Timeline for Early Successful Transition (TEST) helps facilitate a well-organized transition. Providers can also engage in helping families evaluate potential pre-school sites. Providers in this study stated that this was done infrequently, but they felt like it was important particularly for children with physical

disabilities. In her study with occupational therapists and their role in transitions, Myers (2008) found that although occupational therapists were expected to evaluate the future environment for possible accommodations, there were barriers to this strategy.

Providers in the current study as well as providers who have participated in other studies (Connelly, 2007; Myers, 2007; Rosenkoetter et al., 2007) have discussed families sometimes being resistant to collaboration. This could be a particularly difficult situation as family support was described as an extremely important part of EI providers' jobs. Interestingly, families in other studies have also identified the importance of information exchange and communication between professionals involved in the age three transition (Rosenkoetter et al., 2007; Rous et al., 2010). Previous studies have also reported a lack of such communication (Hanson et al., 2000; Rous et al., 2010). Collaborating with other professionals is an important action step that providers can engage in to help build relationships (Rous et al., 2007); this is discussed next.

Limitations

The primary limitation of the present study is the number of participants. Finding EI providers to participate in focus groups was not an easy task. CFC managers were willing to help host and facilitate focus groups, but due to the nature of EI providers' work schedules and billing constraints, having them in one place at the same time proved difficult. The researcher's goal for the study was three focus groups with five to eight participants in each group. This number was not achieved; there were 13 participants across two focus groups. Though, with the addition of two interviews, sufficient data saturation was achieved (Fusch & Ness, 2015). However, a larger number of participants would have provided greater depth and breadth of perceptions

and experiences to analyze. A larger sample would also have provided a more diverse group of participants than what was attained, as the participants were primarily from rural areas due to the response of CFC managers. Transition practices may be different in urban areas, and might present additional or different challenges than were discussed; however, many of the practices discussed in this study are also present in the literature (Allen & Schwartz, 2001; Rosenkoetter et al., 2009; Rous et al., 2007). Furthermore, all participants were female and most were Caucasian. This mirrors the make-up of the EI field as a whole, but more diverse sample of participants would have strengthened the generalizability of the findings. Finally, there were no speech therapists or occupational therapists in the sample. Speech therapy is one of the most common EI services provided in Illinois. Because participation was voluntary, and self-selected, the make-up of the focus groups and interviews did not match the actual composition of the field.

Another limitation had to do with the timing of the data collection. The interviews occurred after the focus group data had been coded, and there may have inadvertently been some bias on the part of the researcher. The interviews were added because after coding, some areas emerged that lacked data saturation. Although the researcher was careful to follow the interview protocol, there may have been a tendency to focus more on the questions where there was a shortage of data. The researcher was aware of the lack of data saturation and may have focused more on those questions in order to increase the available data. Furthermore, it is possible that the researcher was also not as open to the possibility that new categories could emerge with the new data. The second and third coder assisted in ensuring that there was no bias in this area.

The final limitation was the tendency for providers to appear to be restrained when discussing problems within the EI system. One of the protocol questions asked the participants to describe a “worst-case transition”. This question required additional prompting on the part of the researcher and most of the negative comments revolved around the local school districts, rather than problems within early intervention. It is unclear if this was the actual situation or providers did not want to provide negative feedback on their EI program.

Future research

The themes that emerged from this study provide new directions for future research; the first being parent preparation. Although there have been studies examining parent opinions (Hanson et al., 2000), there are few investigating both providers and families. Dogaru and colleagues (2009) conducted one such study and found that families viewed communication from providers as a weakness and providers viewed communication as a strength. Based on these contradicting opinions and the response from providers in this study, both groups should be studied together. An examination specifically about family support and communication would assist to explain the apparent disconnect around this topic.

When asked to describe a “worst-case” transition story, many of the providers appeared to be reluctant to do so. As previously discussed, many providers discussed problems with the school system, rather than within EI. This is an area for further exploration by a different line of questioning or perhaps better participant preparation. This question was asked near the end of the focus group/interview and may have caught participants off guard. Preparing them in the beginning by drawing attention to

this question on the focus group protocol or giving them more time to consider this question is a suggestion for a future study.

Additionally, future research could also investigate how the receiving program personnel view transition. This idea for this research study was born from the author's own personal experiences working for a school district that "received" children from the Early Intervention program. An in-depth exploration of how therapists, administrators and teachers who work in school-based early childhood programs would be an interesting contrast with provider perceptions. Another possibility for future research would be a longitudinal study to examine change in transition practices over time, either by a group of EI professionals or a group of school-based professionals. Although the recommendations found in literature have seemed to change very little over the past 20 years, an in-depth project with case studies around specific providers would confirm or refute this impression.

If this study were to be replicated, there would be some additional recommended changes to address limitations that emerged in the present study. First, only direct service providers would be included in the focus groups. Direct service providers are those professionals who directly provide services to children and families e.g. speech therapists, physical therapists, etc.; not service coordinators or managers. This is a follow-up to the previously discussed limitation. It seemed that participants were restrained when discussing problems with the EI system, and part of this could have been due to the fact that there were service coordinators in one of the focus groups. Even though confidentiality was stressed, it is still possible that some providers were

hesitant to discuss problems happening within their own CFC or the EI system as a whole.

Another recommended change would be to include both focus groups and interviews from the beginning. The addition of interviews not only provided richer data, but it also allowed the researcher to delve further into some of the protocol questions with providers than was possible in the focus groups. The researcher was able to ask specific follow-up questions to better understand the providers' responses.

Furthermore, there were times during the focus groups when the participants went off topic (particularly because the participants worked together) and the researcher had to spend valuable time redirecting the topic of conversation back to the protocol. Finally, the method of contacting providers should be considered before engaging in a similar study. The researcher contacted CFC managers and requested to attend an already scheduled training where there would be a large group of providers together. This was successful in reaching two different groups of providers, but many other managers did not respond either due to the manager not being interested in participating or no scheduled trainings or meetings. One CFC manager expressed interest in participating, but scheduling prevented a focus group from being held. Another CFC manager had a training scheduled and then it was cancelled at the last minute due to funding.

Implications for practice

Transition means change, and the transition between EI and ECSE is replete with changes for the family, the child, and the professionals. The families and professionals have the additional challenge of engaging in the information exchange process and the legal stipulations that come with transition. This study focused on how

professionals engaged in the transition process and there are important implications for professional practice that emerged.

First, pre-service training and professional development on the topic of age three transition should be included in university training and for current Early Intervention providers. There were some study participants that indicated they needed more training around the age three transition; particularly a better understanding of programs and services available to preschool-aged children. Coursework should be reviewed and enhanced to include community and regional resources for preservice students to better understand the breadth and depth of the age three transition. A similar focus can be implemented with current providers to raise awareness of available programs and services in their area.

In addition to those who indicated they needed more training, the findings and themes that emerged from this and similar studies (Dogaru et al., 2009; Rous, 2008) can assist to guide training and professional development topics for future and current practitioners. For example, a focus on collaboration with other professionals would be a topic to further explore. Many of the barriers to transition identified by study participants had to do with information sharing across the two systems (EI and local public schools). As such, this is a potential barrier to make pre-service professionals aware of and provide strategies for its resolution. For professional development for those already in the field, the results of this study could also help school districts and EI providers plan joint training around the topic of collaboration and information sharing as well as general information about the services and resources available from each program.

DEC's 2014 Recommended Practices offer only two transition-specific practices (see <https://divisionearlychildhood.egnyte.com/dl/tgv6GUXhVo>). Yet these are important strategies to assist in the EI to school-based transition such as practitioners in both the sending and receiving programs must exchange information about practices likely to support the child. The second DEC transition-specific recommendation is that practitioners engage in planned strategies with the child and family before, during and after transition such as attending transition meetings, or visiting preschool sites. Providers across disciplines discussed both of these recommendations and reported varying success implementing them. This is an area for professional development.

One finding from this study involves the exchange of information, or “working within the EI system”. Participants in the current study reported that key players in the EI-to-ECSE transition are seen as being both catalysts as well as barriers to collaboration. They described key players as having the ability to bring the team members together, but also as often creating more challenges through scheduling or a lack of communication. Wischnowski, Fowler, and McCollum (2000) also described this duality. When asked about changes that would help them with transition participation, a developmental therapist and a physical therapist mentioned key players being more aware of field practitioners' schedules (e. g. meetings scheduled during home visits, meetings scheduled for multiple children on their caseloads on the same day). Study participants suggested that the individuals who run the school-based transition meetings could facilitate collaboration by considering everyone's schedules or by choosing a consistent day and time to hold meetings for children transitioning to their school.

Another barrier mentioned by participants was that their communication challenges with the school-based team. Some EI practitioners commented that they don't have contact information for all school-based providers. Again, the person who is in charge of scheduling the transition meetings could put people in contact with each other and help facilitate an open discussion between participants by sharing emails and/or phone numbers of all members of the team; and ensure that all members of the team participate at meetings. However, without this planning, EI providers often have therapy or other meetings scheduled, they don't have contact information for school-based providers to share their information, and they feel like their input is not valued if they do attend the meeting.

Additionally, one provider talked about lacking knowledge of potential receiving programs, and cited a lack of communication and time as the reason. Although only one participant in this project mentioned knowledge of receiving programs, it has emerged as a recommendation from other studies. Dogaru et al. (2009) found that staff can become knowledgeable about placement options and expectations within the receiving program through cross-program visitation and joint committee work, yet many providers report not having the time or the resources to engage in such activities but this is described as being an important part of their participation in the age three transition (Rous, et al., 1999).

The second DEC transition related recommendation is that providers engage in planned strategies with the family and child before, during, and after transition. Practitioners in this study shared about attending and preparing families for transition meetings, but few other specific strategies were mentioned. These strategies could

help to prepare the child for possible challenges related to a skill or behavior deficit in his/her new setting (e.g. entering and exiting their new classroom, physical challenges that might be present, or sharing/turn-taking behavior) or visiting and helping to evaluate preschool sites. Based on the findings from this study, this is an area where practice does not appear to conform to DEC Recommended Practices.

Conclusion

An effective transition process for children as they move from early intervention to early childhood special education provides a bridge between the two programs. Quality transitions create optimal learning opportunities, positioning this group of young children as ready to learn upon entrance to a preschool program. Practices that encourage parents to develop trusting and enduring relationships with the receiving staff can also empower them to support their children during the current and future transition. Collaboration and communication between programs allows receiving program personnel the opportunity to learn about current goals and progress, and it gives the Early Intervention therapists the opportunity to share their knowledge about the child and the types of supports they might need as they move into the next phase of their education and development.

EXHIBITS

Table 1

Summary of Participants' Demographics Characteristics

	Position	Focus Group or Interview	Years of Experience	Age	Education Level
1	DT	FG-A	>15	>51	B.S.
2	BT	FG-A	>15	>51	Ed.S.
3	BT	FG-A	1-3	>51	Ed.S.
4	PT	FG-A	10-14	36-40	M.A.
5	Nut	FG-A	>15	>51	M.A.
6	DT	FG-A	1-3	46-50	M.A.
7	SC	FG-B	>15	46-50	B.S.
8	SC	FG-B	>15	41-45	B.S.
9	DT	FG-B	>15	46-50	B.S.
10	PM	FG-B	>15	>51	M.A.
11	SC	FG-B	>15	46-50	B.S.
12	DT	I-A	4-6	46-50	B.S.
13	PT	I-B	1-3	26-30	B.S.

Note. DT=developmental therapist; BT=behavior therapist; PT=physical therapist; Nut=Nutritionist; SC=service coordinator; PM=program manager; FG-A=focus group A; FG-B=focus group B; I-A=interview A; I-B=interview B; B.S.=bachelor's degree; M.A.=master's degree; Ed.S.=educational specialist degree

Table 2

Summary of Key Themes and Statements

Thematic category/subcategory	Representative Responses
Collaboration	
Experience of Transition	They hear transition at the very first appointment I prepare my families early It's an ongoing process
Responsibility	Every service provider should be helping with transition Attending transition meetings We all work together
Challenges Within the EI System	
Staff	The transition coordinator is important but not every CFC has one There is a huge shortage of providers Services vary depending on where you are
Time and Funding	It would be nice to have more therapists able to attend, but scheduling conflicts If logistics were not a problem, then I would go There are so many people to consider when scheduling these transition meetings
Communication	Including CFC staff and providers as far as written IEP notice Maybe setting up certain days that the transitions happen Family expectations being clear and communication between the team members

Note. Table 2 continues at top of next page.

Thematic category/subcategory	Representative Responses
Preparation of Parents	
Anxiety	<p>I'll be honest, it's a scary situation for a lot of parents All these people that are professionals...I'm only a parent There's a stigma around special education</p>
Ignorance	<p>Sometimes parents decline or are very resistant They might agree, consent to their referral but they're not going to follow through A huge risk factor is parents that are illiterate</p>
Advocacy/Empowering Parents	<p>The family needs to have support there I'm not there to speak on behalf of the parent, they should be advocating Educating. Lots of parent education</p>

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APPENDICES

APPENDIX A

ASSISTANT MODERATOR RESPONSIBILITIES

- Take responsibility for refreshments.** Arrange the refreshments on site and clean up afterwards.
- Help to arrange the room.** Arrange chairs so everyone can see each other. Be attentive to background noises that might affect the audio-recording.
- Set up the equipment.** Verify that it is working properly.
- Welcome** the participants as they arrive.
- Sit in designated location.** Sit outside the circle, opposite the moderator and close to the door. If participants arrive after the session begins, meet them at the door and take them outside of the room. Give them a short briefing as to what has happened so far and the current topic of the discussion. Briefly review the consent form with them, ask for their permission to audiotape their conversation, and ask for their signature. Then bring the late participant into the room and show him or her where to sit. If the participant refuses to be audiotaped, let him or her know that the primary researcher will be in contact within the next two days to schedule a 1:1 interview without audio-recording.
- Take notes throughout the discussion.** Be attentive to the following areas:
 - Well-said quotes.** Capture word for word as much of the statement as possible. Listen for sentence or phrases that are particularly enlightening. Place your Opinions, thoughts, or ideas in parenthesis to keep them separate from Participant comments. If a question occurs that you would like to ask at the end Of the discussion, write it down and circle it.

Nonverbal activity, Seating arrangement, Tone/climate of the group,
Interpersonal reactions and relationships between participants, and **Major Themes**

Monitor recording equipment. Occasionally glance at the recording devices to see if they are still functioning

Do not participate in the discussion. You can talk only if invited by the moderator. Control your nonverbal actions no matter how strongly you feel about an issue.

Ask questions when invited. At the end of the discussion the moderator will invite you to ask questions for clarification

Collect demographic questionnaires and implementation questionnaires. Be sure participants have completed their questionnaire. Thank participants for attending.

Debrief. Following the focus group, participate in the debriefing with the moderator.

Listen to audio-tape from the focus group session and re-check/type field notes. Provide the researcher with field notes to save in a secure location.

This assistant moderator list was adapted from Krueger and Casey (2009).

APPENDIX B

INFORMED CONSENT FOR FOCUS GROUPS

Informed Consent

Dear Participant,

My name is Katherine Ancell and I am currently a Doctoral Candidate in the Special Education program at Southern Illinois University Carbondale. I invite you to participate in a research study examining the transition from early intervention (EI) to early childhood special education (ECSE) for young children and their families.

The purpose of this study is to examine EI providers' perspectives on the transition between EI and ECSE. As an EI provider, your opinion on transition is very important and not well represented in the current literature. I hope that through your participation in this study, provider perspectives will be better understood and represented as well as utilized to improve transition practices in Illinois and beyond.

This study will take approximately one hour. You will be asked to complete a short demographic questionnaire and then I will facilitate a group discussion regarding the age three transition. You were asked to participate because you are an EI professional who works with children and their families during the age three transition.

Your participation in this research project is completely voluntary. You may decline to participate, or choose not to answer any questions. You may also drop out of the focus group at any time without penalty and your words will not be used. There are no risks to participation. Your decision to participate will not influence your position with the CFC in any way. The CFC manager will not participate in the group, nor will they know who chose to participate in the group.

This group will be audio and videotaped, but your names will not be used. Your responses will remain confidential. Audio and videotaping is being conducted to assist in data analysis. Only the researcher and her supervising professor will view/listen to

the tapes. After the completion of the study, the tapes will be destroyed. I will use a coding system and assign a random number to your name. If your quotations are used, they will be done using a code and not your real name. I will keep a sheet that matches your number to your name and it will be kept on a password-protected computer. Only I will have access to the code list and it will be destroyed after the completion of the study. Since a focus group involves a group process, all members of the group will be privy to the discussions that occur during the session; therefore, absolute confidentiality on the part of the participants, themselves, may be difficult to ensure. We will take all reasonable steps to protect your identity. Data from this research will be kept on a password-protected computer and reported only in aggregate form.

If you agree to participate in the study, please sign and date below.

I agree _____ I disagree _____ to be video-taped for this project.

I agree _____ I disagree _____ that Katherine Ancell may quote me in her paper.

I agree to participate in this study

Name

Date

Questions about this study can be directed to myself or my supervising professor, Dr.

Deborah Bruns, Department of Counseling, Quantitative Methods, and Special

Education, SIUC, Carbondale, IL 62901-4618. You can reach her by email at

dabruns@siu.edu

Information on the rights of human subjects in research is available through SIU's Office of Sponsored Projects Administration website located at

<http://www.ospa.siu.edu/compliance/human-subjects/>.

Thank you for your assistance.

Sincerely yours,

Katherine Ancell

kancell@siu.edu

This project has been reviewed and approved by the SIUC Human Subjects Committee.

Questions concerning your rights as a participant in this research may be addressed to

the Committee Chairperson, Office of Sponsored Projects Administration, SIUC,

Carbondale, IL 62901-4709. Phone (618) 453-4533. E-mail: siuhsc@siu.edu

APPENDIX C

INFORMED CONSENT FOR INTERVIEWS

Informed Consent

Dear Participant,

My name is Katherine Ancell and I am currently a Doctoral Candidate in the Special Education program at Southern Illinois University Carbondale. I invite you to participate in a research study examining the transition from early intervention (EI) to early childhood special education (ECSE) for young children and their families.

The purpose of this study is to examine EI providers' perspectives on the transition between EI and ECSE. As an EI provider, your opinion on transition is very important and not well represented in the current literature. I hope that through your participation in this study, provider perspectives will be better understood and represented as well as utilized to improve transition practices in Illinois and beyond.

This study will take approximately 30 minutes. You will be asked to complete a short demographic questionnaire and then I will ask you a series of questions regarding the age three transition. You were asked to participate because you are an EI professional who works with children and their families during the age three transition.

Your participation in this research project is completely voluntary. You may decline to participate, or choose not to answer any questions. You may also drop out of the focus group at any time without penalty and your words will not be used. There are no risks to participation. Your decision to participate will not influence your position with the CFC in any way.

This interview will be audiotaped, but your name will not be used. Your responses will remain confidential. Audiotaping is being conducted to assist in data analysis. Only the researcher and her supervising professor will listen to the tapes. After the completion of

the study, the tapes will be destroyed. I will use a coding system and assign a random number to your name. If your quotations are used, they will be done using a code and not your real name. I will keep a sheet that matches your number to your name and it will be kept on a password-protected computer. Only I will have access to the code list and it will be destroyed after the completion of the study. We will take all reasonable steps to protect your identity. Data from this research will be kept on a password-protected computer and reported only in aggregate form.

If you agree to participate in the study, please sign and date below.

I agree _____ I disagree _____ to be audiotaped for this project.

I agree _____ I disagree _____ that Katherine Ancell may quote me in her paper.

I agree to participate in this study

Name

Date

Questions about this study can be directed to myself or my supervising professor, Dr. Deborah Bruns, Department of Counseling, Quantitative Methods, and Special Education, SIUC, Carbondale, IL 62901-4618. You can reach her by email at dabruns@siu.edu

Information on the rights of human subjects in research is available through SIU's Office of Sponsored Projects Administration website located at

<http://www.ospa.siu.edu/compliance/human-subjects/>.

Thank you for your assistance.

Sincerely yours,

Katherine Ancell

kancell@siu.edu

This project has been reviewed and approved by the SIUC Human Subjects Committee.

Questions concerning your rights as a participant in this research may be addressed to

the Committee Chairperson, Office of Sponsored Projects Administration, SIUC,

Carbondale, IL 62901-4709. Phone (618) 453-4533. E-mail: siuhsc@siu.edu

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

Please complete the demographic items below.

1. How long have you been working with young children with disabilities and developmental delays between the ages of birth and three years old in EI?

- | | |
|---|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 7-9 years |
| <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 10 -14 years |
| <input type="checkbox"/> 4-6 years | <input type="checkbox"/> More than 15 years |

2. What is your current position?

- | | |
|--|---|
| <input type="checkbox"/> Developmental Therapist | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Service Coordinator | <input type="checkbox"/> Vision Therapist |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Other, please list |
| <input type="checkbox"/> Speech Therapist | |

3. What is your age?

- | | |
|---|---|
| <input type="checkbox"/> Less than 25 years | <input type="checkbox"/> 41-45 years |
| <input type="checkbox"/> 26-30 years | <input type="checkbox"/> 46-50 years |
| <input type="checkbox"/> 31-35 years | <input type="checkbox"/> More than 51 years |
| <input type="checkbox"/> 36-40 years | |

4. What is your gender?

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

5. In which CFC do you primarily work? CFC # _____

6. What is your highest level of education?

- | | |
|---|---|
| <input type="checkbox"/> High school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Doctoral degree |
| <input type="checkbox"/> 4- year degree | <input type="checkbox"/> Other (please list)_____ |

APPENDIX E

FOCUS GROUP AND INTERVIEW PROTOCOL

Focus Group Questions and Potential Probes

Review agenda and discuss ground rules (~5 minutes)

1. Tell us who you are, your role and how long you've been an EI provider.
[Information from this question will be not transcribed or analyzed]. (~5 minutes)
2. What does transition mean to you? (~5 minutes)
3. What are some ways that you participate in the EI-to-ECSE transition? (~10 minutes)
 - Refer a child and family for ECE services
 - Evaluate a child
 - Evaluate the preschool site
 - Confer with the receiving therapist
 - Work with the family to help prepare for transition and change in services
 - Confer with family about possible preschool placement
 - Visit preschool sites with family
 - Confer with family
 - Answer questions about placement, services, and future therapies/services
 - Attend preschool placement meeting
 - Attend transition IEP meeting
 - Help develop IEP goals
4. Other than yourself, who else on the team helps facilitate the transition planning for the children on your caseload? (~5 minutes)
5. How often do you attend team transition planning meetings specifically dedicated to transition for the children you work with? (~5 minutes)

6. Are there ways that you could more fully participate in the transition for the young children you work with? (~10 minutes)
 - If yes, how so?
 - If no, why not?
7. What prohibits you from participation in transition activities? (~10 minutes)
8. Describe a best case transition. (~5 minutes)
9. Describe a worst case transition. (~5 minutes)
10. What are some suggestions for changes (e.g., changes to IDEA regulations, program policies, and/or funding) that would help you to more fully participate in the transition from EI services to ECSE services? (~10 minutes)

APPENDIX F

FOCUS GROUP IMPLEMENTATION QUESTIONNAIRE

Questions about today's focus group session:

1. How would you describe the **flow of the discussion**?
 - (a) There was so much discussion that it felt rushed to get through all the questions.
 - (b) All members had an equal opportunity to speak at a fairly easy pace.
 - (c) The discussion was dominated by a few people

2. How would you describe your **comfort level** in expression your opinions during the focus group session?
 - (a) I felt comfortable expressing my opinion, even if it was not similar to the other members' opinions
 - (b) I felt comfortable expressing some of my opinions, but I kept some thoughts to myself.
 - (c) I did not feel comfortable expressing my opinions.

3. How would you describe your **knowledge level** in regards to topics discussed during today's session?
 - (a) I understood all the issues that were discussed.
 - (b) I learned some new things from the discussion.
 - (c) I learned a lot of new things from the discussion today.

If you marked (b) or (c) above, please take a moment to note some of the things you learned today.

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