The Transition Experience to Pre-School for Six Families with Children with Disabilities

Mara Cohen Podvey1*,†, Jim Hinojosa2 & Kristie Koenig2

1Department of Occupational Therapy, School of Health and Medical Sciences, Seton Hall University, South Orange, NJ, USA
2Steinhardt School of Culture, Education and Human Development, New York University, New York, NY, USA

Abstract

The purpose of this qualitative study was to gain an understanding of how families receiving related therapy services experience the transition from early intervention to pre-school special education. Participants were six families with a child who received early intervention services and became eligible for pre-school special education services. Data was collected using in-depth interviews over 3 months. Grounded theory lead to theoretical insights and supported the development of three themes and a metatheme. ‘Transition is scary’, describes the families’ feelings about the transition itself and their own perspectives of how their families fared. ‘Therapy is central to progress, but not to transition’, reflects how therapy remained central to their children’s progress, but did not help families acclimate to the pre-school environment. ‘Communication is key to comfort’, expresses the importance of communication with all relevant parties. The metatheme ‘The Outsiders’ describes how the transition represents a significant status change for the family in terms of their involvement in their children’s education, but also highlights the ways in which families continue to meet the needs of their children outside of the pre-school milieu. Findings suggest that families perceive the transition as difficult despite the presence of policies designed to make it easier for them. A deeper examination of policy and its influence on everyday practice related to the transition must occur to help reconcile the reasons for this difference. Copyright © 2010 John Wiley & Sons, Ltd.

Keywords

children with disabilities; family-centred; infants; toddlers; occupational therapy; related services

*Correspondence

Mara Podvey, Department of Occupational Therapy, School of Health and Medical Sciences, Seton Hall University, 400 South Orange Avenue, South Orange, NJ 07079, USA.
†Email: mara.podvey@shu.edu

Published online 22 July 2010 in Wiley Online Library (wileyonlinelibrary.com) DOI: 10.1002/oti.298

Introduction

Children’s lives consist of a series of complex transitions (Clyde, 1991). A major transition for all children is entering the education system (Pinnock, 2003; McIntyre et al., 2006). A child’s transition to school results in a change for the entire family (Minuchin, 1987) and may result in stress and anxiety (Elliott, 1995; Myers and Effgen, 2006). When a child transitions into a school, families must learn what is expected of them as a part of the new school community (Fowler et al., 1991; Hanson et al., 2001; Dockett and Perry, 2002). Families must learn about the new school and acclimate to its unique culture and routines (e.g. bus procedures).

Children with disabilities have a more stressful and demanding transition experience than children without disabilities (Hanson et al., 2000; Newsome, 2000; Prigg, 2002; Addison, 2004; Myers, 2006). For their families, shifts in agencies providing services, the new demands for children’s participation, the different expectations of professionals, the new types of staff involvement and the philosophical shifts in intervention models can be
challenging aspects of the process (Hanson, 1999; Podvey and Hinojosa, 2009). Fundamentally, this transition includes a shift from family-centered, developmentally relevant services in early intervention to a child-centered, educationally relevant focus in preschool special education (Myers, 2006). In addition, these families may need to learn procedures specifically related to special education, such as working with classroom paraprofessionals who may be responsible for assisting their child with personal needs. Parents also need to learn the role of related services providers (i.e. occupational therapists, physical therapists, speech-language pathologists) within the school system, who provide children with assistance in becoming more independent in school-based tasks.

Few studies have directly examined the transition experience from the family’s perspective (Hanson et al., 2000; Lovett and Haring, 2003). Lovett and Haring (2003) studied early life transitions, including early intervention to pre-school, for 48 families with children with disabilities in Oklahoma. Less than half of these families were comfortable during the transition and reported feelings of abandonment from the early intervention staff upon whom they had come to rely upon for support, information and services. Lovett and Haring’s results are echoed in the findings of Hanson et al. (2000), who examined the experiences of 22 families across the United States whose children with disabilities entered pre-school special education. Based on qualitative interviews, Hanson and her colleagues found that families were more supported by the early intervention staff, who worked in a home-based environment, than the pre-school staff working in a centre-based environment. Yet, little mention was made of therapy or service providers during the transition. The purpose of the current study was to gain an understanding of how families receiving related therapy services experience the transition from early intervention to pre-school special education.

**Method**

In this qualitative study, we used grounded theory methodology to gain an understanding of the lived experience of parents with children with disabilities as they transitioned from early intervention programmes to schools. La Rossa (2005) discusses the centrality of using grounded theory methodology in studying families. He notes that grounded theory methodology can be opaque and confusing. Even so, grounded theory is purposefully explanatory leading to theoretical understandings. Most importantly, La Rossa observes that there are a numerous ways of doing grounded theory but they all share a ‘set of procedures for thinking theoretically about textual materials (i.e. intensive interview transcripts, observational field notes, historical documents and the like)’ (p. 838). Analysis of this data leads to theoretical insights about the phenomena of interest.

**Participants**

In this qualitative study, we used theoretical sampling to select participants (Creswell, 1998). Participants were recruited across four counties in northern New Jersey through four early intervention agencies, whose geographic diversity lent itself to a richer diversity of contextual information (Creswell, 1998). Participants were parents whose children were eligible for pre-school special education services that included at least one related service and who agreed to be interviewed prior to their child’s first day in school and during the subsequent 3 months. Participants were at least 18 years-old and had a child who had received early intervention services until their third birthday. No participants had older children who had previously transitioned from early intervention to pre-school special education, although two participants were selected because of their previous exposure to constructs in the study. One participant, Sierra, worked in early intervention, and one participant, Grace, had an older child who received pre-school special education services. Six families were recruited by distributing and posting flyers at the four early intervention agencies. The New York University Committee on Activities Involving Human Subjects approved all procedures for recruitment and informed consent. All participants were married and were natural parents of the transitioning child. Mothers were the sole informants in 4 of the 6 families, a father for one and both mother and father for the remainder. Table I summarizes the participants, the services their children received in early intervention and pre-school and the type of pre-school their children attended.

**Data collection**

Data was collected using semi-structured interviews by the first author (Creswell, 1998; Bogdan and Biklen,
Podvey et al.

The Transition Experience

2003) over approximately 3.5 months. These interviews were designed to encourage families to discuss their particular experiences throughout the transition period, as well as their reactions to the transition as a whole. The interviewer used probes or encouragements to solicit additional information (Lincoln and Guba, 1985). Probes included requests for embellishment followed by silence on the part of the interviewer, since silence often encourages interviewees to talk. Encouragements included affirmative sounds like 'uh-huh', requests for examples and the interviewer's paraphrasing to illicit reactions (Lincoln and Guba, 1985). There were four face-to-face interviews with the first interview occurring before the child’s first day of pre-school. The initial interview, lasting between 60 and 90 minutes, focused on learning the family’s story, while subsequent interviews focused on the experiences of families in the pre-school environment. The initial interview, as well as subsequent in-person interviews, took place at a time and location that was convenient for the participants. The first author contacted participants for three interim telephone interviews, which took place after the child had started the programme at 2 weeks, 1.5 months and 2.5 months. These interviews served to provide supplementary information, such as communications with key players in the transition, which occurred between the face-to-face interviews. Information from interim interviews also helped stimulate discussion during face-to-face interviews. The first author recorded and transcribed all interviews verbatim.

In a field journal, the first author recorded observations, thoughts and feelings during the data collection process (Lincoln and Guba, 1985; Bogdan and Biklen, 2003). Observations included physical descriptions of participants and the interview setting, descriptions of participant behaviours and impressions of the interviewer. Also recorded in the field journal were personal reflections and questions. Analytic memos described the first author’s reactions to and feelings about her analyses.

Data analysis

Data analysis was completed utilizing constant comparative analysis techniques, which allowed for simultaneous collection of data and data analysis (Strauss and Corbin, 1994; Charmaz, 2005). Systematic data analysis involved open coding, axial coding and selective coding. In open coding, the first author identified phenomenon by examining phrases, sentences, paragraphs and observations and then separating concepts into categories and subcategories (Strauss and Corbin, 1994; Creswell, 2003). Next, using Strauss and Corbin's (1990) process for axial coding, categories were refined and collapsed based on the conditions that allow for a category’s creation (causal conditions); the context in which each category is embedded; the strategies by which the category is managed (intervening conditions and action/interactional strategies); and the consequences of those strategies. Finally, selective coding focused on selecting main categories of interest and linking them together (Ely et al., 1991) to develop themes and subthemes. Together, these themes and metathemes described the essence of the transition experiences of the participants in the study.

We used four procedures to establish trustworthiness: data saturation, member checking, triangulation of data and peer support group (Bogdan and Biklen, 2003). Data saturation was determined when no new information resulted from interviews. Member checking included soliciting participant feedback based on written summaries of the analysis. This included asking

<table>
<thead>
<tr>
<th>Participant(s)</th>
<th>Child with special needs</th>
<th>Early intervention therapy services</th>
<th>Pre-school special education services</th>
<th>Pre-school placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katia Bradley</td>
<td>ST</td>
<td>OT, ST</td>
<td>Self-contained, in-district</td>
<td></td>
</tr>
<tr>
<td>Wes Max</td>
<td>OT, ST</td>
<td>OT, ST</td>
<td>Self-contained, in-district</td>
<td></td>
</tr>
<tr>
<td>Sierra Lucy</td>
<td>PT, ST</td>
<td>OT, PT, ST</td>
<td>Typical, out-of-district</td>
<td></td>
</tr>
<tr>
<td>Carol Edward</td>
<td>OT, ST</td>
<td>OT, ST</td>
<td>Self-contained, out-of-district</td>
<td></td>
</tr>
<tr>
<td>Grace Eric</td>
<td>ST</td>
<td>ST</td>
<td>Integrated, in-district</td>
<td></td>
</tr>
<tr>
<td>Betty Henry Justin</td>
<td>OT, PT, ST</td>
<td>OT, PT, ST</td>
<td>Integrated, in-district</td>
<td></td>
</tr>
</tbody>
</table>

EI = early intervention services; OT = occupational therapy; PT = physical therapy; ST = speech therapy.
each participant to read and respond to a summary of his or her personal story. During the data analysis, we triangulated findings by making sure the categories and the themes appeared across interviews. The first author participated in a monthly peer support group of occupational therapy (OT) doctoral students to provide ongoing critique of the study and the analysis. A description of the first author’s researcher’s stance can be found elsewhere (Podvey, 2009).

**Results**

Three themes emerged from the data: (1) *transition is scary*, which describes the families’ feelings about the transition experience; (2) *therapy is central to progress, but not to transition*, which explains how parents felt that therapy remained central to their children’s progress, but did not help families acclimate to the pre-school environment; and (3) *communication is key to comfort*, which expresses the importance of communication with all relevant parties. These three themes and representative comments from parents are detailed below.

**Transition is scary**

‘It’s scary, but in the end, it’s the best thing for your child.’ –Grace.

‘I had him in a mainstream environment almost his whole life except for his classes here [early intervention]. And I’m pulling him out of mainstream and then putting him into what is quite obviously special ed. And that is very scary to me because it’s so foreign.’ –Katia.

‘I’m worried about being left out of the whole thing, of giving up the control of – now she’s going to be at school … I’m worried about that … I cried every day when he went to kindergarten.’ –Sierra.

All participants described the process of transitioning from early intervention to pre-school special education as ‘scary’. While each family had different reasons for feeling scared about the transition, they did have some common experiences. Families missed the warmth and comfort of the early intervention system but they all felt that their child needed to enter the pre-school system at that time. Participants were disappointed at their lack of involvement in their child’s educational programme, including a lack of parent training, as well as the difficulty they experienced in accessing information in a timely manner. Families also agreed that putting their child on the bus for the first time was a difficult experience, but one that became easier as their comfort with the pre-school programme grew. According to the participants, who were all the primary caregivers of their children, they perceived that their own comfort levels with the new programme often differed from that of their children and spouses; primary caregivers of the transitioning child seemed to take the longest to feel comfortable (in Justin’s family, Betty was his primary caregiver. Betty and Henry agreed that she took the longest to feel comfortable with the transition).

Families sought out support in different ways to ease their anxiety in order to make the transition experience easier. Some relied on their own experience and knowledge, while others looked to knowledgeable friends and relatives for support. Compared with the high levels of involvement reported with the early intervention system, families felt much less included in the pre-school environment.

In an effort to further understand our data, we explored the presence of negative cases within the data. Grace’s experience was somewhat different from the rest of the participants, as she had two older daughters, ages 8 and 6, one of whom had received pre-school special education services at the school where her son Eric attended. She felt her previous experience gave her more reason to trust the staff at the school and in the district, so while she did find the transition scary, it took her significantly less time than other participants to feel comfortable. Grace further explained that her experiences with her older children in attending school gave her a higher level of trust for the school personnel, and it was easier to ‘let go’ because she had done it before, Grace was only one of two participants with an older child, and the only one whose older child had previously been in special education.

**Therapy is central to progress but not to transition**

‘I said, once you know his therapy schedule, could you please send it home to me. So, I received it. It didn’t say who the actual therapists were.’ –Betty.
‘I wanted to meet the therapists … The only person that writes to me is Lesley, … his main teacher … Edward had OT today, it went really well. I don’t know the therapist’s name – I have not met her. I want to.’ –Carol.

‘I’ve spoke to all three of them now … The PT met me … I got a little note from the OT just saying, you know, my name is Gail, and I’m your OT, and that was kind of it. And they never wrote any notes to me … I called the speech therapist … I still haven’t heard back from her as far as what she wants me to do.’ –Sierra

All participants felt that they were partners in the therapeutic process when their children were receiving early intervention services. Despite early expectations of remaining involved, families found that as their children transitioned to pre-school, they were much less involved in treatment. Families also reported that they were less informed about how therapy fit into their children’s daily routines. While they attempted to seek out this information, they all experienced difficulty in learning specifics. Teachers tended to be the gatekeepers of information about therapy since interaction and communication with the therapists tended to be intermittent. As a result, families relied on teachers in order to become acclimated to the pre-school system in general, whereas therapists fulfilled this role in the early intervention system. Still, families reported that their children were making progress in terms of the individual therapeutic goals as listed in the child’s individualized education plan (IEP).

Teachers were the professionals that families interacted with most. The children were in the classroom every day and a smaller percentage of time in school was spent in therapy. Thus, children’s interactions with the teachers were more consistent and perceived to be the source of comfort for the parents during the child’s transition to school.

Despite a decrease in direct involvement with their children’s therapy programmes, all families continued to value therapy in the pre-school environment and reiterated their desire for continued involvement. Families often had difficulty communicating with or even identifying the particular therapists that worked with their children. Despite these difficulties, parents watched their children closely during the transition process and found that they were making progress. All families attributed some of that progress to therapy. Thus, therapy remained central to their children’s progress, but it did not take a central role in helping the families become acclimated to the pre-school environment. For parents, teachers became the gatekeepers of information related to both classroom and therapy experiences.

In exploring negative cases, we found that Sierra’s experience differed from the other participants in two ways. First, she was a social worker by training and was employed in early intervention at the time of her participation in the study, which gave her an idea about how the transition was supposed to work from a practitioner’s perspective. Second, her daughter Lucy’s pre-school placement was in a community programme for typically developing children. Lucy had an IEP developed for her specifically because of her need for related services, so Sierra valued progress in OT, physical therapy and speech more than classroom gains. Lucy did make progress in each service as well as in the classroom, which Sierra readily acknowledged. But, Sierra’s personal philosophy of active parent participation in their children’s programme made her require some level of comfort in the level of communication with therapists, as well as her ability to carry over service providers’ suggestions, to feel comfortable with the new education programme.

**Communication is key to comfort**

‘The more communication we get with the teachers and the staff, obviously we feel more comfortable about the transition. Because in the beginning, we heard nothing. I would like to see more notes from the teacher, maybe just once a week. You know, this is how – what Justin did this week, or this is how he handled this situation, or a little something.’ –Betty.

‘I wouldn’t say there’s communication on the day-to-day basis … Oh, it’s … of utmost importance. I mean, just to make you comfortable … I guess it depends on what type of parent you are. I mean, some parents probably don’t look in the backpack for a week. You know, this is how – what Justin did this week, or this is how he handled this situation, or a little something.’ –Grace.

‘This is how it is. And I hate to say it, the squeaky wheel gets the grease, and that’s my job, and it’s to bitch. And they’re lovely … they’re lovely
people. I love them all. But, you know, everyone’s busy. You know, it’s just how it goes. And I honestly think that if I didn’t push so hard, that book wouldn’t be done today.’ –Wes.

Participants felt that communication with key players was important for fostering feelings of comfort throughout the transition from early intervention to pre-school special education. While all families wanted to have regular, open and honest communication with important figures, this did not happen. Families often asked specific questions, and it took days or weeks to get responses to those specific questions. When families received incorrect or insufficient responses, they described feelings of anxiety, insecurity and anger. Families often wanted more communication and information regarding the classroom or therapy than the teachers provided. Families sought to learn about their children’s programmes and daily schedules at school. They reported that entering the school system resulted in a loss of control of their children’s lives and that effective communication would be a way of mediating the effects of their new role in their children’s therapy programmes.

Each family in this study had a different experience with the transition from early intervention to pre-school special education. Meaningful communication with key people associated with their school districts or their pre-school programmes tempered parents’ feelings of fear and frustration. Depending on where families were in the transition process (e.g. beginning the pre-school evaluation process, starting the pre-school programme), case managers and classroom teachers were the primary players, and related service providers were in secondary roles. Families agreed that communication with all relevant parties made for the most comfortable transition experiences.

In searching for negative cases, we found that Carol’s experience differed from the other participants’ in that everyone else had very positive experiences with early intervention. For Carol, communication with her early intervention service coordinator brought on more discomfort than relief.

‘... every time I talked to her she made me cry. She made me feel like the worst mother on the face of the earth. So, I’m just so happy that experience is just over with her, because she did not make it pleasant at all.’ –Carol.

Carol even reported that she would call her service coordinator with a question but would hang up if the voice mail system did not answer the call. Carol described this person as lacking in compassion, and that personality rather than profession or service was the reason for her negative experience.

A metatheme: the outsiders

Participants felt like outsiders in their children’s educational programmes throughout the transition process. During the data collection process, each participant described ways in which they had been directly involved in their child’s educational programme during the early intervention process. Participants also described ways in which they were no longer directly involved once their child had transitioned into the pre-school. Despite their feelings about their level of involvement or about the pre-school system, all families described their new role as peripheral, making them begin to feel like outsiders in this new system. Unlike previous therapy experiences, therapy in pre-school occurred away from the family. This in turn led to difficulty developing a relationship with their children’s therapists, ascertaining what occurred during treatment, or learning how treatment could carry over into the classroom or at home.

When transition planning began, families had to add new professionals to their list of contacts. These new professionals did not have a strong presence in their homes or in their daily lives. Communication therefore became much more distant. The quality of communication and the value placed on what families had to say by the district representatives (e.g. case managers) was no longer certain. Some districts were responsive to family expertise, concerns and questions while other districts minimized the role of the family.

The philosophical shift between the family-centred model of early intervention to the classroom-based model of pre-school special education essentially constituted a loss for the families in this study, marked by a reduction in comfort and a lack of understanding of the new system, even if their children were gaining skills and services (e.g. additional time) each week. Prior to the transition, families were an integral part of children’s daily lives to the greatest extent possible based on family circumstances. Parents in full-time employment outside the home were not involved in the daily interventions with their children, but they did partici-
pate to some meaningful extent. Not only were families involved in daily sessions with early intervention therapists, but they were also intimately involved in the activities of their children during the other hours of the day. Following the transition to pre-school, however, children were at school or on the bus for a significant amount of time 5 days a week. Families were not present for those hours, making it impossible for them to be intrinsically involved in their children’s education programme.

No matter the quality of communication between families and pre-school teachers and therapy providers, all families sought ways to continue to be actively involved in all aspects of their children's lives. Families continued to try to learn as much as they could from the schools, but they also continued to have life experiences outside the realm of special education that contributed to feelings of being insiders in their children’s lives once again.

**Discussion**

Overall, families understood that the transition to school was the best thing for their children and knew their children could not and should not remain in early intervention. Lovett and Haring (2003) also found that families were happy about the transition, despite any anxieties. However, descriptions in the literature of ‘successful’ transitions are a misnomer. Transitions do occur, but families’ comfort levels are related to the quality, not the occurrence of that transition. Thus, the smoothness of the transition may be the most important indicator of true success during this process.

Lovett and Haring (2003) describe four indicators of comfort during the transition for families: (1) the utility of the early intervention personnel in preparing families and setting up communication with school staff; (2) families feeling involved in the development of their children’s IEP; (3) families having opportunities for decision making related to their children’s IEP; and (4) families feeling happy with their children’s pre-school placements. Each of these indicators of comfort describes events that occur before the child’s first day of school. Families continue to express anxiety through the early days of their children’s attendance in pre-school programmes. Therefore, we must look for further indicators of comfort for families during the transition process.

Participants in the current study indicated that communication with key figures in their children’s programmes was the primary avenue through which they achieved comfort during the transition process. Rous et al. (2007) researched the perceptions of such key figures in this transition, who also indicated that communication with families was one of the most important factors in establishing smooth transitions. Despite agreeing on the importance of communication, it is unknown if there is a consensus between the family and the professional’s understanding of what constitutes appropriate communication, and how frequently that communication should occur.

Participants in this study did not articulate the individual roles of other key players in the transition process, including providers of related services in early intervention and pre-school special education. In fact, participants identified personality rather than specific professional training as making the greatest difference in the transition process. This echoes the findings of Hinojosa’s study (1989) where mothers of children with cerebral palsy indicated that the therapist as a person was more important than the therapy they provided. It seems that parents value a therapist not according to their area of specialty but depending upon the ability of that person to provide the parent with information and support as necessary. However, parents’ level of comfort is also dependent on seeing progress in their child. Previous research also indicates that families value communication with therapists, and this continued communication can serve as the base from which parents can remain a part of their children’s educational programme following the transition (Reis, 1994; McCall and Schneck, 2000).

The role of related service providers during the transition remains unclear. Previous research primarily identifies strategies from the perspective of the therapists and other professionals, with minimal input from families (e.g. Tanta et al, 2000; Prigg, 2002; Myers, 2006, 2007, 2008; Myers and Effgen, 2006; Rous et al., 2007). This small body of research suggests that roles for therapists should include participation in inter-agency collaborations (e.g. creation of IEP/Individualized Family Service Plan (IFSP), attending meetings, working with school personnel), preparing the child for school (e.g. development of school-related skills), providing information about the transition (e.g. expectations in the pre-school environment, community supports) and providing parental support (e.g. communication about their child’s programme, parent education). Myers (2007) noted that the nature of the employment
arrangement of early intervention service providers (e.g. independent contractors vs. full-time employees) may influence their ability to provide support for families during the transition to pre-school special education. While therapist employment arrangement was not considered in this study, it is certainly possible that it influenced family experiences, from the therapist’s ability to participate in interagency collaborations to the frequency and composition of communications with therapy providers in both early intervention and preschool special education.

The findings of the current study suggest that parents identified providing parental support as a primary method by which therapists from both early intervention and pre-school could assist in a smooth transition. Parents in this study found that therapists in the preschool environment were not providing this support at anticipated levels. However, this study did not take into consideration therapist-identified barriers to participation in the transition process that may have impeded their effective participation. These areas of difficulty include inter-agency collaboration (e.g. difficulty communicating with team members from another agency), team collaboration (e.g. lack of support/communication from team leaders), financial considerations (e.g. reimbursement for therapists to participate in non-intervention activities) and hiring practices (e.g. contract vs. direct employment) (Tanta et al., 2000; Prigg, 2002; Myers, 2006, 2007, 2008; Myers and Effgen, 2006; Rous et al., 2007).

Federal law (IDEA, 2004) mandates that related service providers play a role in the transition from early intervention to pre-school special education. The findings of this study indicate that during transition, these providers in the school system function, in fact, in a related capacity. That is, just as related service therapy plays a supporting role in a child’s educational programme, the roles of these services and providers are supporting, rather than primary, in the transition process. Families utilize classroom teachers as their primary contacts for information and support related to the transition and service providers serve in a supporting role in easing families into this new environment.

Implications for occupational therapy

Due to the nature of qualitative research, the findings of this study cannot be generalized to a wider population (Guba and Lincoln, 1994). Study data indicate that there are inconsistencies in the ways that laws governing transition from early intervention to pre-school special education are written and interpreted. Study data also indicate inconsistencies in the experiences of the families who experience the transition. Federal and state law indicates that mandated processes (e.g. transition planning in early intervention, transition planning conferences with early intervention and school district personnel) are intended to assist in making transition smooth and comfortable for families. However, the participants in this study suggest that, despite the law, this is not always the case.

Study data also suggest that additional processes should be in place during the transition to pre-school to add to the comfort of families as their children enter the pre-school environment. Specifically, families derive comfort from substantial and frequent communication with personnel from the IEP team, classroom teachers and related service providers. Thus, an effective strategy would be to create mechanisms that ensure effective communication between families and professionals. Participants in this study, for example, highly valued an orientation day in their child’s new classroom where they could personally see the environment in which their child would be spending time. Furthermore, participants consistently expressed a desire to meet, prior to the first day of school, key personnel who would interact with their child. This included classroom teachers, assistants and specific related service providers (e.g. their child’s occupational therapist rather than of all the occupational therapists working in their child’s classroom). Instituting a formal policy where meetings with key individuals occur before the child’s first day of school may go a long way in easing families’ comfort in the earliest days of the pre-school programme. Katia suggests, ‘I would offer the parents, at the beginning, probably a little bit more involvement, a little bit more of visitation. I wouldn’t make it mandatory, but I would offer visitation time that a parent could come in and watch.’

Another area where participants routinely expressed frustration was in ascertaining how to get in touch with, and get responses from, the key personnel in their children’s daily routine once they begin the pre-school programme. In early intervention, families can interact directly with service providers during each of their children’s treatment sessions. However, once children make the transition to pre-school programmes, parents are no longer a direct part of the therapeutic process and must rely on different means of communication.
While families recognized that the rigors of working in a pre-school programme might hinder daily communication with service providers, they were all expecting communication at an earlier point in the transition or at a more frequent rate than they received. A formal declaration of student schedule, therapy times, specific personnel by discipline, therapist name and preferred contact information would be a simple way to reduce this particular stressor for families.

This study can also direct therapists in ways that they can communicate more effectively with parents regarding their children’s programmes and progress during the transition process. First, families find it very helpful to meet with therapists prior to their child’s first day of pre-school and during the early days of the programme. Therapists should attempt to accommodate this request and advocate for their own inclusion in non-intervention activities if they are not routinely able to participate. For example, therapists could arrange to be present at back-to-school night if it is offered in their pre-school programme. Therapists should not rely on families to initiate communication.

Families highly valued information from therapists regarding the content of their children’s treatment sessions, ways in which the therapy programme is incorporated into the classroom, and ways families could carry over treatment into their homes. Therapists should regularly communicate this information to parents verbally and/or in written format from the earliest treatment sessions. Therapists should also be aware that the shift away from frequent participation in treatment sessions may be difficult for families. Asking families about their feelings and validating their frustrations if any are expressed, is another way for therapists to ease some of the anxiety of the transition process for families. Again, early and frequent communication with families by therapists may be the best way for school-based therapists to participate in the transition process.

It seems inevitable that parents coming from a family-centred system would have different expectations about communication than professionals employed in an educational environment. Families who are accustomed to communication on a daily basis with therapists may feel that weekly communication is barely adequate. At the same time, school personnel may feel that weekly communication with each family is a lot to ask of them, particularly when they have a large caseload. As families derive comfort from communication with these professionals, it would seem prudent that conscientious teachers and therapists establish methods of communication with each family that were amenable to both parties early on in their therapeutic relationship. That is, families should know how frequently their children’s teachers and therapists expect to communicate and the methods by which communication is the easiest for the parent.

All professionals should recognize and appreciate that during transition, families undergo a major shift from insiders to outsiders in their children’s education. While the existing literature indicates that most therapy professionals do understand the implications of the shift in philosophy as it pertains to the types of treatments children can be expected to receive, it seems important to recognize that the orientation of children’s therapy goals are not the only changes occurring for the family. Therapists who are consciously aware of the family experience and respond to it are in the best position to ease the anxiety of the transition to allow for therapy to remain a central part of the family’s experience and to provide the necessary communication to keep families as informed as possible about their children’s therapy programmes. Families may never gain insider status with respect to school-based therapy, but they can be informed and made comfortable and more likely to carry over therapy goals into the home environment. As therapists, this is an important aspect of goal attainment in any therapeutic environment.

Finally, this study indicates that a deeper examination of policy and its influence on everyday practice related to the transition must occur. We must determine the role of policy and its ability to make changes in the everyday experiences of families going through the transition from early intervention to pre-school special education. For example, federal and state policies specify that families have an important role in this transition process, as well as in the development of a child’s educational programme in pre-school. However, in practice, the experience of the families in this study was that their role in the transition was extremely limited, particularly when contrasted with their very active role in the early intervention system. If policy is to dictate that districts be inclusive of families in terms of their preferences, values or expertise on their children, we need to look further into how pre-schools go about implementing these policies and investigate the ramifications if policy and practice do not match. We may also need to address the resources of the
pre-schools in terms of their abilities to provide appropriate support for families. When a policy remains a guideline, but there is no requirement to follow it, pre-schools will be left to determine the ways in which key players, including IEP team members, teachers, related service providers and even parents should participate in the transition process.

Considerations for further research
This study indicates that there is a need to explore the understanding of school-based service providers and IEP team members regarding their role during the transition. Specifically, researchers should explore families’ perceptions of school-based professionals, since families reported feeling less support from service providers in the schools compared to those in early intervention. It may be helpful to explore how professionals on the same IEP team or in the same district work together to ensure that they offer an appropriate level of support to families transitioning into their programmes. While it is important that therapists in different professions (e.g. occupational therapists, speech-language pathologists) continue to explore their professional role in the transition process, it is also important to understand other team members’ (e.g. special education teachers) perceptions of the therapist's role.

Similarities in participants’ stories also make it clear that the expectations of parents and the expectations of related service providers regarding communication are markedly different. It would be prudent to explore further the idea of communication and to learn how families and therapists arrive at a satisfactory agreement on the amount and type of communication that will occur between both parties.

Finally, researchers in the area of transition from early intervention to pre-school special education must specifically attend to the accompanying shift in family roles. If we are to ease families’ anxiety in the transition, we may need to be aware if policies and laws that govern transition at a local and federal level. However, we first need to understand how families’ experiences affect outcomes for their children before we can determine how policy changes regarding transition may be beneficial to families and children with special needs.

Acknowledgements
This article is based on research conducted by the first author in partial fulfilment of the requirements for the Doctorate of Philosophy in Occupational Therapy in the Steinhardt School of Culture, Education and Human Development at New York University. The authors thank Suzanne Carothers, PhD for her help. The authors thank all the parents and professionals who participated.

REFERENCES
Podvey et al. The Transition Experience


