Professionals' Attitudes on Partnering with Families of Children and Youth with Disabilities

Jamie Bezdek, Jean Ann Summers, and Ann Turnbull
University of Kansas

Abstract: The purpose of this study was to examine the professionals’ perspectives regarding characteristics of effective partnerships with parents. The sample involved 20 professionals representing the backgrounds of occupational therapists/physical therapists/speech-language pathologists, special education teachers, paraprofessionals, and health professionals. The following three themes were identified through qualitative analysis: (a) gap between family-centered language and actions; (b) "Goldilocks" perception (i.e., the perception that parents may be involved too much, too little, or just right); and (c) parental blame. Future directions for research and practice are suggested.

The idea of partnerships is not new in the field of special education, particularly partnerships between the families of the children being served and the providers who serve them. Since 1975, IDEA has recognized the benefits of family participation for parents, teachers, and students as best educational practice in the education of children with disabilities (Turnbull, Zuna, Turnbull, Poston, & Summers, 2007). One of the primary purposes of the 1997 amendments to IDEA was to increase the opportunities for partnerships between parents and professionals (Turnbull & Turnbull, 2000).

Summers and colleagues (2005) defined partnerships as “...mutually supportive interactions between families and professionals, focused on meeting the needs of children and families, and characterized by a sense of competence, commitment, equality, positive communication, respect, and trust” (p. 3). These types of partnerships, based on mutuality and equality, are the primary focus of this study.

Research and practice guidelines address the benefits of quality partnerships for professionals (e.g., to better do their jobs), families (e.g., to be empowered, to be satisfied) and students individuals with disabilities (e.g., to have more appropriate goals, services, and equipment and more opportunity to reach their goals (Dunst, 2000; McWilliam, Tocci, & Harbin, 1998; Park, Turnbull, & Park, 2001; Turnbull, Turnbull, Erwin, & Soodak, 2006; Turnbull, Turnbull, Summers, & Poston, 2008).

Despite the importance of partnerships, the limited evidence available on professionals’ perceptions of partnerships suggests they do not view families as equal partners. In some cases this may be attributed to barriers such as professional attitudes, lack of training and knowledge, and/or lack of experience (Croll 2001; Lee, Ostrosky, Bennett, & Fowler, 2003; Luckner & Hanks, 2003; Penney & Wilgosh, 2000; Shapiro, Monzo, Rueda, Gomez, & Blacher, 2004). Hilton and Henderson (1993) specifically found that teachers appeared to value parent involvement in one section of their questionnaire; yet when asked if they engaged in specific family-centered practices, a limited number of practices were reported as being used, and others were not used often. The authors concluded, “If parent involvement is to become a best practice that is implemented, rather than recognized, it appears some modifications [are necessary]” (p. 210).

While researchers have reported barriers to parent involvement in the attitudes and behaviors of teachers, teachers themselves tend to attribute barriers to family characteristics (Bhering, 2002; Dinnebeil & Rule, 1994; Fyl-
ling & Sandvin, 1999; Penney & Wilgosh, 2000). Researchers focus on professional barriers that teachers may or may not have seen in themselves (Bhering, 2002; Campbell & Halbert, 2002; Croll 2001; Hilton & Henderson, 1993; Lee et al., 2003; Luckner & Hanks, 2003; Penney & Wilgosh). Most of the teacher barriers were related to a lack of understanding or training. For example, Luckner and Hanks point out that what teachers perceived as parental apathy or indifference could be attributable to the fact that families may be (a) exhausted, (b) unable to coordinate logistics, (c) uncomfortable interacting with professionals, (d) feeling and/or disempowered due to cultural differences.

Given that policy, research, and practice guidelines highlight the usefulness of partnerships, there appears to be various barriers related to the implementation of partnerships. We conducted this study to elucidate professionals’ perceptions of parent-professional partnerships. It was done in the context of a larger study in which a family-professional partnership scale was piloted with a group of professionals. For purposes of this article, the primary research question is: What are professionals’ perceptions about characteristics of effective partnerships with parents?

**Method**

This qualitative study reflects a constructivist approach to grounded-theory development (Charmaz, 2006), utilizing a constant comparison analysis (Anfara, Brown, & Mangione, 2002). We extracted themes which became the basis for a theory describing how professionals perceive family partnerships. In the sections that follow, we describe the purposive sampling plan and resulting participants, data collection approach, and analysis. We conclude with a description of the study’s limitations.

**Participants**

We utilized a purposive sampling approach (Patton, 2001), meaning that we created a sampling grid to recruit respondents with diverse characteristics expected to represent different viewpoints about family-professional relationships. In this case, the characteristics included different disciplines and different age groups served. Thus, the sampling grid was a $4 \times 4$ matrix. This represented four disciplines: occupational therapists/physical therapists/speech-language pathologists; special education teachers; paraprofessionals; and health professionals. The four service ages were: early intervention (0–3), early childhood/elementary (ages 4–10), middle school (ages 11–14), and high school (ages 15–21).

To locate respondents fitting these characteristics, the senior author contacted administrators or colleagues in area schools, an extended-school-year camp, a county Part C early intervention program, and a developmental clinic in a large teaching hospital. After agreeing to participate, the collaborating administrator or colleague distributed letters describing the study and contact information to enable prospective respondents to reach the senior author signaling their interest in participating. When contacted, the senior author explained the study further; and, if the respondent was interested, made an appointment for an interview. Twenty-two professionals contacted the investigator, one declined to participate (primarily because of scheduling difficulties), and one interview was lost due to a defective audio tape. The final sample consisted of 20 professionals. Table 1 includes specific demographic information.

**Data Collection**

Information letters distributed by the collaborating administrator or colleague contained a description of the study and consent procedures. The senior author arranged appointments with interested professionals who made contact. Participants were told that the scale was expected to take 15 minutes or less to complete, and the interview was expected to last an additional 30 minutes. The interviewer and respondent agreed to meet at a mutually convenient time and setting that was comfortable for the participant. The interviews took place in a variety of locations, including the participants’ workplace, home, a library, and the interviewer’s home. The senior author conducted all interviews.

Participants first completed the pilot partnership scale and then the open-ended inter-
view. The six “grand tour” questions (Miles & Huberman, 1994) focused on asking participants to (a) talk in general about their experiences working with families, and (b) consider the characteristics of the best and least effective partnerships. For each question, the interviewer used different probe or follow-up questions as appropriate to encourage the respondent to explain her thoughts fully. The open-ended process was intended to gather any unanticipated perspectives or other information the professionals might have (Rubin & Rubin, 1995).

Data Analysis

We used a constant comparison method (Patton, 2001) to analyze the open-ended comments in the interviews using verbatim transcriptions. For purposes of this study, we removed responses related to the pilot partnership scale. Transcripts were divided so that all the responses to the first grand tour question were gathered together for reading and analysis, all of responses to the second grand tour question were gathered, and so forth. The section of the transcript for respondent one/question one was read and the main points were summarized as bullet points. Then, the section of the transcript for respondent two/question one was read and any new points were added to the working document. Eventually the points seemed to naturally group into themes which evolved as more responses were read. The investigator proceeded through the all the responses to question one in this manner and then began again with question two and so forth until a majority

<table>
<thead>
<tr>
<th>TABLE 1: Demographic Characteristics of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the discipline where you have received the most training?</td>
</tr>
<tr>
<td>Education (5)</td>
</tr>
<tr>
<td>Special education (4)</td>
</tr>
<tr>
<td>Occupational therapy (3)</td>
</tr>
<tr>
<td>Speech-language pathology (4)</td>
</tr>
<tr>
<td>Physical therapy (1)</td>
</tr>
<tr>
<td>Psychiatry/Psychology (2)</td>
</tr>
<tr>
<td>Nurse (1)</td>
</tr>
<tr>
<td>2. What educational level describes you best?</td>
</tr>
<tr>
<td>Associates degree (1)</td>
</tr>
<tr>
<td>Bachelor’s degree (2)</td>
</tr>
<tr>
<td>Some graduate school completed (4)</td>
</tr>
<tr>
<td>Master’s degree (9)</td>
</tr>
<tr>
<td>Doctoral degree (4)</td>
</tr>
<tr>
<td>3. What is your job title?</td>
</tr>
<tr>
<td>Paraprofessional (2)</td>
</tr>
<tr>
<td>Certified teacher (7)</td>
</tr>
<tr>
<td>Therapist (5)</td>
</tr>
<tr>
<td>School psychologists (1)</td>
</tr>
<tr>
<td>Clinical instructor (3)</td>
</tr>
<tr>
<td>Professor (1)</td>
</tr>
<tr>
<td>Nurse (1)</td>
</tr>
<tr>
<td>4. How many years of experience do you have in your field?</td>
</tr>
<tr>
<td>Mean = 9.79</td>
</tr>
<tr>
<td>5. How many years of experience do you have in your current position?</td>
</tr>
<tr>
<td>Mean = 5.43</td>
</tr>
<tr>
<td>6. What setting do you spend most of your work week in?</td>
</tr>
<tr>
<td>School setting (13)</td>
</tr>
<tr>
<td>Client’s homes (1)</td>
</tr>
<tr>
<td>Clinic (4)</td>
</tr>
<tr>
<td>University (2)</td>
</tr>
<tr>
<td>Early childhood (5)</td>
</tr>
<tr>
<td>Elementary school aged (6)</td>
</tr>
<tr>
<td>Middle school/junior high/high school (5)</td>
</tr>
<tr>
<td>All ages equally represented (4)</td>
</tr>
</tbody>
</table>
of the comments had been put under the themes.

This analytical procedure is termed a constant comparison method because the data are compared from one transcript to another, and “categories and their properties emerge or are integrated together” (Patton, 2001, p. 32). As data are being coded, responses are compared not only within categories, but between categories as well (Anfara et al., 2002). A second investigator (the second author) checked the first investigator’s coding process and indicated agreements and disagreements. Following this review, the two investigators jointly reviewed the coding and resolved any discrepancies. This procedure is termed a credibility check and is analogous to the reliability process utilized in quantitative methods (Anfara et al.). Furthermore, to ensure transferability, we involved participants from different professional backgrounds who worked with individuals with disabilities and their families at different life span stages (Lincoln & Guba, 1985).

Limitations

As with every study, there were limitations and barriers encountered. In this case, the sample recruited was somewhat unbalanced, with more representation of professionals from educational settings. In addition, the health setting accessed was a university teaching hospital; the participants may have been atypical compared to those in a more typical health setting. More participants, as well as greater diversity among the participants, would have made the study more beneficial.

Also, the qualitative interviews with these participants followed their completion of a draft measure of family-professional relationships. Because of this, it is possible that participants were influenced or predisposed by the scale’s contents and, therefore, may have spoken in a different manner regarding partnerships than they would have otherwise. Interviewing participants without an initial exposure to the contents of the scale might have produced different results. Also, a qualitative study of this nature ideally would include more extensive interviews as well as the use of other data sources, such as observations of the professionals as they interacted with families.

Findings

In answer to the question, “What are professionals’ perceptions about the characteristics of effective partnerships with parents,” three themes emerged. These were: gap between family-centered language and actions, the “Goldilocks” perception (i.e., the perception that parents may be involved too much, too little, or just right), and parental blame.

Gap Between Family-Centered Language and Actions

Participants made many statements that can be characterized as family-centered in the sense that they spoke in alignment with a family-centered philosophy or in support of partnerships. For example (I is for interviewer and R is for respondent):

I: What are some of the skills and responsibilities that families need to have to have good partnerships?
R: . . . to also provide ideas, because sometimes the parents know their kid better than the teachers even, and I think parents can be very valuable in that, in their suggestions.

This comment demonstrates that the respondents saw value not only in letting the families know what was going on in their child’s day but also saw value in comments or information the parents can provide, all the while keeping in mind the families’ time constraints.

Another participant spoke about how to increase communication by using a notebook sent home daily.

R: They can read it, or if they have comments or questions, they can write back. They don’t have to write every single day because it’s probably not a lot of stuff, if there isn’t anything to say. But if they do have concerns, they should be able to write them in there.

This comment demonstrates that the respondents saw value not only in letting the families know what was going on in their child’s day but also saw value in comments or information the parents can provide, all the while keeping in mind the families’ time constraints.

Though over 90% of respondents used family-centered language in their interviews, it is important to note that these were almost al-
ways in the same interviews where statements reflecting limited actions that could be characterized as family-centered. Examples of these language-action contradictions are given by two respondents:

R: I think the parents should be able to list out exactly what they would like to see their child achieve, whether it is personal goals. You know, basically lay it out in lists they can give to the teacher that really help them know the student as the child, as a personal individual. . . . I don’t know what else the parents would provide.

The second example of a contradiction involves the professional speaking in a family-centered manner about communication notebooks being sent home to families. During the same interview, the respondent made this comment: “R: The other kid I work with, his mom is in due process, so I try to be as vague as possible because I don’t want things used against us . . .”

Goldilocks Perception

We refer to the second theme as the “Goldilocks perception” because it appeared the professionals who participated in the study had very specific ideas regarding the “just right” amount of involvement in which they believed was appropriate for parents. They noted definite lines that parents might cross, resulting in too much involvement. However, they also described cases in which they believed parents were not involved enough. From their point of view, parents had only a narrow window of involvement that might be considered “just right.”

Too much involvement. If a parent crossed over into the professionals’ area of expertise, that parent was often considered “too involved.” This sub-theme of too much involvement included both amount and an unwanted type of involvement. In some cases, professionals were frustrated when a parent entered the academic realm or frequently questioned what they did. The following comments suggest that professionals may be threatened by parents who participate to the extent of acquiring expertise about interventions for their child:

R: She’s up there all the time wanting to know . . . well why haven’t you worked on this. And his therapist says he needs to be doing this, and why haven’t you been doing this, and why haven’t [you been doing that] . . . So it seems like we are bending over [backwards]. Like I’ve ordered several books just to make this parent happy just so I can be like, look I am doing research on this, you know. And a lot of times the parents will go to the Board. So we’ve always got to watch our back . . .

R: They might read something coming out in a journal and why aren’t you doing that for my child? And then you’re like, Holy cow, I have eight years of experience, and I keep up on that too. Let me do my job! They are making progress. This is what we’re doing.

Some respondents thought that parents’ involvement meant that the parent did not trust them to do their jobs.

I: Do you think there is such thing as being too involved?
R: Yes! Definitely I do! Like earlier, working as a team, not saying I’m the expert; you’re not. I think some parents won’t trust the teacher, so they’ll want to be there for everything, be involved for everything, every decision.

R: I think it is great when families are very involved—as long as they aren’t totally running the show. And I have seen that happen where they try to do that, and it doesn’t work . . . they become a big pain . . . it’s a subtle message that maybe you’re not competent enough . . .

Too little involvement. Though participants in this study were specific about too much involvement, they also expressed frustration when families had too little involvement. Parents were considered “to have too little involvement when they chose to not participate in activities or did not see the same value in the activities the professionals deemed important. One participant expressed this idea when she said: “Here’s what you can do to address these at home, and then they don’t follow through. I ask the girl, and she is pretty reliable, and she wouldn’t lie, and I ask “Have you done this with mom?” “No.”
In the next quote, a respondent expresses her perspective that parents are not participating because they do not feel it is their responsibility.

R: I try to, you know, touch base with the parent at least once a month and let them know what we are working on and sending homework home. And I think that [it] is important that the families first be able to read what I want them to do and have the time to sit down and actually do that with the kid. I think so much think 'that it is not my responsibility'.

Similarly, another participant felt that an ineffective partnership was one where the families “don’t listen to suggestions that are made.”

Most participants who made these types of comments did not discuss anything that might be keeping the family from implementing goals at home, such as time (e.g., siblings, work, other responsibilities), lack of understanding or confidence, or perhaps that the parents disagreed with the goal altogether (and more discussion is needed). None of the participants expressed an opinion that parents might have an option to opt out of following the professionals’ advice.

Just right involvement. While professionals clearly expressed statements of concern with too much or too little involvement, they also described what makes a good family partner. Comments about positive partnerships included the opinion that parents needed to be assisting the professional, rather than engaging in a true two-way partnership. Just right participation most often involved following the professional’s lead and taking responsibility in follow-through (i.e., home activities). This was demonstrated in the following quotes:

I: What are some things that they do that you’re like, okay this is a great family to work with?
R: Oh well, when they ask questions. When you model an activity and show them a couple of varieties, and when the next time you see them they’ve incorporated that into functional routine and generalized it to different settings you are like, wow!

Another participant made a similar comment:

I: What are characteristics of good partnerships you’ve had versus less effective partnerships?
R: Fortunately, I have never really had bad situations. Most of the parents I have had have been really supportive.
I: In what ways were they good?
R: Whatever modifications I came up with, they are very willing to help.

In these cases, families were agreeing with professionals on priorities and ways to work with the child. Families were pitching in by working with the child on any “homework” or extra therapy at home with the child to help generalize it. In general, these participants felt that “good families” were those that supported the professional’s guidance about how to work with the child. When families did their own research and shared suggestions, the involvement was perceived as too much; and when they did not follow through, the involvement was perceived as too little. The just right involvement appeared to be a narrow band on the continuum from too much to too little.

Parental Blame

The third theme, parental blame, refers to professionals who blame parents for problems in carrying out partnerships. An example of this given by one participant who described her frustration when a family lost materials needed to work on an activity at home:

R: following though with a home-based program that the professional worked on after hours, because they don’t have time during the day to make-up activities for the child. But then they don’t follow-through at all. “We lost them. Can you make them again?” “NO!” It took me four hours. Following through with the things that you go out of your way to do. Um, those things are big. A lot of my families do that. A lot don’t care.

In this example, the professional said that the family wanted to work on the activity at home and follow-through; however they lost the cards. The professional, having worked hard on the cards, did not want to spend the time again. This person equates losing the cards with not caring.
In a number of comments, respondents did not appear to give the parent the benefit of the doubt:

I: So you are saying that the partnership is failing because the teachers are pulling their weight, but the parents aren’t meeting you in the middle?
R: Right. And that is in general. I have a few parents who are very, very good about that and some that I never see . . .
R: I am one of those people who believes that that is usually the missing ingredient in schools–parents/guardians not being involved enough.

In this situation, reasons were not stated about why it might be extremely difficult for parents to be involved because of other responsibilities or stressors in their life. Rather, when this professional “never sees” parents, it does not appear that there is reflection on what the barriers might be and what some creative options might be for working around those barriers.

Given this situation, the interviewer tried to prompt the participants to consider some other possibilities for parents’ lack of partnership:

R: If your child is dismissed from a service, it is a celebration. Not a “Well, why is he being dismissed? He needs that!” Well, you’re taking away his help. No, it’s a celebration. . .
I: Do they take it as you’re giving up?
R: Yes. Absolutely that is exactly what it is. You’re giving up on them.
I: They don’t qualify any more because they . . .
R: because they have made minimal or no improvement over one academic year.
I: I guess I can understand why they don’t necessarily want to celebrate because they plateaued for over a year.
R: Yeah. Right. But you see what I am saying.

It was not uncommon for participants to speak about parents who just don’t “accept” the diagnosis rather than seeking alternative reasons for the parents’ behavior (e.g., such as not agreeing with an intervention) or considering how they might feel in the parents’ position. For example, one participant noted:

The ones that don’t want to accept it give pretty much just, they don’t want anything to do with it. You know, and that makes it really hard when the parents won’t accept it, and then they don’t back you up.”

Another participant appeared to agree that parents are “in denial”: “To be open, to have ideas, to be accepting of it, because I think sometimes parents want to push it off that it is some other problem.”

Alternatively, some respondents particularly sought to “stand in parents’ shoes” seeing things from their perspective as contrasted to blaming them. One more experienced professional believed that colleagues who held opinions like those expressed above were not realistic about the emotional impact a diagnosis has on the family. She said, “I am fascinated by the idea that we think that families shouldn’t be upset, like of course they are going to be upset! Why are we surprised by that?”

It is important to note a few of the more experienced professionals spoke of what they have learned during the span of their career and/or as a result of having children.

R: . . . I remember being real snippy early on, “Well why wouldn’t you keep this appointment?” since I knew they weren’t working so . . . why can’t they get here for this appointment or that? And then it is funny when you finally figure out what really goes on in their lives, how you can be empathetic and have compassion, because it is so difficult sometimes to get these kids that have multiple handicaps up. And then when we hear their schedules, about how many different appointments they have with how many different health care providers, how they even manage to get it all done! So, I think that has made me a better person and a better health care provider.

Another professional thought back on her own growth and change in perspective:

R: I was so frustrated and annoyed with them for their lack of ability to follow-through, and I think more experience and being a parent made a huge difference in my tolerance, and so I think knowledge of
the disability area that you work in and tolerance and understanding that parents have skills on a spectrum just like everybody else does help you relate better to most parents.

Discussion

Summary

The overall purpose of this study was to explore professionals’ attitudes about partnerships with families. Three themes emerged in the analysis. These were (a) gap between family-centered language and actions, (b) “Goldilocks” perception, and (c) parental blame.

First, professionals made family-centered statements in the sense that they spoke in alignment of a family-centered philosophy or in support of partnerships. Over 90% of participants made these types of comments, although these same participants also made comments that fell in to one or both of the other themes, which were less aligned with that philosophy or described actions that were not family-centered. The implication is that these professionals may have learned to “talk the talk” of a family-centered philosophy but not to “walk the walk.”

Second, participants had very specific ideas of the continuum from too much to too little involvement. Professionals’ perceptions that parents could be both over- and under-involved suggested that “just right” partnerships (“Goldilocks” theme) might be rather narrowly defined in terms of following teacher recommendations.

Third, parental blame describes comments made by professionals who appeared to be unable to see the situation from the families’ point of view; rather, they saw problems as outside themselves or with the family (i.e., the family is in denial, the family doesn’t care). The participants, in short, appeared to be unaware of or unwilling to consider changes in their own behavior that might result in improved family-professional partnerships.

Implications

Much valuable information was obtained from this study that leads to implications for future research and practice.

Future research. The findings of this study present some implications for future research. Professionals repeatedly expressed a narrow idea of what was an acceptable amount and type of family partnership, which is in conflict with published recommended practices. This is similar to what Campbell and Halbert found in their research. While most professionals in their study displayed an awareness of the concepts of family-centered practice, more in-depth comments about actual examples tended to conflict with family-centered intervention and other best practices. Similar to Campbell and Halbert (2002), we found that professionals were unhappy with parent partnerships, particularly the amount of follow-through. Hilton and Henderson (1993) also found inconsistencies in family-centered language or between language and actions. These findings do not question that some professionals truly held a philosophy of partnering with families; this is precisely why further research specifically on this concept needs to occur. Perhaps a deeper understanding may be gained by collecting multiple sources of data (observing the professionals interacting with parents) for a more objective and comprehensive understanding.

More research is needed to understand why professionals have this narrow view of what is appropriate as well as to provide insight into understanding professional’s perceptions of appropriate boundaries and what parents do that might cross those boundaries. It is important to learn what professionals perceive as threatening and why. In this regard, further research on the role of experience might shed light on this apparent contradiction. Our data suggest that professionals with more years experience tended to express less judgmental attitudes and to have, perhaps, more flexible boundaries in relating to families. Our study was too limited to allow development of any definitive conclusions about this possibility; future research should focus more specifically on experience as a moderator of attitudes toward families.

One theme from this study, parental blame, compares to literature finding that professionals attributed partnership barriers to family characteristics rather than any professional behaviors or structural barriers. Specifically Campbell and Halbert (2002) found that
practitioners assigned both issues and solutions to parents (and therefore out of their control). Further research is needed to understand why professionals have come to form these opinions. Rather than to criticize professionals, it is necessary to understand how they form their opinions, and why they feel the way they do.

Practice. Professionals in the field have long been concerned about observed gaps between recommended practices and the actual implementation of those practices (Carnine, 1997; Carta & Greenwood, 1997; Gresham, MacMillan, Beebe-Frankenberger, & Bocian, 2000; Turnbull, Friesen, & Ramirez, 1998). The findings of this research suggest that professionals may be verbalizing a commitment to family-centered principles and at the same time taking a controlling approach that directly contradicts their own statements. The apparent lack of awareness that they are engaged in this conflicting dialogue may lend some insight into the reasons for the gap between ideal and actual practices. An implication of this finding is that effective professional development might need to incorporate some strategies to aid professionals to identify their own conflicts in attitude and behavior.

This study also found that professionals with more experience appeared to recognize the impact of their previous attitudes about parents and to have more consistent beliefs about partnerships with families. This suggests that professionals’ perceptions of under- or over- involvement by parents (i.e., “Goldilocks” theme) may reflect discomfort or defensiveness on the part of less experienced professionals, who may view family partnerships as a threat or as a questioning of their competence. An implication is that less experienced professionals might profit from a more experienced mentor who is able to model a more non-defensive and positive attitude toward working with families.

The message needs to be conveyed to professionals that there is an option for parents to not participate. Most importantly, there needs to be initial communication, formal or informal, that enables families and professionals to get to know each other and to reach consensus on expectations as preferences.

We include here, again, the definition of Summers and colleagues (2005) of partnerships as “...mutually supportive interactions between families and professionals, focused on meeting the needs of children and families, and characterized by a sense of competence, commitment, equality, positive communication, respect, and trust” (p. 3). In summary, the themes of this study—gap between family-centered language and actions, Goldilocks perception, and parental blame converge to suggest that we have “miles to go” as a field in implementing family-professional partnerships.

References


Gresham, F. M., MacMillan, D. L., Beebe-Franken-