PREDICTORS OF EMPOWERMENT AMONG PARENTS OF SCHOOL-AGE CHILDREN WITH DISABILITIES: THE ROLE OF FAMILY-CENTERED BEHAVIOR

By

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Abstract

In this study, the perceptions of parents of elementary school age children with disabilities, constructs of family-centered behavior (e.g., Petr, Allen, & Brown, 1995) and empowerment (e.g., Zimmerman, 1995, 2000) were examined. Parent perceptions of the importance and frequency of an empowerment process, family-centered teacher behavior, were explored. Previous work of family support researchers is extended by exploring the effects of parents’ perceptions of family-centered teacher behavior on psychological empowerment, and by considering the relative importance of parent and child variables and family-centered teacher behavior, in predicting parent psychological empowerment, specific to the elementary school context.

Parents (n = 256) of elementary school-age children (ages 5 – 14) with a wide range of disabilities/special needs completed a questionnaire assessing: their perceptions of the importance and frequency of family-centered teacher behavior, psychological empowerment, parent status variables (income and education level) and child disability characteristics. As hypothesized, respondents rated family-centered teacher behavior as very important, but they identified that they only “sometimes” experienced it in the elementary school setting. In addition, a significant discrepancy between parent ratings of importance and frequency was found, suggesting that parents overall are not satisfied with the levels of family-centered behavior they receive from teachers. Some relationships between parent and child characteristics and psychological empowerment were found. As hypothesized, the importance of parents’ perceptions of family-centered teacher behavior in predicting psychological empowerment, specific to the school
context, above and beyond parent and child characteristics, was supported. Child
disability characteristics (severity of child behavior and diagnostic category) also
contributed to the prediction of empowerment, but parent characteristics were not
important or significant in the final increment of the regression model. Implications and
the potential of this study to inform practice and policy and to contribute to new
directions in research are discussed.
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CHAPTER I

Introduction

In the past two decades there has been a noticeable shift in philosophy, thought, practice and research regarding support for families of children with disabilities. The perspectives of professionals, researchers and families themselves have moved from a largely pessimistic, deficit driven focus which viewed the context of families of children with disabilities as insufferable, needy, and a desperate tragedy, toward a more hopeful and optimistic focus on the strengths and positive outcomes that are possible for a majority of these families (e.g., Cho, Singer, & Brenner, 2001; Friesen, 1993; Singer, 2002; Summers, Behr, & Turnbull, 1989, Turnbull & Turnbull, 2001). This change in paradigm, which is apparent in research, service delivery and practice is, according to Harbin, McWilliam, and Gallagher (2000), the result of the “complex interactions of five broad factors: 1) conceptual contributions of scholars and theorists; 2) the innovative ideas and concepts of skilled and experienced practitioners; 3) research studies from diverse disciplines (e.g., medicine, psychology, special education, social work); 4) sociopolitical factors; and 5) the cooperative advocacy of parents, service providers, state and local program administrators, and researchers” (p. 388).

The interconnections between philosophy, theory, research, practice (including broader social policies, structures, attitudes and behaviors of service providers), and the lived experience of families with children with disabilities is best considered from an ecological perspective (e.g., Bronfenbrenner, 1979, 1992, 1995; Garbarino & Ganzel, 2000; Moen, Elder, & Luscher, 1995; Sontag, 1996). According to Bronfenbrenner’s (1979,1986) theory of the ecology of human development, the child is understood within
the context of an interactive, interdependent system. Each level of the system influences
the rest, and in order to understand the child with disabilities, his family, school and other
service agencies, culture and context as well as philosophical and political ideologies (all
of which influence each other) must be considered. Researchers have begun to consider
the impact of societal and cultural attitudes and perceptions (e.g., McDermott & Vareen,
1995), social and educational policies that reflect those attitudes (e.g., segregated special
education, expert models) and the important role of perceptions, attitudes and behaviors
of service providers in their interactions with parents of children with disabilities (e.g.,
Turnbull & Blue-Banning, 1999; Winton & DiVenere, 1995). Consistent with
Bronfenbrenner’s approach, the important influence of parental perceptions is now being
recognized in some studies as very influential to adaptive and positive outcomes for
children with disabilities and their families (e.g., Behr & Murphy, 1993).

Consistent with Bronfenbrenner’s model, at the same time that researchers began
to shift the paradigm of inquiry, so too did social policy begin to change, as well as
philosophies of best practices in human services and education. Legislation in the United
States, such as the Education of the Handicapped Act (now the Individuals with
Disabilities Act [IDEA]), required changes in traditional service delivery. For example,
inclusion of children with disabilities in the least restrictive environment within
neighbourhood schools and the need to include parents of children with disabilities in the
decision-making process regarding service delivery and educational programming were
mandated. One purpose of this legislation was to encourage schools to facilitate parental
empowerment by their adhering to a family-centered approach when interacting with
parents of children with disabilities (e.g., Florian, 1995). More recent changes in
legislation and social policy require a similar change in service delivery systems which includes how children with disabilities and their families are perceived, appropriate roles for professionals and families, family-professional interactions, and conceptualization of outcomes and goals such as family empowerment (e.g., Dunst et al., 1994; Petr & Allen, 1997; Turnbull & Turnbull, 2001). Within the context of Canadian education, however, policies and legislation, which are provincial rather than federal as in the United States, vary from province to province, but overall, there are much fewer guaranteed rights for families of children with disabilities, including the right to family-centered behavior from professionals and informed active decision-making (e.g., Weiner & Siegel 1992).

Consistent with the lack of legislation in this area, there is also a dearth of research on the topic of family empowerment within the Canadian school context.

A new emphasis on family-strengthening, capacity building, family-centeredness, and family empowerment has come to characterize best practices in the fields of family support, social services and education (e.g., Dunst, 2000; Dunst, Trivette, & Deal, 1988; Dunst, Trivette, & Deal, 1994; McWilliam, Tocci, & Harbin, 1998; Petr & Allen, 1996; Turnbull & Turnbull, 2001). Specific to the education field, the majority of studies that have examined the construct of family-centered behavior within an empowerment framework are within the early intervention and preschool literature, not the school-age student literature (Dunst, 1998, 2002). Within the school-age literature, there has been a much larger focus on “parent-involvement” (e.g., Epstein, 1992; Henderson & Berla, 1994), “family-school relationships” or “partnerships” (e.g., Christenson, 2004; Christenson & Sheridan, 2001). Although there are some elements of family-centered behavior that can be derived from these school-age literature constructs, the focus of the
partnerships and the important outcomes that have been studied are quite different from the empowerment early childhood literature.

The terms family-centered and family-empowerment are often used interchangeably to represent the same process (e.g., Allen & Petr, 1996) leading to empowering outcomes. This process has been described as transactional, resulting from the interactions of the person within the context (Akey & Turnbull, 1996; Jones, Garlow, Turnbull & Barber, 1995). With regard to parents of children with disabilities within the context of schools, the interactions of interest would be those between parents and teachers, and it is the nature and influence of these interactions that is the focus of this study. According to empowerment theory (e.g., Dunst et al., 1994; Zimmerman, 1995, 2000) family-centered behavior and service delivery represent an empowerment process that includes the family as active decision-makers and participants in the child’s education and this process leads, in turn, to empowerment outcomes. By encouraging and allowing parents to take ownership, share their expertise, and share decision-making, parents become empowered, develop a greater sense of competence and self-efficacy related to the service system and become comfortable with and skilled at advocating for the needs of their child with a disability.

Family empowerment is an important goal, because strengthened and empowered families become increasingly able to support and promote their child with disabilities towards optimal outcomes (e.g., Dunst et al., 1994; Heflinger, Bickman, Northrup, & Sonnichen, 1997). This goal is consistent with social-ecological systems theory and is considered to represent best practices for service providers to families and children with disabilities (e.g., Turnbull & Turnbull, 2001; Turnbull, Turbiville & Turnbull, 2000).
An empowerment philosophy recognizes that the relationship and interactions between parents and professionals are a central dimension of the social-ecological system that includes the child with disabilities (e.g., Bronfenbrenner, 1979). Theoretically, “parent-friendly” attitudes and family-centered beliefs and behaviors are required for family strengthening and empowerment. (e.g., Dunst et al., 1994; Johnson & Renault, 1997; Turnbull & Turnbull, 2001). Consistent with Bronfenbrenner’s theory, it is recognized that parent characteristics such as income and education, as well as child characteristics, such as type and severity of disability, may have a systemic impact and influence on family outcomes and adaptation. However, research on empowerment and well-being amongst families of children with disabilities which has considered the impact of parent and child variables on empowerment outcomes has found mixed results (e.g., King, King, Rosenbaum, & Goffin, 1999; Singh & Curtis, 1997; Akey, Marquis, & Ross, 2000). Bronfenbrenner (1992) considered variables such as parent and child demographics and disability parameters to be static variables. Such variables do not explain the feelings, perceptions, thoughts, behaviors or values, for example, of families in their interactions with teachers. Parents’ perceptions and appraisals of the frequency of family-centered behaviors they receive in their interactions with teachers would be considered important process variables that are, according to Bronfenbrenner (1992), more likely than static variables to influence developmental outcomes. Teasing apart the relative contributions of family and child static variables and the process variable, family-centered behavior, in their influence on outcomes of family empowerment, is a primary focus of this study.
Purpose of the Study

Although there have been an increasing number of studies in the family support and early childhood education fields examining parental perspectives of professional behavior, only a few studies have addressed this question with parents of school-age children with disabilities regarding their perspectives on parent-teacher interactions, such as parent involvement practices and family-centered behavior (e.g., Bennett, Deluca, & Bruns, 1997). The research that has been conducted suggests that parents of children with disabilities want to be involved and valued as important members of the team working with their child (e.g., Bennett, Lee, & Lueke, 1998). Little research is available that examines to what extent parents of school-age children with disabilities value family-centered behavior by teachers, and to what extent they believe it is practiced. In addition, more research is needed on the relationship between family-centered behavior and outcomes of parental empowerment within the population of families with school-age children with disabilities.

Given the importance of understanding the influential role of empowering processes (family-centered behavior) at the school level on family outcomes of empowerment, this study has several purposes. One purpose of this study is to explore parents' perceptions of the importance and frequency of family-centered behaviors of teachers within the parent-professional relationship (an empowering process.) Another purpose is to explore the relationship between frequency of family-centered behavior (as perceived by parents) and specific indicators of psychological empowerment among parents of school-age children with disabilities. A final purpose of this study is to further explore the specific contribution made by family-centered behavior to parent
psychological empowerment after the more static family and child characteristics have been accounted for.

Research Questions

Research Question 1

Is family-centered behavior important to parents of school-age children with disabilities in British Columbia, Canada?

It is hypothesized that family-centered behavior will be considered important overall to parents of children with disabilities, consistent with other studies of family-centered behavior in other settings.

Research Question 2

How frequently do parents perceive family-centered behavior to be practiced by teachers (in British Columbia) in their interactions with parents of children with disabilities?

It is hypothesized that parent ratings of the frequency of family-centered behavior will be low to moderate. If results are consistent with previous studies of family-centered behavior across service systems (primarily early-childhood and family support), then ratings will be at least moderate. It is expected, however that the results of this study will indicate lower ratings, consistent with the literature on non-mandated parent involvement in the United States and initial studies that have occurred within the elementary-school system.

Research Question 3

Are parents of children with disabilities satisfied with the frequency of family-centered behavior they experience in schools in British Columbia?
It is hypothesized that parents will report receiving less family-centered behavior than they would consider ideal and will not be satisfied, overall, with the frequency of family-centered behavior they experience in schools. Although this question is somewhat difficult to determine, because this is a new area of study in the school context in Canada, if family-centered behaviors are at a level similar to that of non-mandated parental involvement in the United States and recent studies of family-centered behavior emerging in the school-age literature (e.g., Dunst, 1998, 2002; McWilliam et al., 1999), consistent with those studies, frequency of family-centered behavior will be lower than desired by parents, and parents will not be satisfied.

Research Question 4

Are parental ratings of teachers’ family-centered behavior related to parental self-reports of psychological empowerment?

It is hypothesized that parental ratings of teachers’ family-centered behavior will be moderately positively related to their self-reports of psychological empowerment, consistent with empowerment theory (e.g., Zimmerman, 2000) and previous studies of the relationship between family-centered behavior or effective help-giving and empowerment outcomes (e.g., Trivette, Dunst, & Hamby, 1996a, 1996b).

Research Question 5

What are the relationships among family status variables (i.e., parent income and parent education level) to parental self-reports of psychological empowerment?

It is hypothesized that there will be low to moderate positive relationships between parent income and parental education level and parental self-reports of psychological empowerment. Parents with higher incomes and education levels will
report higher levels of psychological empowerment. It must be noted, however, that although the many studies of empowerment processes and outcomes, as well as related constructs, have found a positive association with parent status variables (e.g., Grolnick, Benjet, Kurowski, & Apostoleris, 1997; Zimmerman & Rappaport, 1988; Zimmerman, Israel, Schultz, & Checkoway, 1992), previous studies of the relationship between family status variables and psychological empowerment have shown mixed results (e.g., Akey, Marquis, & Ross, 2000; Singh, & Curtis, 1997).

Research Question 6

What are the relationships among child characteristics (i.e., severity of disability and severity of behavioral difficulties) to parental psychological empowerment?

It is hypothesized that there will be a moderate negative correlation between the level of severity of the child’s disability and parental empowerment. Although previous research has found mixed results with regard to the influence of child disability characteristics on parental empowerment (e.g., Akey, Marquis, & Ross, 2000; Singh & Curtis, 1997), there is more consistent support in the literature for the negative influence in particular of severe behavioral difficulties on parental empowerment (e.g., Petr & Allen, 1997) and a related construct of parental well-being (e.g., King, King, Rosenbaum & Goffin, 1999).

Research Question 7

What is the impact of family-centered behavior on parental psychological empowerment (specific to the school context), beyond the effects of family status variables and child characteristics?
It is hypothesized that family-centered behavior will predict parental psychological empowerment after accounting for the effects of family status variables and child characteristics. Consistent with previous studies, notably by Carl Dunst and his colleagues within the early childhood and family support literature (e.g., Trivette, Dunst, Boyd & Hamby, 1995; Trivette, Dunst, & Hamby, 1996a, 1996b) that have attempted to “tease apart” the relative importance of family and child status variables and the process variable of help-giving practices or family-centered behavior, it is expected that family-centered behavior will be found to be the most important contributor among all variables considered in association with outcomes of parental psychological empowerment.

Definition of Terms

Family

For the purposes of this study, the perspective of the family is provided by the parent or primary caregiver who interacts with the school system on behalf of his or her child. Parents may include mothers, fathers, foster mothers or foster fathers, grandmothers or grandfathers, or other adult guardian of the child with special needs. A parent, in the wording of the B.C. School Act, “...means, in respect of a student or a child registered under section 13 a) the guardian of the person of the student or child; b) the person legally entitled to custody of the student or child; or c) the person who usually has the care and control of the student or child.” (B.C. Ministry of Education, 1995, 2002)

Socioeconomic Status

Socioeconomic status can include income level, education level, location of residence, or values (e.g., Barker, 1987). In addition to amount of income and education, socioeconomic status can determine the types of opportunities, the resources, and
experiences a family or individual may access (e.g., Okagaki & Divecha, 1993). For the purposes of this study there are two measures of SES, total family income and highest education level of the parent completing the questionnaire. Family income level is assessed in a continuum ranging from less than $10,000 to over $125,000, consistent with the profile of incomes that appears in the Canadian Census. Highest education level is assessed in a continuum ranging from less than a 5th grade education up to the highest possible academic degree (Ph.D., M.D., D.V.M.).

*Special Education Needs*

According to the B.C. Ministry of Education Special Education Services manual (B.C. Ministry of Education 1995, 2002), special education needs are “those characteristics which make it necessary to provide a student undertaking an educational program with resources different from those which are needed by most students. Special educational needs are identified during assessment of a student; they are the basis for determining an appropriate educational program (including necessary resources) for the student.”

*Students with Disabilities or Special Needs*

Categorization of disabilities for the purposes of eligibility for special education services varies by province according to provincial education policy and legislation. In addition, the needs and characteristics of students with disabilities do not all fit neatly into disability categories (e.g., Smith, Polloway, Patton, Dowdy, & Heath, 2001). Although there are differences between jurisdictions in how students with disabilities are categorized, the majority of provinces and territories include a similar range of categories.
that represent those with milder disabilities as well as those that represent more severe or pervasive disabilities.

For the purposes of this study, parents of students who have special education needs or disabilities, broadly defined, were invited to participate. Special education diagnostic categories that have been recognized within the British Columbia education system, and are described in the Special Education Services manual (B.C. Ministry of Education, 1995, 2002) were used on the parent questionnaire. These categories recognize a range of students with special needs and include categories such as: “mild intellectual disability,” “learning disability,” “autism,” and “physical disability.” In addition, parents were given the opportunity to identify another diagnosis that was not listed on the questionnaire. Based on frequent parent identification, the categories of ADHD and Down Syndrome were also included as disability categories.

High Incidence, Low Incidence and Behavior Disorder Disabilities

For the purposes of this study, disabilities that are usually considered milder in degree of severity compared to the range of disabilities, and that tend to appear at a higher incidence level in the population were considered high-incidence disabilities. The “high incidence or mild disability” group included children identified as having a learning disability, mild intellectual disability, or being hard of hearing. The “behavior disorder” disabilities group included children identified as having a moderate behavior disorder, a severe behavior disorder, or ADHD. Disabilities that are usually considered more severe in impairment compared to the range of disabilities, and that tend to appear at a lower incidence level in the population were considered low-incidence disabilities. The “low incidence or severe disability” group included the following diagnoses:
moderate/severe/profound intellectual disability, multiple disabilities, physical disability or chronic health, deaf, visually impaired, autism, and Down Syndrome. Although parents were asked on the study questionnaire to identify one diagnostic category for their child, many parents identified more than one category. In order to separate the children into three diagnostic groups the following decision was made for those children who were identified by their parents in multiple categories: If the child was identified as having a high incidence disability and a behavior disorder he or she was placed in the behavior disorder category. If a child was identified as having a high incidence disability and a low incidence disability, he or she was placed in the low incidence category. If a child was identified as having a low incidence disability and a behavior disorder, he or she was placed in the low incidence category. This grouping attempted to consider the relative severity of the diagnoses.

*Individualized Education Plan (IEP)*

According to the B. C. Ministry of Education Special Education Services (B.C. Ministry of Education, 1995, 2002), an IEP is “an individual education plan designed for a student that modifies or replaces the expected learning outcomes of a course or subject and grade set out in the curriculum and contains specific, individual goals and objectives and the expected learning outcomes for the student.”

*Empowerment*

Empowerment has been described as a philosophy, a paradigm, a process, and an outcome (e.g., Dunst & Trivette, 1996). It may be found across diverse fields including business, organizational psychology, community psychology, social work, medicine and education. For the purposes of this study, the focus was on empowerment both as a
process and as an outcome or within-individual state. The empowerment process that was studied was family-centered behavior, an empowerment process that is particularly applicable to understanding relationships between families of children with disabilities and service professionals (e.g., Dunst, 1997). The empowerment outcome studied was individual psychological empowerment (e.g., Zimmerman, 1995, 2000).

Significance of the Study

The present study focused on the family-school mesosystem and may provide better understanding than currently exists of the understudied influence of school practices and processes on parents of school-age children (e.g., Christenson, 2004). Given that family-centered behavior is amenable to change, the outcomes of this study potentially have significant implications for teacher training and practice and for family support. The findings of this study may be informative in the design of programs, educational policies, and practices that wish to encourage parental empowerment. Because there are so few studies of the relationships between effective help-giving practices (including family-centered behavior) and empowerment outcomes specific to families of school-age children with disabilities within the context of education, this study specifically focuses on this understudied population.

Research that documents the value to families of family-centered practices as well as evidence of the effectiveness of such practice in increasing family empowerment is very important to support policy initiatives that are already in place in some locations including the United States (e.g., Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997). The context of this study is in British Columbia, Canada, a setting with very permissive legislation regarding the rights of families of children with disabilities to
involvement and active decision-making regarding the education of their children. No studies on this specific topic with Canadian populations have appeared in the literature to date. Given the current political context of education in British Columbia, where very recent changes have been made in education policy including new initiatives to involve parents in schools, the results of this study may have the potential to influence continued policy changes in support of increased family-centered behavior and empowerment of families of children with disabilities. This study provides important insight into how the constructs of family-centered professional behavior and parental empowerment are perceived of within a context and historical system that is likely to influence the expectations of parents, as well as the behaviors of the professionals with whom they interact.

Finally, the current study represents a shift in paradigm, philosophy and perspective that is concerned with strengths, capacity building, positive processes and adaptive outcomes consistent with a “salutogenic orientation” (e.g., Antonovsky, 1993). This paradigm represents a shift from the largely pathogenic paradigm of inquiry that dominates earlier research on families of children with disabilities, research that focused on the negative, the stressors, the many problems and the “unutterable tragedy from which the family may never recover” (Summer, Behr, & Turnbull, 1989, p. 27). This study searches for positive outcomes of empowerment and strives to understand the processes that assist in creating such positive outcomes.
CHAPTER II

Review of the Literature

Chapter II reviews the literature pertinent to the understanding of parental empowerment among parents of children with disabilities within the context of the school-age education system. Because this phenomenon is relatively understudied specific to the school-age education context, theoretical and conceptual bases, as well as research evidence of the empowerment process leading to empowerment outcomes are drawn from fields of study that include community psychology, social work, family support and early childhood education, and this literature is linked to associated research within the field of school-age education. The literature reviewed includes: the historical context and evolving role of parents of children with disabilities in education, the Canadian context, ecological theory, empowerment theory, and applications of the theoretical link between the empowerment process to empowerment outcomes specific to the study of families with school-age children with disabilities.

The historical context provides an overview of the changing roles of parents of children with disabilities within the education system. Consistent with the interplay between belief systems, educational policies and practices, and parents' own conceptualizations of their roles, rights, and responsibilities regarding their child with disabilities, parent roles outlined include: members of organizations, service developers, passive recipients of the decisions of professionals, parents as teachers, advocates for their children, decision-makers, and collaborators (Turnbull & Turnbull, 2001).

The theoretically compatible ecological and empowerment theories provide a conceptual framework for the study. Bronfenbrenner's theory of the ecology of human
development (1979, 1986) provides an understanding of the important multiply-layered inter-connections between micro, meso, exo, macro, and chronosystems with reference to the roles of parents and professionals, the interactions between parents and professionals, the influence of school, family, and community systems, policies and practices related to empowerment processes and empowerment outcomes specific to families of children with disabilities as they interact with school professionals and systems.

Empowerment theory (e.g., Dunst, Trivette, & Deal, 1988, 1994; Zimmerman, 1990a, 1990b, 1995, 2000) is outlined, analyzed and applied specific to families of children with disabilities within the context of the education system. This analysis provides an understanding of the theoretical process of empowerment that leads to empowerment outcomes. Consistent with an ecological perspective, the many layers of empowerment are described, including: empowerment as a philosophy, paradigm, process, and outcome (perceptions and performance) (e.g., Dunst, Trivette, & LaPoint, 1994). In application to the context of education, and specific to the study of families of children with disabilities, the related important concepts of effective help-giving, partnerships, and family-centered practice and their role in the empowerment process are outlined.

Research is examined that provides evidence of the theoretical linkages between empowerment processes and empowerment outcomes from an ecological systems perspective. Evidence is gathered primarily from fields other than education (e.g., medicine, social work, early intervention) where there is a longer history of empowerment practices related to families with children with disabilities and where empowerment outcomes have been assessed. Finally, the related evidence that does exist
within the context and ecology of education, and specifically within school-age education, is also provided along with suggestions for the expansion and extension of this area of research.

**Historical Context and Role of Parents of Children with Disabilities in Education**

Consistent with Bronfenbrenner’s (1979, 1986, 1992) model of the ecology of human development and his conceptualization of development “through space and time” (1995, p. 619), philosophies, attitudes, and belief systems that are prevalent within certain historical eras are reflected in the institutions, social policies, practices and roles of individuals within that context and time (e.g., Ceci & Hembrooke, 1995). Changes that have occurred across historical eras clearly affected families with children with disabilities, the ability of families to care for their children, as well as the experiences of these families within the educational context (Mallory, 1995). Traditional views, philosophies, policies and attitudes towards disability and families with children with disabilities have slowly evolved through recent history away from a traditional, deficit-driven, paternalistic model (e.g., Friesen & Koroloff, 1990; Powell & Batsche, 1997; Singer, 2002; Singer, Irvin, et al., 1993; Singer & Powers, 1993) toward a strength-focused, collaborative model (e.g., Dunst, Deal & Trivette, 1988; 1994; Singer, 2002; Singer & Powers, 1993; Turnbull and Turnbull, 2001; Turnbull et al., 2000). The roles of parents of children with disabilities in the education of their children and the response of teachers and education systems to those families have changed and evolved consistent with the changes in philosophies, attitudes, policies and societal structures.
Canadian Context of Education

Given that the present study takes place in British Columbia, Canada, relevant information related to the Canadian historical context of education and potential impact of this historical context upon the evolving nature of parent-professional roles is briefly introduced. In the following sections this information is integrated within the analysis of the evolving roles of parents in the education of their children with disabilities, which is derived from the American context (e.g., Turnbull & Turnbull, 2001; Turnbull et al., 2000). In many ways the Canadian experience with regard to the development of special education services and the role of parents in this development has paralleled the American experience (Brynelson, 1990, Brynelson, Cummings, & Gonzales, 1993). Both the United States and Canada experienced similar historical influences on thought and practice (e.g., the eugenics movement, World War I and II, the civil rights movement, and the growing organization of the parental movement). These historical influences are analyzed within the discussion of evolving parental roles which follows in the next section.

A dissimilarity, however, between the Canadian and United States historical and current experience is the fact that the Canadian federal government has less jurisdiction over education and many social services than is the case in the United States (Brynelson, 1990; Brynelson et al., 1993). “Education is exclusively a provincial jurisdiction in a federal political system” in Canada and “consequently legislation, policies, and procedures vary significantly from province to province” (Wiener & Siegel, 1992, p. 343). Legislation and policy as well as services, as they appear in rhetoric at least, are consistent across the United States (e.g., IDEA, PL-94-142) (Florian, 1995; Harbin,
McWilliam, & Gallagher, 2000). Such consistency, however, is not the case in Canada, because each province has its own legislation, policies and practices. Although a detailed analysis of these issues is beyond the scope of this discussion, some important legislative and policy issues found in Canada and presented by Wiener and Siegel (1992) include:

1) Permissive legislation that varies in degree by province;

2) Where special education is mandatory, specifics vary greatly from province to province;

3) The right to an education is “quasi-universal” (p, 343), as it appears in provincial legislation, with some provinces having the provision to exclude children who are difficult to serve (e.g., Ontario, B.C.);

4) Special education teachers are not required to have specialized training and certification in all provinces (e.g., B.C.);

5) Individual education plans need not be formally approved by parents (i.e., teachers and schools make the decisions);

6) Systematic early identification is not required until school entry (compared to the early identification requirements at the infant/preschool age in the U. S). This suggests that for some parents their first experience with education professionals is in the elementary school context.

In only a few provinces does legislation state that parents have a right to be involved in decision-making regarding their child’s school program. In B. C., the parent has the right to be “consulted” regarding placement and the preparation of the student’s IEP (B.C. School Act, Section 7, cited in B.C. Ministry of Education, 1995, 2002), but the design, supervision and assessment of the IEP as well as final decision-making is the right of the
Although Canadian children with disabilities and their families are not guaranteed the same degree of mandated rights as exists in the United States, a relatively recent historical development in Canada was the Constitution Act (1982) that enacted the Canadian Charter of Rights and Freedoms. Although a federal law, not specific to education, the Charter of Rights and Freedoms became the legal vehicle for challenges against provincial school systems (Csapo & Goguen, 1989; Siegel & Ladyman, 2000; Weiner & Siegel, 1993). Section 7 of the Charter guarantees an appropriate education, and section 15 guarantees the right to equal benefit. Weiner and Siegel (1992), through consultation with the legal analysis literature suggested that because the Charter prohibits discrimination “based on...mental or physical disability” and the “right to unequal distribution of resource in the case of unequal need”, this law guarantees the right to special education as well as the right of parents to a fair hearing if they disagree with school decisions, even in the absence of mandated provincial legislation (p. 344). Consistent with early predictions, the Canadian Charter of Rights and Freedoms has been recognized across provincial education policies and even when legislation continues to be permissive, special education policies have begun to incorporate practices that are consistent with the legal rights of students and parents (Siegel & Ladyman, 2002). In addition to the Charter of Rights and Freedoms being used as a legal vehicle for parents, Canadian courts have consistently referred to United States law in interpreting legal aspects of education (Howard & Stevens, 2000).
In their analysis of the legal context of Canadian education, Weiner and Siegel (1992) suggested that Canadians prefer “compromise over confrontation, collaboration over litigation,” that “committee meetings to decide on placement and programming are informal and friendly” (p. 347), and that “collaborative consultation and collaborative advocacy are the rule, not the suggestion” (p. 349). In the latest B.C. Special Education Review (Siegel & Ladyman, 2002), however, of which one of the authors (Siegel) was a co-chair, it is reported that:

many parents expressed to the co-chairs that they feel excluded from the IEP planning, that their suggestions are not seriously considered, or that the IEP agreed upon is not implemented.

It was clear to the review team that parents of students with special educational needs want to be more involved in their children’s education. They feel that they are the ones who are most intimately acquainted with their child’s strengths and needs. They want their opinions to be heard and understood by the school system.

It would seem, based on this investigation which involved thousands of interviews with parents as well as submissions from various parent advocacy groups, that many parents in British Columbia currently do not feel included or empowered to the extent that they desire. These findings further suggest that “collaborative consultation and collaborative advocacy” are not the rule.

This contradiction in perceptions is understandable from the perspective of Bronfenbrenner’s (1979) theoretical position on the importance of phenomenology in determining the “reality” as perceived by the individual (i.e., the parent). When the focus
of the study is on the perceptions of parents who are the recipients of the policies and practices of the school context, the answers will reflect their phenomenological experience. The empirical analysis of this question is a focus of the current study. Specific current policies and practices within the Canadian and B.C. context are integrated into the following section on parent-professional roles. The most pertinent policies are those that outline the rights and roles of parents of children with disabilities within the school-system.

*The Evolving Roles of Parents of Children with Disabilities*

Turnbull and Turnbull (2001) outlined the evolving roles of parents of children with disabilities throughout recent history within the education context. The authors suggested that although these roles overlap, they generally are represented in chronological order. The eight roles, outlined by Turnbull and Turnbull (2001), include: 1) source of the child’s disability, 2) organization members, 3) service developers, 4) recipients of professionals’ decisions, 5) teachers, 6) political advocates, 7) educational decision makers, and 8) collaborators. A similar analysis of the evolving historical parent-professional role is presented by Turnbull, Turbiville, and Turnbull (2000) specific to the context of early childhood special education. In this analysis the evolution of family-professional partnerships is discussed with regard to professional approaches and the nature of the power relationships that are prevalent within each of these approaches. In the following sections, the evolution of parents’ roles and the nature of the power relationships within the education context are presented following the framework of Turnbull and her colleagues. In addition, historical influences on these evolving roles are integrated into the discussion.
Source of the child’s disability. Turnbull and Turnbull (2001) presented evidence that early in this century, consistent with the Eugenics movement (1880 – 1930), parents were considered the genetic source of the child’s disability. The science of eugenics, which was prevalent across both the United States and Canada, focused on the genetic or inherited source of disability, especially mental handicap (Brynelsen et al., 1993). Many children throughout North America, including the United States and Canada were sterilized and institutionalized in order to “protect” society (Brynelson, 1990; Brynelsen et al., 1993; Turnbull & Turnbull, 2001). Brynelsen (1990) suggested that even today, in Canada, some attitudes and beliefs of the eugenics movement remain in some segments of our society. Citing a May 1, 1990, newspaper article, Brynelsen (1990) quoted the words of a Nova Scotia policeman “People on social assistance should be forced to practice birth control because of their limited genetic pool” (p. 32).

In addition to blaming parents for their defective genes, parenting behavior was also blamed as “causing” disabilities, most notably in the case of autism. Parents of children with autism were considered cold, withdrawn, overly intellectual “refrigerator parents” and these characteristics were considered by experts as the cause of their child’s autism (e.g., Bettelheim, 1950, 1967). Bettelheim was a proponent of the “parentectomy” (Turnbull & Turnbull, 2001, p. 5), which meant institutionalizing the child to be taught by “more competent and caring” (p. 5) professionals. Institutionalization and the segregation and separation of children from families was prevalent in the parent “as source of the child’s disability” era. Parents transferred responsibility for their children’s well-being and education to teachers and professionals in this era (Zellman & Waterman, 1998). In British Columbia, an example of this era was the creation of segregated
schools, "opportunity classes", and even the removal of deaf children from their homes and province to be sent to institutions in the province of Manitoba (Siegel & Ladyman, 2002).

The parent blaming that was particularly notable in the case of parents with children with autism was consistent with the "counseling-psychotherapeutic orientation" (Turnbull et al., 2000). This orientation, also termed the "medical model" placed emphasis on the role of professionals as experts, and parents were placed in the role of passive recipients of professional treatment. Some of the assumptions of this model included that children with disabilities caused family pathology, parents caused problems (i.e., in the case of autism), and parents and children needed to be treated by experts (Darling, 1989; Saleebey, 1992). Turnbull and colleagues (2000) described the power in this parent-professional relationship as unequal "with the professional having power-over communication, resources, and outcomes" (p. 634).

Members of organizations. The parent movement in the United States and Canada began on the local level in the 1930s and grew rapidly in the forties and fifties after World War II and along with the civil rights movement (Brynelson, 1990; Brynelson et al., 1993; Turnbull & Turnbull, 2001). Marginalized people, including those of minority races, women, the elderly, as well as children with disabilities and their families, began to speak up for their rights and try to improve their status within the dominant culture. Groups such as the United Cerebral Palsy Association, the National Association for Retarded Citizens, now known as the ARC, and the National Society for Autistic Children, now known as the Autism Society of America, began in the United States during the early fifties and sixties (Turnbull & Turnbull, 2001). In Canada, parallel
organizations such as the National Institute on Mental Retardation, now called the G. Allen Roeher Institute, and the Association for the Mentally Handicapped, now named the Canadian Association for Community Living, began around the same time period. Parents who chose not to institutionalize their children began to search out other like-minded parents (Brynelson, 1990; Brynelson et al., 1993). In addition to advocacy and developing supports for their children, involvement in parent organizations also provided parents with parent-to-parent support and other forms of social networking (e.g., Santelli, Turnbull, Lerner, & Marquis, 1993; Turnbull & Turnbull, 2001).

*Service developers.* Following the organization of parent advocacy groups, during the fifties and sixties parents began to develop and provide educational and community support services for their children with disabilities, many of whom were denied such provisions by the education system (Turnbull & Turnbull, 2001). Dr. Henry Dunn, speaking at an international symposium on mental handicaps stated:

Since the Second World War, parent groups have been formed and organized increasingly and it should be frankly admitted that the great improvement in facilities for the mentally retarded in all western countries appears to be due largely to the increased activities of parents rather than that of the medical or teaching professions (cited in Brynelson, 1990).

Parents, largely those who were members of advocacy organizations, directly challenged the beliefs of professionals by believing that their children could and should learn (Brynelson, 1990). From an ecological perspective (e.g., Bronfenbrenner, 1979) this is an example of how parents groups (meso and exo- system level) were able to challenge and
ultimately influence the overriding societal belief systems (macrosystem) and practices that had an impact on their children with disabilities.

*Recipients of professionals' decisions.* Throughout the time periods discussed above and continuing until as recently as the 1970s (or perhaps to this day in some contexts), professionals expected parents to play a passive role, with the professional playing the role as expert (Turnbull & Turnbull, 2001). Students with special needs in the seventies and eighties were now being included more than they had been previously within the education system (although typically in segregated programs). For example, in 1970 the first “Special Education Division” was created in British Columbia as a guide for school districts to develop special education programs (Siegel & Ladyman, 2002). Turnbull et al., (2000) characterized this type of passive recipient role as a “power-over” position, with the professional remaining in control of communication, resources and decision-making. Professionals in this role exert their expert power (e.g., Skrtic, 1995). Turnbull and Turnbull (2001) suggested that even today some professionals still adhere to these principles and beliefs assuming that teachers and school systems are the real experts about what is best for children, and they reflect these beliefs in their expectation that families give the weight of decision-making power to the professionals (e.g., educational placement, IEP development, evaluation of student outcomes).

In British Columbia, according to the Ministry of Education’s Policies (B.C. Ministry of Education, 1995, 2002), it is made clear that it is the professional, the teacher, who has the decision-making power regarding the development and evaluation of educational plans for students with special needs, and it is the administrator who has the decision-making power about placement. Parents are entitled to being “informed” and
"consulted", but the power equation is clearly in favor of the teachers and school system with regard to final educational decisions regarding children with special needs. Although collaboration is encouraged, this appears to remain a “power-over” (Turnbull et al., 2000) framework.

Parents as teachers / Parent involvement. Beginning in the sixties and continuing through until the late eighties, within both the early childhood as well as the school-age education contexts, parental involvement in the child’s education was increasingly considered important to the development of children (Epstein, 1987; Zellman & Waterman, 1998). Parents were increasingly expected to become teachers, trainers, and therapists to their children, following the expert guidance of professionals (Turnbull & Turnbull, 2001; Turnbull et al., 2000). Based on evidence of the impact of family environment on children’s intellectual development (e.g., Hunt, 1972) early intervention programs such as Head Start sprung up and encouraged parents to become better teachers of their children in order to encourage optimal intellectual development. Parents became “involved” in schools as learners to be taught by professionals and encouraged to support the practices of professionals in their role as teachers to their children (Turnbull et al., 2000).

This philosophical approach to parent involvement is apparent in the B.C. Ministry of Education “Parent’s Guide to Individual Education Planning” (B.C. Ministry of Education, 1995, 2002) under the section “How can parents help the school support their children?” After a few words about the importance of communication and cooperation, the following “parent as teacher” suggestions are made:

- Provide learning experiences in everyday life that will reinforce
the formal learning taking place in the school system,

- Talk with your child about school, ...

- Support the teacher's expectations and the classroom routines and expectations by reinforcing such behavior at home,

- Communicate regularly with teachers, ...

- Participate in parent volunteer programs at the school...

Bronfenbrenner (1979) has been credited with the theoretical approach (e.g., Turnbull & Turnbull, 2001) based on his ecological theory of human development that considers the impact of the environment as well as interactions (e.g., parent-child) on the development of the child. Inconsistent with Bronfenbrenner’s theory, however, is the assumption that professionals remain in the “power-over” (Turnbull et al., 2000) position, providing professional instruction to improve parenting deficits. Bronfenbrenner (1979) emphasized in his theory the importance of equal power and trust in optimal relations (e.g., parent-teacher). It is unlikely that Bronfenbrenner would sanction the assumption of the power-over role of the professional in this model; “The greater the degree of power socially sanctioned for a given role, the greater the tendency for the role occupant to exercise and exploit the power and for those in a subordinate position to respond by increased submission, dependency, and lack of initiative” (Bronfenbrenner, 1979, p. 92). The philosophy of including and involving parents in the education of their children appears to be consistent with Bronfenbrenner’s philosophy, but the process of how this is accomplished, i.e., the power distribution as well as the message of whose knowledge is more important is not consistent with his philosophy nor with a truly collaborative family-strengthening perspective (e.g., Allen & Petr, 1996; Dunst, Trivette,
& Deal, 1988; 1994; Dunst, Trivette, Gordon, & Starnes, 1993; Murphy, Lee, Turnbull, & Turbiville, 1995; Turnbull et al., 2000).

*Advocates for their children with disabilities.* Beginning with the early parent movement (which is outlined under the previous section that describes parents in the role as members of organizations), parents of children with disabilities have continued to be involved in advocacy work to improve the inadequate educational and social services for their children with disabilities (Turnbull & Turnbull, 2001). Turnbull and Turnbull reviewed the details of the disability rights movement. Key players in the United States included the ARC parent group along with the Council for Exceptional Children. Together, parent groups and professional organizations advocated for federal legislation in the United States to improve the rights of children with disabilities to a free and appropriate education.

In the United States, P.L. 94-142 of 1975, 1978, 1983, 1986, now called the Individuals with Disabilities Act of 1990 (IDEA), later amended in 1997, required substantial changes in special education service delivery nationwide. State policies and service delivery models differed prior to the enactment of this law and changed substantially since its enactment (Florian, 1995; Harbin, McWilliam & Gallagher, 2000; Mallory, 1995). This legislation in the United States mandated that parents be invited to participate in the development and evaluation of their child's individual education plan (IEP), and, in addition, they had final decision-making powers to approve the IEP. As discussed in the previous section on the Canadian context, no such federal legislation exists in Canada to govern educational programs; however, the Canadian Charter of Rights and Freedoms has served as the legal equivalent in Canada with its guarantees to
the rights of children with disabilities to an appropriate education and the rights of parents to question the decisions made by educational authorities (e.g., Csapo & Goguen, 1989; Siegel & Ladyman, 2002; Wiener & Siegel, 1992). In addition, since the passage of PL 94-142, now called IDEA, in the United States, when parents have challenged school districts in the courts, decisions are often made in reference to these and other United States laws (Howard & Stevens, 2000).

**Decision makers.** The implications of PL 94-142, now called IDEA, in the United States granted parents of children with disabilities the right to become the decision makers granting final approval of their child’s educational program, as well as the right to evaluate whether the schools were meeting their obligations to educate their children appropriately. Reviews of the research on the role of parents in the IEP process, however, suggest that although parents may have the right to decision-making, overall, during the IEP process parents remain in a powerless, passive role with the professional in the “power-over” position (Smith, 1990; Turnbull & Turnbull, 2001; Turnbull et al., 2000; Wood, 1995). Active decision-making by parents within the school context does not seem to be as prevalent as suggested by the United States legislation nor by best practices (Bennett, Deluca & Bruns, 1997; Hilton & Henderson, 1993; MacPherson, 1993). In addition, research also suggests that those parents who are the strongest advocates for their rights regarding involvement and decision-making in their child’s educational program are more likely than parents who are willing to take on a passive role to become involved in antagonistic relationships with school staff (Bennett, Deluca & Bruns, 1997; National Council on Disability, 1995; Turnbull & Turnbull, 2001).
In a study of parental involvement and decision-making when such involvement is not mandated, Hilton and Henderson (1993) found that overall teachers involved parents on a minimal basis, and most parent activity was within a passive role. Differences found among levels of parent involvement and shared decision-making may be reflections not only of policies and legislation, but also of teacher variables such as education, years of experience, and especially teacher beliefs and attitudes toward parents (e.g., Bennett, Deluca, & Bruns, 1997; Hilton & Henderson, 1993; Sinclair & Christenson, 1992).

Within the B.C. context, as discussed earlier, parental decision-making is not granted to the parent, but to the teacher and school. The B.C. Special Education Services manual (B.C., Ministry of Education, 1995, 2002) does recognize, however, the knowledge that parents have of their children, and advises school districts to involve and include parents in a supportive, collaborative way. Nevertheless, 7 years after the manual was first released, during the Special Education Review process, many parents expressed concerns (detailed earlier) about not being included, consulted or listened to consistent with the policies of the manual (Siegel & Ladyman, 2002). With regard to IEP development, the review team recommended that “IEPS should be dynamic and teacher coordinated...(and) the Ministry of Education should provide school boards with...clear instructions that parents must be consulted about the program being planned (Siegel & Ladyman, 2002). Again, the rhetoric suggests “parent involvement” but the decision-making power remains with teachers. The implication of this wording is that schools will solicit input from parents, but in the end teachers make the final decisions about programs for children with disabilities. It is interesting to note that the B.C. Teachers’
Federation, the union that represents teachers in British Columbia, does have policy that supports parent decision-making, "The BCTF supports the concept of parent and student involvement in educational decision-making." (BCTF cited in Malcolmson, 2003, p. 8.)

A series of recent studies, on the perspectives of B.C. parents of children with special needs concerning several aspects of the education system, including the role of parents, all support the idea that parents in B.C. welcome a decision-making role but are not often given one. In addition, these studies suggest that many parents become advocates for their children, often because they believe their child's needs were not being met, but that this advocacy role is resisted by educators and leads to strain in the parent-teacher relationship (Learning Disabilities Association of B.C., 2004; Malcolmson, 2003; Naylor, 2003a, 2003b.) With B.C. having less clear language than that which appears in the United States legislation and educational policy, the current study further investigates the perceived role of parents in a context that does not mandate parental decision-making nor a family-centered process.

The parent as decision-maker role, if in fact the parent is making decisions, is consistent with the family-centered or family-strengthening model (e.g., Allen & Petr, 1996; Bailey & McWilliam, 1993; Dunst, Trivette, & Deal, 1988; 1994; Dunst, Trivette, Gordon, & Starnes, 1993; Murphy, Lee, & Turbiville, 1995; Trivette, Dunst, Boyd, & Hamby, 1995). Although most frequently applied to the early education and early intervention literature, the concepts of the approach or process of involving parents or families of children with disabilities have been applied within the school-age education literature as well (e.g., Allen & Petr, 1996; Dunst, Trivette, & Deal, 1994). This model is explained in further detail in a following section as it is integral to the current study.
Two important elements of the family-centered perspective are family choice and a family strengths perspective (Allen & Petr, 1996; Turnbull et al., 2000). In addition, the family-centered perspective places a greater emphasis on the process of “how” to include families and solicit their decision-making, rather than the product or “what.” For example, the process of including parents’ ideas and offering parents choices about their child’s educational program is considered more important than expediently writing and filing an IEP (e.g., Dunst, Trivette, & Deal, 1994). According to the family-centered perspective, the role of the professional is to facilitate family or parental growth, to strengthen the capacity, and to empower families through enabling them to take on greater decision-making regarding the outcomes they determine to be important to their child and family.

Turnbull, Turbiville, & Turnbull (2000) described the important power realignment that takes place in a family-centered relationship compared to a professionally-centered relationship. They suggested that when family-centered practices and behaviors take place, there is a “power-with partnership” (p. 639). Shared decision-making is accomplished through family-professional collaboration. Some of the rhetoric contained within United States as well as B.C. educational policy suggests that this type of relationship should take place. The current study investigates to what extent a family-centered, power-with partnership that includes parents in the decision-making role is taking place from the perspectives of parents of children with disabilities.

Collaborators. Turnbull and Turnbull (2001) described collaboration as: “the dynamic process of families and professionals equally sharing their resources (that is, motivation and knowledge/skills) in order to make decisions jointly. When
collaboration is carried out successfully, all participants can become more empowered” (p. 13.) The role for parents in this model differs from that of passive recipient or decision maker. Turnbull et al. (2000) described this model as a “collective empowerment model”, suggesting that power now changes from a “power-with” to a “power-through” partnership (p. 642). Not only is power equally shared, but in this model, all participants become more empowered through this collaboration by sharing their knowledge. Many of the assumptions of this model are consistent with those of the family-centered model, assuming centrality of the family, family choice, and a family strengthening perspective. Family roles are considered equal to those of professionals (Turnbull et al., 2000).

In addition to joint family-professional decision-making within the school context, the collective empowerment model suggests an expansion of family-professional collaboration and equal partnerships across the ecology to include, for example, the development of training manuals, community projects, social policy development). This vision suggests systemic change at the level of the broader exo and macrosystem levels (e.g., Bronfenbrenner, 1979; 1992). Essentially, this final role of parents as collaborators overlaps with the family-centered, family-strengthening, parents as decision makers role, but expands that philosophy to allow for further inclusion and involvement of parents across the ecological systems. Turnbull et al. (2000) suggested that the power equation within this model is now no longer a shared limited resource, but a limitless growing resource (e.g., Saleebey, 1992) expanded by the growth in empowerment by all parties involved (not only the parents, as is the focus of the family-strengthening, parents as decision makers framework). Turnbull and colleagues (2000) proposed that this
collective empowerment model serve as a direction to aim for as we move into the future in parent-professional relationships, recognizing that as of yet many parents remain in the role as “recipient of professionals’ decisions” in a powerless position and have yet to become decision makers in a power-with position (Turnbull & Turnbull, 2001).

The Ecological Perspective of Urie Bronfenbrenner

The work of Bronfenbrenner (1979, 1992) is the most frequently cited to describe and explain the ecological theory in psychology (e.g., Garbarino & Ganzel, 2000; Moen, Elder & Luscher, 1995). Perhaps Bronfenbrenner’s most important contribution to the study of psychology has been his message that human development must be considered in its social context, within a social milieu that is influenced by the interactions of each person within that milieu, as well as by the within individual characteristics (e.g., Rutter, Champion, Quinton, Maughan, & Pickles, 1995). Bronfenbrenner and his ecological perspective are considered paramount in shifting the focus of psychology well beyond the within person focus, to also consider the nature of interpersonal relationships and their interaction with the larger social structures of community, society, economics, and politics, (Melvin L. Kohn, cited in Moen, 1995). This ecological paradigm has been considered a useful framework from which to study children with disabilities in their contexts (e.g., school, family, community), and the inter-relationships between their contexts (e.g., Blacher, Nihira, & Meyers, 1987; Dunst, Trivette, & Deal, 1988; Dunst, Trivette, Hamby, & Pollock, 1990; Mink, Meyers, & Nihira, 1984; Shonkoff, Hauser-Cram, Krauss, & Upshur, 1992; Sontag, 1996). The current study examines the family context, focusing on the perceptions of parents about the interactions they experience...
within the school context, and the implications of those interactions on parents’ psychological empowerment.

Bronfenbrenner’s (1979) definition of the ecology of human development follows:

The ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded (p. 21)

Bronfenbrenner’s (1979) imagery of nested Russian dolls explains the interconnectedness of the person within layers of context. Bronfenbrenner described four layers, a hierarchy of interconnected systems that consists of (a) the microsystem, (b) the mesosystem, (c) the exosystem, and (d) the macrosystem. In addition to the influence of each system on the others, Bronfenbrenner also emphasized the interrelationships within and across systems, both direct as well as indirect, as important to and influencing human development. Since proposing his original ecological model, Bronfenbrenner added the dimension of time, which he refers to as the chronosystem (1986).

*The Microsystem*

A microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical and material features, and containing other persons with distinctive characteristics of
temperament, personality, and systems of belief. (Bronfenbrenner, 1992, p. 227)

Research at the level of the microsystem would focus, for example, on parent-child interactions and relationships or on teacher-child relationships. The experiences of the individual within the immediate environment is the focus of the microsystem. In contrast to studies with a behavioral focus, research from an ecological perspective emphasizes perspectives, a phenomenological view. "What matters for behavior and development is the environment as it is perceived rather than as it may exist in 'objective' reality" (Bronfenbrenner, 1979, p. 4). From this framework, the most important thing to consider at the level of the microsystem is that which has the most meaning, from the perspective of the individual, within his or her immediate environment. This perspective of the individual, suggests a phenomenological projection or evolving meaning making by the individual as he or she engages with other individuals, groups, and environments (Garbarino & Ganzel, 2000).

The Mesosystem

A mesosystem comprises the interrelations among two or more settings in which the developing person actively participates (such as for a child, the relations among home, school, and neighborhood peer group; for an adult, among family, work, and social life). (Bronfenbrenner, 1979, p. 25)

A mesosystem is a system of two or more microsystems. In the case of this study, the mesosystem is the interconnections between the home and school Microsystems. Bronfenbrenner proposed four general types of interconnections that are possible between home and school. The first is multi-setting participation, the most basic interconnection
that involves the individual (e.g., the child) engaging in activities in more than one setting (e.g., home and school). This is defined as a first order or direct social network. The developing person (e.g., the child) participating in several settings is referred to as a primary link. The second type of interconnection is an indirect linkage. This occurs when the individual (e.g., the child) does not actively participate in both settings but a third party, an intermediate link, occurs between people in the two settings (e.g., a parent contacts a consultant for parenting information). The third type of interconnection is intersetting communications. This involves messages that occur through various types of interactions including in person, telephone, and writing, as well as indirect messages, one-sided or bi-directional. The interactions, messages, and communication that take place between parents and teachers (the focus of this study) would be considered an intersetting communication focus at the mesosystem level. The fourth type of interconnection is called intersetting knowledge. This describes any type of information that participants in one setting (e.g., teachers) have about the other (e.g., family members). This information can be obtained from multiple direct and indirect sources (e.g., conversations in the staff room, newspapers). This type of information may also contribute to the attitudes and judgments made by teachers or parents that may in turn influence their interactions with each other (Bronfenbrenner, 1979).

Similar to the understanding of the microsystem, Bronfenbrenner (1979, 1995) emphasized the relevance and primacy of the phenomenological perspective to the mesosystem and all succeeding levels of ecological structures. The perspectives and belief systems of the individuals within the mesosystem (e.g., parents, teachers) and the nature of their dyadic relationships is considered by Bronfenbrenner (1995) a promising
focus of inquiry. The focus of the present study is the perspectives of parents of children with disabilities and the impact of the behaviors, values and belief systems of teachers (as perceived by parents) on parents’ psychological state of empowerment.

Bronfenbrenner (1979) presented several hypotheses regarding the optimal conditions for links within the mesosystem that are most likely to result in positive development of the individual. He emphasized mutual trust, a positive orientation, agreement on goals, and a balance of power between the dyads (e.g., parent and school).

The developmental potential of settings in a mesosystem is enhanced if the role demands in the different settings are compatible and if the roles, activities, and dyads in which the developing person engages encourage the development of mutual trust, a positive orientation, goal consensus between settings, and an evolving balance or power in favor of the developing person. (p. 212).

In addition to the essentials of trust, positive orientation and power balance between dyads, Bronfenbrenner also emphasized the importance and benefit to the child of strong and supportive links between settings.

The developmental potential of a setting is increased as a function of the number of supportive links existing between that setting and other settings (such as home and family).

Thus the least favorable condition for development is one in which supplementary links are either nonsupportive or completely absent- when the mesosystem is weakly linked (p. 215)
Clear and open communication between systems was also emphasized by Bronfenbrenner (1979) as important to optimal child development.

The developmental potential of participation in multiple settings will vary directly with the ease and extent of two-way communication between those settings. Of key importance in this regard is the inclusion of the family in the communication network (for example, the child’s development in both family and school is facilitated by the existence of open channels of communication in both directions). (p. 217).

Optimal development of the child is influenced at the level of the mesosystem by the sharing of information, including advice and experience from one setting to the other, in a way that is strengthening and “does not undermine the motivation and capacity of those persons who deal directly with the child or act in his behalf” (Bronfenbrenner, 1979, p. 218).

With regard to the role of the school, Bronfenbrenner (1979) expressed concern that schools are “becoming increasingly isolated from home….and as a result parents and teachers are less likely to know each other at all” (p. 230). Bronfenbrenner suggested that parental involvement in schools and with teachers would positively impact the development of children only if equal relationships that respect the values of parents exist; otherwise “no effects should be expected from parent involvement” (p. 253).

Bronfenbrenner (1979) described schools as “one of the most potent breeding grounds of alienation in American society” (p. 60). Given the dramatic potential impact that Bronfenbrenner believed the disconnection between home and school has on the
development of children, he suggested that it is the "social responsibility, as well as being an unparalleled scientific opportunity, for the researcher on human development to undertake...studies that will illuminate the nature, consequences, and potential of these interconnections". The current study investigates the nature and consequences of the interconnections between parents and teachers at the mesosystem level.

The Exosystem

An exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person. (Bronfenbrenner, 1979, p. 25)

Examples of the exosystem include the parent’s workplace, activities of the school board, community and neighborhood, and the parents’ social networks. Bronfenbrenner (1979) presented an example of the exosystem in the case of parents with children with disabilities. Bronfenbrenner’s theories regarding the role of the exosystem are supported by research (e.g., Santelli, Turnbull, Lerner, & Marquis, 1993) which suggested that the parents of children with disabilities, overall, are less supported socially especially within their neighborhoods and communities. This is of concern, because according to Bronfenbrenner, "the developmental potential of a setting is enhanced by the existence of supportive links with external settings" (p. 240). Garbarino and Ganzel (2000) suggested that marginalized families (e.g., poorer families, those with children with disabilities) may feel “disenfranchised and powerless” (p. 79) in many structures of the exosystem, and that greater participation in important institutions should be encouraged (perhaps
through empowerment of these marginalized individuals). The current study includes parents who are members of support systems, and also considers the potential for the school system to be a supportive system in the lives of parents of children with disabilities. The importance of participation, levels of participation and feelings of empowerment within the school as a potentially supportive system are studied.

*The Macrosystem*

The macrosystem consists of the overarching pattern of micro-, meso-, and exosystems characteristic of a given culture, subculture, or other broader social context, with particular reference to the developmentally-instigative belief systems, resources, hazards, life styles, opportunity structures, life course options, and patterns of social interchange that are embedded in each of these systems. The macrosystem may be thought of as a societal blueprint for a particular culture, subculture, or other broader social context. (Bronfenbrenner, 1992, p. 228)

Consistent with Bronfenbrenner’s conceptualization of each interconnected level and his focus on phenomenology, the emphasis at the macrosystem level is on the importance of belief systems. The belief systems of “parents, teachers, mentors, spouses, and close friends and associates may be especially important” (Bronfenbrenner, 1995, p. 638). At the level of the macrosystem, belief systems are reflected in the overriding “societal blueprint”, the social and political policies, and this blueprint filters down and in turn is influenced by the belief systems of families, school systems, community
organizations, workplaces and individuals within and across these structures. For example, the belief systems (which influence the behaviors) of parents and teachers is influenced by and in turn influences the school and community support system, the political and educational policies, and the overriding cultural practices and beliefs of the macrosystem. Sontag (1996) suggested that Bronfenbrenner’s theory, which emphasizes the primacy of beliefs and phenomenology, “lends credibility to the study of belief systems (e.g., of parents, teachers, and neighbors) by attributing moderating, if not causal, influence of beliefs on behavior” (p. 10). In his discussion of the importance of interactions and linkages between contexts (e.g., school and home), Bronfenbrenner (1979) suggested that “in ecological research, the principal main effects are likely to be interactions.” (p. 38) Related to this, Bronfenbrenner further suggested that investigation of the belief systems that influence these interactions, properties of the macrosystem, is “especially powerful.” (p. 39) The focus of the present study is the belief systems of parents, and to a certain extent, the belief systems of teachers, as inferred by parents’ experience with teachers’ behaviors.

The Chronosystem

“The chronosystem consists of the influence on the person’s development of changes over time in the environments in which the person is living” (Bronfenbrenner, 1986, p. 724).

The notion of history and the impact of previous development, as well as the patterns of interactions that have taken place, are considered important to later development. “The developmental outcomes of today shape the developmental outcomes of tomorrow” (Bronfenbrenner, 1992, p. 191). Ceci and Hembrooke (1995) suggested a
bioecological model of intellectual development consistent with Bronfenbrenner’s ecological framework. Ceci and Hembrooke presented evidence across historical epochs, and analyzed the influence of economic issues, political ideologies, values, and resources on the long-term developmental outcomes of children. Bronfenbrenner (1979) emphasized the importance of longitudinal studies that allow for the examination of changes within the individual and across the environment over time. Sontag (1996) suggested that Bronfenbrenner’s (1979) emphasis on the long-term and lasting impact of the interpersonal and interactive relationships that take place within the child’s environment (e.g. parent-teacher dyads) “serves as the theoretical backbone of early intervention policies and practices in this country” (p. 12). A key early intervention policy is the use of family support, family-centered practice and family-friendly behavior, and the current study examines how the use of family-centered practices (as perceived by parents) is associated with psychological empowerment of parents. This type of association, according to Bronfenbrenner’s ecological theory (1979, 1986, 1992, 1995) may have long-term consequences to the development of the child with disabilities within the context of the family and the school.

An additional consideration, with regard to time, is Bronfenbrenner’s (1979) definition of “ecological transitions.” (pp. 26 – 27). “An ecological transition occurs whenever a person’s position in the ecological environment is altered as the result of a change in role, setting, or both.” (p. 26). Bronfenbrenner (1979, 1986, 1995) considered transitions to include both biological as well as environmental circumstances (e.g., birth of a new baby, new job for the father, acquisition of a new home). At every ecological transition there is a developmental impact involving the individual and the context. With
regard to this study, entry of a child with a disability into the elementary school system involves an ecological transition (from home or preschool) that changes microsystems for the child (e.g., child-school), mesosystems (e.g., parent interacts with school personnel rather than early-childhood personnel or no personnel if the child was at home), and exo and macrosystems (e.g., school system, educational philosophies, belief systems that impact on practices).

*The Salutogenic Focus*

An additional theme presented by Bronfenbrenner (1979) and consistent with research in the area of risk and resiliency among children at risk or with disabilities and their families (e.g., Garbarino & Ganzel, 2000; Haggerty, Sherrod, Garmezy, & Rutter, 1996; Turnbull, Patterson, Behr, Murphy, Marquis, & Blue-Banning, 1993; Wallander et al., 1989a, 1989b, 1989c) is the shift in focus from the predictors of negative outcomes to a focus on the possibilities for positive outcomes. Bronfenbrenner (1979) used his experiences in both the Soviet Union and the United States to contrast the differences in ideological and philosophical beliefs and the impact of these differences on research within each of these countries (1979). Bronfenbrenner (1979) cited Professor A. N. Leontiev, of the University of Moscow, to sum up his discussion of the differences between assumptions that underlie research in the two countries: “It seems to me that American researchers are constantly seeking to explain how the child came to be what he is; we in the U.S. S. R. are striving to discover not how the child came to be what he is, but how he can become what he is not yet.” (p. 40) Bronfenbrenner (1986) emphasized the need to focus on the positive outcomes and ecological influences that support positive outcomes “For every study that documents the power of disruptive environments, there is
a control group that testifies to the existence and unrealized potential of ecologies that sustain and strengthen constructive processes in society, the family, and the self” (p. 738). Sontag (1996) in her discussion of the implications of Bronfenbrenner’s framework for research, suggested that researchers recognize Bronfenbrenner’s balanced focus on the possibility of both negative and positive outcomes, and enhance knowledge by searching for positive outcomes and resiliency variables in the study of children with disabilities and their families.

Empowerment Theory

Best practices in the fields of family support, disability, and education consider empowerment an important goal for professionals working with parents of children with disabilities (e.g., Dunst, Trivette, & Deal, 1988, 1994; Jones, Garlow, Turnbull, & Barber, 1996; Turnbull & Turnbull, 2001; Turnbull et al., 2000). Helping professionals across disciplines who work with families of children with disabilities have adopted the concept of empowerment in their philosophies, practices, and outcome goals to some degree (e.g., Friesen & Koroloff, 1992; Koren, DeChillo, & Friesen, 1992). In the historical evolution of parent-professional partnerships, described in the previous section, the type of partnership suggested as one to strive for is that of “collective empowerment” (Turnbull et al., 2000) or “collaborating for empowerment” (Turnbull & Turnbull, 2001). The following section will attempt to define the key elements of empowerment and place empowerment within a framework that is meaningful within the context of families of children with disabilities.

The concept of empowerment can be found across diverse fields including business (Conger & Kanugo, 1988; Hoffman, 1993; Parker & Price, 1994),
organizational psychology (e.g., Belasco, 1990; Chiles & Zorn, 1995), community psychology (e.g., Rappaport, 1981; Zimmerman & Rappaport, 1988; Zimmerman 1990a, 1990b; Zimmerman, Israel, Schulz, & Checkoway, 1992), counseling psychology (e.g., McWhirter, 1991), social work (e.g., Gutierrez, 1994; Staples, 1990), medicine (e.g., Fox, 1989), and specific to working with families of children with disabilities in education and family support (e.g., Dunst, Trivette, & Deal, 1988; 1994; Turnbull & Turnbull, 2001; Turnbull et al., 2000). Empowerment has been described as a process, a state, a characteristic of an individual, organization or group, as a set of circumstances within an enabling environment, and as a set of attitudes, perception, abilities, knowledge, skills and actions (Koren, DeChillo, & Friesen, 1992). Across definitions that appear in various fields there appear the consistent themes of redistributing power, reducing powerlessness in vulnerable individuals or groups, and increasing the capacity of individuals or groups to take control over their lives by increasing their participation (e.g., Cochrane, 1992; Dunst, Trivette & Deal, 1988, 1994; Rappaport, 1981; Solomon, 1976; Staples, 1990; Zimmerman, 1990a). Depending on the focus of the field, empowerment is described as either a process (e.g., sociology), or a state (e.g., psychology), and current conceptualizations consider both, recognizing the impact of one on the other, as well as the developmental nature of empowerment and its variability within different contexts (e.g., Akey, Marquis, & Ross, 2000; Koren, Dechillo, & Friesen, 1992; Zimmerman et al., 1992).

Dunst and his colleagues (e.g., Dunst & Trivette, 1996; Dunst, Trivette & LaPointe, 1994; Trivette, Dunst, Hamby, & LaPointe, 1996) presented a framework of the empowerment literature that categorizes the construct into six components:
philosophy, paradigm (empowerment ideology); process, partnership (participatory experiences); performance, and perception (empowerment outcomes). This framework is particularly relevant to the study of families of children with disabilities. The following synthesis of empowerment will use the framework developed by Dunst and colleagues while integrating findings from a larger review of the empowerment literature.

_Empowerment as Philosophy_

Consistent with Bronfenbrenner's (1979) ecological framework, Dunst and colleagues (Dunst, Trivette, & LaPointe, 1994) emphasized the importance of beliefs, assumptions and values as they relate to empowerment. An empowerment philosophy assumes that all people (e.g., families) have strengths and are capable of increasing in competence given the right tools, circumstances and environment (e.g., Clark, 1989; Cornell Empowerment Group, 1989; Dunst, Trivette, & Deal, 1988; 1994; Dunst, Trivette & LaPointe, 1994; Turnbull & Blue-Banning, 1999; Powell & Batsche, 1997; Rappaport, 1981). Rappaport's three guiding principles, which underlie an empowerment philosophy, are outlined by Dunst and colleagues (Dunst, Trivette, & LaPoint, 1994):

1. All people have existing strengths and capabilities as well as the capacity to become more competent,

2. The failure of a person to display competence is not due to deficits within a person but rather the failure of social systems to provide or create opportunities for competencies to be displayed or acquired, and

3. In situations where existing capabilities need to be strengthened or
new competencies need to be learned, they are best learned through experiences that lead people to make self-attributions about their capabilities to influence important life events. (p. 15).

**Empowerment as Paradigm**

A paradigm or model of empowerment has characteristics that distinguish it from other paradigms, and the empowerment paradigm is most often described in contrast to a “traditional or residualist paradigm” (e.g., Singer & Powers, 1993), “paternalistic paradigm” (e.g., Rappaport, 1981; Swift, 1984), or a “deficit paradigm” (e.g., Jones, Garlow, Turnbull & Barber, 1996). Traditional, expert, paternalistic models are characterized by professional dominance, professional control, and a focus on programs delivered by experts that tell the client what to do. The primary goal of traditional models of education or family support for families with children with disabilities is to identify the deficit within the child, prescribe already determined expert recommendations, and do “for” or “to” the client (Powell & Batsche, 1997). Professionally-centered models (Dunst, 1997) are the opposite of empowerment models.

According to Dunst (1997), professionally-centered models consider the professional to be the expert who makes all the decisions about what the child or family needs from the perspective of the professional, without considering, or even understanding the need to consider, the family’s perspective. The power equation in traditional or professionally-centered models is one in which the professional has all the power and dictates to the client, who is seen as “pathological” (Singer & Powers, 1993). The professional is “up” and the client is “down” (Rappaport, 1981). The traditional model is a “power-over” model (Turnbull et al., 2000).
In contrast, an empowerment paradigm emphasizes the enhancement of the client's competencies, a promotion of strengths, family or client control. Other terms used to describe empowerment models of service delivery to families with children with disabilities include a promotion model (Dunst, Trivette, & Thompson, 1994), an optimization model (Garbarino, 1992) and an optimalism model (Weissbourd & Kagan, 1989). The focus of these models is to enhance the development and well-being of the family, recognizing the child within the family, to assess strengths, and to promote an increase in positive events and experiences of the family, including the experience of working with the service system (Powell & Batsche, 1997). Rappaport (1981) suggested that empowering models exist in structures of society (e.g., schools) that enhance the ability of individuals to control their own lives, increase their competencies and skills, and experience growth. One frequently used term to describe an empowerment model in working with families is a "family-centered model" (e.g., Allen & Petr, 1996; Dunst, 1997; Murphy, Lee, Turnbull & Turbiville, 1995; Rosenbaum, King, Law, King, & Evans, 1998).

Family-centered paradigm. Similar to the use of the term "empowerment", the term "family-centered" has been applied across disciplines including health care (Brown, Pearl, & Carrasco, 1991; King, Law, King, & Rosenbaum, 1998; Rosenbaum, King, Law, King, & Evans, 1998), social work (Bribitzer & Verdieck, 1988; Marcenko & Smith, 1992), psychology (Roberts & Magrab, 1991), mental health (e.g., Friesen & Koroloff, 1990), and education (Bailey, Buysse, Smith, & Elam, 1992; Burton, Hains, Hanline, McLean, & McCormick, 1992; Dunst, Trivette, Gordon, & Starnes, 1993; Murphy & Lee, Turnbull, & Turbiville, 1995; McWilliam, Maxwell, & Sloper, 1999). Within the
fields of education and family support, the terms "empowerment model" and "family-centered model" are often used interchangeably to describe similar models (e.g., Turnbull, Turbiville & Turnbull, 2001). The family-centered model has been described by Dunst and his colleagues (e.g., Dunst & Trivette, 1996) as a special type of empowerment model.

Several recent reviews of the literature in the area of family-centered service delivery reveal common elements (Allen & Petr, 1996; Dunst, 1997; Murphy, Lee, Turnbull, & Turbiville, 1995; Rosenbaum et al., 1998). Consistent with a family-centered approach (that values and respects the opinions and knowledge of the family/client), researchers interested in defining this construct have also included the perspectives of families to assist them in determining what family-centered services mean to them and what aspects are most important to them (e.g., King, Rosenbaum, & King, 1996; Murphy Lee, Turnbull, & Turbiville, 1995; Summers, Dell'Oliver, Turnbull, Benson, Santelli, Campbell, & Siegel-Causey, 1990). These reviews all contain similar overlapping features. The most common element across models that are defined as "family-centered" is that the family is the unit of attention (Allen & Petr, 1996). In addition, the family is recognized as central and constant in the child's life, while professionals are considered to have a more intermittent and fluctuating association with the child and family. The core practices identified by Dunst (1997) in his review of the literature are consistent with those found across other reviews, and contain the same elements as those outlined in the frequently cited "elements of family-centered care" defined by the National Center for Family-Centered Care (Shelton, & Stepanek, 1994). The core elements of family-centered practice are outlined in Table 1. Family-centered behavior will be further
discussed later under the section that considers empowerment as a process, within a family-centered model.

The leader in the adoption of family-centered and empowerment models is the field of medicine, especially family practice, pediatrics, obstetrics, and nursing. The field that stands out as most lagging in the adoption of family-centered models is the education field, beyond the early childhood level (Allen & Petr, 1996). Research suggests that parents of children with disabilities prefer a family-centered approach to the broad range of services they must encounter to support their child with disabilities; they consider family-centered services important, and, in particular, regarding parents of school-age children with disabilities, they would like to see an increased frequency of family-centered services. (e.g., Petr & Allen, 1997; Tarico, Low, Trupin, & Forsyth-Stephens; Viscardis, 1998).

As the age of the child increases (i.e., moving from infant, to toddler, to school-age), parents' ratings of the services they receive and their experiences with professionals who work in those systems become less positive (Mahoney, O'Sullivan, & Dennebaum, 1990; McWilliam, Lang, Vandiviere, Angell, Collins, & Underdown, 1995). Parents of school-age children frequently express the challenges they face in dealing with the system that appears to be much less family-centered than the systems supporting families in the early childhood field (Hamblin, Wilson, & Thurman, 1990; Hanson & Carta, 1996; Rimm-Kaufman, & Pianta, 1999).
Table 1.

Core Practices of a Family-Centered Approach to Intervention

- Families and family members are treated with dignity and respect at all times.
- Practitioners are sensitive and responsive to family cultural, ethnic, and socio-economic diversity.
- Family choice and decision-making occurs at all levels of family involvement in the intervention process.
- Information necessary for families to make informed choices is shared in a complete and unbiased manner.
- The focus of intervention practices is based on family-identified desires, priorities, and needs.
- Supports, resources, and services are provided in a flexible, responsive, and individualized manner.
- A broad range of informal, community and formal supports and resources are used for achieving family-identified outcomes.
- The strengths and capabilities of families and individual family members are used as resources for meeting family-identified outcomes.
- The strengths and capabilities of families and individual family members are used as resources for meeting family-identified needs and as competencies for procuring extra-family resources.
- Practitioner-family relationships are characterized by partnerships and collaboration based on mutual trust and respect.
- Practitioners employ competency-enhancing and empowering help-giving styles that promote and enhance family functioning and have family strengthening influences.

Dunst (1997, p. 79)
Although empowerment and family-centered models have been proposed as best practices across all aspects of service delivery involving children with disabilities, including school-age education (e.g., Bailey, McWilliam, Darkes, Hebbeler, Simeonsson, Spiker & Wagner, 1998; Turnbull & Turnbull, 2001), the school-age education system, more so than other systems appears to have resisted the adoption of an empowerment model (Turnbull & Turnbull, 2001). Similarly, the school-age education literature has been slow to research the importance, frequency or influence of family-centered empowerment practices (e.g., Allen & Petr, 1996; Dunst, 1998; Petr & Allen, 1997).

**Parent Involvement.** The term most frequently used within school-age education literature when describing and analyzing parent-educator relationships or parent participation is “parent-involvement” (e.g., Christenson, 2004; Hoover-Dempsey & Sandler, 1997; Stevenson & Baker, 1987; Wehlburg, 1996). Extensive analysis of the parent involvement literature is beyond the scope of this paper; however, it is important to refer to this literature briefly in order to attempt to find similarities or examples of practices that may be associated with the family-centered paradigm and that may fit within the analysis of empowerment in the school context.

One of the most frequently cited models of parent involvement is the system created by Epstein (1987, 1992, 1996). Epstein identified six different types of parent involvement, and primarily emphasized the ways that schools can assist families. Dunst (1998) analyzed Epstein’s parent involvement model and compared it to an empowerment, family-centered behavior framework. Dunst’s analysis suggests that the majority of parent involvement practices outlined by Epstein are what he termed “family-allied.” A family-allied approach, according to Dunst (1998) considers the professional
(teacher in this case) as the expert and the family as an agent whose task is to carry out the recommendations and advice of the expert.

Family-allied aspects of Epstein’s (1987, 1992, 1996) model include: 1). suggestions that teachers guide and recommend to parents strategies that will improve their parenting, 2). encouragement from teachers that parents assist their child to learn at home (e.g., monitor homework), 3). communication to parents, primarily in the form of memos, phone contact, report cards and parent-teacher conferences to inform parents of student progress, and 4). provision of volunteer opportunities (e.g., attending school performances and activities) at school. Dunst (1998) also suggested, however, that two types of parent involvement practices, according to Epstein’s model, are to some extent consistent with a family-centered model. These family-centered practices include 1). including parents in governance and decision-making roles on committees, and in partnership with teachers and school staff, and 2). collaboration and exchange of information with community organizations.

Overall, the parent involvement model to working with families is similar to a family-centered model by its emphasis on professionals (teachers) working closely with, communicating with, and including families in schools. Family-centered models, however, go beyond parent-involvement models in many ways. In parent involvement models, parents are in a less powerful position, often considered the passive recipients of the expertise of the teachers (e.g., Murphy, Lee, & Turbiville, 1995) or the agents responsible for carrying out the directions and advice of teachers (Dunst, 1998, 2002). Another difference is that in the family-centered model, the entire family is considered central and its strengths and needs are considered, whereas in the parent involvement
model, the needs of the child are usually considered within the context of the school, but with little consideration for the needs, strengths and priorities of the family. In the family-centered model families, and not professionals, are seen as the main decision-makers for their children, and the needs of the entire family are considered beyond the needs of only the child (McWilliam, Maxwell, & Sloper, 1999). In consideration of these differences, a parent-involvement model would not be considered within an empowerment paradigm, but would be more consistent overall with a paternalistic (Rappaport, 1981) or family-allied (Dunst, 1998, 2002) paradigm, a paradigm that may be considered disempowering in many ways.

Empowerment as Process

The most frequent conceptualization of empowerment describes empowerment as a process (e.g., Cornell Empowerment Group, 1989; Jones, Garlow, Turnbull, & Barber, 1996; Whitmore, 1991). This transactional process, according to theory, leads to a psychological state that is developmental and changes across time and context (e.g., Koren, DeChillo, & Friesen, 1992; Zimmerman, 1995; Zimmerman et al., 1992). Given the changing state, the primacy of process is emphasized because a person who becomes more "empowered" may elicit more empowering interactions, suggesting bidirectionality in the process (e.g., Dunst, Trivette, & LaPointe, 1994). The empowerment process is the experience described by Dunst and his colleagues as "enablement," "the full range of experiences, encounters, occurrences, and events that afford people opportunities to use existing capabilities as well as learn new competencies" (Dunst, Trivette, & LaPointe, 1994, p. 17). This strengthening and enabling experience is echoed throughout the empowerment literature (e.g., Conger and Kanugo, 1988; Rappaport, 1981).
A key component of the empowerment process involves the active participation of the individual (Cornell Empowerment Group, 1989; Florin & Wandersman, 1984; Kieffer, 1984; Zimmerman & Rappaport, 1988). According to Zimmerman's (1990a, 2000; Zimmerman & Rappaport, 1988) tested model, for example, active participation of individuals in an organization, structure, or community provides them with the opportunity to learn new skills, and this leads to personal empowerment. Through active and meaningful participation, the individual increases actual skill competence and this leads to increases in perceived competence, increased feelings of personal control, and increased self-perceptions of efficacy specific to the system of involvement. The empowerment process, therefore, is developmental and has situational and temporal variability (Zimmerman, Israel, Schulz, & Checkoway, 1992). Zimmerman (1990a) suggested that lack of participation in an organization that one is part of (e.g., a school system) results in alienation, perceptions of powerlessness, and isolation.

The empowerment process recognizes that there is an interaction between individuals with different types of skills and attributions (e.g., Zimmerman, 1995). In addition, the impact of the context (e.g., the school environment) is recognized and the availability of resources as well as the responsiveness of the context to the needs of the individual is also acknowledged as impacting on the process (Cornell Empowerment Group, 1989; Florin & Wandersman, 1990; Maton & Salem, 1995; Turnbull & Turnbull, 2001).

A lack of empowerment, or powerlessness, has been similarly described as involving a process. According to Solomon (1976) powerless or oppressed people evaluate themselves negatively, have experienced primarily negative interactions with
systems, and the interactions with these systems consistently block and deny any action or meaningful participation by the oppressed. Rappaport (1981) suggested that it is these very people, the most disempowered, the least competent, and least skilled that “require, just as you and I do, more rather than less control over their own lives” (p. 15) through an empowerment process. A personal sense of powerlessness may be one of the obstacles to becoming more actively involved in a system (e.g., school), on an interpersonal level (e.g., in the interactions with school personnel) and on the larger political level (involved with social action and change) (Caspary, 1980; Dodd, & Gutierrez, 1990; Gutierrez & Ortega, 1991).

Within the context of human services and specific to families of children with disabilities, family empowerment has been described as “a process by which families access knowledge, skills, and resources that enable them to gain positive control of their lives as well as improve the quality of their life-styles” (Singh & Curtis, 1995, p. 2). Consistent with Bronfenbrenner’s (1979) ecological theory, as well as empowerment as a process theory, the amount of active participation and inclusion the family has experienced in systems (e.g., schools, community supports, family services), characteristics of the context (e.g., responsive and welcoming school), as well as the interactions that have taken place within these contexts (e.g., parent-teacher exchanges) will all impact on the outcome for the family. According to empowerment theory, families who have been actively included in equal partnerships will have greater knowledge, skills, attributions of control and perceived self-competence, and may in turn become more actively involved in other social and political systems (Akey, Marquis &
Ross, 2000; Cornell Empowerment Group, 1989; Jones, Garlow, Turnbull, & Barber, 1996; Rappaport, 1987; Zimmerman, 1990a,b).

Empowerment as Partnership

“Empowerment as partnership refers to the characteristics of interpersonal transactions that influence and are influenced by enabling experiences and the effects of these experiences” (Dunst, Trivette, & LaPointe, 1994, p. 17). The importance of partnership and collaboration within the empowerment process is frequently cited (e.g., Cornell Empowerment Group, 1989; Fine, 1990; Rappaport, 1981). Dunst and his colleagues suggested that participation, or “participatory involvement,” is an essential element within the empowering relationship. The importance of the professional-client partnership has been emphasized as perhaps the most important aspect of the empowerment process (e.g., Bailey et al., 1998; Dunst, Trivette, & Deal, 1988, 1994; Rappaport, 1981; Turnbull et al., 2000; Turnbull & Turnbull, 2001).

The roles of parents and professionals (e.g., teachers) in an empowerment framework represent an equally powered partnership (e.g., Cornell Empowerment Group, 1989; Turnbull, Turbiville & Turnbull, 2000). This type of empowerment partnership has also been termed collaboration (Fine, 1990; Turnbull & Turnbull, 2001) and has been described by Rappaport (1984): “Empowerment may be the result of programs designed by professionals, but more likely will be found in those circumstances where there is either true collaboration among professionals and the supposed beneficiaries, or in settings and under conditions where professionals are not the key actors” (p. 4). Dunst and his colleagues (e.g., Dunst & Paget, 1991; Dunst, Trivette & Deal, 1994) emphasized, consistent with a family-centered framework (e.g., Allen & Petr, 1996;
Dunst, 1997), that the weight of the power in parent-professional relationships should belong to the “senior” partner, the parent, who is entitled to the right of final decision-making regarding their child.

A number of characteristics of the interactions that have been found in research to describe an empowering partnership are reviewed by Dunst and his colleagues (Dunst & Paget, 1991; Dunst, Johanson, Rounds, Trivette, & Hamby, 1992; Dunst, Trivette, & LaPointe, 1994), and many of these are echoed by Turnbull and her colleagues (e.g., Turnbull & Turnbull, 2001) as well as others whose research has identified the important characteristics of empowering partnerships (e.g., Dinnebiel & Rule, 1994). According to these researchers, the characteristics of collaborative partnerships that have empowering outcomes include: open and positive communication, shared responsibility, mutual trust and respect, cooperation, reciprocity, and confidentiality.

**Effective help-giving practices.** There is considerable overlap between the use of the terms partnership (e.g., Turnbull & Turnbull, 2001; Turnbull & Blue-Manning, 1999; Turnbull et al., 2000), help-giving practices (Dunst, Trivette, Davis, & Cornwell, 1994) and family-centered behavior (e.g., Allen & Petr, 1996) within empowerment literature (Dunst, Trivette, & LaPointe, 1994; Jones et al., 1996). Just as Dunst and his colleagues (e.g., Dunst & Trivette, 1996) described a family-centered model of service delivery as a special type of empowerment model, Dunst (1997) considered family-centered behaviors to be a special case of effective help-giving practice which “one would adopt in order to become a family-centered empowering help-giving professional” (p. 81). The focus of the effective help-giving literature is on the role of the professional in facilitating a partnership with parents that is consistent with the empowerment process and that will
lead to empowerment outcomes (Dunst, 1997; Dunst & Trivette, 1996; Dunst, Trivette, Boyd, & Brookfield, 1994; Jones, Garlow, Turnbull, & Barber, 1996).

Dunst and his colleagues (e.g. Dunst, 1997; Dunst & Trivette, 1996, Dunst, Trivette, Davis, & Cornwell, 1994) through a review of the effective help-giving literature, identified the practices that characterize the qualities, attitudes, traits and behaviors of professionals (including partnerships) that are consistent with an empowerment paradigm that theoretically has competency enhancing outcomes (e.g., Brammer, 1993; Brickman et al., 1982; Combs & Gonzalez, 1994; De Paulo et al., 1983; Dunst, 1995; Dunst, Trivette, & Hamby, 1996; Fisher et al., 1983a; Fisher, Nadler, & Witchner-Alagna, 1983b; Hobbs et al., 1984; Nadler & Mayseless, 1983; Rappaport, 1981, 1987; Swift & Levin, 1987). In order to validate the effectiveness of help-giving practices, several studies were conducted to provide evidence of the validity of the model, including qualitative case studies (e.g., Dunst, Trivette, Davis, & Cornwell, 1994) and large-scale quantitative studies (e.g., Dunst, Trivette, & Hamby, 1996). These studies, however, were specific to agencies that serve families of preschoolers, and the evidence of process to outcome although suggested by theory, was correlational.

Dunst (1997) and Dunst and Trivette, (1996) identified a three part model of effective help-giving that includes: 1) technical quality, 2) help-giver traits/attributions and 3) help-receiver participatory involvement. This three-part model is explained, and recent evidence that supports this model is integrated in the next section. In a later section, the relationships between professional help-giving practices and empowerment outcomes are explored.
Technical quality. According to Dunst and and Trivette (1996), technical quality “is considered the consequence of professional training and experience, and includes both the knowledge, skills and competence one possesses as a professional and the expression of this expertise as part of practicing one’s craft” (p. 335). Turnbull and Turnbull (2001) also emphasized the importance of technical quality, which they labeled “knowledge and skills”, as important characteristics for professionals. In several studies of parents’ perspectives regarding important qualities of professionals, parents identified as important: professional knowledge of services available to their child, knowledge about the child’s disability, and competence in working with their child (e.g., Abel-Boone, Sandall, Loughry, & Frederick, 1990; Bailey, Blasco, & Simeonsson, 1992; Bailey, et al., 1999; McWilliam, Lang, Vandivierre, Angell, Collins, & Underdown, 1995; Scorgie, Wilgosh, & McDonald, 1999; Vincent, 1992).

In a qualitative study involving in-depth interviews with parents of children with disabilities that ranged from early childhood through adulthood (Bennett, Deluca, & Allen, 1996), when asked about the characteristics of professionals that were important if they were to be considered sources of support (rather than stress) to the families, parents across age-groups identified expertise which included understanding the nature of the disability, knowledge of best practices, as well as successful follow-through as essential. Many parents expressed concern about the lack of training, expertise and information they had encountered in some professionals. In addition, they valued those professionals who were willing to accept the knowledge of the parent, were respectful the parents’ expertise, and who demonstrated a willingness to learn about their child. In addition to
knowledge, most parents also expected the professional to demonstrate the ability to work effectively with, get to know, and value the child.

The findings of Bennett, Deluca and Allen (1996) are echoed in several recent studies conducted in B.C., Canada. In a survey study of parents who have school-age children with learning disabilities in B.C. (Learning Disabilities Association of B.C., 2004) parents frequently commented on the importance of having teachers who are knowledgeable about their child's special learning needs. In this study, however, only 15 percent of the parents surveyed believed that their child's teacher was very knowledgeable about learning disabilities. All of the recent B.C. studies (Learning Disabilities Association of B.C., 2004; Malcolmson, 2003; Naylor, 2003a, 2003b) also indicated that many parents of children with disabilities considered themselves as "professional" with regard to the expertise they had acquired about how to help their child learn, and they expressed the desire to share that knowledge with educators in developing their child's program at school.

In those instances when teachers had welcomed and included parents' knowledge, parents praised the teachers and administrators, and they suggested that this helped make the parent-educator relationship work. On the other hand, parents also indicated, across studies, that they resented it when professionals had an "old school" attitude (Malcolmson, 2003, p. 21), meaning that it is the professional who holds the expertise and that parents should defer to the school for all decision-making and programming. An apparent unwillingness to include parent expertise and poor parent-teacher communication "contributed to deteriorating relationships between parents and school staffs, as parents felt that their voices and perspectives either were not heard or were not
respected.” (Naylor, 2003a, p. 4) The above studies, including the study by Bennett et al. (1996) must be interpreted with some caution, given the nature of the study (small focus group, interview case studies or surveys) and the nature of the populations in these studies. In all cases parents were members of parent support groups and were volunteers. It is possible that the views expressed by these parents represent those of a relatively small group of particularly involved or outspoken parent activists. Nevertheless, the themes generated across these studies provide rich descriptive information, suggest similarities across the groups studied, and lay the foundation for larger scale studies that would allow for greater generalization of findings.

A qualitative study of professionals who work in the field of family support for families of children with disabilities identified essential professional skills, from the perspective of the professionals (Jones, Garlow, Turnbull, & Barber, 1996). Essential professional skills that professionals identified as important for empowering partnerships included: 1) knowledge: of the service system, available resources, parenting skills, family and child development, and the nature of different disabilities; 2) communication skills; 3) problem-solving skills; 4) organizational skills (including the ability to coordinate services needed for families); and 5) advocacy skills. Turnbull and Turnbull (2001) included some of these skills (problem-solving, communication and cognitive coping skills that include positively reframing and putting worries aside) in their review of the skills that are necessary for a professional to have in order to enable an empowering relationship.

In a qualitative study of the discourse and behaviors of early intervention preschool professionals who had been selected as highly “family-centered,” McWilliam,
Tocci, and Harbin (1998) found that these professionals, in addition to having family-centered attitudes and behaviors (positiveness, responsiveness, orientation to the family, friendliness and sensitivity), were highly knowledgeable and skilled in working with the children, families and the community. The results of studies of the perspectives of both parents and professionals suggest agreement on many of the desired qualities of professionals working with families of children with disabilities.

Technical quality and professional skills together constitute one important component of effective help-giving however, as emphasized by Dunst and his colleagues (e.g., Dunst & Trivette, 1996), professional skill is necessary but not sufficient on its own to contribute to empowering outcomes for families. High quality intervention without effective partnership skills (effective traits and attributions) or participatory practices (family-centered behaviors), even though the intervention may result in some positive outcomes (e.g., a medical problem improving physically), may also result in negative, disempowering outcomes such as resentment or alienation of the family in the process (e.g., Dunst, Trivette, Davis, & Cornwell, 1988; Whitcher-Alagna, 1983). Dunst and Trivette (1996) also suggested that professionals who practice empowering effective helpgiving are also more likely to also have high quality technical skills (e.g., McWilliam, Tocci, & Harbin, 1998; Levinson, 1994).

The alienation process, of excluding parent knowledge, especially when parents believe they have knowledge and want to share it, appears to have been demonstrated in some of the examples of poor parent-teacher relationships reported by parents in the recent B.C. studies (e.g., Learning Disabilities Association of British Columbia, 2004; Malcolmson, 2003; Naylor, 2003a, 2003b) as discussed earlier. In cases when parents
described positive relationships and satisfaction with school services, however, there appeared to be a combination of teacher knowledge and effective partnering with parents (e.g., Malcolmson, 2003).

**Help-giver traits and attributions.** According to Dunst and Trivette (1996) help-giver traits are the “relational aspects of helping, and include such things as active listening, empathy, compassion, warmth, and caring” (p. 336). Other traits identified in the literature review (Dunst, Trivette, Davis, & Cornwell, 1994) include honesty and maintenance of confidentiality. Some of these “traits” are considered by others (e.g., Jones et al., 1996; Turnbull & Turnbull, 2001) to be “skills” essential to good clinical practice (e.g., Brammer, 1993; Dunst, 1997). Dunst and Trivette (1996) defined help-giver attributions as the “beliefs about help-receiver competencies and the capacity of help-receivers to become capable of dealing effectively with life situation, concerns and desires” (p. 336). Consistent with Dunst and Trivette’s (1996) findings, Jones and colleagues (1996) in their study of the empowering elements of family-professional relationships from the perspective of both professionals and families identified as necessary components:

1) mutual respect and trust by both professionals and families;

2) specific skills that help the development of empowerment through encouraging and using family strengths;

3) positive, flexible professional attitudes toward service provision and families;

and

4) changes in roles that put the provider in a supportive role and the parent in a role to make choices and decisions (p. 95).
These beliefs and values are consistent with the family-strengthening, family empowering philosophy (e.g., Dunst, Trivette, & Deal, 1994; Rappaport, 1981).

A similar cognitive factor, identified by Turnbull and Turnbull (2001), is “great expectations” (p. 45). These researchers suggested that if professionals relay positive expectations about the outcomes of the children with disabilities and the competencies of the families to effectively manage the situation, then this may have empowering consequences, making an impact on the ability of families to positively cope with having a child with disabilities (e.g., Singer, 2002). Research on positive coping (e.g., Behr & Murphy, 1993; Murphy, Behr, & Summers, 1990) suggests many positive outcomes for families who are able to have “great expectations” or consider the positive contributions of their children with disabilities. Similarly, Zimmerman (1990a), as part of his analysis of empowerment theory suggested that through “learned hopefulness” people perceive that they are capable of achieving positive outcomes.

In a series of studies related to family-centered practice that involved parent interviews, professional traits and attributes identified by parents as important to positive experiences and as a source of strength and support include: caring, supportiveness, positive view of families and of the child, flexibility, responsive to family identified needs, and encouraging of family participation as team members (e.g., McWilliam, Harbin, Porter, Vandiviere, Mittal, & Munn, 1995; McWilliam, Lang, Vandiviere, Angell, Collins, & Underdown, 1995). Similarly, in a qualitative study of parents with children and adolescents with disabilities, parents identified traits and attributions they considered supportive to include: openness, honesty, flexibility, cooperation and collaboration with parents (Bennett, DeLuca, & Allen, 1996). Parents in this study
expressed concern that these traits and attributions were not demonstrated by many professionals they encountered, and problems were notable at schools and with teachers. Similarly, parents of children with emotional and behavioral disorders were found to place great importance on professional traits and attributions that include: listening to parents, showing respect for parents, being honest, being supportive, having a nonblaming attitude, voicing optimistic expectations, and including parents in decision-making (e.g., Petr & Barney, 1993; Friesen, Koren, & Koroloff, 1992).

Studies of the perceptions of families regarding the quality of professional partnerships have consistently identified similar themes. Although the majority of these studies are qualitative case studies, the repetition of similar themes across samples suggests that the potential for these findings to be generalized to a larger population and that a next step would be exploration in a larger scale study. Certainly these qualitative studies have laid a rich foundation, have hinted at particular issues relevant to the school-age population that require further analysis, and could be complimented by quantitative large sample studies and subsequent replication.

*Help-receiver participatory involvement.* According to Dunst and his colleagues' framework of effective help-giving (e.g., Dunst & Trivette, 1996), the participatory involvement component is the most important component needed to result in parental empowerment. Participatory involvement:

- includes practices that provide help receivers opportunities to discuss intervention options and the benefits and limitations of different choices, provision of information for making such choices, collaboration and shared decision-making between help
receivers and help-givers, active involvement of help receivers in carrying out decided-upon options, and other efforts to involve help receivers actively and meaningfully in helping relationships (p. 336).

Dunst (1997), in his analysis of family-centered practices, suggested "what makes a family-centered approach different from 'good clinical practice' is principally participatory involvement of the family" (p. 81). This emphasis on participatory involvement as an essential and perhaps the most important component of family-centered practice, is repeated throughout the parent empowerment literature. Definitions of family-centered, parent-empowering roles for professionals emphasize "changes in roles that put the provider in a supportive role and the parent in a role to make choices and decisions" (Jones et al., 1996, p. 95); including families in all aspects of decision-making, guiding service by family-identified priorities, offering and respecting the choices of families (Murphy, Lee, & Turbiville, 1995); and believing that the family has expertise, is capable of making the best choices for the child, and is ultimately responsible for the education and well-being of the child (Allen & Petr, 1996).

Participatory involvement and family-centered roles for professionals require a "power realignment....In a shift from a power-over relationship to a power-with partnership." (Turnbull et al., 2000, p. 639)

The importance of active and full participation has been emphasized within empowerment theory (e.g., Cornell Empowerment Group, 1989; Rappaport, 1981), and the relationship between participation and psychological empowerment has been demonstrated in empirical research (e.g., Kieffer, 1984; Prestby, Wandersman, Florin, rich, & Chavis, 1990; Zimmerman & Rappaport, 1988). The type of participation that is
empowering, however, is beyond simple involvement, and requires active decision-making (Swift & Levin, 1987). “To be empowered is not only to be ‘involved in,’ but to do” (p. 84), and Swift and Levin recommend that the role of the professional is to help the client (e.g., the parent) move beyond participation to decision-making. This approach is consistent with participatory involvement, an empowerment approach to help-giving, as defined by Dunst and Trivette (1996).

Although participatory involvement may be the most important element in supporting parental empowerment, it usually co-exists with other effective help-giving practices (knowledge, skills, attributions and traits) (e.g., Dunst & Trivette, 1996; Jones et al., 1996; McWilliam, Tocci & Harbin, 1998). Adopting a family-centered approach that focuses on parental participatory involvement may contribute to positive help-receiver perceptions about the help-giver (e.g., Winton & DiVenere, 1995). This interrelationship between help-giver skills, traits and attributions and participatory involvement as essential co-existing dimensions of an empowerment approach are described by Kalyanpur & Rao (1991) based on the results of their qualitative interview study of empowerment from the perspective of low-income black families of handicapped children:

Empowerment signifies changing the role of a service provider from that of an expert to that of an ally or friend who enables families to articulate what they need. ...While the expertise of professionals is an integral aspect of the interaction between parents and professionals, the manner in which the expertise is communicated determines the nature of the relationship. It involves caring,
which builds supportive relationships; respect, which builds
reciprocity; and the acceptance of differences, which builds trust....

Such empathy involves the acceptance and open acknowledgment
of the parents’ competence, the willingness to interact with them
on equal terms, and the adoption of a nonjudgmental stance (p. 531).

From the perspective of parents of children with disabilities (e.g., Friesen, Koren,
& Koroloff, 1992; Petr & Allen, 1997) studies of the importance of professional
behaviors, including large scale quantitative studies, indicate that inclusion of the family
in decision-making as well as the provision of information that will assist families in
making decisions are rated as important, regardless of the professional discipline or
setting. There is also evidence that participatory involvement practices are implemented
less frequently than parents of children with disabilities desire (e.g., Bruder, 2000; Dunst,
1998; Friesen & Koroloff, 1990; Petr & Allen, 1997). Studies of parent satisfaction with
intervention services for their children with disabilities suggested that the most important
predictor of parent satisfaction with services is the behavior of the professional. When
asked what they wanted from professional partnerships, parents of children with
disabilities stated that in addition to expertise and family-friendly attitudes, an essential
need is family inclusion in decision-making (e.g., Abel-Boone, Sandall, Loughry, &
Frederick, 1990; McWilliam, Lang, Vandiviere, Angell, & Collins, 1995). In both small
scale qualitative descriptive case studies (e.g., Naylor, 2003a, 2003b; Viscardis, 1998)
and larger scale studies using rating scales (e.g., Cournoyer & Johnson, 1991) parents
who are dissatisfied with services provided to their children with disabilities, frequently
identified a lack of participatory involvement as problematic.
Viscardis (1998) quoted a parental comment that represented a frequently occurring theme in her review of parents' perspectives of services to families with children with disabilities in Ontario, Canada:

I want to be considered an equal partner of my child's team.
I want to feel welcome. I want the service provider to seek my help, advice and ideas. I want them to respond to my concerns quickly. I want communication to be prompt, friendly and helpful.
I want to feel that I can approach them with any concern and be heard. (p. 47).

In their qualitative interview study of families of children with disabilities ranging in age from early childhood to adolescence Bennett et al. (1996), asked parents “What does the term ‘empowerment’ mean to you?” In response the majority of parents emphasized the importance of participatory involvement in their experiences with professionals (empowerment as partnership). Other parents described empowerment as a sense of being in control of the interventions, outcomes and lives of their children (empowerment as perception). Being an active team member, having input, working in partnership with professionals, making decisions, and being recognized as having power in an advocacy and system changing sense were some parental definitions of empowerment that are consistent with Dunst and Trivette’s (1996) participatory involvement construct, empowerment as partnership (Dunst, Trivette & LaPointe, 1994; Jones et al., 1996) and empowerment theory (e.g., Cornell Empowerment Group; Kieffer, 1984; Rappaport, 1981; Zimmerman, 1995, 2000).
In a validation and follow-up study of the frequency and importance of family-centered behaviors using the *Family-Centered Behavior Scale (FCBS)* (Allen, Petr, & Brown, 1995; Petr & Allen, 1997), among parents of children ranging from 4 months to 43 years, with a wide range of disabilities, involved with a wide range of service professionals including educators, social workers, and health care professionals, there was overall a strong endorsement for the importance of family-centered behavior, as well as evidence that a discrepancy existed between what parents wanted (importance) and what they received (frequency). The FCBS-Importance asked parents to rate how important various family-centered behaviors were, in their opinion, on a likert-type rating ranging from 1 “not at all important” to 5 “extremely important”. The overall mean importance score obtained in the validation study was 4.19 (very important). In a subsequent study (Petr & Allen, 1997) using the same scale, similar importance ratings were obtained by parents with children with a range of developmental disabilities (mean = 4.15) and parents with children with emotional and behavioral disorders (mean = 4.31), suggesting all parents, regardless of disability type consider family-centered behavior as “very important”.

With regard to frequency of family-centered behavior, as perceived by parents, both studies that reported mean frequency scores using the FCBS (Allen, Petr, & Brown, 1995; Petr & Allen, 1997) reported lower frequency scores compared to importance scores. Frequency of family-centered behavior was rated by parents on the FCBS on a 5 point likert-type scale ranging from 1 “never” to 5 “always” when asked how frequently the staff member engaged in various family-centered behaviors. In the validation study (Allen et al., 1995), the overall mean frequency score was 3.64, between “sometimes”
and "most of the time". In the subsequent study (Petr & Allen, 1997), parents of children with a range of disabilities rated the average frequency of family-centered behavior as 3.94, very close to "most of the time" while parents of children with emotional and behavioral disorders rated the average frequency as 3.38, closer to "sometimes". Overall mean discrepancy scores, the difference between frequency and importance scores for the various groups studied were: -.21 (disabilities other than behavior), -.55 (all disability groups) and -.93 (emotional and behavior disorder group). Interpretation of parents' ratings of typical practice, however, is somewhat difficult to extrapolate, as in some cases parents rated their "best" professional, in other cases they rated their "worst" professional, and in others, they rated their "only" professional.

The results of these studies using the FCBS suggest that overall all parents who have children with disabilities consider family-centered behavior important, but they are unsatisfied with the frequency of practice they receive. Parents who have children with emotional and behavioral disorders, however, were less satisfied and much less likely to be dealt with in an empowering way (from their perspective) than parents of children with other disabilities (Petr & Allen, 1997). One difference between the group of participants with emotional and behavioral disorders and the other participants (parents of children with a wide range of disabilities) is that many of the children were older (i.e., school age). In addition, the most prevalent type of professional rated by these parents was a teacher, and the most prevalent setting was education. Better understanding, however, of parents' ratings of teachers' family-centered behavior, specifically, needs to be further explored in a study that only targets parents of school-age children, and that asks parents to rate their child's current teacher, rather than their "best" or "worst"
teacher. In addition, although the results of Petr and Allen’s study (1997) suggests different frequencies of family-centered behavior by child disability subgroup, these initial studies with the FCBS could be expanded in a large sample, quantitative study to provide further understanding of the influence of parent characteristics, their perceptions of child behavior, and the association between family-centered behavior and theoretically related empowerment outcomes.

Effective help-giving and participatory involvement within the school system. As suggested earlier, although empowerment models such as family-centered practice have been widely recommended as best practices across disciplines that deal with families and children with disabilities, attention to empowerment models has been very scarce in the education literature (Allen & Petr, 1996). Participatory involvement and family-centered behavior have only recently been given attention in the school-age education literature, recommended as best practices, as a solution to adversarial parent-teacher relationships, and as a goal that becomes part of a new paradigm for practitioners (e.g., Adams & Christenson, 2000; Christenson, 2004; McWilliam, Maxwell, & Sloper, 1999; Sheridan & Gutkin, 2000; Turnbull & Turnbull, 2001).

The value and importance of effective help-giving practices, however, has not been completely lacking in the education literature. A frequently cited study representing an ideal of parent-professional collaboration (Vosler-Hunter, 1989) as identified by teachers and parents of children with emotional and behavioral disabilities, outlined key elements that are consistent with effective help-giving and include participatory involvement as outlined by Dunst and Trivette (1996), mutual respect for skills and knowledge, honest and clear communication, open and two way sharing of information,
mutually agreed-upon goals, and shared planning and decision-making. There are also a number of recent studies conducted as part of the Early Childhood Follow-Through Research Institute (Dunst, 1998, 2002; McWilliam, Maxwell, & Sloper, 1999; Wolery & Bailey, 1996; Wolery, Bailey, Dunst, Schuster, McWilliam, Trivette, Hemmet, & Maxwell, 1997) that have applied the concepts of effective-help-giving practice, and specifically family-centered behavior to the elementary school setting. These initial studies of family-centered behavior have been restricted to the early elementary grades (K – 3) and provide primarily descriptive data (such as percentages and rank ordering) specific to the topic of parents’ and teachers’ opinions about ideal, typical and likely levels of family-centered behavior within the early elementary setting. These initial studies suggest that elementary schools provide relatively lower levels of family-centered behavior than that provided by early intervention (Dunst, 2002).

Another recent study (Bucy, 2004), of family-centered practices specific to kindergarten included a large sample of 630 public schools, over 16,000 students, and parent interviews, and almost 3,000 teacher self-reports. The data reported, however, specific to the topic of family-centered behavior is only descriptive data identifying percentages of individuals with certain types of responses. The majority of questions asked about frequency of family-centered behavior were asked to administrators, rather than parents. This study was not specific to families of children with special needs.

Very few studies in the school-age education literature have considered the perspectives of parents of children with disabilities, even within the limits of “parent involvement” (Bennett, DeLuca, & Bruns, 1997), yet the few studies, primarily small qualitative studies, that have been conducted suggest that parents value participatory
involvement, want to be considered valued members of the team working with their children, appreciate those professionals who support parent involvement, yet report many nonsupportive, professionally-centered practices that are discouraging of parent participatory involvement (e.g., Bennett, Niswander, & DeLuca, 1996; Bennett, Rowe, & Deluca, 1996; Naylor, 2003a, 2003b). Although parents of children with disabilities express the desire to become included as decision makers in the education of their children, and best practice supports this role for parents, reviews of parent involvement practices suggest that “real partnerships with parents in the provision for children with special needs has perhaps more to do with rhetoric than reality” (MacPherson, 1993; p. 68).

In a study of both parent and teacher perspectives of parent involvement and inclusion practices, Bennett, DeLuca, and Bruns (1997) found that teachers had different opinions about what “involvement” meant, and although parents wanted to be fully included, to become active, respected partners, and share decision-making, teachers, particularly teachers with over ten years experience, seemed most comfortable with more traditional practices (having parents attend scheduled meetings, sending notes home) and considered more active parent involvement as intrusive. Active resistance of parent involvement and alienation toward parents was suggested by the attitudes of some teachers “there is a ‘need to wean’ parents from over-involvement in all facets of their child’s education” (p. 121).

An interesting finding from Bennett and colleagues’ study (1997) was that the parents who had been most involved in advocacy efforts rated their relationships with teachers as the least positive, compared to parents who had not been involved in
advocacy efforts. This finding is consistent with the results of a survey study of 78 families of school age children with disabilities (Covert, 1992). This study found that over half of the families had become “advocates” by resorting to due process or court proceedings in order to obtain the services they wanted for their children. Perhaps the need for parents to become involved in advocacy efforts suggests that they have not been supported, listened to, or included in an empowering way, and that effective help-giving practices were not used resulting in an adversarial no-win situation for both parents and professionals. “When interpersonal interactions are ineffective in promoting change, legal advocacy becomes the method of last resort” (Alper, Schloss, & Schloss, 1995, p. 269).

Turnbull and Turnbull (2001) provided further insight into the issue of advocacy combined with frustration with the system. Turnbull and Turnbull (2001) interpreted the results of a large-scale nation-wide survey of parent-professional collaboration in special education at the elementary and secondary school level (National Council on Disability, 1995). They suggested that parents at one end of a continuum are highly assertive, knowledgeable, “empowered” and have a high level of participation in their child’s education but they tend to be unsatisfied and frustrated with the school system; in the middle of the continuum are parents who have less knowledge, are more passive in their involvement, yet satisfied; and at the other end of the continuum are parents who appear “disenfranchised” (p. 29) by the school system, have very low involvement and seem to have given up on any attempts to control or change the system. Turnbull and Turnbull’s (2001) use of the term “empowered” to describe the highly involved parents seems to refer to the parents’ own sense of personal power and assertiveness rather than a sense of empowerment that is the result of empowerment as a process or effective help-giving.
professional practices (e.g., Dunst & Trivette, 1996). For example, Turnbull and Turnbull (2001) quoted a mother they have categorized as highly involved, assertive, and an advocate for the needs of her child, and yet dissatisfied with the education process:

I have come to call myself Bonnie, the bitch, because of what
I’ve had to become to fight the system for the handicapped child....
I have followed through with every lead that anybody has ever given me.
I have talked with the Governor’s office....I’ve gone so far as to call the
White House....I don’t know what more to do. I, as a parent, have pursued

The testimony of this parent, whom Turnbull and Turnbull (2001) cited as representative of the highly involved parents in special education, suggests a lack of empowerment through partnership and collaboration (e.g., Cornell Empowerment Group, 1989; Fine, 1990) as well as a lack of empowerment in terms of perceived control (e.g., Cochran, 1992; Zimmerman, 1995, 2000), at least specific to the school system.

This portrayal of the highly involved parent is consistent with what Naylor (2003a, 2003b) described in his qualitative study of parents of school-age children with special needs in B.C.. These parents were described by Naylor as “empowered”, but Naylor suggested they had become empowered by their connections to strong parent support groups, and that those support systems played a role in supporting these parents in their interactions with what the parents considered an isolating, unfriendly, unwelcoming school system. Their disempowerment is suggested by parent statements about being tired of struggling to advocate for their child and being continuously rebuffed.
in what Naylor suggested is not only teacher, but also systemic resistance to parent advocacy and participatory behavior.

A qualitative study of low-income black families with handicapped children (Kalyanpur & Rao, 1991) described the alienated, disempowered status of poor minority parents that occurs when professionals do not use effective help-giving practices to encourage participatory involvement (e.g., Turnbull & Turnbull, 2001). In this study the mothers expressed concern about professionals’ lack of respect, the absence of trust, lack of understanding of their needs and desires for their child, and a very non-family-centered approach whereby “professionals deemed them incompetent and forced them to confront their powerlessness in a system that gave credence to the service providers’ opinions over theirs” (p. 528). Similar conclusions are echoed in other studies that have focused on the family-school relationships experienced by low-income minority parents (Harry, Allen, & McLaughlin, 1995). These perceptions suggest a lack of effective help-giver traits, attributions and participatory involvement (Dunst & Trivette, 1996), and a process of alienation and disempowerment consistent with Zimmerman’s (1990a) model demonstrating the relationships between participation and empowerment and lack of participation and alienation or powerlessness.

In the few studies that have specifically examined the construct of family-centered behavior at the early elementary school level (e.g., Bucy, 2004; Dunst, 1998, 2002; Dunst & Trivette, 1998; McWilliam, Maxwell, & Sloper, 1999; Wolery & Bailey, 1996; Wolery, Bailey, Dunst, Schuster, McWilliam, Trivette, Hemmet, & Maxwell, 1997) there appears to be consensus amongst parents and many educational professionals that family-centered behavior is considered important. However there also seems to be a
discrepancy between what everyone considers to be ideal and the actual frequency of family-centered behavior that is practiced at the early elementary school level. This discrepancy between overall levels of family-centered behavior considered important, desired, or ideal and the actual levels of practice has been consistently demonstrated across different levels of education (e.g., early intervention and preschool) and other fields (e.g., social work, medicine). Such discrepancies between parent perceptions of ideal and typical practice have been linked to parent dissatisfaction across systems that serve families and their children with disabilities (e.g., Bruder, 2000; Cournooyer & Johnson, 1991; Naylor, 2003a, 2003b; Petr & Allen, 1997; Viscardis, 1998). It is important to recognize that there also appear to be individual differences in the lived experiences of individual families. In those cases where there is a good match between the parents’ desired level of family-centered behavior and the frequency with which they experience it (from their perspective), this is associated with parent satisfaction and identification of positive parent-teacher relationships (e.g., Allen, Petr, & Brown, 1995; McWilliam, Lang et al., 1995; Naylor, 2003a, 2003b)

In a study by McWilliam and colleagues (1999) which included parents of typical children, parents of children with disabilities and both regular and special educators at the early elementary-school level (K – 3), all groups indicated that they valued and would like to see an increase in family-centered teacher behaviors and practices. Families of children with disabilities, however, rated the typical level of family-centered practices and teacher behaviors significantly lower than educators rated themselves as practicing. Through examination of individual item means on a measure of family-centered practices, it was found that all groups considered elementary schools and professionals to
be using relatively good communication skills, responsiveness, sensitivity and methods of informing parents about child progress (characteristics of good clinical practice suggested by Dunst [1997]); however, they were considered lacking specifically in participatory involvement practices (e.g., Dunst & Trivette, 1996). According to Dunst (1997), these are the most important elements of family-centered practice, and include: giving families choices about home activities, IEP goals and evaluations; encouraging parents to be advocates for their child; encouraging families to lead IEP meetings; and giving families decision-making control. The least family-centered ratings were by parents of children with disabilities regarding the level of family-centeredness of specialized services (e.g., the IEP process). The authors suggested that these findings are consistent with other findings of low parent involvement in the IEP process (e.g., Goldstein, Strickland, Turnbull, & Curry, 1980; Vaughn, Bos, Harrell, & Lasky, 1988).

McWilliam et al.'s (1999) study provides some initial quantitative evidence of the importance and frequency of family-centered behavior at the early- elementary level. Although three groups of individuals were included (75 parents of typical children, 46 parents of children with disabilities, and 67 educators) relatively small numbers of participants were included in each group, and this study could be extended to include a larger population, in particular of parents of children with disabilities. In addition, little information is provided about the types and range of disabilities included in the study, other than to indicate that the majority of children had relatively mild disabilities (learning disability and mild mental handicap). The influence of child characteristics, other than grade level were not considered in this study. It seems a reasonable step to extend the study of family-centered behavior from the preschool level, initially into the
early elementary level. A next step is to further extend the study to include the entire
elementary-school context.

Bucy’s (2004) large-scale study of family-centered practice at the Kindergarten
level provided additional evidence of a paucity of family-centered behavior at the school-
age education level. In this study, administrators and teachers considered communication
to parents to be important (although few details were provided about the nature of this
communication), and parents, overall, indicated that educators did a good job of
communicating to them about their child’s academic progress. With regard to
participatory behavior and parent decision-making, however, Bucy suggested that
although many school policies and personnel indicated that they encouraged parent
participation in decision-making, it appeared that parents typically have very little
influence on the actual decisions that are made. These conclusions were drawn, as
mentioned earlier, primarily from the perspectives of school administrators. Bucy
concluded that kindergarten programs do encourage and provide for parent involvement,
but they do not practice family-centered behavior.

Overall, the few studies that have taken place within the field of school-age
education with regard to effective help-giving practices, and family-centered behavior
specifically, suggest that much remains to be done both in research as well as practice to
better address the under-studied and apparently under-practiced phenomenon of family-
centered behavior. From the studies that have been conducted specific to school-age
education, the initial findings suggest that family-centered behavior, an effective help-
giving practice, is considered applicable, desired, and ideal by parents of children with
disabilities and by many professionals, but the frequency with which it is practiced is
lower than desired (e.g., Dunst, 1998, 2002; Dunst & Trivette, 1998; McWilliam, Maxwell, & Sloper, 1999; Petr & Allen, 1997.) Both parents and professionals have indicated that improvements are needed to increase collaboration and encourage empowerment outcomes in practice (e.g., Adams & Christenson, 2000; Christenson, 2004; Fine, 1991; Turnbull & Turnbull, 2001), that re-evaluation within the field of education of what constitutes professional and effective “help” is required (e.g., Rappaport, 1981; Singer, 2002; Walker & Singer, 1993); and that although there appears to be much discussion about the need to improve family-school relations (Adams & Christenson, 2000; Christenson, 2004) there is a dearth of investigation into the application of help-giving practices that have been proven to be effective (i.e., family-centered practice and empowerment processes) within the school-age education literature (e.g., Allen & Petr, 1996; McWilliam, Maxwell, & Sloper, 1999).

The importance and frequency of family-centered behavior has been explored to an initial extent but only in a few studies and as far as the early-elementary school age. The majority of research specific to families’ perceptions of teacher behavior are primarily qualitative case studies and interviews, however, these studies have built initial understanding and appear to indicate consistent themes that may be tested in a quantitative study. In addition, the influence of parent and child characteristics and theoretical linkages between family-centered behavior and empowerment outcomes, is worthy of further exploration.

Empowerment Outcomes

On the individual level, the hypothesized outcome of empowerment as a process (e.g., structures, activities, partnerships, approaches, behaviors) is a level of individual
psychological empowerment (e.g., Zimmerman, 1995, 2000; Zimmerman, Israel, Schultz, & Checkoway, 1992). An empowered outcome is considered to be the result and consequence of interventions, participation, partnerships, etc. that are consistent with an empowerment philosophy, paradigm, and process (e.g., Dunst, Trivette, & Lapoint, 1994; Zimmerman, 1995, 2000). Although it has been hypothesized, and some research evidence suggests that an empowerment process leads to an empowerment outcome (e.g., Stone & Levine, 1985; Zimmerman, 2000), consistent with Bronfenbrenner’s (1979) ecological framework, it is also recognized that empowering processes interact with empowered outcomes at multiple, bi-directional levels of analyses (Zimmerman, 2000).
Similar to the process, empowerment outcomes are context-and population-specific (Rappaport, 1984; Zimmerman, 1995, 2000) and vary over time. Zimmerman (1995) specified in his theory of psychological empowerment (PE) that PE is a dynamic state rather than a fixed personality trait, suggesting that all individuals have the potential to become empowered over time given an empowering process, environment and circumstances. In addition, PE can vary across domains of life (e.g., family, work, school involvement). Related to the current study, an individual could be empowered at work, yet feel alienated and powerless in his interactions with the school system regarding his child with disabilities. In addition, this theory suggests that parents may not initially have feelings of confidence and control regarding the educational and support program for their child with disabilities, yet as the result of a family-centered empowering process of teacher-parent interaction, parents have the potential to become psychologically empowered as an outcome of this process.

**Empowerment as perceptions and performance.** Dunst, Trivette, and Lapointe (1994) in their framework of empowerment categorize the empowerment outcomes as “Empowerment as performance” and “Empowerment as perceptions” (p. 18). Empowerment as performance refers to the skills, behaviors and capacities that emerge within an empowered individual. “Personal capabilities, behavioral traits, competence, critical thinking, flexibility, cohesion, and collective action are the varied terms used most frequently to describe empowerment as performance” (p. 18). Similar characteristics have been identified as behavioral indicators of personal empowerment including: use of effective coping strategies, use of resources, and effective influence on
the environment (e.g., Akey et al., 2000; Cochran, 1992; Cornell, 1989; Zimmerman & Rappaport, 1988).

Empowerment as perceptions refers to attributions, beliefs, perceptions, and cognitive variables that become part of an empowered individual as the result of an empowerment process. Various overlapping constructs have been used to describe the empowerment as perception outcome, including: “personal control, locus of control, efficacy expectations, self-efficacy, self-esteem, personal power, intrinsic motivation, political efficacy, political control, and cultural awareness” (Dunst, Trivette, & LaPoint, 1994, p. 18).

Zimmerman’s Three Components of Psychological Empowerment (PE)

Zimmerman’s three-part framework of psychological empowerment separates components of empowerment as performance and perception into three inter-related components: the intrapersonal component, the interactional component, and the behavioral component (Zimmerman, 1995, 2000). Empowerment, as conceptualized by Zimmerman is more than simply a mentalized phenomenon. In addition to perceptions (intrapersonal), empowerment also includes acquired skills (interactional) and the ability to take action (behavioral).

Intrapersonal component. The intrapersonal component of PE includes domain-specific perceived control, domain-specific perceived self-efficacy, motivation for control, and perceived competence. This component describes perceptions that influence the behaviors of individuals. Perceived control is the perception that one is capable of controlling or influencing an outcome. Zimmerman categorized perceived control into personality, cognitive, and motivational domains. Locus of control is the term often used
in the personality domain, and refers to a disposition of global expectations one attributes to cause success and failure (e.g., Rotter, 1966). Perceived self-efficacy is the term often used in the cognitive domain, to refer to one's perceptions of how competent or able one is to perform and achieve desired goals (e.g., Bandura, 1977). Self-efficacy theory suggests that perceptions of competence influence one's behavior, effort and endurance in pursuit of desired outcomes (e.g., Bandura, 1982; Ozer & Bandura, 1990). Motivation or desire for control refers to the need to influence or control the environment or outcome (e.g., De Charms, 1968, White, 1959).

Interational component. The interactional component of PE refers to the knowledge and awareness of the system within which one is working, the resources and options available, and how to obtain what one desires from that system. This component of PE includes what Zimmerman (2000) refers to as “critical awareness, understanding causal agents, skill development, skill transfer across life domains, and resource mobilization” (p. 589). Critical awareness is the understanding of what is available and required within the system to achieve desired outcomes, awareness of how to obtain this, and how to manage resources once acquired (e.g., Kieffer, 1984; Friere, 1973). This is similar to mobilizing resources. Understanding causal agents refers to knowledge of the people, events, and structures that influence one’s ability to exert control or obtain desired goals (e.g., Sue & Zane, 1980). Skills include leadership, problem-solving and decision-making skills that will allow individuals to advocate for their desires and needs.

Behavioral component. The behavioral component of PE refers to the actions and participatory behaviors taken by an individual to influence, control and achieve desired outcomes. The interactional and intrapersonal components of PE would also influence
empowerment behaviors. Examples of the behavioral component include joining a self-help group, use of coping strategies, and becoming involved in community organizations. School-related examples of behavioral PE would include active school involvement and participation at the planning of a child’s educational program, or creation of the IEP.

Parent Socioeconomic Status and Its Relationship to Empowerment Outcomes

Demographic characteristics such as parent socioeconomic status, education and income have been included in many studies of parent-school relationships, parent involvement (e.g., Grolnick, Benjet, Kurowski, & Apolostoleris, 1997; Hoover-Dempsey, Bassler, & Brissie, 1987; Lareau, 1987) and to the limited extent it has been studied, empowerment within the school setting (McWilliam, Maxwell, & Sloper, 1999). In addition, studies in the field of citizen empowerment have also found the positive relationship between better SES variables and higher levels of community and political empowerment (e.g., Saegert & Winkel, 1996; Zimmerman, 2000; Zimmerman et al., 1992; Zimmerman & Rappaport, 1988). Overall, studies in the parent involvement literature have found that parents who have higher incomes and higher levels of education are likely to be more involved in schools and with their child’s education (e.g., Grolnick et al., 1997; Hoover-Dempsey et al., 1987; Lareau, 1987). One outcome of considerable focus within this literature is the predictive relationships between higher parental incomes and education levels, greater levels of school involvement and better child educational and developmental outcomes (e.g., Hess & Holloway, 1984; Hoover-Dempsey & Sandler, 1997).

Studies in the area of risk and resiliency have similarly found an important positive relationship between higher parent SES and better child developmental outcomes.
(e.g., Garbarino & Ganzel, 2000; Hanson & Carta, 1995). Studies in the area of stress and coping among families who have children with disabilities have also noted the positive influence of family socioeconomic status on better adaptive outcomes for families (e.g., Park, Turnbull, & Turnbull, 2002; Schilling, Lewayne, Gilchrist, & Schinke, 1984; Scorgie, Wilgosh, & McDonald, 1998). These studies have primarily emphasized the important role of resources such as food, shelter, access to family and child support programs that are more easily available to a family with higher socioeconomic status, and this greater availability of resources is considered important in helping a family to cope and maintain better levels of well-being. Further insight into the impact of SES, its relationship to resources and its positive influence on parent involvement and advocacy specific to special education is provided by a statement made by a parent cited by Turnbull and Turnbull (2001) as an example of a highly involved parent:

Special education is sometimes perceived as being a kind of white middle class issue....The kind of resources it takes for a family to get appropriate programs and services is so totally overwhelming in terms of time, energy, money, and skill, that it’s really not surprising that the people who tend to be the most visible are the parents with the most resources. (testimony of Diane Lipton, in National Council on Disability, 1995, pp. 34 – 35, in Turnbull & Turnbull, 2001, p. 29.)

Specifically related to parents of elementary school-age children and their perceptions of family-centered behavior (an empowerment process), McWilliam and her colleagues (1999) found that for parents of typical children, the higher the family’s SES,
the more family-centered they perceived school practices to be. For families with children with disabilities, however, SES was not associated with their ratings of family-centered behavior. A different study that included only parents who had children with special needs and who were all of a low SES level suggested that other variables beyond SES have a more important influence on parents’ perceptions of their experience with the school system. Harry, Allen, & McLaughlin (1995) conducted a qualitative, three-year longitudinal study of low-income African-American parents of preschoolers with special needs continuing into the elementary school settings. Findings of the study suggested that these parents initially had high expectations and optimism for the development of their child, high levels of interest, and the desire for active involvement in the early stages of their involvement with the education system, but these hopes and expectations diminished and parents became disillusioned, decreased their amount of participation and felt alienated due to a process that appeared to be professionally-centered, and that either undermined or ignored parents’ expertise. Harry also suggested that professionals falsely attributed these parents’ lack of participation as due to their low education and income level rather than due to the more important variable of paternalistic professional behavior that is disempowering.

Overall, the literature from various fields that have examined the influence of parent demographic variables such as socioeconomic status suggests a positive relationship between higher levels of family income and parent education and better, more adaptive outcomes for children and their families, including higher levels of empowerment. Nevertheless, depending on what other variables have been studied, the impact of parent demographics has not been consistent in all studies (e.g., Akey, Marquis,
& Ross, 2000; Singh & Curtis, 1997). Although the citizen empowerment literature documented the positive relationship between socioeconomic status and community empowerment, it also found that when other variables were considered above and beyond demographics, the influence of more theoretically important variables such as participatory involvement became clear (e.g., Zimmerman & Rappaport, 1988; Zimmerman, 1990a).

In addition the influence of demographics appears to be more complex than a direct linear relationship to empowerment. For example, some studies of community empowerment suggested that individuals with lower SES are in fact more affected by participatory involvement and appear to benefit even more than individuals with higher SES levels by such involvement in terms of their growth in empowerment (e.g., Levens, 1968; Zimmerman, 1990a). Within the parent involvement field, research that has included more complex process variables, such as social support and teacher practices, as well as cognitive variables such as attitudes and perceived self-efficacy, have also found that these types of variables that look outside of the “social address” (Bronfenbrenner, 1986; Sontag, 1996) provide better explanation for adaptive outcomes than simple static demographics (e.g., Grolnick et al., 1997).

In a series of studies of parental empowerment among parents with children with disabilities in the early childhood context, Dunst and his colleagues (e.g., Trivette, Dunst, Boyd, & Hamby, 1996; Trivette, Dunst, & Hamby, 1996) found similar results. In these studies variables such as staff discipline, program model and use of participatory involvement practices (including family-centered behavior), predicted outcomes of parent control appraisals (one aspect of empowerment) while parent demographics did not.
Child Disability Characteristics and Their Relationship to Empowerment Outcomes

Although the empowerment literature overall has focused mostly on characteristics of adults that may influence empowerment (e.g., Zimmerman 1995), the influence of child characteristics on parent outcomes has been considered across the family support and parent/school involvement literature. Much has been written about the negative impact on the family of having a child with special needs, and a consistent finding is that families of children with special needs experience significantly more stress, familial conflict, and psychological dysfunction compared to families who do not have children with special needs (e.g., Schilling, Gilchrist, & Schinke, 1984; Seligman & Darling, 1989; Wallander, Varni, Babani, Banis, DeHaan, & Wilcox, 1989; White, 1999.) Some of the research literature suggests that the more severe a child’s disability, the more burden and negative impact that child will have on the family (e.g., Abelson, 1999; Ehrenkrantz, Miller, Vemberg, & Fox, 2001). More severe levels of disability, especially when measured by standardized developmental instruments (e.g., Dunst, Trivette, & Cross, 1986; King, King, Rosenbaum, & Goffin; 1999) have been associated with higher levels of family burden, and lower levels of family well-being.

There have been many studies documenting the negative impact of child behavior problems (as one aspect of disability or as a type of disability such as emotional or behavior disorder) as a particularly negative influence on parent outcomes such as stress (e.g., Friesen & Huff, 1996; King et al., 1999; McDonald & Gregoire, 1997). In a study of parents of children with a range of developmental difficulties and parenting stress and abuse risk factors, Rodriguez and Murphy (1997) suggested that although there is an elevated incidence of stress and risk for child abuse among families who have children
with disabilities, the families at greatest risk are those who have children with comorbid behavioral diagnoses. These researchers suggested that the relationship between more severe levels of disability and negative impact (of stress in particular) on the family is more complicated than a simple linear relationship. Increased levels of child behavioral problems have also been associated with lower levels of parents' perceived self-competence (e.g., Coleman & Karraker, 2000; Farmer & Burns, 1997). In addition, studies of predictors of parental involvement suggest that parents who perceive their children as having higher levels of behavioral difficulty are less involved in their education (e.g., Grolnick Weiss, McKenzie, & Wrightman, 1996; Grolnick et al., 1997), and parents with lower levels of perceived self confidence are also less involved (Grolnick et al., 1997; Hoover-Dempsey et al., 1992). This suggests an inter-relationship between increased child behavior problems, decreased parent self-efficacy and decreased parent involvement in schools. Self-efficacy is one variable that has been considered a component of empowerment (e.g., Zimmerman, 2000).

In studies of family-centered behavior that have considered child variables, there is evidence to suggest a relationship between child disability characteristics and perceptions of family-centered behavior. In a Canadian study of 164 parents of preschoolers with physical disabilities involved in rehabilitation programs, (King et al., 1999), the researchers found that parents' ratings of severity of disability and severity of behavioral problems were negatively associated with their perceptions of family-centered care. Both child characteristics and family-centered care influenced outcomes of parental well-being. Parents' ratings of severity of child disability and severity of child behavior problems were negatively associated with parents' well-being. Parents' ratings of family-
centered care were positively associated with parent’s ratings of emotional well-being. This study used causal modeling to suggest that child disability characteristics significantly predicted parent well-being. Although this study was based entirely on parent self-report and causation was inferred by causal modeling of cross-sectional data, it was the first study within pediatric medicine to test the theoretical process to outcome model including parent and child characteristics, their influence on family-centered care, and the subsequent outcome of parental well-being. Unfortunately, no measure of empowerment was obtained in this study.

Within the school literature, a study of parents’ perceptions of family-centered practices (McWilliam et al., 1999) found that compared to parents of typically developing children, parents of children with disabilities reported that they received lower amounts of family-centered behavior than parents of typical children, and less family-centered behavior than educators reported that they provided. Amongst a group of parents who all had children with disabilities, it was the parents whose children had emotional and behavioral disabilities who indicated receiving the lowest amounts of family-centered behaviors from professionals (Petr & Allen, 1997), and the authors suggested that historically, professionals have treated families who have children with behavioral difficulties in a particularly parent-blaming manner (e.g., Petr & Barney, 1993; Petr & Spano, 1990).

In contrast to the bulk of literature that suggests a negative relationship between severity of child disability and behavioral difficulties and parental adaptation and involvement with their child’s education, there are also studies that suggest that parents are more likely to become involved with the child’s education and the school system
when their child is struggling (e.g., Eccles & Harrold, 1996; Malcolmson 2003). In a study that specifically focused on parents of school-age children with emotional and behavioral disorders (Singh & Curtis, 1997) the researchers found that parents who had children with dual diagnoses (severe emotional disorders and ADHD combined) indicated higher levels of empowerment within the service system (specifically in self-efficacy) compared to parents whose children had only one diagnosis (either ADHD or Severe Emotional Disorders). These researches suggested that the more significant difficulties of the children in the former group may have motivated the parents to become more active in seeking out help.

Related to empowerment is the concept of family strengthening. Although much of the research suggests that most families experience distress and strain when they have a child with special needs (e.g., Friesen & Huff, 1996; Seligman & Darling, 1989), there is also evidence that some families believe they have been strengthened by the influence of the child with special needs (e.g. Cho, Singer, & Brenner, 2001; Ferguson, 2002; Singer, 2002; Widerstrom & Dudley-Marling, 1987). Whether the family is negatively or positively influenced, empowered or psychologically distressed may be influenced more by the family members’ perceptions about the child, and other process and environmental factors than they are by the objective nature of the child’s disability (e.g., Behr & Murphy, 1991; Ferguson, 2002; Singer, 2002; Summers, Behr, & Turnbull, 1989.) Specific to the field of families of children with disabilities, research that has focused on parental perceptions reveals the importance of the subjective realities, appraisals, and thoughts of parents in influencing adaptation, coping and well-being (e.g., Ferguson, 2002; Turnbull, Patterson, Behr, Murphy, Marquis, & Blue-Banning, 1993). What was
found to be most influential in determining positive adaptation in a series of studies conducted by Turnbull and colleagues, for example, was the subjective experience of parents in their appraisal of the characteristics and contributions of their child with a disability as well as their interpretation of their interactions with professionals (e.g., Summers, Behr & Turnbull, 1989).

Further support for the influence of perceptions beyond any objective reality (e.g., of burden of child disability, comfort level with one’s SES and resources) can be found from the social-cognitive perspective, which recognizes the primacy of phenomenology. For example, within the research in the area of stress and coping (e.g., Lazarus & Folkman, 1984; Lazarus, 1990; Lazarus, 1999) “stress” is considered to be mainly a subjective rather than an objective phenomenon, and cognitive appraisals are considered to be the construct of greatest importance in determining the psychological impact of any event as well as subsequent coping reactions.

Similar to the influence of parent variables on empowerment, when other variables of influence are also considered, the role of child disability characteristics do not appear to be as influential to empowerment outcomes. Several studies of families of children with disabilities and the relationships of these families with support systems have considered child disability characteristics along with measures of empowering processes such as participatory involvement, effective help-giving, family-centered behavior, and cognitive appraisals of control (e.g., Akey Marquis & Ross, 2000; Courneyer & Johnson, 1991; Trivette, Dunst, & Hamby, 1995; Trivette, Dunst, & Hamby, 1996; Trivette, Dunst, Boyd, & Hamby, 1996). These studies have found that child disability characteristics have not been influential. In contrast, the process variables
that are hypothetically related to empowerment outcomes were found to be the most influential predictors in these studies. The important role of empowerment processes that lead to empowerment outcomes is explored in the following section.

**Empowerment Processes Leading to Empowerment Outcomes**

According to empowerment theory (e.g., Rappaport, 1984; Zimmerman, 1995; 2000), an empowerment process should result in empowerment outcomes, which include psychological empowerment (PE). On the individual level this suggests that if an individual is involved or included in an empowerment process, then as a result he/she will develop psychological empowerment. Zimmerman (1995) suggested a mediating structural model whereby participation and empowering processes lead to empowered outcomes (i.e., PE) and, additionally, empowered outcomes in turn lead to health behavior.

There is ample research of the phenomenon of citizen participation leading to empowered outcomes within the field of community psychology. Both laboratory (e.g., Wandersman, 1979) as well as field research studies have found that increased participation and involvement are associated with increased levels of psychological empowerment. Other examples of the empowering outcomes related to citizen participation include: community members amount of involvement in welfare rights organizations being positively associated with their feelings of competence and negatively associated with their perceptions of alienation (Levens, 1968); nursing home residents after being given increased responsibilities later rating themselves as happier and more alert (Langer & Rodin, 1976); and members of neighborhood associations with increased activism reporting a greater sense of perceived competence and control and a
decreased feeling of alienation (e.g., Chavis & Wandersman, 1990; Florin & Wandersman, 1984). In a series of studies, Zimmerman et al., (1992) found that individuals with higher self-ratings of community and volunteer organization participation also had higher self-ratings of several dimensions of psychological empowerment. Limitations of this research, however, are that organizational variables that may influence the empowerment process and other possible mediators such as social support, type of participation, and level of decision-making, were not measured. In addition, the researchers suggested that it is difficult to determine if participation leads to heightened psychological empowerment, or if individuals who have higher levels of PE are more likely to participate.

Research with a longitudinal design, however, does support empowerment theory by suggesting that increased participation in an empowering process leads to greater psychological empowerment (e.g., Kieffer, 1984; Stone & Levine, 1985). Full examination of the evidence of empowerment process to outcomes within community psychology is beyond the scope of this paper, although an understanding of the theory, which stemmed largely from this field is applied to this study. The following section will identify evidence specific to the study of the empowerment of families of children with disabilities.

Positive outcomes of empowerment processes specific to families of children with disabilities. The question to be explored in this section is whether there is evidence of an important link between the empowerment process (the way that parents of children with disabilities experience the treatment and involvement they receive from professionals working with their child and family) and empowerment outcomes. The empowerment
process is defined as effective help-giving (e.g., Dunst, Trivette, & Deal, 1988, 1994), and family-centered practice is considered as a special case of effective help-giving (e.g., Dunst, 1997; Murphy, Lee, Turnbull, & Turbiville, 1995; Petr & Allen, 1996). As described earlier, both Brofenbrenner’s ecological systems theory (1979, 1986) and empowerment theory (e.g., Zimmerman, 1988, 1995) suggest the importance of environmental variables in influencing individuals’ perceptions and psychological adaptation. With regard to parents of children with disabilities, ecological and empowerment theories would suggest that parents’ experiences of family-centered practices (including family-centered teacher behavior) would likely influence their psychological empowerment, including perceived self-efficacy and control (e.g., Trivette, Dunst, & Hamby 1996a,b) as well as acquisition of knowledge, skills, and behaviors associated with psychological empowerment (e.g., Zimmerman et al., 1992; Zimmerman, 1995). Evidence from the medical and family support fields is included as the use of family-centered practice is most prevalent in these fields, and there has been more frequent study of this phenomenon in these fields compared to education (e.g., Petr & Allen, 1996). In addition, studies from the field of education will also be examined. Descriptive case studies and qualitative studies are prevalent in the research of the empowerment process.

An important initial study of the empowerment process leading to an empowerment outcome conducted by Dunst and colleagues (Dunst, Trivette, Davis, & Cornwell, 1988) laid the foundation for subsequent quantitative studies. In this study of two families with a child with disabilities, the parents’ perceptions of help-giving behaviors that were perceived to be positive, promoting of parental participation, and
focused on family strengths, were associated with parental perceptions of control. Lack of control was associated with help-giving behaviors perceived as unresponsive to family needs, and unsupportive of family decision-making. Although qualitative case studies are often considered a weak design for evaluating effectiveness, this study provided rich descriptive information and insight that supported the empowerment model and suggested associations between empowerment processes and outcomes.

In a qualitative study (Jones, Garlow, Turnbull, & Barber, 1996), involving 17 professionals from a state-level family support program described as an empowering organization, interview data was gathered to provide descriptions of how these professionals defined an empowering organization, philosophy and help-giving approach, and parent interviews were conducted regarding the outcome of these practices. Some of the parent outcomes that were reported to result from involvement in the empowering program included: increased self-efficacy, ("I feel worthy and competent, not like I am looking for a handout." [p. 17]); increased motivation to act for change, especially once families began to develop a sense of self-competence; the development of skills and competencies to deal with the service system, to mobilize resources, improved problem-solving and communication, and problem-focused coping skills. On the negative side, when professionals behaved in a paternalistic manner, blaming families or relaying the message that they were incompetent, families expressed feelings of shame, guilt, learned-helplessness and alienation.

This qualitative research, although it could be interpreted as representing expert and parent opinion, document consistencies between professionals' constructions of ideal practice, and parents' perceptions of positive outcomes that they attribute to their
experience in an organization that was dedicated to an empowerment model. These experiences appear to be consistent with Zimmerman's (1995, 2000) theoretical model linking empowering processes to empowering outcomes. In addition, Zimmerman's learned hopelessness model is also supported, as well as the negative outcome of alienation (Zimmerman, 1990a) when help-giving behavior is paternalistic and professionally driven.

Dunst and colleagues (e.g., Dunst, Trivette, Boyd, & Brookfield, 1994) expanded their qualitative case study work to include a series of three replicated cross-sectional studies at three different sites including samples ranging from 107 to 1110 parents of young children (0 – 5) at risk for poor developmental outcomes. In these studies they compared an “expertise model,” a traditional medical professionally-centered model, a “direct guidance model,” a model where professionals guide the involvement of families, and an “empowerment model,” characterized by active involvement, skill development and decision-making by the families. All three studies supported the superiority of the empowerment model in its association with parents’ perceptions of control, and ratings of help-giver effectiveness. Control was defined as “an assessment of the extent to which parents indicated they had control in procuring supports and resources from a target help-giver and his or her program or agency.” (p. 212)

A limitation of these studies is that perceived control, which is only one aspect within the intrapersonal domain of psychological empowerment, was rated on a one-item likert-type scale ranging from 1 to 10. In addition, the inferences drawn from these studies, of correlational design, must be limited to associations without making
assumptions about direction or causality. A strength of these studies, however, is that the findings were replicated in different contexts with relatively large samples of participants.

In further replication of these studies, Trivette, Dunst, Boyd, and Hamby (1995) repeated the study of 280 parents of young children with or at risk for developing developmental disabilities (divided into two sample groups of 130 and 150). In response to criticism Dunst and his colleagues had received to their previous work, suggesting that family characteristics are likely more important than the characteristics of programs or help-giving practices in determining self-efficacy appraisals, this study used a hierarchical multiple regression method which entered family demographics first, followed by the test of effects of the program type on help-giving practices, and then program type and help-giving practices on perceptions of personal control. Demographic variables included parent age, education, SES and income, and child age. The findings replicated previous work, and in addition it was found that the demographic measures showed no relationship to help-giving practices, and only a minimal relationship to perceptions of personal control. Program type and help-giving practices accounted for the greatest significant amount of variance related to the empowerment outcome of perceptions of control.

These studies had similar limitations to the earlier series of correlational studies conducted by Dunst and his colleagues. The measure of psychological empowerment was limited to a single item likert-type rating of perceived control. In addition, the only child characteristic considered was child age, and the parents, all volunteers, were primarily Caucasian (91%). A strength of these studies is that the results obtained in previous research were consistently replicated. In addition, these studies included a measure of
program paradigm, help-giving behavior, parents’ perceptions of perceived control, as well as some parent and child characteristics, thereby including variables on several different levels of the ecological system.

An additional replication including 107 mothers of preschoolers, all of whom were low SES (Trivette, Dunst, & Hamby, 1996a), again supported previous findings of the relationships between program type, help-giving practices and empowerment outcomes (perceived control). There are similar limitations, in this study as in previous studies, including the assessment of empowerment, limited child characteristics (only age) and the limitations of a correlational design. A strength of this study is its purposive sampling of low income families. Not only were these families consider to have low incomes, the majority (70 percent) lived below the poverty level.

In an additional study (Trivette, Dunst, & Hamby, 1996b), which involved a series of two samples (128 and 81 parents of young children participating in an early intervention program), additional parent and child characteristics were gathered as well as the influence of the discipline of the help-giver. Parent characteristics included age, education, SES, and income. Child characteristics included developmental quotient and diagnosis (mentally retarded, at-risk, or physically impaired). Practitioner characteristics included age, education, years of experience, and discipline (social work, nursing, speech language, physical therapy, child development, early education). In addition, the help-giving practices scale used in this and previous measures was analyzed by breaking down the scale to include help-giver traits and attributions and participatory involvement. The results of this study were consistent with previous findings with regard to the influence of
parent and child characteristics (not significant) on the outcome of parental perceived control.

In addition, staff discipline and help-giving practices were significantly related to the outcome of perceived control. According to contrasts between staff discipline groups, parents working with social workers were more likely than parents working with nurses, to have higher perceptions of perceived control, however, parents working with either social workers or nurses had higher levels of perceived control compared to parents working with educators and other disciplines. Dunst cited previous research by Bailey and colleagues that suggested that differences in the influence of staff discipline may be due to the relative amount of training the various professionals receive about how to work effectively with families. Social workers, in this regard, stood out as having the most training, and educators and psychologists were identified, overall, as having the least training. These findings suggest, that were this study to be replicated specifically within the education context, levels of effective help-giving and associated perceived control may be lower overall than the findings of the series of studies conducted by Dunst and his colleagues across early intervention. An additional important finding was that participatory involvement, specifically, was most important in relation to the empowerment outcome measured.

In all of these related studies by Dunst and his colleagues, parents' perceptions of professionals, "help-giving practices", an empowerment process, contributed an additional increment in variance ranging from 10 to 39 percent, above and beyond what had already been entered into the regression equation in predicting parents' perceptions of control (a component of psychological empowerment). The consistency of findings
across settings and populations provides strong evidence of the theoretical associations between empowerment processes and outcomes. An additional strength of this series of studies, apart from replication of results, is that increasing numbers of variables from different levels of the ecological system were included to build on previous studies. Several limitations of these studies have been mentioned, including the use of a single item measure of perceived control as a measure of psychological empowerment and the use of a correlational design that cannot assume causality. All of the studies recruited volunteers who were primarily mothers (approximately 98%) and the majority of participants were Caucasian (over 90%). In each of the series of studies, Dunst and colleagues included a number of different parent and child characteristics including parent age, parent education, family SES, child age, child diagnostic category, and child developmental quotient. Consistently, neither parent nor child characteristics predicted empowerment outcomes. There was no specific analysis, however, of the influence of child behavioral difficulties on parent perceptions or empowerment outcomes.

Participatory involvement is the component of help-giving practices, according to Dunst (1997) that describes help-giver behaviors that encourage active collaboration and decision-making by the parents. Dunst (1997) suggested that the participatory involvement items on his measure of help-giving practices, The Help-Giving Practices Scale, were consistent with the “value-added benefits” of “family-centered help-giving” (p. 84), that are important beyond good clinical skills such as listening, warmth, caring, and communication skills. Dunst (1997) suggested that this finding is consistent with citizen participation research (e.g., Ozer & Bandura, 1990; Zimmerman et al., 1992) that provided evidence of empowerment outcomes as a result of active participation.
Dunst (1997) considered “good clinical practice skills” (providing information, good listening skills, expression of warmth and understanding, and treating parents with respect) to be one component of family-centered or effective help-giver behavior. Studies of the outcome of practitioner use of these good clinical skills also suggested a link with outcomes that include parental satisfaction, and positive parental mental health. Many of these studies have been conducted within pediatric and medical settings (e.g., Korsch, Gozzi, & Francis, 1968; Lewis, Scott, Pantell, & Wolf, 1986; Wasserman, Inui, Barriatu, Carter, & Lippincott, 1984). Dunst (1997) suggested that when well-being is the outcome, participatory involvement practices contribute significantly beyond and in addition to effective help-giver traits and “good clinical skills.”

King and colleagues (King, King, Rosenbaum, & Goffin, 1999) conducted a comprehensive Canadian study of multiple parent, child, and psychosocial variables including family-centered care, related to the outcomes of satisfaction with care and parent emotional well-being amongst 175 parents of young children (3 - 6) with developmental disorders receiving rehabilitation services. This study used structural equation modeling to test their theory, building on a model of risk and resilience (Wallander et al., 1989c) to describe the relationships between child and psychosocial risk factors and stress and emotional health of mothers of children with disabilities. King and colleagues conceptualized their model to represent a process-to-outcome framework. Predictors of parental well-being (lack of depression, distress and stress) included: demographic factors (parent education, employment, SES); child characteristics (severity and nature of disability); caregiving process (i.e., evaluation of degree of family-centeredness); social-ecological factors (family functioning and amount of social
support); life stressors and coping strategies. The outcomes were satisfaction with care and parent emotional well-being.

Although a structural path model was developed, the variables that best and directly predicted parental well-being were, lower levels of child behavior problems, availability of social support and the family-centered caregiving process. Consistent with the research of Dunst and his colleagues, family demographic characteristics were not related to outcomes, but what was found to be most important was parent perceptions of others’ behaviors (family-centered care) as well as their perceptions of their children’s behavior and the availability of social support. These are variables that the authors noted are all amenable to change and intervention, more so than static demographic variables.

The study by King and colleagues (1999) extended the work done by Wallander and colleagues (1989a,b,c) by including help-giving behaviors as a process variable related to the outcome of family emotional well-being, beyond child and family risk factors. King and colleagues’ study did not, however, measure any empowerment outcomes, and the measure of family-centered care appears to be primarily a measure of partnership, supportive and respectful treatment, and information sharing, good clinical practice skills (e.g., Dunst, 1997). King and colleagues’ study could be extended or redesigned to test psychological empowerment theory (e.g., Zimmerman, 1995, 2000) by including items that would measure parents’ perceptions of participatory involvement, parent decision-making opportunities, as well as the theoretically-related empowerment outcomes one would reasonably expect from this process.

Within the field of early childhood education, Thompson and colleagues (Thompson, Lobb, Elling, Herman, Jurkiewica, & Hulleza, 1997) conducted a structural
equation modeling study of parental perceptions, analyzing the pathways connecting parent participation in an early intervention program, perceptions of family-centered service delivery, and family empowerment. The study included 270 families of young children (0 – 4 years of age) with physical, health and developmental disabilities in the state of Michigan’s Early On Program, an early intervention program with state-mandated legislation (including training for families in advocacy and family decision-making) intended to empower families. A strength of this study is that participants were randomly selected from the entire population of families enrolled in the program. Nevertheless, the final sample included only those parents who volunteered to participate after they were contacted by the researchers.

Measures administered included a measure of the degree to which the early intervention program was administered, a measure of formal and informal social supports, a questionnaire on resources and stress, a measure of family-centeredness of the service provider, and a measure of family empowerment, the *Family Empowerment Scale* (FES), a comprehensive, multi-component measure of empowerment. The FES has three subscales that measure service system (i.e., school or early intervention), family, and community/political empowerment. Parents rate their perceived level of empowerment on a likert-type scale ranging from 1 “not true at all” to 5 “very true.” The empowerment scale scores obtained in this study suggest that parents involved in this early intervention program, overall believed they were “mostly” empowered in both school and family contexts, but only “somewhat” empowered within the community/political context.

Two path models, leading to family empowerment were proposed in Thompson et al.’s (1997) study. In one model, the results suggested that implementation of an
intervention program via a family-centered process leads to family empowerment. Another model suggested that the family-centered process helps build the family support network, which then reduces stress, and this path leads to family empowerment. This study appears to apply the family-empowerment theory according to Dunst and his colleagues (e.g., Dunst, Trivette, & Deal, 1988, 1994). It also appears to be consistent with Zimmerman's (1990b, 1995, 2000) theory of psychological empowerment, although Zimmerman also included a hypothesized final step of family health as an outcome of participatory involvement beyond psychological empowerment, and he did not include stress in his model. In addition, this study has many similarities theoretically to the risk and resilience model related to stress and coping amongst mothers of children with disabilities (e.g., Wallander et al., 1989c) and the extension of that model to include the family-centered process as a mediator, as in the study by King and colleagues (King et al., 1999).

The findings of Thompson et al.'s (1997) study provide even more compelling evidence than descriptive case studies or correlational designs of the theoretical linkages between empowerment processes and empowerment outcomes, by providing a statistical analysis, based on theory, that proposes directionality and causality. Given the foundation of descriptive case studies and correlational studies that have analyzed empowerment constructs specifically within the early intervention context, logistically, causal modeling would be a reasonable next step to test the theory. Within the school-age education literature, however, empowerment theory is in its infancy, and it may be premature to propose a causal model before gathering more initial information about the meaning and validity of empowerment constructs specific to the school-age education context.
The most compelling evidence that empowerment processes (e.g. family-centered practices) lead to adaptive outcomes is suggested by studies conducted in the field of medicine. For example, in a before and after study conducted by Caro and Derevensky (1991), the investigators studied the outcomes for children and families of an individualized, family-centered home intervention for 16 families with young children with moderate to severe disabilities over a five month period. Consistent with a family-centered approach, families and professionals worked together to collaboratively identify family strengths, needs, goals and priorities. Positive outcomes included high levels of parental satisfaction, attainment of family skills that were transferred to many settings, increased family interactions, and near normal rates of child developmental progress. Psychological empowerment, however, was not specifically measured in this study.

Randomized control trial studies are often considered to provide the most powerful evidence of the effectiveness of a treatment. Two studies found in pediatrics provided such evidence. In a study by Moxley-Haegert and Serbin (1983), parents of developmentally delayed infants were randomly assigned to one of three treatment groups designed to encourage child development. A developmental education group (DE) received in-home instruction, another group attended a course on child management, and the third group was a no-education control group. The findings supported greater positive outcomes for the DE group compared to the other two groups. Positive outcomes included: increased parental active participation, increased knowledge of child development, and greater abilities to identify developmental gains. These parent outcomes include some components of empowerment (knowledge, skills, and behaviors).
In addition, the children in the DE group also achieved more skills including more motor development than the children in other groups.

Another randomized control trial study (Stein & Jessop, 1984) provided consistent evidence of the superiority of a family-centered process to produce positive outcomes. In this study, 219 families of children with chronic illnesses were randomly assigned to either receive the Pediatric Home Care Program (PHC), which was a family-centered approach designed to address the whole family and its prioritized needs, or to a standard care (SC) group, which offered traditional hospital-based services. The PHC program was described as encouraging families to actively participate, take responsibility for their child’s care, and make informed decisions in collaboration with health professionals. The results indicated that the PHC group had greater parental satisfaction with care and better child psychological adjustment. In addition, a five-year follow-up study (Stein & Jessop, 1991) found long-term superior results for the PHC group. Specifically, the children from families who had participated in the family-centered process had maintained higher levels of psychological adjustment compared to the children whose families had received the standard treatment. These randomized control trial studies demonstrated positive parent and child outcomes as the result of a family-centered empowering process of help-giving. Unfortunately, a comprehensive measure of empowerment outcomes was not administered in these studies.

Within the field of elementary education few studies have specifically referred to family-centered practices, an empowerment process. As the authors of one study (McWilliam, Maxwell, & Sloper, 1999) stated at the time of publishing their study, it was difficult to compare or generalize results because this was the first study published in a
peer reviewed journal to examine family-centeredness as a process in the elementary grades. In recent studies that have applied the construct of family-centered behavior to the elementary school setting (e.g., Bucy, 2004; Dunst 1998, 2002; Dunst & Trivette, 1998; Wolery et al., 1997) it seems that many of the family-centered practices considered important or ideal in the early intervention and family-support literature are also considered important or ideal to parents as well as many educational professionals; however at this point the frequency of family-centered behavior, particularly parent decision-making, seems to be very limited. An extension of these studies would be to apply the process-to-outcome analysis of empowering processes such as family-centered behavior (to the degree that it exists) to empowering outcomes amongst parents of school-age children within the context of the school setting. The current study also extends this analysis beyond the early-elementary years by including families with children throughout the entire elementary school system.

One purpose of a study of the empowerment process to empowerment outcome amongst parents of school age children with disabilities would be to search for evidence that the same theoretical mechanism documented at the early childhood age within the context of early intervention or family support can also be applied to parents of school-age children within the context of the school system. As Zimmerman (1995, 2000), suggested in his theory, empowerment, both the process and the outcome, are context and people specific and, consistent with Bronfenbrenner’s (1979) ecological theory, one must consider the multiple layers of context which include people, their interactions and the systems within which they function. Consistent with the findings of the early intervention and family support literature, a study that supported the application of
empowerment theory and the relevance of the construct of family-centered behavior within the school context may be useful in defining or supporting educational policies that encourage schools to move beyond the notoriously narrow approach of parental involvement and potentially become empowering to parents through family-centered effective help-giving practices (e.g., McWilliam et al., 1999; Sheridan & Gutkin, 2000).

Summary

In this section, the literature pertinent to parental empowerment among parents of children with disabilities was reviewed. The historical context and evolving role of parents of children with disabilities in education was outlined, illustrating how there has been an ongoing shift from a traditional, deficit-driven, expert-driven, power-over model that often either blamed or excluded the parent and family from participation and decision-making regarding the education of their child with disabilities, toward a more optimistic, strengths-based, capacity-building, collaborative power-with model that emphasizes joint decision-making between parent and professional (e.g., Turnbull & Turnbull, 2001; Turnbull et al., 2000). The ecological perspective of Bronfenbrenner describes the importance of considering the inter-connectedness between person and the environment in a dynamic interplay that is contextual and systemic. In addition, this theoretical framework emphasizes the primacy of beliefs and phenomenology, as well as the importance of studying the “unrealized potential of ecologies that sustain and strengthen constructive processes” (Bronfenbrenner, 1986, p. 738).

Empowerment theory was explored, revealing the many levels of possible analyses including empowerment as a philosophy, a paradigm, a process, and an outcome (e.g., Dunst 1997; Dunst, Trivette, & Deal, 1988; Dunst, Trivette, & LaPointe, 1994;
Rappaport, 1981; Zimmerman 1990a, 1990b, 1995, 2000). Within the discussion of empowerment, roles of parents and professionals were explored, highlighting the importance of effective help-giving, partnerships and family-centered behavior. With particular reference to studies of families of children with disabilities, research evidence was presented which support the theoretical assumption that empowering processes at one level of analysis (e.g., family-centered behaviors) contribute to empowered outcomes at other levels of analysis (e.g., psychological empowerment).

Research, primarily from the fields of early childhood intervention and family support, has consistently demonstrated the benefits of family-centered professional behavior and effective-help-giving practices. A rich foundation of qualitative research has been complimented with larger sample quantitative studies that, when replicated, have provided consistent results. Although much of this research is descriptive and correlational, causal modeling has provided more complex analyses to test empowerment theory (e.g., Thompson et al., 1997). Although more difficult to conduct in social services and education, the evidence from before and after studies and randomized controlled trial studies conducted in the field of medicine, provide more powerful evidence of directionality and causality, suggesting that empowerment processes (e.g., family-centered behavior) do lead to more adaptive outcomes (including empowerment) for families of children with disabilities. One outcome of family-centered professional behavior is parent psychological empowerment. In addition, however, and consistent with empowerment theory (e.g., Zimmerman, 1995, 2000) and ecological theory (e.g., Bronfenbrenner, 1979, 1992), research has demonstrated that empowering processes such as family-centered practices also contribute systemically to other positive and adaptive
outcomes in both the family and the child with disabilities (e.g., Caro & Derevensky, 1991).

Parents of children with disabilities across ages have indicated a preference for family-centered behavior, active participation and involvement in their child's education; however, research has also suggested that parents receive less family-centered behavior than they desire. Although research has suggested there is an influence of parent and child status variables, such as parent income and education and child disability characteristics on outcomes of parental empowerment, the impact of these parent and child variables has not always been consistent. Some researchers have suggested that a reason for the influence of these parent and child variables is through their influence on the type and level of interactions professionals, such as teachers, have with the family, including family-centered behavior (e.g., Adams & Christenson, 1998, 2000; MacWilliam, Maxwell, & Sloper, 1999).

In addition, researchers who have emphasized the importance of perceptions (e.g., Bronfenbrenner, 1979, 1986; Behr & Murphy, 1993; Ferguson, 2002; Singer, 2002; Summers, Behr & Turnbull, 1989) have suggested that what is most influential in determining positive adaptation, specifically with regard to families of children with disabilities, is the subjective experience of parents (e.g., in their appraisal of the characteristics and contributions of their child with a disability), as well as their interpretation of their interactions with professionals. The current study attempts to tease apart the relative contributions of family status variables, child characteristics, and parents' perceptions of family-centered behavior to a theoretically adaptive outcome, parents' psychological empowerment.
Empowerment models such as family-centered practice have been widely recommended as best practices across disciplines that deal with families and children with disabilities, however, attention to empowerment processes and outcomes has been very scarce in the education literature (e.g., Allen & Petr, 1996; Dunst, 2002). Enhanced understanding of the importance and frequency of school processes and practices that may contribute to adaptive outcomes for families and their children with disabilities potentially may inform the school-age education literature and may guide changes across systems including teaching practice, educational policy, and legislation.
CHAPTER III

Methodology

Introduction

The underlying conceptual and theoretical framework of this study combines the ecological theory of human development, primarily from the perspective of Bronfenbrenner (1979, 1992) and empowerment theory, primarily from the perspectives of Zimmerman (e.g., 1995, 2000) and Dunst (e.g., Dunst, Trivette, & Deal, 1994; Dunst, Trivette, & LaPointe, 1994) in a study of empowerment specific to parents of elementary school-age children with disabilities. Parent-teacher inter-relations, communications, the messages transmitted between the school and home setting, represent the mesosystem (Bronfenbrenner, 1979, 1992) that influences the developing child with a disability. Specific to this inter-relationship, the role of parents’ perceptions of teachers’ family-centered behavior and its relationship to the empowerment process is of central importance in this study. In this study previous work that has examined the relative importance of parent and child variables and empowerment processes, such as family-centered behavior, in predicting empowerment outcomes among families who have children with disabilities (e.g., Trivette, Dunst, & Hamby, 1996a, 1996b; Trivette, Dunst, Boyd, & Hamby, 1995), is extended by applying these empowerment constructs that are more familiar to the family support literature than to the elementary school setting (e.g., McWilliam, Maxwell, & Sloper, 1999.)

Reality as experienced by the individual is what, according to Bronfenbrenner, contributes most to developmental outcomes. Bronfenbrenner (1992) strongly urged greater study of the perceptions of individuals that make meaning of any proposed
“objective” realities of the environment. In this study the focus is on the perceptions of parents of children with disabilities. This study, which places importance on perceptions, does not suggest, however, that individual perceptions are completely idiosyncratic, and consistent with a constructivist or endogenic approach (e.g., Bronfenbrenner, 1979, 1992; Noam, Chandler, & Lalonde, 1995), a large-scale study of perceptions is likely to result in consistencies and patterns of “reality” that can be generalized to the group (e.g., parents of children with disabilities). Lazarus (1999) suggested that on the whole individuals perceive of life “more or less accurately – otherwise they could not survive and flourish” (p. 5). This point of view suggests that in general individuals would have similar perceptions of the same events and circumstances and generalizations can reliably be made. A focus on parental perceptions is also consistent with a family-centered philosophy. It has been argued, especially by proponents of an empowerment paradigm, that the nature, quality and worth of a service can only be meaningfully evaluated by the recipients of that service (e.g., King, Rosenbaum, & King, 1996, 1997; Rossi & Freeman, 1985). Parent’s subjective evaluation of family-centeredness and their associated psychological empowerment is the focus of this study.

Purpose of the Study

The primary purpose of this investigation was to explore parents’ perceptions of the importance and frequency of family-centered behaviors of teachers within the parent-professional relationship and the relationship between frequency of family-centered behavior and specific indicators of psychological empowerment among parents of school-age children with disabilities. As empowerment is context-specific, the dimension of
empowerment of primary interest and relevance to this study is empowerment within the context of the school or education system.

Although there have been an increasing number of studies in the family support and early childhood education fields examining parental perceptions of professional behavior, parental attitudes toward involvement in their child’s treatment and education, and evidence of linkages among professional behavior, effective help-giving practices (including family-centered behavior) and empowerment outcomes, few studies have addressed these questions with parents of school-age children with disabilities within the context of the school system. When children with disabilities reach school age, the primary service providers and source of parent-professional interaction become school personnel, primarily teachers, within the context of the school system. This study takes place within the Canadian school system, and this is a contextual system that differs from the American context (from where the majority of studies have come), particularly with regard to parents’ rights to decision-making and mandated requirements for family-centered behavior and parental involvement.

The objectives of the study were:

1. to apply Zimmerman’s (1995, 2000) theoretical model of empowerment within the context of elementary school education and specific to the population of parents of elementary school-age children with disabilities;

2. to apply the construct of family-centered behavior at the elementary school level and to examine the linkages between family-centered behavior (an empowerment process) and empowerment outcomes (parent psychological empowerment);
3. to conduct a large-scale empirical study whose evidence can be generalized to a large population of parents of Canadian children with disabilities. This builds upon the majority of studies of these constructs, including studies of the perspectives of parents of children with disabilities that have gathered primarily qualitative interview data. These interview data have laid the foundation for quantitative measures and larger scale studies that may allow for generalizable evidence of the importance of the constructs, family-centered behavior and parental empowerment, and may provide generalizable evidence of the patterns of inter-relationship;

4. to analyze the inter-relationships between family-centered behavior and parental empowerment within the context of education in British Columbia, Canada.

This study adds to the body of research from a salutogenic orientation, one that focuses on and provides better understanding of “the unrealized potential of ecologies that sustain and strengthen constructive processes” (Bronfenbrenner, 1986, p. 738). Studies that highlight potentially positive adaptive processes and outcomes for families of children with disabilities are important because they help balance the largely pathogenic body of research literature that has been published in the area of families of children with disabilities. These studies continue to influence the “experts” and the systems which interact with these families (e.g., Antonovsky, 1993).
Research Questions

1.) Is family-centered behavior important to parents of school-age children with disabilities in British Columbia, Canada?

Hypothesis:
It was hypothesized that family-centered behavior would be rated as at least moderately important overall to parents of children with disabilities.

2.) How frequently do parents perceive family-centered behavior to be practiced by teachers (in British Columbia) in their interactions with parents of children with disabilities?

Hypothesis:
It was hypothesized that parent ratings of the frequency of family-centered behavior would be low to moderate.

3.) Are parents of children with disabilities satisfied with the frequency of family-centered behavior they experience in schools in British Columbia?

Hypothesis:
It was hypothesized that overall, parents of children with disabilities would not be satisfied with the frequency of family-centered behavior they experienced.

4.) Are parental ratings of the frequency of teachers’ family-centered behavior related to parental self-reports of psychological empowerment?

Hypothesis:
It was hypothesized that parents’ ratings of teachers’ family-centered behavior would be moderately, positively related to their self-reports of psychological empowerment (specific to the education context).
5. What are the relationships among family status variables (i.e., parent income and parent education level) to parental self-reports of psychological empowerment? 

Hypothesis 

It was hypothesized that there would be low to moderate positive relationships between parent income and parental education level and parental self-reports of psychological empowerment. Parents with higher incomes and education levels were expected to report higher levels of psychological empowerment.

6. What are the relationships among child disability characteristics (i.e., severity of disability, severity of behavioral difficulties) to parental psychological empowerment? 

Hypothesis: 

It was hypothesized that there would be a moderate negative relationship between level of severity of the child’s disability and parental empowerment.

7. What is the impact of family-centered behavior on parental psychological empowerment (specific to the context of the school system), beyond the effects of family status variables and child characteristics? 

Hypothesis: 

It was hypothesized that family-centered behavior would predict parental psychological empowerment after accounting for the effects of family status variables and child characteristics.

Participants 

Characteristics of the Parents 

Participants were 256 parents of elementary school-age children (ages 5 – 14) identified by their parent as having a disability or “special needs.” The term “special
needs” was used in place of “disability” as this term is frequently used in the B.C. Education system. In addition, initial feedback received from several parents who have children with disabilities, during the development stages of the study, suggested that they considered the term “special needs” less stigmatizing than “disability”.

A purposive sampling technique was used, targeting parents who were members of or affiliated with parent support groups for parents of children with a wide range of disabilities (e.g., The Autism Society, The Learning Disabilities Association, The Down Syndrome Research Foundation). Membership in a parent support group is a variable that has been found to be related to parental empowerment although it is not clear whether participation in the group leads to greater levels of empowerment, or whether parents who join and participate in parent groups do so because they are already more empowered than non-participators (e.g., Thompson et al., 1997; Singh & Curtis, 1997; Zimmerman, Israel, Schulz, & Checkoway, 1992). Although membership in a parent support group may represent a skewed population in terms of unknown variables that may influence empowerment, other large scale studies that have included parents who are members of disability support groups have found a wide range of variability in the family status variables (income and education level) and child disability characteristics that are of interest in this study (e.g., Petr & Allen, 1997). Considerable variability in level of involvement in a parent support group was reported in this study (see Table 2.)

Demographic characteristics of the parent participants are outlined in Table 2. The majority of participants were mothers (87%), with 10 percent being fathers. There was also one grandmother and four foster mothers. The majority of participants (78 %) were Caucasian. The mean age of the participants was 40 (standard deviation = 6.7), with
a minimum age of 19 and a maximum age of 68. Seventy-three percent of participants were married, and 26 percent were single (including divorced and widowed). Sixty-eight percent of participants lived in two parent families. Twenty-three percent of participants lived in single-parent families. Other family compositions included extended families (5%) and blended families (4%). The majority of participants (74%), had attended college or university although levels of education ranged from high school diploma or less (26%) up to Doctoral degree (1.6%). The majority of participants (67%) were engaged in work or school outside of the home either full or part-time. Approximately a third (33%) of participants were not working or were full time parents. Family income ranged from less than $10,000.00 per year to 125,000.00 (or more) per year. The average family income was approximately $60,000.00 per year.

Characteristics of the Children

Parents of elementary-school age children with disabilities were targeted. Although there was some interest expressed by parents who had high school and college-age children, those parents were excluded from the study. The researcher was also contacted by members of the Gifted Children’s Association and asked if they could participate. These parents were included if their child was gifted but also had a disabling condition (e.g., learning disability or behavioral disorder). Characteristics of the children are outlined in Table 3.

Children ranged in age from 5 to 14 (mean = 9, standard deviation = 2.4). The majority of children were in Kindergarten through grade 7. Two children were in grade 8, and one was in grade 9. These children were included because they were in resource rooms or classrooms within elementary schools. The majority of children (81%) attended
regular classrooms where they were included with typical peers for 50% of the day or more. The others were roughly equally divided between those who attended pull-out or resource room programs for most of the day with some inclusion (8%) and those who were placed in segregated settings (9%). The majority of children attended public schools in the Lower Mainland (61%), otherwise known as the greater Vancouver area. Another large percentage attended public schools on Vancouver Island (18%). There was some representation, however, in other regional districts across the province of British Columbia, including the North (4%) and the Interior (4%). Approximately 3 percent of students attended religious or private schools.

The majority of children were male (68%). Although parents were asked to identify one diagnostic category for their child, many (30%) indicated more than one diagnosis. The most frequently identified diagnoses were autism (30%) and learning disability (28%) (See Table 3 for details). Child diagnostic category was recoded by the researcher into “high incidence” (severe), “low incidence” (mild) and “behavior disorder” groups. The “high incidence or mild disability” group included children identified as having a learning disability, mild intellectual disability, or who were hard of hearing. The “behavior disorder” group included children identified as having a moderate behavior disorder, a severe behavior disorder, or ADHD. The “low incidence or severe disability” group included the following diagnoses: moderate/severe/profound intellectual disability, multiple disabilities, physical disability or chronic health, deaf, visually impaired, autism, and Down syndrome. If a child was identified as having a high incidence disability and a behavior disorder he or she was placed in the behavior disorder category. If a child was identified as having a high incidence disability and a low incidence disability, he or she
was placed in the low incidence category. If a child was identified as having a low incidence disability and a behavior disorder, he or she was placed in the low incidence category. Severity of child behavior (as rated by the parents) ranged from “no behavioral difficulties” (15%) to “very severe behavioral difficulties (4%). The majority (65%) of children were identified as having mild to moderate behavioral difficulties. Severity of child disability (as rated by parents) ranged from “very mild disability” (3 %) to “very severe disability” (4 %). The majority of children were rated by their parents as having a “moderate disability” (49%).
Table 2.

Parent Participant Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Min</th>
<th>Max</th>
<th>Missing Data</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>237</td>
<td>40.44</td>
<td>6.70</td>
<td>19</td>
<td>68</td>
<td>19</td>
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</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>224</td>
<td>87.5</td>
</tr>
<tr>
<td>Father</td>
<td>27</td>
<td>10.5</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>Ethnic/Racial Background</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>11</td>
<td>4.3</td>
</tr>
<tr>
<td>Asian</td>
<td>20</td>
<td>7.8</td>
</tr>
<tr>
<td>Caucasian</td>
<td>199</td>
<td>77.7</td>
</tr>
<tr>
<td>Arabic/Middle Eastern</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>South Asian</td>
<td>8</td>
<td>3.1</td>
</tr>
<tr>
<td>Latin American/Hispanic</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>Mixed Ethnicity</td>
<td>5</td>
<td>2.0</td>
</tr>
<tr>
<td>Missing Data</td>
<td>1</td>
<td>.4</td>
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### Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Married</td>
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<td>73.0</td>
</tr>
<tr>
<td>Single</td>
<td>65</td>
<td>25.5</td>
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<td>Missing data</td>
<td>4</td>
<td>1.6</td>
</tr>
</tbody>
</table>

### Family Composition

<table>
<thead>
<tr>
<th>Composition</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two parent family</td>
<td>172</td>
<td>67.2</td>
</tr>
<tr>
<td>Single parent family</td>
<td>60</td>
<td>23.4</td>
</tr>
<tr>
<td>Blended family</td>
<td>10</td>
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<tr>
<td>Extended family</td>
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<td>5.1</td>
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<tr>
<td>Missing data</td>
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### Highest Level of Parent Education

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Less than high school</td>
<td>5</td>
<td>2.0</td>
</tr>
<tr>
<td>High school diploma</td>
<td>61</td>
<td>23.8</td>
</tr>
<tr>
<td>1-3 yrs college or univ.</td>
<td>99</td>
<td>38.7</td>
</tr>
<tr>
<td>4 yr college or univ.</td>
<td>44</td>
<td>17.2</td>
</tr>
<tr>
<td>Some graduate work</td>
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<td>7.4</td>
</tr>
<tr>
<td>Masters degree</td>
<td>23</td>
<td>9.0</td>
</tr>
<tr>
<td>Doctoral degree</td>
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<td>1.6</td>
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<tr>
<td>Missing data</td>
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<td>0.4</td>
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### Parent Employment

<table>
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<tr>
<th>Employment Type</th>
<th>Count</th>
<th>Percentage</th>
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<tr>
<td>Full-time employment</td>
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</tr>
<tr>
<td>Part-time employment</td>
<td>61</td>
<td>23.8</td>
</tr>
<tr>
<td>Student</td>
<td>16</td>
<td>6.3</td>
</tr>
<tr>
<td>Category</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Unemployed or Full-time parent</td>
<td>84</td>
<td>32.8</td>
</tr>
<tr>
<td>Student &amp; working pt.time</td>
<td>1</td>
<td>0.4</td>
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<tr>
<td>Missing data</td>
<td>3</td>
<td>1.2</td>
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**Family Income**

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>&lt; 10,000</td>
<td>6</td>
<td>2.4</td>
</tr>
<tr>
<td>10-19,000</td>
<td>10</td>
<td>3.9</td>
</tr>
<tr>
<td>20-29,000</td>
<td>21</td>
<td>8.2</td>
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<tr>
<td>30-39,000</td>
<td>21</td>
<td>8.2</td>
</tr>
<tr>
<td>40-49,000</td>
<td>38</td>
<td>14.8</td>
</tr>
<tr>
<td>50-59,999</td>
<td>45</td>
<td>17.6</td>
</tr>
<tr>
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<td>70-79,000</td>
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<td>9.4</td>
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<tr>
<td>80-89,000</td>
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<td>9.8</td>
</tr>
<tr>
<td>100-124,000</td>
<td>17</td>
<td>6.6</td>
</tr>
<tr>
<td>125,000 &amp; over</td>
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**Level of Support Group Involvement**

<table>
<thead>
<tr>
<th>Involvement Level</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No involvement</td>
<td>35</td>
<td>13.7</td>
</tr>
<tr>
<td>Very minor Involvement</td>
<td>62</td>
<td>24.2</td>
</tr>
<tr>
<td>Minor involvement</td>
<td>54</td>
<td>21.1</td>
</tr>
<tr>
<td>Moderate involvement</td>
<td>53</td>
<td>20.7</td>
</tr>
<tr>
<td>High involvement</td>
<td>35</td>
<td>13.7</td>
</tr>
<tr>
<td>Very high involvement</td>
<td>17</td>
<td>6.6</td>
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Table 3.

Child Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td><strong>Child Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>3.9</td>
</tr>
<tr>
<td>6</td>
<td>41</td>
<td>16.0</td>
</tr>
<tr>
<td>7</td>
<td>36</td>
<td>14.1</td>
</tr>
<tr>
<td>8</td>
<td>30</td>
<td>11.7</td>
</tr>
<tr>
<td>9</td>
<td>22</td>
<td>8.6</td>
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<tr>
<td>10</td>
<td>32</td>
<td>12.5</td>
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<tr>
<td>11</td>
<td>34</td>
<td>13.3</td>
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<tr>
<td>12</td>
<td>30</td>
<td>11.7</td>
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<tr>
<td>13</td>
<td>15</td>
<td>5.9</td>
</tr>
<tr>
<td>14</td>
<td>4</td>
<td>1.6</td>
</tr>
<tr>
<td>Missing data</td>
<td>2</td>
<td>.8</td>
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<tr>
<td><strong>Child Gender</strong></td>
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<td></td>
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<tr>
<td>Male</td>
<td>175</td>
<td>68.4</td>
</tr>
<tr>
<td>Female</td>
<td>80</td>
<td>31.3</td>
</tr>
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<td>.4</td>
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<tr>
<td><strong>Child Grade</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kindergarten</td>
<td>31</td>
<td>12.1</td>
</tr>
<tr>
<td>Grade 1</td>
<td>42</td>
<td>16.4</td>
</tr>
</tbody>
</table>
_grade 2 23 9.0
Grade 3 42 16.4
Grade 4 18 7.0
Grade 5 31 12.1
Grade 6 35 13.7
Grade 7 29 11.3
Grade 8 2 .8
Grade 9 1 .4
Missing data 2 .8

**Diagnostic Category*** Adds up to more than 100%

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>71</td>
<td>27.7%</td>
</tr>
<tr>
<td>Mild intellectual disability</td>
<td>19</td>
<td>7.4%</td>
</tr>
<tr>
<td>Moderate/severe/profound intellectual disability</td>
<td>31</td>
<td>12.1%</td>
</tr>
<tr>
<td>Moderate behavior disorder</td>
<td>17</td>
<td>6.6%</td>
</tr>
<tr>
<td>Severe behavior disorder</td>
<td>18</td>
<td>7.0%</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>18</td>
<td>7.0%</td>
</tr>
<tr>
<td>Physical disability or Chronic health</td>
<td>31</td>
<td>12.1%</td>
</tr>
<tr>
<td>Deaf</td>
<td>4</td>
<td>1.6%</td>
</tr>
<tr>
<td>Hard of hearing</td>
<td>11</td>
<td>4.3%</td>
</tr>
<tr>
<td>Visually Impairment</td>
<td>7</td>
<td>2.7%</td>
</tr>
<tr>
<td>Autism</td>
<td>77</td>
<td>30.1%</td>
</tr>
<tr>
<td>Down syndrome</td>
<td>20</td>
<td>7.8%</td>
</tr>
<tr>
<td>Description</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>ADHD</td>
<td>21</td>
<td>8.2</td>
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<tr>
<td>Gifted</td>
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<td>5.1</td>
</tr>
<tr>
<td>Missing data</td>
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<td>1.2</td>
</tr>
</tbody>
</table>

**Diagnostic Group**

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Incidence</td>
<td>58</td>
<td>22.7</td>
</tr>
<tr>
<td>Low Incidence</td>
<td>159</td>
<td>62.1</td>
</tr>
<tr>
<td>Behavior Disorder</td>
<td>36</td>
<td>14.1</td>
</tr>
<tr>
<td>Missing data</td>
<td>3</td>
<td>1.2</td>
</tr>
</tbody>
</table>

**Severity of Disability**

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very mild disability</td>
<td>7</td>
<td>2.7</td>
</tr>
<tr>
<td>Mild disability</td>
<td>47</td>
<td>18.4</td>
</tr>
<tr>
<td>Moderate disability</td>
<td>123</td>
<td>48.0</td>
</tr>
<tr>
<td>Severe disability</td>
<td>64</td>
<td>25.0</td>
</tr>
<tr>
<td>Very severe disability</td>
<td>11</td>
<td>4.3</td>
</tr>
<tr>
<td>Missing data</td>
<td>4</td>
<td>1.6</td>
</tr>
</tbody>
</table>

**Severity of Behavior**

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No behavior difficulties</td>
<td>40</td>
<td>15.6</td>
</tr>
<tr>
<td>Mild behavior difficulties</td>
<td>82</td>
<td>32.0</td>
</tr>
<tr>
<td>Moderate behavior difficulties</td>
<td>84</td>
<td>32.8</td>
</tr>
<tr>
<td>Severe behavior difficulties</td>
<td>39</td>
<td>15.2</td>
</tr>
<tr>
<td>Very severe behavior difficulties</td>
<td>9</td>
<td>3.5</td>
</tr>
<tr>
<td>Missing data</td>
<td>2</td>
<td>.8</td>
</tr>
</tbody>
</table>
Procedures

The researcher wrote to and made telephone calls to numerous parent disability support groups (including all categories of disability groups of interest to this study) asking for their endorsement, to be invited to attend parent support meetings to distribute the questionnaire, and to ask if an advertisement about the study and a contact number could be published in their parent newsletters or in any other format (see Appendices 1 – 4). Some groups were particularly receptive to promoting and supporting the study, including: The B.C. Autism Society, The Vancouver Learning Disabilities Association, The Down Syndrome Research Foundation, The Developmental Disabilities Association, The Coquitlam Family Resource Center, The Federation for Invisible Disabilities on Vancouver Island, and Children and Adolescents with Attention Deficit Disorders.

The researcher also attended conferences and special events that were attended by parents of children with disabilities. Several parent disability group leaders also agreed to distribute questionnaires at their group meetings and parent sessions.

Parents who responded to a flyer or parent newsletter advertisement were mailed a questionnaire packet with a return stamped envelope. Many parents completed questionnaires and returned them to a drop box while they were attending a conference or support group workshop. In addition, several parent support organizations agreed to have questionnaires and stamped return envelopes available at their centers for parent pick up. Some groups agreed to do a mail-out to families. Other groups agreed to include information about the study in their newsletter or on an email information notice.

265 questionnaires were returned over a period of 6 months. Of these questionnaires, 9 were eliminated from the analysis for the following reasons:
questionnaires from parents who had children who were in high school or college, questionnaires completed by parents who did not live in British Columbia, a questionnaire completed by a parent who was home-schooling (and could not comment on her perceptions of teacher behavior), and a questionnaire that was impossible to interpret because the parent had rated three different children using multiple items on one questionnaire. The final analysis included 256 questionnaires. A response rate can not be calculated because there is no way of knowing the number of actual number of questionnaires that were distributed to parents via the various parent support organizations. All data were collected through the use of a questionnaire. The questionnaire packet contained an informed consent form (see Appendix 5), an instruction sheet (see Appendix 6), The Family-centered Behavior Scale-Importance (see Appendix 7), The Family-centered Behavior Scale (see Appendix 8), The Family Empowerment Scale (see Appendix 9), and The Family Background Questionnaire (see Appendix 10). Questionnaire completion required approximately 20 minutes.

Instruments

The Family-Centered Behavior Scale (FCBS) (Allen, Petr, & Brown, 1996)

Parents’ perceptions of the family-centered behavior of their child’s teacher was measured in this study by the FCBS. The scale was specifically developed to measure the family-centeredness of a staff member of any service delivery system that works with families who have a child with special needs. The scale was developed for use in evaluating the family-centeredness of individual professionals rather than overall program characteristics. This scale seemed appropriate, therefore, because it focused on the level of parent-teacher interactions specifically, rather than parent-school interactions.
more generally. This is consistent with the focus on this study, which was specifically interested in this level of analysis. The authors of the scale suggested that this scale may be used within the context of the school-age education system, and it was validated for use with parents of children with a wide range of disabilities and ages including school age, whereas many other measures of family-centeredness have been primarily or only used with families of preschool-age children with developmental disabilities and within contexts other than schools. The items of the FCBS appear to the researcher to have face validity when applied to the context of parent-teacher interactions at the elementary school level, unlike other measures of family-centered behavior that have been used primarily in family support which appear more relevant to the types of interactions that would take place in a family support program, but not in a school program.

The scale was developed to be completed by the parents or guardians of children with special needs. The FCBS consists of 26 items that describe family-centered behaviors that may be performed by staff members in their interactions with parents. The parent completing the scale indicates on a 5-item likert-type rating ranging from (1) never to (5) always, how frequently the staff member performs specified behaviors. Respondents may also circle “0” to indicate they do not know. Four of the FCBS items are scored in reverse: items 4, 11, 13, and 15.

The companion scale, The Family-Centered Behavior Scale-Importance (FCBS-I), contains the same 26 items, and asks parents to rate the importance of each item, also on a 5-item likert-type rating ranging from (1) not at all important to (5) extremely important. The FCBS-I does not contain items that are scored in reverse. Average scores can be calculated for each of the 26 FCBS and FCBS-I items.
Average family-centeredness scores can be calculated for each of the scales (FCBS and FCBS-I) by adding together the individual's responses and dividing this number by the number of items completed. The entire scale contains 26 items, but if some items are not completed or the participant indicates "I don't know," then the manual of the scale recommends calculating the average score based on the number of items completed by the individual (Allen, Petr, & Brown, 1995). In addition, discrepancy scores can also be calculated by comparing the responses to the FCBS with the FCBS-I. The steps for calculating discrepancy scores are as follows:

1. Compute the average FCBS score.
2. Compute the average FCBS-Importance score.
3. Subtract the Importance score for an item from its behavior score.

*Development of the FCBS.* Allen and Petr (1995) conducted an extensive cross-disciplinary literature review and conceptualization of family-centered service delivery. This included the disciplines of education, social work, nursing, psychology, speech therapy, occupational therapy, and health care. Based on this review, the authors developed a consensus definition of family-centered service delivery that they believe can be used across disciplines, including education. Consistent with a family-centered philosophy, the literature review included many studies that involved parents directly in the exploration and definition of what it means to be family-centered. The authors of the FCBS then developed their definition of family-centered behavior and had this definition reviewed by both parents of children with special needs and by professionals who work with families of children with special needs. The three central themes of the FCBS are summarized by the authors: "Family-centered service delivery recognizes the centrality
of the family in the lives of individuals. It is guided by fully-informed choices made by
the family and focuses upon strengths and capabilities of these families.” (Allen, Petr, &
Brown, 1995, p. 3)

The items that were generated for the FCBS were written to represent the three
central themes: centrality of the family, informed decision-making by the family, and a
strengths perspective. Items were written to describe behaviors that a staff member could
perform. An initial list of 51 items was then reviewed by six focus groups, including 55
reviewers equally represented by parents and professionals. This resulted in 32 items.
Further input was solicited from parents in the wording of items. A field test was
conducted with the 32-item scale with 21 parents of children with mental health needs
attending a conference in Kansas. In addition, half of these parents were also asked to
describe their “best” and “worst” staff worker in their experience regarding their child
with special needs. This lead to re-wording and re-ordering of some of the original items.
Finally, a large mail survey was conducted to provide further refinement and validation.
Families of children with a wide range of special needs, across 45 states, including a
large proportion of school-age children and ratings of diverse staff members, the most
frequent of whom were special education teachers were included in this large-scale
validation study. The 32-item scale was then reduced to the 26-item scale. The authors of
the FCBS conducted a factor analysis but found that the scale items did not separate into
meaningful subscales. They did note, however, high inter-item correlations amongst the
final 26 items. They suggested that the underlying dimensions of family-centered
behavior are perhaps highly inter-related and therefore did not separate into distinct
factors.
Validity of the FCBS. The developers of the scale report validity of the original scale through three analyses. The scale was able to differentiate between worst and best staff members. The developers suggest that staff rated as “good” or “best” would also be rated as more family-centered, and that those rated as “bad” or “worst” would be rated as less family-centered. A comparison of means between the “best” “worst” and “only” professionals revealed that the means of all items rating the professional were different at the .001 level. Differences were in the expected direction with more family-centered staff being rated “best” and less family-centered staff being rated “worst”. Additional validity of the FCBS items was demonstrated by the rating of importance. All item means were at or above 3.2 (3 = important). Finally, the researchers suggest that the relationship between the FCBS items and parent ratings of satisfaction provides further evidence of validity. Correlations between scale items and satisfaction were in the expected direction and above .52. The development of this scale both through thorough grounding in the literature (Allen & Petr, 1995, 1996) and through the participatory involvement of consumers also supports its validity.

Reliability of the FCBS. For the original 32-item scale, the standardized alpha, a measure of internal consistency was .9712 (N= 133), using Cronbach’s alpha coefficient. Only two items had item-total correlations below.50. The test-retest correlation was .9601 (N = 128). For the final 26-item scale, the internal consistency, alpha coefficient was .9733 (N = 222). The high internal consistency of the FCBS suggests that the items of the FCBS represent a single construct, and this justifies the use of the overall score as an estimate of overall family-centered behavior.
Changes made to the FCBS and FCBS-I. Minor changes were made to the FCBS and FCBS-I with the permission of the authors (see appendices 7 and 8). The original scales included Spanish subtitles and directions. The Spanish writing was eliminated from the scale in this study as Spanish is not spoken in British Columbia to the extent that it may be in some parts of the United States. In addition, the version of the scale used in this study replaced “the person you have been asked to rate” and “the staff member” with “your child’s classroom teacher” and “my child’s classroom teacher,” as this study is specifically about parents’ perceptions of their interactions with their child’s classroom teacher.

Reliability of the current versions of the FCBS and FCBS-I. Since minor modifications were made to the FCBS and the FCBS-I, reliability analyses were conducted for these scales used in the present study. Cronbach’s coefficient alpha was used to estimate an internal reliability for each of the scales using only complete rating scales (i.e., scales completed with no missing data). The coefficient alphas for each of the scales was as follows: .98 for the FCBS (N = 162), and .96 for the FCBS-I (N = 248). Although minor modifications were made, the reliabilities found for the FCBS and FCBS-I are very similar to those found by the authors and reported in the manual (Allen, Petr, & Brown, 1995).

The Family Empowerment Scale (FES), (Koren, DeChillo, & Friesen, 1992)

Parents’ psychological empowerment was measured in this study by The Family Empowerment Scale (FES). The FES was developed by Koren, DeChillo, and Friesen (1992) at Portland State University. This scale was developed to measure empowerment as a multi-faceted construct, and specific to families who have children with disabilities.
The scale was also developed for the purposes of evaluating the effectiveness of interventions or service programs that work with parents of children with disabilities. The FES measures empowerment as a state, an outcome, not as a process. The authors state that they conceptualize empowerment as a state that may change over time in response to the environment and new experiences. This scale was selected for this study as it is a multi-dimensional quantitative measure of empowerment as a state, or as an outcome, specific to families of children with disabilities. The FES is also valid specific to parents of school-age children because parents of minors up to the age of 21 were included in the initial scale development and validation studies, and it has been used with parents of children with a wide range of disabilities and ages within various service system contexts, including schools. The FES is a 34-item likert type rating scale. The parent completing the scale indicates how each statement applies to him or her on a scale ranging from (1) not true at all to (5) very true. The scoring procedure for the FES is based on a simple, unweighted summation of the items within three construct areas: Family (12 items which consist of items: 2,4,7,9,16,21,26,29,31,33,34), Service System (12 items which consist of items: 1,5,6,11,12,13,18,19,23,28,30,32) and Community / Political (10 items which consist of items: 3,8,10,14,15,17,20,22,24,25). The FES generates three separate subscale scores that represent empowerment specific to three different levels or contexts. All items are scored in the same direction, with no reversed items. A higher score indicates relatively more empowerment in each respective area.

The FES as a quantitative multi-construct measure of empowerment. The FES is one of very few quantitative measures of empowerment. Prior to the development of the FES, Zimmerman and Rappaport (1988) measured empowerment in a quantitative...
manner by using 11 different scales representing different aspects of the construct in a study of citizen participation. Gutierrez and Ortega (1991) also measured empowerment through three quantitative measures; however, the measures they developed were specific to Latin Americans involved in political empowerment. Other researchers who have studied empowerment (e.g. Trivette, Dunst, Boyd & Hamby, 1995; Trivette, Dunst, & Hamby, 1996a, 1996b) have used a single-item measure of perceived control, which is a very simplistic measure of only one aspect of empowerment. Zimmerman (1995), one of the primary experts in empowerment theory, recommended that empowerment be measured as a multidimensional construct. According to Zimmerman (1995, 2000) empowerment may be conceptualized as a three-part construct including the intrapersonal (e.g., perceived competence, perceived control), interactional (e.g., knowledge, skills), and behavioral (e.g., level of involvement, advocacy actions) components, and he recommended that any measure of empowerment assess all three components (Zimmerman, 1995). Zimmerman suggested that paper and pencil self-report measures that include the three components according to his theory are appropriate quantitative measures of empowerment as a state or outcome consistent with his theoretical framework. He also emphasized that any measure of empowerment be specific to the context and the type of individual under consideration.

The FES meets the requirements according to Zimmerman’s recommendations. Koren and colleagues (1992) developed the FES to measure empowerment of parents with children with disabilities on two dimensions, each of which is multi-part. Overlapping with Zimmerman’s model, the FES measures what the authors refer to as “expressions” of empowerment:
a) Attitudes, what a parent feels and believes;
b) Knowledge, what a parent knows and can potentially do; and
c) Behaviors, what a parent actually does” (p. 308).

The other dimension is the “level of empowerment”:

a) Family, that is, the immediate situation at home…
b) Service System, that is professionals and agencies that provide services to the parent’s own child…
c) Community/Political, that is legislative bodies, policy makers, agencies, and community members who are concerned with or who influences services for children…” (p. 308).

The FES, therefore, allows for measurement of the various expressions or components of empowerment, across as well as specific to a particular setting or context within which the parent functions related to the child with disabilities. Koren and colleagues state that they developed the FES from the basis of a conceptual framework that is grounded in a thorough review of empowerment literature. In addition to published literature, they also solicited the expertise of families who had children with emotional disabilities as well as staff from the Research and Training Center on Family Support and Mental Health (RTC) in Portland.

*Development of the FES.* After review of the literature and expert consultation, the authors of the FES generated items to measure each of the identified components. The initial 28-item scale was then pilot tested with a small sample of 94 parents of children with emotional disabilities. Questionnaire completion was supplemented with focus group discussions. From this process a 34-item scale was developed. This 34-item scale
contains 12 items in the Family category, 12 items in the Service System category and 10 items in the Community Political category. This generates three subscores.

Field testing took place for the purposes of reliability and validity study. First, organizations for parents of children with emotional, behavioral and mental disorders in Wisconsin, Oregon, Mississippi, and the District of Columbia were contacted. The membership in these organizations also included families of children with multiple disabilities beyond mental and emotional disorders. Three hundred and seventy-eight questionnaires were returned. An additional sample of 116 families who had been involved in research in the RTC at Portland University, and who lived in 31 states, also participated. Finally, test-retest analysis was conducted with a group of 107 parents from Oregon and RTC projects. In total, 440 parents were involved in the initial field study. Parents in this group had children up to age 21 (average age was 13) and the most frequent diagnoses included: ADHD, LD, Emotional Disorder, Conduct Disorder, Developmental Disorder, Oppositional Disorder, and Depression. Many of the children (70%) had multiple diagnoses.

Reliability of the FES. Internal consistency of the FES subscores was measured by computing alpha coefficients for each of the three subscale scores. The coefficients are as follows: Family: .88; Service System: .87; Community/Political: .88. Test-Retest reliability coefficients are as follows: Family: .83; Service system: .77; Community/Political: .85.

Validity of the FES. The authors of the FES provide evidence of the correspondence of item content to the underlying theoretical constructs. To assess construct validity, the authors measured inter-rater reliability among a group of 25
professionals from the field of social work or who worked in the family service delivery field, all of whom were given additional literature on empowerment. Two issues were of interest to the test developers: agreement in classifying items, and agreement in the classification scheme. For item classification, Kappa coefficients were calculated, and all were between .70 and .83. The overall Kappa coefficient was .77. For the assessment of the agreement with the original item classification scheme, the average Kappa coefficient was .83.

Additional evidence of validity presented by the authors is a factor analysis. The authors were interested in the correspondence of the factor structure to the conceptual framework, as well as the contribution of items to factors that would represent each category. The findings of the factor analysis provided support for the three level dimensions of the conceptual framework. The authors recommended, therefore, that the FES should be scored using each of the three level subscales: Family, Service System and Community/Political.

Finally, the authors of the scale present evidence that the FES was able to discriminate between parents who were actively involved in activities that represent primarily community, service system, and organizational participation and those who were not involved (according to self-report). Activities that represented active participation (consistent with higher degrees of empowerment) included, for example, serving on a task force, contacting legislators, pursuing formal legal complaints, assisting parents to advocate within a system, organizing and assisting with advocacy groups, and other behaviors such as writing articles or giving a speech on behalf of an educational or community issue. The results of a multivariate analysis of variance, which was used to
compare those who were active and those who were not, with the three FES sub-scores as dependent variables was significant. The lowest mean overall subscores for participants who were inactive and uninvolved in the various activities were: 3.05 on the community/political scale, 3.65 on the family scale and 3.9 on the service system scale. The highest mean overall subscores for participants who were active and involved were: 4.14 on the community/political scale, 4.22 on the family scale, and 4.46 on the service system scale.

*Use of the FES in other studies.* Since its development, the FES has been used in several published studies of the empowerment status or outcome of families of children with disabilities. These studies have included parents from various income levels of children of a wide range of ages and types of disabilities in a variety of settings (e.g., Curtis & Singh, 1996; Florian & Elad, 1998; Heflinger, Bickman, Northrup, & Sonnichsen, 1997; Itzhaky & Schwartz, 1998; Koroloff, Elliot, Koren, & Friesen, 1996; Santelli, Singer, DiVenere, Ginsberg, & Powers, 1998; Thompson et al., 1997).

In a recent analysis of the psychometric properties of the FES, Singh and colleagues (1995) assessed the properties of the FES in a study of 228 parents of children with emotional disorders or ADHD. The authors concluded that the FES has "robust psychometric properties and may be useful in assessing the empowerment status of families whose children are handicapped" (p. 85). In this study, Singh and Curtis used a different four-factor solution and found high correspondence between these and the original FES factors. This analysis of the FES provides evidence of its psychometric properties. However, the use of the factor scores is inconsistent with the original authors' intentions.
In the study by Thompson and colleagues (1997), however, the three subscales as recommended by the authors of the FES were used. This was a study of empowerment among parents of preschool age children with developmental, physical and medical disabilities within the context of early intervention. Using the original three subscales these researchers reported the following evidence of reliability. The coefficient for the Family subscale was .85, for the Service system subscale, alpha was .86; and for the Community subscale alpha was .84. These authors also reported significant differences in levels of empowerment in each of the three contexts, consistent with empowerment theory with regard to the context specificity of empowerment.

*Changes made To the Family Empowerment Scale.* Minor changes in wording were made to the FES for the present study with the permission of the author (see Appendix 9). The original FES contains the following wording in the instructions “Below are a number of statements that describe how a parent or caregiver of a child with an emotional problem....” “Emotional problem” was replaced by “special needs” in order to make it apply to this parent population. In addition, the wording on the “service system” subscale was changed slightly to make it specific to the school system. For items 1, 5, 6, 11, 13, 18, 19, 23, and 32 the words “at school” were added to the end of each item. For item 30 the term “service system” was changed to “school system.”

*Reliability of the version of the Family Empowerment Scale used in this study.* As minor modifications were made to the FES, reliability analyses were conducted on each of the subscales of the FES used in the present study. Using Cronbach’s coefficient alpha, the following reliabilities were estimated for the individual scales as follows: .95 for the School-Service System scale (N = 252), .91 for the Family scale, and .91 for the
Community scale. The reliabilities for each of the scales of the FES are somewhat higher in the version used in this study than those reported by the authors for the original scale (Koren, DeChillo, & Friesen, 1992).

*The Family Background Questionnaire*

*The Family Background Questionnaire* (Appendix 10) was developed by the researcher to assess parent status variables (income level, education level) and child characteristics (diagnostic category, severity of disability and severity of behavioral difficulties) of interest to this study. Additional demographic information was gathered to provide descriptive information about the sample of participants. Additional information gathered included parent characteristics such as: parent age, marital status, parental relationship to the child, ethnic background, employment status, occupation, spouse/partner employment status and occupation, and child characteristics such as: child age and gender, type of classroom the child is enrolled in, and school district enrolled in. In addition, as the study solicited parents through support groups for families who have children with disabilities, parents were asked about their level of involvement and participation with such a group. Many of the demographic, parent and child status items that appear on *The Family Background Questionnaire* are consistent with those that appear frequently in the literature and are considered potentially influential in their relationship to family-centered behavior and family empowerment (e.g., Akey, Marquis, & Ross, 2000; McWilliam, Maxwell, & Sloper, 1999; Trivette, Dunst, Boyd, & Hamby, 1995; Trivette, Dunst, & Hamby, 1996a, 1996b; Singh & Curtis, 1997).

*The Family Background Questionnaire* was developed to serve two purposes. One purpose was to gather descriptive demographic and background information to describe
the parent participants and their child with disabilities. The other purpose was to ask about specific parent and child status variables that were hypothesized to potentially influence family-centered behavior and outcomes of family empowerment.

Categorization of ethnicity and family income groups is consistent with the language and categorization system of the Statistics Canada Census. Child diagnostic categories are according to the B.C. Ministry of Education (1995, 2002). The researcher coded the child diagnosis as high incidence (mild disability), low incidence (severe disability), or behavior disorder as described earlier in this chapter. In addition, two likert-type items asked the parent to subjectively judge the level of severity of their child’s disability and behavioral difficulties on a scale of 1 – 5, with 1 representing lower levels of difficulty or severity and 5 representing higher levels of difficulty or severity. Level of severity of disability or behavior as perceived by the parent is another frequently used way of categorizing or describing child diagnostic features consistent with other studies of families of children with disabilities (e.g., Petr & Allen, 1997; Petr, Allen, & Brown, 1995). Wording of many of the demographic information items (e.g., “What is your age?”; “What is your marital status?”) has been borrowed from family background questionnaires used in other studies of family-school partnerships (e.g., Good, 2001; Simmons, Ford, & Waizenhofer, 2001).

Summary

In this chapter the methodology of this study was presented. Ecological (Bronfenbrenner, 1979, 1986, 1992) and empowerment (Dunst, Trivette, & Deal, 1994; Dunst, Trivette, & LaPoint, 1994; Zimmerman, 1995, 2000) theories provided the framework for this study, while the rationale and method of the study were derived from
a research paradigm consistent with an endogenic approach to understanding reality, one that emphasizes the important influence of one’s subjective experience. The research questions attempt to provide better understanding of the important interplay between characteristics of the individual, the parent and the child with disabilities, and processes that occur within the context of education, as perceived by the parents who experienced that process. The procedures involve self-report questionnaires that attempt to document the perceptions of the participants. The primary instruments used in this study, The Family-Centered Behavior Scale and The Family Empowerment Scale, are instruments with good psychometric properties, designed specifically for use with parents of children with disabilities who interact with human services systems including education.
CHAPTER IV

Results

Descriptive information in an emerging area of study within the context of education in Canada is provided. Several descriptive methods including analyzing frequencies, means and standard deviations, as well as analyses of discrepancies between scale scores, were utilized.

The associations among several variables, including parent status and child disability characteristics, family-centered behavior and family empowerment were analyzed. This study also investigated the degree and direction of relationships using correlational and regression analyses. Hierarchical multiple regression was used to determine the degree of relationship between the outcome (dependent variable) and several blocks of predictors (independent variables) at each increment of the hierarchy.

The results chapter is organized according to the research questions and specific hypotheses proposed earlier.

*Research Question 1*

Is family-centered behavior important to parents of school-age children with disabilities in British Columbia, Canada?

Research question one is primarily a descriptive question. In order to determine whether or not family-centered behavior was considered important to parents in this study, the mean total score on the *Family-Centered Behavior Scale-Importance* for each individual was computed, and then an overall mean total for the group was computed. The higher the mean score, the more important family-centered behavior is perceived to be. A score of 1 indicates that the behavior is considered "not at all
important” and a score of 5 indicates that the behavior is considered “extremely important”. A score of 3 “important” indicates a moderate degree of importance.

Results of the analysis indicated that the mean total score on the *Family-Centered Behavior Scale-Importance* for the group (N = 256) was 4.21 (standard deviation = .73). This mean total score suggests that, overall, participants perceived family-centered behavior to be very important. There was a skewed distribution of scores on the FCBS-I with little variability (skewness = -1.79). Less than 5 percent of participants obtained an average FCBS-Importance score lower than 3 (“important”). Seventy percent of participants obtained an average FCBS-Importance score of 4 or greater. The hypothesis is supported.

*Research Question 2*

How frequently is family-centered behavior practiced by teachers (in British Columbia) in their interactions with parents of children with disabilities?

Similar to research question number 1, this is a descriptive question that was answered by computing the average or mean total score on *The Family-Centered Behavior Scale*. The higher the mean total score, the higher the frequency of family-centered behavior. The FCBS asks “how often” the child’s teacher (in the parent’s opinion) does the things described on the scale. A score of 1 indicates “never,” and a score of 5 indicates “always”. A score of 3 “sometimes” indicates a moderate frequency of family-centered behavior.

Results of the analysis indicated that the mean total score on the *Family-Centered Behavior Scale* for the group (N = 256) was 3.06 (standard deviation = 1.13). The mean total score suggests that, overall, participants perceived the frequency of family-centered
behavior they received from their child's teacher to be moderate, "sometimes" occurring. There was greater variability in the distribution of scores on the FCBS compared to the FCBS-I. Forty-eight percent of the participants obtained overall FCBS scores lower than 3, 27 percent obtained scores of 2 "rarely" or lower, and only 25 percent of participants obtained FCBS scores of 4 "most of the time" or greater. The hypothesis is supported as, overall, the frequency of family-centered behavior was rated as moderate ("3"), with a large percentage (48%) of participants rating the frequency of family-centered behavior as lower than "3."

Research Question 3

Are parents of children with disabilities satisfied with the frequency of family-centered behavior they experience in schools in British Columbia?

This question was answered by computing a "discrepancy score" as described in the manual for The Family-Centered Behavior Scale (Petr, Allen, & Brown, 1995). For the purposes of this analysis, mean total scores, rather than individual item scores were of interest. The mean total score of the FCBS-Importance was subtracted from the mean total score of the FCBS for each individual to give a mean discrepancy score. In addition, the overall mean total score on the FCBS-Importance was subtracted from the overall mean total score on the FCBS for the group (n = 256) to calculate the mean total discrepancy score for the group.

Discrepancy scores may range from 4.00 to −4.00. A discrepancy score of 0 indicates that the importance score for that item equals the behavior score. A positive discrepancy score (between 0.01 and 4.00) indicates that the behavior score for the behavior exceeds the importance score. A negative discrepancy score (scores between −0.01 and −4.00)
indicates that the importance score exceeds the behavior score. The higher the score (positive or negative), the greater the discrepancy is between importance and behavior scores. Scores close to zero suggest a relatively good match between parents' desires and what they are receiving, or satisfaction. Positive scores identify organizational and teacher behavioral and attitudinal strengths (e.g., Petr, Allen, & Brown, 1995). Negative scores indicate that behaviors are performed to a lesser degree than the parents desire, and the larger the negative number, the more this is true. Negative scores suggest dissatisfaction.

Discrepancy scores ranged from –3.88 to 1.74. The mean total discrepancy score for the group (N = 256) was –1.15 (standard deviation = 1.4). This result suggests that overall parents were dissatisfied with the levels of family-centered teacher behavior they experienced. This negative discrepancy score indicates that family-centered behavior is practiced (in the opinion of the parents in this study) less often than parents desire. Seventy-seven percent of the participants obtained negative discrepancy scores. Thirty-one percent of participants obtained negative discrepancy scores of –2.00 or greater, and 14 percent of participants obtained negative discrepancy scores of –3.00 or greater. Only 3 participants obtained positive discrepancy scores of 1 or greater, suggesting that in the case of 3 participants (1.2 percent of the sample), organizational or teacher strengths were apparent.

In order to determine whether the discrepancy between mean scores on the FCBS-I and the FCBS was statistically significant, a paired samples t-test was conducted. Results of the t-test are presented in Table 4.
Table 4.

Paired Samples t-Test (paired differences) for the FCBS and the FCBS-I

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>t</th>
<th>df</th>
<th>sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCBS-I Mean Total-FCBS Mean Total</td>
<td>1.1482</td>
<td>1.3694</td>
<td>13.42</td>
<td>255</td>
<td>.000</td>
</tr>
</tbody>
</table>

Results of the t-test indicated that there was a significant difference (p < .000) between the levels of family-centered behavior parents indicated are important (desired) and what they indicated receiving. An additional calculation of effect size was conducted for the t-test. The effect size for the difference is .84, indicating a significant and meaningful difference was obtained between parents’ ratings on the FCBS-I and the FCBS. The hypothesis is supported, as overall, parents in this study indicated that they were not satisfied (according to the significant negative discrepancy score) with the frequency of family-centered behavior they have experienced, compared to their desired levels (importance of family-centered behavior).

Levels of Family Empowerment

Of initial interest, before exploring the relationships between various variables and outcomes of psychological empowerment in the following research questions, mean overall empowerment scores for each of the subscales of the Family Empowerment Scale were calculated. The mean total score on the Family Empowerment Scale-School for the group (N = 256) was 3.49 (standard deviation = 1.10). The mean total score on Family Empowerment Scale-Family for the group (N = 256) was 3.92 (standard deviation = .62).
The mean total score on *Family Empowerment Scale-Community* for the group (N = 256) was 2.89 (standard deviation = .92). These mean empowerment scores suggest that participants, overall, were “mostly” empowered within the family context, slightly more than “somewhat” empowered within the school context, and less than “somewhat” empowered within the community/political context.

**Research Question 4**

Are parental ratings of teachers’ family-centered behavior related to parental self-reports of psychological empowerment?

In order to determine the degree and direction of the relationship between parental ratings of teachers’ family-centered behavior and their self-reports of psychological empowerment, correlational analyses were conducted. Correlation coefficients between each of the scales of *The Family Empowerment Scale* (FEMP-School, FEMP-Community and FEMP-Family), and the parent status variables, child characteristics, and mean total scores obtained on the *Family-Centered Behavior Scale* (FCBS) are reported in Table 5. Results of the correlational analyses indicated that parents’ ratings of teachers’ family-centered behavior were positively and significantly associated with their self-reports of school, community and family empowerment. The highest correlation was between parents’ ratings of family-centered behavior and empowerment within the context of school (FEMP-School). The hypothesis is supported.
Table 5.

Correlation Coefficients Between: Total Scale Scores of *The Family Empowerment Scale* (FEMP-School, FEMP-Community, and FEMP-Family) and Mean Total Scores on *The Family-Centered Behavior Scale* (FCBS), Family Income (FINC), Parent Education (PARED), Severity of Behavior (SEVBD), Severity of Disability (SEVDIS), Diagnostic Category 1 (DIAG-1), and Diagnostic Category 2 (DIAG-2)

<table>
<thead>
<tr>
<th></th>
<th>FEMP-School</th>
<th>FEMP-Community</th>
<th>FEMP-Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCBS</td>
<td>.643**</td>
<td>.343**</td>
<td>.327**</td>
</tr>
<tr>
<td>FAMINC</td>
<td>.173**</td>
<td>.197**</td>
<td>.183**</td>
</tr>
<tr>
<td>PAREDU</td>
<td>.059</td>
<td>.188**</td>
<td>.100</td>
</tr>
<tr>
<td>SEVBD</td>
<td>-.374**</td>
<td>-.210**</td>
<td>-.238**</td>
</tr>
<tr>
<td>SEVDIS</td>
<td>-.039</td>
<td>.076</td>
<td>.005</td>
</tr>
<tr>
<td>DIAG_1</td>
<td>-.194**</td>
<td>-.206**</td>
<td>-.229**</td>
</tr>
<tr>
<td>DIAG_2</td>
<td>.231**</td>
<td>.190**</td>
<td>.187**</td>
</tr>
</tbody>
</table>

**p < .01
Research Question 5

What are the relationships between family status variables (i.e., parent income and parent education level) and parental self-reports of psychological empowerment?

In order to determine the degree and direction of relationships between family status variables (parent income and parent education) and psychological empowerment, correlational analyses were conducted. Results of the correlational analyses indicated that family income was positively and significantly associated with parent self-reports on each of the scales (FEMP-School, FEMP-Community and FEMP-Family) of empowerment. Although parent education level was positively associated with all scales of family empowerment, it was only related significantly to the Community scale of The Family Empowerment Scale. The hypothesis is partially supported. As hypothesized, family income had a low positive correlation with all dimensions of empowerment as measured by The Family Empowerment Scale. The correlation between parent education and community empowerment was positively and significantly correlated. However, there was not a significant correlation between parent education and either family or school empowerment.

Research Question 6

What are the relationships between child disability characteristics (i.e., severity of disability, diagnostic category, and severity of behavioral difficulties) and parental psychological empowerment?

In order to determine the degree and direction of relationships between child disability characteristics (i.e., severity of disability, diagnostic category, and severity of behavioral difficulties) and parent psychological empowerment, correlational analyses
were conducted. Dummy variable coding was developed in order to consider the
relationship between membership in one of the groups “low incidence,” “high incidence”
and “behavior disorder” and family empowerment within the design of a correlational
analysis. Two new variables were created. DIAG_1 identified membership in the high
incidence or behavior disorder group, compared to membership in the low incidence
group. DIAG_2 identified membership in either the high incidence or low incidence
group compared to membership in the behavior disorder group. It is recommended that
whenever dummy variables are used in correlational or regression analysis, they are
entered as a group (e.g., Fox, 1991, Tabachnick & Fidell, 1996).

Results of the correlational analyses indicated that parents’ perceptions of the
severity of their child’s behavioral difficulties were negatively and significantly related to
each of School, Community, and Family Empowerment subscales. Parents’ perceptions
of the severity of their child’s disability was not significantly related to any dimension of
family empowerment as measured by the Family Empowerment Scale. Child diagnostic
category was significantly related to each scale of the FES.

To facilitate interpretation of the meaning of the relationships between the
dummy variables and the dimensions of family empowerment, the relationships between
membership in each of the groups, low incidence, high incidence, and behavior disorders,
were also analyzed. The correlation coefficients between membership in the low
incidence group and each scale of the FEMP were significant and positive, although
identical in size to that of DIAG_1. The correlation coefficients between membership in
the behavior disorder group and each scale of the FEMP were all significant and
negative. The correlation coefficients between membership in the high incidence group
and each of the scales of the FEMP were negative, but very small and not significant. These results, coupled with the results of the dummy coding analyses, suggest that membership in the low incidence category was positively related to increased levels of family empowerment, compared to membership in either the high incidence or behavior disorder group. On the other hand, membership in either a high or low incidence group, compared to membership in a behavior disorder group, is also positively related to family empowerment. The negative relationship with empowerment appears to be influenced primarily by membership in a behavioral disorder group and the positive relationship with empowerment appears to be influenced primarily by membership in a low incidence group. These results suggest that parents of children with low incidence disabilities, compared to parents of children with either high incidence disabilities or behavior disorders, are the most empowered, and parents of children with behavior disorders are the least empowered.

The hypothesis is partially supported. As hypothesized, level of severity of child behavioral difficulties is significantly negatively related to parental empowerment. A negative relationship between severity of the child’s diagnosis and empowerment, however, was not supported. It appears that parents’ perceptions of the severity of their child’s disability are slightly negatively related to their school empowerment, but this relationship is not significant. In addition, the influence of having a child with a “low incidence” or more severe disability (as determined by diagnostic category), compared to having a child with a high incidence disability or behavior disorder, is positively related to parental empowerment across all scales of the *Family Empowerment Scale*. 
Research Question 7

What is the impact of family-centered behavior on parental psychological empowerment (specific to the context of school), beyond the effects of family status variables and child characteristics?

The correlations explained earlier and exhibited in Tables 5, 6, and 7 shed some light on the relationships between parent and child characteristics and empowerment, and family-centered behavior and empowerment. However, the correlation procedure does not take into account the degree of inter-correlation between the various parent and child characteristics and parents’ perceptions of family-centered behavior in predicting empowerment. In order to answer research question number 7, a hierarchical or sequential multiple regression was conducted to analyze the collective and separate effects of the independent variables on parental empowerment, which include: parental income, parent education level, child’s diagnostic category, severity of child’s disability, severity of child’s behavioral difficulties, and family-centered behavior. According to Cohen and Cohen (1983) hierarchical multiple regression is a method of analysis that allows the researcher to “tease apart” the relative importance of sets of explanatory factors on the dependent measures of investigative interest. The percentage of variance each variable accounts for in parental empowerment was determined. In this analysis, independent variables were entered in blocks (parent variables, child variables, family-centered behavior), and they were assessed in terms of what they added to the equation at their point of entry. Each block of variables was assigned the variance (unique and overlapping) left to it at its point of entry. Hierarchical multiple regression involves the specification of the order in which sets of predictors are entered into the regression.
system, allowing the calculation of the added contribution of subsequent predictors once
the variance in the outcome already accounted for by prior predictors has been removed.

The ordering of the variables of interest was determined by theoretical
considerations and modeled after similar studies that have attempted to weigh the relative
contributions of demographic or static variables and more complex process or
psychosocial variables (e.g., Trivette, Dunst, Boyd, & Hamby, 1995; Trivette, Dunst, &
Hamby, 1996a, 1996b; Wallander, Varni, Babani, Dehaan, Wilcox, & Banis, 1989;
Wallander, Varni, Babani, Banis, & Wilcox, 1989). Ordering also followed the principle
of parsimony, consistent with other research in related fields, as the theoretically simpler
structural variables were entered before more complex process or psychological variables
(e.g., Wallander, Varni, Babani, Banis, & Wilcox, 1989).

The independent variables, with family empowerment as the dependent measure,
were in order:

1) parent status variables (income, education),
2) child disability variables (severity of behavior, severity of disability, and
diagnostic category), and
3) family-centered behavior.

As this prediction was context specific, the “school-service system” subscale of the
Family Empowerment Scale was the subscale of relevance in this analysis.

Results of the regression analysis are displayed in Tables 6, 7, and 8. Table 6
displays the correlations between the variables. Table 7 displays the R square, the change
in R square, the F value, and the significance level at each block of entry. Table 8
displays the standardized regression coefficients, Beta, for each of the variables and their
levels of significance in the final increment model as well as the Pratt Index score (Thomas, Hughes, & Zumbo, 1998) for each of the variables.

Results of the hierarchical regression indicated that $R^2$ was significantly different from zero at the end of each increment. After step 1, with parent education and family income in the equation, $R = .176$, $R^2 = .031$, $F(2, 253) = 4.05$, $p < .02$. This result indicated that parent status variables accounted for approximately 3 percent of the variance in Family Empowerment-School. After step 2, with severity of behavior, severity of disability, and diagnostic categories 1 and 2 added to the equation, $R = .458$, $R^2 = .210$, $F$ Change $(4, 249) = 14.08$, $p < .000$, $F(6, 249) = 11.02$, $p < .000$. Results of step 2 indicated that child disability characteristics resulted in a change in $R^2$ of .179, or an additional 18 percent of the variance, in Family Empowerment-School. The addition of child variables resulted in a significant increment in $R^2$. After step 3, with family-centered behavior added to the equation, $R = .681$, $R^2 = .464$, $F$ Change $(1, 248) = 117.34$, $p < .000$, $F(7, 248) = 30.62$, $p < .000$. Results in the final increment indicated that family-centered behavior resulted in a change in $R^2$ of .254 or an additional 25 percent of the variance in Family Empowerment-School. Family-centered behavior added significantly to the prediction of Family Empowerment-School beyond the effects of parent and child status variables and characteristics.

Analysis of the Beta weights and significance levels of each of the variables in the final increment of the regression model identified the following variables as significant predictors of $R^2$: severity of behavior, diagnostic variable 1, and *Family-Centered Behavior Scale* Mean-Total.
Table 6.
Correlation Coefficients Between: Family Income (FINC), Parent Education (PRED), Severity of Behavior (SVBD), Severity of Disability (SVDS), DIAG-1 (D1), DIAG-2 (D2), Family-Centered Behavior Scale Mean Total (FCBS), and Family Empowerment Scale-School (FEMPS)

<table>
<thead>
<tr>
<th></th>
<th>FEMPS</th>
<th>FINC</th>
<th>PRED</th>
<th>SVBD</th>
<th>SVDS</th>
<th>D1</th>
<th>D2</th>
<th>FCBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINC</td>
<td>.173**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRED</td>
<td>.059</td>
<td>.138**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SVBD</td>
<td>-.374**</td>
<td>-.164**</td>
<td>.013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SVDS</td>
<td>-.039</td>
<td>-.065</td>
<td>-.019</td>
<td>.387**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D1</td>
<td>-.194**</td>
<td>-.009</td>
<td>-.123*</td>
<td>-.091</td>
<td>-.208**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D2</td>
<td>.231**</td>
<td>.103*</td>
<td>.063</td>
<td>-.249**</td>
<td>-.030</td>
<td>-.530**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCBS</td>
<td>.643**</td>
<td>.122*</td>
<td>-.084</td>
<td>-.479**</td>
<td>-.134*</td>
<td>-.059</td>
<td>.202**</td>
<td></td>
</tr>
</tbody>
</table>

* P < .05  ** P < .01
Table 7.

Hierarchical Regression of Parent and Child Characteristics, and Family-Centered Behavior on Family Empowerment-School

<table>
<thead>
<tr>
<th>Model</th>
<th>R Square</th>
<th>R Square Change</th>
<th>df</th>
<th>F Value</th>
<th>signif. level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.031</td>
<td>.031</td>
<td>2,253</td>
<td>4.06</td>
<td>.018</td>
</tr>
<tr>
<td>2</td>
<td>.210</td>
<td>.179</td>
<td>6,249</td>
<td>11.02</td>
<td>.000</td>
</tr>
<tr>
<td>3</td>
<td>.464</td>
<td>.254</td>
<td>7,248</td>
<td>30.62</td>
<td>.000</td>
</tr>
</tbody>
</table>

1. Predictors: parent education, family income

2. Predictors: parent education, family income, severity of disability, Diag_1, Diag_2, severity of behavior

3. Predictors: parent education, family income, severity of disability, Diag_1, Diag_2, severity of behavior, family-centered behavior scale mean total
Table 8.

**Standardized Regression Coefficients (Betas) for the Final Increment Model and Pratt Index Scores**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>Significance</th>
<th>Pratt Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Income</td>
<td>.073</td>
<td>.128</td>
<td>.027</td>
</tr>
<tr>
<td>Parent Education</td>
<td>.082</td>
<td>.085</td>
<td>.010</td>
</tr>
<tr>
<td>Severity of Behavior</td>
<td>-.124</td>
<td>.038</td>
<td>.099</td>
</tr>
<tr>
<td>Severity of Disability</td>
<td>.061</td>
<td>.240</td>
<td>.006</td>
</tr>
<tr>
<td>Diag_1</td>
<td>-.153</td>
<td>.009</td>
<td>.064</td>
</tr>
<tr>
<td>Diag_2</td>
<td>-.010</td>
<td>.869</td>
<td>-.005</td>
</tr>
<tr>
<td>Family-Centered Behavior Scale</td>
<td>.583</td>
<td>.000</td>
<td>.808</td>
</tr>
</tbody>
</table>
In order to determine the relative importance of each of the variables in the final model, the Pratt Index (Thomas, Hughes, & Zumbo, 1998) was calculated. The Pratt Index indicated the percentage of the overall $R^2$ that was due to each variable. Table 8 displays the Pratt Index scores for each of the variables in the final increment of the regression model. According to the results of the Pratt Index analysis, family-centered behavior was the most important predictor of empowerment within the context of school, accounting for 81 percent of the variance due to the $R^2$. The next most important predictor was severity of the child's behavior, accounting for 10 percent of the variance due to the $R^2$. Diagnostic group 1 was the third most important predictor, accounting for 6 percent of the variance in $R^2$.

The remaining variables were not considered significant, however they contributed the following percentage of variance in $R^2$: family income contributed 3 percent of the variance, parent education contributed 1 percent of the variance, parent perception of the severity of the disability and Diagnostic group 2 each contributed only approximately 0.5 a percentage of the variance. Predictors can also be grouped together to explain their influence. Parent variables (education and income) added together accounted for 3.7% of the variance due to the $R^2$. Child variables (severity of behavior, severity of disability, diagnostic category 1 and 2) added together accounted for 16.4% of the variance due to the $R^2$.

Results of these analyses suggest that parents' perceptions of the frequency of family-centered behavior they received from their child's teacher was the most important predictor of their empowerment within the context of schools, above and beyond parent
status (income and education) and child disability characteristics. The hypothesis is supported.

What these results suggest is that the more frequently parents experience a teacher’s family-centered behavior, the more likely they are to be empowered within the context of school. Of the variables considered, frequency of family-centered behavior (as perceived by parents) was the most important determinant of parent psychological empowerment within the school domain. In addition to the experience at the school, the nature of the child with special needs and his or her behavior also influences parental empowerment. The more severe a child’s behavioral difficulties, as perceived by the parent, the less empowered the parent is likely to be. In addition, having a child with a low incidence or more severe type of disability predicts greater levels of parental empowerment than having a child with a high incidence or milder disability.
CHAPTER V

Discussion

The purpose of this chapter is to summarize and discuss the results of the current study and to explore how the outcomes of this study either converge with or diverge from the literature. This was a study focusing on the perspectives of parents of elementary school-age children with disabilities. Constructs and processes of empowerment (e.g., Zimmerman, 1995, 2000) among parents of children with disabilities, which have been quite thoroughly explored within the family support and early childhood education literature (e.g., Dunst, Trivette, & Deal, 1994; Dunst, Trivette, & LaPoint, 1994; Thompson et al., 1997), were applied to the context of the elementary school setting. The current study extended the work of family support researchers (e.g., Dunst & Trivette, & Hamby, 1996a, 1996b; Trivette, Dunst, Boyd, & Hamby, 1995) who considered the relative importance of parent and child variables and empowerment processes, such as family-centered behavior, in predicting empowerment outcomes among families who have children with disabilities, by analyzing this process in the elementary-school setting. In addition, this study extended the work that is emerging within the school-age education literature (e.g., Bucy, 2004; Dunst, 1998, 2002; McWilliam et al., 1999) that suggests the relevance and importance of empowerment processes such as family-centered behavior in the elementary school setting. In addition to a discussion and explanation of the results of this study, this chapter will also explore the limitations and implications of the research findings, as well as suggestions for future research related to this study.
Family-centered behavior has been described as behaviors of a professional in his or her interactions with a family that are consistent with an empowerment process (e.g., Dunst, 1997). In the current study, parents’ perspectives of the importance and frequency of family-centered teacher behavior were examined. Parents’ perceptions were measured by *The Family-Centered Behavior Scale* and its companion measure, *The Family-Centered Behavior Scale-Importance* (Allen, Petr, & Brown, 1995). Family-centered behavior, as conceptualized by the authors of the FCBS, is characterized by behavior that “recognizes the centrality of the family in the lives of individuals,…is guided by fully informed choices made by the family, and focuses upon the strengths and capabilities of these families” (p. 3).

**Importance of Family-Centered Behavior**

The findings of this study are consistent with previous research, suggesting that parents of school-age children with disabilities consider family-centered behavior from teachers very important. The results indicated on the FCBS-I are very consistent with those obtained in earlier studies with this instrument conducted in the United States, as well as the other recent studies that have applied this construct, using different instruments within the elementary school setting (e.g., McWilliam et al., 1999). These findings using the FCBS are consistent with other studies using either qualitative measures or other scales, that have consistently indicated that families and practitioners (including educators) consider family-centered empowerment processes ideal (e.g., Bennet & Deluca, 1996; Friesen, Koren, & Koroloff, 1992; Jones, Garlow, Turnbull, & Barber, 1996; McWilliam, Tocci, & Harbin, 1998; Petr & Barney, 1993). Specific to the
elementary-school setting, similar results have been found suggesting that family-centered behavior is considered important by educators as well as parents of school-age children (e.g., Dunst, 1998, 2002; Dunst & Trivette, 1998; McWilliam, Maxwell, & Sloper, 1999).

In addition, specific to the particular context of this study, these results provide quantitative evidence to support the recent, primarily qualitative, studies conducted locally. Several recent interview and survey studies conducted in British Columbia with families who have school-age children with disabilities indicate that many parents consider themselves to have high amounts of expertise about their child, and they very much want to be included and valued by the educators in creating school support programs for their child (e.g., Learning Disabilities Association of B.C., 2004; Naylor, 2003a, 2003b; Malcolmson, 2003). The importance of family-centered behavior, as identified quantitatively in this study, is consistent with the opinions and values voiced by parents of school-age children with disabilities as documented in interview format.

Frequency of Family-Centered Behavior

The findings of this study suggest that, although parents who have children with disabilities in British Columbia identify family-centered teacher behavior as very important, they experience it “only sometimes.” The overall frequency of family-centered teacher behavior experienced by parents in this study appears to be less frequent than in previous studies conducted in the United States using the same scale. It must be noted that the previous studies cited using the same scale as was used in this study (e.g., Allen, Petr, & Brown, 1995; Petr & Allen, 1997) included parents’ perspectives of their encounters with professionals that included educators, but also included other types of
professionals from other settings including social work and medicine. Lower levels of frequency found in this study may have been influenced by the context, which was specific to elementary education. This lower level of frequency of family-centered behavior is consistent with the findings of a recent study conducted specific to the elementary-school setting in the United States (Bucy, 2004). Although different measures were used, Bucy suggested that American schools make some effort at parent involvement and compared to all parent involvement practices, they appear to be most successful in their efforts to communicate with parents (particularly regarding child academic progress). However, Bucy concluded that there appears to be little evidence of true family-centered practices, such as including parents in decision-making and considering the child within the context of the family.

Low levels of family-centered behavior, especially as experienced by parents of children with special needs, were also reported in the study by McWilliam and colleagues (McWilliam et al., 1999). These authors suggested that parents of children with disabilities in particular noted low levels of family-centeredness in specialized services such as the creation of their child’s IEP. This finding is consistent with the recent survey conducted by the Learning Disabilities Association in B.C. (2004), that found, with regard to the development of their child’s IEP, almost a third of all parents surveyed had not even been given the opportunity to consult regarding its development. Of those parents who had been consulted, only 15% indicated that their suggestions had been included in the IEP. It should be considered that family-centered behavior, including the right to decision-making regarding their child's educational program, is mandated in the United States, but not in British Columbia. Previous studies that have considered
frequencies of non-mandated parent involvement practices in the United States, have found that the frequency of parent involvement practices that are not mandated are much lower than those practices that are mandated by law (e.g., Hilton & Henderson, 1993). The influence of British Columbia's permissive legislation, which does not guarantee parents' rights to decision-making, may also be of influence in the findings of this study. As outlined in Chapter II, the responsibility for development and decision-making regarding a child's special education program in British Columbia is ultimately that of the teacher, not the parent. Teachers in British Columbia are not legally required to grant any decision-making to the parents, and perhaps, when not required to, as suggested by Hilton and Henderson (1993), teachers are less likely to include, involve, or collaborate with parents of children with disabilities. Findings of the few studies that have been conducted in the United States, at the elementary-school level (e.g., Bucy, 2004; Dunst 2002; McWilliam et al., 1999) also suggest, however, that the frequency of family-centered behavior specific to the elementary school context is lower than that found in the early intervention and pre-school context. This suggests that although legislation may play a role, other variables influence elementary teachers' use of family centered practice.

Discrepancies Between Ideal and Typical Practices

This study indicated that parents of children with disabilities rate the importance of family-centered behavior (ideal practice) much higher than they rate the frequency of family-centered behavior (typical practice). Previous studies that have considered discrepancies between ideal and typical levels of family-centered practice have consistently found that professionals, as well as parents, rate their ideal levels as higher than levels of typical practice (e.g., Allen et al., 1995; Dunst, 1998; McWilliam et
In previous studies using the FCBS (Allen et al., 1995; Petr & Allen, 1997), overall mean discrepancy scores, the difference between typical and ideal practices ranged from - .21 to -.93, depending on the sample of participants. As expected, the discrepancy scores obtained in this study were greater than those obtained with the FCBS some studies conducted in the United States. The mean total discrepancy score for the group was - 1.15, a larger negative number than that found in previous American studies using the same scale. The validation study of the FCBS reported ranges in discrepancy scores from -1.16 to .64. In this study, however, there was a much larger range of discrepancy scores, ranging from -3.88 to 1.74. The vast majority of scores (77 %) were negative, with more than 30 percent of the scores being lower than -2.00, and 14 percent of scores being lower than -3.00. The results of this study suggest a large percentage of the parents in this study are very dissatisfied with the frequency of family-centered behavior they are receiving, given that the differences between their ideal and typical practice scores are much larger than was seen in the validation study. As suggested by the authors of the FCBS (Allen et al., 1995), larger discrepancy scores suggest lower levels of parent satisfaction with the amount of family-centered behavior they are receiving from their child’s teacher.

The large discrepancy finding was as expected, because unlike the United States, schools in British Columbia are not required by legislation to involve or include parents, especially in decision-making. We do not have legislation or policy initiatives currently in Canada that are as powerful as those in the United States (e.g., IDEA) in their directives to grant parents the rights to involvement and decision-making. There is no
reason to believe that parents in Canada would be less interested in being included and involved in active decision-making regarding their child with disabilities than parents in the United States, and this was supported by the similar importance ratings. There was reason to suspect, however, as appears to be indicated by this study, that parents would receive less family-centered behavior in Canada than in the United States, and if this occurred, as it did, then the discrepancies between ideal and typical practice would be greater in this study. The larger discrepancy scores also likely reflect the context specificity of this study that focused on the elementary school context. Although difficult to compare because different measures were used than in this study, research emerging in the United States specific to the elementary school context (e.g., Dunst, 1998; 2002) suggest large discrepancies between parents’ ratings of ideal and typical practice of family-centered behavior, and greater dissatisfaction amongst parents of elementary school children compared to parents of pre-school age children.

Another reason for the relatively large amount of high discrepancy scores found in this study (i.e., more than 30% of the participants had discrepancy scores of more than −2.00) may be due to the parent population in this study in combination with the particular context of the British Columbia education system. The parents in this study were all members of or associated with parent support groups. The parents in the validation study and its successor (Allen et al., 1995; Petr & Allen, 1997) were also solicited through parent support organizations, but perhaps the nature of these support groups and their need for advocacy is different in this study. Recent focus group studies of parents who have children with disabilities conducted in British Columbia (e.g., Malcolmson, 2003; Naylor, 2003a, 2003b) included many parents who primarily
described themselves as “advocates” for their children in their role within the education system. These studies suggested that in many cases these parents who expressed strong desires to be included in the decision-making and planning of their child’s education program also frequently perceived their efforts to be resisted by schools.

Parents in the recent qualitative studies indicated that their connection with parent support networks was empowering, and that a major purpose of this support network was to support parents in what was described as a battle with an unwelcoming system. The high percentage of very negative discrepancy scores in this study suggests that at least a proportion of the participants have a large mismatch between what they consider ideal practice and what they perceive to be occurring. The lack of mandated rights for the family within the B.C. education system, especially for involvement and decision-making, combined with the desires of parents to be involved, may have contributed to a greater need, in the context of the present study, for stronger advocacy efforts and the often associated rebuffing that occurs from school personnel when parents become active advocates. Strong parental desire for active involvement, decision-making and acknowledgement of the expertise of the parent (family-centered behavior) coupled with a system that is not required to involve, include or grant any decision-making to the family, may be associated with high discrepancies between parents’ perceptions of ideal and typical practice and high levels of parent dissatisfaction with the system, at least within a subgroup of the population.

Previous research (e.g., Bennett et al., 1997; Turnbull & Turnbull, 2001) suggested that parents who were considered “advocates” for their children, especially to obtain the services they felt their children needed but were not receiving, had great
desires to be included and listened to in schools, but often felt rebuffed by the school system, had the least positive relationships with teachers. Turnbull and Turnbull (2001) suggested that these parents represent one end of a continuum of highly assertive, knowledgeable and active advocates for their child’s education, yet they are the most dissatisfied and frustrated with the school system. An issue that could be further explored in a future study is the nature of those parents who have the highest discrepancies between their perceptions of ideal and typical practice. It would also be interesting to explore the continuum, from highly active advocates that are dissatisfied, to more passive parents who are satisfied with the system, to completely alienated and “disenfranchised” (p. 29) parents, suggested by Turnbull and Turnbull (2001), and consider parents’ placement on this continuum in relation to their pattern of discrepancy scores on the FCBS as well as other potentially influential characteristics of the parents, their children and the school system.

Another issue for further research is exploration of parents’ and teachers’ constructions of the appropriate role of parents who have children with disabilities within the education system. The researcher suspects that there may be differences between parents’ and teachers’ role constructions and that this may explain some of the discrepancies between what parents consider ideal teacher behavior and what they perceive they typically receive. This study, along with the series of recent studies conducted within the context of British Columbia (e.g., Learning Disabilities Association of B.C., 2004; Naylor, 2003a, 2003b; Malcolmson, 2003), suggests that parents want and value a role of active involvement, decision-making and collaboration with teachers consistent with a family-centered paradigm. These roles have been described by Turnbull
and Turnbull (2001) as “decision makers” and “collaborators.” The discrepancies between parents’ perceptions of ideal and typical practice apparent in this study as well as other studies that have examined the family-centered paradigm within elementary education (e.g., Bucy, 2004; Dunst, 1998; McWilliam et al., 1999) lead the researcher to wonder if many teachers continue to consider the role of parents as merely “recipients of professionals’ decisions” (Turnbull & Turnbull, 2001), a role more consistent with a professionally-centered paternalistic paradigm (e.g., Dunst, 1998, 2002) than the family-centered paradigm preferred by parents. The professionally-centered approach is one that parents today consider “old-school” (Malcolmson, 2003), and frustrating, and a role that is more likely to lead to alienation than empowerment (e.g., Zimmerman, 1990a, 1995, 2002).

**Empowerment Outcomes**

The empowerment outcome explored in this study was individual psychological empowerment (e.g., Zimmerman, 1995, 2000; Zimmerman et al., 1992). Empowerment is context and population specific (e.g., Rappaport, 1984; Zimmerman, 1995, 2000) and varies over time. The empowerment outcomes measured in this study were specific to parents of children with disabilities within three different contexts, the family, the school system and the community/political system, as measured by the *Family Empowerment Scale* (FES). Psychological empowerment, consistent with Zimmerman’s conceptualization, and as measured by the FES (Koren et al., 1992), includes:

1. attitudes and self-perceptions, consistent with domain-specific perceived control, perceived self-efficacy and motivation for control;
2. knowledge and awareness of the system, resources and options, influential individuals within that system, as well as how to obtain what one needs from that system; and

3. behaviors and actions that demonstrate development of skills such as leadership and advocacy, active involvement and decision-making.

The focus of the study was on the relationship between empowerment processes that may occur within the context of parents' interactions with their child's teachers. Therefore, the relevant empowerment outcome that was expected to be associated with the empowerment process studied (family-centered behavior within the school setting) was empowerment within the context of the school system.

With regard to overall levels of empowerment, specific to the school system, parents of school-age children with disabilities in this study were identified as being slightly more than "somewhat" empowered, as reflected by their mean total score on the FES-School scale (3.49). It is of interest to note that the level of empowerment of parents in this study, specific to the school system, "somewhat," is lower than the level of empowerment identified by parents of children who were involved in an empowerment paradigm early intervention program (4.23 = "mostly") in a previous study using the FES in the United States (Thompson et al., 1997). It is also lower than the lowest overall mean score reported in the validation study of the FES (Koren et al., 1992), the score obtained by one of the groups the authors considered relatively inactive and uninvolved in the service system (3.9). Lower levels of school empowerment as rated by the participants of this study, overall, compared to the findings of Thompson and colleagues (1997) suggests differences between the early intervention system in the United States, which has a longer
history of a family-strengthening, empowerment paradigm compared to the school-age education system (e.g., Dunst, 1985, 1997).

The early intervention program in which parents were involved in Thompson et al.'s (1997) study, consistent with American legislation, had mandated a family-centered approach, including parent decision-making and advocacy training. Previous studies that have compared early intervention programs to preschool programs (e.g., Dunst, Johanson, Trivette, & Hamby, 1991; Trivette, Dunst, Hamby, 1996a; McWilliam et al., 1995) suggest that early intervention programs are more likely than preschool programs to practice empowerment processes (such as family-centered behavior), and, according to empowerment theory (e.g., Zimmerman, 1995, 2000) that has been tested (e.g., Trivette, Dunst, & Hamby, 1996b), programs that are perceived by parents to be more family-centered are associated with greater parent psychological empowerment. Dunst (1998, 2002) suggested, based on his analysis of program paradigms at the elementary school level, that elementary schools are even further along the continuum (away from family-centered and closer to professionally-centered) compared to preschools, and are likely to be less aligned with an empowerment process, related to empowerment outcomes in parents. The current study provides evidence that this may be the case.

Lower levels of school empowerment, overall, in the current study compared to the least actively involved subgroup of parents reported in the validation study (Koren et al., 1992) also suggest the possibility of differences that may be related to the context of the United States compared to Canada. It must also be noted that the validation study did not specify the system as the education system. In that study, the system could be interpreted as any type of therapeutic intervention or support system the parent was
involved with on behalf of their child. This study assessed parents’ empowerment specific to the school system, and lower empowerment in this regard may be specific to the context of the school setting. Further studies using the FES across different specific populations of parents (i.e., early intervention, preschool, elementary school) as well as across American and Canadian contexts, may provide greater insight into setting and contextual effects on empowerment.

Participants in the current study were “mostly empowered” within the family context and less than “somewhat” empowered within the community/political system overall. These levels of empowerment fit within the range of empowerment (reflected by FES-family and FES-community/political overall mean scores) found in the validation study for these two contexts (family and community). Levels of community and political empowerment in both the validation (Koren et al., 1992) and the early intervention study (Thompson et al., 1997) tended to be the lowest scores across all groups, compared to levels of family and service system empowerment consistent with the findings of this study.

**The Relationships Between Parent Status Variables and Empowerment**

Parent status variables, particularly income and education level, have been considered to have an important influence on parent involvement in schools (e.g., Grodnick et al., 1997; Hoover-Dempsey & Sandler, 1997; Lareau, 1987) and empowerment (e.g., Zimmerman & Rappaport, 1988; Zimmerman et al., 1992). Many studies suggest the predictive relationship between higher levels of parent education and income, more school involvement, and better child outcomes (e.g., Garbarino & Ganzel, 2000; Grodnick et al., 1997; Hoover-Dempsey & Sandler, 1997). Those parents who are
often described as advocates for their children with special needs, and actively involved with their education are also often those who have the income and resources to do so (e.g., Turnbull & Turnbull, 2001).

The results of this study found that parent income was positively and significantly associated with parents’ self reports of empowerment across contexts (school, community, family). As expected, higher income levels were associated with higher empowerment levels. The relationship between parent education and empowerment, however, was less clear. Results of this study found that although there was a positive relationship between parent education and all scales of empowerment, there was only a significant relationship between education and community empowerment. Although the results of this study were overall in the expected direction, the relationships between parent status variables and empowerment outcomes were quite small.

The results of this study can be considered consistent with the literature, overall, that has considered the influence of parent status characteristics and that suggests these relationships are not always powerful or always in the same direction. Although these characteristics have been frequently studied, their influence is not always consistent, and in some studies of empowerment parent income and education either had no relationship to empowerment or even a negative relationship (e.g., Akey, Marquis, & Ross, 2000; Singh & Curtis, 1997). In addition, when other variables, including more theoretically complex cognitive and process variables have been included in studies of empowerment and parent involvement, the influence of parent income and education has been found to be less influential (e.g., Grolnick et al., 1997; Zimmerman & Rappaport, 1988), or insignificant (e.g., Trivette, Dunst, & Hamby, 1996a, 1996b; Trivette, Dunst, Boyd, &
Hamby, 1995). The results of the present study, as well as others that have either found only small or insignificant effect of parent status characteristics in relationship to outcomes such as empowerment, support ecological theory and suggest the importance of looking beyond static demographic variables (e.g., Bronfenbrenner, 1986; Sontag, 1996) when trying to understand psychological outcomes and adaptation.

A characteristic of the participants of this study that may also help to explain the limited influence of the parent variables measured, is that the participants in this study were all recruited through parent support groups. Although this method has been used in many other similar studies (e.g., Koren et al., 1992; Allen, Petr, & Brown, 1997), the parents who are members of such groups may have other individual characteristics that influenced them to join a support group or that are related to empowerment. It is possible that either parent characteristics associated with support group membership, or characteristics of the support provided by these groups (variables not explored in this study) may counter or mediate the influence of parent income and education or other variables on empowerment. The influence and nature of parent support group involvement and its influence on parents’ perceptions of family-centered behavior and subsequent empowerment warrants further exploration in subsequent studies.

In addition, the characteristics of the participants in this group, similar to other studies that have used similar recruitment methods as well as the use of volunteers and paper and pencil questionnaires, make this group more likely than the general population to be better educated and of higher social status (e.g., Rosenthal & Rosnow, 1975). Research on the impacts of poverty on the lives of families of children with disabilities suggests that approximately 30 percent of families who have children with disabilities
live in poverty (Park, Turnbull & Turnbull, 2002). The participants in this study do not reflect the full range, especially into the poverty level, of families of children with disabilities. In addition, with regard to education, a large percentage (74%) of participants in this study had education levels of college or beyond.

Future research that purposively includes families with more extreme differences in income and education levels (including those who live in poverty and who have minimal education), may shed more information about the relative influence of education and income on empowerment outcomes, especially within the context of the education system. Nevertheless, it is important to note that previous studies that have purposively targeted families with low incomes as well as families from minority cultures (e.g., Harry et al., 1995; Trivette, Dunst, & Hamby, 1996a) suggest that empowerment is possible at all income levels, and it appears to be particularly promoted by empowerment processes. In fact, Harry and colleagues (1995) suggest that is a stereotypical fallacy that income and minority culture predict lower parental involvement and empowerment, and that instead, the disempowerment of poor minority parents is the result of professional behavior that is paternalistic. Although further research is warranted, the findings of this study continue to provide evidence for the limited role of parent status characteristics, particularly when compared to the role of professional behavior in relationship to parental empowerment.

*The Relationships Between Child Disability Characteristics and Empowerment*

Contrary to the initial expectations of this study, parents’ perceptions of the severity of their child’s disability were not significantly related to empowerment in any context. In addition, this study indicated that parents whose children had low incidence or
more severe disabilities (as coded by the researcher) were more empowered than those parents, grouped together, who had children with milder disabilities or behavioral disorders. Although research on the impact on families of having a child with disabilities has found mixed results depending on the focus of the study and the questions asked (e.g., Ferguson, 2002), the expectations for the negative relationships between severity of child disability and parental psychological empowerment in this study were derived from the large body of research that has documented the negative influence of child disability characteristics on a range of parent outcomes including stress and psychological dysfunction (e.g., Schilling, Gilchrist, Lewayne, & Schinke, 1984; Wallander et al., 1989a), family burden and psychological well-being (e.g., King, King, Rosenbaum, & Goffin, 1999).

There are several possible reasons for the results of the current study with regard to the influence of severity of child disability. First of all, there has been much more of a focus on the influence of adult characteristics on empowerment than on the influence of child characteristics, largely because the empowerment literature and the majority of research in this area is not specific to families, but rather to individuals (e.g., Rappaport, 1984; Zimmerman et al., 1992). The empowerment process of family-centered behavior and empowerment outcomes is also largely understudied specific to the context of elementary education. Therefore, there is little research on this specific process against which to compare.

Although the literature on the negative influence of child disability dominates the psychology literature, there are also some studies that have considered the positive influence of child disability on families. These studies, as explained in chapter two,
suggest that some families, rather than being weakened, are strengthened by having a child with a disability. Whether a family is psychologically empowered or distressed by this child may be more influenced by their perceptions and appraisals of that child and their perceptions of the service systems they must interact with than by the diagnostic label or degree of impairment (e.g., Ferguson, 2002; Singer, 2002; Summers, Behr & Turnbull, 1989; Turnbull et al., 1993).

Parental appraisals about the meaning of their child’s disability were not measured in this study. Parents rated how “severe” their child’s disability was in their opinion, but it is unclear how parents interpreted this question. They were not asked about the amount of burden they perceived the child had contributed to their lives, nor of their appraisals of any positive or negative contributions this child had made to their family. The influence of parents’ appraisals of their child’s disability and the associations between such appraisals and empowerment warrants exploration in future studies.

There are also studies specific to empowerment of parents who have children with disabilities that suggests there is no impact of child disability category or severity (e.g., Akey et al., 2000; Courneyer & Johnson, 1991; Trivette, Dunst, & Hamby, 1996a, 1996b; Trivette, Dunst, Boyd, & Hamby, 1995), especially when considered along with other process variables (such as program paradigm and access to empowerment processes). The finding that parents’ perceptions of the severity of their child’s disability had no relationship to empowerment is consistent with these studies.

There is also evidence in the parent involvement literature that suggests that parents are more likely to become more involved in their child’s education (Eccles & Harold, 1996; Malcolmson, 2003) if that child is struggling, and more involved with
service systems when their child has multiple rather than single diagnoses (e.g., Singh & Curtis, 1991). The finding of the current study, that parents whose children had more severe (low incidence) disabilities were more empowered than other groups of parents, suggests that perhaps these parents were more actively involved with their child and the school system compared to the other groups of parents. In addition, it is possible that these parents, due to the more involved nature of their child's disability, had received more support from other sources (e.g., therapists, social workers) that may have influenced their empowerment. In order to better understand how this specific group of parents became empowered and what association that has with having a child in a low incidence disability group requires further investigation.

An expected finding of this study was that severity of child behavior, as rated by the parents, was significantly negatively related to parental empowerment in all contexts. The negative relationship between parents' perceptions of the severity of their child's behavior and lower levels of empowerment is consistent with the literature reviewed in Chapter Two. In fact, there appears to be even greater support in the literature for the negative influence of child behavior problems, more so than any other type of disabling condition, on parent outcomes including stress (e.g., Friesen & Huff, 1996), parents' perceived self competence (e.g., Coleman & Karraker, 2000), and parental involvement in schools (e.g., Grodnick et al., 1996, 1997). The findings of the current study also suggest that it may be the impact of negative child behavior in particular, and not disability more generally, that has a negative influence on parent outcomes including empowerment. Other studies that have considered the separate or additional influence of child behavior problems beyond or apart from other child disability characteristics also
support this hypothesis (e.g., Allen & Petr, 1997; Rodriguez & Murphy, 1997; King et al., 1999).

The Role of Family-Centered Behavior in Empowerment

The findings of this study provide validity for the application of empowerment theory and family-centered behavior, constructs and processes that are well established in the early intervention and family support literature (e.g., Dunst, 2002; Trivette, Dunst, & Hamby, 1996a, 1996b), to parents of children with disabilities within the elementary school context. The results of this study suggest that family-centered behavior is significantly and positively associated with psychological empowerment among parents of school-age children with disabilities, above and beyond any effects of parent and child characteristics.

Parents' ratings of teachers' family-centered behavior were significantly positively associated with all subscales of the *Family Empowerment Scale* (FES). However, as expected, the highest correlation was between ratings of family-centered teacher behavior and the FES-school scale. Empowerment theory suggests that psychological empowerment is context-specific and can vary over domains of life such as family, school and community. Previous studies using the FES (e.g., Thompson et al., 1997; Koren et al., 1992), as well as the author of the scale (Koren, 2002, personal communication), suggest that, consistent with empowerment theory, the subscales of the FES function independently, and differences are likely to exist across the different domains of empowerment, depending on the context and processes studied. The findings of this study suggest that parents' perceptions of family-centered teacher behavior, a
process that is specific to the parent-teacher mesosystem, influence their psychological empowerment, most specifically within the context of the school setting.

There was also a positive association found between family-centered behavior and other domains of empowerment, family and community, suggesting that empowerment processes in one domain may carry over to and affect other domains. This is consistent with Zimmerman’s (1995, 2000) theory that suggests that although empowerment is context specific, the skills learned in one domain can carry over and influence empowerment in other domains. As suggested by Koren and colleagues (1992), future research with the FES, especially longitudinal research, is recommended to explore whether an empowerment intervention targeted in one domain (e.g., school) results in changes in parental empowerment in several domains (e.g., school, family, community). Consideration for the unique processes that can occur within domains, while at the same time recognizing the potential for interaction between domains and systems is also consistent with ecological theory (e.g., Bronfenbrenner, 1979, 1992).

The domain of psychological empowerment of specific interest in the hierarchical regression analysis was the school domain, as assessed by the FES-School. The purpose of the hierarchical regression analysis was to determine the relative influence and importance of parent, child, and additionally the process variable, family-centered behavior, in predicting parent psychological empowerment within the school domain. It was expected that family-centered behavior would emerge as the most important predictor of empowerment, above and beyond parent and child variables.

With regard to parent characteristics, the results of this study suggest that higher levels of parent income are associated with higher levels of parent empowerment within
the school context. Parent variables, however, explained only 3 percent of the variance in empowerment when entered alone, suggesting that parent income and education do little to influence parental empowerment in the school context. When family-centered behavior was added to the regression model, however, parent variables, including income, no longer remained significant.

Child variables, when entered into the regression, contributed an additional 18% of variance to empowerment, above and beyond parental characteristics. The child variables that remained significant in the final increment were severity of child behavior and membership in diagnostic category one. Severity of child behavior was negatively associated with parent empowerment. Having a child with a low incidence (more severe) disability predicted increased levels of empowerment.

Parents' perceptions of family-centered behavior emerged, as expected, as positively, significantly associated with empowerment, above and beyond parent and child characteristics. Family-centered behavior added significantly to the prediction of empowerment by contributing an additional 25 percent of the variance in empowerment. According to additional analyses using the Pratt Index (Thomas et al., 1998), family-centered behavior was found to be the most important predictor of empowerment, responsible for 80 percent of the variance in the regression coefficient. Child variables were found to be second in importance, while parent variables were not considered important. These results provide compelling evidence for the important influence of parents' perceptions of family-centered teacher behavior, much more so than characteristics of the child's disability, or parent status characteristics, in predicting parents' psychological empowerment within the school domain. The important role of
family-centered behavior as an empowerment process, applied to the school context, is highly consistent with the bulk of research primarily conducted within the parent support and early intervention literature, as discussed previously.

These results suggest that parents who perceive that their child's teacher values and acknowledges their expertise, treats them with respect, and grants them decision-making power, are parents who also perceive themselves to be competent and knowledgeable about the school system, about how to help their child succeed, and about how to advocate and affect changes in the school system. The results also suggest that parents of children with low incidence or more severe types of disabilities are more likely than parents who have children with milder disabilities or parents who have children with behavior disorders to feel empowered. The reasons for this association are less clear and are worthy of further exploration. As suggested earlier, it may be that these parents, who have children with low incidence disabilities perceive the need to more involved with their child's education in order to advocate for their greater needs. An issue for additional consideration in future studies would be whether parents who have children with low incidence disabilities compared to parents of children with milder disabilities or behavior disorders are more highly connected to other sources of empowerment beyond the school system.

The findings of this study are also consistent with previous research that suggested that parents whose children have behavioral disorders, either as a type of disability, or in addition to another disability, also perceive the treatment they receive from professionals to be less family-centered, more deficit-driven, and more parent-blaming (e.g., Petr & Allen; King et al., 1999). Parents of children with behavioral
difficulties, in particular, have also reported lower levels of perceived self-confidence and school involvement (e.g., Grolnick et al., 1997; Hoover-Dempsey et al., 1992), constructs related to empowerment. The results of this study, which suggest the negative association between parents' perceptions of severity of child behavior and parental empowerment, also suggest the needs, in particular, for parents whose children have more challenging behaviors for even greater, more sensitive, and more family-centered support from professionals, including teachers. Because parents' perceptions of family-centered behavior, according to the results of this study and previous research, contribute to parent psychological empowerment beyond any child variables, this suggests the potential for professionals, specifically teachers, to positively influence parental empowerment, even in those families who have the most challenging children, by their use of effective help-giving behavior, namely, family-centered behavior.

Limitations of the Study

There are several limitations of the present study that are important to note and that could be addressed in future research related to the topic of this study. First, this study was a within-subjects cross-sectional correlational study. One purpose of the study was to develop better understanding of the relationships between parent and child static variables, a process variable, family-centered behavior, and parent psychological empowerment. While this study did provide valuable information about the nature of these relationships, concurrently observed relationships cannot be interpreted to suggest causality. The study presents a snap-shot of the experiences of parents of children with disabilities at one point in time, but it does not examine the influence of the variables studied over time.
An additional limitation of the study was the assessment of severity of child disability. Parents were asked to rate the severity of their child’s disability and to list one diagnostic category on the questionnaire. It is unclear how parents interpreted “severity” and future studies might consider more fully exploring how and in what ways they consider their child’s disability to be “severe.” In addition, some parents indicated multiple diagnoses that in some cases seemed incongruent (e.g., learning disability and severe intellectual disability). It is possible that some parents in this study were either not sure of their child’s diagnosis or were confused about what the diagnostic labels meant. Future studies might consider multiple methods of assessing severity of child disability (e.g., standardized assessment, diagnostic reports), as well as parents’ perceptions of the subjective meaning of the disability.

The targeted participants in this study were either members of parent support groups or loosely connected with a parent support group. The participants as a group, therefore, are likely to be more knowledgeable, better informed, better supported, and more empowered than the general population of parents of children with disabilities. In addition, the sample consisted of volunteers who chose to participate in the study, and the study was in the form of a questionnaire written in English that required no face-to-face contact with the researcher. Consistent with the research on the characteristics of volunteers for this type of research, the participants were more likely to be better educated and of higher social status compared to the general population (e.g., Rosenthal & Rosnow, 1975). Furthermore, parents who were not fluent in reading English would be less likely to be represented in this study. In addition, the participants in this study were primarily mothers, therefore providing little insight into the nature of empowerment and
the role of the variables studied specific to fathers. Such sample characteristics limit the generalizability of the findings to individuals whose characteristics are similar to those of the sample (parents of children with disabilities who are members of support groups and whose demographics are representative of the participants in the study).

It should be noted, however, that many studies of families of children with disabilities have used similar recruitment methods (via parent support networks) and questionnaire methods (e.g., Allen & Petr, 1997; Koren et al., 1992). Parent recruitment was a challenge in the current study, as recognized by the low response rate, even among parents whom one would expect to be more receptive to volunteering for research. This is an issue that warrants further consideration in future research, and methods of capturing the experiences of those families who are more difficult to reach must be explored.

Finally, the present study was an exploration of perceptions of family-centered behavior and empowerment, identified by parents on a questionnaire, not verified by any independent source and absent of any behavioral observations. Such techniques are susceptible to several sources of error including response bias and socially desirable responding (e.g., Merrell, 1994). This study cannot verify or claim that what parents reported has actually occurred. There may be discrepancies between parents’ and teachers’ perceptions of the same experience, or even between two different parents’ perceptions of the same type of interaction with a teacher. In addition, there may be discrepancies between the actual skills a parent has (e.g., ability to advocate successfully for their child) and his or her perceptions of these skills.

Previous research, however, that has compared parents’ perceptions of professional’s behavior (e.g., Trivette, Dunst, Boyd, & Hamby, 1995) to independent
assessments has found a high correspondence between the two. In addition, researchers who study the important role of perceptions suggest that, overall, individuals’ perceptions are usually quite accurate (e.g., Lazarus, 1999). It is also important to recognize the importance of perceptions, primarily in their influence on individual psychological adaptation and developmental outcomes of families (e.g., Bronfenbrenner, 1979, 1986; Lazarus & Folkman, 1984). Future research could extend the findings of this study by examining actual teacher and parent behaviors, and perhaps by including both parent and teacher perceptions of the same interaction.

Implications of the Study

Despite the limitations of the present study, discussed above, the findings make a number of contributions to the research literature. This study extends the burgeoning research within the school literature that has attempted to consider parent-teacher relationships outside of the more familiar parent involvement paradigm, by applying the constructs of family-centered behavior and empowerment, familiar to the early intervention and family support literature, to the context of the elementary-school setting (e.g., Bucy, 2004; Dunst, 1997, 1998, 2002; McWilliam et al., 1999; Wolery et al., 1997). This study provides evidence for the importance of process variables, and may help to shift the focus both in research and practice from an over-reliance on parent and child variables when attempting to understand concepts such as parent involvement, parent empowerment, and parent adaptation (e.g., Grolinck, Benjet, Kurowski, & Apostoleris, 1997; King et al., 1999). This study also adds to the research that attempts to find variables and processes that contribute to positive outcomes for families of children with disabilities (e.g., Antonovsky, 1993; Summers, Behr, & Turnbull, 1989). In addition, this
study used the same conceptual framework as has been applied in the family support literature, and applied that framework to the elementary school setting. The findings of this study, therefore, provide support for the same types of family-strengthening, capacity-building processes and their association with beneficial outcomes across these different populations and contexts. The findings of this study contribute to the growing foundation of research that supports the adoption of a family-strengthening, capacity-building, empowerment approach as best practice at the elementary school level (e.g., Dunst, 1997, 1998, 2002; McWilliam et al., 1999; Turnbull & Turnbull, 2001).

The present study meets Singer’s (2002) criterion of priority research on families of children with disabilities, that is, research that has the potential to inform and influence practice and policy. This study has several implications for practice. The findings provide further support for elementary schools to move beyond their notoriously narrow focus on parent involvement, a paradigm that is primarily professionally-centered, or at most considers the family as an agent under the instruction of teachers (e.g., Dunst, 1998, 2002; Turnbull & Turnbull, 2001). The findings of this study along with other studies emerging in the elementary context (e.g., McWilliam et al., 1999) suggest that family-centered practice, a paradigm that considers the parent as a key decision maker, central to their child’s development, is ideal and desired by parents of elementary-school age children with disabilities, and in addition is related to positive outcomes such as empowerment. Schools have a long way to go if they are to move beyond what appears at best to be “sometimes” providing family-centered practice.

The mediocre levels of family-centered behavior provided in schools, as perceived by parents in this study, but as also identified by teachers and administrators in
other studies (e.g., Bucy, 2004; Dunst, 1998, 2002; Dunst & Trivette, 1998), as well as the reasons for the large discrepancies between what parents consider ideal and what they believe they are receiving in practice could be due to many factors across systems (e.g., Bronfenbrenner, 1979, 1986, 1992). In order for empowerment processes, which appear to be relatively foreign within the school context, to be embraced, a paradigm shift would need to occur in education. This paradigm shift would likely involve changes and growth on many systemic levels.

One important factor that influences current and future practice may be teacher preparation. The findings of this study have implications for teacher education. A greater focus in teacher education programs on understanding families, including families who have children with disabilities, and the role of the professional in strengthening, or conversely disempowering, families may be very beneficial to teachers and ultimately to children and their families. Training for teachers on how and why to implement family-centered practices may contribute to more frequent implementation of the empowering processes identified in this study and may lead to increased empowerment outcomes for families of children with disabilities. Research cited in chapter two suggests that parents’ perceptions of the effectiveness and family-centered behavior of professionals differ by profession, and it appears that those professionals who have had the most training in how to work effectively with families (i.e., social workers) are the professionals who display the most family-centered and empowering behaviors (e.g., Trivette, Dunst, & Hamby, 1996b). The professionals whose behavior was rated by parents in this study were teachers, who have been found to have relatively less training in how to work with families.
Another factor that influences practice is research and scholarly knowledge. This study has implications for directions in research and the role of that research in influencing practice. Further research specific to the context of school-age education that examines family-centered behavior and empowerment processes is needed to balance the much larger research focus from the parent involvement framework (e.g., Epstein, 1992; Eccles & Harold, 1996). Educators and policy makers often rely on research to inform policy and practice. The bulk of the school literature focuses on a relatively family-allied (e.g., Dunst, 1997, 1998, 2002) paradigm, a paradigm that emphasizes the role of parents as agents following the advice of teachers, and there is a dearth of attention to the benefits of a family-centered, empowerment paradigm. This study and other studies emerging within the school-age education literature (e.g., McWilliam et al., 1999) contribute to new directions in research that may inform, influence and guide policy developers. Even within the parent involvement literature, there is growing recognition of the lack of attention to understanding how school processes and practices influence parents and their engagement in schools and with their child's education (e.g., Christenson, 2004). Recommendations are being made in this literature for greater analyses of school processes and practices that may enable and strengthen families and contribute positively to parent-school relations. The current study has implications to contribute to the new directions being suggested in the school literature (e.g., Christenson, 2004; Dunst, 2002; Gutkin & Sheridan, 2000) and has the potential to influence education scholars, leaders and policy makers to re-examine and challenge their current knowledge and paradigms of understanding, philosophy and practice.
In addition to implications of this study for teacher training and to contribute to a shift in research focus, this study also has implications for parent advocates and policy makers. In their analysis of the evolving historical roles of parents of children with disabilities, presented in Chapter Two, Turnbull and Turnbull (2001) suggested the pivotal advocacy role of parents, not only in working for better access and educational programs for children with disabilities, but also in influencing policies and ultimately legislation that guaranteed parents substantial involvement and decision-making rights within the education system. Since the implementation of the Individuals with Disabilities Act (IDEA) in the United States, substantial changes occurred in special education nationwide (e.g., requirements for family-centered practice). The results of this study provide initial evidence that within the context of British Columbia, where neither legislation nor policy guarantees parental decision-making or family-centered behavior (e.g., B.C. Ministry of Education, 1995, 2002), practice (as perceived by parents) appears to reflect the lack of systemic support for empowerment processes. The findings of this study provide consistent evidence found in previous studies of the overwhelming importance families of children with disabilities attribute to family-centered behavior. In addition, consistent with previous work in the family support context, this study provides evidence of the positive associations between family-centered empowering processes and psychological empowerment specific to the elementary school context. These findings may be used to support parent advocates in justifying their desires for greater involvement, recognition and welcoming of their expertise (e.g., Naylor, 2003a,b).

In addition, the findings of this study also have implications for policy makers (ideally in collaboration with parents of children with disabilities and educators) to
support the development of new policies and procedures to guide and direct schools and educators in the implementation of family-centered, empowerment practices. Overall, there are implications for this study to inform and stimulate change across many systems including: teacher education, directions in research within the school literature, educational leaders, policies, legislation, and practice. Ultimately, however, the most important implication of this research, along with the body of research that supports and will extend it, is its potential to contribute to positive processes, strengthening and adaptive outcomes for families of children with disabilities (e.g., Antonovsky, 1993; Singer, 2002).

The assumptions of this study are drawn from the body of research overall, discussed in chapter two, that indicates a positive association between parents’ perceptions of family-centered behavior and adaptive outcomes including empowerment and well-being. Although the current study, due to the design and methodology, can not make claims of causality, evidence from other studies that have used causal modeling as well as before and after studies and controlled trial studies conducted in medicine (e.g, Caro & Deverensky, 1991; Stein & Jessop, 1991) suggest that the process of family-centered behavior leads to empowerment outcomes. However, even if one interprets the direction of relationships to be in the opposite direction, there remain important implications for the teacher practice and policy and for those who support families of children with disabilities. It could be suggested that more empowered families have more positive perceptions of teacher behavior or elicit more family-centered responses. In addition, it could be suggested that parents who are more empowered perceive their child’s behavior to be less problematic. The implications of such an interpretation
continue to support changes in teacher education and policy and suggest that support
personnel working with families of children with disabilities find ways to increase
parents’ empowerment, help these parents develop more skills, give them experience
making decisions, and increase their knowledge about the school system so that they can
elicit more family-centered behavior and perceive their children as less challenging.

Conclusions

This study asked and addressed several questions that have rarely been asked
in the school-age literature. Does family-centered teacher behavior matter to parents of
school-age children with disabilities? Do the constructs of empowerment and family-
strengthening approaches have any meaning when applied to the school-age literature? Is
there any measurable or important relationship between empowerment processes in the
school, as perceived by parents, and parents’ psychological empowerment? The answer
to each of these questions is yes, as determined by this study.

The present study suggests that family-centered teacher behavior is considered
very important to parents of school-age children with disabilities. Unfortunately,
however, this study suggests that parents of school-age children only sometimes receive
family-centered behavior from teachers, and in some cases there is a very large gap
between how parents would like to be treated and how they perceive they actually are
treated. Parents want to be respected for their expertise and contributions, welcomed,
included and listened to by their child’s teachers. In addition, they want to have the
opportunity to make decisions about the types of services and supports their child
receives. The findings of this study, and previous studies, suggest that sometimes this
happens, but not as frequently as parents would like to see it happen. Whether or not
teachers engage in family-centered behavior, from the perspective of the parent, however, is associated with psychological outcomes for the parent.

Parents’ psychological empowerment, an adaptive outcome, was most strongly predicted by their perceptions of the frequency of family-centered teacher behavior they encountered than by characteristics of the child or parent. Teacher behavior (as perceived by parents) that was friendly, respectful and welcoming of parental expertise and decision-making predicted parents’ perceptions of being confident, effective, knowledgeable, in control and capable of taking action with regard to their child’s education and the school system. Consistent with the most recent approaches to understanding family adaptation to having a child with a disability (e.g., Behr, Murphy, & Summers, 1992; Fergusen 2002; King, King, Rosenbaum, & Goffin, 1999; Singer, 2002) the present study provides evidence of the primacy of parental perceptions over any “objective” characteristics of the parent or child (e.g., Bronfenbrenner, 1979). The importance of perceptions in influencing adaptation or pathology, although a current focus in psychology was recognized several hundred years ago by Shakespeare:

Hamlet: Danish’s a prison
Rosencrantz: Then is the world one?
Hamlet: A goodly one, in which there are many confines, wards, and dungeons, Denmark being one o’ th’ worst.
Rosencrantz: We think not so, my lord.
Hamlet: Why then ‘tis none to you; for there is nothing either good or bad, but thinking makes it so. To me it is a prison

*Hamlet, Act II, Scene II*
It is important for teachers and educators to recognize, based on the findings of this study and the body of empowerment research, that the education system and teacher behavior, as perceived by parents, have the potential to influence the adaptation of parents. According to ecological systems theory (e.g., Bronfenbrenner, 1979, 1986) the linkages between parents and teachers, especially as perceived by parents, ultimately influence the development of children whether in the home or in the school context. Attending to parents’ perceptions and attempting to understand what view of “Denmark” they may have and why, even if incongruent with what teachers within the system perceive to be important or valid, is an important protective task for educators to be made aware of. Even though many professionals across help-giving fields, including education, may claim to work well with families, the recent research recent specific to the school-age literature (e.g., Dunst, 2002; McWilliam et al., 1999) and this study suggest that improvements are needed in preparing professionals, and especially teachers, to adopt family-centered practices desired by parents, and to become effective professional help-givers within an empowerment framework (e.g., Dunst, 1998, 2002).

Attention to the importance of parental perceptions of teacher behavior and school practices continues to enhance our understanding of the impact on families of having a child with a disability, and highlights, in particular, the important contribution and responsibility of the school-system in influencing outcomes for families and children. Whether the family of a child with disabilities considers their world to be an insufferable tragedy, a Denmark that is rotten, or a world that is positive and strengthened may be influenced by the nature of their interactions with teachers and schools, a process that can enhance capacity and psychological empowerment, or conversely, may be a potential source of stress and
alienation. Whether schools are considered a "potent breeding ground of alienation" (Bronfenbrenner, 1979, p. 60) or a welcoming environment that supports optimal adaptation of family and development of the child with disabilities may be influenced by parents’ perception of their experiences with teachers.

The findings of this study support the need for a paradigm shift that began in the family support literature but that is echoed in the recent school-age education literature (e.g., Christenson, 2004; Sheridan & Gutkin 2000) by suggesting that education professionals and researchers pay greater attention to processes that occur on the level of the mesosystem (parent-teacher interactions and relationships) and enhance the developmental potential of the school system by adopting practices, preferred by families, that are empowering and strengthening and leaving behind antiquated approaches of professionally-centered behavior that are potentially alienating and destructive.
References


and strengthening families: Methods, strategies, and practices (pp. 13 – 26).
Cambridge, MA: Brookline.


Naylor, C (2003b). *Nanaimo parents of students with special needs, focus group report.*


Petr, C. G., Allen, R. I., & Brown, B. F. (1995). *Family-centered behavior scale and user’s manual.* The Beach Center on Disability, University of Kansas:

Lawrence, KS.


PARENTS WHO HAVE ELEMENTARY SCHOOL CHILDREN WITH SPECIAL NEEDS

ARE YOU A PARENT WHO HAS A CHILD WITH SPECIAL NEEDS WHO ATTENDS ELEMENTARY SCHOOL (K-7) IN BC?

WOULD YOU LIKE TO EXPRESS YOUR IDEAS ABOUT YOUR EXPERIENCES WITH THE SCHOOL AND OTHER SYSTEMS THAT WORK WITH CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES?

This study can give us important information that may help the ways teachers and other professionals support families who have children with special needs.

If you would like to take part please complete a questionnaire and return it in an envelope to the drop box. No names will be on the questionnaire or final report.
Appendix 6

Empowerment Among Parents of Elementary School (K-7) Children with Special Needs

Instructions for Completing the Survey

We want to learn more about families with elementary school (K-7) children with special needs and their experiences with the school system.

It is important that you complete all sections of the questionnaire and that you answer all items. Some questions ask personal information. Please remember that your answers will not be shared with anyone. Your answers to these questions will help us to understand the challenges and experiences of families who have children with special needs. We hope to hear from many different types of families.

Some sections of the questionnaire are very similar. The Family Centered Behavior Scale-Importance asks about HOW IMPORTANT it is to you that your child’s teacher does certain things. The Family Centered Behavior Scale asks about HOW FREQUENTLY your child’s teacher does these things. Please read the instructions at the beginning of each section of the questionnaire carefully.

When you have completed the questionnaire please return it by mail in the stamped addressed envelope or hand it in to the drop box if this has been arranged.

Thank you so much for taking the time to participate in our study!
Appendix 7
Family-Centered Behavior Scale - Importance

Read each item thinking about your child's classroom teacher. Circle the number beside each item that best describes how important it is to you that your child's classroom teacher does each thing. Rate the behavior on a scale from 1 to 5 where

“1” means that the behavior is not at all important to you, and “5” means that it is extremely important.

My Child's Classroom Teacher ...

1. accepts our family as important members of the team that helps our child.  
   
2. helps us get all the information we want and/or need.  
   
3. helps us get the help we want from our family, friends, and community.  
   
4. does not blame me for my child's problems.  
   
5. points out what my child and family do well.  
   
6. listens to us.  
   
7. respects our family's beliefs, customs, and ways that we do things in our family.  
   
8. helps us do the same kinds of things that other children and families do.  
   
9. makes it clear that we as a family, not the professional are responsible for deciding what is done for our child and family.  
   
10. plans meetings at times and places that are good for our family.  
   
11. does not criticize what we do with our child.  
   
12. treats us with respect.  
   
13. does not make negative judgments about us because of ways that we are different from the staff member (such as race, income level, job, or religion).  

Continued on next page
My Child's Classroom Teacher ...

14. cares about our entire family, not just the child with special needs.  
   ![Scale] Not at All Important | Important | Extremely Important
   1  2  3  4  5

15. does not make decisions about my child's care without asking me what I want.  
   1  2  3  4  5

16. helps my family meet our needs as we see them.  
   1  2  3  4  5

17. suggests things that we can do for our child that fit into our family's daily life.  
   1  2  3  4  5

18. understands that I know my child better than anyone else does.  
   1  2  3  4  5

19. helps my family get services from other agencies or programs as easily as possible.  
   1  2  3  4  5

20. talks in everyday language that we can understand.  
   1  2  3  4  5

21. helps our family expect good things in the future for ourselves and our children.  
   1  2  3  4  5

22. makes sure we understand our family's rights.  
   1  2  3  4  5

23. accepts our feelings and reactions as normal for our situation.  
   1  2  3  4  5

24. wants to hear what we think about this program.  
   1  2  3  4  5

25. supports my making as many decisions as I choose to about what is done for my child and family.  
   1  2  3  4  5

26. encourages me to speak up during meetings with professionals when there is something that I want to say.  
   1  2  3  4  5

Scale adapted with permission from Christopher G. Petr
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## Appendix 8

### Family-Centered Behavior Scale

Read each item thinking about your child's classroom teacher. Circle the number beside each item that most closely fits your opinion of how often your child's teacher does the things described in each item. Rate the behavior on a scale from 1 to 5 where 1 indicates Never and 5 indicates Always. Circle "0" if you have not had the chance to observe how your child's teacher acts.

### My Child's Classroom Teacher ...

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. accepts our family as important members of the team that helps our child.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>2. helps us get all the information we want and/or need.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>3. helps us get the help we want from our family, friends, and community.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>4. blames me for my child's problems.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>5. points out what my child and family do well.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>6. listens to us.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>7. respects our family’s beliefs, customs, and ways that we do things in our family.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>8. helps us do the same kinds of things that other children and families do.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>9. makes it clear that we as a family, not the professional are responsible for deciding what is done for our child and family.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>10. plans meetings at times and places that are good for our family.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>11. criticizes what we do with our child.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>12. treats us with respect.</td>
<td>1 2 3 4 5 0</td>
</tr>
<tr>
<td>13. makes negative judgments about us because of ways that we are different from the staff member (such as race, income level, job, or religion).</td>
<td>1 2 3 4 5 0</td>
</tr>
</tbody>
</table>

Continued on next page...
My Child’s Classroom Teacher ...

14. cares about our entire family, not just the child with special needs.  
   1  2  3  4  5  0

15. makes decisions about my child’s care without asking me what I want.  
   1  2  3  4  5  0

16. helps my family meet our needs as we see them.  
   1  2  3  4  5  0

17. suggests things that we can do for our child that fit into our family’s daily life.  
   1  2  3  4  5  0

18. understands that I know my child better than anyone else does.  
   1  2  3  4  5  0

19. helps my family get services from other agencies or programs as easily as possible.  
   1  2  3  4  5  0

20. talks in everyday language that we can understand.  
   1  2  3  4  5  0

21. helps our family expect good things in the future for ourselves and our children.  
   1  2  3  4  5  0

22. makes sure we understand our family’s rights.  
   1  2  3  4  5  0

23. accepts our feelings and reactions as normal for our situation.  
   1  2  3  4  5  0

24. wants to hear what we think about this program.  
   1  2  3  4  5  0

25. supports my making as many decisions as I choose to about what is done for my child and family.  
   1  2  3  4  5  0

26. encourages me to speak up during meetings with professionals when there is something that I want to say.  
   1  2  3  4  5  0

Scale adapted with permission from Christopher G. Petr  
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## FAMILY EMPOWERMENT SCALE

**Instructions:** Below are a number of statements that describe how a parent or caregiver of a child with special needs may feel about his or her situation. For each statement, please circle the response that best describes how the statement applies to you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not True</th>
<th>Mostly</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that I have a right to approve all services my child receives at school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. When problems arise with my child, I handle them pretty well.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I feel I can have a part in improving services for children in my community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I feel confident in my ability to help my child grow and develop.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I know the steps to take when I am concerned my child is receiving poor services at school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I make sure that professionals understand my opinions about what services my child needs at school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I know what to do when problems arise with my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I get in touch with my legislators when important bills or issues concerning children are pending.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Continue
9. I feel my family life is under control.
   NOT TRUE
   MOSTLY
   SOMEWHAT
   MOSTLY
   VERY
   AT ALL
   NOT TRUE
   AT ALL
   NOT TRUE
   AT ALL
   NOT TRUE
   AT ALL
   NOT TRUE

10. I understand how the service system for children is organized.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

11. I am able to make good decisions about what services my child needs at school.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

12. I am able to work with agencies and professionals to decide what services my child needs at school.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

13. I make sure I stay in regular contact with professionals who are providing services to my child at school.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

14. I have ideas about the ideal service system for children.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

15. I help other families get the services they need.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

16. I am able to get information to help me better understand my child.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

17. I believe that other parents and I can have an influence on services for children.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

18. My opinion is just as important as professionals' opinions in deciding what services my child needs at school.
    NOT TRUE
    MOSTLY
    SOMEWHAT
    MOSTLY
    VERY
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE
    AT ALL
    NOT TRUE

Please Continue
<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>I tell professionals what I think about services being provided to my child at school.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>20.</td>
<td>I tell people in agencies and government how services for children can be improved.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>21.</td>
<td>I believe I can solve problems with my child when they happen.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>22.</td>
<td>I know how to get agency administrators or legislators to listen to me.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>23.</td>
<td>I know what services my child needs at school.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>24.</td>
<td>I know what the rights of parents and children are under the special education laws.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>25.</td>
<td>I feel that my knowledge and experience as a parent can be used to improve services for children and families.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>26.</td>
<td>When I need help with problems in my family, I am able to ask for help from others.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>27.</td>
<td>I make efforts to learn new ways to help my child grow and develop.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td>28.</td>
<td>When necessary, I take the initiative in looking for services for my child and family.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
</tr>
<tr>
<td></td>
<td>AT ALL</td>
<td>NOT TRUE</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
</tbody>
</table>

Please Continue
29. When dealing with my child, I focus on the good things as well as the problems.  

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
<td>MOSTLY</td>
<td>VERY</td>
</tr>
<tr>
<td></td>
<td>AT ALL 1</td>
<td>NOT TRUE 2</td>
<td>TRUE 3</td>
<td>TRUE 4</td>
<td>TRUE 5</td>
</tr>
</tbody>
</table>

30. I have a good understanding of the school system that my child is involved in.  

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
<td>MOSTLY</td>
<td>VERY</td>
</tr>
<tr>
<td></td>
<td>AT ALL 1</td>
<td>NOT TRUE 2</td>
<td>TRUE 3</td>
<td>TRUE 4</td>
<td>TRUE 5</td>
</tr>
</tbody>
</table>

31. When faced with a problem involving my child, I decide what to do and then do it.  

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
<td>MOSTLY</td>
<td>VERY</td>
</tr>
<tr>
<td></td>
<td>AT ALL 1</td>
<td>NOT TRUE 2</td>
<td>TRUE 3</td>
<td>TRUE 4</td>
<td>TRUE 5</td>
</tr>
</tbody>
</table>

32. Professionals should ask me what services I want for my child at school.  

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
<td>MOSTLY</td>
<td>VERY</td>
</tr>
<tr>
<td></td>
<td>AT ALL 1</td>
<td>NOT TRUE 2</td>
<td>TRUE 3</td>
<td>TRUE 4</td>
<td>TRUE 5</td>
</tr>
</tbody>
</table>

33. I have a good understanding of my child's disorder.  

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
<td>MOSTLY</td>
<td>VERY</td>
</tr>
<tr>
<td></td>
<td>AT ALL 1</td>
<td>NOT TRUE 2</td>
<td>TRUE 3</td>
<td>TRUE 4</td>
<td>TRUE 5</td>
</tr>
</tbody>
</table>

34. I feel I am a good parent.  

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.</td>
<td>NOT TRUE</td>
<td>MOSTLY</td>
<td>SOMEWHAT</td>
<td>MOSTLY</td>
<td>VERY</td>
</tr>
<tr>
<td></td>
<td>AT ALL 1</td>
<td>NOT TRUE 2</td>
<td>TRUE 3</td>
<td>TRUE 4</td>
<td>TRUE 5</td>
</tr>
</tbody>
</table>
Appendix 10

FAMILY BACKGROUND QUESTIONNAIRE

We want to learn more about families with who have children with special needs. Please answer all questions and remember your responses will not be shared with anyone.

What is your relationship to the child? (please check one)

___ Mother
___ Father
___ Grandmother
___ Grandfather
___ Other (Please Specify): __________________________

___ Brother
___ Sister
___ Foster Mother
___ Foster Father

What is your age? ______

What is your marital status?

___ Married or common-law
___ Single
___ Other (please specify) ________________

What is your ethnic/racial background? (please check one)

___ Aboriginal (North American Indian, Metis, Inuit)
___ Asian (includes Chinese, Japanese, Korean)
___ African/Black
___ Caucasian/White (includes European)
___ Arabic (includes Middle Eastern)
___ South Asian (includes Bangaladeshi, Bengali, East Indian, Pakistani, Punjabi)
___ Latin American/Hispanic
___ Other (please specify) __________________________

How do you describe the make-up of your family?

___ Two parent family
___ Single parent family
___ Blended family
___ Extended family (includes relative other than parents & children in the same household, e.g., grandparents)
___ Other (please specify) __________________________
What is your highest level of education? (choose one)

___ Less than 5th grade
___ Less than High School Diploma
___ High School Diploma
___ 1 – 3 years of College or University
___ 4 year College or University Degree

___ Some Graduate work
___ Master’s Degree (e.g., MA, MS, MBA)
___ Doctoral Degree (e.g., Ph.D., Ed.D, M.D., DVM)

What is your current employment situation? (choose one)

___ Working full-time outside the home
___ Working part-time outside the home
___ Student
___ Unemployed or full-time parent
___ Other (please specify)

If currently employed outside the home, what is your occupation?

______________________________

If in a two-parent family, is your spouse/partner employed outside of the home?

___ Yes  ___ No

If your spouse/partner is employed outside the home, what is his/her occupation?

______________________________

What is your annual family income before taxes? (please check one)

___ Less than $10,000
___ $10,000 – $19,999
___ $20,000 - $29,999
___ $30,000 – $39,999
___ $40,000 - $49,999
___ $50,000 – $59,999
___ $60,000 – $69,999
___ $70,000 – $79,999
___ $80,000 – $99,999
___ $100,000 – $124,000
___ $125,000 – and over
Are you a member of a support group for families of children with disabilities? (e.g. Autism Society, Learning Disabilities Association, informal parent group)

Yes ___ No ___

How would you rate your level of involvement and participation in this group?

___ Very Minimal involvement (e.g., on a mailing list or have informal contact)
___ Minor involvement (e.g., receive newsletters, attend a few meeting)
___ Moderate involvement (e.g., attend many meetings or other parent advocacy activities)
___ High involvement (e.g., attend most meetings, conferences and parent advocacy activities)
___ Very High involvement (e.g., leadership role in most meeting and other advocacy activities)

Tell us about your child with special needs:

What is your child’s age? ______

In what grade is your child? ______

What is your child’s gender? ___Male ___Female

What is your child’s diagnostic category according to the B.C. Ministry of Education? (Check one):

___ Learning Disability
___ Mild Intellectual Disability
___ Moderate/Severe/Profound Intellectual Disability
___ Moderate Behavior Disorder
___ Severe Behavior Disorder
___ Multiple Disabilities
___ Physical Disability or Chronic Health Impairment
___ Deaf
___ Hard of Hearing
___ Visually Impaired
___ Autism
___ Other (please specify) __________________________________________
___ I don’t know

Does your child have an Individualized Education Plan (IEP)?

___ Yes ___ No ___ I don’t know
Describe your child's current educational placement (check one)

_____ Self-contained, separate classroom, or special school

_____ In a regular classroom with non-disabled peers less than 50% of the day
(e.g., resource room, pull-out for a large part of the day)

_____ In a regular classroom with non-disabled peers greater than 50% of the day
(e.g., resource room, pull out for little or none of the day)

_____ Other (please specify) ____________________________________________

_____ I don’t know

In what school district is your child enrolled? ______________________________

Compared to other children your child's age, how would you rate your child's
behavioral difficulties? (choose one)

_____ No behavioral difficulties
_____ Mild behavioral difficulties
_____ Moderate behavioral difficulties
_____ Severe behavioral difficulties
_____ Very Severe behavioral difficulties

How severe would you consider your child's disability compared to typically
developing children? (choose one)

_____ Very mild disability
_____ Mild disability
_____ Moderate disability
_____ Severe disability
_____ Very Severe disability

Thank you for taking the time to participate in our study. Is there anything you
would like to add about your child or family? If so, please tell us in the space below.