

Facilitating Family Involvement in Early Intervention to Preschool Transition

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Abstract

Active family involvement and important family roles in the early intervention to preschool transition have been mandated by laws, recognized by the position statements of professional organizations, and validated through evidence-based research. In order to involve families in this process, reduce stresses, and conquer the challenges families may encounter, professionals who serve families in this process should seek to fully understand families' needs and priorities and to establish collaboration with them to design appropriate transition goals and effective strategies. The application of a conceptual framework of family systems theory and family-centered practices can fulfill this task. The purpose of the study is two-fold: to review literature on family involvement in the transition from early intervention programs to programs for three-year-olds from a perspective of the conceptual framework of family systems theory, thus providing a good view of the needs, priorities, strengths, and weaknesses of families from diverse backgrounds; and to describe family-centered practices for developing quality transition services that meet families' diverse needs, thus smoothing the transition process.

Key Words: family-centered practices, family systems theory, early intervention, transitions, Chinese, case study, preschool, children, disability, exceptionality, developmental delays, extended families, services, therapists, professionals

Introduction

The early intervention (EI) to programs for three-year-olds transition is a critical process not only for young children with developmental delays and their families, but also their service providers (Lovett & Haring, 2003). Since transition was introduced in the P.L. 99-457 Education for All Handicapped Children Act Amendments (now called IDEA 1986), there has been an increased number of evidence-based studies concerning this transition (Adams, 2003; Bruns & Fowler, 1999; Fowler, Hains, & Rosenkoetter, 1990; Fowler, Schwartz, & Atwater, 1991; Hains, Rosenkoetter, & Fowler, 1991; Hamblin-Wilson & Thurman, 1990; Hanson et al., 2000; Hemmeter & Schuster, 1994; Hoover, 2001; Johnson, 2001; Ladwig, 2003; Lovett & Haring, 2003; Pinnock, 2003; Rice & O'Brien, 1990). Division for Early Childhood (DEC, 1993) also issued a position statement about the importance of transition because it brings many opportunities to children and families, although it also presents them with many challenges and stressors. Issues worthy of consideration in the transition process include increasing the connection between the EI program and the receiving program, relieving the stress associated with the transition procedure, and improving the quality of services to smooth the transition (Ladwig, 2003; Lovett & Haring, 2003; Pinnock, 2003; Rice & O'Brien, 1990; Rous, Hemmeter, & Schuster, 1994).

As IDEA 1986 mandated that families should be involved in the transition process, families' roles have been strengthened every time IDEA was reauthorized, in 1990, 1997, and again in 2000. The multifaceted roles families play in transition include acting as guides and decision makers who provide professionals information about the child and family and set up appropriate transition goals and objectives (Bruns & Fowler, 1999); families also play roles as collaborators, problem solvers, parent supporters, and evaluators/assessors (Pang, 2008). However, not every family is the same in their desire to make decisions or solve problems independently or to support other families, so finding different families' comfort zones in the transition process is critically important. Bruns and Fowler's (1999) study indicated that some families may be more active in acquiring information about their "legal rights or providing information about their child's needs to teachers or administrators coordinating the transition, while others may opt to share or hand over most responsibilities to specific professionals and participate only in legally mandated meetings and procedures" (p. 26). Some families exchange information with professionals, assist in locating resources for their children, and take a leadership role in transition planning. Other families, however, may remain passive in the transition meeting. Families also can play a role as professionals' ally, sharing experiences and expertise with the professionals (Bruns & Fowler, 1999).

Since families' important roles have been validated through evidence-based research studies (Bruns & Fowler, 1999; Pang, 2008), what needs to be considered is how to facilitate families playing roles in decision making, designing goals and objectives, embedding the transition related goals into daily activities, and utilizing family resources in the transition process. The purpose of the study is two-fold: to review literature on family involvement in the transition from early intervention programs to programs for three-year-olds from a perspective of the conceptual framework of family systems theory (Turnbull, 2000; Turnbull, Turnbull, Erwin, & Soodak, 2005), and to describe family-centered practices in the transition process for developing quality transition services.

Applying Family Systems Theory to Understand Family Involvement in EI Transition

Introduced by Turnbull (2000) and Turnbull et al. (2005), the conceptual framework of family systems theory addresses family characteristics, interactions, functions, and life cycle stages. There are three levels of meaning in family characteristics: the characteristics of the family as a unit, including the family size, cultural background, socioeconomic status, geographic location, and educational attainment; personal characteristics, such as the nature and age of onset of the exceptionality, family member health, and coping style; and special challenges such as family poverty, parents with disabilities, and substance abuse (Turnbull, 2000; Turnbull et al., 2005). Family interactions are the processes in the conceptual framework that include the marital subsystem (interaction between spouses), parental subsystem (interaction between parents and children), the sibling subsystem (interaction among siblings), and the extended family subsystem (interaction between the nuclear and extended family). Family function refers to family needs such as affection, self-esteem, socialization, education, recreation, daily care, spirituality, and economic stability (Turnbull, 2000; Turnbull et al., 2005). Only when they understand family needs can service providers render appropriate services and policymakers revise policies to meet family needs. In the family systems framework, family functions are the output.

Family life cycle, also known as transition, represents the change families experience over years, such as changes in family characteristics, functions, and life roles (Turnbull, 2000; Turnbull et al., 2005). Examples are the birth of a child with an exceptionality; the transfer from the intensive care in the hospital to the home, from the EI system to programs for three-year-olds, from preschool to kindergarten; providing sexual education, expanding self-determination,

and developing independence in adolescence; and identifying post-secondary education and employment opportunities and seeking supported living options in adulthood, all of which can be categorized as either an expected or unexpected transition (Turnbull, 2000; Turnbull et al., 2005). The expected transition is what a family has planned, such as a typically developing child transferring from preschool to kindergarten, while the unexpected transition can be anything that happens unexpectedly to the family, like the child staying in the hospital for intensive care after birth, or the child being unable to attend school for a full day due to health issues.

Family Characteristics

In the process of transition, family characteristics such as family socioeconomic status, cultural background, the nature and severity of the exceptionality, and any special challenges the family has experienced (e.g., family members' health, family member with disabilities and/or substance abuse) should be considered. For example, the nature of the disability is an issue that can cause stress in transition. The more severe the disability is, the more stress the family may experience and the more they may be concerned about their child's adjustment to a new environment. Families whose children have mild or less severe disabilities may be less worried, because they are more confident that their children are better prepared for the new program (Hanson et al., 2000; Hoover, 2001). Family cultural background is also a factor that influences family transition experiences. For example, some Asian families may not feel comfortable sharing their needs, wants, concerns, or priorities with professionals. They may prefer that professionals play a dominant role in transition planning and decision making, although they would like to embed the transition related strategies in their daily living. As mentioned earlier, recognizing a family's comfort zone and promoting their participation in transition planning to the maximum is the professionals' mission. Professionals must respect family preferences and incorporate them into service provision, understanding that each family has its own strengths, needs, and expectations.

Families of different educational attainments may show different levels of satisfaction with transition services. Hamblin-Wilson and Thurman's (1990) findings showed that the most educated parents are most satisfied with the information and services they received, while Pang's (2008) study indicated the opposite—that families with higher educational attainment are more likely to show dissatisfaction with the information and services they received. This, however, may imply that the respondents of higher educational attainment require more from professionals and are more critical with the service delivery method and the quality and quantity of services provided (Pang, 2008). It may

also imply that it is more challenging to meet the expectations of this group of parents compared to their counterparts with lower educational attainment (Pang, 2008). The author of the current study believes that the different findings between these respective studies (Hamblin-Wilson & Thurman, 1990; Pang, 2008) derive from the participant families' different ethnic backgrounds. In Hamblin-Wilson and Thurman's study, the majority of the participant families were Black, while all of the participant families in Pang's study were Caucasian. The Caucasian families with higher educational attainment may have higher expectations about the quality and quantity of the services provided in transition, compared to their Black counterparts. The author also points out that Pang's study was conducted 18 years later than Hamblin-Wilson and Thurman's study. In those 18 years, IDEA was revised several times, and each time it was revised, family rights were strengthened. Families, especially those with higher educational attainment, become more aware of their rights by 2008, which may have led to higher expectations of professionals and services.

Family Interaction

According to the conceptual framework of family systems theory, family members interact with each other, and each one of them also gains independence. The interaction between and among family members reflects cohesion, while the independence shows the independent level each family member has (Turnbull, 2000; Turnbull et al., 2005). Families from different cultural backgrounds may have different family interaction styles. For example, in many Asian families the nuclear and extended families remain so close that sometimes three generations live in one household. Although this tradition is changing as time goes on, it is still not rare to see the grandparents help take care of the grandchildren in some Asian families. In the transition process, each individual family member may be affected, as each of them will devote a certain amount of time to get information, participate in discussion, seek services and/or help, and each of them will carry some responsibilities in helping the child to generalize skills across programs and prepare for the new program emotionally, financially, and psychologically. Hoover (2001) reported that the make-up of a family system, especially the interaction between spouses, affects the transition process. While marital conflicts may lead to a stressful transition, if both mother and father are in a good relationship, both of them can provide input and collaborate with professionals in the implementation of strategies to promote a smooth transition. In some families, grandparents, aunts, and uncles are also involved in providing input. Siblings can help as well in that they can model and assist in practicing some basic social, behavioral, and functional skills. In fact, siblings learn "critical social skills from each other, such as

sharing, negotiation, and competition” (Xu & Filler, 2008, p. 61). For children with established disabilities or at high risk of developmental delays, transitions may pose challenges for the whole family (Rice & O’Brien, 1990). This also reflects the social systems theory (Boss, 1988) that when one family member experiences stress, the other family members’ experiences are also affected.

Family Functions

Family function refers to family needs such as affection, self-esteem, socialization, education, recreation, daily care, spirituality, and economic stability (Turnbull, 2000; Turnbull et al., 2005) Without understanding family function, service providers could hardly deliver appropriate services. For example, one of the critical issues in transition is that many families feel dissatisfied with their transition experiences as they are shifted from “known” to “unknown” service providers (Hanson et al., 2000). Although familiar with EI personnel, families often lack communication and contact with the receiving preschool service providers. So, family members aspire to communicate with the receiving agency staff and favor the team model services they received in the EI system (Hanson et al., 2000). They may express their needs for receiving relevant information ahead of time, participating in transition planning, and maintaining contacts with the EI professionals after transition (Lovett & Haring, 2003).

In order to meet these families’ needs, Hoover (2001) recommended a “mentor mother” and a support learning group, from whom families can gain resources and support. Families feel more comfortable when sharing family stories with expert families who share similar experiences with them, and they get the most emotional support from other families rather than professionals (Pang, 2008). Hanson and colleagues (2000) suggested a key person or guide who can provide families informational, emotional, and educational support. Hoover (2001) also recommended a checklist on which everyone’s responsibility in the program is listed. This way, parents can follow the checklist and check when something has or has not been completed in the transition process.

Hains, Rosenkoetter, and Fowler (1991) recommended four phases in facilitating families’ participation in transition planning. In Phase I, professionals should develop a sense of sensitivity to each family’s need for information and support as well as the family’s readiness for transition planning. In Phase II, professionals are expected to help the family prepare for IEP (Individualized Education Plan) activities and encourage them to collaborate with professionals in making decisions or determine themselves where to place their child. Phase III emphasizes enhancing communication between the family and the receiving agency staff. Phase IV states that professionals provide parents opportunities to evaluate their involvement in transition and their child’s adjustment in the new program.

Family Life Cycle

Family life cycle represents the changes/transitions a family experiences over the years, such as changes in family characteristics, interaction, and function (Turnbull, 2000; Turnbull et al., 2005). There are two types of changes/transitions, the expected and unexpected. One expected change or transition is the transfer from kindergarten to elementary school when the child reaches the school age, and usually it is planned so that everybody in the family prepares for it financially and emotionally. On the other hand, the unexpected transition refers to some changes that a family does not plan or expect (Turnbull, 2000; Turnbull et al., 2005). It happens suddenly as a surprise. The birth of a child with an exceptionality is such an event in a family life cycle. Emily Pearl Kingsley (1987) described it as an unexpected, unplanned trip to Holland. Imagine that your family plans a vacation trip to Italy, but it turns out you accidentally board a plane to Holland. You feel upset, unprepared, and lost. Although later on you find there is some beautiful scenery in Holland as well, you still regret that you don't get a chance to see the beauty of Italy. Every time someone else talks about the trip to Italy, your heart is broken because you know you will never get there (Kingsley, 1987). Daniel (1993) described this transition as mountain climbing and regarded parents as learners whose movements are tenuous and faltering at the beginning despite the support of experts, but who later on will progress and may move ahead of experts.

Having a child with an exceptionality may bring many unexpected issues, such as being enrolled in a special class when transferring to elementary school, getting access to sheltered employment and group living homes after graduating from high school, and addressing the child's sexual and social needs. For many families the transition from EI to programs for three-year-olds is the first major transition they experience and may be the most challenging one, especially for those whose children have severe or multiple disabilities. There are many issues that professionals and the family as a whole have to plan ahead of time such as transportation and placement issues. Many times families feel stressed because their child lacks many of the basic skills required in center-based settings, such as potty training skills, sharing, turn taking, and basic communication skills. As mentioned earlier, the more severe the disability is, the more stressed the family may feel before transition. In order to relieve the transition-related stress, professionals should notify the family ahead of time that the child will transition out of the EI program at age three; provide families alternate placement options and show them these placement alternatives before transition; encourage families to make final decisions about the placement and transition goals themselves, or help them make decisions if families

prefer. This way, the family will feel they are prepared for transition and expect it to happen instead of feeling unprepared or overwhelmed with so many issues and paperwork when the transition comes.

Applying Family-Centered Practices to Facilitate Family Involvement in EI Transition

Family-Centered Practices

Family-centered practices are not a new concept. Rather, as Bruder (2000) summarized, it has had a long history since the 1960s when it was first used as a descriptor of service delivery. The current set of practices has been refined, validated by research, and strengthened by the reauthorization of laws (IDEA 86, 97, 00, 04) and the issuing a position statement by the Division for Early Childhood (1993). Another factor that promoted the formation and application of family-centered practices in EI was Bronfenbrenner's (1979) Ecological Theory, which proposed that a child develops through bidirectional interaction with the environment in which he/she lives. That is, not only does the environment influence the child, but also the child affects the environment. The theory defined layers of environment where the child lives and which affect the child, including the family environment, such as the makeup of the family, family socioeconomic status, cultural background, and beliefs; family relationships with outsiders like friends, teachers, church members, and community members; and the larger culture, traditions, and influence from mass media (Bronfenbrenner, 1979).

The interaction between young children and the environment is a cornerstone in their social, emotional, cognitive, and communicative development (Baird & Peterson, 1997). Environmental changes over time affect the family as well as the child. For example, an economic crisis may cause a reduction in federal funding allocated for service delivery, which leads to a cut in service hours, so one service provider must serve more families. The child also changes its surrounding environment. A child born with developmental delays causes families to deal with many unexpected issues, such as fighting for services and insurance. According to ecological theory, the family is viewed as a whole unit, so a child cannot be isolated from his/her family or home environment, and the community, school, and societal environments are seen as combined to affect a child's development. Thus, the interaction between the family and service providers and teachers cannot be neglected.

According to Dunst's (1995) interpretation, family-centered practices regard the family as the center of service delivery; family concerns, priorities, strengths, and needs should be taken into account, and families should be

served as a whole, meaning not only the need of the child with an exceptionality but also that of each family member should be considered, every family member should be informed about options and involved in service delivery, and family cultural differences should be respected (Baird & Peterson, 1997; Bruder, 2000; Dunst, 1995; 2002). Such family-centered practices should be applied to the EI to preschool transition. If every family member is notified of the available services before transition, the family can choose which service plan will work better for them as a whole. If families are invited to visit the multiple programs available, each family can make a decision about where to send their child ahead of time. This way, family stress will be reduced and family members may be relieved that all of their concerns are being addressed.

Many times family members feel dissatisfied with transition services due to the fact that family-centered practices were not implemented. Hanson and her colleagues' (2000) study suggested that one of the critical issues that led to unsatisfactory transition experiences was treating "transition as a discrete event or task to be completed or in some cases just formality, rather than a process" (p. 284). Some service providers regarded transition as solely paperwork (Hanson et al., 2000), preparing a series of documents before the transition meeting and asking families to sign the paper at the meeting, rather than working together with families to design the optimal transition plans. The limited choice of alternative options for future placement is also an issue that makes some families dissatisfied. Many families interviewed noted that they were given no choices or few options for the type or location of their child's preschool services (Hanson et al., 2000). Service providers without training in family-centered practices tend to "use their own family values and experiences as a roadmap for interacting with families, with little regard to their [families'] individuality and background" (Mandell & Murray, 2005, p. 77).

The following is a story that applies family systems theory in understanding family concerns, priorities, and resources, and family-centered practices in serving a family and their child with an exceptionality in the transition process. (Note: All names used are pseudonyms.)

Vignette—Dandan's Family

Dandan Liu is a loving, sensitive, and intelligent three-and-a-half-year-old little boy with autism, who transitioned from an EI program about six months ago to a local preschool program. Dandan's autism led to his language delay and behavior problems. Both of his parents are first generation immigrants to the U.S. from China. The parents received higher education in the U.S., and his father works in a public university while his mother stays at home with Dandan and his sister. Dandan was sent back to China after he was born, and he stayed with his grandparents

for two years. When he was brought back to the U.S. at age two, he was enrolled in an EI program. An Occupational Therapist (OT), a Speech-Language Pathologist, and a behavioral support staff person were assigned to work with the family. Each of the professionals came to the house once a week for about half an hour. As both of Dandan's parents are well educated and know English well, no interpreter was needed. The parents and professionals communicated pretty well. However, the parents were still uncomfortable in sharing all of their concerns with the professionals. There were some things that they felt were private and didn't like to share with others. For example, the professionals offered to connect them to an "expert" family whose little boy also has autism. Dandan's family was reluctant to do that. They also rarely gathered together with other Chinese families who live close by in the same community. One of the concerns the family has is that people may gossip about Dandan's disability, which might harm their son's future, thinking, for example, nobody would like to play with him or it might be hard for Dandan to find a girlfriend when he grows up.

As Dandan was pretty delayed in both English and his native language at two years old, the family decided to only teach him Mandarin instead of bilingual education, mainly because they believed the bilingual instruction would further confuse him. Also, as the grandparents came to visit Dandan's family periodically and the grandparents only speak in Mandarin, Dandan will have more chances to use Mandarin, his native language. Later on, after Dandan could communicate his basic needs in Mandarin, the parents would consider teaching him English. The professionals completely accepted Dandan's family's decision. Therefore, the speech-language pathologist did not directly instruct Dandan, as she did not know his language, and there was no speech pathologist in Dandan's area who knew Mandarin. Rather she mainly guided the mother, who stays at home all the time with the children, and shared with her strategies on how to stimulate Dandan's language development. The OT also embedded some language instruction technique in the occupational therapy. For example, the OT asked Dandan to tell her the name of an object before she gave it to him. For his behavioral issues, such as running wildly about and having a hard time sitting down and concentrating on tasks (e.g., playing with toys or listening to a story) for more than two minutes, the behavioral support person recommended gradually increasing the requirement of quiet reading time and playing time with his sister, who is one year younger than Dandan. The OT suggested the mother use his favorite toy, Thomas the Train, to get his attention, ask him to say the word "train" before giving it to him, and also that she reinforce him in sharing toys with his sister at play. The father was also requested to get involved in playing and working with Dandan after work, as were the grandparents when they came to visit. The practice of taking turns, sharing, and sitting down quietly and focusing on a story or doing some coloring are critical skills in center-

based programs after transition, and the practice of these skills with his little sister at home really speeded up Dandan's adjustment to the new program after transition. So, as everybody in Dandan's family was involved in working with Dandan, family concerns and priorities (e.g., mastering Mandarin first) were considered when designing goals and strategies, and family resources were utilized in the implementation of the strategies.

As Dandan's mother was very concerned about her son's adjustment to a new English-speaking environment since Dandan was not speaking English at all and could only understand a few words in English, finding an appropriate school for Dandan after he exited the EI program remained a hard task for the team. Accompanied by the professional team, Dandan's family visited almost every available preschool program before they made the final decision. Currently, half a year since Dandan was placed in the preschool, he has made good progress in language development: he can speak some short, simple English sentences such as "I want water" and "I want to play ball," and he can understand some simple commands in English, although he is still far behind in expressive language development compared to his same age, typically developing peers. Once in a while, Dandan still has some behavioral issues such as grabbing toys from peers, wandering around and talking during the story time, refusing to transition from one activity to another, and biting to get what he wants. Fortunately, Dandan's family and the EI professionals who used to serve them still keep in contact with each other. The EI professionals still provide suggestions when the parents ask. Dandan's family invites these professionals to celebrate their traditional festivals. The close relationship established between the EI professionals and Dandan's family makes the family feel the service providers are old friends who know them well and still support and care about them after transition.

In Dandan's story, the family's resources were well used such that every family member was involved in the service delivery including both the parents and grandparents. Although Dandan's father was busy, he was also involved in working with Dandan whenever he had some time, as were the grandparents from both sides of the family when they came to visit. This reflects the concept contained in family systems theory (Turnbull, 2000; Turnbull et al., 2005) that the interaction between the nuclear and extended family determines the support the nuclear family receives from the extended family. According to Dandan's family's Chinese cultural background, grandparents play an important role in raising grandchildren, and many times the nuclear and the extended family remain in an intimate relationship and sometimes stay together. This is true in Dandan's family in that grandparents came to stay once in a while, and they provided a lot of support both financially and emotionally,

which greatly relieves Dandan's nuclear family from stress and anxiety (Hoover, 2001). For example, Dandan's grandparents from both sides helped take care of the grandchildren and did the housework when they visited periodically. The grandparents were trained to use daily household materials to teach Dandan vocabulary. The grandparents also visited some preschool programs along with Dandan's parents and discussed which program they preferred for Dandan. The parents considered the grandparents' opinions when making the final decision. In the traditional Asian family, the elders are decision makers, and even the adult children consider their parents or grandparents' opinions.

Family concerns and priorities should be considered, and families and professionals should collaborate when designing transition goals and plans (Dunst, 1995). For example, given Dandan's language delay, the family and professionals agreed to teach Dandan Mandarin only, as it was believed that bilingual instruction would further confuse him, and he was more exposed to Mandarin at home. Dandan's family was trained to use the materials available at home, such as Dandan's favorite toys, to practice his verbal communication skills. For Dandan's behavioral issues, the professionals suggested the family use his favorite toys to encourage quiet play for several minutes with his sister and reward him or praise him whenever he did so. Appropriate transition goals and plans were also set up according to Dandan's current level of development. For example, as mentioned in the vignette, Dandan was instructed to take turns and share when playing with his little sister. Developing these basic social skills surely smoothed his transition to a center-based classroom and reduced his confusion and frustration.

Families' cultural differences should be respected in the transition process (Baird & Peterson, 1997; Bruder, 2000; Dunst, 1995; 2002). When Dandan's family showed their reluctance about sharing information with professionals and connecting with other families, the professionals respected their decision and asked the family to take the lead in deciding which information the family wanted to share and which services they wanted to receive; the professionals collaborated with Dandan's family and utilized the information they obtained from the family and through observation to design transition goals and intervention strategies and to implement those strategies. As grandparents can play a very important role in raising and educating the grandchild, the grandparents from both sides were included on the transition team and were trained to help Dandan practice language skills and reduce his challenging behaviors. Since in Chinese culture disability is considered to be a sin or a source of family shame, Dandan's family regarded Dandan's autism as something bad that they did not want to share with outsiders (Pang, 2008). Even with the professionals, the family did not want to share some details such as his very severe tantrums or

other behavior issues like self-injury. They considered these to be their private issues and were reluctant to leak the news to an “outsider” such as a neighbor, friend, or professionals; they would rather internalize these issues. Such privacy and cultural differences should be understood and respected (Pang, 2008).

Each family should be encouraged to make final decisions about the intervention strategies they want to adopt, the child’s placement, and transition goals (Dunst, 1995). Dandan’s family decided to teach him only Mandarin before immersing him in a bilingual environment. Since there was no speech pathologist in the area who knew Mandarin, the speech pathologist trained the parents and grandparents to help Dandan practice his Mandarin skills. The professionals worked together with Dandan’s family to help Dandan learn and practice some basic social skills with his little sister, which also helped reduce his behavior problems such as suddenly grabbing toys from peers. The professionals on the IEP team informed the family of all possible preschools in their area and arranged multiple visits to several preschools when the family showed interest. Dandan’s family made the final decision about which school Dandan would attend.

Dandan’s family had communication needs and needed support from professionals, but they also intended to protect their family’s “privacy,” meaning there were certain things that they were unwilling to communicate to professionals. Professionals can ask open-ended questions to obtain information about a child like Dandan’s needs and strengths, his likes and dislikes, the make-up of the family, and the role the family feels comfortable playing in transition (Pang, 2008). Based on family needs and wants, professionals can work together with the family in designing goals and intervention strategies, embedding the strategies in daily family activities, and involving all possible family members in implementing the strategies (Bruder, 2000; Dunst, 1995; 2002). After a child transitions to a new environment, the EI professionals should provide follow-up contacts checking the status of the child and the family. This makes the family feel that their long-time, intimate relationship with the EI personnel does not end abruptly, and they still can get support from the EI service coordinators (Adams, 2003; Bruns & Fowler, 1999; Hains et al., 1991; Pang, 2008).

Conclusion

Through Dandan’s story, family systems theory was applied in collecting information about family characteristics, such as family background and resources (parents’ educational attainment, English language abilities, grandparents being around), Dandan’s strengths (being loving and smart) and weaknesses (his

language limitations, social skill deficiencies, and behavior problems), his likes (Thomas the train set is his favorite toy) and dislikes (quiet play and sharing); the interaction among family members (the grandparents from both sides have a very good relationship with Dandan's parents); the family function (Dandan's family has communication needs and need for training so that the family can help Dandan practice language and social skills and monitor his progress in these areas); and family life cycle (almost every member in Dandan's family experienced challenges but to different extents during transition due to Dandan's special needs; Hanson et al., 2000). Dandan's family was prepared for certain issues in transition such as the placement after transition, as they visited every possible preschool ahead of time and decided where to send Dandan; however, there were other issues for which they still did not feel well prepared, such as Dandan's language skills, for Dandan didn't speak English at all when he first entered preschool. Therefore, there were still some issues that made the family feel anxious, intimidated, and worried during transition.

However, family-centered practices were applied to design transition goals and intervention strategies that addressed these family concerns, priorities, and expectations. Dandan's family was considered the center of the service delivery system during transition. Every family member, including Dandan's little sister, was involved in the transition process. Through the free play with his sister, for example, Dandan practiced basic social skills such as turn-taking and sharing, corroborating Xu and Filler (2008)'s report that siblings learn critical social skills from each other. The family's resources were taken advantage of to the maximum possible extent when delivering services. For example, the grandparents from both sides of the family were involved in helping Dandan practice language and social skills whenever they were visiting. As both Dandan's mother and father spoke well in both Mandarin and English, they helped Dandan practice Mandarin skills during and after transition and turned to professionals when there was an issue or question. Dandan's family's cultural differences were respected and appreciated (Dunst, 1995; 2002); they performed the roles and shared information with professionals to the extent they felt comfortable doing so (Bruder, 2000). The story of Dandan's family is a good model showing that the application of the conceptual framework of family systems theory helps professionals understand a family, while family-centered practices provide a good method of facilitating family involvement in transition.

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