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AUTHOR Royeen, Charlotte Brasic; And Others
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ABSTRACT

This paper is a preliminary report on the development of alternate forms of an attitude scale to assess parents' and professionals' views toward the Individualized Family Service Plan (IFSP) process, a process evolving as a result of Federal regulations regarding early-intervention services. Development of the set of attitude scales is unique in that: (1) parents and professionals are considered as equals with different forms of the instrument having comparable content with minor changes in phrasing, and (2) alternate instrument forms allow for long-range, repeated measures of how attitudes change over time in response to implementation of a Federal mandate, the IFSP. The item development for scale construction is reported, as well as the method by which six alternate forms (three for use with parents and three for use with professionals) were constructed. Forms were developed with the input of 18 parents and professionals in focus groups, and versions of the test were tested on 54 parents and 60 professionals. Continued lines of research for psychometric validation of the reliability of the instruments is identified for future research. An appendix presents the scales. (Contains 27 references and 9 figures). (Author/SLD)

Measuring Parent and Professional Attitudes about the (IFSP) Individualized Family Service Plan: A Preliminary Report

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KEY WORDS: Individualized Family Service Plan; Instrumentation; Alternate Forms

Charlotte Brasic Royeen
Georgia DeGangi
Sue Poisson
Shirley Wietlesbach
Ted Cromack

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AUTHORS

Charlotte Brasic Royeen, PhD, OTR, FAOTA
Georgia DeGangi, PhD, OTR, FAOTA
Susan Poisson, MA
Shirley Wietlesbach, MA, OTR
Ted Cromack, PhD

AUTHOR INFORMATION:

Charlotte Brasic Royeen, PhD, OTR, FAOTA, is Professor and Chair, Program in Occupational Therapy, Shenandoah University, Winchester, VA 22601

Georgia DeGangi, PhD, OTR, FAOTA, is Director, Cecil and Ida Greene Research and Training Institute, Reginald S. Lourie Center for Infants and Young Children, Rockville, MD

Susan Poisson, MA, is Manager of Training, Reginald S. Lourie Center for Infants and Young Children, Rockville, MD

Shirley Wietlesbach, MA, OTR, is and Occupational Therapist and Research Analyst, Reginald S. Lourie Center for Infants and Young Children, Rockville, MD

Ted Cromack, PhD, is a Psychometric Consultant, Fairfax, VA.

Address all correspondence to:

Charlotte Brasic Royeen, Program in Occupational Therapy,
333 W. Cork Street, Shenandoah University, Winchester, VA 22601

(703) 665-5542

Abstract

This paper is a preliminary report on the development of alternate forms of an attitude scale to assess parents' and professionals' views towards the Individualized Family Service Plan (IFSP) process, a process evolving as a result of federal regulations regarding early intervention services. Development of the set of attitude scales is unique in that (1) parents and professionals are considered as equals with different forms of the instrument having comparable content with minor changes in phrasing, and (2) alternate forms allows for long-range, repeated measures of how attitudes change over time in response to implementation of a federal mandate, the IFSP.

The item development for scale construction is reported as well as the method by which six alternate forms (three for use with parents and three for use with professionals) were constructed. Continued lines of research for psychometric validation of the reliability of the instruments is identified for future research.

Introduction

Part H of Public Law 99-457 and ensuing federal regulations (34 CFR. Part 303) have, among other things, mandated the Individualized Family Service Plan (IFSP) which stipulates that parents and professionals work together in the planning of service provision to infants and toddlers who have special needs. This legislation was responsive to grass roots political action and is transforming how parents and professionals work together in planning and providing services to infants and toddlers who are delayed or at high risk, as well as their families (McGonigel, Kaufman and Johnson, 1991). It is further catalyzing the shift from patient oriented services to family-centered care (Dunst, Trivett, and Deal, 1988; Hanft, 1989).

But, what do professionals feel and believe about the IFSP process? What do families think and feel about the IFSP process? Will attitudes about the IFSP change over time as a result of participation in the process? These are just a few of the questions which immediately come to mind when considering the implications of enactment of P.L. 99-457.

We have a unique opportunity to study the effects of the law and federal regulations upon the attitudes of those most effected, i.e., professionals working with infants and toddlers who are disabled\delayed and their families. We assume, along with others (Humphry and Geissinger, 1992), that attitudes influence the process of service delivery, and that attitudes change as a result of experience (McConkey, 1988). The purpose, therefore, of this investigation was to develop a way to assess,

over time, the attitudes of two target groups (parents and professionals) towards the IFSP process. By so doing, we have a way to begin a data base to answer the questions just posed. Such a data base would allow for examination of the determinants and modificability of the attitudes (Rosenbaum, Armstrong & King, 1986), i.e., we could have an index of the effects, over time, of federal legislation in this particular arena!

Additionally, development of a systematic process for looking at attitudes about the IFSP will allow for:

(1) Identification of the views of specific individuals for baseline measures to determine the effects of federal action over time;

(2) Documentation of the views of each group for comparison across groups as well as within groups now and over time, and:

(3) Identification of the views of specific individuals and groups for in-service training purposes.

(4) Identification of the views of specific individuals for self assessment and increased understanding.

Two assumptions are of paramount importance when considering developing a method to assess attitudes about the IFSP process: We have made certain philosophical assumptions based upon our interpretation of the intent of the federal legislation (P.L. 99-457). First, we assume that parents and professionals are intended to be equal partners in the IFSP process. Second, we assume that since parents and professionals are partners in the

IFSP process, it is appropriate and necessary for the same process of attitude assessment to be equally applied to both groups.[1]

Additionally, we choose the measurement methodology of attitude scaling for our purposes since it is recommended as the most direct way to assess subjects, unless research directly suggests otherwise (Henerson, Morris, Fitz-Gibbon, 1987).

An attitude may be considered to be characteristic of subjects consisting of affect, feelings, values or beliefs of those subjects (Henerson, Morris, Fitz-Gibbon, 1987). Specifically, an attitude is a mental orientation, determined through experience, which influences individual responses to situations, events and people.

Furthermore, construct validity of attitudes may be based upon a tripartite delineation of behavior, cognition and feeling (Kothandapani, 1971). Behavioral components of attitudes consist of statements concerning intentions to act or observable actions. Cognitive components of attitudes consist of verbal statements about belief. Feeling components of attitudes consist of verbal statements of feelings or affect. Given this understanding of what was to be looked at, i.e., attitudes about the IFSP process, we needed to further explore just what the IFSP process really was.

Process is "...a method of operation ... a series of

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[1] Note that this approach is markedly different from the approach taken by others whose work reflects a segregation in the process for assessing target groups.

actions..." (p.293, Webster's Dictionary, 1987). The IFSP process, therefore, was defined as a series of actions on part of parents and professionals related to production and implementation of the IFSP.

Few instruments exist that examine the development and quality of the parent-professional relationship and the degree of "family-centeredness". Most early intervention assessment instruments evaluate different aspects and characteristics of the child and family and the interactions of the two Such instruments are typically designed for the professional to observe, question, evaluate and plan treatment based upon the clinical information and ratings obtained.

Or, instruments measure attitudes that are related to, but not specifically about the IFSP process. For example, the work of Humphry and Geissinger (1992; 1993) and Geissinger, Humphry, Hanft and Keyes (1993) illustrate a scale designed to measure professional's attitudes about family-centered care for purposes of evaluating the effectiveness of continuing education programming.

In our review only six instruments were found that examine certain aspects of the IFSP process, the parent-professional relationship and/or the degree of "family centeredness".

[Insert Figure 1 here.]

Review of Figure 1 reveals that instruments are designed for use with either parents or professionals. No instruments are designed to comparably assess both groups. And, considering the wide breadth and scope of the federal legislation, there are

relatively few assessment instruments for looking at important factors related to implementation of the legislative intent. It is worthwhile to note that even though Figure 1 reveals that psychometric data may not be available for four of the six instruments, their value in terms of increasing the professionals and parents awareness of "expected' elements in an early intervention program may, in an of themselves, promote and encourage positive, programmatic changes.

Given that Figure 1 reveals only six instruments and given the broad implementation of the federal mandate, more early intervention measures that evaluate the process of assessment and intervention with families of young children need to be developed. These measures should demonstrate validity and reliability across settings and populations and should be "person centered" and not "investigator centered" (McConkey, 1988). Equally important is the need for the measuring tools tc address or be adapted for both the parents' and professionals' perceptions and attitudes since the provision of early intervention services is a dynamic process on part of both groups.

We will now address preliminary development of new instrumentation to assess parents and professionals attitudes about the IFSP.

METHODS

Domain Specification and Taxonomic Structure

The first step in developing the instrumentation was domain specification for the attitude scale (Benson and Clark, 1982;

Crocker and Algina, 1986). Identification of the following domains was accomplished by review of the legislative mandate for the IFSP, review of the pertinent literature, discussion with experts in the field, and review by panel of experts[2]. We started with domains aligned to federal regulations, but the panel of experts suggested that the domains did not sufficiently address process. We therefore reconceptualized the entire domain to be process with three subcomponents; (1) what people bring to the process, (2) the steps in the process, and (3) the outcomes of the process.

These domain subcomponents are presented in Figure 2.

[Insert Figure 2 here.]

The next major step was identification of the taxonomy for the domains (Crocker and Algina, 1986). Since more traditional taxonomies such as Bloom (1956) were not appropriate for attitude scaling, we chose to use a tripartite classification structure of attitudes (Kothandapnia, 1971; Ostrom, 1969) as the taxonomic structure.

Figure 3 presents the taxonomic structure used.

[Insert Figure 3 here.]

We fully acknowledge the relatedness between the three components of attitude (Fazio, Powell and Herr, 1983; Feldman and Lynch, 1988). And, indeed, it would have been much easier to design the instrument with only one component. We chose this

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[2] Appreciation is extended to Pam Winton, Lucy Miller, Ruth Humphry and Barbara Hanft for serving as the panel of experts in fall of 1991 and winter 1992.

model, however, in order to assure maximum variability of subjects' responses within the rubric of "attitude" in order to allow for an instrument designed for sensitivity to change.

Response Format

Likert type scaling is usually used for affective instruments (Benson and Clark, 1982; Kamorita and Gralam, 1975). And, we choose to use a typical five-point response scale (Roberson and Sunstrom (1990), ranging from strongly agree (1) to strongly disagree (5). We operationally defined attitude towards the IFSP process to be the summated scale score on the attitude scale, representing the totality of all three components of a subject's attitude (Ostrom, 1969) towards the IFSP process. Therefore, a lower summated scale score reflects more negative, unfavorable, hostile, undesirable, view of the IFSP process; a higher summated scale score reveals a more positive, favorable, supportive, desirable view of the process (Ostrom, 1969).

Scale Content

Once scale domains and the taxonomic structure were addressed, scale format was determined. Sources for generation of initial scale items were drawn from the following sources: (1) transcripts from nine focus groups with parents and professionals, a total of 48 subjects, involved in the IFSP process[3], (2) issues and attitudes reported in the literature, (3) existing instruments, and (4) project staff comments.

The bulk of the items were drawn from the actual transcripts

[3] More information about this aspect of the research can be obtained elsewhere. See DeGangi, Royeen, and Wietlesbach (1992) and Royeen (1992).

of focus group discussions with parents and professionals who participated in a concurrent research project. It was believed that reliance upon this source assured (1) the validity of the content of test items and (2) provided language of relevance and use to target subjects. This innovation, we believe, helps build construct validity into the attitude scale.

Development of Test Items

A Log of Critical Events included in Appendix A presents a review of steps in scale construction. The steps in scale construction were consistent with the process identified by DeVellis (1991). The sequence of events are summarized herein. The test items were generated and subjected to repeated validity checks for content and coding. They were then subsequently subjected for review of language and content by over ten therapists across the U.S. who had experience with the IFSP process. Development of test items, therefore, was an iterative process of revising individual test items according to feedback from repeated coding and review of the items by internal and external reviewers.

At the end of this step, there were over 200 test items across all domains and taxonomies with the approximate distribution presented in Figure 4.

[Insert Figure 4 here.]

Pilot testing had revealed that even though the same content of test items could be used with parents and professionals (confirming an assumption underlying the investigation), we did find that certain pronouns and use of reference was problematic

across both groups, i.e., "My child" for parents versus "the child" for professionals. We did, therefore, create two research edition versions of the instrument, one for parents and one for professionals, that was used in data collection. The substantive content of the test items, however, was exactly the same for both groups. Test items for each group differed only in grammatical, i.e., pronoun and reference types of wording.

At the end of test item development and review, we realized that, potentially, there were sufficient numbers of test items to create equivalent forms of the scale for use in measuring changes in attitudes over time. Thus, our data analysis endeavors were directed to more than traditional item analysis for item deletion, but also towards developing alternative forms of the attitude scales for target groups (multiple forms for use with parents and professionals).

Data Collection

Research edition versions of the instrument, one for parents and one for professionals, was administered to 114 subjects. The demographic breakdown of the subjects is presented in Figures 5 and 6 .

[Insert Figures 5 and 6 here.]

Data Analysis

Note that prior to analysis, all "reversal" items were reviewed and corrected for scoring.[4] Due to the large number of

[4] This means that all items which did not follow the 1-5 point favorable-unfavorable response range but, in fact were reversals of it, were inverted for consistency of scoring and

test items and the large number of subjects, six data files were created: The data files were segregated by target group (parents or professionals) and subcomponents of the domain (1, 2, or 3). These six files were the bases for all analyses.

The data analysis was an iterative process whereby some items were eliminated due to low factor loadings and others were eliminated due to low variability. The goal of analysis was to maintain comparability of items that had the most stable factor loadings across parent and professional scales using item variability as the trade-off. Specific procedures follow.

Factor analysis was executed as a means of item analysis and elimination. Thus, there was no attempt to define factors or to retain specific factors. This procedure was used to identify items which did not predict well and were not useful. First, items were eliminated that did not possess a high factor loading on a single factor. These were items that indicated that they predicted multiple factors, generally with factor loadings of less than .40. Second, items having low variability were eliminated if they failed to demonstrate strong loading (standard deviation less than .55).In order to retain the same items for both the parent and the professional instruments, judgement was applied and occasionally a high variability item was dropped from one instrument because it was low on the other. Care was taken to compare both the professional data base and the parent data base in order to retain comparable items.

Subsequent to elimination of the items, new data bases were

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interpretation purposes.

created with only the retained items for the two groups of respondents (parents and professionals). Again the items were factor analyzed. This time, however, the purpose was to obtain item means, standard deviations, and factors in order to develop equivalent forms of the instruments.

Equivalent forms of instruments was operationally defined as instruments having equal means and variances. Due to the large number of test items, we were able to construct three instruments per target group, having approximately the same means (using the average of item means) and variances (using the average of item standard deviations) and possessing approximately the same factor structure. The factor structure was retained by selecting items by factor.

The Table of Specification of general distribution of items by characteristic was maintained. Items were selected by subcategory and percentages across the instruments are presented in Figure 7.

[Insert Figure 7 here.]

The final instruments (forms A, B, and C) for each group (parents and professionals) varied slightly in distribution in order to maintain equivalence as closely as possible.

Six test items were switched across forms (Form A, Form B, and Form C) to correct distributions.

The instruments were then examined to determine whether the total scale means and variances were equal. Figure 8 presents mean and variance scores for the three professional instruments.

[Insert Figure 8 here.]

A t-test (equal variances) for Professional Form A compared to Professional Form B revealed no significant differences (t = -1.15, p = 0.25). A t-test (equal variances) for Professional Form A compared to professional Form C similarly revealed no significant differences (t = -.790, p = 0.455). And, a t-test (equal variances) of professional Form B compared to Professional Form C also revealed no significant differences (t = .4162, p = 0.67).

An F-test of variances also revealed no significant differences. Professional Form A compared to Professional Form B revealed no significant differences (F = 1.1050, p = .2937). Professional Form A compared to Professional Form C similarly revealed no significant differences (F = 1.0249, p = .4469). And, Professional Form B compared to professional Form C also revealed no significant differences (F = 1.0781, p = .3409).

The results of t-tests of the difference of means and F-test of difference of variances indicate non-significance for all cases and that the Professionals Form A, B, and C are, for all practical purposes, equivalent.

Figure 9 presents mean and variance scores for the three parent instruments.

[Insert Figure 9 here.]

A t-test (equal variances) for Parent Form A compared to Parent Form B revealed no significant differences (t = -.424, p = 0.67). A t-test (equal variances) for Parent Form A compared to Parent Form C similarly revealed no significant differences (t = 2.110, p = 0.983). And, a t-test (equal variances) of Parent Form

B compared to professional Form C also revealed no significant differences (t = .4150, p = 0.67).

An F-test of variances also revealed no significant differences. Parent Form A compared to parent form B revealed no significant differences (F = 1.0462, p = .4081). Parent Form A compared to parent form C similarly revealed no significant differences (F = 1.3241, p = .0751). And, Parent Form B compared to Parent Form C also revealed no significant differences (F = 1.2656, p = .1132).

The results of t-tests of the difference of means and F-test of difference of variances indicate non-significance for all cases and that the Parent Forms A, B, and C are, for all practical purposes, equivalent.

A sample of Parent Form A is included in Appendix B.

Discussion

Preliminary analysis of the multiple forms of the IFSP Attitude Scale for parents and professionals suggests that these are equivalent instruments to use in assessing attitudes on part of parents and professionals towards the IFSP process. With these tools we can continue to explore and conduct repeated measures with equivalent forms addressing the question of what parents and professionals think, feel and believe about this process, and how these attitudes may change over time and involvement with the process itself. These tools, therefore, allow us a unique opportunity to begin to look at how and even why parents and professionals attitudes change over time

concerning the IFSP.

Continued study is needed to investigate and document the psychometric qualities of the instruments. Specifically, in order to validity measure changes in attitudes, the dependability of the instruments needs to be established and will be based upon generalizability theory (Shavelson and Webb, 1991). This will be the next focus of our continued investigation.

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Figure 1. Instruments Assessing the IFSP or Family-centered Care

Instrument	Author	Date	Psycho metrics Provided	Target Audience
FOCAS:Family Orientation of Community and Agency Services	Bailey	1991	No	Professionals
Provider Rating Scale: A Family-Focused Program Evaluation	Summers & Turnball & Associates	1990	Manual in production	Professionals
Family-Centered Program Rating Scale: Parent's Scale	Summers & Turnball	1991	Manual in production	Family Members
Brass Tacks: A Self Rating of Family-Centered practice in Early Intervention	McWilliam & Winton	1990	No	Professionals
Project Dakota Parent Satisfaction Survey	Kovach and Jacks	1989	Yes	Parents
Issues in Early Intervention (IEI)	Humphry & Geissinger	1993	Yes	Professionals

Figure 2. Domain specification for the IFSP process

Domains	Definition
(1) Participant Characteristics	This refers to what participants bring into the process. It consists of characteristics communication style, methods of personal interactions, views of ethnic and societal differences, self determination and disposition.
(2) Evaluation, Assessment, and Operations	This refers to how the assessment is occurring including how information is obtained from family members and how that information is integrated and presented. Operations refers to the legally required steps in the IFSP including assessment and identification of service coordinator.
(3) IFSP Document	This refers to the written IFSP document related to its development, presentation and usefulness including paperwork leading to development of the IFSP document.

Figure 3. Taxonomy for IFSP Attitude Scale

Taxonomy	Definition
Behavioral (B)	Behavioral components of attitudes consist of statements concerning behaviors or observable actions (past, present or predicted). * How do you act towards the process? * What are desired/undesired actions or behaviors related to this process? * Can you observe it?
Cognitive (C)	Cognitive components of attitudes consist of verbal statements about belief towards the process as well as characteristics of the process itself. * What do you think about the process? * What are beliefs about this process? * What are opinions about the process?
Feeling (F)	Feeling components of attitudes consist of verbal statements of feelings or affect. * What do you feel about the process? * What are feelings about the process?

Figure 4. Distribution of Test Items

Item Level		Domain 1 Participant Characteristics		Domain 2 Evaluation & Assessment		Domain 3 IFSP Product	
Weights		30%		60%		10%	
	%	Pilot	%	Pilot	%	Pilot	
B	30	14	30	28	60	10	
C	60	28	60	56	30	4	
F	10	6	10	12	10	2	
Tot	24	48	48	96	8	16	

b = behavioral, c = cognitive, f = feeling components of attitudes

Figure 5. Demographic Data of Professional

Professionals n = 60	
Educational Background	
Bachelors	24
Masters	31
Doctorate	3
Unknown	2
Ethnicity	
Caucasion	48
African Am.	4
Asian Am.	8
Unknown	0
Profession	
Occupational Therapy	11
Nursing	3
Special Education	12
Physical Therapy	9
Speech Language Pathology	9
Social Work	4
Unknown	12
Age	
25-29	14
30-34	7
35-39	12
40-44	8
45-49	4
50-54	2
Unknown	13
Number of IFSP's participated in	
1-19	5
20-39	5
30-49	7
50-69	2
70-89	4
90-109	2
>110	3
Unkown	32

Figure 6. Demographic Data of Parents

Parents n = 54		
Educational Background - Mothers		
High School/GED		27
Bachelors		4
Masters		4
Doctorate		3
Unknown		16
Ethnicity-Mothers		
Caucasian	40	
African Am.	7	
Asian Am.	1	
Latino A.	4	
Unknown	2	
Educational Background - Fathers		
High School/GED		27
Bachelors		10
Masters		7
Doctorate		4
Unknown		6
Ethnicity-Fathers		
Caucasian	40	
African Am.	6	
Asian Am.	1	
Latino A.	4	
Unknown	3	

Figure 7. Percent of Items by Domains and Taxonomy

	Original	Retained	Form A		Form B		Form C	
			Par	Pro	Par	Pro	Par	Pro
1B	7.8	8.3	8.3	8.3	8.3	8.2	8.3	8.2
1C	18.0	15.4	15.0	14.7	16.7	16.3	15.0	14.7
1F	5.3	4.7	5.0	4.9	3.3	3.2	5.0	3.2
2B	18.4	18.3	16.7	16.3	16.7	16.3	16.7	16.3
2C	26.5	26.6	26.7	27.9	26.7	27.9	26.7	27.9
2F	13.9	13.6	13.3	14.7	13.3	14.7	13.3	14.7
3B	4.1	5.9	5.0	6.6	5.0	4.9	5.0	6.6
3C	4.1	4.7	6.7	4.9	6.7	4.9	5.0	3.2
3F	2.0	2.4	3.3	1.6	3.3	1.6	3.3	3.2
Tot Items	245	169	60	61	60	61	60	61

Note: 1 = domain 1, 2 = domain 2, 3 = domain 3, B = behavioral items, C = cognitive items, and F = feeling or affect items.

Figure 8. Mean and Variance of Professional Instruments

Form	Mean	Variance
A	3.6118	.05464
B	3.6623	.06038
C	3.6440	.05601

Figure 9. Mean and Variance of Parent Instruments

Form	Mean	Variance
A	3.5664	.087613
B	3.5890	.09165
C	3.5529	.116006

Appendix A

LOG OF CRITICAL EVENTS IN TEST ITEM DEVELOPMENT

Date	Event
1/15/92	Revise Table of Specifications. Code existing test items based upon revised TS.
2/13/92	Revise Table of Specifications to include taxonomy for each. Domains defined. Rewrite test items based upon this.
2/28/92	Analysis of test items by coding category. Revision of domains and clarification of taxonomy. Coding by two team members. Second coding by third team member.
3/4/92	Additional coding of test items by forth team member for validity check.
3/15/92	Discussion of test items with project staff. Deleted items lacking agreement between two or more project staff. Rewrite those items coded consistently across reviewers.
3/29/92	Review by panel of outside experts for additional validity check.. Test items presented at roundtable session at American Occupational Therapy Association Annual Conference in Houston, TX. Major outcome: language too difficult. People recruited to rewrite.
4/4/92	Submitted to volunteers to review and rewrite for language. Elsie Vergara (Florida) Paulette Smith Quinn (Buffalo, NY) Amiee J. Luebben (Indiana) Grant A. Schofield (Missouri) Aram Kadish (California) TEAM from Texas: Sandra Brevell OTR Helen Branch, SW Libby Guenzel, CDS Jerry Livingston, CCC SLP (TX) Sue Trautman (California)
5/5/92	Feedback from review team reviewed and incorporated. Test items rewritten to increase language simplicity and clarity.
Summer Fall Winter 1992	Administration of scales
Winter 1992 Spring 1993	Data Analysis
Spring Summer 1993	Write Up

Appendix B. Sample Scale: Form A for Parents

Attitude Scale—Parents

Sample Letter of Instruction

Dear Participant:

Thank you very much for agreeing to participate in our research project by responding to the attached attitude scale. The purpose of this scale is to assess the individual's attitudes (feelings, beliefs, and values) regarding the IFSP process and corresponding parent–professional relationship. Items are based in part on statements made by parents and professionals during a series of discussion groups. Note that certain items may seem biased or critical of the process or the individuals involved. Such statements are meant to elicit strong emotional reactions and do not reflect the views of the authors.

As you answer the questions in the attitude scale, follow these suggestions:

1. Please read each statement carefully and determine to what degree the statements reflect your experiences in the IFSP process and, in general, your experiences working with professionals and/or families. Circle the number for each statement that indicates your level of agreement with that item. Ratings range from strongly disagree to strongly agree.
2. Don't think too much! Answer each question based on your initial reaction. *Respond quickly.*
3. Answer the questions based on your *overall* experience. If you are simply unable to easily answer the question, leave it blank.

The series of statements in the attitude scale include certain words that are defined for you here:

- *IFSP process:* This refers to everything pertaining to the development and production of a written IFSP including meetings, assessment, and testing.
- *IFSP testing:* The assessment and evaluation during the IFSP process is termed "testing."
- *Written IFSP (as written statement):* This refers to the IFSP document.

Again, answer questions based on your overall experience with the IFSP process.

Thank you.

Sincerely,

Attachment: Attitude Scale
Background Questionnaire

Background Questionnaire: Parents

Date: _____

Name: _____

Mailing address: _____

_____

_____

Telephone: (Office) _____

(Home) _____

Please check:

- O Mother
- O Father
- O Other (please specify):_____

What is your educational background, as well as that of your spouse?

Mother	Father	
O	O	Less than high school
O	O	High school or GED equivalency
O	O	Bachelor's degree
O	O	Master's degree
O	O	Doctoral degree
		Other:_____

What is your racial/ethnic background?

Mother: _____ Father: _____

What is your current age?

Mother: _____ Father: _____

How many children do you have: _____

How many adults are in your household? _____

Form 1: Parent Attitude Scale

Key: 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral 4 = Agree; 5 = Strongly Agree

	SD	D	N	A	SA
1. If a child's development is worrisome, then assessments should be done immediately.	1	2	3	4	5
2. Different people have different views about how children should be raised.	1	2	3	4	5
3. I had to convince others that my child had a disability.	1	2	3	4	5
4. I make a point of discussing differences in opinions on raising children.	1	2	3	4	5
5. I keep talking until I am understood.	1	2	3	4	5
6. I believe families must want to be involved in the IFSP process.	1	2	3	4	5
7. Professionals need to be able to help people solve their problems.	1	2	3	4	5
8. I believe that young parents don't have much to say about their child.	1	2	3	4	5
9. Parents hear negative comments from physicians.					
10. Physicians tell parents their child isn't normal.	1	2	3	4	5
11. The IFSP process differs depending on how long a family has known that their child has a disability.	1	2	3	4	5
12. You have to know something about the IFSP process before starting it.	1	2	3	4	5
13. A lack of communication skills hurts the IFSP process.	1	2	3	4	5
14. Parents have more hope for their child who has a disability than professionals do.	1	2	3	4	5
15. I feel overwhelmed by stresses in my personal life.	1	2	3	4	5
16. I feel guilty that I didn't see my child's problems earlier.	1	2	3	4	5
17. I feel doctors paint a black picture about my child.	1	2	3	4	5
18. The families chose the time and place for assessments during the IFSP process.	1	2	3	4	5
19. I say what's on my mind during the IFSP meeting.	1	2	3	4	5
20. Professionals shared information about the family with nonteam members.	1	2	3	4	5
21. My family chose how involved they would be in the IFSP process.	1	2	3	4	5
[illegible]est scores helped me understand my child's needs.	1	2	3	4	5

	SD	D	N	A	SA
23. I told other team members where I think my child ha. delays.	1	2	3	4	5
24. Professionals helped my family to talk about ourselves during the IFSP process.	1	2	3	4	5
25. I shared my insights and opinions about my child during the IFSP meeting.	1	2	3	4	5
26. I helped decide what services and assessments are important to help my child.	1	2	3	4	5
27. Professionals helped my family talk about what we were worried about during the IFSP process.	1	2	3	4	5
28. I wish I understood the IFSP process better.	1	2	3	4	5
29. Information and test results should be shared quickly with families.	1	2	3	4	5
30. I have helped the IFSP process to go more smoothly.	1	2	3	4	5
31. I believe that my family understood what the professionals said during the IFSP meetings.	1	2	3	4	5
32. I should have had more information during the IFSP process.	1	2	3	4	5
33. I believe that my child's abilities determined what tests were done.	1	2	3	4	5
34. Professionals needs to be optimistic about a child's abilities and future.	1	2	3	4	5
35. Professionals listen to families during the IFSP process.	1	2	3	4	5
36. My training in the IFSP process was adequate.	1	2	3	4	5
37. Families should refuse to give information that they prefer not to share.	1	2	3	4	5
38. I believe the child's strengths and needs should determine what testing is done for the written IFSP.	1	2	3	4	5
39. Children act differently at home.	1	2	3	4	5
40. I think the IFSP is a very important.	1	2	3	4	5
41. The IFSP process is never done.	1	2	3	4	5
42. Professionals respect families during the IFSP process.	1	2	3	4	5
43. If agencies worked together better, doing an IFSP would be easier.	1	2	3	4	5
44. I feel scared by the IFSP process.	1	2	3	4	5
45. I feel dumb asking questions at an IFSP meeting.	1	2	3	4	5
46. I felt mad because of things said at the IFSP meetings.	1	2	3	4	5
47. I feel like I am expected to share information during the IFSP.	1	2	3	4	5

y: 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

	SD	D	N	A	SA
48. The IFSP process benefits my child and family.	1	2	3	4	5
49. I feel good about the IFSP process.	1	2	3	4	5
50. I hate being with all the different people for the IFSP meeting.	1	2	3	4	5
51. I feel close minded during the IFSP process.	1	2	3	4	5
52. The written IFSP guides parents and professionals.	1	2	3	4	5
53. I change the written IFSP when necessary.	1	2	3	4	5
54. I would make the written IFSP more helpful to me.	1	2	3	4	5
55. The written IFSP is only as good as the people who make it.	1	2	3	4	5
56. What I shared made a definite difference in the written IFSP.	1	2	3	4	5
57. I learned a lot from the written IFSP.	1	2	3	4	5
58. I think that the amount of paperwork involved in IFSPs is just not worth it.	1	2	3	4	5
59. I feel stressed out by the IFSP paperwork.	1	2	3	4	5
60. I feel overwhelmed by the IFSP paperwork.	1	2	3	4	5

Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

3/1Par

1. Approximately how long did this survey take to complete?

2. Do you have any general or specific comments or suggestions that you would like to share?

3. Any other comments?

THANK YOU!