Youth with Disabilities in Transition to Positive Postsecondary Outcomes by Validating a Multi-Agency Framework of Collaborative Working

By

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Abstract

Interagency collaboration is an essential factor in helping transitions-aged youth with disabilities move into postsecondary employment and education (Agran, Cain, & Cavi, 2002). Collaboration efforts between these two agencies have been mandated through the Individuals with Disabilities Act (IDEA; 2004) and the Workforce Innovation and Opportunity Act (WIOA; 2014). Historically barriers to transition collaboration for special education teachers include missing the importance of functional curriculum, transition planning, and lack of awareness about VR services (Benz, Johnson, Mikkelsen, & Lindstrom, 1995) and for VR counselors that transition from school to work was considered a low priority (Morningstar et al., 1999). This quantitative dissertation used Rose's Multi-Agency Framework of Collaborative Working Model to assess individual factors, group factors, and local context of collaboration between special education teachers and VR counselors that effect transition collaboration. A sample of 80 special education teachers and vocational rehabilitation (VR) counselors working in public schools and agencies were obtained for this study. Participants were located in Florida, Illinois, and Wisconsin. The sample included 25 special education teachers and 55 VR counselors that worked with transition aged youth with disabilities. This sample allowed for comparison between agencies. The results of this study indicated that the combination of therapeutic relationship, perceived importance of transition activities, and relative preparedness to engage in those activities are all contribution to perceptions of transition collaboration. Recommendations were presented on how to understand and implement IDEA and WIOA standards, increase working alliance, and promote effective transition collaboration efforts.

Dedication

This work is dedicated to my amazing husband, Josh, who has always encouraged and supported me during this journey.

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CHAPTER ONE

Estimates of disability prevalence in the United States increased from 11.9% of the total population in 2010 to 12.6% in 2015 (Kraus, 2017). While 79% of adults who had a disability had at least a high school diploma, approximately 90% of those without a disability had completed a high school education or more (Ryan & Bauman, 2016). The gap in high school completion continues in college completion, with 35% of adults without a disability receiving a bachelor's degree compared to 17% of adults with a disability (Ryan & Bauman, 2016). Previous studies have shown that youth with disabilities have poorer post-school outcomes than their peers without disabilities (Blackorby & Wagner, 1996; Wagner, Newman, Cameto, & Levine, 2005) in such areas as employment, postsecondary education, and community access to areas such as medical services (DeStefano & Wagner, 1991; Harkin, 2013; Johnson & Halloran, 1997). Ninety-eight percent of students receiving special education services have limited to no participation in a number of employment preparation and career development activities (Wagner, Newman, Cameto, Levine, & Marder, 2003). This includes job-shadowing programs, interviewing, and resume writing practice, career exploration courses, career or job counseling, and mentorship programs (Carter, Trainor, Cakiroglu, Swedeen, & Owens, 2010) Subsequent to secondary education, the employment participation of persons with disabilities is also low at 40% compared to the 78% employment rate for the general population (Cameto & Levine, 2005).

To engage youth with disabilities in vocational rehabilitation (VR) toward improving transition into post-secondary education or employment, interagency collaboration is essential (Agran, Cain, & Cavin, 2002). Interagency collaboration includes relationships between the schools and adult agencies where resources are combined to promote common transition goals

(Noonan, Morningstar, & Erickson, 2008). The finding and sustaining of employment, living independently, and attaining postsecondary education and training are common metrics of successful transition among youth with disabilities from school to adult life (Morningstar, Kleinhammer-tranmill & Lattin, 1999; Tucker, Gend, Gruman, & Crossen, 2017). Interagency collaborators on transition, such as state VR programs and state departments of public instruction, can provide supports to achieve these metrics.

Oertle and Trach (2007) identified interagency collaboration as including

> "…those interactions and activities between special educators and VR counselors such as working as a team, sharing information, attending transition planning meetings, combining resources, and establishing and utilizing effective lines of communication to benefit students with disabilities as they transition from high school to adult world" (p. 37).

Interagency collaboration is a multidimensional, interactional, and developmental process (Johnson, Zorn, Yung Tam, Lamontagne, & Johnson, 2003). Regardless of how interagency collaboration is defined, the topic has been relatively neglected in the research literature (Landmark, Ju, & Zhang, 2010; Trach, 2012; U.S. Government Accountability Office (GAO), 2012). As such, an investigation is warranted into the factors that contribute to, or detract from, the success of interagency collaboration.

Barriers to Collaboration

Interagency collaboration is a fundamental challenge (Fish, Smith-Augustine, 2015; Noonan, Morningstar, Gaumer-Erickson, 2008). Initial issues stem from how different systems identify with successful transition. Secondary schools have very specific metrics for the

transition of youth with disabilities from high school to adult life. Special education teachers may identify student graduation as the primary metric of success and identify a graduation rate of 80% of youth (ages 18-24) with a credential other than a high school diploma such as a certificate of attendance as success (Chapman, Laird, Ifill, & Kewal Ramani, 2011). With this graduation rate at the forefront, special educators may erroneously view the utility of services through the lens of whether it accomplishes this criterion and neglect long-term outcomes, or those that occur well after the completion of post-secondary education.

Such narrow outcome criterion for success among school staff and administrators may results in a lack of recognition of the importance of functional curriculum, transition planning, and accessing transition services as it relates to the broader focus of transition to adult life (Benz, Johnson, Mikkelsen, & Lindstorm, 1995; Test, Folwer, 2018). Functional curriculum, also known as life skills curriculum, is designed to teach functional life skills that encompass life, work, and being integrated within the community (Bouck & Joshi, 2012; Brown, McLean, Hamre-Nietupski, Pumpian, Creto, & Gruenewald, 1979). The need for functional curriculum services is potentially best understood through the findings that only 48% of youth with disabilities are employed post high school and the percentage decreases the longer the youth is out of high school (Oertle & Trach, 2007). High school is an opportune time for staff to advocate for youth within the VR system (Benz et al., 1995; Novak, 2015). Complicating the introduction of VR services to youth with disabilities is a lack of awareness among school staff (including counselors) of VR services and the eligibility determination process. Misperceptions regarding the eligibility, scope, and duration of services often hamper effective transition planning (Aldridge et al., 2016; Halpern, 1994). Alternatively, when school personnel are aware of VR services and VR counselors are part of the Individual Education Plan (IEP) team, the necessary

support can be provided to help youth decide on VR transition services, such as pre-employment transition services.

Approximately 56% of all youth with disabilities in the United States seek VR transition services (Honeycutt, Thompkins, Bardos, & Stern, 2015). Further, special education teachers are more likely to facilitate collaboration and include rehabilitation counselors than the other way around (Oertle & Trach, 2007), but this may be due to school personnel controlling the referral of youth, and without a referral there may be no interaction with VR services until well after exit from secondary education settings (Honeycutt et al., 2015; Wine, Hayward, & Wagner, 1993). The basic referral process entails teachers helping the youth review their choices and apply for the appropriate programs, such as state VR. Recommended guidelines for these referrals are that they should occur at least two years before graduation to help achieve the youth's goal (DWD, 2018). However, the provision of a referral is insufficient to promote the necessary collaboration and interagency supports that can achieve the outcomes specified under the Work Incentive and Opportunities Act (WIOA). For example, initial collaboration might begin when special education teacher invites the VR counselor to IEP meetings in order to talk about functional curriculum and transition services (Martin, Van Dycke, Christensen, Greene, Gardner, & Lovett, 2006). Likewise, special education teachers can develop and modify curricula in different formats in order to address all areas of post-secondary outcomes including employment readiness (Benz, Lindstrom, & Halpren, 1995; Cobb, Hughes, Denti, & Simpson, 2018). Further, offering work adjustment and functional academics allow youth to have a foundation needed to gain work-related reading, writing, and mathematics skills— basic skills needed to obtain a variety of occupations (Flexer, Baer, Luft, Simmons 2008; Halpern, 1992).

VR Counselor Personnel

Youth with disabilities leaving high school are entering a new phase in their development with many unknowns. To transition to adult life, youth often require assistance with career assessment and career guidance in order to access viable employment, education, and residential living (Lehmann, Cobb, & Tochterman, 2001). Historically, VR counselors considered transition from school to work a low priority because legislative mandates focus on the roles of the school and not the roles of VR staff (Morningstar et al., 1999; Riesen, Schultz, Morgan, Kupferman, 2014). Another barrier that VR staff experience is a lack of awareness of the services appropriate for youths who are still enrolled in high school and which provider, special education or state vocational rehabilitation, is ultimately responsible for providing those services. As a result, many VR counselors believe that they are not actively participating in school-based transition programs (Plotner, Mazzotti, Rose, & Carlson-Britting, 2016; Szymanski, 1994). Despite these beliefs, VR counselors are a powerful means for supporting people with disabilities as valued community members with lifelong goals (Kahn, Achola, Povenmire-Kirk, 2018; Szymanski, 1994).

VR counselors, in working with youth in transition, are tasked with modulating their service focus to respond to the different needs of adults, who may have years of work experience, and youth in transition, that may have little or no work experience. In addition to little work experience, rehabilitation counselors need to understand the full range of needs that youth have beyond just employment (Blalcock et al., 2003). These needs include independent living, family involvement, post-secondary education, and social support. Other variables such as community resources for addressing youths' needs are just as important (Wehman & Targett, 2002). Working with school districts can help address some of these barriers that rehabilitation

counselors encounter while working with youth transition for high school into adulthood (Plotner & Dymond, 2017). VR counselors have the opportunity to play an active role in a student's transition planning process including assisting secondary education students with disabilities in developing post-school goals and helping provide supports necessary to achieve those goals (Lamb, 2003) and recent federal legislation specified mandates that clarified and codified this role.

Transition Planning Mandate

In 2004, the Individuals with Disabilities Education Act (IDEA) mandated that transition planning and supports would be individualized, aimed at career development, and capable of linking youth with disabilities with other service systems involved in transition (Sabbatino & Marcine, 2007). IDEA requires providing services for youth up to age 22 who are enrolled in secondary education. In the last three years, schools and vocational counseling services have had to provide more emphasis on transition in order to be in compliance with the legislative acts. Subsequent to the passage of IDEA, the WIOA of 2014 emphasized transition services for youth with disabilities, in part, by requiring collaboration between agencies. Aligning workforce development programs with economic development and education initiatives was a key strategy for achieving this purpose (Ginn, 2015). WIOA also requires that 15% of Title I funding be reserved for transition services and that those services be provided to youth as young as 14 years old (Wisconsin Department of Workforce Development [WI DWD], 2015). In expending these funds, state VR programs can provide transition planning and opportunities, transition services and requirements, education and employment options for students and youth with disabilities after leaving secondary school, and supporting decisions made by students and youth with disabilities (WI DWD, 2015).

Statement of the Problem

The need for transition services for youth with disabilities, as well as the current gaps and lack of coordination, are not a new phenomena. Interagency collaboration and transition planning from school to adulthood is mandated for both secondary education providers and VR agencies (Biden, 2014; IDEA, 2004; Wehman, Sima, Ketchum, West, Chan, & Luecking, 2015). However, the current system of transition continues to observe limited outcomes for youth with disabilities (Phelps & Hanley-Maxwell, 1997). Despite the overlap in existing legislative mandates, collaboration and supports between school districts and adult agencies continue to be a struggle. WIOA and pre-employment transition services (Pre-ETS) were implemented to help build that collaboration, but the system is still inadequate (Clifton, Pavonetti, & Groomes, 2017). Currently, evidence based practices for interagency collaboration are lacking, resulting in limited awareness of effective services to promote collaboration toward youth with disabilities transitioning from secondary school to postsecondary education or employment. Due to ineffective agency collaboration, youth with disabilities are less likely to go to postsecondary education or to become employed when compared to nondisabled peers (Benz, Lindstrom, & Latta, 1999). These youths are more likely to have health problems, run into difficulties with the criminal justice system, and to live at home compared to same-age peers without disabilities (Groce, 2004). There are many possible factors contributing to this problem, among which are lack of time, education, awareness, and expectations. The lack of coordination and collaboration impacts the transition of youth with disabilities resulting in missed opportunities for proactive engagement that subsequently limited preparedness for adult life.

Theoretical Framework for Proposed Research

Interagency communication, collaboration, and willingness to share information are crucial to effective collaboration (Cleaver & Walker, 2004; Sloper, 2004; Watson, 2006). Differences in understanding the professional scope of practice can cause tension within the collaboration process as a result of perceived hierarchies and feelings of marginalization by other professionals (Abbot, Watson, & Townsley, 2005). To mitigate feelings of marginalization and hierarchies, Rose's Multi-Agency Framework of Collaborative Working Model provides a theory-driven approach to understanding current limitations in collaboration and suggests mechanisms to improve on existing service delivery. The model is based on several other theories including activity theory (Havighurst, 1963), ecological framework (Easen, Atkins, & Dyson, 2000), team reasoning and collective preferences (Gilbert, 2005; Sugden, 2005), joint commitment (Gilbert, 2005), explanatory model of inter-professional collaboration (Easen et al., 2000), and collective efficacy and process-outcome beliefs (Bandura, 1997). The theory was originally implemented to look at the partnerships within Children's and Social Services (Rose, 2007). Through this study, Rose's model was adapted to look at the collaboration between special education and VR counselors.

This model identifies different variables associated with collaboration by analyzing four different components: (a) *policy context*, (b) *local context of collaboration*, (c) *personal collaboration context (individual factors)*, and (d) *process of collaboration (group factors/functioning).* A brief summary each of the four domains are listed below:

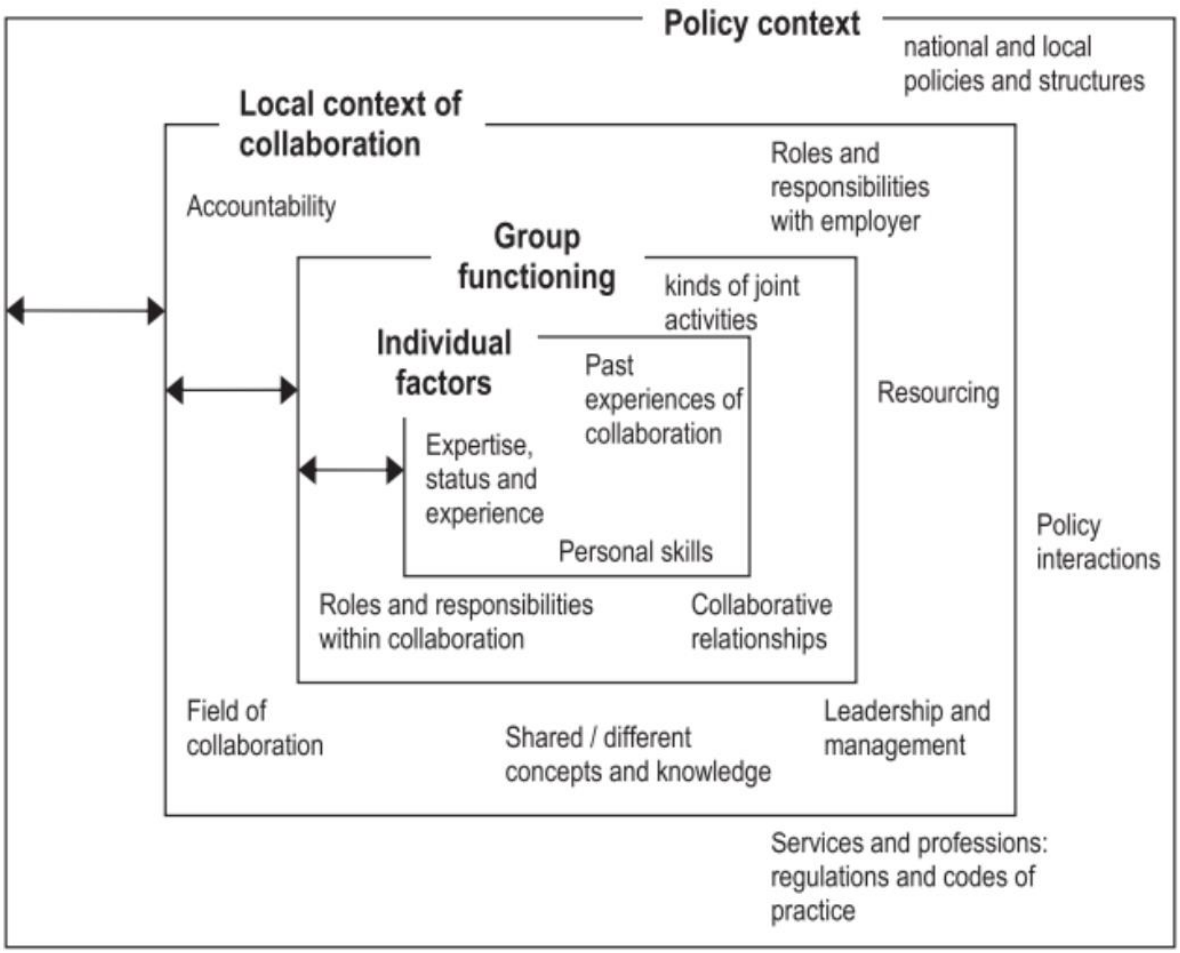
1. Policy context: This involves national and local policies and structures (O'Brien et al., 2006), specific interactions and tension between different policies (Bagley,

Acherley, & Rattray, 2004; Harris, 2003), and the regulations and code of practices of different services and professions (Hartas, 2004).

2. Local context of collaboration: This involves the purpose of collaborative actions (Bachmann et al., 2009; Easen et al., 2000; Glenny, 2005; Skinner & Bell, 2007), roles and responsibilities of specific professions (Abbot et al., 2005; Bell & Allain, 2011; Frost & Robinson, 2007; Moran Jacobs, Bunn, & Bifulco, 2007), leadership and management structures (Bagley et al., 2004; Watson, 2006), lines of accountability (Frost & Robinson, 2007), resourcing (Easen et al., 2000; O'Brien et al., 2006; Sloper, 2004; Tett, Crowther, & O'Hara, 2003), and shared/differing concepts and knowledge (Frost & Robinson, 2007; Moran et al., 2007; Salmon, 2004).
3. Group level collaboration: Key factors and processes in group functioning as identified in research involve: Roles and responsibilities within collaborative group and teams (Considine, 2002; Frost & Robinson, 2007; Gaskell & Leadbetter, 2009; Sloper, 2004), kinds of joint activities (Frost & Robinson, 2007; Hartas, 2004; Watson, 2006), and history, duration, continuity and kinds of collaborative relationship (Abbot, et al., 2005; Easen et al., 2000; Skinner & Bell, 2007; Sloper, 2004).
4. Individual collaboration context: Key factors and processes in individual functioning identified by research include: Individual professional expertise, perceived status and professional experiences (Bell & Allain, 2011; Frost & Robinson, 2007), past experiences of collaboration (Cameron & Lart, 2003; Sloper, 2004), and personal skills (Abbot et al., 2005; Cameron & Lart, 2003; Skinner & Bell, 2007).

Figure 1

A Contextual Framework of Collaboration (Rose & Norwich, 2014)



Each one of these components has a unique factor associated with special education teachers and VR counselors. Local context in this study is associated with the legislative rules mandated by the WIOA and IDEA. Policy context of collaboration will help to identify perceived importance and preparedness based on importance for WIOA and IDEA standards for both special education teachers and VR counselors. Group levels of collaboration will emphasize and look how special education teachers and VR counseling view their working

alliance as well as the expectation for youth with disabilities to achieve from transition services (Babbeley, 1986). Lastly, individual collaboration context will look at the specific demographics associated with both professions such as but not limited to gender, age, years of experience, community setting (urban, rural, suburban), and educational level. Policy context will not be analyzed in this study because the purpose is to determine the effectiveness of transition collaboration not perceptions or opinions on how each professional feels about the WIOA and IDEA legislation standards. Rose and Norwich (2014) states that collective preferences involve the process of generating shared goals as well as a willingness to act as part of a group. In this study, both these were accessed and validated toward transition services for youth with disabilities.

Coordination versus Collaboration

Using the Multi-Agency Collaboration Model, there is a clear distinction between coordination and collaboration since these words have been interpreted different ways by different people (Rose, 2007). Rose's model uses Frost's definitions that have been developed after reviewing research and policy in partnership working. Frost distinguishes between coordination and collaboration as:

- Coordination: "Services work together in a planned and systematic manner towards shared and agreed goals" (Frost & Zhou, 2005, p. 13).
- Collaboration: "Services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes" (Frost & Zhou, 2005, p. 13).

Understanding the differences in terminology is important to determine whether special education teachers and VR counselors are providing effective collaboration or whether the interaction is defined as coordination.

Purpose of the Study

Research shows that with positive supports comes a greater chance for youth to be successful (Repetto, Webb, Garvan, & Washington, 2002). Legislation has shaped interagency collaboration. Each agency (school and vocational rehabilitation) has their own interpretation of outcome expectancies for youth with disabilities graduating high school, which can create many barriers to effective collaboration. The purpose of this study is to conduct an exploratory study of Rose's Multi-Agency Framework of Collaborative Working model by analyzing the individual factors, group factors, and local context for special education teachers and VR counselors in regards to transition collaboration. The model examined using six research question that focus on demographics, working alliance, outcome expectancy, and legislation standards (IDEA and WIOA).

Research Questions

The following six research questions will guide this particular study.

1. What is the relationship among individual factors and transition collaboration?
2. What is the relationship among group factors and transition collaboration?
3. What is the relationship among local context – perceived importance of transition collaboration?
4. What is the relationship among local context - preparedness, as a product of perceived importance on IDEA and WIOA standards on transition collaboration?

5. What is the relationship among individual factors, group factors, local context – perceived importance, and local context preparedness as a product of perceived importance on IDEA and WIOA standards on transition collaboration?
6. Are there differences between special education teachers and VR counselors on the multi-agency framework of collaborative working variables?

Organization of the study

Chapter two will present an overview of relevant literature to address these topics: history of VR and special education regarding legislation, descriptions of why interagency collaboration are important for positive transition outcomes for youth with disabilities, discussion of the knowledge gap between VR and special education professionals, and conclude with the proposed theoretical framework that was used within this study. Chapter three will outline the methods used for establishing the content validity of the measurements. Chapter four will provide the outcome results on participants within the study and results for each research question. Chapter five will discuss the overview of the study the summary of findings, limitations, implications, and conclusion.

CHAPTER 2

Overview

Transition for youth with disabilities to positive post-secondary outcomes can be one of the most critical time in a youth's life. However, many young adults exit high school without a plan for the future or ability to take control of their own lives and many youth with disabilities are not employed, not living on their own and not integrated into the community (Chadsey-Rush & O'Reilly, 1992). Whether post school outcomes of youth with disabilities have improved moderately over this time period, there continue to be many barriers based upon changes in American society, including the diversity of the population, family structures, legislation, policy, and practice (Newman, Wagner, Cameto, Knokey, & Shaver, 2010). "Whether adolescents with disabilities transition to school, jobs, or supported living environments, they can benefit from coordinated efforts among school counselors, teachers, and parents to help them develop requisite skills and knowledge that will allow them to successfully adapt to and even thrive in new environments" (Akos, Lamie, Milsom, & Gilbert, 2007, p. 273). Understanding the roles and responsibilities for each profession in regards to transition collaboration is the first step to improve transition-aged youth with disabilities.

VR counselors

VR counselors have many different roles and responsibilities within their field. VR counselors are responsible for helping people with disabilities live fuller, more independent lives by assist hem them in gaining impactful employments. They work with clients to overcome and manage the personal, social, or psychological effects of disabilities on employment or independent living (Benz & Halpern, 1987; Benz et al., 1999; Wehman, Moon, Everson, Wood, & Barcus, 1988; Will, 1984). This includes working with individuals across the adult life span.

When looking at the transition piece this is only a small component of what VR counselors do. It has been shown that VR agencies are a key partner in youth's transition to postsecondary outcomes (Agran et al., 2002; Oertle & Trach, 2007) however participation in transition services have been fragmented and inadequate (Agran et al., 2002; Benitez, Morningstar, & Frey, 2009; Oertle & Trach, 2007).

The role of VR agencies in supporting youth with disabilities in the transition process from school to employment have focused on describing the transition process (Plotner, Trach, & Strauser, 2012), teamwork (Certo & Luecking, 2006), and the formation of planning counsels (Benz et al., 1999). VR counselors' unique training, network, relationships, and expertise in various activity areas that can contribute to transition services (Plotner, Trach, & Shogren, 2012). Specific roles include (WIOA, 2014):

- Provide pre-ETS services to any youth with a disability including potential applicants,
- Determine eligibility for individual VR services,
- Develop an Individual Plan for Employment (IPE) within 90 days of eligibility, and
- Provide services to support youth in obtaining employment.

VR counselors have these important roles but they are not always recognized (Plotner et al., 2012). For VR counselors to be successful in providing youth with services to achieve success in post-secondary outcomes, interagency collaboration is critical. VR counselors are seldom included in many curricular activities (Plotner et al., 2012) as well as other transition planning.

Special Education Teachers

One of the main responsibilities for special education teachers in the transition process is to provide a curriculum that focuses on vocational and technical education (Finch & Crunkilton, 1993). It is well documented in literature that having rigorous and relevant curriculum for youth

is a critical component of transition (Bouck, 2012; Carter, Harvey, Taylor, & Gotham, 2013; Mazzotti, Test, & Mustian, 2014; Morningstar, Bassett Kochhar-Bryant, Cashman, & Wehmeyer, 2012; Test, Mazzotti, Mustian, Fowler, Kortering, & Kohler, 2009). Specific roles includes:

- Invite VR counselors to participate in IEP teams,
- Deliver transition services include in IEP,
- Curriculum that supports career and postsecondary education and training,
- Provide opportunities to develop employment skills and participate in community experiences,
- Provide student information to assist with VR eligibility determination, and
- Assist VR counselor to access the school environment and identify opportunities to work with students.

Interagency Collaboration

Various responsibilities are held by both VR counselors and special education teachers in relation to transition services but there is still a debate on who should assume the leadership role in specific competency areas (Morningstar, Kim, & Clark, 2008; Szymanski & Danek, 1985). Working in collaboration instead of isolation will provide better services in the long run (Brown, Brown, & Glaser, 2013). It is important to determine how interagency collaboration is defined in order to understand the steps that need to be taken from both professionals. However, this may be challenging because literature provides some indication that there is limited knowledge of how to define and demonstrate collaboration (Schofield & Amodeo, 1999; Drinka & Clark, 2000; Zwarenstein, Reeves, & Perrier, 2004).

There is no commonly used definition of interagency collaboration that can be found across multiple research studies (Kester & Ledyard, 2012; Test et al. 2009). A general definition of collaboration may be the "Process of participation through which people, groups, and organizations form relationships and work together to achieve a set of agreed-upon results" (Kochhar-Bryant, Bassett, & Webb, 2008, p. 7). Oertle and Trach (2007) have defined interagency collaboration as interactions and activities between special educators and rehabilitation professionals working as a team, sharing information, attending transition planning meetings, combining resources, and establishing and utilizing effective lines of communication to benefit students with disabilities as they transition from high school to adult world. No matter how interagency collaboration is defined it does not happen overnight and takes time to develop positive construct working relationships (Morningstar, 2018). Morningstar (2018) suggests that there are multiple stages involved in establishing interagency collaboration including networking, coordination, cooperation, and collaboration.

Networking opportunities help improve the transition planning process for youth with disabilities (Kohler & Field, 2003). Networking is characterized as "awareness of the organization, loosely defined roles, and low levels of communication for the purpose of referral only" (Noonan, McCall, Zheng, & Gaumer-Erickson, 2012, p. 145). Networking involves the transition coordinator finding and developing contacts within different agencies within the community (Johnson, Ruiz, LaMontagne, George, 1998). The purpose is to be able to share information with youth and families about what specific agencies do, such as VR. The transition coordinator should also share general information with agencies about the youths' needs to make sure that he or she is a good fit for that agency (Morningstar, 2018).

Coordination is another component of the interagency collaboration process. Transition involves the participation and coordination of school programs, adult services, agencies, and natural supports within the community (Cobb & Alwell, 2009). Coordination has been given a sense of urgency in the context of efforts to improve transition service planning for youth with disabilities (Johnson, Bruininks, & Thurolow, 1987; Johnson, Stodden, Emanuel, Luecking, & Mack, 2002). The transition coordinator is responsible for helping youth and families access necessary community resources. The transition coordinator is actively involved in arranging appointments and ensuring that the student receives the intended services (Morningstar, 2018). Coordination of services is important in providing services at the federal, state, and local levels (Johnson et al., 2002).

Best practices in transition planning are the development of individualized transition plans focused on developing student skills linked with desired life outcomes in coordination with adult service agencies (Alwell & Cobb, 2006; Test, Aspel, & Everson, 2006). However, many schools fail to meet the minimum level of compliance with the federal transition legislation mandated particularly in areas of service coordination and interagency collaboration (Johnson et al., 2002). One explanation of lack of knowledge sharing and service coordination is that schools are unaware of disability specific resources that may be available to their communities (Blalock et al., 2003).

Cooperation is important in how school and agency personnel work together to support a smooth transition process for youth with disabilities. Morningstar (2018) states that both schools and outside agencies should interact on a regular basis (even if it is short-term), share information and expertise, and define their roles, schedule meetings, and identify and work toward shared goals. Cooperation among agencies is vital to serve youth, however is

consistently under represented (Gallagher, LaMontagne, & Johnson, 2005). Barriers of cooperation have been linked to the revise policies and procedures (Rivard, Johnsen, Morrissey, & Starrett, 2008) such as the IDEA and WIOA standards in regards to transition collaboration.

The last stage associated with how schools and outside agencies can work together is collaboration. Transition teams should be composed of school personnel and representatives from community agencies, where the expertise of all professionals is used to develop new programs to improve outcomes for youth with disabilities, to identify the needs within the community, and to create positive solutions to meet those needs (Morningstar, 2008).

Current Outcomes

Youth with disabilities are more likely to drop out of school, be unemployed or under employed, be unengaged in positive work, continuing education, or school activities, and get into trouble with the law (Wagner, D'Amico, Jay, Butler-Nalin, Marder, & Cox, 1992; Wagner et al., 1991). In a time of low outcomes for youths with disabilities, compounded by a focus on academic school reform, interagency collaboration is a fundamental challenge for educators, and a critical component for promoting better adult outcomes (Agran et al., 2002; Benz et al., 1995; Kleinhammer-Tramill, Rosenkoetter, & Tramill, 1994; Wehman,West, & Kregel, 1999). A *National Longitudinal Transition Study -2* (NLTS2) indicated that 72.6% of youth with disabilities lived with their parents after high school. Only 7.7% were attending a 4-year college or university and 12.8% were attending a 2-year community college. Post-school employment data showed that 55.1% of youth with disabilities indicated having a job one year after high school, which was much higher than previous NLTS data (Wagner, Newman, Cameto, Levine, Marder, 2007). The increase of youth having jobs post-high school can be describe by several elements. The first is the high expectations that are given to youth with disabilities to be

successful in adult life (Kramer & Blacher, 2001; National Center on Secondary Education and Transition, 2004; Thoma, 1999; Wagner, Newman, Cameto, Levine, & Marder, 2007). The second factor includes increasing emphasis on person-centered or student-direct goals that support post-school employment or education outcomes (Agran & Hughes, 2008; Benz, Lindstrom & Yovonoff, 2000; Thoma & Wehman, 2010; Wehmeyer, Agran, & Hughes, 2000). The last is the practices that have reflected collaboration with external partners, community agencies, and organization that might be involved in helping to support students in their post-school environments (Noonan et al., 2008; Repetto et al., 2002; Wehman, 2010). These three elements may begin to explain why there has been in increase in employment for youth with disabilities post-high school.

Employment

The employment participation rate for individuals' age 16 to 64 who do not report having a disability was 66.7% compared to 32.4% of individuals with a disability (Butterworth, Hall, Smith, Migliore, Winsor, Domin, & Sulewski, 2013). For those who have a disability, for every one person who is working in competitive employment, there are three people working in segregated settings (Luker, 2007). Youths with disabilities are more likely than their nondisabled peers to experience low pay, job dissatisfaction, and unemployment or underemployment (Wagner, Cameto, & Newman, 2003). This could stem from the fact that 98.6% of students who receive special education services have limited to no participation in employment preparation and career development activities (Oertle & Seader, 2015).

Education

Only 79% of youth with disabilities have a high school diploma compared to 90% of youth without disabilities (Ryan & Bauman, 2016). Many more youth with disabilities than

without disabilities are likely to get their GED or alternative high school credentials and thus have a significant disadvantage later (Horn, Cataldi, & Sikora, 2005) Youth with disabilities in high school are more likely to delay college more than a year (Wessel, Jones, Markle, &Westfall, 2009) or not even attend, and those who do attend are less likely to graduate with their peers without disabilities (Murray, Goldstein, Nourse, & Edgar, 2000). Of those high school students with disabilities that do attempt postsecondary education, 80% will need assistance to manage services (Getzel & Thoma, 2008).

Independent Living

When thinking about life post high school for transition-aged youth, employment and/or education are two important components of increasing quality of life. Another area that affects youth is independent living skills. In today's society, working age individuals who identified as having an intellectual disability, 34%live below the poverty line. This is about twice as much compared to non-disabled peers (15%; Butterworth, et al., 2013). The term independent living skills refers to leisure skills, social skills, self-care skills, and other adaptive behavior skills (Test & Cease-Cook, 2012). Research has shown that youth with disabilities that have higher daily living skills were more likely to have a higher quality of life and be involved in post school employment (Roessler, Brolin, & Johnson, 1990).

Barriers

Research in the last decade has indicated that interagency collaboration has heavily focused on the need to build relationships between school districts and community agencies, and the barriers that impeded the transition process (Agran et al., 2002; Blalock & Benz, 1999; Halpern, 1993; Powers, Gil-Kashiwabara, Greenen, Powers, Baladran, & Palmer, 2005). Interagency collaboration is a fundamental challenge for educators and a critical component for

promoting better adult outcomes (Agran et al., 2002). Low employment rates, underemployment, low post-secondary participation, and the increasing amount of adolescents receiving social security benefits remain a challenge for special education teachers and VR counselors (Lindsay, McDougall, Menna-Dack, Sandord, & Adams, 2015). When there is not a direct relationship between schools and community agencies transition outcomes suffer (Agran et al., 2002). In the transition literature, interagency collaboration is only effective when there is a high intensity amongst all stakeholders (Mattessich & Monsey, 1992; Sullivan & Skelcher, 2017).

Participant and engagement between each professional is a barrier that impacts transition collaboration. It is important to note that interpersonal relationships and the relationship between agencies can influence the success or failure of collaborative efforts (Johnson, Zor, Tam, Lamotagne, & Johnson, 2003; Mattessich & Monsey, 1992; Noonan et al., 2008). However, research continues to show that commitment to interagency collaboration and secondary transition is essential in order for transition age youth to be successful (Hasazi, Furney, & DeStefano, 1999; Johnson et al., 2003; Kochhar-Bryant, 2008).

One area that impacts the lack of engagement between each professional is environmental factors. There needs to be a clear understanding that the environment is complex and always changing (Kochhar-Bryant, 2008). Both special education teachers and VR counselors demographics, location, and services can be indicators of environmental factors that can either hinder or create successful transition collaboration (Bazzoli, Stein, Alexandar, Conrad, Sofaer, Shortell 1997; Polivka, Kennedy, & Chaudry 1997; Sullivan & Skelcher, 2017). Environmental factors can also include the environment for the youth. When inclusionary efforts are successful in a high school environment, this can lay a firm foundation for inclusionary environments to emerge in post- school community environments (Halpern, 1994; Holt, 2017). A study

conducted by Polivka and colleagues (1997) found that environmental factors predicted both interagency processes and outcomes. Creating an environment where both professionals can work together to address transition issues and concerns of common interest can help break down the barriers that are often experienced during the transition collaboration process (Epstein et al., 2018; Halpern, 1994).

Agran and colleagues (2002) surveyed special education teachers and asked about their collaboration efforts with VR counselors. When teachers were asked about how often they invited a VR counselor to serve as a member of a transition team the majority of the participants (42%) indicated that an invitation was sent less than 25% of the time, followed by 15% never invited VR counselors to serve as a member of the transition team. The survey went on to ask how much VR counselors participated in transition related district meetings. Most VR counselors (57%) participated in related district meetings less than 50% of the time. Special education teachers also reported that 44% of youth with disabilities received VR services for less than 3 months (Agran et al., 2002). The overall reaction to of how satisfied special education teachers were with rehabilitation counselors indicated a mean of 2.95 out of 5 and that VR counselors were somewhat knowledgeable of students they were serving.

Looking at special education and VR programs there are many administrative and foundational barriers that hinder effective transition collaboration. First and foremost there are agency differences that can create barriers. For example, the eligibility requirements for special education services and VR services are different (Eliason, Samide, & Patrick, 2014; Miller, 1990; Rusch, Szymanski, & Chadsey-Rusch,1992; Szymanski & Parker, 1989). There is also a difference in preservice training requirements (Beveridge, Leconte, Shaine, Del Toro, & Penrod, 2015; Szymanski & Churchill, 1990) and differences in basic policy philosophy and values that

drive the service provision of each system (DeStephan & Snauwaert, 1989; Eliason et al., 2014). Agency differences can also include cultural barriers. When thinking of cultural components in regards to interagency collaboration, it is important for both professionals to understand and respect other people and organization values and beliefs. If there is not a cohesive understanding this could hinder the decision-making process and cause difficulty on transition related processes. Other consideration involves when different professional fields use jargon that others outside their field are not familiar with. These cultural differences can inhibit successful collaboration (Barnett, 1995a; Harley Ysasi, Bishop, & Fleming, 2017).

Personal barriers are a key component of why transition collaboration can be hindered. The first is time constraints. Both special education teachers and VR counselors are receiving higher caseloads and much more responsibilities, and thus do not have the necessary time for collaboration (Leahy, Chan, Saunders, 2003; Sloan & LaPlante Sosnowsky, 2002). Barnett (1995b) also concluded that it takes time for people in professional careers to build trust, to learn operating procedures, and learn how their talents can be used to meet objectives of the group.

Working Alliance

The term alliance can include working alliance, therapeutic alliance, and helping alliance and has been defined ways over the course of history. There are some core issues with working alliance (Horvath & Bedi, 2002):

- The Alliance is an aspect of the helping relationship;
- Alliance refers to collaborative relationship where there is a consensus and willingness on the part of both parties to engage in and do the work that leads to improvement;
- Alliance is achievement, a quality of the partnership that develops and can change over time;

- There is a broad agreement that this collaborative.

Working alliance has mostly been researched between the therapist and client. There has been a considerable amount of research investigating the impact of the working alliance on counseling outcomes (Lustig, Strauser, Rice, & Rucker, 2002) and several meta-analysis including Horvath and Symonds (1991), Martin, Gerske, and Favis (2000), Flückiger, DelRe, Wamplod, Horvath (2017), and Horvath (2018).

The construct of the working alliance was developed and defined by Bordin (1979) as a "collaboration between the client and counselor based on the development of an attachment bond as well as a shared commitment to the goals and tasks of counseling" (p.16). The conceptualization of the working alliance is based on three independent components, including goals, tasks, and bonds which are described in more detail below.

Goals are the target to help with the inventions which in most of the research would be viewed as the outcome in the counseling process (Chan, Shaw, McMahon, Koch, & Strauser, 1997). To be able to accomplish goals within the counseling process, there needs to be a level of agreement of mutuality between client and counselor regarding counseling change goals. Bordin (1979) believes that the client's understanding of the change goal is therapeutic, and sometimes provides him or her with the motivation to begin to change.

Tasks are the second independent component of the working alliance. Tasks are defined as both behaviors and cognitions that the counselor and client engage in during the therapeutic process. According to Bordin (1979) "the effectiveness of the tasks…depends upon the vividness with which the therapist can link the assigned task of the patient's sense of difficulties wish to change" (p. 254). Just like goals, the responsibilities of performance vary from one counselor to another. This depends on the type of approach that is used during the therapeutic process. For

this to be successful both the counselor and client must accept responsibility to perform these tasks (Lustig et al., 2002) and the relevance between the change goals and counseling tasks must be evident (Bordin, 1979).

Bonds are the last of the three independent components of the working alliance. Bonds look at the partner compatibility (Bordin, 1994, p.16) between the counselor and the client (Lustig et al., 2002). Bonds help develop the interaction between the counselor and client in a shared activity and can be expressed as trust, or a feeling of common purpose and understanding (Bordin, 1994; Horvath & Greenberg, 1989).

There are many factors that affect the development of the working alliance including the amount of psychological treatment a client experiences in counseling, extent of the treatment goals, negative expectations of success, difficulty in maintaining social relationships, difficulty of the problem that is being addressed in the counseling relationship, and compatibility of the treatment demands with the client's emotional capabilities (Chan et al., 1997; Gelso & Carter, 1985; Horvath, 1994). There is evidence to support the strong contribution of the working alliance to successful counseling outcomes (i.e. Al-Darmaki & Kivlighan, 1993; Connors, Carroll, DiClemente, Longabaugh, Donovan, 1997; Goering, Wasylenki, Lindsay, Lemire, & Rhodes, 1997; Kivlighan & Shaughnessy, 2000; Kokotovic & Tracy, 1990; Mallinckrodt & Nelson, 1991).

A study conducted by Toste and colleagues (2014) surveyed 17 teachers and their students in the Montreal area using a classroom working alliance inventory that was adapted from the WAI Short Form (WAI-SF; Tracey & Kokotvic, 1989). Their study looked specifically at working alliance for students with and without disabilities. The results of their study indicated that students with disabilities' perceptions of the collaborative aspects of the working

relationship are associated with academic competence for both groups (Toste et al., 2014). The study also found that disability status significantly predicted teachers' ratings of working alliance but not students' ratings. For example, teachers reported that they had a stronger working alliance with students who were not identified as having disabilities, which is consistent with past research on student teacher relationships (Murray & Greenberg, 2001).

Studies have looked at working alliance between educators and parents. The article *Allied Forces: The Working Alliance for Meaningful Parent-Educator Partnerships in Special Education* (2012) looked at the development of parent-teacher partnerships. The bond of the relationship was deemed to be most important for success of tasks and goals, but this area is least likely to be covered in teacher training (professional development) at the secondary level (Hiatt-Michael, 2001). Magaldi-Dopman and Conway (2012) states that a bond between teacher and parent becomes a more abstract undertaking. However, working alliance can be assessed based on the goals and ability to effectively carry out tasks (Larose, Chaloux, Monaghan, & Tarabulsy, 2010).

Working alliance has been examined within career counseling as well. According to an article written by Whiston, Rossier, and Barón (2016), there are specific counselor factors that influence the working alliance, such as counselor demographic and intervention strategies. Counselors need to establish a good working alliance early in the career counseling process. This was shown by Elad-Strenger and Littman-Ocadia (2012) who that found that working alliance in the first session significantly predicts career exploration. The focus needs to be on looking at all three aspects of the working alliance (i.e. agreement on goals, agreement on tasks, and bonds) (Whiston et al., 2016). The working alliance appeared to play a critical role related to outcomes for youth with disabilities (Brown & Ryan Krane, 2000; Masdonati, Massoudi, &

Rossier, 2009). In this study, working alliance is not assessing one experience but rather generalities between special education teachers and VR counselors.

Legislation

History

Legislation has been advocating for people with disabilities for the last century. Many laws were focused on adults, such as the Solider Rehabilitation Act of 1918, when there was a growing awareness of needs for soldiers with disabilities (Neulicht & Berens, 2004). This was followed by the Civilian Rehabilitation Act of the 1920's where the government provided grants to state to implement programs that help address the need for "ordinary citizens with disabilities" (Schriner & Batavia, 1995, p. 261). Legislation began to include all aged individuals with disabilities starting with the Social Security Act which began in 1935 but was revised in the 1960's, and 1970's. This offered benefits for individuals who were not of working age and those who did not have a history of working (Hays & Erford, 2014).

School. It was not until the 1960's when legislation began to have more emphasis on children and youth with disabilities. In 1965, the Elementary and Secondary Education Act was passed where "deprived" children including children with disabilities were able to receive an education (McLaughlin, 1974). In 1975, the Education for All Handicapped Children Act was passed with the goal of helping children with disabilities receive a free and appropriate public education in their least restrictive environments (Weintraub, Abeson, & Zettel, 1977). This act lead to one of the most important legislation changes for youth with disabilities: the Individuals with Disabilities Education Act (IDEA) of 1997 and later 2004.

Rehabilitation. VR agencies have been able to provide services for youth with disabilities for more than 50 years since the passage of the Barden-Lafollette Amendments of

1943 (P.L. 78-113), also known as the VR Amendments. These changes allowed for federal and state program to be implemented, broaden financial provisions, and to expand VR to involve physical restoration.

The VR Act of 1973 (P. L. 93-112) as amended (Rehab Act) extended civil rights to people with disabilities by mandating equal opportunity (section 503) and nondiscrimination (Section 504) which states "No otherwise qualified individual with a disability shall, solely by reason of his disability, be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal assistance." The Rehab Act defines discrimination in three ways:

1. Failure to provide students with disabilities the same opportunity to benefit from education programs, services, or activities as is provided to their nondisabled peers;
2. Excluding students with disabilities from facilities, programs, benefits, activities, or services that are provided to students with disabilities; and
3. Failure to make sure that all students receive equal access to educational opportunities (Pub.L. 93–112, 87 Stat. 355, enacted September 26, 1973).

The Rehab Act also has served as the foundation for later transition related legislation by requiring the development of an individualized written rehabilitation plan. These plans include a statement of long-range rehabilitation goals, types of rehabilitation services, dates of services to be provided, and evaluation procedures. This was considered to be the forerunner of the IEP mandated in P. K. 94-142 (Sitlington, Clark, & Kolstoe, 2000; Test et al., 2006).

The Rehabilitation Act Amendments of 1986 (P. L. 99 – 506) encourages interagency collaboration between VR agencies and other agencies such as school districts (Test et al., 2006). The amendment was adapted again in 1992 (P. L. 102 – 569) and defined transition services that

were also contained with the 1990 IDEA. These amendments have emphasized the importance of transition for state VR agencies (Greene, 2004). One of the major components to make it easier for transition-age youth with disabilities to obtain access to VR services is interagency agreement between VR and schools systems (DeLisa, Silverstein, & Thomas, 2011).

Other legislation such as The VR Amendments (1954, 1967), The VR Act Amendments (1965, 1968), The Urban Mass Transportation Act (1970), The Javitts-Wagner-O'Day Act (1971), Workforce Investment Act (1998), and Workforce Incentives Improvement Act (1999) all helped to contribute to the advocacy for success for transition-aged youth with disabilities. Federal legislation related to transition services can be found in Figure 2. However, the most important two are the IDEA standards (school legislation) and WIOA standards (rehabilitation legislation) which are stated in more detail below.

Figure 2

Federal Legislation Affecting Transition Services

Special Education Legislation

- The Education for all Handicapped Children Act of 1975. P. L. 94-142
- The Education for the Handicapped Act Amendments of 1983. P.L. 98-199
- The Education for the Handicapped Act Amendments of 1986. P.L. 99-457
- The Individuals with Disabilities Education Act of 1990. P.L. 101-476
- The Individuals with Disabilities Education Act of 1997. P. L. 105-17
- The Individuals with Disabilities Education Improvement Act of 2004. P.L. 118-446

Rehabilitation and Civil Rights Legislation

- VR Act of 1973, P.L. 93-112

- Rehabilitation Act Amendments of 1983, P.L. 98-221
- Rehabilitation Act Amendments of 1986, P.L. 99-506
- Rehabilitation Act Amendments of 1992, P.L. 102-569
- Rehabilitation Act Amendments of 1998, P. L. 105-220
- Americans with Disabilities Act of 1990, P.L. 105-220

Vocational-Technical Education Legislation

- The vocational Education Act of 1963, P. L. 88-220
- The Vocational Education Act Amendments of 1968, P.L. 90-210
- Education Amendments of 1976, Title II, P.L. 102-569
- The Carl D. Perkins Vocational Education Act of 1994, P.L. 98-524
- The Carl D. Perkins Vocational and Applied Technology Education Act of 1990
- The Carl D. Perkins Vocational and Applied Technology Education Act of 1998

Workforce Training Legislation

- Comprehensive Employment and Training Act of 1973, P.L. 93-203
- Comprehensive Employment and Training Act Amendments of 1978, P.L. 95-524
- Job Training Partnership Act of 1982, P.L. 97-300
- Job Training Partnership Act Amendments of 1986, P.L. 99-496
- Job Training Reform Amendments of 1992, P.L. 105-220

Educational Reform Legislation

- Goals 2000, Educate America Act of 1994, P.L. 103-227
- The School-to-Work Opportunities Act of 1994, P.L. 103-239
- Improving America's Schools Act of 1994, P.L. 103-384

Note. Source Sitlington, Clark, & Kolstoe (2000). Transition Education & Services, p. 41.

IDEA

IDEA is the core legislation that was passed that influences transition services for youth with disabilities within the secondary education school system and provides clear guidance of the transition services to which each student is entitled. IDEA evolved from the Education for all Handicapped Children Act of 1975 and was passed in 1997. This act proposed that receiving a free appropriate public education will help prepare students for post school employment and independent living (IDEA: P.L. 105-17). IDEA of 1997 required that transition services begin at the age of 14 and emphasized the improvement of transition services (Hitchings, Retish, & Horvath, 2005). For youth that are interested in going to post-secondary education, course curriculum should be catered around that focus (Madaus & Shaw, 2006). The IDEA was later revised in 2004 to include more in regards to the transition process.

IDEA was reauthorized in 2004 to contain several changes regarding equity, accountability, and excellence in education for children with disabilities (Smith, 2005). There are two components of the 2004 IDEA that are emphasized within this study, transition planning and collaboration (Powers et al., 2005). Schools are responsible for identifying transition services and have set activities that facilitate student's movements form high school to adult life. This includes looking at areas of training, education, employment, community integration, adult services, and independent living (Holdnack & Weiss, 2006). The transition planning process should be based on the student's individual strengths as well as their needs (Gartin & Murdick, 2005). Specific needs can include representatives from outside agencies to help provide adult services to help students during and after transition out of secondary or post-secondary education (Prince, Katsiyannis & Farmer 2013).

IDEA has stressed the importance of collaboration within the transition services. Schools need to include a statement of interagency responsibilities and linkages as well as documentation that they have invited "a representative of any participating agency that is likely to be responsible for providing or paying for transition services" [§34 CFR 300.321(b)(3)]. Having additional representatives can help establish and meet Individualized Education Program (IEP) transition goals.

IDEA emphasized the importance of instructional planning, curriculum and instruction, transition planning, assessment, collaboration, and additional cultural and family aspects. In the 2004 reauthorization of the IDEA of 1997, *transition services* were defined as

> A coordinated set of activities for a child with a disability…is designed to be within a results-oriented process, focus on improving the academic and functional achievement of the student with a disability to facilitate the child's movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including support employment), continuing and adult education, adult services, independent living, or community participation (IDEA, 2004; 20 U.S.C. 1401(34)).

According to the IDEA (2004) transition services should be based on the child's strengths, preferences, and interests and include instruction related services, community experiences, and the development of employment and other post-school adult living objectives. For youth with disabilities to be successful to adult life, there must be successful collaboration between schools and community agencies because there is no single agency that can meet the needs of all students in every area of transition (Chadsey-Rusch & Rusch, 1996).

Indicator 13. The 2004 reauthorization of the IDEA includes 20 indicators which provide guidance to states on how to be federally compliant (Gaumer, Erickson, Noonan, Brussow, & Gilpin, 2013). There are many indicators that deal with special education,m but Indicator 13 looks specifically at secondary transition services for students with disabilities. For school districts and special education teachers to be complication with Indicator 13, states are required to collect data annually and report the:

> Percent of youth with IEPS age 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the students to meet those postsecondary goals, and annual IEP goals related to the student's transition service's needs. There must also be evidence that the student was invited to the IEP Team meetings where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached to age of majority (IDEA, 2004; 20 U.S.C. 1416(a)(3)(B)).

WIOA

In 2014 the Workforce Innovation and Opportunity Act (WIOA) has increased VR roles in transition services for youth with disabilities (Plotner & Dynmond, 2017). The WIOA aims to provide more opportunities for youth to practice and improve their workplace skills, to consider their career interests, and to get real world experience in the workplace. This requires VR agencies to implement pre-employment transition services for all youth with disabilities. These services include looking at job exploration counseling, work-based learning experiences, providing counseling for youth on opportunities for enrollment in comprehensive transition or

postsecondary education programs at institutions of higher learning, self-advocacy instruction, and workplace readiness training (Plotner & Dymond, 2017). To be able to implement these programs, 15 percent of each VR agencies' is federal program funds are set aside to provide pre-employment transition services to assist students and youth with disabilities to transition from secondary school to postsecondary education programs and competitive integrated employment.

These funding and legislation change allow VR agencies to prioritize serving students and youth with disabilities. To provide effective services, the WIOA legislation says that there needs to be partnership agreements with other local and state agencies, such as schools, workforce development centers, and other youth and adult organizations to promote and improve youth with disabilities access, utilization and outcomes in transition (P.L. 113-128; U.S. Department of Education, 2015). Pre-ETS consist of (1) job exploration counseling, (2) work-based learning experiences, which may include in-school or after school opportunities, experiences outside of the transitional school setting, and/or internships, (3) counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs, (4) workplace readiness training to develop social skills and independent living, and (5) instruction in self-advocacy (Workforce innovation Technical Assistance Center (WINTAC), 2015). Other goals of pre-employment transition services include:

- Implementation of effective strategies that increase independent living and inclusion in their communities and competitive integrated workplaces;
- Development and improvement of strategies for individuals with intellectual and significant disabilities to live independently, participate in postsecondary education experiences, and obtain and retain competitive integrated employment;

- Provision of training to VR counselors, school transition staff, and other supporting students with disabilities;
- Dissemination of information on innovative, effective, and efficient approaches to implement pre-employment transition services;
- Coordination of activities with transition services provided by local educational agencies under IDEA;
- Application of evidence-based findings to improve policy, procedure, practice, and the preparation of personnel;
- Development of model transition demonstration projects;
- Establishment or supporting of multistate or regional partnerships that involve States, local educational agencies, designated State units, developmental disability agencies, private businesses, or others; and
- Dissemination of information and strategies to improve the transition to postsecondary activities of those who are traditionally unserved. (McClanahan, Sligar, 2015)

With IDEA and WIOA being in the forefront of transition legislation, there are now critical aspects of transition services that will affect both special education teachers and VR counselors. When looking at changes of the legislation changes it is important to under how cross-agency collaboration, transition services, curriculum alignment, family and student engagement will be impacted.

Impact on Transition

Legislation, training programs, and funding have led to a disconnect in services among local education agencies (Agran et al., 2002; Oertle & Trach, 2007; Szymanski & Danek, 1985). IDEA and WIOA impact the need for transition services for youth with disabilities.

Professionals are receiving directives from legislation to work in coordination with both the secondary education and VR systems. However, the legislation leaves it up to the state and local levels to establish how this is executed (Oertle & Seader, 2015). There are three main shifts for schools due to WIOA changes. (1) Strengthen collaboration, (2) provide pre-ETS services, and (3) purchasing transition services. These three shifts help influence and shape where research needs to be conducted in regards to transition planning for youth with disabilities (Bird, Foster, & Ganzglass, 2014).

Improving Transition Collaboration

There have been a few projects that focus specifically on improvement of interagency collaboration. One program is the Secondary Transitional Experience Program (STEP) that is implemented in the state of Illinois. This program works in collaboration between the Department of Rehabilitation Services (DRS) and schools. Youth are eligible for the program if they have a disability, are receiving special education services, and meet the DRS eligibility requirements. The goal of this program is promote future independence in the areas of employment, residential life, social integration, and community participation (Horn, Trach, & Haworth, 1998). This program requires a lot of collaboration efforts between the STEP contractor (providing school services and accessing all financial resources) and DRS (assigning a rehabilitation counselor to perform such duties as applications, determine eligibility, meeting with parents, students, and school personnel, and assisting with the IEP; Horn et al., 1998). In the Horn and colleagues' study (1998), they found that youth with disabilities that participate in this program have a higher employment rate after high school (78%) than compared to 57.6% (Blackorby & Wagner, 1996), 43% (Hasazi, Gordon Roe, Finck, Hull & Salembier, 1985) and

12% (Wehman, Kregel, & Barcus, 1985) of similar youth in other studies using the National Longitudinal Transition Study (NLTS).

The Oregon's Youth Transition Program has prepared students and youth with disabilities for employment or career related postsecondary education or training since 1990. This program emphasizes a collaborative partnership between the office of Vocational Rehabilitation, Oregon Department of Education, and the University of Oregon (Johnson, 1997). The program started out in seven high school and today serves around 1500 students in approximately 120 schools. The youth receive services that are typically offered through the general or special education programs to achieve their secondary and post-secondary employment (Poppen, Lindstrom, Bullis, Khurana, & Unruh, 2014). The main components of the program include: individualized planning; instruction in academic, vocational, independent living, and personal social skills; paid employment; support services; and follow up support one year after leaving the program (Johnson, 1997; Poppen et al., 2014).

Project SEARCH is a project that was developed in Cincinnati in 1996 and is now offered at 200 sites nationwide. Participants in this program are young adults between 18-21 with intellectual and developmental disabilities. The critical Project SEARCH requirements include program-wide employment goals, internship model, and collaboration (Christensen, Richardson, 2017). The essential collaborative partners that make this program successful include school staff, host business liaison, rehabilitation services agency staff, developmental and/or intellectual disability agency staff, employment services, organization staff, transition students, and the students' families (Wehman et al., 2012). Out of the 2876 of youth that were enrolled in the program in 2015-2016, 2643 participants completed the program with 75.5% of them employed (Project SEARCH, 2018).

These three programs strive to promote and improve transition services and processes. One the main components that is seen across the broad is how imperative interagency collaboration is for these programs to be successful. However, interagency collaboration remains a fundamental challenge for educators and VR counselors (Noonan et al., 2008).

Theoretical Framework

There are other models that could have been chosen to validate and describe collaboration for the research design, such as CIRCLES, Dual Enrollment with Individualized Support Project, Six stage continuum characterizing the collaborative process, or Kohler's Taxonomy of Transition Planning. However, these models include a variety of factors associated with the collaborative process. For example, the CIRCLES model is focused on collaboration theory and self-determination theory where it involves three different components, including the community level team (agency administrators that tackle policy issues), school level teams (provide direct service and work with individual students and families), and the IEP team (educators and related service providers; Povenmire-Kirk, Diegelmann, Crump, Schnorr, Test, Flowers, & Aspel, 2015). Another example is Kohler's Taxonomy of Transition Planning that looks at student-focused planning (IEP development, planning strategies, and student participation), family engagement (family involvement, family empowerment, and family preparation), program structures (program characteristics, program evaluation, strategic planning, policies and procedures, resource development and allocation, and school climate), student development (assessment, academic skills, life, social, and emotional skills, employment and occupational skills, student supports, and instructional context) and interagency collaboration (collaborative framework, and collaborative service delivery) (Kohler, Gothberg,

Fowler, & Coyle, 2016). Interagency collaboration in Kohler's model only includes one out of the six components of the training program.

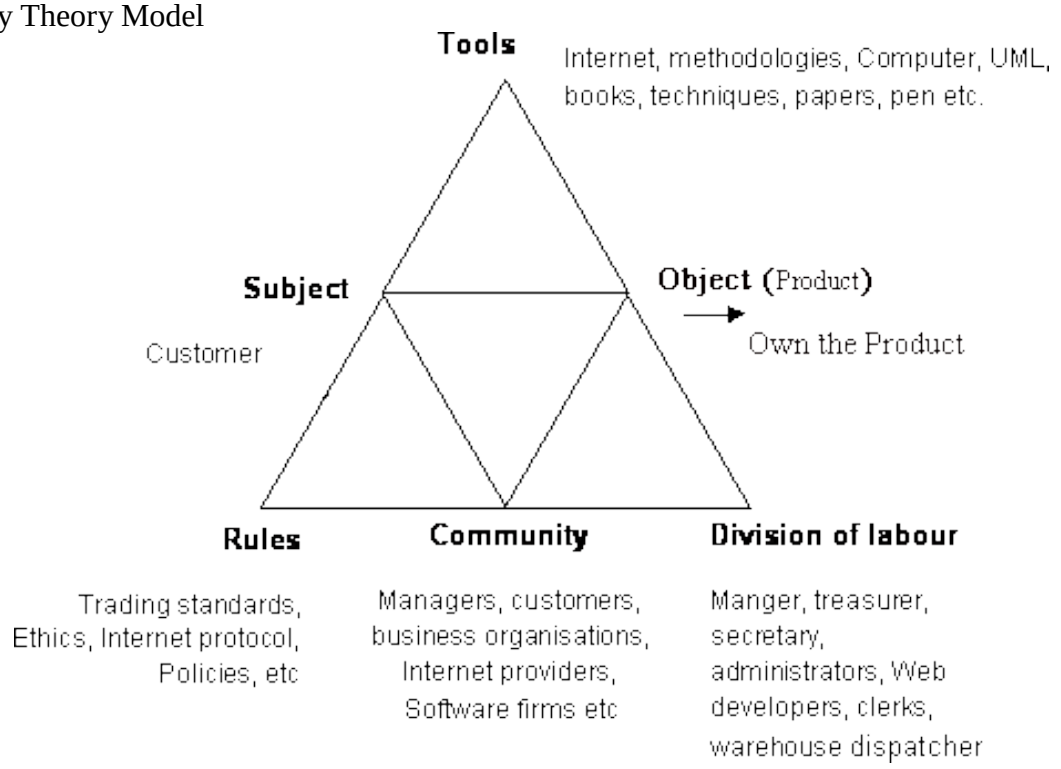
In order to fully understand the effects interagency collaboration has on transition collaboration it is important that theory focus in on collaboration verses other factors such as parental or student involvement. To find the most appropriate theory, looking outside the field may provide additional results that both schools and VR agencies have not considered previously. Parson (1938) described the benefits of looking to related field for theory development as "a source of cross fertilization of related fields of the utmost importance. This often leads to very important developments within a field which would not have taken place had it remained theoretically isolated" (pg. 20). After reviewing multiple theories Rose's Multi-Agency Framework of Collaborative Working model primarily focus on individual factors, group factors, local context, and policy structure of collaboration and was determine the best fit to support the researching the collaboration between special education teachers and VR counselors.

Rose Multi-Agency Framework of Collaborative Working was first developed to describe the working relationship between the Department of Children, Schools, and Families and the Department of Education and Skills in the United Kingdom (Rose & Norwich, 2014). This model was developed in order to have a better understanding and inter-professional alliance to help address problems (Sloper, 2004; Watson, 2006) that arise around developing a coordinating collective goals (Rose & Norwich, 2014). This section will discuss why this new theoretical framework model was chosen over other validated models and will go in-depth about the history on how the model was developed and the different components of the model. The model used the following theories:

Activity Theory. One of the theories that the Multi-Agency Framework of Collaborative Wking is based off of is Activity Theory (Foot, 2014). Influenced by this theory looks specifically at organizational learning and knowledge management (Blackler, 1993) through collaboration, shown in the Figure 3 below. Successful collaboration is achieved through the knowledge and participation through practice and doing within the field (Blackler, 1995; Chaiklin, 2011). This can be accomplished by people from various organizational and professional background and roles working together (Engestrom, Engestrom, & Vahaaho, 1999), having mutual motivation (Axel, 1997), and focusing together on the objective or activity (Blackler, 2009) to meet an identified need (Chaiklin, 2011: Engestrom, 1999) or longer-term goals (Edwards & Kinti, 2010, p 136). This theory helps to promote reflection and critical thinking through dialogues on practice in order to achieve the best results and success in inter-professional settings (Stuart, 2012).

Figure 3

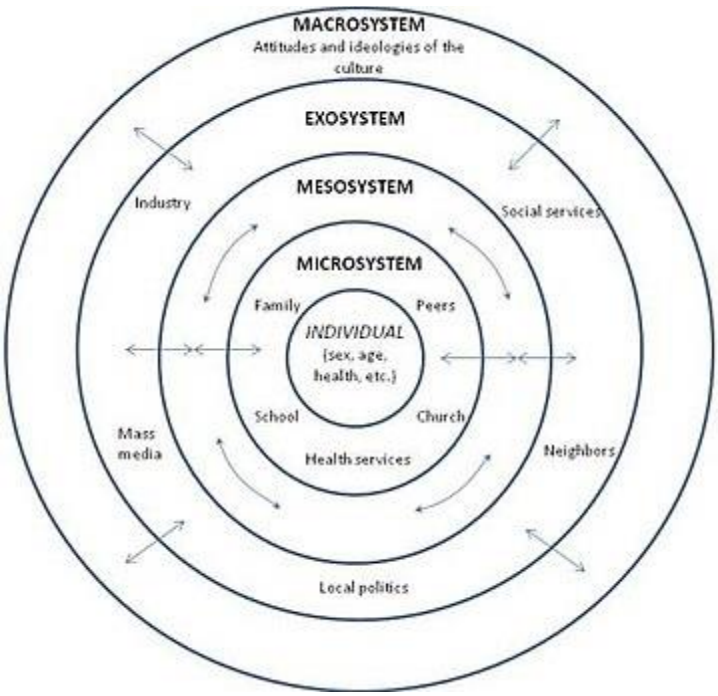
Activity Theory Model



Ecological Framework. Bronfenbrenner's Ecological framework (1977) has been used to study human development, but has been seen in and used in understanding student learning as well as training environments for adults and graduate students in counselor preparation programs (Lau & Ng, 2014). There is no single factor associated with the ecological framework (Tudge, Payir, Mercon-Vargas, Cao, Liang, Li, O'Brien, 2016) but consists of multiple system and subsystems that are used to interact with each other and contribute to learning environment of student (Lau & Ng, 2014). There are five environmental systems (individual level, microsystem, mesosystem, exosystem, and macrosystem) with which an individual interacts, shown in Figure 4 below (Kubiak, Brenner, Bybee, Campbell, Fedock, 2018).

Figure 4

Bronfenbrenner (1977, 1979) Ecological framework



Individual factors include looking at how the personal history and biological factors influence how individuals behave (Cross, Barnes, Papageorgiou, Hadwen, Hearn, & Lester, 2015), and there is a complex interaction between an individual and the context in which they live (Espelage, Basile, & Hamburger, 2012). The Microsystem level includes a "pattern of activities, roles, and interpersonal relation experienced by the developing person in a given setting with particular physical and material characteristics" (Bronfenbrenner, 1979, p. 22). Lived experiences (Lau & Ng, 2014) looks at interpersonal relations within the immediate setting (Heppner, Leong, & Chiao, 2008; Heppner, Leong, Gerstein, 2008). The Mesosystem is an interrelation between two or more settings (Jensen, 2007). In the Mesosystem, the person becomes an active participant (Bronfenbrenner, 1977,1979) and can take place across settings (Lau & Ng, 2014). The Exosystem includes environmental factors (Shi, Turner, Renwick, Kirsh, 2017). Bronfenbrenner (1977, 979) stated that the exosystem is defined as "one or more setting 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" (p. 237). Cultural components can play a role (Vélez-Agosto, Soto-Crespo- Vizcarrondo-Oppenheimer, Vega-Molina & Coll, 2017) and can be influenced by law enforcement, work policies, mass media, and health care access (Bronfenbrenner, 1994; McAdams & Pals's 2006; Millon, 2004; Ponterotto, 2010). The last environmental system is macrosystem. This system encompasses the societal aspects such as social supports and community invovlment (Berkman & Kawachi, 2000; Sudhinaraset, Wigglesworth, & Takecuchi, 2016)). Bronfenbrenner (1979) defines this system as "consistency observed within a given culture or subculture in the form and content of its constituent microsystem, mesosystem, and exosystems, as well as any beliefs systems or ideology underlying such inconsistences" (p. 258). This is involves encompassing aspects of the world

views including dominant religions, economic conditions, legacy of colonization, racism, sexism, homophobia, and political systems (Bronfenbrenner, 1994; McAdams & Pals's 2006; Millon, 2004; Ponterotto, 2010). Overall, the ecological model provides a good foundation for understanding the dynamic interrelations among various personal and environmental factors of human development.

Team reasoning and collective preferences. have been theories that have been known to coincide together. Even though, Sugden (1993, 2005) advocates for teaming reasoning while collective preferences is advocated by Gilbert (2001), without collective preferences there can be no team reasoning (Rose & Coleman, 2008). Team reasoning is "A theory in which individuals can act cooperatively, following rules which it would be in everyone's interest for everyone to follow" (Sugden, 1993, p. 89). It entails being motivated by group preferences and reasoning in a distinctive way from preferences to action (Rose & Coleman, 2007) and is inherently collectivistic (Gilbert, 1989; Gilbert, 1994). Team reasoning decisions are not focused on their own individual goals, but on achieving a group goal (Rose & Coleman, 2007). Collective preferences and team preferences have been used interchangeably; however, the two different theories work in collaboration with each other.

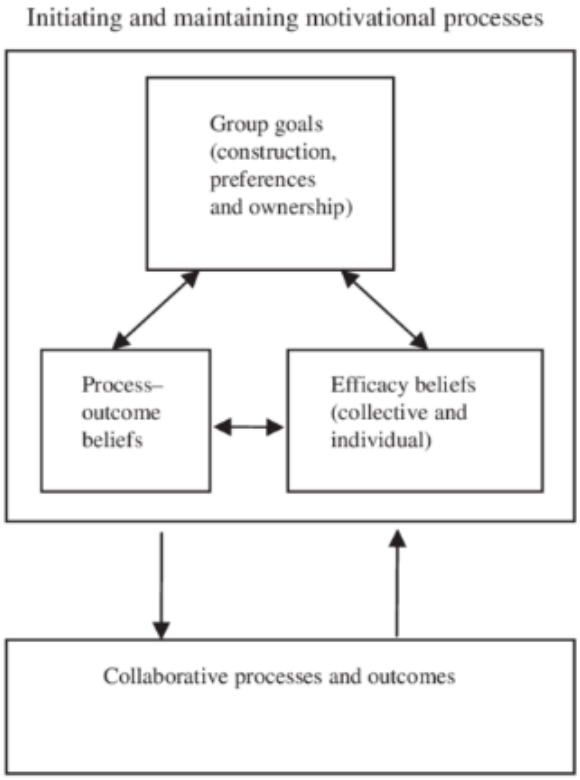
Joint commitment. Joint commitment is simply defined as a commitment of two or more people (Gilbert, 2005) based off of one's own behavior based off of one's own past or present state (Gilbert, 2015). According to Gilbert, there are four important aspects of joint commitment. The first is that there is not a set of personal commitments. Second, each participant has a specific role within the team and that participant is committed to that role throughout the duration of the project. Third, each participant is held accountable to all of the other people involved. Lastly, people jointly commit to doing something as a body and not as an individual.

In order for the joint commitment to be created and dissolved there are two key points that the team needs to follow. The first key point is that each person is able to have authority to have a creative side in order to express their own thoughts and opinions. The second key point is that without each person being able to have their own creative side, that no individual person that is associated with the joint comment can leave the commitment until it has been decided as a group (Gilbert, 2005).

Collective Efficacy and Process-Outcomes Beliefs. theory was rooted in Bandura's self-efficacy theory (Bandura, 1997). Collective efficacy looks at solving problems the person may face and improving their lives through a unified effort (Bandura, 1997). This is an emergent group-level attribute rather than simply the sum of the members' perceived personal efficacies. The members influence the type of future they seek to achieve, how they manage their resources, the plans and strategies they construct, how much effort they put into their group endeavor, their staying power when collective efforts fail to produce quick results or encounter forcible oppositions, and their vulnerability to discouragement (Bandura, 1997). This can be seen in Figure 5. The contribution of perceived collective efficacy to group performances have been replicated across diverse social systems including schools, organizations, and athletic teams (Bandura, 1998).

Figure 5

A model that represents the collective efficacy and process outcome beliefs



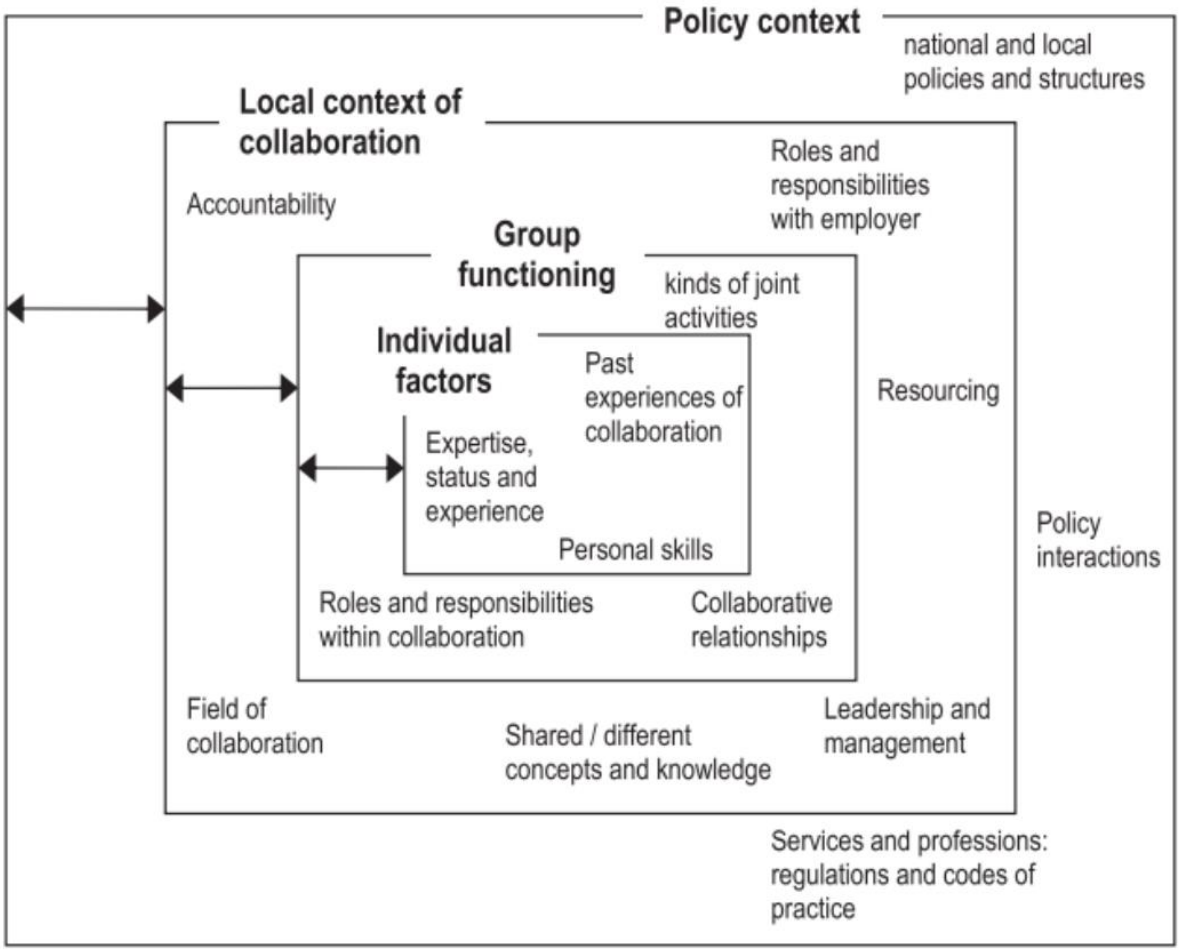
Final Collaborative model

Rose's Multi-Agency Framework of Collaborative Working took components from all of the previous theories. This framework of collaborative working situates collaborative practices in the context of a specific field of provision (local context of collaboration) that is set within and interacting with a national policy field (policy context) which is seen in Figure 6 (Rose & Norwich, 2014). Rose (2007) believe that maintaining a balance between team members and a recognition of individual professional identities can provide challenges, especially when the boundaries between the roles and responsibilities of standard jobs and roles in the collaborative process becomes blurred. The over-arching part of the model is the policy context which involves national and local policies and structures, followed by the local context of collaboration

that focus on factors and process in the immediate field of collaboration, such as roles and responsibilities of those involved (Biller & Whie, 1989). Group functioning focuses on the group process such as specific teams within an organization. Lastly, individual factors focuses on the individual professional as one within the model (Rose, 2007). Each part of the model provides an important component to interagency collaboration and will be discussed in more detail below.

Figure 6

A Contextual Framework of Collaboration (Rose & Norwich, 2014)



Policy Context. Policy context involves national and local policies and structures (O'Brien et al., 2006), specific interactions and tensions between different policies (Bagley et al., 2004; Harris, 2003), and the regulations and code of practices of different services and professions (Hartas, 2004). The regulations and code of practices and services are different between each profession and need to be understood between different organizations and agencies. This portion of the model focuses on how to develop the standards and is not being assessed within this study.

Local Context of Collaboration. The policy context helps to establish the general frameworks and approaches that need to be worked out in the local context. The local context approaches can pose problems and challenges which has to be worked out within the real, 'messier' contexts of practice (Rose & Norwich, 2014). In this portion of the model, a two way interaction between the local and policy contexts is assumed because of the impact that the national policy on local contexts and how local context feeds back into future policy development.

Local context of collaboration key factors are the purpose of collaborative actions (Bachmann et al., 2009; Easen et al., 2000; Glenny, 2005; Skinner & Bell, 2007), roles and responsibilities of specific professions (Abbot et al., 2005; Bell & Allain, 2011; Frost & Robinson, 2007; Moran-Jacobs et al., 2007), leadership and management structures (Bagley et al., 2004; Watson, 2006), lines of accountability (Frost & Robinson, 2007), resourcing (Easen et al., 2000; O'Brien et al., 2006; Sloper, 2004; Tett et al., 2003);, and shared/differing concepts and knowledge (Frost & Robinson, 2007; Moran et al., 2007; Salmon, 2004).

Local context of collaboration involves systematic procedures and regulations. This model was based off of these systematic errors including but not limited to: the lack of

coordination of services can make the process time consuming, and information is lost between agencies (Glenny, 2005). To overcome these systematic errors some problem-solving techniques can be implemented including:

- Improved accessibility and contract with other professionals
- Improve clarity, focus and accountability in relation to youth
- Opportunity for discussion/development of school policy
- Sharing of ideas/expertise, problem solving
- Widening perspectives/staff development
- Continuity when team members change
- Support/facilitation of inclusion projects

This portion of the model has an influence on how easily it is for partners to engage with each other. Joint working is observed and effective when all professionals for each organization are physically co-located because it allows workers opportunities for both informal and formal communication and information sharing (Moran et al., 2007). Local context of collaboration also has an impact on group functioning.

Group Functioning. The local context of collaboration sets the foundational framework for an interaction with group functioning and collaboration. Group functioning roles and responsibilities within collaborative group and teams (Considine, 2002; Frost & Robinson, 2007; Gaskell & Leadbetter, 2009; Sloper, 2004), kinds of joint activities (Frost & Robinson, 2007; Hartas, 2004; Watson, 2006), and history, duration, continuity and kinds of collaborative relationships (Abbot, et al., 2005; Easen et al., 2000; Skinner & Bell, 2007; Sloper, 2004).

The roles and responsibilities within a collaborative group and team has been based off of previous literature such as Considine (2002), Frost and Robinson (2007), and Haskell and

Leadbetter (2009). Considine (2002) indicated that group functioning needs to emphasize the role or organizational culture. As a result, this forces the organization to reconsider the roles of the process in order to learn what works within an organization. The model indicates that if there is a failure to include all team members in the multi-agency within team building activities the organization can be blamed for the misunderstanding about each person's specific roles and responsibilities (Frost & Robinson, 2007). This may also need to be taken into consideration when thinking between agency collaboration between schools and VR.

Where teams develop, tensions arise from team members that are adopting new roles and reconstructing professional identities. There are five key factors of inter-professional team building and individual recognition that impact group functioning and help relieve these tensions:

1. Achieving role clarification around defined work-flow process
2. Addressing status barriers
3. Acknowledging contribution of peripheral team members
4. Working towards specialist skill retention
5. Understanding the impact of changes in roles of professional identities

When these are not addressed and/or defined, stress can hinder the collaboration process (Frost & Robinson, 2007). To fully understand how policy context, local context of collaboration, and group functioning coincide, looking more in-depth at individual factors can explain the impact of interagency collaboration.

Individual Factors. The key factors and processes associated with individual factors include: professional expertise, perceived status and professional experiences (Bell & Allain, 2011; Frost & Robinson, 2007), past experiences of collaboration (Cameron & Lart, 2003;

Sloper, 2004), and personal skills (Abbot et al., 2005; Cameron & Lart, 2003; Skinner & Bell, 2007). The model dives deeper into perceived status and professional experience and how these factors can have an impact on collaborative working. The model suggests that instead of professionals as being 'experts' who can predict events with certainty (Dent & Whitehead, 2002; Fook & Gardner, 2007) instead are considered and known as "new professionalism". New professionalism can be defined as individuals with the team do not need to feel like they have a clear understanding of every aspect and can rely on other members within the team to fill in with their expertise (Dent & Whitehead, 2002; Fook & Gardner, 2007).

However, this can be challenged based off of a 'pecking order' (Cameron & Lart, 2003; Sloper, 2004). The 'pecking order' refers to the strong differences in relation to power and status and looks at the hierarchy in terms of qualifications, expertise, and financial remuneration (Jones-Devitt & Smith, 2007). Other key components of individual factors within this model are understanding stereotypes especially related to demographics. Stereotypes are formed based off of other individual perceptions of who they collaborate with (Abbot et al., 2005; Skinner & Bell, 2007). It is important to recognize those stereotypes and understand how if the effect the overall collaboration efforts between agencies.

Summary

Chapter two provided a review of the literature relevant to the transition collaboration for youth with disabilities and as research has shown, there is a dearth of literature and evidence of defined competencies for transition professions. The study presents an opportunity to understand how individual factors, group functioning, and local context of collaboration impact transition collaboration between special education teachers and VR counselors. Chapter three covers the

methodology in the study, including a description of the participants, the sample selection process, data collection procedures, as well as details regarding the method of data analysis.

CHAPTER 3

Methodology

The purpose of this study is to validate Rose's Multi-Agency Framework of Collaborative Working model by analyzing the individual factors, group factors, and local context for special education teachers and VR counselors in regards to transition collaboration. The study is designed to assess the relationship between individual, group, and local-context factors and transition collaboration of special education teachers and VR counselors. Second, it seeks to determine the relationship between these factors (individual factors, group factors, and local context of collaboration) in regards to transition collaboration. Lastly, differences between special education teachers and VR counselors was examined with the framework of transition collaboration working. The research questions guiding this inquiry included:

1. What is the relationship among individual factors and transition collaboration?
2. What is the relationship among group factors and transition collaboration?
3. What is the relationship among local context – perceived importance of transition collaboration?
4. What is the relationship among local context - preparedness, as a product of perceived importance on IDEA and WIOA standards on transition collaboration?
5. What is the relationship among individual factors, group factors, local context – perceived importance, and local context preparedness as a product of perceived importance on IDEA and WIOA standards on transition collaboration?
6. Are there differences between special education teachers and VR counselors on the multi-agency framework of collaborative working variables?

This quantitative, non-experimental, descriptive research design was used to examine special education teachers' and VR counselors' transition collaboration through analyzing working alliance, IDEA standards, WIOA standards, and outcome expectancy for youth with disabilities.

Participants

The participants that were recruited for this study were special education teachers and VR counselors within the states of Wisconsin, Illinois, and Florida. The study implemented the following inclusion criteria:

Special Education Teachers

All special education teachers must:

- hold one of these licenses: Initial Educator License, Professional Educator license or Master Education License within the corresponding state,
- work in a public school,
- work with youth who have disabilities between the ages of 14-24, and
- have a case load where responsibilities include writing Individualized Education Programs (IEP) and transition goals.

VR counselors

All VR counselor's must:

- be working at the Division of VR (Wisconsin), Department of Rehabilitation Services (Illinois), or VR Division (Florida),
- have a minimum qualification of a Bachelor's degree from an accredited college or university in vocational rehabilitation, sociology, psychology, guidance and counseling, social work and/or special education; and

- have at least one consumer that is in the age range of 14-24.

The demographic data is presented in three different formats. The first set of demographic information was questions that were answered by both special education teachers and rehabilitation counselors. The second set of demographic information was catered for specifically rehabilitation counselors. The last set of demographic information consisted of questions specifically for special education teachers. All the demographic information is provided in detail with tables below.

Demographics

Combined descriptive data that was collected in the survey is presented in Table 3.1. In the current study, participant's ages ranged from 22 to 65 (M = 42.64, SD = 11.80) with a total of 80 participants for both special education teachers (N = 25) and VR counselors (N = 55). Most participants for both special education teachers (N = 17, 70.8%) and VR counselors (N = 43, 82.7%) identified as being female. There were four participants (16.7%) in special education and 8 VR counselor participants (15.4%) that identified as being male. The participants were asked about the location (state) where their school or agency is located. Wisconsin provided the most combined participants with special education (N = 17, 70.8%) and VR counselors (N = 43, 82.7%). Illinois provided more special education teachers (N = 7, 29.2%) than VR counselors (N = 1, 1.9%). Florida did not have any special education teacher participants but had 30 (57.7%) VR counselors. Participants were asked to identify what type of community setting they worked in. Half of the VR agencies (N = 26, 50%) were from an urban setting. Most participants in the study worked in a suburban setting with 14 (58.3%) special education teachers and 17 (32.7%) VR counselors. Special education teachers had fewer rural participants (N = 6, 25%) than VR counselors (N = 9, 17.3%). Participants were then asked to identify their race.

Most participants for both special education teachers (*N* = 21, 87.5%) and VR counselors (*N* = 42, 80.8%) identified as being Caucasian. The next largest group was African American with 7.7% (*N* = 4) of VR counselors, however, there were not special education teachers that identified as being African American. There was seven VR counselors (13.5%) that said they identified as being Hispanic, Latino, of Spanish Origin. Educational level and pursuing additional education were the last combined demographic questions asked. Only 5 special education teachers (20.8%) and 11 VR counselors (21.2%) said their highest level of education was a Bachelor's Degree. A Master's Degree was the highest degree for both special education teachers (*N* = 15, 62.5%) and VR counselors (*N* = 41, 78.8%). One of the participants (4.2%) from special education stated that the highest degree they had is a "National board of professional teaching standards". Most of the participants were not pursing another degree (special education teachers, (*N* = 23, 95.8%) and VR counselors, (*N* = 45, 86.5%). There was one special education teacher (4.2%) and six VR counselors (11.5%) that are pursing another degree, including biblical studies, doctorate degree, social work, and masters.

Table 3.1

Participant Demographic Characteristics (*N* =80)

	Special Educators		Rehab Counselors			
Variable	*n*	(%)	*n*	(%)	*M*	*(SD)*
Age	25		55		42.64	(11.80)
Gender						
Female	17	(70.8)	43	(82.7)		
Male	4	(16.7)	8	(15.4)		
Unspecified	0	(0)	1	(1.9)		
Not listed	3	(12.5)	0	(0)		
State						
Wisconsin	17	(70.8)	21	(40.4)		
Illinois	7	(29.2)	1	(1.9)		
Florida	0	(0)	30	(57.7)		

Type of setting				
Urban	1	(4.2)	26	(50.0)
Suburban	14	(58.3)	17	(32.7)
Rural	6	(25.0)	9	(17.3)
Did not report	3	(12.5)	0	(0)
Race				
American Indian Or Alaska Native	0	(0)	1	(1.9)
African American	0	(0)	4	(7.7)
Caucasian	21	(87.5)	42	(80.8)
Not listed above	0	(0)	3	(5.8)
Did not report	3	(12.5)	2	(3.8)
Hispanic, Latino, Spanish Origin				
Yes	0	(0)	7	(13.5)
No	21	(87.5)	43	(82.7)
Did not report	3	(12.5)	2	(3.8)
Education Level				
Bachelor's Degree	5	(20.8)	11	(21.2)
Master's Degree	15	(62.5)	41	(78.8)
Other	1	(4.2)	0	(0)
Did not report	3	(12.5)	0	(0)
Pursing another Degree				
Yes	1	(4.2)	6	(11.5)
No	23	(95.8)	45	(86.5)
Did not report	0	(0)	1	(2.0)

VR counselors' demographics. There was specific descriptive data components that were only answered by the VR professionals. This information is presented in Table 3.2. Of the VR participants, the age ranged from 27 to 65 (M= 42.92, SD= 11.708). Of the 49 rehabilitation professional participants that answered the question of years as a VR counselor, their responses ranged from .25 to 30 years' experience (M = 9.72, SD = 8.00). Participants were then asked about if they worked in a combined, general, or agency for the blind. Most of the participants

worked in a general state agency (*N* = 34, 65.4%), followed by combined agency (*N* = 9, 17.3%). No one identified with working in the agency for the blind and nine VR counselors (17.3%) preferred not to answer. In terms of professional credentialing, 19 participants (36.5%) have their Certified Rehabilitation Counselor (CRC) credential, 16 participants (30.8%) have the Licensed Professional Counselor (LPC) credential, and only three participants (5.8%) have their National Board for Certified Counselors (NBCC) credential. The remaining credentials consist of ten participants (19.2%) including a Master of Law (LLM), Licensed Mental Health Counselor (LMHC), Social Work, Registered Mental Health Intern, Addictions and Substance Abuse Certificate, and CVE. Participants could select more than one choice in regard to credentials. The participants were asked if they completed an internship at a VR state agency. More than half said no (*n* = 31, 59.7%) while 13 participants (25%) said yes. The remaining participants (*n* = 8, 15.3%) did not indicate if they had an internship at a state VR agency. The VR counselors were asked about the number of transition aged youth (ages 14-24) were on their caseload. There was a wide range from one to 200 (*M* =53.92, *SD* = 51.23). The amount of transition courses taken while pursuing a degree was another demographic question asked. This was defined as a course taken at the graduate or undergraduate level that specifically covered content related to transition. Transition courses would typically be semester long (fall, spring, summer) at the graduate or undergraduate level. There were 32 participants (61.5%) said that they took no transition courses. Five participants (9.6%) said they took one course, three participants (5.8%) took two courses, and some of the participants (*N* = 4, 7.7%) took five or more transition courses while receiving their degree. There were eight participants (15.4%) that preferred not to answer. Lastly, VR counselors were asked about professional development hours devoted to transition. This criterion was defined as transition in service workshops,

professional development days, conference attendance, trainings and workshops. These would be a formal session specific to transition content that has attended for professional development credits or hours that count toward professional development. There were 11 participants (21.2%) who had between zero to five professional development hours, six participants (17.3%) with six to ten hours, five participants (9.6%) said they had 11 to 15 hours of professional development, four participants (7.7%) had between 16 to 20 hours, two participants (3.8%) who had 21 to 30 hours, and 12 participants (25%) identified with having over 31 hours of professional development towards transition. There were eight participants (15.4%) who did not report how many professional development hours they received.

Table 3.2

VR Participant Demographic Characteristics (*N* =52)

Variable	*N*	(%)	*M*	*(SD)*
Age	49		42.92	(11.708)
Agency Type				
Combined	9	(17.3)		
General	34	(65.4)		
Prefer not to answer	9	(17.3)		
Type of Licensure				
CRC	19	(36.5)		
NBCC	3	(3.8)		
LPC	16	(30.8)		
Other	10	(19.2)		
VR Internship				
Yes	13	(25)		
No	31	(59.7)		
Did not report	8	(15.3)		
Caseload	52		53.92	(51.23)
Transition Courses				
Zero Courses	32	(61.5)		

1 course	5	(9.6)		
2 courses	3	(5.8)		
5 plus courses	4	(7.7)		
Did not report	8	(15.4)		
Years as VR Counselor	49		9.72	(8.00)
Professional Development Hours				
0 to 5 hrs	11	(21.2)		
6 to 10 hrs	9	(17.3)		
11 to 15 hrs	5	(9.6)		
16 to 20 hrs	4	(7.7)		
21 to 30 hrs	2	(3.8)		
31 plus hrs	12	(25)		
Did not report	8	(15.4)		

Special Education teachers' demographics. Special Education teachers were asked specific demographic questions that were chosen from the Secondary Teacher Transition Scale (STTS). This detailed information can be found in Table 3.3. Special Education teacher's participants age ranged from 22 to 59 (M = 42.37, SD = 12.491). The number of years teaching ranged from less than a year to 35 years (M = 15.72, SD = 10.264). The teachers were asked about what type of licensure they currently hold and could check all that apply. Most participants have a kindergarten through 12th grade Special Education license (N = 16, 66.7%) followed by Secondary Special Education grades seven through 12 (N = 9, 37.5%). Only five participants (20.8%) held an Elementary Education kindergarten through sixth grade license followed by Early Childhood Special Education license (N = 4, 16.7%). The remaining participants had an Elementary Special Education License kindergarten through sixth grade (N = 3, 12.5%) and three participants (12.5%) identified with having a license that was not included on the list. The additional license teachers identified with having included: (1) National Board of Professional Teacher Standards, (2) social studies, and (3) Leadership-principal principal,

curriculum and instruction, and pupil services. A follow up question asked about the status of their licensure or certification. An overwhelming majority (*N* = 23, 95.8%) said they were fully licensed for their current teaching assignment and one participant (4.2%) said he/she was on an emergency license. Other choices that the participants could have picked from were: licensed in a field other than what they were currently teaching; variance given to teach special education; not licensed, currently working toward licensure; and not licensed, not working toward licensure. The teachers were also asked how many transition aged students were on their caseload (e.g., responsible for writing Individualized Education Programs [IEP]) and the range was from one to 20 students (*M* = 10.75, *SD* = 5.101). The teachers were asked the primary disability that they worked with, and the majority of participants said Learning disabilities (*N* = 11, 45.8%) followed by Developmental Delay (*N* = 6, 25.1%). Only two participants (8.3%) said they mainly work with transition aged students with emotional/behavioral disabilities and two participants (8.3%) said they work with multiple groups. There were three teachers that indicated other (12.5%) and wrote in cross categories, mix, and learning disability, emotional disability, behavioral disability, and other health impairments. A follow question was asked about the primary setting where their students were taught. Half of the teachers (*N* = 12, 50%) indicated that they co-taught in a general education classroom. There were five teachers (20.8%) that taught mostly in a self-contained special education classroom. Resource room classroom was indicated by three teachers (12.5%) and 4 teachers (16.7%) indicated that they taught in a classroom setting that was not listed including: (1) 50/50 resource and general education, (2) combined resource room and teach two special education classes; portfolio and transition math, (3) transition program off campus, and (4) teach pull out social skills, job coach in a team-taught class. Teachers were asked about transition courses taken during their course of study. Similar to

the VR counselors criteria, this was defined as a course taken at the graduate or undergraduate level that specifically covered content related to transition. Transition courses would typically be semester long (fall, spring, summer) at the graduate or undergraduate level. A summer workshop for college credit would count as a course. This would be a different than a workshop for staff development credit. There were five teachers (20.8%) that stated that they never had a transition course. The majority of participants (*N* = 11, 45.8%) had one transition course and three teachers (12.5%) had two transition courses in college. There were two teachers (8.4%) that indicated they took three courses in college and three teachers (12.5%) took five or more transition courses in college. Lastly, the teachers were asked about professional development hours towards transition. Like the VR counselor's criteria, transition staff development hours included transition in-service workshops, professional development days, conference attendance, training's and workshops. These staff development hours would be a formal session specific to transition content that they have attended for professional development credits or hours that count toward a person's professional develop. A full day workshop or conference would be equivalent of six hours of content. There were eight teachers (33.3%) that indicated that have had zero to five hours of professional development. The same number of participants (*N* = 8, 33.3%) stated they had six to ten hours of professional development towards transition. There were two teachers (8.4%) who have had 11 to 15 hours of professional develop, one participant (4.2%) had 16 to 20 hours, and five participants (20.8%) indicated they had at least 31 or more hours of professional development towards transition.

Table 3.3

Special Education Teachers Characteristics (*N* =24)

Variable	*n*	(%)	*M*	*(SD)*
Age	19		42.37	(12.491)

Years teaching	22		15.72	(10.264)
Type of Licensure				
Early Childhood SE	4	(16.7)		
Elementary Ed (k-6)	5	(20.8)		
Elementary SE (k-6)	3	(12.5)		
Secondary SE (7-12)	9	(37.5)		
K -12 SE	16	(66.7)		
Other	3	(12.5)		
Current Licensure				
Full Licensure	23	(95.8)		
Emergency licenses	1	(4.2)		
Caseload Numbers	12		10.75	(5.101)
Transition Courses				
Zero Courses	5	(20.8)		
1 course	11	(45.8)		
2 courses	3	(12.5)		
3 courses	2	(8.4)		
5 plus courses	3	(12.5)		
Professional Development Hours				
0 to 5 hrs	8	(33.3)		
6 to 10 hrs	8	(33.3)		
11 to 15 hrs	2	(8.4)		
16 to 20 hrs	1	(4.2)		
21 to 30 hrs	0	(0)		
31 plus hrs	5	(20.8)		
Primary Disability				
Learning Disability	11	(45.8)		
Emotional/behavioral	2	(8.3)		
Developmental Delay	6	(25.1)		
Multiple groups	2	(8.3)		
Other	3	(12.5)		
Primary Setting				
Self-contained SE	5	(20.8)		
Resource Room	3	(12.5)		
Co-Teaching Gen ED	12	(50.0)		
Other	4	(16.7)		

Data Collection Procedure

In order to obtain a sufficient sample size for analysis, special education teachers and VR counselors in Wisconsin, Illinois, and Florida was asked to complete the questionnaire through an online survey platform SurveyMonkey. Benefits of using this survey system is that it allowed the researcher to easily create surveys, collect and store data, and produce reports that were easily transferrable to data analysis software. Survey Monkey was chosen over Qualtrics due to the ability to create dual dropdown Likert-scales for the Secondary Teachers Transition Scale and WIOA knowledge and Translation scale. Before beginning this process, an Institutional Review Board (IRB) approval was acquired in order to perform this study. The IRB approval letter can be viewed in Appendix B.

This questionnaire assessed both VR counselors and special education teachers on knowledge domains and skills (IDEA and WIOA) in both professions, transition collaboration, working alliance, and outcome expectancy. This online survey used the WIOA Knowledge and Translation Survey (Chan et al., 2017), Secondary Teacher Transition Survey (Benitez, Morningstar, & Frey), Transition Collaboration Survey (Noonan, Erickson, & Morningstar, 2013), Working Alliance Inventory – Short Form Revised (Hatcher & Gillapsy, 2006), and a measure of Outcome expectancy based off the Social Cognitive Career theory (Lent, Brown, & Hackett, 1994).

Instrumentation and Data Sources

The instruments used in this study that measure each variable of interest are described in this section. The Table 3.4 below shows the instruments being used, what research question the survey intended to answer, connection to the multi-agency collaboration framework, the number

Table 3.4

Description and Psychometric Properties of Instruments

Instrument	Research Question	Theoretical framework	Construct items	# of Items	Format	Person Completing the Items	Reliability (based on previous studies)
General Demographic information	1, 5, 6	Individual Factors	Demographics	8	Combination	VR Counselors & Special Education Teachers	N/A
VR Counselors Demographics	1, 5, 6	Individual Factors	Demographics	6	Combination	VR Counselors	N/A
Special Education Demographics	1, 5, 6	Individual Factors	Demographics	9	Combination	Special Education Teachers	N/A
Working Alliance Inventory-Short Form Revised (WAI-R)	2, 5,6	Group Factors	Working Alliance	11	5-point Likert- Scale	VR Counselors & Special Education Teachers	Cronbach's Alpha 0.91
Transition Collaboration Survey (TCS)	1, 2, 5, 6	Multi-agency framework	Transition Collaboration	15	5-point Likert- Scale	VR Counselors & Special Education Teachers	Coefficient alpha .881
Secondary Teacher Transition Survey (STTS)	3, 4, 5, 6	Local Context	IDEA Standards	46	4-point Likert- Scale	VR Counselors & Special Education Teachers	Cronbach's Alpha Subscales .96, .97, and .94

WIOA and Knowledge Translation survey (WIOA)	3, 4, 5, 6	Local Context	WIOA Standards	41	5-point Likert-Scale	VR Counselors & Special Education Teachers	Not provided
Vocational Outcome Expectancy Scale (VOES)	2, 6	Group Factors	Outcome Expectancy	9	5-point Likert Scale	VR Counselors & Special Education Teachers	Cronbach's Alpha .79

of items, the format, the person completing the items, and the reliability for each measure.

Demographics

Demographic information for both special education teachers and VR counselors was collected on the demographic portion of the survey. Combined demographic questions state, community setting (urban - population of more than 100,000 inside an urbanized area, suburban - population between 2,500 to 100,000, rural – 25 miles away form an urbanized area (Geverdt, 2015), gender, Educational level (including pursing another degree), age, and race can be found in Table 3.1, VR counselors have specific demographic information related to their own professional field. These questions include: agency type (combined, general, agency for the blind), certification type (CRC, LPC, NBCC, NCE), internship at VR agency, years employed at agency, caseload of transition aged youth, number of transition courses, and staff development hours about transition. The results on the number VR demographics can be found in Table 3.2. Special education teachers' demographics were pulled from the Secondary Teacher Transition Survey (STTS). The specific questions related to special education teachers included: public verses private funding, total years teaching, transition courses taken, transition aged caseload, students primarily taught (i.e. learning disability, emotional/behavioral disability, developmental delay, or multiple groups), staff development hours about transition, licensure (i.e. early

childhood special education, early childhood education, elementary education kindergarten through sixth grade, elementary special education Kindergarten through sixth grade, secondary special education grades seventh through 12th , and/or kindergarten through 12th grade special education), current type of licensure (i.e. fully licensed, licensed in field other than what they are teaching, emergency licensed, or not licensed), and location where students are primarily served (i.e. special school, self-contained special education classroom, resource room, consulting services, or co-teaching in general education classroom). The results of the special education demographic data can be found in Table 3.3.

Working Alliance Inventory-Short Form Revised (WAI-SR)

Different measures of therapeutic alliance have developed over the last decade (Muran & Barber, 2010) but most of the research has been conducted with the Working Alliance Inventory (WAI; Smith et al., 2015). The Working Alliance Inventory-Short Form Revised (WAI-SR) is a self-report instrument (Mills, Loza, & Kroner, 2003; Ross, Polaschek, & Wilson, 2011) that consists of 12-items and was based off Bordin's (1979) Working Alliance Inventory 36-item scale (Horvath & Greenberg, 1989). Bordin (1979) describes working alliance as consisting of two components. The first is a client-therapist agreement on the therapeutic tasks and goals and second, the quality of the affective bond (Smits, Luychx, Smits, Stinckens, Claes, & Raymonds, 2015).

The WAI-SR (Hatcher & Gillapsy, 2006) is a measure of the therapeutic alliance. The original WAI-SR is based on the therapist and client relationship and this inventory measures three domains (1) agreement between patient and therapist on the goals of the treatment, items 4, 6, 10, and 11 (i.e. [therapist] and I collaborate on setting goals for my therapy); (2) agreement between patient and therapist about the tasks to achieve these goals items 1, 2, and 8 (i.e.;

[therapist] and I agree on what is important for me to work on); (3) quality of the bond between patient and therapist items 3, 5, 7 and 9 (i.e. I feel [the therapist] cares about me when I do things that he/she does not approve of) (Meystre, Bouriquin, Despland, Stiefel, & De Roten, 2013; Paap & Dijkstra, 2017). The 5-point Likert scale (*1= seldom,* 2 = *sometimes,* 3 = *fairly often,* 4 = *very often,* and *5 = always*) scores range from 11 to 55 and the higher that the overall score is indicates a better therapeutic alliance between the therapist and client (Paap & Dijkstra, 2017). However, in this study the it will be measuring the alliance between special education teachers and VR counselors and will measure generalities of these experiences instead of assessing one specific experience.

Validity, reliability, and responsiveness have also been determined for the WAI-SR in measuring therapeutic alliance (Hall, Ferreira, Maher, Latimer, & Ferreira, 2010). The WAI-SR has a high internal consistency by ranging from 0.81 to 0.90 on the subdomains and an overall Cronbach's alpha of 0.91 (Paap & Dijkstra, 2017). The WAI-SR has a high test-retest reliability at 0.93 with a 95% CI [0.83, 0.97]. Construct validity was determined with other therapeutic alliance measures including the California Psychotherapy alliance scale (r = 0.80) and Helping Alliance Questionnaire (r = 0.74). These results confirm that the WAI-SR is in accordance with Brodin's Theory of working alliance (Falkenström, Hatcher, & Homqvist, 2013; Ferreira et al., 2013).

Researchers recommend using the overall mean of the WAI-SR rather than subscale scores (Falkenström et al., 2013). The mean WAI-SR scores are above average in most studies (Ferreira et al., 2013; Hatcher & Gillaspy, 2006; Munder, Wilmers, Leonhart, Linster, & Bart, 2010). However, it is important to look at the specific domain scores because it can provide insight into which aspects of the therapeutic alliance could be improved (Paap & Dijkstra, 2017).

For the WAI-SR in this survey, questions were revised to fit the specific working alliance between special education teachers and VR counselors. Questions were worded different with each profession.

Questions associated with goals (items: 4, 6, 10, 11) include:

4. I am confident in my ability to help the special education teachers (or VR counselors) when needed

6. I appreciate each special education teachers (or VR counselors) as a person

10. The special education teachers (or VR counselors) and I have established an understanding of the kind of changes that would be beneficial for the youth.

11. The special education teachers (or VR counselors) and I believe interventions or services being provided are moving the youth toward their goals.

Question associated with tasks (items: 1, 2, 8) include:

1. The special education teachers (or VR counselors) and I agree about the steps to be taken to improve the youth's situation.

2. The special education teachers (or VR counselors) and I both feel confident about the usefulness of our current activity in counseling youth.

8. The special education teachers (or VR counselors) and I have built a mutual trust

Question associated with bonds (items: 3, 5, 7, 9,) include:

3. I believe the special education teachers (or VR counselors) likes me

5. I enjoy meeting and working with the special education teachers (or VR counselors)

9. The special education teachers (or VR counselors) and I have different ideas on what truly affects youth functioning

The new WAI-SR for this survey stayed true to the 5-point Likert scale but the choices were changed to stay consistent with the rest of the survey (1 = *strongly disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, and 5 = *Strongly Agree*). These changes can influence the overall internal consistency of the measure.

Transition Collaboration Survey (TCS)

The Transition Collaboration Survey (TCS) was developed by Noonan and colleagues in 2013 and consists of 15-items that related directly to evidence-based indicators of high quality collaboration. This 5-point Likert scale (1 to 2.5 = *not at all true of me now,* 2.5 to 4.5 = *Somewhat true of me now,* 4.5 to 5 = *very true of me now)* consists of indicators including flexible scheduling and staffing, follow-up after transition, administrative support, variety of funding sources, state supported technical assistance, ability to build relationships, agency meetings with students and families, joint trainings, and dissemination of information to a broad audience (Noonan et al., 2013). This scale assumes a specific set of knowledge and skills as described in The Council for Exceptional Children's *What Every Special Educator Must Know* (2009) and the Division on Career Development and Transition's *Transition Specialist Competencies* (2000). This survey allows schools districts to determine whether special education teachers are adequately prepared to plan and deliver transition services and can be used to gauge whether individual competencies and the implementation of transition practices are increasing across time (Morningstar et al., 2010). A coefficient alpha of .881 was reported and thus the TCS consistently measures interagency collaboration (Noonan, 2013). The TCS survey questions include:

1. I can summarize the shared vision in transition education/services
2. I have a clear understanding of how my coworker's job are related to transition

3. I have a clear understanding of a variety of adults agencies services that young adults with disabilities may access
4. I feel that my boss supports transition education/services
5. I have the time necessary to work with other professionals to provide transition planning and services
6. On a regular basis, I coordinate transition services with coworkers in my school/organization
7. I regularly work with staff outside my school/organization to coordinate transition services
8. I communicate frequently with families about transition planning and services
9. I am involved in action planning to improve transition services
10. Sometimes I take the lead in accomplishing tasks related to improving transition services
11. I participate in professional development related to transition
12. I participate in professional development outside my organization where I learn ways to improve transition practices
13. I communicate training opportunities and events to coworkers and colleagues from outside my school/organization
14. I feel that working with other adult professionals (In schools and agencies) is important for transition
15. I feel that transition meetings with others are productive

The response stems for the TCS were altered for consistency with the rest of the survey. Even though the questions stayed the same, formatting changes were made. Instead of three different answer choices (not at all true of me now, somewhat true of me now, very true of me

now) spread across a 5-point Likert Scale, these were replaced with 1 = *strongly disagree,* 2 = *Disagree,* 3 = *Neutral,* 4 = *Agree,* and 5 = *Strongly Agree*. This allows for one descriptive to identify with one point. The TCS survey is designed to gain input from individuals regarding their level of collaboration in provides transition education and services (Noonan, 2011) and has been done as before training and after training survey. For this study, the TCS was not associated with a specific training but the overall experience with collaboration. Due to some changes within the base survey, this could impact the overall internal consistency (r = .88) that was found by Noonan in 2013.

Secondary Teacher Transition Survey (STTS)

The Secondary Teacher Transition Survey (STTS) is a 46-item survey that was created by Benitez, Morningstar, and Frey (2005). The survey was designed because of an extensive literature review of special education transition services and Benitez and colleagues identified three key areas including: (1) effective transition-planning and service delivery practices, (2) the provision of transition-related content within teacher preparation programs (3) teacher perceptions of their own delivery of transition services. From these three key areas the researchers developed a seven section self-report questionnaire.

Using this information and the national certification standards to help identify transition-related competencies, a 7-section self-report questionnaire was developed. For this study, only data from section AA "Demographics", section A (Transitional survey items) "Instructional Planning", section C "Transition Planning", section D "Assessment", section E "Collaboration", and section F "Additional Competencies" was collected.

Section AA "Demographics" consists of 12 items (questions 1-12). Each question is designed to gather demographic information related to the teacher's ethnicity, community

setting, highest education obtained, degrees, total years teaching, transition courses taken at an undergraduate and graduate level, transition staff development hours, types of youth taught, licensure/certification obtained, status of current licensure/certification, grade level primarily taught, and location of teaching. Responses require either checking a box or entering a free response.

Section A (Transitional survey items) "Instructional Planning" is designed to show how teachers prepare youths' instructional planning. This portion of the survey contains 8 items (questions 1-8) that is rated on a 4-point Likert scale for preparedness (1 = *unprepared*, 4 = *prepared*), satisfaction with training (1 = *unsatisfied* to 4 = *satisfied*), and how often do you perform this practice (1= *never* to 4 = f*requently*) in relation to how he/she felt about their training in transition for instructional planning. Specific questions include:

1. Know about and use different models of transition programs and practices
2. Modify work and community environments to accommodate youth with disabilities
3. Identify post-school services and programs for students with disabilities
4. Develop transition programs based on outcomes
5. Identify potential job sites
6. Know how to support students in taking state and district assessments
7. Know about and apply different models of secondary school reform to your school
8. Select appropriate vocational education programs of students

Section B: "Curriculum and Instruction" contained ten items (questions 9-18) designed to collect data on a teacher's preparedness, satisfaction, and frequency of a teacher's role in curriculum and instruction. The original scale is based off of a 4-point Likert Scale *preparedness* (1 = *unprepared*, 4 = *prepared*), satisfaction with training in regards to curriculum

and instruction (1 = *unsatisfied,* 4 = *satisfied*), and how often do you perform this practice (1= *never*, 4 = *frequently*). Specific questions include:

9. Adapt or alter the general curriculum for students with disabilities
10. Provide accommodations & modifications to instructional activities for students
11. Teach self-advocacy and self-determination skills
12. Use a variety of behavior management strategies
13. Provide community-based instruction
14. Teach career awareness skills
15. Teach daily living skills
16. Teach vocational and work-related skills
17. Teach job skills identified by employers as critical for successful employment
18. Use instructional and assistive technology in academic, work and community environments

Section C "Transition Planning" contains seven items (questions 19-25) that focus on the respondent's preparedness, satisfaction, and frequencies in planning for student's transition. Participants answer this 4-point Likert scale where the first column consist of teacher's preparedness on issues relating to transition planning (1 = *unprepared* to 4 = *prepared*). The second column in section C looks at how satisfied the participant is about training provided regarding transition planning (1 = *unsatisfied,* 4 = *satisfied*). The last column of this scale consists of the frequency the participant practiced on issues surrounding transition planning (1 = *never*, 4 = *frequently*). Specific questions associated with transition planning include:

19. Know about IDEA requirements for developing transition IEPS
20. Coordinate IEP meetings with all transition-related team members

21. Involve students, parents, and families in IEP and transition planning meetings
22. Develop transition outcomes using interests and preferences of the students
23. Develop transition goals and objectives for the IEP
24. Develop IEPs that align with state and local academic standards
25. Include instructional and assistive technology into the IEP

Section D "Assessment" is designed to collect data on how teachers feel on issues relating to assessment (1 = *unprepared* to 4 = *prepared*), how teachers felt about their training in regards to assessment (1 = *unsatisfied* to *5 = satisfied*), and frequency practice on issues surrounding assessment (1 = *never* to 5 = *frequently)*. These 6-item (questions 26-31) section include questions such as:

26. Apply results of student assessment to transition plans
27. Use a variety of formal and informal career and transition assessment methods
28. Match job skills and interests with jobs or vocational programs
29. Interpret results of transition assessments for students, families, and other professionals
30. Develop accommodations and modifications for state and district testing
31. Conduct assistive technology assessments

Section E "Collaboration" contains nine items (questions 32-40) broken up into three columns containing 4-point Likert scale questions about participations preparedness, satisfaction, and frequencies of issues surrounding collaboration. Column one for section E looks at preparedness for issues related to transition (1 = *unprepared*, 4 = *prepared*). Column two consists of the satisfaction the participant felt about their training in regards to collaboration (1 =

unsatisfied, 4 = *satisfied*). The last column looks at the frequency he or she practiced on issues surrounding collaboration (1 = *never*, 4 = *frequently*).

32. Provide case management during transition by coordinating with other (e.g. students, parents, educators, service providers, employers)
33. Collaborate with families in transition goal setting
34. Work with outside agencies to identify and provide community services
35. Develop and provide transition-related resources and materials to other (e.g. students, parents, educators, service providers, employers)
36. Plan with team members for transition that encourages full participation in the community
37. Provide information to families about transition services and post-school options
38. Know about methods to increase transition services through interagency agreement and planning
39. Participate in community-level strategic planning for transition services
40. Use transition planning strategies that facilitate input from team members

The last section F looks at additional competencies. This 6-item (question 41-46) is designed to collect data on family beliefs, cultural considerations, parent participation, transition outcomes, and evaluating quality of transition services. The first column for section F on the 4-point Likert scale entails preparedness he or she felt on issues relating to additional competencies (1 = *unprepared*, 4 = *prepared*). The second column for section F on the 4-point Likert scale consisted of the satisfaction he or she about their training in regards to additional competencies (1 = *unsatisfied*, 4 = *satisfied*). The third column on the 4-point Likert scale consisted of the

frequencies he or she practiced on issues surrounding additional competencies (1 = *never*, 4 = *frequently*). Additional competency questions include:

41. Understand different family beliefs, values, and practices
42. Promote cultural responsiveness in transition planning
43. Encourage parent participation in order to foster transition outcomes that support families' cultures
44. Refer to transition outcomes research as a resource
45. Know how to use transition follow-up studies
46. Evaluate the quality of transition services for students and make changes as needed

For this study, the STTS was adapted in order to measure importance, preparedness, and frequency. Currently for all sections (described above) participants rated each question by these three factors: (1) Thinking of your transition training, how prepared do you feel to perform this practice, (2) How satisfied are you with this training, and (3) How often do you perform this practice? These factors were revised to (1) *preparedness*, (2) i*mportance*, and (3) *frequency*.

According to the Benitez and colleagues (2009) study, the STTS has undergone content and face validity by (a) identifying specific transition domains, (b) looking at expert reviewers to examine domains and competences, (c) documenting transition competencies within the professional literature (e.g. looking at the Council for Exceptional Children General Curriculum Standards), and (d) conducting an iterative content analysis. The STTS has an established high reliability rating for items consistency across subscales (Cronbach's Alpha 0.96 (preparedness), 0.96 (importance), and 0.94 (frequency)).

The STTS is content has stayed consistent between the original validated survey and the survey used in this study. However, the original 4-point Likert scale has been changed to a 5-

point Likert Scale to be consistent with the rest of the survey. Due to this study only looking at importance and preparedness of IDEA standards the three areas (prepared, satisfaction, and frequency) were changed to importance (0 = *not important,* 1 = *somewhat important,* 2 = *important,* 3 = *very important,* 4 = *extremely important*) and preparedness (0 = *no preparation,* 1 = *little preparation,* 2 = *moderate preparation,* 3 = *high degrees of preparation,* 4 = *very high degrees of* preparation) for each standard. These changes need to be taken into account when doing data analysis on the overall content validity of the survey.

WIOA and Knowledge Translation Survey

The WIOA and Knowledge Translation Survey emphasizes skills associated with understanding the requirements of the 2014 WIOA. VR agencies in each state are mandated to focus their efforts on employer engagement, job-driven training, postsecondary education, and competitive integrated employment for youth in transition (Chan et al., 2017).

The WIOA and Knowledge Translation survey includes a 41-item, 5-point Likert rating scale rating issues related to rehabilitation counseling knowledge domains (Chan et al., 2017). Participants self-rate both importance (1 = *not important,* 5 = *extremely important*) and preparedness (1 = *no preparation,* 5 = *very high degree of preparation*) on different domains: (1) career development; (2) WIOA and the Rehabilitation Act Amendments; (3) pre-employment transition services; (4) employer relations and engagement; (5) benefits counseling; (6) job placement; (7) collaboration with other workforce development and adult education; (9) case management; and (10) job development (Chan et al., 2017). The survey was based off of roles and functions studies that were conducted for counselors in State VR agency settings (Leahy, Chan, Sung & Kim, 2013) that included a consideration of requirements from WIOA and feedback from staff of Council of State Administrators of VR (CSAVR). These questions were

not organized within the specific domains but the questions were formatted in more of a list included in Table 3.5.

Table 3.5

Knowledge Domains of WIOA Knowledge and Translation Survey

Customized employment	Supported employment	Pre-employment transition services (Pre-ETS)
Postsecondary education interventions	Customized \training	Employer relations and engagement
Local labor market analysis	Evidence-based practices	Multicultural counseling
Psychological counseling	Group counseling	Family counseling
Job analysis	Career development, planning, and counseling	Job placement
Motivational interviewing	Job development	Individual support and placement model of support employment (IPS)
Program evaluation and performance indicators	Community resources	Collaboration with other core programs in the workforce development and adult education systems
Science, technology, engineering and mathematics (STEM) education	Workplace socialization skills training	Workplace support intervention
Job retention intervention	Assistive technology and job accommodation services	Job matching
Health literacy, health promotion, and wellness	Positive behavioral (psychology) interventions	Outreach and recruitment strategies for underserved populations
Benefits counseling	Applications of advanced communication and information technology	Disability Management in the workplace
Substance abuse and disability	Psychiatric rehabilitation	Health disparities and disability
WIOA and the rehabilitation Act Amendments	Testing and Assessment	Case Management
Medical/Functional Aspects of disability	Psychosocial Aspects of Disability	

The authors of the *Rehabilitation Counseling Practice in State VR and the Effect of the Workforce Innovation and Opportunities Act* (WIOA, 2017) did not indicate the reliability on the

original scale. In this study, internal consistency for *WIOA Knowledge Skills and Translation Survey* for importance (r = 0.97) and preparedness (r = 0.97) which both are considered excellent levels of internal consistency. In the study, there were no changes made from the original WIOA Knowledge and Translation survey.

Vocational Outcome Expectancy Scale (VOES)

The Vocational Outcome Expectancy Scale (VOES) is based on Bandura's (1986) social cognitive theory and later from the Social Cognitive Career Theory (SCCT; Lent et al., 1994). The SCCT is utilized to help study career development (Betz, 2008; Lent, 2005; Lent et al., 2008). Key elements of SCCT include self-efficacy beliefs, outcome expectations, contextual supports and barriers, goals and intention, and career outcome (Lent et al., 2005, 2008).

The VOES is originally an 11-item 5-point Likert scale but for this survey a 9-item 5-point was used. The Likert scale asks participants to rank order from 1 (*strongly disagree*) to 5 *(strongly agree*) about specific vocational outcomes. Specific questions from the Original VOES included: "having a job with good pay and benefits". Within this study, both the VR counselors and special education teachers will complete this survey looking at what the youth are expected to get from transition services. Negative outcome expectancy were related to the outcome of work performance (Iwanaga et al., 2017). The internal consistency for the VOES was 0.79. Specific questions that were revised in order to fit the demographics of youth included:

1. The youth will find a job with good pay
2. The youth will find work that he or she likes
3. Improve how the youth feels about himself/herself
4. Have a boss who is fair to the youth
5. Have a job that is important to the youth

6. Find a job where the youth can make friends at work
7. Find a job the youth likes
8. Find a job that the youth can do well
9. Find a job that the you can do based on his/her schooling, training, and past work

Due to the changes in the wording of the questions as well as the number of questions, and the reduction of question due to survey fatigue, findings from this study on the VOES may not be readily comparable to prior research. The internal consistency improved from the original study (r = 0.79) to this study (r = 0.89) which indicates a good level of internal consistency for the scale.

Data Analysis

Preliminary Data Analysis

The data collected from the surveys was entered into a computer file for analysis using Statistical Package for the Social Sciences (SPSS) software version 24. The data analysis was divided into five different sections. Prior to analysis, the data was screened to examine overall distributions and assumptions of normality. Components of the preliminary analysis include descriptive statistics, outliers, missing data, and normality. A total of 80 participants began the survey, and 26 completed the survey. More than half the participants (62.5%) had missing data within their survey. Case summary for missing data for each measurement include: WAI (N = 17, 21.3%), TCS (N = 20, 25%), STTS (N = 26, 32.5%), WIOA (N = 37, 46.3%), and VOES (N = 44, 55%). A test on the distribution (Kolmogorov-Smirnov test) was conducted first to determine if the normality of the sample. The TCS, WAI, WIOA knowledge skills and translation, and VOES were considered to be in a normal distribution. The STTS measurement was considered outside the normal distribution. Mahalanobis Distance was used in order to

calculate outliers within the data set. Results of the Kolmogorov-Smirnov test and Mahalanobis Distance can be found in table 3.6. As a result, the TCS participant rate dropped from 60 participants to 59, WAI went from 63 to 55 participants, STTS went from 38 to 27 participants, WIOA went from 33 to 20 participants, and VOES went from 36 to 34 participants. In this study, due to the small sample size, missing data, outliers, and normality were ignored which could compromise the reliability of the study (Kwak & Kim, 2017). After reviewing the skewness, kurtosis, outliers, and missing data it is important to note that this will affect the final results of the study. After preliminary data analysis has been discussed, the more detailed analysis was discussed for each research question including statistical power to help determine the appropriate sample size.

Table 3.6

Measuring normality and outliers with sample

Variables	**Measure**	**α**	***Kolmogorov***	**skew**	**kurtosis**
Transition Collaboration	TCS	.88	.200	-.12	.20
Working Alliance	WAI	.90	.200	-1.05	2.03
IDEA Standards	STTS	.86-.96	.029	-.05	-.058
WIOA Standards	WIOA	.97	.097	-.701	-.046
Outcome Expectancy	VOES	.88	.200	-.41	1.01

Note: Transition Collaboration Survey (TCS), Working Alliance Inventory (WAI), Secondary Teacher Transition survey (STTS), Workforce Innovation and Opportunity Act (WIOA), Vocational Outcome Expectancy Scale (VOES)

Descriptive Statistics. Once the data was collected, descriptive statistics were computed for all independent and dependent variables because these statistics are considered the starting point for work with quantitative data (Dyer, 1995). Descriptive statistics are used to help describe the basic features of the data in the study in a manageable form (Cozby & Bates, 2012; Dyer, 1995; Gravetter & Wallnau, 2009). For the descriptive statistics, central tendency (mean, median, and mode) and variability (variance and standard deviation) were calculated. Calculating the central tendency allows the researcher to be able to tell what the sample as a

whole, or on average, is like (Cozby & Bates, 2012; Gravetter & Wallnau, 2009) and can provide a single, representative value which can stand for a whole mass of data (Dyer, 1995).

Variability: Variability was calculated within this study in order to determine the spread within the distribution of scores. The measure the variability, standard deviation and variance scores are presented. The standard deviation indicates the average deviation of scores from the mean (Tabachnick & Fidell, 2010).

Research Question Data Analysis

Correlation Analysis. Before answering any of the research questions. Two correlation analysis was conducted. The first looked at demographic covariates that are correlated with transition collaboration. The second correlation analyzed each theoretical variable that impact the multi-agency framework for collaborative working. Correlation analysis allows two variables to portray either a positive or negative association as well as the strength of the association (Cohen, Cohen, West, & Aiken, 2013). This analysis determined the correlation between each domain.

A *prior* power analysis was conducted to determine appropriate sample size. Adequate power was calculated with a computer statistical software program called G*Power prior to data collection (Faul, Erdfelder, Buchner, & Lang, 2009). The power of a study is determined by three factors: the sample size, the alpha level, and the effect size. When determining the G*Power prior to data collection alpha level and effect size is needed. Effect size was determined by Cohen's (1992) power analysis for t-test on correlations (effect size index r) is .10 (small), .30 (medium), and .50 (large). Using this analysis helped determine the sample size needed in order to detect a large effect size. Using the G*Power 3.1.9.2. with a correlation: point biserial model, a priori: computer required sample size- given alpha, power, and effect size parameters included two tails, effect size of 0.30, significant level of .05, and a power (1- β) of

.80 indicated that there needed to be a total of 82 participants between special education teachers and VR counselors. This study began with 80 participants, and therefore the correlation analysis is underpowered.

A power analysis was conducted for the regression analysis. When determining the G*power the alpha level, effect size, power, and predictors was needed. Using G*Power 3.1.9.2. with a linear multiple regression: fixed model, single regression coefficient, parameters included two tails, effect size of f^2 = .30, significant level at .05, a power (1- β) of .80, and number of predictors as 4 there would need to be a total sample size of 29 participants.

Research Question 1, 2, 3, & 4. Research questions one through four were:

1. What is the relationship among individual factors and transition collaboration?
2. What is the relationship among group factors and transition collaboration?
3. What is the relationship among local context – perceived importance of transition collaboration?
4. What is the relationship among local context - preparedness, as a product of perceived importance on IDEA and WIOA standards on transition collaboration?

Using the G*Power 3.1 with a two-tailed t-tests and means difference from constant (One sample case) based on a power of .30 (medium effect) and a significance level of .05, there needs to be at least 90 special education and VR professionals in the sample to detect significance. Therefore, the studied attempted to recruit a minimum of 45 special education teachers and 45 VR counselors, or 90 individuals in total. In the study, 80 participants (25 special education teachers and 55 VR counselors) and as a result the first four research questions are underpowered.

Research question 5. What is the relationship among individual factors, group factors, local context – perceived importance, and local context preparedness as a product of perceived importance on IDEA and WIOA standards on transition collaboration?

Using the G*Power 3.1 with a *priori*: compute required sample size-given alpha, power, and effect size, a two-tailed t-tests and means difference from constant (one sample case) based on a power of .30 (medium effect) and a significance level of .007 (due to 7 predictor variables), there needed to be at least 72 special education and 72 VR professionals in the sample to detect significance. Therefore, in this study the aim was to recruit a total of 143 special education teachers and VR counselors. With only 80 participants total in the study, analyzing the results need to reflect that the significance level was underpowered.

Research question 6. Are there differences between special education teachers and VR counselors on the multi-agency framework of collaborative working variables?

Using the G*Power 3.1 with a *priori*: compute required sample size-given alpha, power, and effect size, a two-tailed t-tests and means difference from constant (one sample case) based on a power of .30 (large effect) and a significance level of .007 (due to 7 predictor variables), there needed to be at least 72 special education and 72 VR professionals in the sample to detect significance. Therefore, in this study the aim was to recruit a minimum of 143 special education teachers and VR counselors. Similar to research question five, with starting out with 80 participants total along with the high dropout of completion of the survey, this study was unable to achieve a sample with sufficient power but was able to detect a difference.

Expected Findings

Based on previous research on interagency collaboration with the relationship of special education teachers and VR counselors, there are some findings that are expected. Through the

research it was easy to assume that the independent variables significantly relate to the dependent variables. The researcher stayed objective through analyzing and synthesizing the literature based on previous empirical work and statistical analysis to understand the correlations between the variables.

CHAPTER 4

The purpose of the current study was to identify how prepared special education teachers and VR felt in regards to legislative mandates that focus on transition processes. In addition, this study looked at working alliance between the professions and outcome expectancy for youth with disabilities. A web-based study was disseminated to both rehabilitation professionals from state VR agencies from the states of Wisconsin and Florida and special education teachers that worked in public school districts in Wisconsin and Illinois. The results are organized by research question.

Correlation Analyses

The correlation between the outcome variables and the predictor variables ranged from small to large, with Pearson's R correlation coefficient ranging from 0.01 to 0.80. The correlation matrix and descriptive statistics for the predictor and criterion variables in the final regression analysis are provided in Table 4.1 and 4.2. Table 4.1presented correlations among the TCS with various demographic information. There was no association with the years in agency, age, gender, race, educational level or Setting (urban, suburban, or rural) with the TCS. There was an association with years at agency and age (r= .60, p <.01), years at agency and gender (r= -.28, p <.05), age and gender (r=-.31, p <.01), and age and race (r= .27, p <.05). There was also an association between race and setting of employment (r= -.32, p <.01) and educational level and setting of employment (r= -.26, p <.05).

Table 4.1

Correlations, Means, and Standard Deviations for Demographic Covariates Used in Final Regression Analysis

Variable	1	2	3	4	5	6	7
1. TCS	--						
2. Years at Agency	-.20	--					
3. Age	-.06	.60**	--				
4. Gender	-.03	-.28*	-.31**	--			
5. Race	-.09	-.09	.27*	-.15	--		
6. Educational level	.12	.13	-.03	.12	.02	--	
7. Setting	-.04	.05	-.05	-.05	-.32**	-.26*	--
Mean	3.66	11.68	42.64	.75	1.45	1.75	1.85
Standard Deviation	.698	9.07	11.80	.43	1.43	.46	.75

*p <.05 (2-tailed), **p <.01 (2-tailed)
Note: Transition Collaboration Survey (TCS)

Table 4.2 provides an analysis of the correlation between the theoretical variables used in the final regression analysis. The TCS was found to be significantly associated with the WAI (r = .64, p < .01), VOES (r= .45, p <.05), STTS prepared weighted score (r= .40, p <.01), WIOA Importance (r = . 37, p< .05) and WIOA prepared weighted score (r= .36, p <.01). There was no association with the STTS importance raw scale. The WAI was found to be significantly associated with all of the variables including the VOES (r= .414, p <.05), STTS important raw mean (r= .333, p <.05), WIOA important raw mean (r= .360, p <.05), STTS prepared weighted mean (r= .368, p <.05), and WIOA prepared weighted mean (r= .559, p <.01). The VOES was found to be significantly associated with the STTS importance (r= .34, p <.05), WIOA importance (r= .47, p <.01), and WIOA prepared weighted (r= .37, p <.05). The VOES had no significant association with the STTS prepared weighted. The STTS importance raw scale were significantly associated with WIOA importance (r= .80, p <.01). The STTS importance raw

scores had no association with the STTS prepared weighted, and the WIOA prepared weighted scales. The STTS prepared weighted scale had a significant association with the WIOA prepared scale (r= .56, p <.01) but not with the WIOA importance weighted scale. There was no significant correlation with the WIOA importance Raw and WIOA prepared weighted.

Table 4.2

Correlations, Means, and Standard Deviations for Theoretical Variables Used in Final Regression Analysis

Variable	1	2	3	4	5	6	7	8	9	10	11
1. WAI	--										
2. TCS	.64**	--									
3. VOES	.41*	.45**	--								
4. STTS Imp	.33*	.21	.34*	--							
5. STTS Prep	.59**	.69**	.35*	.34*	--						
6. WIOA Imp	.36*	.37*	.47**	.80**	.23	--					
7. WIOA Prep	.65**	.70**	.38*	.33*	.66**	.52**	--				
8. STTS Imp – Wt.	.13	.20	-.07	.03	.04	.21	.20	--			
9. STTS Prep -Wt.	.36*	.40**	.19	.16	.57**	.01	.29*	.46**	--		
10. WIOA Imp – Wt.	.182	.18	.06	.49**	.22	.28	.36*	.23	.007	--	
11. WIOA Prep – Wt.	.55**	.36**	.37*	-.02	.48**	.18	.80**	.05	.56**	.40*	--
Mean	2.68	3.66	3.07	2.90	2.15	2.73	1.97	.02	.04	.02	.04
Standard Deviation	.65	.69	.52	.52	.69	.68	.88	.003	.02	.004	.02

*p <.05 (2 -tailed), **p <.01 (2-tailed)

Note: Working Alliance Inventory (WAI), Transition Collaboration Survey (TCS), Vocational Outcome Expectancy Scale (VOES), Secondary Teacher Transition Survey Importance (STTS Imp), Secondary Teacher Transition Survey Preparedness (STTS Prep), Workforce Innovation and Opportunity Act Importance (WIOA Imp), Workforce Innovation and Opportunity Act Preparedness (WIOA Prep), Secondary Teacher Transition Survey Importance – Weighted (STTS Imp – Wt.), Secondary Teacher Transition Survey Preparedness – Weighted (STTS Prep – Wt.), Workforce Innovation and Opportunity Act Importance – Weighted (WIOA Imp – Wt.), Workforce Innovation and Opportunity Act Preparedness – Weighted (WIOA Prep – Wt.)

Group Differences

Individual item analysis was conducted on both the IDEA and WIOA standards for special education teachers and VR counselors. These results can be found in Table 4.3 and Table 4.4.

IDEA Standards

Importance. IDEA Standards are mandated for special education teachers. Out of the 46 knowledge areas of IDEA standards the ten domains with the highest importance based off special education teachers results were: (1) teach self-advocacy and self-determination skills (special education teachers *M* = 3.41, *SD* = 0.61; VR counselors *M* = 3.45, *SD* = 0.67); (2) involve students, parents, and families in IEP and transition planning meetings (special education teachers *M* = 3.23, *SD* = 0.83; VR counselors *M* = 3.35, *SD* = 0.87); (3) use a variety of behavior management strategies (special education teachers *M* = 3.23, *SD* = 0.75; VR counselors *M* = 3.12, *SD* = 0.76); (4) adapt or alter the general curriculum for students with disabilities (special education teachers *M* = 3.23, *SD* = 0.66; VR counselors *M* = 2.75, *SD* = 1.07); (5) provide accommodations and modifications to instructional activities for students with disabilities (special education teachers *M* = 3.23, *SD* = 0.66; VR counselors *M* = 3.00, *SD* = 1.04); (6) develop transition outcomes using interests and preferences of the student (special education teachers *M* = 3.23, *SD* = 0.56; VR counselors *M* = 3.35, *SD* = 0.66); (7) encourage parent participation in order to foster transition outcomes that support families' culture (special education teachers *M* = 3.00, *SD* = 0.73; VR counselors *M* = 3.36, *SD* = 0.66); (8) interpret results on transition assessments for students; families, and other professionals (special education teachers *M* = 2.94, *SD* = 0.93; VR counselors *M* = 1.41, *SD* = 1.44); (9) teach job skills identified by employers as critical for successful employment (special education teachers *M* = 2.94, *SD* =

0.89; VR counselors *M* = 3.38, *SD* = 0.71); and (10) coordinate IEP meetings with transition-related team members (special education teachers *M* = 2.94, *SD* = 0.74; VR counselors *M* = 2.96, *SD* = 0.76). The VR counselors mean, and standard deviation of each item were indicated next to the special education results in order to compare how important they feel towards IDEA standards.

The ten domains with the lowest importance based off of special education teachers results were: (1) know how to use transition follow- up studies (special education teachers *M* = 1.31, *SD* = 0.94; VR counselors *M* = 2.24, *SD* = 0.98); (2) refer to transition outcomes research as a resource (special education teachers *M* = 1.56, *SD* = 0.96; VR counselors *M* = 2.34, *SD* =1.04); (3) match job skills and interests with jobs or vocational programs (special education teachers *M* = 1.87, *SD* = 0.95; VR counselors *M* = 2.96, *SD* = 0.92); (4) know about and apply different models of secondary school reform to your school (special education teachers *M* = 1.88, *SD* = 0.90; VR counselors *M* = 2.06, *SD* = 1.17); (5) participate in community-level strategic planning for transition services (special education teachers *M* = 1.92, *SD* = 0.92; VR counselors *M* = 2.70, *SD* = 0.90); (6) conduct assistive technology assessments (special education teachers *M* = 2.12, *SD* = 0.95; VR counselors *M* = 2.72, *SD* = 0.90); (7) evaluate the quality of transition services for students and make changes as needed (special education teachers *M* = 2.25, *SD* = 0.85; VR counselors *M* = 3.10, *SD* = 0.90); (8) develop IEPs that align with state and local academic standards (special education teachers *M* = 2.29, *SD* = 1.31; VR counselors *M* = 3.03, *SD* = 0.96); (9) use transition planning strategies that facilitate input from team members (special education teachers *M* = 2.31, *SD* = 0.79; VR counselors *M* = 2.77, *SD* = 0.84); and (10) use a variety of formal and informal career transition assessments for students, families and other professionals (special education teachers *M* = 2.35, *SD* = 0.70; VR counselors *M* = 2.93, *SD* =

0.87). The VR counselors mean, and standard deviation of each item were indicated next to the special education results in order to compare how important they feel towards IDEA standards.

Preparedness. Special education teachers and VR counselors ranked how prepared they felt about the IDEA standards towards transition. These results are based off of the original preparedness scores not the weighted scores that will be seen later in the analysis. Out of 46 domains of IDEA standards the ten domains that special education teachers felt the most prepared for include: (1) adapt or alter the general curriculum for students with disabilities (special education teachers *M* = 2.94, *SD* = 0.96; VR counselors *M* = 1.41, *SD* = 1.54); (2) develop accommodations and modifications for state and district testing (special education teachers *M* = 2.88, *SD* = 0.92; VR counselors *M* = 1.46, *SD* = 1.45); (3) provide accommodations and modifications to instructional activities for students with disabilities (special education teachers *M* = 2.88, *SD* = 0.85; VR counselors *M* = 1.87, *SD* = 1.49); (4) involve students, parents, and families in IEP and transition planning meetings (special education teachers *M* = 2.82, *SD* = 0.88; VR counselors *M* = 2.16, *SD* = 1.39); (5) develop transition outcomes using interests and preferences of the student (special education teachers *M* = 2.76, *SD* = 0.56; VR counselors *M* = 2.51, *SD* = 1.28); (6) understand different family beliefs, values, and practices (special education teachers *M* = 2.68, *SD* = 0.87; VR counselors *M* = 3.10, *SD* = 0.84); (7) use a variety of behavior management strategies (special education teachers *M* = 2.64, *SD* = 0.86; VR counselors *M* = 2.26, *SD* = 1.08); (8) develop transition goals and objectives for the IEP (special education teachers *M* = 2.64, *SD* = 0.86; VR counselors *M* = 2.26, *SD* = 1.08); (9) know how to support students in taking state and district assessments (special education teachers *M* = 2.61, *SD* = 0.91; VR counselors *M* = 1.26, *SD* = 1.26); and (10) teach self-advocacy and self-determination skills (special education teachers *M* = 2.58, *SD* = 0.93; VR counselors *M* = 2.64,

SD = 1.11). The VR counselors mean, and standard deviation of each item were indicated next to the special education results in order to compare how prepared they feel towards IDEA standards.

The ten domains with the lowest preparedness based off of special education teachers results included: (1) know how to use transition follow-up studies (special education teachers *M* = 0.75, *SD* = 0.77; VR counselors *M* = 1.55, *SD* = 1.40); (2) participate in community-level strategic planning for transition services (special education teachers *M* = 0.94, *SD* = 0.87; VR counselors *M* = 1.12, *SD* = 1.36); (3) refer to transition outcomes research as a resource (special education teachers *M* = 1.00, *SD* = 0.89; VR counselors *M* = 1.89, *SD* = 1.08); (4) know about methods to increase transition services through interagency agreement and planning (special education teachers *M* = 1.12, *SD* = 0.80; VR counselors *M* = 2.74, *SD* = 1.12); (5) use transition planning strategies that facilitate input from team members (special education teachers *M* = 1.25, *SD* = 0.77; VR counselors *M* = 2.41, *SD* = 1.23); (6) identify potential job sites (special education teachers *M* = 1.29, *SD* = 0.91; VR counselors *M* = 2.52, *SD* = 1.13); (7) work with outside agencies to identify and provide community services (special education teachers *M* = 1.31, *SD* = 0.94; VR counselors *M* = 3.09, *SD* = 1.01); (8) evaluate the quality of transition services for students and make changes and needed (special education teachers *M* = 1.37, *SD* = 1.02; VR counselors *M* = 2.00, *SD* = 1.36); (9) develop and provide transition related resources and materials to others (E.g. Students, parents, educators, service providers, employers; special education teachers *M* = 1.43, *SD* = 0.62; VR counselors *M* = 2.77, *SD* = 1.02); and (10) conduct assistive technology assessments (Special education teachers *M* = 1.43, *SD* = 0.89; VR counselors *M* = 1.70, *SD* = 1.44). The VR counselors mean, and standard deviation of each item

were indicated next to the special education results in order to compare how prepared they feel towards IDEA standards.

Table 4.3

Group differences between Special Education Teachers and VR counselors toward IDEA standards using the STTS

Item	SE Importance	VRC Importance	SE Preparedness	VRC Preparedness
Know about and use different models of transition programs and practices	2.44(1.04)	2.69(1.06)	1.66(0.90)	2.13(1.17)
Modify work and community environments to accommodate youth with disabilities	2.88(0.90)	3.00(0.79)	1.72(0.82)	2.25(1.10)
Identify post-school services and programs for students with disabilities	2.83(0.78)	3.33(0.63)	1.83(0.98)	2.80(0.70)
Develop transition based on outcomes	2.72(1.01)	3.02(0.77)	1.77(0.80)	2.02(1.20)
Identify potential job sites	2.76(0.90)	3.19(0.74)	1.29(0.91)	2.52(1.13)
Know how to support students in taking state & district assessments	2.38(1.19)	2.32(1.14)	2.61(0.91)	1.26(1.26)
Know about and apply different models of secondary school reform to your school	1.88(0.90)	2.06(1.17)	0.94(0.87)	1.12(1.36)
Select appropriate vocational education programs for students	2.72(0.66)	3.41(0.69)	1.66(0.90)	2.97(0.81)
Adapt or alter the general curriculum for students with disabilities	3.23(0.66)	2.75(1.07)	2.94(0.96)	1.41(1.54)
Provide accommodations and modifications to instructional activities for students with disabilities	3.23(0.66)	3.00(1.04)	2.88(0.85)	1.87(1.49)
Teach self-advocacy and self-determination skills	3.41(0.61)	3.45(0.67)	2.58(0.93)	2.64(1.11)
Use a variety of behavior management strategies	3.23(0.75)	3.12(0.76)	2.64(0.86)	2.26(1.08)
Provide community-based instruction	2.70(0.98)	2.93(0.72)	2.17(1.07)	1.83(1.12)
Teach career awareness skills	2.47(1.00)	3.03(0.79)	2.00(0.93)	2.30(1.17)

Teach daily living skills	2.88(1.05)	3.16(0.87)	2.52(1.17)	1.89(1.11)
Teacher vocational and work-related skills	2.81(0.83)	3.43(0.72)	2.00(1.27)	2.66(1.29)
Teach job skills identified by employers as critical for successful employment	2.94(0.89)	3.38(0.71)	2.05(1.088)	2.64(1.08)
Use instructional and assistive technology in academic, work, and community environments	2.52(0.62)	3.06(0.77)	1.82(0.63)	2.20(1.09)
Know about IDEA requirements for developing transition IEPS	2.58(0.93)	3.03(0.98)	2.17(0.95)	2.00(1.30)
Coordinate IEP meetings with transition-related team members	2.94(0.74)	2.96(0.76)	2.29(0.98)	2.06(1.31)
Involve students, parents, and families in IEP and transition planning meetings	3.23(0.83)	3.35(0.87)	2.82(0.88)	2.16(1.39)
Develop transition outcomes using interests and preferences of the student	3.23(0.56)	3.35(0.66)	2.76(0.56)	2.51(1.28)
Develop transition goals and objectives for the IEP	2.68(0.79)	3.48(0.67)	2.64(0.86)	2.26(1.08)
Develop IEPs that align with state and local academic standards	2.29(1.31)	3.03(0.96)	2.35(1.11)	1.60(1.30)
Include instructional and assistive technology into the IEP	2.52(0.94)	2.80(0.92)	2.05(0.96)	1.56(1.13)
Apply results of student assessments to transition plans	2.35(0.78)	3.18(0.84)	2.00(0.79)	2.54(0.93)
Use a variety of formal and informal career transition assessments for students, families and other professionals	2.35(0.70)	2.93(0.87)	1.70(0.77)	2.50(1.07)
Match job skills and interests with jobs or vocational programs	1.87(0.95)	2.96(0.92)	1.81(0.85)	2.96(0.92)
Interpret results on transition assessments for students, families, and other professionals	2.94(0.93)	1.41(1.44)	2.37(1.09)	2.34(1.11)
Develop accommodations and modifications for state and district testing	2.82(0.88)	2.76(0.93)	2.88(0.92)	1.46(1.45)

Conduct assistive technology assessments	2.12(0.95)	2.72(0.90)	1.43(0.89)	1.70(1.44)
Provide case management during transition by coordinating with others (e.g., students, parents educators, service providers, employers)	2.87(0.80)	3.51(0.62)	2.06(1.12)	3.22(1.05)
Collaborate with families in transition goal settings	2.87(0.80)	3.48(0.67)	2.37(0.88)	3.00(1.09)
Work with outside agencies to identify and provide community services	2.68(0.79)	3.48(0.67)	1.31(0.94)	3.09(1.01)
Develop and provide transition-related resources and materials to others (E.g., students, parents, educators, service providers, employers)	2.37(0.71)	3.09(0.70)	1.43(0.62)	2.77(1.02)
Plan with team members for transition that encourages full participation in the community	2.50(0.96)	3.22(0.66)	1.56(0.81)	2.77(1.02)
Provide information to families about transition services and post-school options	2.75(0.57)	3.38(0.71)	1.81(0.83)	2.96(0.98)
Know about methods to increase transition services through interagency agreement and planning	2.37(0.71)	3.16(0.73)	1.12(0.80)	2.74(1.12)
Participate in community-level strategic planning for transition services	1.92(0.92)	2.70(0.90)	0.87(0.80)	2.16(1.15)
Use transition planning strategies that facilitate input from team members	2.31(0.79)	2.77(0.84)	1.25(0.77)	2.41(1.23)
Understand different family beliefs, values, and practices	2.81(1.10)	3.40(0.72)	2.68(0.87)	3.10(0.84)
Promote cultural responsiveness in transition planning	2.75(1.00)	3.26(0.78)	1.56(0.89)	2.76(1.00)
Encourage parent participation in order to foster transition outcomes that support families' culture	3.00(0.73)	3.36(0.66)	1.87(0.95)	2.96(0.92)
Refer to transition outcomes research as a resource	1.56(0.96)	2.34(1.04)	1.00(0.89)	1.89(1.08)
Know how to use transition follow-up studies	1.31(0.94)	2.24(0.98)	0.75(0.77)	1.55(1.40)

Evaluate the quality of transition services for students and make changes as needed	2.25(0.85)	3.10(0.90)	1.37(1.02)	2.00(1.36)
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)

Note: Special Education Teachers (SE), Vocational Rehabilitation Counselors (VRC)

WIOA Standards

Importance. WIOA standards are mandated for VR counselors. Out of the 41 knowledge areas of the WIOA standards the ten domains with the highest importance based off VR counselors results included: (1) career development, planning, and counseling (Special education teachers *M* = 2.66, *SD* = 0.73; VR counselors *M* = 3.60, *SD* = 0.56); (2) job placement (Special education teachers *M* = 2.42, *SD* = 0.85; VR counselors *M* = 3.58, *SD* = 0.58); (3) pre-employment transition services (Pre-ETS; special education teachers *M* = 2.20, *SD* = 1.14; VR counselors *M* = 3.46, *SD* = .069); (4) case management (special education teachers *M* = 2.33, *SD* = 0.88; VR counselors *M* = 3.45, *SD* = 0.67); (5) job matching (special education teachers *M* = 2.42, *SD* = 1.01; VR counselors *M* = 3.45, *SD* = 0.65); (6) supported employment (special education teachers *M* = 2.26, *SD* = 0.79; VR counselors *M* = 3.39, *SD* = 0.68); (7) job development (special education teachers *M* = 2.42, *SD* = 0.85; VR counselors *M* = 3.33, *SD* = 0.63); (8) community resources (special education teachers *M* = 2.50, *SD* = 0.94; VR counselors *M* = 3.32, *SD* = 0.62); (9) workplace socialization skills training (special education teachers *M* = 2.57, *SD* = 0.85; VR counselors *M* = 3.20, *SD* = 0.83); and (10) benefits counseling (special education teachers *M* = 1.83, *SD* = 1.02; VR counselors *M* = 3.16, *SD* = 0.76). The special education teachers mean, and standard deviation of each item were indicated next to the VR counselors results in order to compare how important they feel towards IDEA standards.

The ten domains with the lowest importance of WIOA standards based off of VR counselors results were: (1) group counseling (special education teachers *M* = 1.66, *SD* = 1.29;

VR counselors *M* = 2.07, *SD* = 1.03); (2) applications of advanced communication and information technology (special education teachers *M* = 1.91, *SD* = 0.90; VR counselors *M* = 2.39, *SD* = 0.72), (3) science, technology, engineering, and mathematics (STEM) education (special education teachers *M* = 2.21, *SD* = 0.81; VR counselors *M* = 2.41, *SD* = 0.82); (4) health literacy, health promotion, and wellness (special education teachers *M* = 2.42, *SD* = 0.85; VR counselors *M* = 2.58, *SD* = 0.82); (5) program evaluation and performance indicators (special education teachers *M* = 2.07, *SD* = 0.73; VR counselors *M* = 2.62, *SD* = 0.76); (6) family counseling (special education teachers *M* = 2.33, *SD* = 1.17; VR counselors *M* = 2.66, *SD* = 1.10); (7) health disparities and disability (special education teachers *M* = 2.08, *SD* = 1.16; VR counselors *M* = 2.69, *SD* = 0.97); (8) positive behavioral (psychology) interventions (special education teachers *M* = 2.25, *SD* = 0.75; VR counselors *M* = 2.69, *SD* = 1.01); (9) customized training (special education teachers *M* = 2.33, *SD* = 0.81; VR counselors *M* = 2.74, *SD* = 1.02); and (10) evidence-based practices (special education teachers *M* = 2.40, *SD* = 1.12; VR counselors *M* = 2.77, *SD* = 0.84). The special education teachers mean, and standard deviation of each item were indicated next to the VR counselors results in order to compare how important they feel towards WIOA standards.

Preparedness. VR counselors and special education teachers ranked how prepared they felt about the WIOA standards towards transition. These results are based off of the original preparedness scores not the weighted scores that will be seen later in the analysis. Out of 41 domains of WIOA standards the ten domains that VR counselors felt the most prepared for include: (1) supported employment (special education teachers *M* = 1.26, *SD* = 1.22; VR counselors *M* = 3.14, *SD* = 0.80); (2) career development, planning, and counseling (special education teachers *M* = 1.40, *SD* = 0.98; VR counselors *M* = 3.10, *SD* = 0.78); (3) case

management (special education teachers *M* = 2.16, *SD* = 1.19; VR counselors *M* = 3.09, *SD* = 1.06); (4) pre-employment transition services (Pre-ETS; special education teachers *M* = 1.20, *SD* = 1.22; VR counselors *M* = 3.03, *SD* = 0.88); (5) psychosocial aspect of disability (special education teachers *M* = 1.08, *SD* = 0.66; VR counselors *M* = 3.00, *SD* = 0.97); (6) job placement (special education teachers *M* = 1.21, *SD* = 0.58; VR counselors *M* = 2.95, *SD* = 0.69); (7) job development (special education teachers *M* = 1.07, *SD* = 0.82; VR counselors *M* = 2.87, *SD* = 0.85); (8) multicultural counseling (special education teachers *M* = 0.80, *SD* = 1.14; VR counselors *M* = 2.77, *SD* = 1.12); (9) medical/functional aspect of disability (special education teachers *M* = 1.50, *SD* = 0.90; VR counselors *M* = 2.77, *SD* = 0.97); and (10) community resources (special education teachers *M* = 1.35, *SD* = 1.00; VR counselors *M* = 2.76, *SD* = 1.05). The special education teachers mean, and standard deviation of each item were indicated next to the VR counselors results in order to compare how prepared they feel towards WIOA standards.

The ten domains with the lowest preparedness based off of VR counselors results included: (1) applications of advanced communication and information technology (special education teachers *M* = 0.83, *SD* = 0.71; VR counselors *M* = 1.47, *SD* = 0.84); (2) science, technology, engineering, and mathematics (STEM) education (special education teachers *M* = 1.07, *SD* = 0.91; VR counselors *M* = 1.50, *SD* = 0.97); (3) group counseling (special education teachers *M* = 0.71, *SD* = 0.82; VR counselors *M* = 2.03, *SD* = 1.22); (4) psychiatric rehabilitation (special education teachers *M* = 0.41, *SD* = 0.66; VR counselors *M* = 2.04, *SD* = 1.10); (5) customized training (special education teachers *M* = 1.13, *SD* = 1.06; VR counselors *M* = 2.07, *SD* = 0.99); (6) workplace support intervention (special education teachers *M* = 1.00, *SD* = 0.96; VR counselors *M* = 2.08, *SD* = 0.92); (7) substance abuse and disability (special education teachers *M* = 0.66, *SD* = 0.98; VR counselors *M* = 2.08, *SD* = 0.99); (8) program evaluation and

performance indicators (special education teachers *M* = 1.21, *SD* = 0.89; VR counselors *M* = 2.08, *SD* = 1.05); (9) individual support and placement model of supported employment (IPS; special education teachers *M* = 0.92, *SD* = 1.07; VR counselors *M* = 2.08, *SD* = 1.23); and (10) evidence-based practices (special education teachers *M* = 1.80, *SD* = 1.32; VR counselors *M* = 2.11, *SD* = 0.97). The special education teachers mean, and standard deviation of each item were indicated next to the VR counselors results in order to compare how prepared they feel towards WIOA standards.

Table 4.4

Group differences between special education teachers and VR counselors toward WIOA standards using the WIOA Knowledge and Translation Survey

Item	**SE Importance**	**VRC Importance**	**SE Preparedness**	**VRC Preparedness**
Customized employment	2.33(0.81)	2.92(0.94)	1.20(1.08)	2.32(1.21)
Supported employment	2.26(0.79)	3.39(0.68)	1.26(1.22)	3.14(0.80)
Pre-employment transition services (Pre-ETS)	2.20(1.14)	3.46(0.69)	1.20(1.22)	3.03(0.88)
Postsecondary education interventions	2.40(0.73)	2.96(0.82)	1.26(1.03)	2.37(0.88)
Customized training	2.33(0.81)	2.74(1.02)	1.13(1.06)	2.07(0.99)
Employer relations and engagement	2.53(0.91)	3.00(0.90)	1.26(0.88)	2.53(0.99)
Local labor market analysis	1.46(0.83)	3.03(0.88)	0.86(0.91)	2.53(0.99)
Evidence-based practices	2.40(1.12)	2.77(0.84)	1.80(1.32)	2.11(0.97)
Multicultural counseling	1.93(1.22)	3.07(1.03)	0.80(1.14)	2.77(1.12)
Psychological counseling	2.33(1.23)	3.00(0.78)	0.93(0.96)	2.66(1.07)
Group counseling	1.66(1.29)	2.07(1.03)	0.71(0.82)	2.03(1.22)
Family counseling	2.33(1.17)	2.66(1.10)	0.86(0.99)	2.11(1.12)
Job analysis	1.80(0.94)	2.96(0.85)	0.86(0.83)	2.70(0.95)
Career development, planning and counseling	2.66(0.73)	3.60(0.56)	1.40(0.98)	3.10(0.78)
Job placement	2.42(0.85)	3.58(0.58)	1.21(0.97)	2.95(0.69)
Motivational interviewing	1.78(1.05)	2.78(0.73)	0.50(0.75)	2.52(0.99)
Job development	2.42(0.85)	3.33(0.63)	1.07(0.82)	2.87(0.85)
Individual support and placement model of supported employment (IPS)	2.28(0.82)	2.86(1.05)	0.92(1.07)	2.08(1.23)

Program evaluation and performance indicators	2.07(0.73)	2.62(0.76)	1.21(0.89)	2.08(1.05)
Community resources	2.50(0.94)	3.32(0.62)	1.35(1.00)	2.76(1.05)
Collaboration with other core programs in the workforce development and adult education systems	2.21(0.89)	3.08(0.86)	0.92(0.91)	2.40(1.11)
Science, technology, engineering, and mathematics (STEM) education	2.21(0.81)	2.41(0.82)	1.07(0.91)	1.50(0.97)
Workplace socialization skills training	2.57(0.85)	3.20(0.83)	1.21(1.25)	2.58(0.77)
Workplace support intervention	2.21(0.80)	2.87(0.67)	1.00(0.96)	2.08(0.92)
Job retention intervention	2.21(0.97)	3.00(0.72)	0.92(0.82)	2.37(0.87)
Assistive technology and job accommodation services	2.28(0.85)	3.12(0.79)	1.14(1.09)	2.54(0.93)
Job matching	2.42(1.01)	3.45(0.65)	0.92(0.82)	2.70(1.12)
Health literacy, health promotion, and wellness	2.42(0.85)	2.58(0.82)	1.28(1.26)	2.20(0.83)
Positive behavioral (psychology) interventions	2.25(0.75)	2.69(1.01)	1.63(1.12)	2.21(0.79)
Outreach and recruitment strategies for underserved populations	2.25(0.75)	2.78(0.90)	0.91(0.99)	2.21(1.04)
Benefits counseling	1.83(1.02)	3.16(0.76)	0.75(0.96)	2.58(0.97)
Applications of advanced communication and information technology	1.91(0.90)	2.39(0.72)	0.83(0.71)	1.47(0.84)
Disability management in the workplace	2.08(0.99)	2.86(0.81)	0.58(0.79)	2.13(0.96)
Substance abuse and disability	1.91(1.24)	2.82(0.83)	0.66(0.98)	2.08(0.99)
Psychiatric rehabilitation	2.00(1.27)	3.04(0.87)	0.41(0.66)	2.04(1.10)
Health disparities and disability	2.08(1.16)	2.69(0.97)	0.75(0.86)	2.13(0.83)
WIOA and the Rehabilitation Act Amendments	2.25(1.21)	3.13(0.88)	1.00(1.12)	2.68(0.94)
Testing and Assessment	2.00(1.20)	2.95(0.99)	2.16(1.11)	2.22(1.02)
Case Management	2.33(0.88)	3.45(0.67)	2.16(1.19)	3.09(1.06)
Medical/Functional Aspect of Disability	2.66(0.65)	3.13(0.63)	1.50(0.90)	2.77(0.97)
Psychosocial Aspects of Disability	2.00(0.95)	3.09(0.75)	1.08(0.66)	3.00(0.97)
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)

Note: Special Education Teachers (SE), Vocational Rehabilitation Counselors (VRC)

Regression Analyses

With transition collaboration as the criterion variable that assesses collaboration (flexible scheduling and staff, follow-up transition, administrative support, funding sources, state supported technical assistance, ability to build relationships, agency meetings with students and families, joint trainings, and dissemination of information to abroad audience), simultaneous regression analyses examined the effects on the following sets of predictor variables based off of Rose's Multi-Agency framework of collaborative working including: (a) individual factors – Table 4.3 (years at agency, age, gender, race, educational level, and the type of community setting); (b) group factors – Table 4.4 (Working Alliance Inventory and Vocational Outcome Expectancy Scale); (c) local context importance – Table 4.5 (STTS importance and WIOA importance); and (d) local context preparedness – Table 4.6 (STTS preparedness weighted based off of importance and WIOA preparedness weighted based off of importance).

Individual Factors

A simultaneous regression analysis was conducted with demographic covariates (i.e. gender, grace, years at agency, educational level, age, and community setting) and each of the outcome variables. When using the TCS as the outcome variable, this set of demographic covariates accounted for 12% of the variance in transition collaboration, $R = .35$, $R^2 = .12$, F (1.11, 46) = 1.25. Table 4.5 provides a full description of the simultaneous regression analysis. Examining the standardized partial regression coefficients, only gender was found to significantly contribute to the variance in transition collaboration scores after controlling for the effect of other variables in the model, with $\beta = -.31$, t (-2.02) =1.254, $p < .05$. Results indicated that females felt more prepared for transition collaboration than males. Race, years at agency, education level, age, and community setting provided no significance in the regression model as

it effects were likely attributed to a single factor (gender) rather than distributed across demographic covariates. Gender did remain a significant predictor of transition collaboration and this could be because the 83% of the population identified with being female.

Table 4.5

Individual factors of Transition Collaboration (N = 52)

Variable	R^2	B	$SE\ B$	β	Sig.
Demographic Covariates	.12				
Gender		-.66	.33	-.31*	.049
Race		.05	.37	.02	.893
Years at Agency		-.02	.02	-.29	.152
Education Level		.38	.27	.21	.162
Age		-.01	.01	-.01	.961
Community Setting		-.03	.23	-.02	.887

*p < .05; **p < .01; ***p < .001

Group Factors

A simultaneous regression analysis was conducted with The Working Alliance Inventory total score and the Vocational Outcome Expectancy Scale total score and each of the outcome variables. When using the Transition Collaboration Survey as the outcome variable, this set of group factors accounted for 52% of the total variance R = .727, R^2 = .528, F (18.479, 33) = 7.119, p <.001. Table 4.6 provides a full description of the simultaneous regression analysis. Examining the standardized partial regression coefficients, only The Working Alliance Inventory was found to significantly contribute to the variance in transition collaboration after controlling for the effect of other variables in the model, with β = .625, t (35) =2.484, p < .01. The VOES scale provided no significance in the regression model as it effect were likely attributed to a since factor (working alliance) than distributed across variables.

Table 4.6

Group Factors of Transition Collaboration (N = 35)

Variable	R^2	B	$SE\ B$	β	Sig.
Group Factors	.528				
WAI		.658	.138	.625***	.000
VOES		.017	.191	.021	.149

*p < .05; **p < .01; ***p < .001
Note: Working Alliance Inventory (WAI), Vocational Outcome Expectancy Scale (VOES)

Local Context – Importance

A simultaneous regression analysis was conducted using the STTS which measures IDEA standards and the WIOA Knowledge Skills and Translation Survey which measures WIOA standards. Using the TCS as the outcome variable, this set of local context importance standards as predictors accounted for 20% of the variance in transition collaboration, R = .45, R^2 = .207, F (5.221, 40) = .625. Table 4.7 provides a full description of the simultaneous regression analysis. Examining the standardized partial regression coefficients. Only WIOA importance was found to significantly contribute to the variance in transition collaboration after controlling for the effect or other variables in the model, β = .724, t (40) =5.791, p < .05. The beta co-efficient in the importance scale shows that the WIOA increases in power. This can indicate a stronger relationship by including a comparable predictor. It is important to note that a suppressor effect could be possible when studies in context of IDEA factors are included in the regression analysis. The STTS that measures IDEA standards of transition collaboration provided no significance in the regression model as it effects were likely attributed WIOA standards.

Table 4.7

Local Context Importance Standards Predictors of Transition Collaboration (N = 42)

Variable	R^2	ΔR^2	B	$SE\ B$	β	Sig.
Local Context	.207	.167				
STTS Imp			-.599	.322	-.439	.070
WIOA Imp			.768	.250	.724*	.004

*p < .05; **p < .01; ***p < .001
Note: Secondary Teacher Transition Survey Importance (STTS Imp), Workforce Innovation and Opportunity Act Importance (WIOA Imp)

Local Context – Preparedness

A simultaneous regression analysis was conducted with the local context preparedness for IDEA and WIOA standards. When using the TCS as the outcome variable, the set of variables accounted for 56% of the variance in transition collaboration, R = .76, R^2 = .58, F (27.98, 40) = 7.76. Table 4.8 provides a full description of the simultaneous regression analysis for the non-weighted preparedness scores. Examining the standardized partial regression coefficients, both the STTS (β = .403, t (40) =4.93, p < .01) and WIOA (β = ..433, t(40) =3.15, p < .01) was found to significantly contribute to the variance in transition collaboration after controlling for the effect of other variables in the model.

Table 4.8

Local Context – Preparedness of Transition Collaboration (N = 42)

Variable	R^2	ΔR^2	B	$SE\ B$	β	Sig.
Local Context	.583	.562				
STTS Prep			.449	.153	.403**	.005
WIOA Prep.			.358	.114	.433**	.003

*p < .05; p < .01; ***p < .001
Note: Secondary Teacher Transition Survey Preparedness (STTS Prep), Workforce Innovation and Opportunity Act Preparedness (WIOA Prep)

A simultaneous regression analysis was conducted with the local context preparedness based off of perceived importance for IDEA and WIOA standards (weighted scale). When using the TCS as the outcome variable, the set of variables accounted for 52% of the variance in transition collaboration, R = .37, R^2 = .406, F (11.291, 33) = -.439. Table 4.9 provides a full description of the simultaneous regression analysis. Examining the standardized partial regression coefficients, only WIOA weighted preparedness based off of perceived importance was found to significantly contribute to the variance in transition collaboration after controlling for the effect of other variables in the model, with β = .672, t (33) =11.259, p < .01. The STTS (IDEA standards) provided no significance in the regression model as it may be attributed by a single factor such as WIOA preparedness.

Table 4.9

Local Context – Weighted Preparedness of Transition Collaboration (N = 35)

Variable	R^2	ΔR^2	B	$SE\ B$	β	Sig.
Local Context	.406	.370				
STTS Prep – Wt.			-2.29	5.74	-.065	.692
WIOA Prep – Wt.			19.15	4.63	.672**	.000

*p < .05; **p < .01; ***p < .001
Note: Secondary Teacher Transition Survey Preparedness – Weighted (STTS Prep – Wt.), Workforce Innovation and Opportunity Act Preparedness- Weighted (WIOA Prep- Wt.)

RQ5- Model Comparison

Prior to analysis, an evaluation of multicollinearity was conducted. After accessing the collinearity diagnostics output, no multicollinearity was evident. Although the last root has a Condition index of that approaches 20, no dimension (row) have more than one variance proportion greater than .50. After reviewing the full descriptions of the simultaneous regression analysis for individual factors, group factors, local context (perceived importance and preparedness based off of perceived importance), a secondary analysis was conducted based on Rose's Multi-Agency Framework of Collaborative Working to get a better understanding on the factors that influence the overall model. Only the significant predictors from the simultaneous regression analysis were utilized in the final model. The results of the regressions analysis final model are provided in Table 4.7. One step was used instead of a hierarchical regression analysis because of the small sample size. The next section will compare the original full simultaneous regression for the significant predictors to the final model significance.

In the final regressions analysis gender, WAI, WIOA Importance, and WIOA Preparedness weighted was examined. This model accounted for 63.9% of the total variance (*R*

= .680, R^2 = .639). In the original simultaneous regression model with individual factors of transition collaboration presented in Table 4.5, only gender was found to significantly contribute to the variance in transition collaboration scores after controlling for the effect of other variables in the model (β = -.32, p < .05). Looking at the final standardized regression model, gender is still a significant predictor of overall transition collaboration β = -.382, p < .05. The combined working alliance predictors of transition collaboration was analyzed in the original full simultaneous regression analysis (Table 4.6.) using the total score with rehabilitation counselors and special education teachers. The total score of working alliance was found to be significant predictor of transition collaboration β = .625, p < .01. When put into the final model WAI was still found to be a significant predictor β = .416, p < .05. The amount of variance explained by WAI is not diminished by anything else in the model. In the simultaneous regression analysis looking at local context importance standards predictors of transition collaboration (Table 4.7) for both STTS (IDEA) and WIOA, only WIOA importance was found to be a significant factor (β = .4724, p < .05). In the final model WIOA importance was still found to be a significant factor (β = .218, p < .05). The overall significance of the WIOA importance account for less variance in the final model than in the simultaneous regressions analysis. The last simulations regression analysis (Table 4.9) the local Context- Preparedness of transition collaboration based off perceived importance looked both at the STTS (IDEA standards) and WIOA preparedness weighted scale. Only the WIOA preparedness weighted score was found to be significant (β = .672, p < .01). In the final model, WIOA preparedness weighted based off of importance was found to be significant (β = .332, p < .05). When other factors such as VOES, STTS importance and preparedness were entered in the final model the total variance that explains the model drops indicating that these are not important factors in identifying transition collaboration.

Table 4.10

Summary of Model Variables for Transition Collaboration (N = 36)

Variable	R^2	ΔR^2	B	$SE\ B$	β	Sig.
Model	.12					
Gender			-.381	.148	-.268*	.015
WAI			.439	.132	.416*	.002
WIOA Imp			.259	.098	2.81*	.012
WOPA Prep – Wt.			8.70	3.29	.332*	.013

*p < .05; **p < .01; ***p < .001
Note: Working Alliance Inventory (WAI), Workforce Innovation and Opportunity Act Importance (WIOA Imp), Workforce Innovation and Opportunity Act Preparedness- Weighted (WIOA Prep – Wt.)

Wisconsin vs. National Comparison

Specific means and standard deviations were analyzed between Wisconsin's special education teachers and VR counselors and the national comparison (Florida and Illinois). Due to the skewed sample population for each state including: fewer special education teachers in Illinois and Florida and the majority of VR counselors were represented by the state of Florida. The results of the T-Test descriptives can be seen in Table 4.11.

Table 4.11

Wisconsin vs. National Sample

Scale	Wisconsin VRC	National VRC*	Wisconsin SE	National SE**
TCS	4.10(0.29)	3.84(0.75)	3.19(0.41)	3.31(0.50)
WAI	2.97(0.32)	2.92(0.60)	2.65(0.31)	2.665(0.45)
STTS – Imp	2.91(0.39)	3.10(0.58)	2.58(0.41)	2.95(0.65)
STTS- Prep	2.28(0.38)	2.20(1.04)	1.94(0.31)	2.13(0.57)
WIOA – Imp	3.03(0.52)	3.02(0.58)	2.11(0.34)	2.71(1.83)
WIOA - Prep	2.46(0.36)	2.47(0.71)	1.15(0.59)	0.56(0.79)
VOES	3.39(0.45)	3.10(0.42)	2.92(0.35)	2.89(-)

*National sample less the Wisconsin Vocational Rehabilitation Counselor (VRC) sample
**National sample less the Wisconsin Special Education (SE) sample
Note: Transition Collaboration Survey (TCS), Working Alliance Inventory (WAI), Secondary Teacher Transition Survey Importance (STTS - Imp), Secondary Teacher Transition Survey Preparedness (STTS – Prep) Workforce Innovation and Opportunity Act Importance (WIOA - Imp), Workforce Innovation and Opportunity Act Preparedness (WIOA – Prep), Vocational Outcome Expectancy Scale (VOES)

Comparing the Wisconsin VR counselors and the National VR counselor data, only STTS preparedness for national VR counselors (M = 2.20, SD =1.04) was over one standard deviation above the mean compared to Wisconsin VR counselors (M = 2.28, SD = 0.38). TCS (Wisconsin VRC M = 4.10, SD = 0.29 and national VRC M = 3.84, SD = 0.75), WAI (Wisconsin VRC M = 2.97, SD = 0.32 and national VRC M = 2.92, SD = 0.60), STTS – Imp (Wisconsin VRC M = 2.91, SD = 0.39 and national VRC M = 3.10, SD = 0.58), WIOA – Imp (Wisconsin VRC M = 3.03, SD = 0.52 and national VRC M = 3.02, SD = 0.58), WIOA – Prep (Wisconsin VRC M = 2.46, SD = 0.36 and national VRC M = 2.47, SD = 0.71), and VOES (Wisconsin VRC

M = 3.39, *SD* = 0.45 and national VRC *M* = 3.10, *SD* = 0.42) did not provide any noticeable differences.

Reviewing the mean and standard deviation between the Wisconsin special education and national special education data only WIOA importance provided a noticeable difference with the national special education sample (*M* = 2.71, *SD* = 1.83) compared to Wisconsin special education (*M* = 2.11, *SD* = 0.34). TCS (Wisconsin VRC *M* = 3.19, *SD* = 0.41 and national VRC *M* = 3.31, *SD* = 0.50), WAI (Wisconsin VRC *M* = 2.65, *SD* = 0.31 and national VRC *M* = 2.66, *SD* = 0.45), STTS – Imp (Wisconsin VRC *M* = 2.58, *SD* = 0.41 and national VRC *M* = 2.95, *SD* = 0.65), STTS - Prep (Wisconsin VRC *M* = 1.94, *SD* = 0.31 and national VRC *M* = 2.13, *SD* = 0.57), WIOA – Prep (Wisconsin VRC *M* = 1.15, *SD* = 0.59 and national VRC *M* = 0.56, *SD* = 0.79), and VOES (Wisconsin VRC *M* = 2.92, *SD* = 0.35) and national VRC *M* = 2.89, *SD* = not provided) did not provide any noticeable differences.

T-Test Descriptive Statistics

A t-test and descriptive statistics were used to analyze the differences between special education teachers and VR counselors on multi-agency framework of collaborative working variables shown in Table 4.12 and Table 4.13. VR counselors (*M* = 2.88, *SD* = .547) reported higher levels of working alliance than special education teachers (*M* = 2.32, *SD* = .693), *t*(61) = -3.54, $p < .05$. VR counselors (*M* = 3.89, *SD* = .709) reported higher levels of transition collaboration than special education teachers (*M* = 3.23, *SD* = .430), *t*(58) = - 3.89, $p < .05$. With the STTS scale that measures IDEA standards VR counselors (*M* = 3.01, *SD* = .503) reported that they felt that IDEA standards were more important to transition collaboration than special education teachers (*M* = 2.68, *SD* = .501), *t*(52) = -2.29, $p < .05$. Special education teachers (*M* = .038, *SD* = .020) and VR counselors (*M* = .043, *SD* = .030) did not different significantly on

how prepared they felt on IDEA standards based off perceived importance $t(47) = -.663$, p = n.s. VR counselors (M = 3.02, SD = .537) reported significantly higher levels on believing that WIOA standards are important than special education teachers (M = 2.19, SD = .621), $t(41) = -4.58$, $p < .05$. VR counselors (M = .056, SD = .020) reported significantly higher levels of preparedness of WIOA standards based off of perceived importance than special education teachers (M = 2.19, SD = .018), $t(36) = -4.48$, $p < .05$. Lastly, VR counselors (M = 3.25, SD = .451) reported significantly higher levels of outcome expectancy for youth with disabilities than special education teachers (M = 3.25, SD = .511), $t(34) = -3.06$, $p < .05$.

Table 4.12

Results of T-Test and Descriptive Statistics Special Educators and VR Counselors Professions

	Special Educators			VR Counselors		
Variable	M	SD	n	M	SD	n
WAI	2.32	.693	22	2.88	.547	41
TCS	3.23	.430	21	3.89	.709	39
STTS Imp	2.68	.501	18	3.01	.503	36
STTS Pre - Wt.	.038	.020	16	.043	.030	33
WIOA Imp	2.19	.621	15	3.02	.537	28
WOIA Pre – Wt.	.026	.018	14	.056	.020	24
VOES	3.25	.511	13	3.25	.451	23

Note: Working Alliance Inventory (WAI), Transition Collaboration Survey (TCS), Secondary Teacher Transition Survey Importance (STTS Imp), Secondary Teacher Transition Survey Preparedness – Weighted (STTS Prep – Wt.), Workforce Innovation and Opportunity Act Importance (WIOA Imp), Workforce Innovation and Opportunity Act Preparedness – Weighted (WIOA Pre- Wt.), Vocational Outcome Expectancy Scale (VOES)

Table 4.13

Results of T- Test and Descriptive Statistics Special Educators and Rehabilitation Counselors

Variable	T	df	Sig.	95% CI for Mean Difference
WAI	-3.54	61	.001*	.159, -.881
TCS	-3.89	58	.000*	.169, -1.00
STTS Imp	-2.29	52	.026*	.145, -.623
STTS Prep – Wt.	-.663	47	.510	.008, -.020
WIOA Imp	-4.58	41	.000*	.181, -1.19
WIOA Prep – Wt.	-4.48	36	.000*	-.043, -.016
VOES	-3.06	34	.004*	.164, -.837

*$p < .05$; **$p < .01$; ***$p < .001$

Note: Working Alliance Inventory (WAI), Transition Collaboration Survey (TCS), Secondary Teacher Transition Survey Importance (STTS Imp), Secondary Teacher Transition Survey Preparedness – Weighted (STTS Prep – Wt.), Workforce Innovation and Opportunity Act Importance (WIOA Imp), Workforce Innovation and Opportunity Act Preparedness – Weighted (WIOA Prep – Wt.), Vocational Outcome Expectancy Scale (VOES)

CHAPTER 5

The primary goal of this investigation was to explore the relationship of factors, as theorized by Rose Multi-Agency Framework on Collaborative Working model, on interagency collaboration between special education teachers and VR counselor engaged in supporting the transition of youth with disabilities from secondary education. The research questions that guided this study were:

1. What is the relationship among individual factors and transition collaboration?
2. What is the relationship among group factors and transition collaboration?
3. What is the relationship among local context – perceived importance of transition collaboration?
4. What is the relationship among local context - preparedness, as a product of perceived importance on IDEA and WIOA standards on transition collaboration?
5. What is the relationship among individual factors, group factors, local context – perceived importance, and local context preparedness as a product of perceived importance on IDEA and WIOA standards on transition collaboration?
6. Are there differences between special education teachers and VR counselors on the multi-agency framework of collaborative working variables?

The following sections will provide a brief overview of the purposes and procedures of the current study, a summary and discussion of the study's findings, the limitations of the study, implications for future research, and conclusion.

Internal Consistency

The preliminary analyses provide support for the reliability of each of the measured used in operationalizing the construct of interest in this study. Common guidelines for evaluating

Cronbach's Alpha range from: poor (0.00 to 0.69), fair (0.70-0.79), good (0.80 to 0.89) and excellent (0.90 to 0.99) (Gliem & Gliem, 2003). The internal consistency estimates obtained for measures in this study ranged from 0.86 to 0.97 or in the good to excellent range. The internal consistency was computed for the WAI (r = 0.90) which is considered excellent levels of reliability. Individual subdomains (goals, tasks, and bonds) were not calculated for this study because it did not pertain to the research questions. This is consistent with a Paap and Dijkstra (2017) study that also had high internal consistency ranging from 0.81 to 0.90 on the subdomains and an overall Cronbach's alpha of 0.91 for the WAI. The Cronbach's Alpha was computed for the TCS (r = 0.90) which indicates a good level of reliability for the scale. This was very consistent with over study that reported the TCS coefficient alpha of 0.88 for the total score (Noonan, 2013). The internal consistency was computed for the STTS. The internal consistency was assessed for importance (r = 0.86), preparedness (r = 0.96), which are all considered good to excellent levels of internal consistency. The internal consistency for the STTS were consistent with other studies (Cronbach's alpha of 0.96, 0.96, and 0.94) which also computed excellent level of reliability. It is important to note that the Cronbach's alpha for the STTS was based off preparedness, importance, and frequency of each IDEA domain. The WIOA Knowledge Skills and Translation Survey internal consistency was computed similar to the STTS. The internal consistency for WIOA Knowledge Skills and Translation Survey for importance (r = 0.97) and preparedness (r = 0.97) which both are considered excellent levels of internal consistency. There were no other studies that provided a Cronbach's alpha for this instrument as this measure has only been used in one other study by Chan and colleagues (2017). The internal consistency was computed for the VOES was 0.88 which indicates a good level of internal consistency for the

scale. This study indicated higher levels of reliability compared to previous studies (r = 0.79) (Iwanaga et al., 2017).

Summary of Study Findings and Discussion

Initial research questions focused on different domains related to the contextual framework of collaboration. The summary of the study findings and discussion have been broken up into the six research questions focusing on individual factors, group factors, and local context of collaboration. The summary findings also provide the comparative results of special education teachers and VR counselors in regards to each of the measures used within this study.

Individual Factors

The first research question hypothesized that the demographic variables for special education teachers and VR counselors in this study would likely have a predictive relationship with transition collaboration. In Rose's Multi-Agency Framework of Collaborative Working model, individual collaboration factors were defined as identifying: individual professional expertise, perceived status, and professional experiences (Bell & Allain, 2011; Frost & Robinson, 2007), past experiences of collaboration (Cameron & Lart, 2003; Sloper, 2004), and personal skills (Abbot et al., 2005; Cameron & Lart, 2003; Skinner & Bell, 2007).

In the regression analysis using individual factors (demographic variables; Table 4.3), gender was the only variable found to be significantly associated with transition collaboration. Race, years at agency, educational level, age, and community setting (urban, suburban, and rural) were found to not have a significant relationship with transition collaboration. Although the latter finding was anticipated based on the correlations between demographic variables and transition collaboration, the finding of gender having a significant relationship was unexpected based on the findings from the correlation analysis. Even though other demographic variables

were not found to be significant, there still could have been an impact of the pooled variance associated with the dependent variable.

Gender was seen to be a significant predictor in both the simultaneous regression analysis and in the final model. There could be many reasons as to why this finding was observed. It is difficult to firmly state whether the demographic information between special education teachers and VR counselors were comparable to each other. There were over twice as many VR counselors that completed the survey. Their gender was similar with the majority identifying with being female. Looking at percentages there were approximately the same number of males for both populations but with the skewed number of VR counselors, they actually had twice as many males than special education teachers. Other demographic information that was assessed included race which was similar to both populations and age of each profession (VR counselors M = 42.92, SD = 11.71 and special education teachers M = 42.37, SD = 12.49). When looking at years at agency (VR counselors M = 9.72, SD = 8.00 and special education teachers M = 15.72, SD = 10.264), special education teachers had an average of 6 more years of experience than VR counselors. Even though there were twice as many VR counselors that participated in the study, demographic percentages were similar across both populations. This is important to note to make sure that one professional field was not over representing the sample. When demographic information is comparable across the sample, it is important to compare the national population of the two professions.

According to Data USA, which is pulled from the US census's data, the average age of a special education teacher is 43.3. In this study, the average age was 42.37. In the 2016 data, 86.4% of special education teachers are female and in this study 70.8% of the special education population in this study were also female. Looking at race and ethnicity, in the national statistics

81.3% identified as being Caucasian while in this study 87.5% of special education teachers identified as being Caucasian. Using the same Data USA which is pulled from the US Census's Data, the average age of a VR counselor is 43.2 In this study, the average was 42.92. In the 2016 data, 79.4% of VR counselors are female and in this study 82.7% of the VR population in this study also identified with being female. Looking at race and ethnicity, in the national statistics 52% identified as being Caucasian while in this study 80.8% of VR counselors identified as being Caucasian.

Identifying if gender diversity matters for team process and performance has been a question that has been the subject of numerous empirical studies, meta-analyses, and literature reviews (Baugh and Graen, 1997; Bowers, Pharmer, Sales 2000; Chatman & O'Reilly, 2004; Ely & Thomas, 2001; Jackson, Joshi, Erhardt, 2003; Joshi & Roh, 2009; Mannix and Neale 2005; Myaskovsky et al., 2005; Pelled 1996; Stewart 2006; Webber & Donahue, 2001). Evidence strongly suggests that group collaboration that include collective intelligence is greatly improved by the presence of women in the group (Woolley, Chabris, Pentland, Hashmi, & Malone, 2010). The findings in this study were consistent with other studies as well. Fenwick and Neal (2001) found that groups with greater number of women than men performed better than homogenous groups on collective group process and cooperative norms. By examining the effect of gender on interpersonal communication in groups (Carli, 2010) through a meta-analysis, Eagly and Johnson (1990) found that women were significantly more interpersonally oriented than men. According to this meta-analysis, women are more focus on participation and that an all-female group demonstrated more egalitarian behaviors that equates to an equal amounts of communication among group members and shared leadership (Berdahl & Anderson 2005; Mast, 2001). In this

study, gender was a significant predictor to transition collaboration specifically working alliance. The majority of the participants in this study identified with being female.

Having a more diverse population could provide more insight on if gender would continue to be a significant predictor to transition collaboration. This have been seen in research such as a study by Jehn and Bezrukova (2003) that was reported in the Kochan et al., (2003) article founds that gender diversity increase constructive group process and gender balanced teams could lead to the best outcomes for group collaboration in terms of men and women having equal influence (Carli, 2001; Craig & Sherif, 1986; Taps & Martin, 1990). The population in this sample where females were represented in a higher proportion more than all other genders is representative to the population for both special education teachers and VR counselors (Eckman, 2004). Determining how to increase recruitment for a more diverse workplace needs to start with the recruitment in educational programs.

It is important to analyze the predictors that were significant, but it is also important to understand the predictors that were not significant and how those compare to the current literature. An unexpected finding from this research was that years of experience were not a significant predictor of transition collaboration. One might expect to see the opposite result where years of experience would be a significant predictor of transition collaboration such as in a study that surveyed 400 high school personnel and state VR counselors on career service practices for transition aged youth with disabilities. Herbert and colleagues (2010) found that there was a small but statistically significant relationship between years of professional training and work experience (sample average 10 years, SD = 9.17) to understanding career service needs of high school students with disabilities in transition. Despite having a comparable average number of years of experience (M = 10; SD = 9.17), albeit with greater variability in amount of

experience, this investigation did not replicate this previous finding. A potential explanation of this departure is that it is not actually a departure from prior research but rather adds a new dimension to that research. Rather than an investigation of "knowledge of career service needs," this research evaluated factors associated with collaboration. As such, due to a related, but disparate dependent variable of interest in this study, this finding may be complimentary to prior research. Alternatively, other literature that has stated that years of teaching experience provided little difference (but not significant) between teacher's level of experience and level of knowledge, involvement, importance when it comes to transition competences and planning (Knott & Asselin, 1999). Again, as this research focused on knowledge, not on collaboration, should not be perceived as being supportive of the findings of this study.

In a study by Knott and Asslin (1999), out of the 214 teachers that completed the survey, the average number of years as a teacher was 13. This is similar to the demographics in this study with an average of 15.72 years for special education teachers. A study conducted by Daley (2009) looked at 210 state and local public health departments and various environmental agency employees in the state of Wisconsin in regards to cross-agency collaboration. Results indicated that years at the agency was not a good predictor of collaboration between departments (Daley, 2009). When reviewing literature and looking only at these few studies, there is not a clear direction of whether years of experience can affect transition collaboration between special education teachers and VR counselors.

Demographics of special education teachers and VR counselors can play an important role in understanding transition collaboration. Demographic differences such as age, gender, race/ethnicity, years of experience, and educational background can have an impact on transition

collaboration. It is important continually examine demographic and personal characteristics for special education teachers and VR counselors.

Group Factors

The second research question assessed the relationship between group factors and transition collaboration. In the Rose's Multi-Agency Framework of Collaborative Working model, group level of collaboration includes the roles and responsibilities of collaborative group and teams (Considine, 2002; Frost & Robinson, 2007; Gaskell & Leadbetter, 2009; Sloper, 2004), joint activities (Frost & Robinson, 2007; Hartas, 2004; Watson, 2006), and history, duration, continuity, and kinds of collaborative relationship (Abbot, et al., 2005; Easen et al., 2000; Skinner & Bell, 2007; Sloper, 2004).

Working alliance and outcome expectancy were the two key components that were assessed to determine group level of collaboration using the WAI and the VOES measurements. Table 4.4, shows the simultaneous regression analysis of the group factors of transition collaboration. Working alliance was found to be a significant predictor of transition collaboration but outcome expectancy was found not to be significant. Bordin (1979) suggested that the importance of a working alliance was pantheoretical. From the VR field, a significant body of research has been conducted on the association of working alliance and client outcomes (Lustig et al., 2002). This is similar to the special education field where working alliance between special education teachers and youth with disabilities has been studied (Toste et al., 2014).

The current study demonstrated the importance of working alliance on readiness to engage in collaboration on transition activities. As there are limited studies that focus specifically on the working alliance between special education teachers and VR counselors in

regards to evaluating the effectiveness of transition collaboration, the current investigation identifies the essential components of mutual goals, tasks, and bonds, the three components of working alliance, on collaboration among professionals working with youth in transition (Flückiger, DelRe, wampold, Horvath, 2017).

The VOES evaluates self-efficacy beliefs, outcome expectations, contextual supports and barriers, goals and intention, and career outcomes (Lent et al., 2005, 2008). In this study, both professions were asked what they expect the youth to achieve in regards to employment. The results from this study indicated that outcome expectations for youth obtaining employment held by special education teachers and VR counselors was unrelated to and not observed as a significant predictor of transition collaboration.

There are a number of plausible reasons as to why outcome expectancy was not found to be a predictor of transition collaboration. First, this instrument was not validated or used with special education teachers and VR counselors. A study conducted by Iwanaga and colleagues (2017) looked at the VOES with the use with self-determination theory and self-efficacy theory. The study surveyed 124 individuals with serious mental illness. The results of the study indicated that this instrument is a valid, reliable measure for assessing vocational outcome expectancy for individuals with serious mental illness. Likewise, other investigations using this scale (e.g., Tansey, Iwanaga, Bezyak, & Ditchman, 2017) relied on self-report of individuals with disabilities. Further, other instruments attempting to measure outcome expectancy, such as the *Personal Outcome Expectancy Scale* (Riggs, Warka, Babasa, Betancourt, & Hooker, 1994) and *Outcome Expectancy Scale* (Ollendick, Oswald, & Crowe, 1986), also employ a self-report scheme. As both the VOES and other scales use self-ratings of beliefs or expectations of post school outcomes or employment outcomes, the utilization a third party professional filling out

the survey about a specific client or consumer. Further complicating the utility of this scale in the current investigation was rather than third-party ratings focused on a specific individual jointly served by dyads comprised of a special educator and rehabilitation counseling participating in the study, participants were asked to provide a rating toward a *generic* or *non-specific* individual.

The results from the VOES could be justified by research. Benz and colleagues (1995) identified specific barriers for VR counselors in working collaboratively with youth with disabilities engaged in transition to adulthood. Community rehabilitation providers may have the perception that graduating youth who are entering adult service agencies cannot read, cannot write, and cannot live independently (Brown, Brown, & Glaser, 2013). Having this perception of individuals with disabilities creates inconsistences between VR agencies, school, and youth (Cobb & Alwell, 2009). When both professions have a different ideas of what the youth can do prior to and during services, their perception could skew what the professional feels the youth can do post high school.

As a result, participants may have completed this instrument with either a specific student as a "representative example" or simply relied on their most recent transition experience with a student with a disability. The recency effect is when the most recently presented item or experiences will most likely be remembered the best (Bonanni, Pasqualetti, Caltagirone, & Carlesimo, 2007). The recall of events can be after seconds (Bjork & Whitten, 1974), days or months (Baddeley, 1986), and are observable in different ways (Watkins & Peynircioglu, 1983). In this study, special education teachers and VR counselors may have been thinking about the most recent experience of a youth that he or she worked with. If that experience was negative their overall conceptions of outcome for youth with disabilities may also be negative. If everything else was equal, the importance attached to information may be affected by its order of

the experiences (Brown & Moberg, 2004). As a result, this could have created a spread within the data.

Numerous other studies that focus on outcome expectations for youth with disabilities use the National Longitudinal Transition data (Katsiyannis, Zhang, Woodruff, & Dizon, 2005; Shogren, Garnier-Villarreal, Lang, & Seo, 2017; Shogren & Plotner, 2012). These studies do not access special education teachers and VR counselors' perception of what they believe youth with disabilities can accomplish post high school. Even though in this study, outcome expectancy was not significant, with the low participations additional research needs to be conducted with these two professions in order to determine if their expectation of the youth's outcome does in fact impact transition collaboration.

Local Context of Collaboration

The third research question hypothesized that there would be a relationship between local context – perceived importance of transition collaboration in regards to the IDEA and WIOA standards using the STTS and WIOA knowledge and Translation Scale. In Rose's Multi-Agency Framework of Collaborative Working, local context of collaboration is defined as collaborative actions (Bachmann et al., 2009; Easen et al., 2000; Glenny, 2005; Skinner & Bell, 2007), roles and responsibilities of specific professions (Abbot et al., 2005; Bell & Allain, 2011; Frost & Robinson, 2007; Moran Jacobs, Bunn, & Bifulco, 2007), leadership and management structures (Bagley et al., 2004; Watson, 2006), lines of accountability (Frost & Robinson, 2007), resourcing (Easen et al., 2000; O'Brien et al., 2006; Sloper, 2004; Tett, Crowther, & O'Hara, 2003);, and shared/differing concepts and knowledge (Frost & Robinson, 2007; Moran et al., 2007; Salmon, 2004). The fourth research question analyzed the local context of collaboration on preparedness based on perceived importance of IDEA and WIOA standards. Similar to the previous research

question, the focus was on the Rose's Multiagency Framework of Collaborative Working model local context of collaboration. Once again, this section looks at accountability, roles and responsibilities with employer, resourcing, leadership and management, shared/different concepts and knowledge, and field of collaboration (Rose & Norwich, 2014).

In this simultaneous regression analysis found in Table 4.5, IDEA standards were not found to be significant predictor of transition collaboration. WIOA importance was found to be a significant predictor of transition collaboration. In Table 4.6, IDEA preparedness scores, weighted by importance, were not significant to transition collaboration between special education teachers and VR counselors. However, WIOA preparedness scores, weighted using the importance scores for WIOA, were found to be significant to transition collaboration. VR counselors ranked themselves feeling better prepared than special education teachers in regards to WIOA standards.

There are many reasons why the participants believed that WIOA was important and felt more prepared for transition collaboration verses IDEA standards. Most special education participants in this study held a "kindergarten through grade 12" special education license and many times are often overburdened with multiple and sometimes competing responsibilities (Washburn-Moses, 2005). Transition is only 1 out of 20 indicators for IDEA standards. Other important components of IDEA include but are not limited to graduation rates, dropout rates, parent involvement, disproportionate representation, special education that is the result of inappropriate identification, and resolution of written complaints (IDEA, 2004). Special education teachers also are responsible for common core which standards include: (1) research and evidence based, (2) clear understandable, and consistent, (3) aligned with college and career expectations, (4) based on rigorous content and application of knowledge through higher-order

thinking skills, (5) built upon the strengths and lessons of current state standards, and (6) informed by other top performing countries in order to prepare all students for success in our global economy and society within mathematics, science, social studies, language arts, and history (About the standards, 2018). A study conducted by Leah Washburn-Moses (2005), surveyed secondary special education teachers on what their daily work responsibilities included. Participants in the study said their top four responsibilities were (1) teaching reading and writing, content, and skills; (2) working with students, including making adaptations of accommodations, managing behavior, and consulting with students on their caseload; (3) working with others, such as general education teachers, parents, and administrators; and (4) paperwork. According to this study, working with community agencies was ranked valued in daily work (Washburn-Moses, 2005). As seen in this study of teachers that work with transition aged youth that interagency collaboration with VR agencies was not listed or even talking about transition processes within the daily responsibilities.

On the contrary, VR counselors also feel that IDEA standards are not as important for transition collaboration. The role of the rehabilitation counselor is to provide "persons with disabilities assistance to achieve their maximum vocation, social, and personal functioning through the use of professionally recognized interaction skills and other appropriate services' (CORE, 1996, p. 36)." VR agencies do provide a number of services including but not limited to vocational counseling, vocational evaluation/career exploration, situational assessment/job development/job coaching, physical rehabilitation, skills training, job placement assistance, and assistive technology (DWD, 2018). The emphasis for VR counselors working with transition aged youth include (1) job exploration counseling, (2) work-based learning experiences, which may include in-school or after school opportunities, experiences outside of the transitional school

setting, and/or internship, (3) counseling on opportunities for enrollment in comprehensive transition or postsecondary educational program, (4) workplace readiness training to develop social skills and independent living, (5) instruction in self-advocacy (WINTAC, 2015). There is very little focus on IDEA standards such as using a variety of behavior management strategies, providing accommodations and modifications to instructional activities for students with disabilities, and adapting to alter the general curriculum for students with disabilities. Because of the limited emphasis on IDEA standards for the VR counseling perspective, this could be a determinate as to why IDEA standards were not found to be significant for transition collaboration.

The preparedness in WIOA standards were found to be a significant predictor of transition collaboration. There is some speculations of why this could be so. Most of the participants in the study (N = 55) identified with being VR counselors. With the emphasis on WIOA standards for rehabilitation counselors the results could have possibly skewed the data to indicate that WIOA was more important verses IDEA in regards to transition collaboration.

The WIOA is newly implemented verses the IDEA. The IDEA revisions were recognized in 2004 when some portions of the WIOA were put into legislation in July 2014, and the components pertaining to education became effective on July 22, 2016 (Molfenter & Lincoln, 2918). This study was conducted in the school year of 2017-2018 and thus was only a year or two after the implementation of WIOA standards in schools. With the new legislation changes, this could be in the forefront of both special education teachers and VR counselors concentrations in regards to transition services. As a result, VR counselors feels more prepared due to longer time learning about the WIOA standards and regulations towards transition

collaboration. It is important to note that these differences may go away as time passes and more special education teachers are exposed to the WIOA standards.

Benz and colleagues (1995) developed specific strategies for VR counselors and training on transition needs of youth adults with disabilities. The training should include staff, parents, and youth to allow all participants to discuss attitudes and expectations, identify barriers and issues, and develop strategies for achieving consensus about what are reasonable expectations for the youth. In addition, resource fairs that provide information to VR counselors, school staff, youth, and parents about different transition resources available within the community are an effective collaboration tool (Benz et al., 1995). However, research such as that presented in the previous paragraphs may fail to take into account legislative mandates regarding transition services that have come into practice in the last decade.

Summary of Transition Collaboration

In the final model, all of the significant predictors (gender, working alliance, WIOA importance, and WIOA preparedness weighted by importance) for the individual simultaneous regression analysis were assessed. All of the predictors in the final model made significant contributions to explaining the variability in transition collaboration (Shown in Table 4.7). This indicates that all unique predictors and factors are in support of the model. However, the working alliance between VR counselors and special education teachers was associated with the explaining the greatest amount of variability among factors evaluated under this research question. Further, the results support that a strong relationship, in isolation, is insufficient relative to a broader model, to promote transition collaboration. Rather, it is the combination of a therapeutic relationship, perceived importance of transition activities, and relative preparedness to engage in those activities that contribute to perceptions of transition collaboration.

Looking back at Rose's Multi-Agency Framework of Collaborative Working model, can explain the combination of therapeutic relationship, perceived importance of transition activities, and relative preparedness to engage in these activities. Policy context was not assessed during this study due to the fact that participants were not how he or she felt about the IDEA and WIOA legislation changes. Future research on policy context related to national as well as local polices, structures, regulations, and code of practices of different services and professions may provide insight on their professional feelings towards these standards and how that might impact the overall result. The interesting part of this study was seeing how the results of how the therapeutic relationship, perceived importance of transition activities, and relative preparedness to engage in these activities that contribute to perceptions of transition collaboration validate the remaining portions of the model (local context of collaboration, group functioning, and individual factors).

Local context of collaboration looks at the purpose of collaborative actions, roles and responsibilities of specific professions, lines of accountability, resourcing, and shared/different concepts and knowledge (Bagley et al., 2004; Watson, 2006). This might look quite differently between special education teachers and VR counselors. Special education teachers and VR counselor core values and knowledge were instilled during their educational training and experiences in their current work environment. Historically, special education teachers have been focused on complying with IDEA standards and supporting the students until high school graduation. WIOA standards and successful employment outcomes are the core components of VR counselors. Part of the model indicates that it is important to share knowledge and concepts with other professionals in order to build and maintain a working alliance. Having the time and effort to share information between professionals may prove to be a challenge. Each profession

needs to accept and learn the different concepts and knowledge as well. If special education teachers and VR counselors are unsure of those roles and responsibilities (Abbot et al., 2005; Bell & Allain, 2001; Frost & Robinson, 2007; Moran et al., 2007) of the other profession than the therapeutic alliance was hindered. There will not a mutual understanding of the legislations standards which will affect the perceived importance of each standard as well as how prepared they are for IDEA and WIOA.

The local context of collaboration helps set the scene for and interacts with group collaboration and functioning. Group functioning focuses specifically at the collaborative relationship between two professions and what their individual roles and responsibilities are within the collaboration process (Rose & Norwich, 2013). This part of the model focuses specifically on the therapeutic relationship between two professionals such as special education teachers and VR counselors. The model indicates that work place roles impact a number of factors such as bridging roles between agencies and their specific position within team structure (Frost & Robinson, 2007). The model also emphasizes that teams will develop and change based off of team members adopting new roles and reconstructing new identities and that all members of the team should be included in multi-agency team building activities (Frost & Robinson, 2007). Group trainings between special education teachers and VR counselors can provide those multi-agency team building activities while learning how to feel more prepared for activities associated to transition collaboration. It is important to note that therapeutic relationships and working alliance continue to fluctuate and change as the team members change. The therapeutic relationship is a key factor to transition collaboration and to fully understand group functioning, an analysis of how individual factors was shown to be significant within working alliance and perceived importance and preparedness of transition collaboration.

Looking back at the individual factors that are associated with the model. This includes a person's past experiences of collaboration and which qualities of individuals are seen to impact on collaborative practices. If the professional feels that he or she does not have the expertise (knowledge and preparation of IDEA and WIOA standards), status (participant within the collaborative team), and experience (years of experience) to build those therapeutic alliance then there will continue to be barriers and challenges in transition collaboration. Individual factors within the model also indicate to look at stereotypes of each professional which are based on the perceptions of others (Cameron & Lart, 2003). For example, looking at specific individual factors (demographics) that may influence transition collaboration such as gender that was found to be significant in this study. The model also indicates that individuals feel that there is a 'pecking order' based on qualifications, expertise, and financial remuneration (Jones-Devitt & Smith, 2007). If one of the participants believe they were on the bottom of the 'pecking order' because of their expertise on IDEA and WIOA standards, this can impact the overall therapeutic relationship (Horvath, Del Re, Flückiger, Symonds, 2011). According to Rose and Norwich (2013), there is always a need for greater understanding about ways in which individual factors help to develop commitment to the process of joint work.

The final research question explored the differences between special education teachers and VR counselors on the multi-agency framework of collaborative working variables. Overall, VR counselors ranked themselves higher in all measures (e.g., working alliance, WIOA importance and preparedness, and outcome expectancy for the youth with disabilities) with the exception of IDEA standards (importance and preparedness). When looking at cross agency collaboration Benz, Johnson, Mikkelsen, & Lindstrom (1995) provide some recommendations including:

- Develop policy and practice guidelines to reduce differences in disability definitions and criteria between agencies
- Provide joint trainings and develop supporting materials for school and VR staff (i.e. teachers, school/VR counselors, school psychologists, VR diagnosticians) to establish common frameworks and practices
- Provide training and develop accompanying support materials to help school staff summarize their knowledge of students in ways that will provide functional information for VR.

These recommendations were based on results that Benz and colleagues (1995) through focus groups with school staff, VR staff and parents. The study identified specific barriers to cross-agency coordination such as policy and definitional differences between the agencies and failure to coordinate school assessments that are related to the three-year re-evaluation for special education eligibility or for transition planning with VR assessment necessary for eligibility determination (Benz et al., 1995). All of these barriers were assessed within the IDEA and WIOA standards in the scales. Similar results indicated that there is a policy and definitional differences between agencies. Assessment and evaluation was looked at in both the STTS and WIOA Knowledge and Translation Scale and the results have shown that special education teachers and VR counselors are still under prepared on the legislation standards. Having the opportunity to look at other research findings and recommendations provided an insight on effective strategies to increase working alliance and preparedness of transition related activities.

Limitations

Several limitations are worthy of cautions in this study. Recruitment of participants can be considered a limitation. A convenience sample was used to recruit participants from

Wisconsin, Illinois, and Florida. There was a disproportionate percentage (68%) of VR counselors. This led to rehabilitation counselors being present in all three states where special education teachers only had representation in Wisconsin and Illinois. Even though the IDEA and WIOA are federally mandated legislations, each state requires different standards for licensure that can skew the results.

The second limitation of the study involves the nature of self-reported data. Special education teachers and VR counselors were asked about their perceptions, opinions, beliefs, and expectations in terms of interagency collaboration during the transition process for youth with disabilities. It is possible that the response of participants may not adequately reflect their true beliefs and attitudes since the study was unable to receive objective outcome data that was demonstrative of successful verse unsuccessful processes to transition collaboration. It is important to note that self-reporting data could lead to social desirability where the respondents were answering question in a way that would seem to be favorable by others. This needs to be taken into account when thinking about over-reporting, under-reporting, good behavior, bad behavior, or undesirable behavior.

It should also be noted that the results of this study might have been influenced by the use of some of the measurement instruments that were modified, shortened, or not well validated. The STTS scale was modified from a 4-point Likert scale to a 5-point Likert scale in order to assess the importance and preparedness for special education teachers and VR counselors and to be comparable to using the same scale for the WIOA standards. The STTS scale also looked at preparedness, satisfaction, and frequency used. These were changed to importance and preparedness in order to answer the research question. The WIOA and Knowledge Translation scale is a new scale with no validity and reliability information to support that the indicators in

each measurement model reflect the constructs from the perceptions of special education teachers and VR counselors. The WIOA and Knowledge translation scale was used for administration personnel at state VR agencies. The WAI-SR was revised to indicate special education teachers or VR counselors instead of counselor/client relationship. While all of these modifications were a concern, the Cronbach's alpha was calculated for all the measurement instruments in this study; each instrument had a sufficient Cronbach's alpha and does provide evidence of the validity of the instrumentation.

A primary concern was the limited sample size that was drawn from this study. The a priori power analysis recommended 68 participants for the t-test analysis (e.g., 34 for each profession). Recruiting participants proved to be a challenge, and the lower than recommended sample size for special education teachers (n = 24). Beyond a small sample size, the survey was estimated to take approximately 30 minutes to complete which resulted in survey fatigue for both special education teachers and VR counselors. This can be seen in Table 4.8 where the instruments were put in chronological order. Of the 24 Special Education teachers that started the survey, a total of 13 completed the entire survey. Likewise, among VR counselors, 52 started the survey but only 23 completed the entire survey. Both sample size and survey fatigue are likely to have some impact interpretation of the results as only those included in certain analyses were those who also demonstrated a high level of persistence. As a result, the findings regarding factors associated with transition collaboration may be partially an indication of specific interest in the topic or capacity to complete surveys.

Another limitation of the study was the inability to accurately track how many special education teachers and VR counselors were sent information about the survey, and thus calculate an accurate response survey. Survey information was sent to both professions in various ways,

including (a) direct emails; (b) through the Department of Public Instruction, (c) forwarded from colleagues, and (d) through state VR agencies. To calculate an accurate response rate, researchers would have needed exact information to, and be able to trace this information back to the actual survey users.

With no understanding who volunteered to complete or not complete the survey, nonresponse bias could have been a factor. There is no way to know the views of all special education teachers and VR counselors who did not complete the survey. Additionally, there was a small number of individuals who attempted the survey but did not complete the survey.

Implications for Future Directions

The current study has a number of implications for future research. The present findings provide some evidence for the use of increasing transition collaboration. Both the IDEA and WIOA legislation mandates that there needs to be a clear emphasis on transition collaboration between agencies. Looking back at the individual factors of the interagency collaboration framework, increasing the efforts for recruiting a diverse population for both special education teachers and VR counselors may produce different outcomes.

One issue to consider when determining whether or not special education teachers and VR counselors while looking at the importance for both the IDEA and WIOA standards is that the analysis was under powered. In future research it is important to assess the importance of both IDEA and WIOA standards with enough participants to fully state whether these legislations are significantly important for transition collaboration. However, from the data that was collected from this study, this is what can be concluded.

Looking at the group factors of interagency collaboration there could be additional opportunities outside of IEP and IPE meetings to collaborate and improve transition

collaboration. For this to be implemented, collaborative joint trainings and professional development that focus' on WIOA standards may be able to increase a fundamental understanding of transition collaboration. A study conducted by Taylor, Morgan, and Callow-Heusser (2016) surveyed special education teachers and VR counselors looking at collaboration. This study looked at many of the same critical points that helped validate the results of this study. Taylor and colleagues (2016) indicated that 37% of VR counselors never participated in activities other than the IEP meeting and 13% of VR counselors reported never even going to IEP meetings. When asked about the top two items to help improve collaboration 27% of special education teachers and 36% of VR counselors indicated that joint training is needed in order to improve collaboration. The second most important item was providing training for special education teachers on transition process, including specific information and access to VR services. Other important factors to note from the Taylor and colleagues (2016) study that was not included in this study (Policy context) is the critical steps to improving collaboration. According to Taylor and colleagues (2016) more time for developing relationships to improve collaboration, administration support, funding/policy, and training for all stakeholders is important.

Increased opportunities to interact, whether through participating in meetings inside or outside of IEP and IPE meetings, can increase the working alliance between professionals. Providing joint trainings on WIOA standards, the rationale behind those standards, and training in implementing the services, will also increase awareness of WIOA standards and help prepare both professions on how to implement these transition processes for the youth with disabilities. Rose's multi-agency framework of collative working was analyzed in this study. However additional research needs to be conducted on both the model and interagency collaboration. For

example, the policy context involves national and local policies and structures (O'Brien et al., 2006), specific interactions and tension between different policies (Bagley, Acherley, & Rattray, 2004; Harris, 2003), and the regulations and code of practices of different services and professions (Hartas, 2004).

Joint training is imperative for effective transition collaboration to have a better understanding of policy contents (national and local) and the regulations and code of practices of each agency. Rose Multi-Agency Framework of Collaborative Working model continues to indicate that joint work is about developing a commitment between professionals (Rose, 2007) and the rationale of why the model has included other theories such as team reason and collective preferences (Gilbert, 2001; Sugden, 2005), joint commitment (Gilbert, 2005, and collective efficacy and process-outcome beliefs (Bandura, 1997). Literature reiterates that regardless of the guidelines presented in this model, joint working and training is still lacking (Dalzell, Nelson, Haigh, Williams, & Monti, 2007). Joint trainings between professions should involve a combination of professional opinions and observed outcomes of interventions (Oertle & Seader, 2015) and should contribute to community collaborative knowing (Parsons, 1938; Stahl, 2004). For this to be successful each organization needs to contribute their strengths while remaining autonomous (Gray & Wood, 1991; Wood & Gray, 1991). As well as noting that training cannot be a didactic training model but needs to be an interactive learning model for all participants. If joint trainings are not possible between agencies best practices could include sharing coursework about the agency structure and responsibilities can be a beginning step in improve transition collaboration.

Asking special education teachers and VR counselors their feelings toward IDEA and WIOA standards may lead to a better understanding of effective transition collaboration. If

participants do not agree with the legislation changes than the outcome of the data like shown in this study indicated that IDEA standards (importance and perceived preparedness) are not significant for transition collaboration. Other things to consider is by looking at the original STTS scale. Along with measuring the importance and preparedness of each standards, the original survey asked ask participants to rate the frequency of each standard. Knowing how frequent special education teachers and VR counselors use the standards can provide additional insight on which standards are most important in regards to transition collaboration.

Conclusion

Interagency collaboration is one of the key components for successful transition outcomes for youth with disabilities. However, the process of transition is not a seamless delivery system as currently provided by for both professions. In efforts to highlight its importance, the federal government has incorporated transition mandates with school agencies (IDEA standards) and VR agencies (WIOA standards). The purpose of this quantitative study was to develop a better understanding of individual factors, group factors, and local context (importance and preparedness of IDEA and WIOA standards) in regards to transition collaboration between special education teachers and VR counselors. The key findings indicated that working alliance between professions is imperative. Additionally, it is the combination of a therapeutic relationship, perceived importance of transition activities, and relative preparedness to engage in those activities that contribute to perceptions of transition collaboration.

There are efforts that have been put into place to help with transition services and to address interagency collaboration. However, research still informs us of the existing barriers to collaborations from the perspective of multiple transition team members. Many studies indicate that better outcomes depend greatly upon the ability of special education teachers to collaborate

with families, community members, adult agencies, and private industries (Benz, Lindstrom, & Halpren, 1995; Blanchett, 2001; Cashman, 1995; Certo, 1997; Halpern, 1992; Johnson et al., 2003; Rusch & Chadsey, 1998).

There are methods to increase transition collaboration including diversity among recruitment for both professions, collaboration outside of IEP and IPE meetings, joint trainings, and professional development. The idea behind joint trainings and professional development would assist with a better working alliance and understanding of WIOA standards to transition collaboration. Future studies and research are recommended in order to understand a deeper understanding of the complexity of collaboration between these two professions and the impact this has on transition collaboration services.

In sum, this study sought to identify key factors associated with interagency collaboration in regard to transition services for youth with disabilities. The findings verify the importance of developing a working alliance between the various professionals involved in transition and to provide training aimed at increasing awareness and competence of the legislative mandates and corresponding outcomes of interest as these youth achieve transition to adult life.

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Appendix: A

Definition of Terms

Cooperation: Services work together toward consistent goals and complementary services while maintain their independence (Frost, 2005, p. 13).

Collaboration: Services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes (Frost, 2005, p. 13).

Coordination: Services work together in a planned and systematic manner towards shared and agreed goals (Frost, 2005, p. 13).

Individual Education Program (IEP): Once a youth is eligible for special education and related services, school districts develop an Individualized Education Program or IEP. An IEP is a written statement of the program for a child with a disability that is developed, reviewed, and revised in a team-meeting format. The IEP specifies the individual education needs of the child and what specific special education and related services are necessary to meet those needs (34 CFR §300.22)

IDEA: Federally mandated legislation to ensure free access to an appropriate K-12 Education for all Americans regardless of ability (Public Law 105-17, 1997).

IDEA toward transition: The Individuals with Disabilities Education Act (IDEA) of 2004, changes the definition of transition service. The terms transition services means a coordinated set of activities for a child with a disability that is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education; vocational education; integrated employment (including supported employment); continuing and adult education,; independent living or community

participation. Transition services according to the IDEA is based on the individual' child's needs, taking into account the child's strengths, preferences, and interest and include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation [602(34)].

Interagency Collaboration: Interactions and activities between special educators and VR counselors working as a team, sharing information, attending transition planning meetings, combining resources, and establishing and utilizing effective lines of communication to benefit students with disabilities as they transition from high school to adult world (Oertle & Trach, 2007).

Individual Plan for Employment (IPE): The IPE is developed by the VR counselor and helps identifies both the employment goal chosen by the youth with a disability and the services need to achieve the goal. The IPE should be developed in cooperation with the youth with the disability and transition team. The IPE is considered a roadmap for transition into employment in connection with the completion of high school (McDonough & Revell, 2010).

Local context of collaboration: Focus on factors and processes in the field of collaboration including boundedness or limits of collaboration; roles and responsibilities of those involved; leadership and management structures; lines of accountability, resourcing; and the shared or differing concepts and knowledge of those involved (Rose, 2007).

Personal context of collaboration: looks specifically at the individual professional as the unit of analysis including person's training, status, and responsibility (Professional context), past experiences of collaboration, commitment to joint work, and an overview of how individual teams members' contribution fit together (team reasoning) (Rose, 2007).

Policy Context: This involves national and local policies and structures, specific policy interactions, and regulations and codes of practice for the different professions involved (Rose, 2007).

Process of collaboration: look specifically at the group process where analysis includes: kinds of joint activities, duration on the groups, continuity of the collaboration, and team reasoning (shared of different purposes/values; types of communication; decision-making processes; and roles and responsibilities within the collaborative process) (Rose, 2007).

Special Education Professionals: The special education teacher takes on the responsibility of the IEP team leader. As the case manager on the IEP team their roles includes to ensure that a student receives appropriate instruction, which includes transitional preparation (Kroeger, Leibold, & Ryan, 1999). The special education professional is responsibilities for mentoring students through the transition process.

Student with a disability: A student with a disability is an individual who is in an education program (Secondary education program, non-traditional or alternative secondary education programs, postsecondary education programs, and other recognized education programs), meets certain age requirements (Minimum age: not younger than the earliest age to receive transition service under IDEA and maximum age of not older than 21 years old) , is eligible for and receiving special education or related services under IDEA, or an individual with a disability for purposes of section 504 of the Act (Section 7(37) of the Act and §361.5(c)(51))

Transition Planning: Transition planning for the purpose of the study is involved in 'beginning of an individual education program (IEP), beginning when a student reaches 14. By age 16, each IEP should contain a statement of interagency responsibilities or other linkages' (Bonds, 2003, p. 40)

Transition-Related Services: This is a continuum of services that are available or students and youth with disabilities through VR programs that are pre-employment transition services ((section 113 of the Act and 361.48(a)), group transition services (section 103(b)(7) of the Act and §361.49(a)(7)) and individualized transition and other VR services (section 103(a) of the Act and §361.48(b)).

Vocational Rehabilitation: VR(VR) is a set of services offered to individuals with mental or physical disabilities. These services are designed to enable participants to attain skills, resources, attitudes, and expectations needed to compete in the interview process, get a job, and keep a job. Services offered may also help an individual retrain for employment after an injury or mental disorder has disrupted previous employment (Rehabilitation Act Amendments of 1992).

WIOA toward transition: Workforce Innovation Opportunities Act requires state VR agencies to execute partnership agreements with local and state agencies, workforce development centers funded under the U.S. department of labor, post-secondary intuitions and other and adult services provider organization to improve youth with disabilities access, utilization, and outcomes in transition (Fabian, Simonsen, Deschamps, Dong, & Luecking, 2016).

Youth with a disability: A youth with a disability is an individual with a disability that is not younger than 14 years of and not older than 24 years of age (which is broader than student with a disability). There is no requirement that a youth with a disability be participating in an education program (Section 7(42) of the Act and §361.5(c)(51))

Appendix: B

Education and Social/Behavioral Science IRB
1/24/2018

Submission ID number:	2018-0025
Title:	Youth with disabilities in Transition to Positive Postsecondary Outcomes by Validating a Multi-Agency Framework of Collaborative Working
Principal Investigator:	TIMOTHY N TANSEY
Point-of-contact:	EMILY A BRINCK, TIMOTHY N TANSEY
IRB Staff Reviewer:	LAURA CONGER

A designated ED/SBS IRB member conducted an expedited review of the above-referenced initial application. The study was approved by the IRB member. The study qualified for expedited review pursuant to 45 CFR 46.110 and, if applicable, 21 CFR 56.110 and 38 CFR 16.110 in that the study presents no more than minimal risk involves:

Category 7: Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, or quality assurance methodologies

As part of its review, the IRB determined this study does not require continuing review either under federal regulations or institutional policy, or both. Please note, however, that although this study is not required to undergo continuing review, you must still submit the following to the IRB:

1. Changes of protocol prior to their implementation (unless the change is necessary to eliminate an apparent immediate hazard to subjects)
2. Addition of new study personnel
3. Funding updates
4. Reportable events (unanticipated problems, noncompliance, new information) in accordance with institutional policy
5. Closure report

In addition, please be aware that the type of funding that supports a study or whether the study falls under FDA regulations can affect whether continuing review may be required in future.

To access the materials approved by the IRB, including any stamped consent forms, recruitment materials and the approved protocol, if applicable, please log in to your ARROW account and view the documents tab in the submission's workspace. If the IRB required informed consent, please use only copies of the approved consent forms or information sheets to obtain informed consent; give all participants a copy of the consent document.

If you requested a HIPAA waiver of authorization, altered authorization and/or partial authorization, please log in to your ARROW account and view the history tab in the submission's workspace for approval details.

Prior to starting research activities, please review the Investigator Responsibilities guidance (https://kb.wisc.edu/images/group99/shared/BSIR) which includes a description of IRB requirements for submitting personnel changes, changes of protocol and reportable events.

If you have general questions, please contact the Education and Social/Behavioral Science IRB at 608-263-2320. For questions related to this submission, contact the assigned staff reviewer.

Appendix C

Welcome participants:

Greetings!

This form describes a research study that Emily A. Brinck, principal investigator from University of Wisconsin-Madison is to better understand the importance and preparedness of VR counselors and Special Education teachers regarding effective transition services for youth with disabilities. You are invited to participate in this study as the information that you share will help better understand the effectiveness WIOA and IDEA legislation regarding transition services.

Your participation in this study is voluntary and poses no risk to you. All information will be kept confidential with no identifying information. Once the survey is submitted you will not be able to go back and change your responses. At any time while participating in this study, you are free to skip any question that you do not wish to answer or withdraw from the research study altogether.

If you have any questions or comments about this study, please contact Dr. Tim Tansey (608-265-8991; tntansey@wisc.edu; 1000 Bascom Mall #411, University of Wisconsin-Madison, Madison, WI, 53706) or Emily Brinck (brinck@wisc.edu; 1000 Bascom Mall #411, University of Wisconsin-Madison, Madison, WI, 53706).

By continuing to the next page, you are voluntarily consenting to taking part in this survey. It should take no longer than 30 minutes of your time.

Thank you!

Emily Brinck

Emily Brinck M.S.
University of Wisconsin-Madison
brinck@wisc.edu

Department of Rehabilitation Psychology & Special Education
University of Wisconsin-Madison 1000 Bascom Mall, Rm #411 Madison, Wisconsin 53706
608/263-5970 Fax: 608/263-5970 E-mail: brinck@.wisc.edu

Appendix D

LET YOUR VOICE BE HEARD IN TRANISITION PLANNING FOR YOUTH WITH DISABILITIES.

Have your say... a research study open to high school special education teachers and vocational rehabilitation counselors.

Simple... Can be completed in 30 minutes.

Anonymous ... No personally identifiable information is collected.

Influential... Responses will help understand the effectiveness of WIOA and IDEA legislation regarding transition related services.

Take the survey online!

https://www.surveymonkey.com/r/G75VB6S

Thank you for your time and assistance!

Please contact Emily Brinck with any questions about the survey.

(brinck@wisc.edu; 1000 Bascom Mall #411, University of Wisconsin-Madison, Madison, WI, 53706)

Appendix E

Good Afternoon,

I hope this email finds you well. My name is Emily Brinck and I am a doctoral student at the University of Wisconsin-Madison. As part of my dissertation, I am conducting research with high school special education teachers and VR counselors to determine their perceived PD needs regarding IDEA/Indicator 13 and WIOA, including the need to collaborate with each other.

I am seeking input from high school special education teachers to better understand the importance and preparedness for them regarding effective transition services for youth with disabilities.

I am asking permission to distribute this survey to all high school special education teachers within your district. The survey is voluntary, takes no longer than 30 minutes to complete, and poses no risk to the school district. If there are any additional steps such as a district-level IRB, I am more than happy to work with you to secure participation.

In order for your school district to participate, I will need letter on your institution's letterhead acknowledging your consent and permission for me to conduct this survey study with teachers in your school district. I have attached a letter template which can be revised to better meet the needs of your district if desired.

If you have any questions or comments about this survey, please contact Emily Brinck (brinck@wisc.edu; 1000 Bascom Mall #411, University of Wisconsin-Madison, Madison, WI, 53706) or Dr. Tim Tansey (608-265-8991; tntansey@wisc.edu; 1000 Bascom Mall #411, University of Wisconsin-Madison, Madison, WI, 53706), who is my academic advisor.

Warm Regards,
Emily Brinck

brinck@wisc.edu
Doctoral Student & PROMISE Grant Research Assistant
Department of Rehabilitation Psychology & Special Education
University of Wisconsin-Madison
1000 Bascom Mall
Madison, WI 53706

Appendix F

Good Afternoon,

I hope this email finds you well. My name is Emily Brinck and I am a doctoral student at the University of Wisconsin-Madison. As part of my dissertation, I am conducting research with high school special education teachers and VR counselors to determine their perceived PD needs regarding IDEA/Indicator 13 and WIOA, including the need to collaborate with each other.

I am seeking input from vocational rehabilitation counselors who work with transition-age youth to better understand the importance and preparedness for them regarding effective transition services for youth with disabilities.

I am asking permission to distribute this survey to all vocational rehabilitation counselors within your district. The survey is voluntary, takes no longer than 30 minutes to complete, and poses no risk. If there are any additional steps such as an agency IRB, I am more than happy to work with you to secure participation.

In order for your agency to participate, I will need letter on your institution's letterhead acknowledging your consent and permission for me to conduct this survey study with teachers in your school district. I have attached a letter template which can be revised to better meet the needs of your agency if desired.

If you have any questions or comments about this survey, please contact Emily Brinck (brinck@wisc.edu; 1000 Bascom Mall #411, University of Wisconsin-Madison, Madison, WI, 53706) or Dr. Tim Tansey (608-265-8991; tntansey@wisc.edu; 1000 Bascom Mall #411, University of Wisconsin-Madison, Madison, WI, 53706), who is my academic advisor.

Warm Regards,
Emily Brinck

brinck@wisc.edu
Doctoral Student & PROMISE Grant Research Assistant
Department of Rehabilitation Psychology & Special Education
University of Wisconsin-Madison
1000 Bascom Mall
Madison, WI 53706

Appendix G

Transition Survey

Informed Consent

WISCONSIN
UNIVERSITY OF WISCONSIN–MADISON

Welcome participants:

Greetings!

This form describes a research study that Emily A. Brinck, principal investigator from the University of Wisconsin-Madison is to better understand the important and preparedness of Vocational Rehabilitation Counselors and Special Education Teachers regarding effective transition services for youth with disabilities. you are invited to participate in this study as the information that you share will help better understand the effectiveness of WIOA and IDEA legislation regarding transition services.

Your participation in this study is voluntary and poses no risk to you. All information will be kept confidential with no identifying information. Once the survey is submitted you will not be able to go back and change your responses. At any time while participating in this study, you are free to skip any question that you do not wish to answer or withdraw from the research study altogether.

If you have any questions or comments about this study, please contact Dr. Tim Tansey (608-265-8991; tntansey@wisc.edu; 1000 Bascom Mall #411, University of Wisconsin – Madison, Madison, WI 53706), Emily Brinck (brinck@wisc.edu; 1000 Bascom Mall $411, University of Wisconsin-Madison, Madison, WI 35706), or The Institutional Review Board (IRB) at 608-263-2320.

By continuing to the next page, you are voluntarily consenting to take part in this survey. It should take approximately 30 minutes of your time.

Thank you!

Emily Brinck

Emily Brinck, M.S.
University of Wisconsin-Madison
brinck@wisc.edu

* 1. Do you consent to taking this survey?

- ◯ Yes
- ◯ No

Transition Survey

Demographics

2. In what state in your agency/school in?

3. What is the zip code at your primary work location?

4. I what type of community setting do you work?

- ◯ Urban - population of more than 100,000 in side an urbanized area
- ◯ Suburban - Population between 2,500 to 100,000
- ◯ Rural - 25 miles away from an urbanized area

5. Gender

- ◯ Female
- ◯ Male
- ◯ Transgender female
- ◯ Transgender Male
- ◯ Gender Variant/Non-Conforming
- ◯ Prefer not to Answer
- ◯ Not listed (please specify)

6. What is your **highest** degree obtained?

- ◯ Bachelor's Degree
- ◯ Master's Degree
- ◯ Doctoral Degree
- ◯ Other (please specify)

7. Are you currently working toward another degree?

- ◯ No
- ◯ Yes (please specify)

8. What is your age in years?

9. How would you describe yourself? (Check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer
- ☐ Not listed above (please specify)

10. Are you Hispanic, Latino, or Spanish Origin?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

Transition Survey

Occupation

* 11. Which of the following labels best describes your professional role?

- ◯ Special Educator
- ◯ Rehabilitation Counselor

Transition Survey

VR counselor Demographics

12. Agency type

- ◯ Combined
- ◯ General
- ◯ Agency for the blind

13. What type of License do you currently hold? Mark all that apply

- ☐ CRC
- ☐ LPC
- ☐ NBCC
- ☐ NCE
- ☐ Other

14. Did you have an internship at any state VR agency prior to employment?

- ◯ Yes
- ◯ No

15. How many years have you been a VR counselor?

16. How many transition aged youth (14-24) are on your caseload?

17. Number of Transition courses taken while maintaining your degree

A course taken at the graduate or undergraduate level that specifically covered content related to transition. Transition courses would typically be semester long (fall, spring, summer) at the graduate or undergraduate level.

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ **4**
- ◯ 5+

18. How many staff development hours have you taken that was transition focused?

Transition in-service workshops, professional development days, conference attendance, training's and workshops. These would be formal sessions specific to transition content that you have attended for professional development credits or hours that count toward your professional development.

- ◯ 0-5 hrs
- ◯ 6-10 hrs
- ◯ 11-15 hrs
- ◯ 16-20 hrs
- ◯ 21-30 hrs
- ◯ 31+ hrs

Transition Survey

Working Alliance

19. Instructions: Below is a list of statements and questions about experiences between special education teachers and VR counselors. Think about your experience and decide which category best describes your own experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The special education teachers and I agree about the steps to be taken to improve the youth's situation.	○	○	○	○	○
The special education teachers and I both feel confident about the usefulness of our current activity in counseling youth.	○	○	○	○	○
I believe the special education teachers like me.	○	○	○	○	○
I am confident in my ability to help the special education teachers when needed.	○	○	○	○	○
I enjoy meeting and working with the special education teachers.	○	○	○	○	○
I appreciate each special education teacher as a person.	○	○	○	○	○
The special education teachers and I agree on what is important for the youth to work on.	○	○	○	○	○
The special education teachers and I have built a mutual trust.	○	○	○	○	○
The special education teachers and I have different ideas on what truly affection youth functioning.	○	○	○	○	○
The special education teachers and I have established a understanding of the kind of changes that would be beneficial for the youth.	○	○	○	○	○
The special education teachers and I believe the interventions or services being provided are moving the youth toward their goals.	○	○	○	○	○

Transition Survey

Special Education teacher Demographics

Demographics pulled from the Secondary Teachers Transition Survey

20. In what type of school do you teach?

- ○ Public Funding
- ○ Private funding

21. How many total years have you been teaching?

22. How many transition course(s) have you taken that meet the following Criteria?

A course taken at the graduate or undergraduate level that specifically covered content related to transition. Transition courses would typically be semester long (fall, spring, summer) at the graduate or undergraduate level. A summer workshop for college credit would count as a course. This would be different than a workshop for staff development credit.

- 0+
- 1
- 2
- 3
- **4**
- 5+

23. How many transition aged youth (14-24) are on your caseload?

24. In your current position, what students do you primarily teach?

- Learning Disability
- Emotional/Behavioral Disability
- Developmental Delay
- I serve students across multiple groups at a program level (e.g. Transition coordinator)
- Other (please specify)

25. How many transition staff development hours do you have that meet the following criteria?

Transition in-service workshops, professional development days, conference attendance, training's and workshops. These would be formal sessions specific to transition content that you have attended for professional development credits or hours that count toward your professional development. A fully day workshop or conference would be the equivalent of six hours of content.

- ◯ 0-5
- ◯ 6-10
- ◯ 11-15
- ◯ 16-20
- ◯ 21-30
- ◯ 31+

26. What type of licensure/certification do you have? Check all that apply

- ☐ Early Childhood Special Education
- ☐ Early Childhood Education
- ☐ Elementary Education (K-6)
- ☐ Elementary Special Education (K-6)
- ☐ Secondary Special Education (7-12)
- ☐ K-12 Special Education
- ☐ Other (please specify)

27. What is your current licensure/certification status?

- ◯ Fully licensed for current teaching assignment
- ◯ Licensed in a field other than what I am teaching
- ◯ Variance given to teach special education
- ◯ Emergency licensed
- ◯ Not licensed, currently working toward licensure
- ◯ Not licensed, not working toward licensure

28. Where do you primarily serve students with disabilities? (E.g. where you spend the majority of your day teaching)

- ◯ Special School
- ◯ Self-Contained Special Education Classroom (Serve students in classroom for majority of the day)
- ◯ Resource Room
- ◯ Consulting services (e.g., general ed. classroom, transition services, etc.)
- ◯ Co-teaching in General Education Classroom
- ◯ Other (please specify)

Transition Survey

Working Alliance

29. Instructions: Below is a list of statements and questions about experiences between special education teachers and VR counselors. Think about your experience and decide which category best describes your own experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The vocational rehabilitation counselors and I agree about the steps to be taken to improve the youth's situation.	○	○	○	○	○
The vocational rehabilitation counselors and I both feel confident about the usefulness of our current activity in counseling youth.	○	○	○	○	○
I believe the vocational rehabilitation counselors like me.	○	○	○	○	○
I am confident in my ability to help the vocational rehabilitation counselors when needed.	○	○	○	○	○
I enjoy meeting and working with the vocational rehabilitation counselors.	○	○	○	○	○
I appreciate each vocational rehabilitation counselor as a person.	○	○	○	○	○
The vocational rehabilitation counselors and I agree on what is important for the youth to work on.	○	○	○	○	○
The vocational rehabilitation counselors and I have built a mutual trust.	○	○	○	○	○
The vocational rehabilitation counselors and I have different ideas on what truly affection youth functioning.	○	○	○	○	○
The vocational rehabilitation counselors and I have established a understanding of the kind of changes that would be beneficial for the youth.	○	○	○	○	○
The vocational rehabilitation counselors and I believe the interventions or services being provided are moving the youth toward their goals.	○	○	○	○	○

Transition Survey

Transition Collaboration Survey

30. Please rate each question on the following scale from "Strongly Disagree" to "Strongly Agree"

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can summarize the shared vision in transition education/services	○	○	○	○	○
I have a clear understanding of how my coworkers' jobs are related to transition.	○	○	○	○	○
I have a clear understanding of a variety of adult agency services that young adults with disabilities may access.	○	○	○	○	○
I feel that my boss supports transition education/services.	○	○	○	○	○
I have the time necessary to work with other professionals to provide transition planning and services.	○	○	○	○	○
On a regular basis, I coordinate transition services with coworkers in my school/organization.	○	○	○	○	○
I regularly work with staff outside my school/organization to coordinate transition services.	○	○	○	○	○
I communicate frequently with families about transition planning and services.	○	○	○	○	○
I am involved in action planning to improve transition services.	○	○	○	○	○
Sometimes I take the lead in accomplishing tasks related to improving transition services.	○	○	○	○	○
I participate in professional development related to transition	○	○	○	○	○
I participate in professional development outside my organization where I learn ways to improve transition practices.	○	○	○	○	○
I communicate training opportunities and events to coworkers and colleagues from outside my school/organization.	○	○	○	○	○
I feel that working with other adult professionals (in schools and agencies) is important for transition.	○	○	○	○	○
I feel that transition meetings with others are productive.	○	○	○	○	○

Transition Survey

Transition Survey

Instructions: Please provide your rating on the relative importance of the following knowledge domains and your level of preparedness on the following transition capacities.

SCALE FOR IMPORTANCE

0 = Not Important

1 = Somewhat Important

2 = Important

3 = Very Important

4 = Extremely Important

SCALE FOR PREPAREDNESS

0 = No Preparation

1 = Little Preparation

2 = Moderate Preparation

3 = High Degree of Preparation

4 = Very High Degree of Preparation

31. Instructional planning

	Importance	Preparedness
Know about and use different models of transition programs and practices.		
Modify work and community environments to accommodate youth with disabilities.		
Identify post-school services and programs for students with disabilities.		
Develop transition programs based on outcomes.		
Identify potential job sites		
Know how to support students in taking state & district assessments.		
Know about and apply different models of secondary school reform to your school.		
Select appropriate vocational education programs for students.		

Transition Survey

Transition Survey

32. Curriculum and Instruction

	Importance	Preparedness
Adapt or alter the general curriculum for students with disabilities		
Provide accommodations and modifications to instructional activities for students with disabilities.		
Teach self-advocacy and self-determination skills		
Use a variety of behavior management strategies		
Provide community-based instruction		
Teach career awareness skills		
Teach daily living skills		
Teach vocational and work-related skills		
Teach job skills identified by employers as critical for successful employment.		
Use instructional and assistive technology in academic, work and community environments.		

Transition Survey

Transition Survey

33. Transition Planning

	Importance	Preparedness
Know about IDEA requirements for developing transition IEPs.		
Coordinate IEP meetings with transition-related team members.		
Involve students, parents, and families in IEP and transition planning meetings.		
Develop transition outcomes using interests and preferences of the student.		
Develop IEPs that align with state and local academic standards.		
Include instructional and assistive technology into the IEP		

34. Assessment

	Importance	Preparedness
Apply results of student assessments to transition plans.		
Use a variety of formal and informal career and transition assessments for students, families, and other professionals.		
Develop accommodations and modifications for state and district testing.		
Conduct assistive technology assessments.		

Transition Survey

35. Collaboration

	Importance	Preparedness
Provide case management during transition by coordinating with others (e.g., students, parents, educators, service providers, employers).		
Collaborate with families in transition goal settings.		
Work with outside agencies to identify and provide community services.		
Develop and provide transition-related resources and materials to others (E.g., students, parents, educators, service providers, employers).		
Plan with team members for transition that encourages full participation in the community.		
Provide information to families about transition services and post-school options.		
Know about methods to increase transition services through inter-agency agreement and planning.		
Participate in community-level strategic planning for transition services.		
Use transition planning strategies that facilitate input from team members.		

Transition Survey

Transition Survey

36. Additional Competencies

	Importance	Preparedness
Understand different family beliefs, values, and practices.		
Promote cultural responsiveness in transition planning.		
Encourage parent participation in order to foster transition outcomes that support families' cultures.		
Refer to transition outcomes research as a resource.		
Know how to use transition follow-up studies.		
Evaluate the quality of transition services for students and make changes as needed.		

Transition Survey

Transition Survey

37. Knowledge domain

	Importance	Preparedness
Customized employment		
Supported employment		
Pre-employment transition services (Pre-ETS)		
Postsecondary education interventions		
Customized training		
Employer relations and engagement		
Local labor market analysis		
Evidence-based practices		
Multicultural counseling		
Psychological counseling		
Group counseling		
Family counseling		
Job Analysis		
Career Development, planning, and counseling		

Transition Survey

Transition Survey

38. Knowledge Domain

	Importance	Preparedness
Job placement		
Motivational Interviewing		
Job development		
Individual support and placement model of supported employment (IPS)		
Program evaluation and performance indicators		
Community resources		
Collaboration with other core programs in the workforce development and adult education systems		
Science, technology, engineering and mathematics (STEM) education		
Workplace socialization skills training		
Workplace support intervention		
Job retention intervention		
Assistive technology and job accommodation services		
Job matching		
Health literacy, health promotion, and wellness		

Transition Survey

Transition Survey

39. Knowledge Domains

	Importance	Preparedness
Positive behavioral (psychology) interventions		
Outreach and recruitment strategies for undeserved populations		
Benefits counseling		
Applications of advanced communication and information technology		
Disability management in the workplace		
substance abuse and disability		
Psychiatric rehabilitation		
Health disparities and disability		
WIOA and the Rehabilitation Act Amendments		
Testing and Assessment		
Case Management		
Medical/Functional Aspects of Disability		
Psychosocial Aspects of Disability		

Transition Survey

Outcome Expectancy

40. What do you expect the transition-aged youth will get from transition services?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The youth will find a job with good pay.	○	○	○	○	○
The youth will find work that he or she likes.	○	○	○	○	○
Improve how the youth feels about himself/herself.	○	○	○	○	○
Have a boss who is fair to the youth	○	○	○	○	○
Have a job that is important to the youth.	○	○	○	○	○
Find a job where the youth can make friends at work	○	○	○	○	○
Find a job the youth likes.	○	○	○	○	○
Find a job that the youth can do well.	○	○	○	○	○
Find a job that the youth can do based on his/her schooling, training, and past work.	○	○	○	○	○

Transition Survey

Qualitative Data

41. What do vocational rehabilitation counselors need to know to be able to better help in terms of working with transition-aged youth?

42. What do special education teachers need to know to be able to better help in terms of working with transition-aged youth?

43. Additional Comments here: