
Descriptive Study of Occupational Therapists' Participation in Early Childhood Transitions

Christine Teeters Myers

KEY WORDS

- children
- early intervention
- kindergarten
- preschool
- transition

OBJECTIVE. The study describes the current role of occupational therapists in the transition of young children with special needs from early intervention to preschool and from preschool to kindergarten.

METHOD. Questionnaires were mailed to a random sample of 500 pediatric occupational therapists who are members of the American Occupational Therapy Association's School System Special Interest Section.

RESULTS. The response rate was 44.3%, with 173 usable surveys. Approximately 40% of therapists working in the early-intervention-to-preschool transition and 32% of therapists working in the preschool-to-kindergarten transition reported not participating fully in the process. The primary barrier to full participation was "not enough time." Evaluation was identified as the most frequently used strategy for participation. Only 23% of respondents reported receiving specialized transition training.

CONCLUSIONS. Although limited by a small sample, the study provides an initial description of occupational therapists' participation in early childhood transitions.

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Christine Teeters Myers, PhD, OTR/L, is Assistant Professor, Department of Occupational Therapy, Eastern Kentucky University, 103 Dizney Building, Richmond, KY 40475; christine.myers@eku.edu. At the time of the study, she was a doctoral student at the Department of Rehabilitation Sciences, University of Kentucky, Lexington.

In the 2004–2005 school year, more than 100,000 children with special needs transitioned out of early intervention and into preschool programs where they received special education services (Westat, 2006). On turning 5 or 6, these children will transition again, this time into kindergarten. Starting preschool and the first day of kindergarten are important and often stressful transitions for all children. Yet for young children with special needs and their families, entering these new environments may be particularly challenging because of the complexity of the transition process (Hanson et al., 2000; Rosenkoetter, Hains, & Fowler, 1994; Rous, Hallam, Harbin, McCormick, & Jung, 2007). Families must negotiate relationships and communication between agencies and different models of service delivery, establish their role in the process, and advocate for their child's needs. As children make these transitions, the nature of their occupations changes, requiring the child and family to learn new skills, habits, and roles (Myers, 2006). Thoughtful planning by early childhood personnel, in collaboration with families, may limit stress and support the child's successful integration into the new environment (Rice & O'Brien, 1990).

Early Childhood Transitions

Early childhood transitions for young children with special needs have been defined as "points of change in services and personnel who coordinate and provide services" (Rice & O'Brien, 1990, p. 2). Although there is some variation in the administration of early intervention and special education services among the states, most states

provide early intervention services from birth through age 2 and preschool special education services starting at age 3. It is the responsibility of state agencies to provide transition planning for young children leaving early intervention (Part C) and entering preschool (Part B; Individuals With Disabilities Education Improvement Act of 2004). A transition conference with representatives of early intervention and early childhood special education agencies and family members must be held at least 90 days before the child's third birthday. Not only does the change from early intervention to preschool services usually include changes in the state agencies involved, but service delivery approaches and personnel often change. Early intervention services are guided by a family-centered approach in which families are considered the most important aspect of the early intervention team and services are typically provided in natural environments (e.g., the home, child care, playground) and, in the case of occupational therapy, take into consideration the occupations that routinely occur in these environments (Hanft & Pilkington, 2000). This differs from early childhood special education services, which are usually provided within the public school system and are child centered. Early childhood special education services are relevant only to the child's educational needs, which may limit family participation and the types of occupations addressed in intervention.

The transition from preschool to kindergarten is typically planned as a part of individualized education program (IEP) meetings with team members. Although family members are invited to attend, they may not always participate. Children usually transition to kindergarten within the same agency (the public school district); however, children may move from one location (e.g., preschool center) to another (e.g., neighborhood elementary school). As children participate in the typical occupations of kindergarten, there are greater expectations, such as an emphasis on academics and mastered social skills (i.e., sharing, turn-taking, standing in line, following classroom rules, and playing well with others; Chandler, 1993).

Studies of Early Childhood Providers and Families

Children and families receive guidance and support through the transition process by providers (e.g., teachers, therapists) who use specific transition practices, referred to in this article as *transition strategies*. Strategies that have been identified by families and providers as being supportive during the transition process include

- Having information about the preschool curriculum, community services, and child development;

- Collaboration between programs;
- Team support;
- Discussing the differences between sending and receiving programs;
- Visiting the receiving program before the transition to meet with personnel and look at the new classroom;
- Having a key person to help guide families through the transition;
- Having continuity between the sending and receiving environments; and
- Refocusing transition meetings on the child (Hanline, 1988; Hanson et al., 2000; Jewett et al., 1998).

One study found that a majority of parents believed they received more support from their early intervention providers than from public school providers during their child's transition to kindergarten (Hamblin-Wilson & Thurman, 1990), whereas other research has suggested that families feel uncomfortable with the early intervention to preschool transition process and may feel abandoned by early intervention service providers (Lovett & Haring, 2003). Families who felt comfortable with the process reported being prepared by early intervention staff, being involved in planning the child's IEP, being given choices and opportunities to make decisions about the transition, and being satisfied with their child's placement in the receiving environment (Lovett & Haring, 2003).

Studies of Therapy Providers

Although a few research studies have addressed the specific transition practices of therapy providers working in early childhood programs, there is limited research regarding the role of therapy providers. Prigg (2002) described six occupational therapists' perceived roles and experiences while working with children transitioning to kindergarten. Providing parental support was found to be one of the most common roles. Other roles included preparing the child for school and working with school personnel. The transition practices of contract therapists working in Kentucky's early intervention system have previously been studied (Myers, 2007), and the majority of therapists identified working with families (i.e., helping families learn to advocate for their children, preparing families for transition meetings) as a frequently used and highly important strategy during the transition out of early intervention. A national study of physical therapists' transition practices yielded similar findings for therapists working in early intervention, whereas, in contrast, most therapists working in preschool and kindergarten settings described evaluation as their most frequently used strategy (Myers & Effgen, 2006).

Occupational Therapy and Early Childhood Transitions

Although early childhood programs are typically staffed with many professionals whose varied backgrounds result in multiple approaches to transition planning, the focus on occupation is a distinctive aspect of occupational therapy not offered by other disciplines. The potential role of the occupational therapist and integration of occupation into practice in early childhood transitions has been described by this author in a previous publication (Myers, 2006). Possible interventions to support families and children during the transition process were illustrated with an emphasis on occupational therapists' unique contribution to transition planning. Working with families during the transition process includes preparing caregivers for the changes in occupations and for aspects of participation in occupations, such as roles and routines, that will occur after the move to the next environment. Participation in the next environment is supported by the occupational therapists' knowledge of task demands and how they change in diverse contexts. This knowledge gives therapists the ability to teach children skills they will need to successfully participate in the occupations of preschool or kindergarten (e.g., working on fine-motor skills while in early intervention so that the child can participate in snack time after transitioning to preschool). Evaluation gives therapists the opportunity to ascertain what skills are needed and possible issues to be addressed before transition. An understanding of activity analysis and environmental adaptation and modification provides occupational therapists with the ability to alter or modify the context or task in the new environment so that participation is enhanced within the classroom setting. This understanding also supports the occupational therapist in anticipating possible problems in the new setting and to work with the family and other providers to address these issues before the actual transition occurs.

Although occupational therapists' focus on supporting engagement in occupations within a variety of contexts has the potential to ease the transition process for children and families, how occupational therapists in the United States participate in early childhood transitions has not been sufficiently investigated. My objective in the present study was to describe the current role of occupational therapists in the transition of young children with special needs from early intervention to preschool and preschool to kindergarten.

Method

Participants

Study participants were 173 randomly selected occupational therapists listed in the American Occupational Therapy

Association's School System Special Interest Section. The study was approved by the University of Kentucky's institutional review board.

Instrument

The questionnaire items were piloted in a study of contract therapists' role in the transition to preschool (Myers, 2007). The items were developed through a structured review of the preschool and kindergarten transition literature from early childhood, early childhood special education, and pediatric rehabilitation. Two experts from the field of early childhood and occupational therapy were also consulted: an occupational therapy educator–researcher with more than 30 years experience working in school systems and a EdD in early childhood curriculum and instruction and a physical therapy educator–researcher with more than 30 years of experience working in early intervention and school settings and a PhD in special education. The pilot study included responses from 103 therapists working in early intervention and representing three disciplines: occupational therapy, physical therapy, and speech–language pathology. Items were designed to collect information about respondents' demographics, participation in transition planning, barriers to participating, and transition-specific training. Items were revised on the basis of feedback from pilot study participants. Minor changes in wording were made to include therapists working in the preschool to kindergarten transition. The final version consisted of a 14-page booklet and 33 items.

Data Collection and Analysis

Data were collected between June and August 2005. Participants were mailed the questionnaire, a cover letter describing the purpose of the study and inclusion criteria, and a business-reply envelope. Statistical Package for the Social Sciences (Version 13.0; SPSS, Inc., Chicago, IL) statistical software was used for data analysis, which included descriptive statistics, frequencies, and percentages.

Results

Profile of Respondents

Five hundred occupational therapists were contacted. The response rate was 44.2%, with 2 surveys returned as undeliverable and 221 completed surveys received from 39 states. Therapists currently working with children and families involved in either the early intervention to preschool or the preschool to kindergarten transition made up 78.3% of respondents ($n = 173$). This group makes up the total sample analyzed and discussed in this article. Demographic

information is described below and included in Table 1. Most therapists had been practicing longer than 7 years (97.0%) and indicated a bachelor's as their highest degree (56.8%). The highest proportion (55.6%) of therapists worked in both preschool and kindergarten settings. Therapists working only in kindergarten settings made up 15.8% of the sample, and therapists working in all three settings made up 14.6% of the sample, with smaller numbers of therapists working only in early intervention (4.1%).

Most therapists working in early intervention and preschool settings worked part-time, whereas most therapists working in kindergarten settings worked full-time. Most therapists reported being employed by school systems across all three settings.

Perceptions of Participation

Early-Intervention-to-Preschool Transition. Data for two subgroups were analyzed: (1) therapists working in the early

Table 1. Participant Information

Question	Frequency	%						
Currently work in EI to PRE or PRE-to-K transition (<i>N</i> = 221)								
Yes	173	78.3						
No	48	21.7						
Responses from therapists working in early childhood transitions (<i>N</i> = 173)								
Length of time practicing as an occupational therapist (<i>n</i> = 166)								
<1 year	2	1.2						
1–3 years	2	1.2						
3–5 years	1	0.6						
5–7 years	0	0.0						
>7 years	161	97.0						
Highest degree (<i>n</i> = 162)								
Bachelor's	92	56.8						
Master's	67	41.4						
Doctoral	1	0.6						
Other	2	1.2						
Work area (<i>n</i> = 171)								
EI only	7	4.1						
PRE only	9	5.3						
K only	27	15.8						
EI and PRE	5	2.9						
PRE and K	95	55.6						
EI, PRE, and K	25	14.6						
EI and K	3	1.8						
			Early Intervention		Preschool		Kindergarten	
			Frequency	%	Frequency	%	Frequency	%
Length of time working in setting(s)								
<1 year	4	10.8	2	1.5	0	0.0		
1–3 years	3	8.1	7	5.1	5	3.4		
3–5 years	1	2.7	3	2.2	4	2.7		
5–7 years	3	8.1	9	6.6	7	4.7		
>7 years	26	70.3	116	84.7	133	89.3		
<i>n</i>	37		137		149			
Work full-time or part-time in setting								
Full-time	10	25.6	45	33.6	81	55.5		
Part-time	29	74.4	89	66.4	65	44.5		
<i>n</i>	39		134		146			
Type of employment in setting								
CO	6	15.0	10	7.5	12	8.3		
SS	21	52.5	92	68.7	96	66.7		
IC	10	25.0	27	20.1	32	22.2		
CO and SS	1	2.5	1	0.7	2	1.4		
SS and IC	1	2.5	2	1.5	1	0.7		
CO and IC	1	2.5	2	1.5	1	0.7		
<i>n</i>	40		134		144			

Note. Therapists were asked to identify all of the applicable areas in which they worked. Frequencies vary because not all respondents answered each question. EI = early intervention; PRE = preschool; K = kindergarten; CO = work for a company; SS = work for a school system; IC = work as an independent contractor.

intervention-to-preschool transition and (2) therapists working in the preschool-to-kindergarten transition (see Table 2). The majority of therapists working in early intervention reported that the service coordinator facilitated the transition planning (81.8%), in contrast to therapists working in preschool settings, who identified the preschool special education teacher or coordinator as the main facilitator of transition planning (46.4%). Approximately one-third of therapists

working in early intervention reported attending transition team meetings often, with the smallest proportion never attending. Similar findings were evident among therapists working in preschools: Most reported attending often, and the minority reportedly *never* attended.

Slightly more than half of therapists working in early intervention believed they were participating fully in the transition process; however, for those who did not believe

Table 2. Transition Information

Question	EI-to-PRE Transition (<i>N</i> = 144)			
	EI Therapists		PRE Therapists	
	Frequency	%	Frequency	%
Team member who usually facilitates the transition				
Service coordinator	27	81.8	32	25.6
Family	0	0.0	0	0.0
Developmental interventionist	1	3.0	1	0.8
Preschool special education teacher or coordinator	2	6.1	58	46.4
School psychologist	1	3.0	4	3.2
Other	1	3.0	27	21.6
Don't know	1	3.0	3	2.4
<i>n</i>	33		125	
How often attending transition team meetings				
Often	13	33.3	55	40.7
Sometimes	16	41.0	37	27.4
Seldom	7	17.9	25	18.5
Never	3	7.7	18	13.3
<i>n</i>	39		135	
Feel they are participating fully in the transition process				
Yes	21	53.8	74	54.8
No	16	41.0	54	40.0
Not sure	2	5.1	7	5.2
<i>n</i>	39		135	
Barriers to participating fully in the transition process				
Not enough time	8	50.0	23	42.6
Not sure how	0	0.0	0	0.0
Don't receive support from employer	2	12.5	5	9.3
Don't feel I have anything to contribute	0	0.0	0	0.0
Other	6	37.5	26	48.1
Don't know	0	0.0	0	0.0
<i>n</i>	16		54	
Question	PRE-to-K Transition (<i>N</i> = 164)			
	PRE Therapists		K Therapists	
	Frequency	%	Frequency	%
Feel they are participating fully in the transition process				
Yes	106	77.9	94	65.7
No	28	20.6	46	32.2
Not sure	2	1.5	3	2.1
<i>n</i>	136		143	
Barriers to participating fully in the transition process				
Not enough time	14	46.7	22	53.7
Not sure how	1	3.3	1	2.4
Don't receive support from employer	3	10.0	4	9.8
Don't feel I have anything to contribute	1	3.3	1	2.4
Other	11	36.7	13	31.7
Don't know	0	0.0	0	0.0
<i>n</i>	30		41	

Note. Percentages may not total to 100 due to rounding. EI = early intervention; PRE = preschool; K = kindergarten.

they were participating fully, a variety of barriers to participation were reported. Several therapists reported not having enough time to participate, and two therapists identified not receiving support from their employer; write-in responses in the *other* category included being new to early intervention, not feeling supported by the system, being involved in only evaluations or placement, lack of funding for participation, and inability to attend meetings because of scheduling conflicts.

Similar findings were noted from therapists working in preschools, with the majority believing they were participating fully and a smaller proportion believing they were not participating fully. Barriers to participation reported by preschool therapists also included not having enough time or not receiving support from their employer. *Other* responses provided additional barriers: lack of funding for participation, not fully understanding the transition process, another team member participates, lack of communication between agencies, not included or invited to meetings, and other professionals needed more.

Preschool-to-Kindergarten Transition. Most preschool (77.9%) and kindergarten (65.7%) therapists believed they were participating fully. Preschool therapists who did not believe they were participating fully in the transition to kindergarten reported not having enough time, not being sure how to participate, not receiving support from their employer, and not feeling they had anything to contribute. *Other* reasons included scheduling issues, lack of funding for participation, not included or invited to participate, kindergarten therapist involved, and systems issues (e.g., “lack of organizational efficiency”). Kindergarten therapists who did not believe they were participating fully in the transition to kindergarten also reported not having enough time, not

being sure how to participate, not receiving support from their employer, and not feeling they had anything to contribute. *Other* reasons included scheduling issues, lack of funding for participation, not invited to participate, other team member involved, and not knowing the children on their caseload until after transition meetings take place.

Strategies Used for Participating in Transition

Data on therapists’ identified strategies for participating in transition planning are presented in Table 3. For therapists participating in the early intervention to preschool transition, the most frequently identified strategy for therapists working in early intervention was “evaluation,” whereas “attend the transition meeting” was the most frequently identified strategy for therapists working in preschools. For therapists participating in the preschool to kindergarten transition, the most frequently identified strategy for preschool therapists was “help develop the kindergarten IEP”; for kindergarten therapists, it was “attend the IEP meeting.” Respondents ranked their top five strategies used during the transition process, and the results are shown in Table 4. “Evaluation” was a top-ranked strategy for therapists working in early intervention and preschool therapists working in both transitions, and “refer the child and family for needed services” was the top-ranked strategy for therapists working in kindergarten settings.

Transition Training

Respondents identified where they typically received information about strategies for enhancing transitions. The top three responses were (1) other therapists (61.3%), (2) workshops or other types of training (not public school district, state agencies, or state EI program; 56.1%), and (3) magazines or

Table 3. Strategies Used by Therapists Participating in Transition

Strategy	EI-to-PRE Transition (N = 144)				PRE-to-K Transition (N = 164)			
	EI Therapists (n = 37)		PRE Therapists (n = 126)		PRE Therapists (n = 129)		K Therapists (n = 129)	
	Rank (Frequency)	%	Rank (Frequency)	%	Rank (Frequency)	%	Rank (Frequency)	%
Evaluation	1 (32)	86.5	2 (100)	79.4	3 (112)	86.8	3 (104)	80.6
Help develop the transition (EI) or kindergarten IEP	2 (29)	78.4	3 (98)	77.8	1 (119)	92.2	2 (113)	87.6
Attend the transition (EI) or kindergarten IEP meeting	3 (28)	75.7	1 (105)	83.3	2 (115)	89.1	1 (114)	88.4
Confer with the receiving therapist about the child	3 (28)	75.7	4 (89)	70.6	5 (89)	69.0	5 (94)	72.9
Work with the family	3 (28)	75.7	5 (76)	60.3	6 (88)	68.2	7 (75)	58.1
Attend preschool or kindergarten placement meeting	4 (22)	59.5	6 (73)	57.9	7 (85)	65.9	6 (81)	62.8
Refer child and family for needed services	5 (17)	45.9	8 (28)	22.2	10 (44)	3.4	8 (41)	31.8
Evaluate the receiving site for accommodations	6 (16)	43.3	7 (44)	34.9	4 (91)	70.5	4 (96)	74.4
Go to the receiving site with the family	7 (8)	21.6	9 (12)	9.5	8 (22)	17.1	9 (18)	14.0
Other	8 (4)	10.8	10 (11)	8.7	9 (11)	8.3	10 (15)	11.6
Do not participate	NA (0)	0.0	11 (11)	8.7	11 (2)	1.6	11 (4)	3.1
Don't know	NA (0)	0.0	12 (2)	1.6	NA (0)	0.0	NA (0)	0.0

Note. Items in **bold** indicate most frequently identified strategies. EI = early intervention; PRE = preschool; K = kindergarten; IEP = individualized education program.

Table 4. Early Transition Strategies Used Most Frequently by Therapists

Strategy	Frequency	%	Strategy	Frequency	%
EI-to-PRE Transition					
EI Therapists (<i>n</i> = 36)			PRE Therapists (<i>n</i> = 116)		
Evaluation	18	50.0	Evaluation	56	48.3
Work with the family	7	19.4	Help develop the transition IEP	14	12.1
Confer with the receiving therapist about the child	3	8.3	Attend transition IEP meeting	10	8.6
Attend preschool placement meeting	2	5.6	Attend preschool placement meeting	9	7.8
Refer the child and family for needed services, help develop the transition IEP, attend the transition IEP meeting, evaluate the preschool site for accommodations, go to the preschool site with the family, other	Each received 1	16.7 (total)	Confer with the sending therapist about the child	9	7.8
PRE-to-K Transition					
PRE Therapists (<i>n</i> = 119)			K Therapists (<i>n</i> = 112)		
Evaluation	65	54.6	Refer the child and family for needed services	81	72.3
Help develop the kindergarten IEP	28	23.5	Help develop the kindergarten IEP	29	25.9
Attend the kindergarten IEP meeting	6	5.0	Evaluation	22	19.6
Work with the family	5	4.2	Attend the kindergarten IEP meeting	12	10.7
Attend the kindergarten placement meeting	4	3.4	Attend kindergarten placement meeting	11	9.8
Confer with the receiving therapist about the child	4	3.4			

Note. Therapists were asked to rank their five most frequently used strategies. The results reported here are the top-ranked strategies within the therapists' top five. EI = early intervention; PRE = preschool; K = kindergarten; IEP = individualized education program.

journals for therapists (53.8%). A minority of respondents from all settings reported having received specialized training designed to enhance children's transition experiences (23.0%). Respondents reported training from graduate or postgraduate classes, continuing education workshops, school district or state agency trainings, a mentor, and school district manuals.

Discussion

Therapist Participation and Perceived Barriers

A small proportion of therapists working in the early-intervention-to-preschool transition did not believe they were participating fully in the transition process. Reported barriers to participation such as lack of time, not being invited or included in the process, and lack of support from employers suggest that involvement is related to many different factors at the levels of the therapist, agency, and employer. Most therapists working in the transition to kindergarten believed they were participating fully; however, those who did not identified similar barriers to participation as therapists working in the transition to preschool. The most commonly reported barrier was lack of time, which may indicate the effects of large caseloads and productivity expectations.

Relationships and communication between sending and receiving personnel are an important part of successful transition planning (Rous et al., 2007). Most therapists reported that they attended transition-related meetings often. Attending meetings with members of the receiving site

increases communication about child and family needs and supports the building of relationships between therapists. Therapists who attend meetings seldom or never may miss those opportunities. A smaller proportion of occupational therapists working in preschools identified the early intervention service coordinator as the main facilitator of the transition process when compared with the responses from therapists working in early intervention. This finding is similar to findings from a national study of physical therapists' transition practices. It suggests possible issues for relationships and communication between sending and receiving therapists and may indicate that preschool therapists tend to consider the transition process from the school system's point of view rather than taking into account the involvement of early intervention programs (Myers & Effgen, 2006).

Strategies for Participation

Bruder and Chandler (1996) identified several best practice indicators necessary to support families and children during the transition process. Important aspects of these indicators for service providers include visiting programs, sharing observations, working with families and other providers to determine what skills the child needs in the next environment, developing a plan for the child to attain necessary skills before the transition, and anticipating and dealing with potential difficulties the child may have during the move to the new environment. The results of this study suggest that occupational therapists are participating in the transition process through strategies that incorporate both these recommended practices and the evidence-based practices identified

in the literature, such as conferring with the receiving therapist to provide information about the child (i.e., current goals, participation in the sending environment), attending transition meetings and IEP meetings, and helping to develop IEPs in both early intervention and preschool.

Still, the results of this study suggest that, generally, occupational therapists who are practicing in early childhood programs may have a restricted view of their potential role in supporting families and children with special needs during the transition process. Barriers cited by respondents, such as lack of time and lack of employer support for participation, as well as lack of training, provide possible reasons for this limited understanding of the occupational therapist's role. Children and families who are served by occupational therapists in early childhood programs benefit from the occupational therapist's focus on typical childhood occupations inherent in the community or school environments. However, a strategy that directly supports addressing occupations in context, evaluating the receiving site for accommodations, was not identified as being frequently used by therapists. Because occupational therapists from the sending program typically know the child and the child's needs, it seems reasonable to expect that their involvement in evaluating for accommodations by visiting the receiving environment would help to prepare both the child and other team members.

Early intervention and preschool therapists identified evaluation as the most frequently used transition strategy, whereas kindergarten therapists identified "refer the child and family for needed services." Working with the family should be a primary strategy for therapists, particularly those who work in family-centered early intervention programs, yet it was identified by less than 20% of early intervention therapists as most frequently used. This finding is dissimilar to those of previous studies of therapy providers in transition, in which early intervention therapists identified work with the family as the most important or most frequently used strategy (Myers, 2007; Myers & Effgen, 2006). It is less surprising from preschool therapists because evaluation is an important aspect of school-based services for occupational therapists. As described previously, evaluating the child before the transition offers therapists an opportunity to anticipate potential difficulties in the new environment. Likewise, the kindergarten therapists' focus on referral is also an important aspect of school-based therapy.

The strategy of working with families may include many characteristics, such as planning for the roles and routines in the next environment. Visiting the receiving site with the family, an aspect of working with families that therapists did not identify as frequently used, has the potential to support families. Although families may visit the new classroom on their own or with another team member before the actual

move, the occupational therapist's ability to identify potential challenges related to the occupations of the new environment provides a distinctive view not available from other team members. On the basis of previous research of family perspectives and supportive practices for transition, working with the family should be an important consideration for all therapists.

Transition Training

Therapists reported a lack of specialized transition training that has also been identified in previous studies of therapy providers' participation in transition (Myers, 2007; Myers & Effgen, 2006). Of those receiving training, many identified graduate or postgraduate courses and continuing education. It is unknown whether entry-level programs are incorporating transition training into their curriculum, yet given the importance of transition in the experience of children and families participating in special education, it seems advisable that therapists receive training before graduation. Most therapists received information about transition from other therapists, suggesting that the guidance they receive is informal and possibly provided on the job. Brandenburger-Shasby (2005) reported similar findings in her study of school-based occupational therapists' training, in which most respondents identified continuing education and mentoring as preparation for practice.

Limitations

A limitation to this study is its sample size, which is a small percentage of therapists working in early intervention, preschool, and kindergarten settings, thus restricting generalization. Another limitation is the use of AOTA's School System Special Interest Section to obtain the sample because members of a national organization may be more willing to return questionnaires and to pursue continuing education or read journals with current research than their counterparts who are not members. Additionally, the results do not take into account the wide variation in how early intervention and preschool special education services are provided at the state and district levels and how this variation influences reported barriers to participation.

Conclusion

This study raises several points for future research. More information is needed regarding the relationship between the barriers to participation reported in the present study and therapists' level of involvement in transition planning. Additionally, future research may explore how therapists support families during the transition process and how identified strategies are associated with positive transition outcomes, as

well as the link between supporting participation in occupations and a child's success in the next environment. To address the training needs of therapists, possible options for incorporating transition training into the entry-level education of therapists and the efficacy of training for supporting transition outcomes should be studied.

The early childhood transition process represents a change in occupations for children and families as service provision is moved from one context to another; however, there has been limited research exploring occupational therapists' role. The current study presents an initial description of occupational therapists' role and participation in early childhood transitions. Most therapists working across settings perceived themselves as fully involved in the transition process, but for those who did not, barriers were reported. The most commonly used strategies generally support those recommended in the literature, yet strategies that have the potential to directly support childhood occupations in the receiving environment were not as frequently identified. Training at the entry level and for professional development may broaden occupational therapists' understanding of their role in early childhood transitions. ▲

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