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Rehabilitation Counselor Interventions on Parental-Disability Acceptance

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Abstract

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MS, Virginia Commonwealth University, 2013

BS, Liberty University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Rehabilitation counselors work with families to assist in transitioning adolescents with intellectual disabilities (ID) from school to adult services. Currently, there is no evidence base for rehabilitation counselors to conceptualize and promote disability acceptance in parents. The purpose of this research was to identify interventions used by rehabilitation counselors with parents at various levels of disability acceptance. The research questions focused on what experiences rehabilitation counselors have had coordinating services with parents of adolescents with ID experiencing various degrees of acceptance and how do they understand and intervene with parental acceptance? The theoretical foundations girding the formation and interpretation of the research questions include stage models of acceptance and the social model of disability. The research was a qualitative study using general qualitative inquiry with an interpretive descriptive design of data collected from semi-structured interviews. The researcher identified themes inductively and codes deductively. Findings included conceptualizing parental disability acceptance process categories of (a) Fear versus Growth, (b) Proactive versus Reactive, (c) Correct Information versus Misinformation, and (d) Realistic versus Unrealistic Expectations. Interventions included: (a) developing a therapeutic relationship with parents, (b) leveraging that relationship to encourage growth, and (c) Increasing access. Recommendations include training counselors on these interventions as they begin vocational rehabilitation work. Based on the findings of this study, counselors can help families move from lower acceptance to higher acceptance, resulting in increased independence and inclusion for individuals with ID.

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Dedication

The dissertation is dedicated to my wife and kids, who patiently endured a long-process. Also, I thank my parents, who introduced rehabilitation concepts to me long before I knew it was a career.

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I want to thank my committee chair, Dr. Sherridan, who kept the process moving smoothly and ensured I always knew what was next. Dr. Kurz, my content expert, pushed me to dig deeper into disability models, legislation, and acceptance models throughout the proposal and literature review. A special thank you to my supervisors, Rusty Eddins, Beth Colbert, and James Hall, who were flexible with me throughout this process.

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Chapter 1: Introduction to the Study

This qualitative study focused on rehabilitation counselors' interventions with parents of adolescents with ID (ID) to assist with the disability acceptance process. It sought to collect best practices used by transition counselors helping adolescents transition from school to adulthood.

Disability acceptance is a process by which individuals integrate disability into their personalities. Parents of children with developmental disabilities experience a similar process whereby they integrate their child's disability into their parental and family roles. While disability acceptance has a substantial evidence base exploring the individual and parental perspectives, there is limited research on professional counselors' roles in helping parents move through the acceptance process. This study aimed to identify what rehabilitation counselors do to better serve parents of adolescents with ID at various acceptance levels. The research explored rehabilitation counselors' experiences coordinating services with parents and how they conceptualized parental acceptance.

This research aimed to improve outcomes for individuals with disabilities by strengthening the collaboration between key stakeholders in their rehabilitation teams. The general qualitative study design followed interpretive description approaches to categorize best practices identified by counselors doing this work. As a rehabilitation counselor, I shared many assumptions with participants, including the profession defined by the Rehabilitation Counselor Code of Ethics and the legislative framework in which vocational rehabilitation and special education operate. I recruited participants from professional networks to conduct semi-structured interviews and triangulated the information with existing literature and member checking.

The first chapter breaks into various sections. First, the background refers to the assumptions of the rehabilitation profession. It covers critical research and legislation, creating a gap in the available evidence base. The problem statement will highlight the need to address parental acceptance in the rehabilitation counseling profession, emphasizing the collaboration between the rehabilitation counselor and parents of adolescents with ID. The section highlighting purpose narrows the study's focus to rehabilitation counselor experiences and recommendations concerning work with parents achieving different degrees of acceptance. Finally, this study's theoretical and conceptual frameworks focus on the theoretical background of psychological acceptance, disability acceptance, and the legal frameworks surrounding vocational rehabilitation. The conceptual framework involves general qualitative inquiry using interpretive description emphasizing applicable principles drawn from specialized knowledge.

Background

Disability acceptance is a pillar of rehabilitation psychology. It describes how individuals integrate their disability, acquired or developed, into their personality (Heled, 2021). Disability acceptance originated in the 1950s but continues to grow its evidence base linking acceptance to positive outcomes (Zapata, 2020). The preponderance of the literature on disability acceptance has been on the individual with the disability, emphasizing acquired disabilities. Individuals born with disabilities have a different process of acceptance because many aspects of their lives do not change because of disability. It has been there from the start. Thus, parents are the first to go through an acceptance process in the life of an individual with a developmental disability. The psychological process parents go through is similar to the experience of individuals with acquired disabilities (Pryce et al., 2017). Parents have also identified a desire to have rehabilitation professionals intervene with them to support their acceptance process (Jandric & Kurtovic, 2021). Thus, this study emphasizes rehabilitation counselors who work with adolescents with ID in transition and how they support parental acceptance to improve outcomes. The information can help promote positive results because of the collaborative nature of the relationship between the client, their caregiver, and the rehabilitation counselor.

Problem Statement

Parents of adolescents with ID face stressors that negatively impact their ability to collaborate with rehabilitation counselors (Pryce et al., 2017). The degree of their disability acceptance can affect the quality of care, ability to coordinate services, and collaboration with professionals (Zapata, 2020). Rehabilitation counselors frequently monitor client disability acceptance, but there is not much information about their experiences with parental acceptance and service coordination. The existing research discusses parental acceptance (Fernandez-Avalos et al., 2020), parental perspectives (Codd & Hewitt, 2021), and the mismatch between the perspectives of rehabilitation professionals and parents (Jansen et al., 2018). However, there is no documentation relating to the experiences of rehabilitation counselors working with various levels of parental acceptance.

It is crucial to understand rehabilitation counselors' perceptions of parental disability acceptance because they can enact interventions that promote parental acceptance to benefit adolescents with ID. Rehabilitation counselors specialize in helping individuals with disabilities transition into adult services and responsibilities. They coordinate closely with parents likely to retain guardianship or support their child into adulthood (Commission on Rehabilitation Counselor Certification, 2016). Individuals with ID frequently remain under their parent’s guardianship, requiring the rehabilitation counselor to work with them and their parents. Gaining the rehabilitation counselor's perspective can help develop interventions and best practices for improving client outcomes through increasing parental acceptance.

Purpose of the Study

This qualitative study aimed to identify interventions used by rehabilitation counselors to coordinate services with parents of adolescents with ID at various levels of acceptance. Doing so can assist rehabilitation counselors in collaborating with parents and clients for improved outcomes. As employment and independent living outcomes improve, clients with ID can enjoy greater inclusion in their communities.

Research Questions

What experiences have rehabilitation counselors had coordinating services with parents of adolescents with ID experiencing various degrees of acceptance? How do counselors understand and intervene with parental acceptance? What have counselors considered beneficial or harmful to the parental acceptance process?

Framework

Kruger (1984) based disability acceptance on the stage model of psychological adjustment applied to individuals who acquired a physical disability. The stages include (a) shock, (b) denial, (c) depression, (d) reaction against independence, and (e) adaptation. Kruger's model is the operational model based on Beatrice Wright's (Dembo et al., 1956) principles for practitioners, emphasizing individual capability, values, and self-image within their community over medical and functional deficits. Disability acceptance deriving from these models involves integrating a disability as part of one's identity to adapt to the environment (Heled, 2021). These theories encouraged and applied Oliver's (1983) social model of disability, which highlighted that medical conditions only become disabling when society fails to accommodate the individual.

These models function within the contextual framework of rehabilitation counseling and the legislation impacting disability rights. Rehabilitation counseling focuses on holistic approaches to the individual, including the family system (Commission on Rehabilitation Counseling Certification, [CRCC], 2016). Disability rights and vocational rehabilitation legislation emphasize equal access (Rehabilitation Act 1973), equal opportunity (Individuals with Disabilities in Education Act, [IDEA], 2004; Americans with Disabilities Act, [ADA], 1991), and upward mobility (Workforce Innovation and Opportunities Act, [WIOA], 2014). Vocational rehabilitation operates within these theoretical and legislative frameworks. Further, transition specialists who work with adolescents transitioning into adulthood use these frameworks in goal setting, evaluation, financial considerations, and case closure.

Conceptual Framework

The conceptual framework involved general qualitative inquiry using interpretive descriptive design. The methodology uniquely fits this model because it was developed for practitioners in a niche field working with a specialized population. General qualitative inquiry emphasizes solutions related to existing technical knowledge (Percy et al., 2015). Interpretive description highlights analysis and implementation over description and perception (Patton, 2015). The pragmatic focus offered by general qualitative inquiry can best answer questions describing the experiences of practitioners attempting to solve problems related to specialized populations, such as parents of individuals with ID transitioning into adulthood.

Nature of the Study

The research consisted of a general qualitative study exploring the application of disability acceptance theory (Krueger, 1984). General qualitative inquiry seeks to deepen understanding of an existing body of knowledge through participant description (Percy et al., 2015). The focus of this dissertation involved the specialized expertise of rehabilitation counselors in coordinating services with parents and adolescents with ID in transitioning into adulthood. General qualitative inquiry seeks the practical application of findings and focuses the research question on implementing them (Patton, 2015). It lends itself to this scenario better than approaches emphasizing lived experience, narratives, cultural distinctions, or theory development because this study's aim was to identify best practices or pitfalls common to transition counseling with adolescents with ID. The purpose of this study was broader than a singular case study could offer, as it sought to generalize the processional experiences of transition specialists.

Interpretive description emphasizes the practical application of theoretical knowledge within applied scientific disciplines (Thorne, 2016). The dissertation used semi-structured interviews with vocational rehabilitation counselors who work with adolescents with ID and their families in their transition into adult services. General qualitative inquiry using interpretive description best met the need for generalizing and operationalizing best practices.

Definitions

Americans with Disabilities Act: Enacted in 1991, it enabled adults to request reasonable accommodations from their employers.

Disability acceptance: Disability acceptance has been a primary focus of rehabilitation psychology since its inception in the 1950s. Initially, researchers emphasized non-acceptance (Himler, 1958; Siller, 1969). They moved to a description of an acceptance process like that of grieving (Kerr, 1961; Krueger, 1984). More recent research on disability acceptance combines commonalities across these models with environmental factors.

Individuals with Disabilities in Education Act (IDEA): emphasizes equal opportunity for students with disabilities, mandating free and appropriate public education and Individuals Education Plans (IEPs). The IDEA (2004) has transition planning mandates for special education. It only governs schools, not vocational rehabilitation counselors.

Parental acceptance: Parental Acceptance refers to the process that parents of children with developmental disabilities experience as they integrate their child's disability into their roles and identities as parents (Heled, 2021; Franklin et al., 2019; Gautheir-Boudreault et al., 2018).

Rehabilitation Act of 1973: is the dominant legislation governing rehabilitation counseling. It determines eligibility, spending parameters, and data collection parameters.

Vocational rehabilitation: A highly specialized field within counseling shaped by civil rights movements, legislation, the medical field, and people with disabilities. As a result, rehabilitation counseling focuses on holistic engagement (Commission on Rehabilitation Counseling Certification, 2016). Vocational rehabilitation seeks to increase autonomy through employment and independent living skills. Legislation defines its goals, requirements, and evaluation measurements.

Workforce Innovation and Opportunities Act (WIOA): In 2014, this legislation mandated state vocational rehabilitation agencies to spend 15% of their budget providing transition services to students between the ages of 14-21 (Section 113).

Assumptions

My disciplinary affiliation is rehabilitation counseling, which specializes in assisting individuals with disabilities in realizing vocational and independent living goals. Rehabilitation counselors approach clients holistically, including their environment and the systems they operate within (CRCC, 2016). A dispositional bias of rehabilitation counseling is promoting the "social model," which advocates removing societal barriers (Oliver et al., 2012). Similarly, the holistic intervention assumption adopted from the rehabilitation counseling profession includes the family system as a societal barrier or support. Therefore, if parental disability acceptance benefits the client, rehabilitation counselors can and should intervene to encourage parental acceptance to promote collaboration.

I had previous professional relationships with the participants, including supervisory, contractor, peer, and consultant. Both participants and I have shared experiences collaborating with parents at various stages of disability acceptance. The bias toward intervention stemmed from the Rehabilitation Counselor *Code of Ethics* (2016) and has support within the literature (Gauthier-Boudreault et al., 2018; Rajan and

Romate, 2022); yet I minimized the impact of personal assumption by emphasizing participant perspective and used their words to describe their experiences.

Scope and Delimitations

For my research design, I conducted semi-structured interviews. The research sample used convenience sampling to identify rehabilitation counselors who work with adolescents with ID transitioning from high school to adulthood. These counselors are frequently called transition or pre-ETS counselors in the rehabilitation field. Participants included counselors working for vocational rehabilitation agencies, community service providers, or vocational evaluators; a critical criterion was that the rehabilitation counselor regularly interacts with the client and their parents, not group home coordinators or case managers.

I recruited participants from professional organizations for rehabilitation counselors and local support providers. I collected data via semi-structured interviews recorded and transcribed them using Rev.com's artificial intelligence-guided transcription program. Semi-structured interviews with detailed guides provide freedom and focus (Patton, 2015). The interview guide and general qualitative framework directed the questions, reflections, and follow-ups toward lessons learned and helpful or unhelpful occurrences. After each interview, I reviewed the transcripts and made memos summarizing the findings. Doing so enabled me to adapt the interview guide (Guest et al., 2006; Turner, 2010).

I increased trustworthiness by documenting the data collection and analysis process with memos. I checked interpretations with participants throughout the process

(Shenton, 2004). Detailing my data analysis throughout the data collection and analysis increased the credibility of the findings because I could check my understanding against existing research and other professionals (Tracy, 2010). Results may be transferable to broader applications with parents of children with any developmental disability impacting parental roles.

Limitations

Limitations of this research included sampling from my professional network. I worked with transition support providers in various roles facing different goals, regulations, and available supports, which could impact the lens through which they saw acceptance. Over-reliance on a personal network and local service providers may have heavily weighed perceptions toward rural demographics and resources. A final limitation is that the scarcity of research on rehabilitation counselor perspectives does not allow for triangulation with studies emphasizing rehabilitation counselors' views on disability acceptance. Nevertheless, there is a growing body of literature on parental acceptance to check data against it.

Significance

More than 4% of children in the United States have a disability, the most common of which is cognitive (US Census, 2021). Over 7 million of those 14 million have an intellectual or developmental disability (University of Minnesota, 2019). Disability acceptance improves people's ability to engage in goal-directed activity (Zapata, 2020). However, disability acceptance as a quality of life-enhancing outcome focuses on the individual with a disability (Dembo et al., 1956; Krueger, 1984), not essential stakeholders. Parents of adolescents with disabilities undergo an acceptance process related to their parenting role, the challenges they face, receiving support in their caregiving role, making meaning, and managing thoughts about the future (Pryce et al., 2017). However, minimal research is available on helping caregivers avoid burnout and adjust to intensive care provision (Pilapil et al., 2017).

Rehabilitation counselors coordinate with clients and their families to plan services related to transitioning to adulthood. Parents have reported that professional intervention helped support their caregiver role and manage the future (Jandric & Kurtovic, 2021). These rehabilitation counselors can intervene with parents experiencing lower acceptance levels (Commission on Rehabilitation Counselor Certification, 2016) to promote improved outcomes for their clients with ID. Gaining rehabilitation counselor perspectives can help develop best practices for encouraging parental acceptance, leading to improved outcomes for individuals with ID in their vocational and independent living goals. Those outcomes lead to improved community integration and systemic improvement for all people with disabilities.

Parents of adolescents with disabilities undergo an acceptance process related to their parenting role, the challenges they face, receiving support in their caregiving role, making meaning, and managing thoughts about the future (Pryce et al., 2017). Parents reported that professional intervention helped support their caregiver role and manage the future (Jandric & Kurtovic, 2021). Rehabilitation counselors are already collaborating with parents at different levels of acceptance. However, minimal research is available on helping caregivers avoid burnout and adjust to intensive care provision (Pilapil et al., 2017). Thus, rehabilitation counselors could positively impact millions of people with ID and their families by developing a greater understanding of caregiver acceptance.

Summary

This qualitative study emphasized rehabilitation counselors' use of interventions with parents of adolescents with ID to assist with the disability acceptance process. It sought practices used by transition counselors to promote parental acceptance. Disability acceptance is a process where individuals integrate disability into their identities. Parents of children with developmental disabilities must incorporate their child's disability into their parental identities. There is limited research related to professional counselors' role in helping parents move through acceptance. This study identified what rehabilitation counselors are doing to boost collaborations by intervening on parental acceptance levels and parental acceptance's impact on coordinating services and how counselors conceptualize it.

The study used a general qualitative design with interpretive descriptions emphasizing effective practices already in use. The semi-structured interview design assumed agreed-upon factors related to outcomes and interventions defined by the rehabilitation specialty. Participants came from my professional network through employment or rehabilitation organizations. Social change can occur through improved vocational and independent living outcomes for people with disabilities, leading to greater community acceptance and participation.

The next chapter will explore relevant research concerning vocational rehabilitation models, theories, and legislative frameworks. It will summarize findings related to disability acceptance for both individuals with a disability and their caregivers. Finally, it highlights the impact various acceptance-related interventions can have on client and family outcomes.

Chapter 2: Literature Review

Parents of adolescents with ID face stressors that negatively impact their ability to collaborate with rehabilitation professionals (Pryce et al., 2017). The degree of their disability acceptance can affect the quality of care, ability to coordinate services, and collaboration with professionals (Zapata, 2020). Rehabilitation counselors monitor clients' disability acceptance but provide little information about their parental acceptance experiences. The existing research discusses parental acceptance (Fernandez-Avalos et al., 2020), parental perspectives (Codd & Hewitt, 2021), and the mismatch between the perspectives of rehabilitation professionals and parents (Jansen et al., 2018). However, there is no documentation relating to the experiences of rehabilitation counselors working with various levels of parental acceptance. Transition counselors are rehabilitation counselors who specialize in providing help to people with disabilities transitioning into adulthood. They coordinate with clients who are still minors or under guardianship and their family members. These counselors can give insight into how parental acceptance impacts service coordination and what practitioners can do to promote greater acceptance.

The literature review will summarize rehabilitation models, theories, and critical legislation driving the decisions of vocational rehabilitation and transition services. It will discuss transition services and narrow in on those services for individuals with ID. Similarly, this literature review discusses various disability acceptance models for individuals and their family systems, summarizing the impact acceptance has on coordinating transition services.

Literature Search Strategy

The search strategy for background research included keywords: *disabilities*, *family*, i*ntellectual disabilities*, *parents*, *rehabilitation*, *caregiver*, *guardian*, *vocational rehabilitation*, *transition*, and one search specifically excluding "*Acceptance and Commitment Therapy*" and "*Patient Acceptance of Health Care*." Search limitations included full text, peer-reviewed, 2016 or newer, and in English. Three searches were in Thoreau, and two were in APA Psych Info. Searches comprised results in Thoreau because of the multidisciplinary nature of rehabilitation services for people with disabilities. I also found additional disability acceptance sources in the bibliography of Foundations of Rehabilitation Counseling and the books and journal articles.

Literature Review Related to Key Concepts

Vocational Rehabilitation

Vocational rehabilitation is a highly specialized field within counseling shaped by civil rights movements, legislation, the medical field, and people with disabilities. As a result, rehabilitation counseling focuses on engaging the client holistically, including their family system, environment, demographic picture, and vocational, physical, and psychological functioning (Commission on Rehabilitation Counseling Certification, 2016). It operates philosophically out of Oliver's (1983) social model of disability, which claims that medical conditions only become disabling when society fails to accommodate the individual. Yet, due to regulatory and cultural realities, it cannot disregard the medical model of disability either. Havercamp et al. (2020) identified six core competencies and fifty-nine sub-competencies. The six core competencies use both the social and medical aspects of disability. They include: (a) the social model of disability, (b) patient-centered care (psychological), (c) legal obligations for disability-informed care (social), (d) disability-informed assessment (biological/psychological), € teams-based interventions, and (f) lifespan and transitional care (biological/social); (Havercamp et al., 2020). Bio-psycho-social models are functionally relevant and regulation-compliant models for working with individuals with disabilities.

The Rehabilitation Act of 1973 governs rehabilitation counseling by making eligibility conditional on limited function in one or more life categories such as (a) mobility, (b) self-direction, (c) self-care, (d) interpersonal skills, (e) communication, (f) work tolerance, or (g) executive functioning (Section 504). The ADA (1991) defined a disability as substantially limiting an essential life activity; the 2008 Amendments further encouraged the most expansive definition of the terms “limiting” and “life activity” possible. The ADA empowers adults to request accommodation, provided they are "reasonable." The ADA impacts employment, higher education, government services, and public transportation. The government enforces the ADA through the U.S. Justice departments and court system.

The IDEA (2004) defined disability using "impairment" or "disturbance" concerning communication, intellect, sight, or emotions. The IDEA emphasizes equal opportunity for students with disabilities, mandating free and appropriate public education and IEPs. The IEP intends to give students, parents, and other relevant stakeholders greater involvement in education planning by inviting all stakeholders to regular IEP meetings. Schools and citizens enforce it through administrative law processes. Thus, despite a philosophical loyalty to the social model of disability, operational realities imply a bio-psycho-social model of disability. The discrepancy between how to accommodate, advocate for, and define institutional expectations for individuals with disabilities changes at graduation, and the specialty of rehabilitation transition was born.

Transition

Until the WIOA was enacted in 2014, the Rehabilitation Act of 1973, the ADA (1991), and IDEA (2004) regulated vocational rehabilitation, education, employment, and adult services for people with disabilities. While the IDEA (2004) had transition planning mandates for special education, its reach did not impact vocational rehabilitation counselors. The Rehabilitation Act of 1973 focused on adults. It allowed for but did not mandate, work with high school-aged students with disabilities, IEP meetings, or transition planning and limited that work to those 17 or older. Since each state or territory administers vocational rehabilitation programs independently, some states adopted transition-planning policies. In contrast, others restricted their work to adults.

The WIOA (2014) mandated that all states spend 15% of their vocational rehabilitation budget providing pre-employment services to enrolled students ages 14-21 (Section 113). The legislation made transition planning more significant to all U.S. states and territories so they could continue to receive federal funding. Due to this legislation, rehabilitation counselors must coordinate with parents more frequently than ever. They need parental buy-in and consent regarding eligibility, goal setting, and service provision because minors and individuals under guardianship cannot approve of these things independently (CRCC, A.3.d., 2016).

Most parents report wanting to collaborate with transition professionals but feeling uninformed and uninvolved. Parents identified a desire for professionals to (a) establish elevated expectations aligned with the parents', (b) demonstrate that they are committed to their child, (c) provide emotional support to the parents, (d) facilitate peer support and networking, (e) provide ongoing psychoeducation, and (f) collaborate with family systems (Francis et al., 2019). Parents also reported not receiving the support they believed was necessary (Jansen et al., 2018).

Understanding how professionals and families perceive the family-centeredness of service provision could help improve collaboration, planning, and delivery of services to children with ID. For example, parents have reported greater importance and occurrence for enabling partnerships than professionals (Jansen et al., 2018). Similarly, parents have reported larger amounts of supportive and respectful care but deprioritized it compared to professionals. All parents reported not receiving the support they believed was necessary, with few reporting that they received unimportant support. Implications highlight the conflict between the desires of professionals and the caregivers with whom they coordinate.

Barriers to collaboration include (a) parental fatigue, (b) communication difficulty, (c) disagreement, (d) disappointment, and (e) distrust (Francis et al., 2019). In addition, some families may be avoiding the topic altogether. A study of nine older parents and three adults with ID highlighted a key theme of "tolerating uncertainty" with subthemes involving a) accepting an extended parenting role, b) facing new challenges, c) making positive meaning of events, d) evaluating goals over time, and e) managing thinking about the future. Another finding was that families actively avoid discussing what happens when the primary caregivers die (Pryce et al., 2017).

Transition for People with Intellectual Disabilities

Transition with individuals with ID presents unique challenges or compounded versions of traditional transition models. Many parents retain guardianship of their child into adulthood, dividing service providers' attention between person-centered and family-centered models. Research has shown poor communication between siloed systems, inadequate resources within each system, and hope despite the uncertainty they faced (Franklin et al., 2019).

Similarly, Gauthier-Boudreault et al. (2018) examined parental perspectives on access to services during the children with ID transition to adulthood, including a desire for rehabilitation professionals to acknowledge and respond to the adult's material, intellectual, and emotional needs throughout the transition period. They highlighted a need for improved knowledge-sharing methods concerning social participation and inter-institutional support. The implications are that rehabilitation professionals do not meet parents' needs when collaborating on transition planning, which can negatively impact collaboration efforts. Ellman (2020) conducted qualitative descriptive research investigating parental experiences transitioning youth with severe ID from school to adult life in South Africa. Ellman identified two themes, (a) parents reporting "getting hit hard" and (b) adjusting to the change. Parents create meaning through their personal experiences of transition and the use of coping strategies.

Parents also report conflicting feelings when promoting their child’s independence in adulthood. Goodwin et al. (2020) examined the lived experience of five parents of individuals with 22q11.2 deletion syndrome during their children's transition to adulthood. Individuals with 22q11.2 deletion syndrome, which refers to small amounts of missing genetic information from chromosome twenty-two, frequently have cognitive, intellectual, and developmental disabilities that hinder independent living. The theme that emerged was that of "supervised independence," including (a) watchful waiting, (b) changing expectations, (c) maintaining hope, and (d) following the child's lead. Parents reported a struggle to give their children independence and maintain control for their safety. The study highlights the reality faced by parents of adolescents with ID who want independence for their children. They simultaneously struggle against it while experiencing grief and loss surrounding typical milestones.

Further, Codd and Hewitt (2021) explored the perceptions of ten UK parents of children with ID as they transitioned into adulthood. Parents encounter a "second shock," similar to the initial diagnosis when their child transitions to adulthood. The second shock involved (a) intense emotional experiences like the initial diagnosis, (b) increased difficulty with adult support compared with child support, and (c) a need for support for themselves through what they considered a challenging time. A new set of supports becomes necessary to prepare for adulthood and independent living. Parents create meaning through their personal experiences of transition and the use of coping strategies

(Ellman, 2020). Many of the barriers identified mirror the process of disability acceptance experienced by individuals who acquire disabilities.

Disability Acceptance

Disability acceptance has been a primary focus of rehabilitation psychology since its inception in the 1950s. Initially, researchers studied clients' "reaction" to a disability (Himler, 1958; Siller, 1969), emphasizing non-acceptance and defensive responses within a medical model. Kerr (1961) articulated a process that included (a) shock, (b) expecting recovery, (c) mourning loss, (d) defensive reaction (either healthy or neurotic), and (e) adjustment. Beatrice Wright (1983), a social psychologist, also discussed disability within the context of society and seeing "limitations" rather than oneself as "disabled." Further, Krueger (1984), a treating clinician, developed a stage model including (a) shock, (b) denial, (c) depression, (d) resistance to independence, and (e) adjustment.

More recent research on disability acceptance combines commonalities across these models with environmental factors. For example, Kaur and Leong (2018) conducted quantitative research on 130 people with disabilities. They found that individuals with disabilities frequently scored high on self-acceptance but perceived lower societal acceptance levels. Perceived social acceptance impacts individuals' ability to develop friendships, participate in the community, and develop a sense of belonging. Even among those with high levels of self-acceptance, perceived social acceptance negatively impacts the quality of life. Employment, health, availability of support, and economic status impact disability acceptance (Park & Kim, 2021). Further, Heled (2021), in a systematic review of psychoanalytic literature, found that adaptation refers to selfformulation and meaning creation within a respective environmental context. Heled identified that disability frequently required redefinition across lifespans and contexts.

Thus far, the research has focused on individuals' adjustment to physical disabilities. Ditchman et al. (2017) studied the impact acceptance had on the subjective well-being of 105 individuals with brain injuries and indicated social self-efficacy and disability acceptance fully mediated the relationship between symptom severity and life satisfaction. Building on the identity-formation aspects of acceptance, Bogart et al. (2018) explored the impact pride and identification had on acceptance and found that disability pride correlated with stigma and social support and is associated with higher acceptance levels. Bogart et al. highlight a shift from internal processes to environmental factors related to acceptance. Similarly, McGiffin (2020) found a correlation between depression and resilience after limb amputation, pointing to a potentially new dynamic within acceptance and identity to explore. Finally, Zapata (2020) studied personal disability identity in 186 adults with physical disabilities and found that positive disability identification increased hope, planning, and working toward goals in individuals with physical disabilities. Disability acceptance and affirmation both demonstrated statistically significant predictive correlations for increased personal agency in the participants with physical disabilities. Despite this previous research, there is a noticeable gap in studies on person-centered interventions and goal setting for individuals with ID (Van Keer & Maes, 2018).

Parental Acceptance

The body of literature presents an increase in positive outcomes for individuals with disabilities when acceptance occurs. Yet, when an individual has a developmental or intellectual disability they are born with, it is the parents who first face acceptance or non-acceptance. As more evidence surrounding disability acceptance acknowledges environmental and systemic factors, it makes sense to look at parental acceptance's role in the lives of individuals with ID. Heled (2021) pointed out that disability requires redefinition across the individual's lifespan and context. Parental acceptance also has critical points across the child's lifespan. Patterns emerged in the literature that diagnosis and transitioning into adulthood are crucial times presenting new stressors and barriers to acceptance for parents.

Diagnosis. Parents of children with developmental disabilities go through acceptance processes throughout the child's lifespan. Shehan and Guerin (2018) explored the parental emotional experience of eleven sets of parents of children with various IDs through the Dual Process Model of Grief and Loss. Parents experienced intense emotions immediately following diagnosis and referred to the importance of timing and information delivery concerning acceptance. Intense emotions made communication of critical information difficult between parents and care providers.

Exploring the background of parental motivations, Dikow et al. (2019) found that parents sought diagnoses to reduce uncertainty and hoped for emotional relief. Yet, parents whose children received severe intellectual disability diagnoses had reduced certainty and emotional comfort. On many occasions, diagnosis provided the opposite of what parents were seeking. Marsh et al. (2020) found that clarity surrounding their child's diagnosis, its implications for the family's future functioning, and early psychoeducation were valuable to participants. All the studies above highlight the need for practitioners to attend to the needs of the caregivers so that maximum developmental rehabilitation can occur.

Transition to Independence. The other critical area relating to parental acceptance is their adolescent's transition to independence. Franklin et al. (2019) researched the transition to adulthood for individuals with ID within healthcare systems with 16 parents of adolescents with ID. Parents tried to maintain hope in the face of uncertainty while also feeling "left out" and having to develop resources to support their adolescent's independence alone. In addition, Pryce et al. (2017) identified critical themes that were tolerating uncertainty, accepting an extended parenting role, new complications, making meaning, re-evaluating goals, and managing thinking about the future. Families also avoided discussing after-death care for their children.

Parental Acceptance Experiences

Parental acceptance is divided into two sections: (a) parental perceptions and (b) social reactions to the parental acceptance process. For this dissertation, parental perceptions refer to how parents perceive themselves as functioning within their complex community systems. Social reaction examines the impact support or stigma had on the acceptance process.

Parental Perceptions. Parenting satisfaction and self-efficacy impact parental disability acceptance and the care parents provide to their children. Jandric and Kurtovic

(2021) divided parents into those who have children without ID, parents of children with mild ID, and parents of children with moderate/severe ID and discovered that a child's intellectual disability affected parent satisfaction but not self-efficacy. Perceived stress predicted parent satisfaction and self-efficacy. Parental employment moderated the relationship between stress and satisfaction. Thus, parental identity and emotional coping factors impact their acceptance of their child's disability.

Further, Duran and Eurgn (2019) explored the presence and impact of stigma experienced by parents of children with ID. Parents reported feeling stigmatized and receiving less support from others after their child received a diagnosis. The stigmatization led to emotional distress, marital problems, decreased interaction with their community, restricted social relationships, and a lack of coping skills to manage stress and isolation. The researchers highlighted a need to provide therapeutic intervention and social advocacy for and with parents who have children with disabilities.

Cultural and socio-economic factors impact understanding and managing care for children with ID. In post-apartheid South Africa, Mkabile and Swartz (2020) revealed that caregivers combined biomedical, prenatal injury, and spirituality as causal explanations for their child's ID. Similarly, Chaunke et al. (2021) studied "what it is like to have an adolescent with an intellectual disability." They identified four themes: (a) parents had intense and prolonged emotional responses, (b) parents reported neglect by family and friends, (c) parenting the child with ID presented behavioral challenges, and (d) parents coped with those challenges with greater faith and acceptance. A significant barrier identified by parents was abandonment by their traditional support systems. The communities and family members need support and psychoeducation along with the parents.

In China, fathers reported they believed (a) raising a child with ID is harder, (b) children with ID do more irritating or anger-provoking behavior than those without ID, (c) family functioning is problematic, and (d) they do not want to seek emotional support outside their families The fathers focused on maladaptive behaviors and spent less time interacting with their spouses or supportive family members resulting in less problem-solving, drawing on personal strengths, and emotional support (Hu, 2018).

Parents of children with disabilities perceive more stress, which can impact the quality of care provided to the child with a disability. Parental stress correlates with cognitive and behavioral disabilities more than motor-related impairments. Parents of children with ID experience higher stress levels, not only than those whose children have no disabilities but higher than parents of children with other disabilities (De Gaetano et al., 2022).

Furthermore, Vas et al. (2021) studied the differences between raising a child with autism and raising a child with autism and a co-occurring ID to compare how co-occurring autism and ID influence caregiver outcomes. Parents of children with co-occurring ID had higher stress and different time use patterns than the other groups. Multivariate analysis revealed that time use signaled differences in time spent preparing meals, socializing, and seeking respite care. Family quality of life (FQOL) decreases over time due to managing daily caregiving tasks along with frequent life-planning changes. The decrease in FQOL was triggered by economic difficulty, lack of social or family support, and lack of time for self-care activities. (Fernandez-Avalos et al., 2020). Consistent findings across the literature related to parental perspectives include that raising a child with an intellectual disability is more stressful, lonelier, and negatively impacts physical and psychological health.

Social Reaction. Social reaction looks at how social factors impact the acceptance process for children with ID. For example, Gusrianti et al. (2018) interviewed twenty mothers of children who had a genetic link to ID about social support, religious coping, facility support, and demographic factors' impact on acceptance. Only social support had a significant effect on acceptance. Similarly, Halstead et al. (2018) studied protective factors for the well-being of mothers of children with intellectual and developmental disabilities (ID/DD). They found that perceived social support was the only protective factor between maternal depression, life satisfaction, and positive affect. Similarly, parents who felt stigmatized also received less support (Duran and Eurgn, 2019).

Islam (2020) examined social support networks. Families who care for people with disabilities reported higher levels of stigmatization and isolation. Results indicated that parents of children with ID noted a smaller social network with average support levels. They made more contact with family and close friends than those with children without ID. Considering that disability identity resulted from combining stigma with support (Bogart et al., 2018), it appears that social support has a notable impact on parental acceptance.

Parental Acceptance Impact on Outcomes

Just as individual acceptance can positively or negatively impact outcomes, parental acceptance can positively and negatively influence outcomes. The review will categorize outcome findings through results for the parent, family unit, and adolescent with an intellectual disability. The meaning of “family unit” will be closer to “household” in this review to include outcomes for those living in the home with the individual with a disability and their primary caregiver.

Parent Outcomes

Burnout and compassion fatigue are areas of concern for parents of children with disabilities. Providing care for individuals with ID comes with various stressors and challenges, contributing to a high likelihood of compassion fatigue. Common causes of parental fatigue are (a) parents feeling responsible for their child and their own emotional needs, (b) anxiety about the future, (c) sadness, (d) fear of the future, (e) guilt about not doing enough for their child, and (f) gratitude for being their child's caregiver. Parents also reported difficulty differentiating themselves from their child's needs (Davenport & Zolnikov, 2022).

In addition, Samadi et al. (2020) explored parental satisfaction between parents of children with autism, ADHD, ID, and typically developing children in Iran. Findings included parents of children with autism showed the most decreased parental satisfaction. The second was parents of children with ID. Child behavior problems, age, and gender were the most significant predictors of parental satisfaction with caregiving. Caregiving satisfaction decreased as the child aged, indicating the impact of burnout and fatigue.

Meiza et al. (2019) found that only 27% of families achieved acceptance. Barriers to acceptance included problem-solving, disability education, and a lack of opportunity for emotional expression.

Family Outcomes

Acceptance can also impact the household unit. For example, Dizdaravic et al. (2017) compared (FQOL) in families with children who have developmental disabilities, both autism and moderate ID, with families with typically developing children and found that parents of children with autism had the lowest FQOL scores, followed by parents of children with moderate ID and families with children with mild ID. Parental acceptance can also impact the relationship between parent and child. To illustrate, Di Renzo et al. (2020) studied the relationship between parental disability acceptance for their child with autism and parent-child attunement. Parents who were insightful and accepting of their child's diagnosis were more attuned during play. Di Renzo et al. pointed out that attunement often leads to closer relationships, improved collaboration on independence, and increased child social competencies.

Adolescent Outcomes

Finally, parental acceptance has an impact on the outcomes for adolescents with an intellectual disability and their ability to adapt to adult or independent living. Hemm et al. (2018) examined the relationship between parental overprotection and social anxiety in adolescents with ID compared with typically developed adolescents. They found that adolescents with ID had higher social and generalized anxiety levels. Both groups scored similarly on overprotection scales. However, follow-up discussion revealed that definitions and examples of overprotection were quite different (needing to be safe versus allowed to participate only with controls in place).

Similarly, individuals with ID feared harm from others compared to their peers without ID, who were concerned about judgment and perceptions. Fear is a factor that negatively impacts pursuing independence. Because of fear, families avoid difficult topics that require planning. Parents often assume siblings will eventually care for their child with ID rather than make plans and alternative arrangements (Pryce et al., 2017).

Parental acceptance can influence the occurrence and severity of negative behavioral outcomes. Along this vein, Mathew and Srivastava (2022) studied the impact parental attitudes toward disabilities had on children with ID behavior in India. The results indicated that parents' attitudes predicated behavioral problems exhibited by children with disabilities. Implications are that parents are not reacting negatively to their child's behavior problems but reacting negatively to their child's disability, treating them as different causes of the behavior problems themselves. Parental acceptance can likely improve outcomes for children with ID.

Promoting Acceptance

Thus far, the literature implies that parents would like professional intervention from their child’s support providers (Gauthier-Boudreault et al., 2018). They also expressed frustration with feeling “left out” (Franklin et al., 2019). Factors that are helpful for improving parental acceptance are facilitating social support, improving stress management or coping skills, and helping to reduce uncertainty.

Social Support

When considering what parents want in a helping relationship, social support repeatedly comes up. Francis et al. (2019) studied barriers to parental-professional collaboration when transitioning a young adult with ID to adulthood. Parents identified the desire for professionals to (a) establish elevated expectations aligned with the parents', (b) demonstrate that they are committed to their child, (c) provide emotional support to the parents along the way, (d) facilitate peer support and networking, (e) provide ongoing psychoeducation, and (f) collaborate with family systems.

In contrast, stigmatization is associated with exclusion and emotional distress, which presents barriers to assistance or support-seeking behaviors. Isolation and emotional distress can prevent parents from meeting their child's needs with ID. Parents who feel stigmatized receive less support from family and friends. They also reported emotional distress, marital problems, decreased interaction with their community, restricted social relationships, and a lack of coping skills to manage stress and isolation (Duran and Eurgn, 2019). Many of these families could benefit from therapeutic intervention to help cope with these feelings and experiences. Disability pride stems from the experience of stigma coupled with social support, resulting in higher acceptance levels (Bogart et al., 2018). Parental stigma, combined with social support, could result in increased disability pride and improved parental acceptance.

When considering collaboration, Gauthier-Boudreault et al. (2018) examined parental perspectives on access to services during the transition to adulthood of children with ID. Their results indicated a desire for rehabilitation professionals to acknowledge and respond to the adult's material, intellectual, and emotional needs throughout the transition period. They highlighted a need for improved knowledge-sharing methods concerning social participation and inter-institutional support. Further, Zapata (2020) studied the impact of positive disability identity, finding it positively correlated with hope among individuals with physical disabilities. Positive disability identification breaks down into disability affirmation and disability acceptance. Disability acceptance and affirmation increased hope and the ability to plan for and work toward a goal. The results support the idea that professionals should introduce positive disability identity factors to promote general wellness and self-efficacy.

When researching social factors related to parental acceptance, Gusrianti et al. (2018) looked at parental acceptance through the lens of demographic data, coping skills, acceptance, social support, religious coping, and supportive facilities. Social support had the only significant impact on acceptance. Halstead et al. (2018) studied whether social support, positive perspectives, and stress-coping skills could serve as a protective factor for mothers of children with intellectual and developmental disabilities (ID/DD) well-being. They found that perceived social support was the only protective factor between maternal depression, life satisfaction, and positive affect.

Coping Skills

Coping skills refers to the ability to manage negative emotions, stress, and responsibilities. Resilience and locus of control are important aspects of managing negative emotions. Considering this, Byra and Cwirynkalo (2020) studied posttraumatic growth in 142 children with ID. Their highest domains of posttraumatic growth were greater appreciation of life and positive change concerning others. Self-efficacy correlated more strongly with posttraumatic growth than basic hope.

Furthermore, resilience proved critical to adapting to the tasks of raising a child with ID. Parents relying on an internal locus of control experienced greater resilience than those depending on an external locus of control (Rajan et al., 2018). Professionals should work to assist parents in developing their internal locus of control, prompting them toward problem-focused coping skills. Stress management plays an important factor in caregiving for someone with an intellectual disability. Jandric and Kurtovic (2021) discovered that a child's intellectual disability affected parent satisfaction but not self-efficacy. Perceived stress predicted parent satisfaction and self-efficacy. Measuring and intervening with parental stress could prove a helpful tool when coordinating service provisions for a child with ID.

Similarly, Rajan and Romate (2022) explored the relationship between resilience and coping with stress and demonstrated a statistically significant relationship between problem-focused coping strategies and increased resilience; emotion-focused coping strategies from non-professional sources correlated with decreased resilience. Psychoeducation surrounding stress management is a helpful intervention. For example, Dhanapal et al. (2021) conducted interviews on stress before and after providing psychoeducation on stress and coping and compared the results before and after with a control group that did not undergo the training. They found that the variable group significantly improved their ability to manage stress, indicating that professional interventions can assist in reducing caregiver stress burden.

Reduce Uncertainty

Parents repeatedly identified “uncertainty” as emotionally problematic in this literature review. Key areas are at the point of diagnosis (Dikow et al., 2019), at transition out of school (Codd & Hewitt, 2021), and later as they face aging and the likelihood of not being able to care for their child (Pryce, 2017). Disability education and advocacy education can help reduce uncertainty. Disability education refers to psychoeducation about intellectual disability across the developmental lifespan. Advocacy psychoeducation refers to giving parents the necessary information to navigate complex systems and access resources.

Disability Education.

Caring for a child with an intellectual disability is associated with increased social and psychological stressors. Caregivers face diagnostic uncertainty, contributing to decreased mental and physical health and lower quality of life. Parents sought diagnoses to reduce uncertainty and hoped a definitive diagnosis would bring emotional relief. Parents reported that diagnosis severity increased uncertainty, resulting in increased emotional duress, providing the exact opposite of what they were looking for by seeking a diagnosis (Dikow et al., 2019).

In contrast, a parent training program designed to increase the family quality of life for families of children with ID indicated significant improvement in the quality of life for parents who underwent the training. At the same time, the control group's scores declined (Yildiz & Cavkaytar, 2020). Further, Jandric and Kurtovic (2021) studied parental stress, self-efficacy, and satisfaction in parents of adolescents with ID. They found that stress could predict satisfaction and self-efficacy levels, indicating a need to measure and intervene with parental stress when coordinating the service provisions for a child with ID.

Advocacy Education.

Advocacy refers to the ability to navigate complex systems and get access to resources. Many times, professionals and families look for different things, and getting them on the same page can prove helpful. For instance, Jansen et al. (2018) compared the perception of family-centeredness of interventions between professionals and parents of children with profound ID and multiple disabilities. Parents and professionals consider different things as "important" or "helpful" to family-centered care. These implications highlight the disagreement in the perception of services between professionals and those they coordinate care with.

Summary and Conclusion

Vocational rehabilitation uses a holistic model related to growth and development (CRCC, 2016) and federal legislation. That legislation mandated that state vocational rehabilitation agencies spend 15% of their budgets on transition services in the form of Pre-ETS (WIOA, 2014). Parental acceptance significantly impacts goal setting, service provisions, and outcomes for students in transition. Promoting parental acceptance has a small evidence base but no known input from the rehabilitation counselors who work most closely with adolescents and their parents.

The American Counseling Association's *Code of Ethics* requires counselors to respond to clients' systemic and cultural needs (American Counseling Association, 2014, C.5.). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) merged with the Council on Rehabilitation Education (CORE) (CACREP, 2016). Since the merger, rehabilitation counseling masters' programs have incorporated much of the mental health emphasis from CACREP best practices. However, clinical mental health programs that were not previously CORE accredited have not included disability studies in their multicultural framework (Oksuz & Brubaker, 2020; Feather & Carlson, 2019). The lack of base competencies for collaborating with people with disabilities decreases health equity. These limitations are present in the counseling field. Counselors also rate their self-perceived competencies low, particularly knowledge and skills (Strike et al., 2004). Education can correct competency deficits, yet only 21% of CACREP-accredited programs include disability-related information in their curriculum (Feather & Carlson, 2019). Conducting this study can help inform best practices for working with families impacted by disabilities. This study helps identify what rehabilitation counselors see as needs, what interventions they use, and what is lacking. It utilized general qualitative interpretive inquiry to capture the technical information provided by the services and experiences already provided by transition counselors.

Chapter 3: Research Method

Parents of adolescents with disabilities undergo an acceptance process related to their parenting role, their challenges, accepting support, and managing thinking about the future (Pryce et al., 2017). The degree of their disability acceptance can affect the quality of care, ability to coordinate services, and collaboration with professionals (Zapata, 2020). Parents have reported that professional help met emotional needs and increased their efficacy and competence in providing care (Jandric & Kurtovic, 2021). Rehabilitation counselors' perspectives on parental acceptance are essential to counseling because they can intervene to promote parental acceptance (Commission on Rehabilitation Certification, CRCC, A.3.e.). Transition counselors specialize in helping individuals with disabilities transition into adult services and responsibilities. They coordinate closely with parents likely to retain guardianship or remain supportive in their child's life. Individuals with ID frequently fall into this category. Thus, gaining the rehabilitation counselor's perspective on parental acceptance can help promote positive outcomes for clients with ID.

The existing research discusses parental acceptance (Fernandez-Avalos et al., 2020), parental perspectives (Codd & Hewitt, 2021), and the mismatch between the perspectives of rehabilitation professionals and parents (Jansen et al., 2018). However, there is no documentation relating to the experiences of rehabilitation counselors working with various levels of parental acceptance. There is also no evidence base identifying how rehabilitation counselors manage parental acceptance. This research aimed to identify the best practices used by rehabilitation counselors to impact service coordination with parents of adolescents with ID at various levels of acceptance. The research questions focused on rehabilitation counselors' experiences coordinating services with parents of adolescents with ID experiencing various degrees of acceptance, how parental acceptance has impacted collaboration, and what counselors considered beneficial or harmful to the parental acceptance process.

This section will discuss the methodology for this dissertation. The methodology and the research tradition sections cover the benefits and rationale for general qualitative inquiry. The next section discusses the role of the researcher as a rehabilitation professional conducting research in this field The section covering participant selection focuses on how I found rehabilitation counselors who work with individuals with ID and their families in transitioning into adulthood followed by sections titled instrumentation, researcher developed instruments, and procedure for data collection covering the questions asked in a semistructured interview format. Finally, the data analysis plan, trustworthiness, and ethical considerations are discussed in the sections with those titles.

Research Design and Rationale

Parents of adolescents with ID face stressors that negatively impact their ability to collaborate with rehabilitation counselors (Pryce et al., 2017). The degree of their disability acceptance can affect the quality of care, ability to coordinate services, and collaboration with professionals (Zapata, 2020). Rehabilitation counselors monitor client disability acceptance, but there is not much information about their experiences with parental acceptance and service coordination. The existing research discusses parental acceptance (Fernandez-Avalos et al., 2020), parental perspectives (Codd & Hewitt, 2021), and the mismatch between the perspectives of rehabilitation professionals and parents (Jansen et al., 2018). However, there is no documentation relating to the experiences of rehabilitation counselors working with various levels of parental acceptance.

It is crucial to understand rehabilitation counselors' perceptions of parental disability acceptance because they can enact interventions that promote parental acceptance to benefit adolescents with ID. Rehabilitation counselors specialize in helping individuals with disabilities transition into adult services and responsibilities. They coordinate closely with parents likely to retain guardianship to support their child's independent living goals (CRCC, 2016). Individuals with ID frequently fall into this category. Parents of adolescents with ID reported that rehabilitation counselor intervention could benefit their acceptance process (Jandric & Kurtovic, 2021). However, there is no evidence base identifying how rehabilitation counselors manage parental acceptance.

Problem Statement

Disability acceptance is a multifaceted process where individuals integrate a disability within the complexities of their personality (Heled, 2021). People who have undergone disability acceptance make plans and engage in goal-directed activity better than those who have not (Zapata, 2020). Parents of adolescents with disabilities undergo an acceptance process related to their parenting role, their challenges, accepting support, and managing thinking about the future (Pryce et al., 2017). Parents reported that professional help met emotional needs and increased their efficacy and competence in providing care (Jandric & Kurtovic, 2021). Rehabilitation counselors' perspectives on parental acceptance are essential to counseling because they can intervene to promote parental acceptance (Commission on Rehabilitation Certification, CRCC, A.3.e.). Transition counselors specialize in helping individuals with disabilities transition into adult services and responsibilities. They coordinate closely with parents likely to retain guardianship or remain supportive in their child's life. Individuals with ID frequently fall into this category. Thus, gaining the rehabilitation counselor's perspective on parental acceptance can help promote positive outcomes for clients with ID.

Purpose statement. This research aimed to identify the best practices used by rehabilitation counselors to impact service coordination with parents of adolescents with ID at various levels of acceptance. The goal of the dissertation was to discern best practices by interpreting the professional experiences described by rehabilitation counselors.

Research question. The research questions were, what experiences have rehabilitation counselors had coordinating services with parents of adolescents with ID experiencing various degrees of acceptance? How has parental acceptance impacted collaboration? What have counselors considered beneficial or harmful to the parental acceptance process?

Role of the Researcher

Disciplinary affiliation, the researcher's presuppositional journey, and intellectual or experiential history all help establish theoretical positioning (Caelli et al., 2003). My disciplinary affiliation is rehabilitation counseling, which specializes in assisting individuals with disabilities in realizing vocational and independent living goals. I have maintained a longstanding professional relationship with participants. At the time of the interviews, I had a peer relationship with the participants. I have shared clients with the participants and collaborated to help clients meet shared goals; however, there was no power relationship between myself and the participants. We had separate supervision and work for different agencies.

These shared experiences of collaborating with parents at various stages of disability acceptance and their impact on collaboration with professionals impacted the preliminary stages of this study. Rehabilitation counselors approach clients holistically, including their environment and the systems they operate within (CRCC, 2016). Another dispositional bias of rehabilitation counseling is promoting the "social model," which advocates removing societal barriers (Oliver et al., 2012).

Similarly, the holistic intervention assumption adopted from the rehabilitation counseling profession includes the family system as a societal barrier or support. Therefore, if parental disability acceptance benefits the client, rehabilitation counselors can and should intervene to encourage parental acceptance to promote collaboration. This bias emerges from the Rehabilitation Counselor *Code of Ethics* (2016) and has support within the literature (Gauthier-Boudreault et al., 2018; Rajan & Romate, 2022); yet I minimized personal assumptions by emphasizing participant perspective using verbatim transcripts to describe their experiences.

Methodology

The methodology consisted of general qualitative inquiry with an interpretive descriptive design for analysis. General qualitative inquiry offers flexibility for developing solutions to existing specialized knowledge (Percy et al., 2015). It lends itself to studying existing methodologies and practices already used by practitioners in a niche field working with a specialized population, such as transition-focused counselors within the rehabilitation counseling profession. Moreover, it focuses the analysis on implementation and practical solutions (Patton, 2015). The pragmatic focus better answers questions attempting to solve a problem.

Research Tradition

The research tradition is general qualitative inquiry. When a research question does not fit exclusively into a singular, established methodology, general qualitative inquiry offers flexibility to use available framework tools within an individualized question (Kalka, 2014). General qualitative analysis deepens understanding of an existing body of knowledge through participant description (Percy et al., 2015). It seeks the practical application of findings. It steers the research toward identifying applicable information over documenting individual "truths" about a phenomenon. The approach focuses on implementing the results of the research question (Patton, 2015). General qualitative research is divided into descriptive or interpretive. This study was interpretive. The interpretive description design intends to gather information from clinicians with knowledge depth in a similar context to develop knowledge that readily translates into practice (Kalke, 2014). General qualitative inquiry can help generalize established practices and experiences across the specialized work of transition counselors working with adolescents with ID.

Participant Selection

The study used purposive sampling to include rehabilitation counselors specializing in transitioning adolescents from school to adult services. While the counselors were often generalists, they limited responses to experiences with parents of adolescents with ID. General qualitative inquiry elicits experiences that are external to the participant and is ideal for participants with specialized knowledge of a topic (Percy et al., 2015). The inclusion criteria constrained participants to vocational rehabilitation counselors who specialized in working with students with ID transitioning out of school into adult systems. They worked with the students and their families. The criteria excluded counselors who exclusively coordinated with case managers, group home managers, and other institutional caregivers.

I recruited the voluntary, purposive sample from my professional network of peers within the field, professional organizations, and snowballing. Professional organizations include the American Rehabilitation Counseling Association (ARCA), the National Rehabilitation Association (NRA), the National Rehabilitation Counselor Association (NRCA), and their regional or state divisions. The anticipated number of participants ranged between 10 and 15 participants.

Researcher Developed Instruments

General qualitative research refers to semi-structured interviews (Percy et al., 2015; Kalke, 2014). Researchers can construct validity by clarifying the study's boundaries (Kalke, 2014). This study's focus was the rehabilitation counselors' role in managing parental acceptance in parents of adolescents with ID. No existing questionnaires or measurement tools existed to identify counselor interventions for acceptance. Thus, developing questions related to their current use of available tools for collaborating with parents at different stages of acceptance was the only tool available. The following Questions are in the semistructured interview guide.

1. How do you conceptualize parental acceptance when collaborating with your clients with ID?
2. What barriers to parental acceptance do you see the most in your work with individuals with ID?
3. How has parental disability acceptance impacted your client's transition work negatively?
4. How has parental disability acceptance impacted your client's transition work positively?
5. What difference in outcomes do you see collaborating with parents at various acceptance levels?
6. How do you support and encourage parental acceptance when collaborating with your clients with ID?

I assessed construct validity by creating the questions using the existing literature. While there was limited research related to intervening with parental acceptance on behalf of a student with a disability, there was information related to satisfaction, outcomes, and quality of life that guided question formation. Similarly, since the interviewees were experts, questions underwent ongoing review based on their feedback and responses (Guest et al., 2006; Turner, 2010).

Defining and providing proof of saturation is vital in qualitative inquiry (Caelli et al., 2003). Since this study aimed to identify practices that encouraged disability acceptance, I knew that data collection achieved saturation when interventions and outcome descriptions became repetitive. I anticipated reaching saturation with 10 to 15 participants because they all have specialized information and shared experiences.

Procedure for Data Collection

I collected data via semi-structured interviews recorded and transcribed verbatim, supported by the literature on the interpretive description in general qualitative research (Kalke, 2014; Percy et al., 2015). Semi-structured interviews with detailed guides provide freedom and focus (Patton, 2015). Recruitment included criterion-based, purposive sampling. The sample consisted of rehabilitation counselors who work with adolescents with ID transitioning from high school to adulthood. These counselors are referred to as transition or pre-ETS counselors. Participants included counselors working for vocational rehabilitation agencies, community service providers, or vocational evaluators; a critical criterion was that the rehabilitation counselor regularly interacts with the client and their parents, not exclusively with group home coordinators or case managers. To reach saturation, I recruited participants from professional organizations for rehabilitation counselors and local support providers such as ARCA, NRA, NRCA, and their regional and local divisions.

Data collection included interviewing candidates via Zoom meetings, phone, or face-to-face interviews. After each interview, I reviewed the transcripts and wrote a memo summarizing the results. Doing so enabled me to adapt the interview guide (Guest et al., 2006; Turner, 2010). Data collection only required one interview, with brief follow-ups to clarify and check understanding while coding. Original interviews took about 20 to 30 minutes. Debriefing included checking for understanding and sending a summary of the findings after redacting identifiable information.

Data Analysis Plan

For analysis, I transcribed the interviews verbatim using a transcription service, Rev. Ravitch and Carl (2021) discussed reflective research, which requires both verbatim transcripts and summaries along with notes and memos. Analyzing data in this manner kept the material close to the participant's words and intentions while allowing me to highlight the meaning and interpret the results. I reviewed the transcripts after each interview and adapted the interview guide as necessary (Guest et al., 2006; Turner, 2010).

Data analysis involved (a) inductively labeling passages and paragraphs with keywords, (b) reviewing the text and the keywords for common ideas to use as a code, and (c) deductively rereading transcripts with the codes in mind (Percy et al., 2015; Ravitch & Carl, 2021; Saldana, 2016). Along with analyzing transcripts, I used Ravitch and Carl's (2021) method of reflexively summarizing transcripts with memos after each reading.

Issues of Trustworthiness

Because qualitative research comes from such varied philosophical approaches, the responsibility for identifying and arguing the study's merits lies with the author to give details of the analysis, process, and validation methods (Caelli et al., 2003). The research had several assets related to its trustworthiness. One was using verbatim transcripts and a well-documented data collection and analysis plan. Verbatim transcripts offer more reliable information to check the findings against at the end of the study (Shenton, 2004).

Analyzing verbatim transcripts kept the material close to the participant's intentions while allowing the researcher to interpret the results. Similarly, Shenton (2004) mentioned the importance of transcripts for member checking to ensure the credibility of results. Verbatim transcripts offered more reliable information to review the findings against at the end of the study.

Another approach to trustworthiness was triangulating the data by checking understanding against existing literature and research participants. I verified participant interpretations throughout the process (Shenton, 2004). Periodically, in data collection and transcription memos, I checked understanding with participants during and after analyzing the data. I compared findings against existing literature; however, the evidence base documented that rehabilitation professionals and parents emphasized different things in their collaborative relationships (Jansen et al., 2018).

Ethical Considerations

All participants were voluntary and anonymous to maximize informed choice and ethical compliance. I redacted personal information, including details of some examples, as most participants were colleagues and could potentially identify each other from the examples. Similarly, protecting client confidentiality was a consideration when removing details and information. The emphasis was on interpreting events, methods, and interventions, not the experiences themselves. I also kept data in a password-protected digital folder and will destroy copies after successfully defending the dissertation. The dissertation committee, the transcription service, and I had temporary access to data.

Conclusion

The methodology chapter of this dissertation is divided into several sections. The problem statement covered the evidence base concerning disability acceptance and the need for rehabilitation counselor perspectives. Next, it covered the purpose statement and research questions. After that, the role of the researcher described dispositional biases that experience in the rehabilitation field predisposes this researcher to. The methodology and the research tradition sections covered the benefits and rationale for general qualitative inquiry. Participant selection focused on how I found participants working with individuals with ID and their families in transition. Instrumentation, researcher developed instruments and procedures for data collection and covered the questions asked and reasons for using a semi-structured interview format. Finally, the data analysis plan, trustworthiness, and ethical considerations discussed the use of triangulation and analysis to ensure accurate, ethically beneficial findings.

Chapter 4: Results

The goal of this dissertation was to identify interventions used by rehabilitation counselors to coordinate services with parents of adolescents with ID at various levels of acceptance. The research questions were designed to gather information on the experiences rehabilitation counselors have had coordinating services with parents of adolescents with ID experiencing different degrees of acceptance, how parental acceptance has impacted collaboration, and what counselors have considered beneficial or harmful to the parental acceptance process?

Chapter 4 will review the data collection settings and participants' demographics. Data collection involved semi-structured interviews with 14 participants. The analysis involved inductive reading followed by deductive coding and category identification. The chapter will also review methods of ensuring trustworthiness, such as member checking, sampling methods, transcribing methodology, and triangulation. The final section will review the findings that emerged from the analysis.

Setting

My disciplinary affiliation was rehabilitation counseling, which specializes in assisting individuals with disabilities in realizing vocational and independent living goals. I had a professional relationship with most participants, and we have shared several clients. I interviewed participants via videoconferencing or telephone. There are no organizational conditions that should impact study results.

Demographics

I interviewed 14 rehabilitation counselors who work with individuals with ID in transitioning from high school to adult services. Of those counselors, nine held the job title “Transition Counselor.” One of the participants was a supervisor who does ongoing work with students with ID in transition; two were statewide-level coordinators. The statewide coordinator’s specialties included work incentives for benefit programs and general transition services to students aged 14 to 21. Two counselors worked at a vocational training center focusing on working with students with disabilities. Regional demographics include three participants from urban areas, two with statewide roles, three from micropolitan regions, and six from urban areas. Eleven participants were female, and three were male. All participants were White.

Data Collection

I collected data from 14 participants using semi-structured interviews. Inclusion criteria involved vocational rehabilitation counselors who work with students with ID transitioning out of school into adult systems. These counselors worked with both the students and their families. I conducted interviews via videoconferencing or phone calls and retained audio recordings of the discussions. Participants blocked off 45 to 60 minutes for the meetings but averaged 22 minutes. One videoconference ended earlier than anticipated due to a faulty battery, but the participant finished answering questions via telephone.

Data Analysis

Data analysis involved reviewing manuscripts and removing data that could identify the participant, their clients, their organization, and the state or location they work within. The second and third manuscript reviews included removing simple reflections “yeah, yes, hmm” from the interviewer, which broke up the participant’s responses. Transcripts kept reflections leading to further discussion, follow-up questions, and filler words (uh, um). Coding then entailed inductively identifying themes and categories for codes; I triangulated those themes and categories against findings within the literature review and after-interview memos written by the interviewer (Ravitch & Carl, 2021). After verifying findings against the literature review, further inductive reading is done to identify specific codes within each category (Percy et al., 2015; Ravitch & Carl, 2021; Saldana, 2016), followed by a final reading identifying count and participants on a spreadsheet to prioritize conceptualizations and interventions. I limited inclusion criteria for categories to those mentioned by greater than two-thirds (eight or more) of participants. The measures resulted in eliminating one category.

Findings started with five categories relating to how rehabilitation counselors conceptualize parental acceptance: (a) Fear versus Growth, (b) Proactive versus Reactive, (c) True Information versus False Information, (d) Realistic Expectation versus Unrealistic Expectations, and (e) Engagement. After tracking the number of participants who presented information for each category, 12 mentioned Fear versus Growth and Proactive versus Reactive, 11 mentioned True versus False Information, 10 cited Realistic versus Unrealistic Expectations, and only seven said engagement. Since less than two-thirds stated engagement, I reassigned the codes as necessary into the other four categories. I eliminated two codes relating to location-specific barriers to services.

Evidence of Trustworthiness

The trustworthiness section will discuss credibility, transferability, dependability, and confirmability. For credibility, I utilized two rounds of member checking. Initially, I summarized findings from transcripts and memos by identifying categories not triangulated with the literature review. Of the 14 participants, 13 responded that the results were consistent with their view of the work. One did not respond at all. Transferability strategies involved purposeful sampling to ensure participants spanned the entire state and multiple transition-team roles. The dissertation topic limited questions to transition for students with ID. There was a weakness in the transferability of the participants' perspectives, as all participants were White.

I increased dependability by using verbatim transcripts when appropriate and utilized thick descriptions for scenarios when altering the text. Verbatim transcripts keep material closer to the participant’s intentions when using wording and interpreting results (Shenton, 2004). Finally, I sought confirmability by triangulating the information with the literature review and member checking twice, once when identifying conceptualization categories and once more after finalizing the interpretation.

Results

The research questions were: What experiences have rehabilitation counselors had coordinating services with parents of adolescents with ID experiencing various degrees of acceptance? How has parental acceptance impacted collaboration and what have counselors considered beneficial or harmful to the parental acceptance process?

My initial findings included five categories, but as stated, a closer examination of context reduced this to four categories. Because of the smaller sample size and wide variety of roles and regions, I limited categories to those mentioned by more than two-thirds of the participants. The four categories, from most to least mentioned, included Fear versus Growth, Proactive versus Reactive, High-Quality Information versus Misinformation, and Realistic versus Unrealistic Expectations.

When discussing Fear versus Growth, patterns that emerged included fear of failure, fear of the unknown, and a tendency to sabotage efforts (see Table 1). A large amount of transition counselors have had parents show up on job sites, resulting in adolescent job loss. Much of the discussion around fear and growth involved parental concerns of not knowing what could happen, what happens in failure, and their child being taken advantage of by others. Many times, this led to overprotective efforts that often sabotaged the rehabilitation teams' efforts to promote independence.

Table 1

Acceptance Category: Fear versus Growth

Fear	Quote
Failure	"I think they can, are concerned about the failure, the student's failure, or the client's failure. Um, or they may feel like based on their observations that the, um, student isn't ready or the client's not ready to take the next steps, or they seem too scary for the parents possibly." Participant 3

	“a lot of times I think what I've experienced is that as some parents just don't want to let go; they don't want to release more responsibility to the child. Um, even though that child with ID might be able to handle it, they're afraid to, they don't want to let go of that control. Um, or they just, they're, they're scared that the, the child might fail.” Participant 7
The Unknown	“I feel like when a parent is dictating the meeting, they're really operating out of fear. Fear of the unknown, and fear of what they haven't accepted. I mean, I would say fear. Fear is the biggest barrier.” Participant 4
	“I don't think they realize that by being so involved, they're actually preventing or limiting that individual.” Participant 10
Sabotage	“I have had parents that, you know, go in to a job site and feel the need to talk to the manager or whoever… the employer's like, Hey man, I can't have this person coming around here all the time. You know? And I'm like, well, yeah, I understand.” Participant 10
	“You've got the families that are super duper overprotective and like want to wrap those young adults in bubbles and not let them go. Um, and so that's

	really hard because you've now got this conflict within the family between, I want more freedom and I'm going to hold onto you twice as hard because you want more freedom. Um, you see families that sometimes set their kids up, um, deliberately for failure or they try to sabotage, um, things that are put in place to help their child succeed." Participant 11

Proactive versus Reactive refered to parents planning for and encouraging independence. Codes that emerged from this category were "for or with," "plan and troubleshoot," and "delay" (See Table 2) "For or with" described whether the parents included their child in planning and solving problems or if they simply took over the process for them. When parents took over, it minimized the student's ability to take ownership of the vocational rehabilitation process. It did not give them critical practice in decision-making. Planning and troubleshooting involved parents thinking about post-high school before the last semester of senior year. Often, many services have waitlists that early adopters get on for a more seamless transition from high school to adult services. Rehabilitation counselors noted that failure in either resulted in service delays.

Table 2

Acceptance Category: Proactive versus Reactive

Category	Quote
For or With	"Even though a student is 18, we might be meeting with a parent, you know, and the students there, but the parent's doing most of the talking, um, yeah. And decision making for future services." Participant 6

	“You could have parents that are too involved. And so instead of letting their child, you know, try to take control, and have it, you know, tell what their opinions are and, you know, take charge of the next steps, you have parents that want to do that.” Participant 8
Plan and Troubleshoot	“knowing that there might be difficulties along the way, but you can work to handle those as opposed to thinking them as deal breakers.” Participant 5
	“families and individuals with high levels of acceptance generally tend to collaborate more effectively. Um, they tend to be more proactive at working through potential challenges. And ultimately that all only makes the, the, the young person's experience transitioning from one stage in life to another better.” Participant 11
	“Do they participate in IEP meetings? Are they really knowledgeable about what ID is? You know, they really know enough to be able to help their child through the process and getting help and services.” Participant 12
Delay	“for the ones that don't have that family support and they don't get a job or they don't do anything after high school, I, I would say then, you know, two years that, you know, maximum usually do see those, they come knocking at your door later trying to figure out what a good next step is” Participant 8

> “for the students that are, that have parents with lower level of acceptance, um, sometimes again, it can decrease the amount of services that they receive.” Participant 1

> “But, um, so I think, yeah, delays in services, um, not agreeing with the vocational rehabilitation counselor and their professionalism and the job coach as well, and the supervisor of the employment site. Um, and then this results in lack of motivation for the individual because they're seeing these delays, um, and not wanting to move forward.” Participant 6

High-quality information versus misinformation referred to parents knowing their adolescent’s disability, the differences in adults and K-12 services, and disability benefits (see Table 3). Disability knowledge included relevant and developmentally appropriate questions during interactions with rehabilitation counselors. It also involved understanding the permanent nature of ID as some counselors noted a “why can’t I *fix* my child” mentality in low-acceptance parents consistent with Krueger’s (1984) depression stage. Knowledge of services usually results from conflict between K-12 *entitlement* services and adult *eligibility-based* services. Like Reactive versus Proactive, there is also some clash between the differences in parental control over goals, services, and outcomes. Benefits were also an area where parental misinformation negatively impacted services. Employment can affect both Social Security Disability and Medicaid, and low-acceptance parents overly value anecdotal information over benefits experts.

Rehabilitation counselors noted that higher-quality information regarding the student’s disability, adult services, and benefits resulted in greater confidence in the vocational rehabilitation process.

Table 3

Acceptance Category: High-Quality Information versus Misinformation

Category	Quote
Disability Knowledge	“I would say their own knowledge and information, um, about the disability, about what is realistic in the life of a person with a disability.” Participant 2 ‘if a parent is asking good questions that are very applicable to the, the student, if they're listening to the student as well, um, then I'm pretty sure that they have, are, have been able to have come to acceptance and are at that point more at a planning position where they're just really trying to get facts, engage feedback.” Participant 4 “And whether or not this belief is based on a current understanding of their child, or perhaps one that has carried over from some event from before that, uh, may or may not, uh, shape positively or negatively, uh, their understanding of their child.” Participant 5
Services Knowledge	“I think a lot of parents struggle, not with the disability acceptance, but just the acceptance of lack of resources after high school. You know, they're used to having that IEP team on hand all the time. And when you're finished with

	high school, you don't have that anymore." Participant 8
	"So, you know, by just denying that label of intellectual disability, they're not aware of how that label could help them get some of the services they need. So, I think it's just, you know, it's an education, it's, it, it's a relationship process." Participant 10
	"The lower acceptance, just don't understand the process, don't understand where to start, um, and don't always have good interactions with the transition facilitators from the schools, and therefore their view of what I can do and what I'm allowed to do is already starting off on a negative basis because of their experiences say in high school." Participant 14
Benefits Knowledge	"A lot of parents are thinking about benefit checks from social security, and so if they have found that their 18-year-old child has been approved for disability, then they are pretty quick to say that they don't want their child to work, not even considering that their, their child can work and not, um, jeopardize those benefits." Participant 8
	"The parents become dependent on that financially. They think that if their child goes to work, they're going to lose that check. And you have so many kids that are on it. And so that is definitely a barrier." Participant 12

Confidence	“But I think when the, when the, the parents are accepting and have found out these avenues and worked through that web and they continue to work through that web, the adjustment of the child to the surroundings and being able to adapt to even an environment like this, like here at the center, is easier. Easier because they have more confidence in themselves because mom and dad have had confidence in them.” Participant 7
	“I think parents are exhausted and, and I think they think people don't understand.” Participant 13

Finally, in Realistic Expectations versus Unrealistic Expectations, rehabilitation counselors noted that low-acceptance parents often had low expectations of their child and high expectations of the professional (see Table 4). Many counselors noted working with families that did not require chores, social participation, or community integration of their adolescents. Similarly, those same parents would have unrealistic job goals or expectations of the professional working with their student. Many counselors voiced that this stemmed from a lack of understanding between K-12 and adult services. Sometimes, parents were in denial of their adolescent’s abilities or limitations, limiting the scope of services available to them. Rehabilitation counselors noted that parents with more realistic expectations of their child and the services available resulted in a faster match between the student and support and more rapid progress.

Table 4

Acceptance Category: Realistic versus Unrealistic Expectations

Category	Quote
Expectations of Adolescent	“I would say the most difficult instances for me would be situations where the parents have low or no expectations for the young person at home. Um, so behavior is overlooked.” Participant 2
	“Usually, the ones that are way off base are the ones who still think their kid can be an astronaut or, um, an engineer and the student has kindergarten or less, um, academics and understanding of what's going on around them.” Participant 14
Expectations of Services	“parents who have a list of what they want you to do, even if their list of expectations is not what coincides with what I do as a counselor.” Participant 1
	“The goals aren't as outlandish, and the expectations are not as outlandish. Um, and even with all of the programs that are out, you know, the customized employment, the supported employment, there's still a level of if the parent doesn't understand their own child's disability, they can't help that transition. And the school still greatly coddle students, therefore the parents have this lollipop and sugarcane kind of view of what I'm going to ask of them” Participant 14

	“I think we could, um, taking a realistic approach while you're still, you know, honoring what they've been through and what they've done, I think, I think helps the parent a lot.” Participant 13
Further/Faster	“That if the parents have a realistic expectation, that young person has every potential to launch and shine, um, but if the parents close minded about what they're capable of, then that just closes the door in a lot of ways, at least until they're out from under that influence, um, that, that is a hugely make it or break it factor in my opinion.” Participant 2
	“They're more supportive. Um, whenever they're, you know, they might, they might help the team make a decision on a realistic job goal or have input on realistic job goals. They're sharing information about, you know, they're being realistic about the client's, um, strengths, weaknesses, needs, um, abilities. Um, so that's, yeah, I think that would be, I mean, it's just, it helps them move along a little further and in the process move along a little quicker in the process and we're able to really work with the individual and helping them reach their goals.” Participant 6

Thus, all this data begged the question, how can rehabilitation counselors help promote those qualities in parents throughout the vocational rehabilitation process? One goal of this dissertation was to identify applicable practices for intervening with parents of children with ID to assist their movement from low acceptance to high acceptance. Three themes emerged throughout the interviews: (a) Counselors must develop a therapeutic relationship with parents; (b) rehabilitation counselors can leverage that relationship to encourage growth; and (c) Increase access.

Developing a therapeutic relationship with the parents involves inviting them into a relationship with the rehabilitation counselor to grow with their adolescent (See Table 5). Some counselors discussed having two clients when working with low-acceptance parents. The process of developing the therapeutic relationship involved including parents in the process and providing non-judgmental emotional support as they wrestle with their fears about their adolescent's independence.

Table 5

Intervention Category: Build a Therapeutic Relationship with the Parents

Intervention	Quote
Relationship	"I find a lot of it is establishing a good, solid relationship with the parent more so than with the student because that's how you're going to bring the student along." Participant 3 "So, I think the, the important, it's good to, without being aggressive, without being confrontational, uh, feel out what the family's understanding is, but also keeping in mind that the primary focus is on the client." Participant 5 "I think it's trying to listen first. Um, I, I, I think we have families that all

	have, they, they're students. They all care. And again, it, maybe it's the relationship, rapport, building, whatever you want might call it. I think that is, again, it's, it's critical because it's that collaboration piece. Um, and if fa parents feel that they're not just shut out, they're, they're open to hearing our perspectives and, and growing themselves, you know? Yeah. And that's a lot of what this is about is helping the families as much as we help the students, to be completely honest.” Participant 9
Include Parents	“I'll call 'em after we meet that day and I'll say, Hey, I met with your son or your daughter and this is what they were talking about. How do you feel about what are your thoughts about this?” Participant 3 “I even ask, what do you think would be a good avenue for your son or daughter career wise? Well, they understand their, their, their, the son or daughter in a lot of ways better than anybody.” Participant 9
Support Parents	“But I also worked with the mom, you know, for months…” Participant 14 “And help with the how. Yeah. How, and it's okay to, you know, take an hour away from your child depending on their age or two hours. And it's okay to have them go to respite that isn't ideal or how it would be at your

> house, but it's, you know, it's a break because that, I guess that was my other point. If a parent doesn't take a break, um, they're going to burn out. And then that changes the way this all works." Participant 13

> "when there are families who are doing the right stuff in that regard, I will absolutely say, Hey, this is, you know, your persistence paid off here." Participant 2

Encouraging growth involved helping parents discern between the current situation and an ideal future. It encompassed assisting parents to realize that a student not being ready for a plan or service at the time does not mean it cannot happen. Much of encouraging growth was comprised of helping parents picture the future and develop a roadmap for getting there. Three codes came up: teach flexibility, break the process into smaller parts, and develop experiential knowledge (See Table 6). Rehabilitation counselors found that breaking the progression into smaller pieces helped parents mitigate real and perceived risks and helped them envision independence in one-step increments. Doing so reduced anxiety and behaviors that looked like sabotage. Similarly, developing experiential knowledge enabled parents to see their students in various environments and the limitations and growth involved. It eliminated fears by demonstrating the support the student received, its limits, and its effectiveness. It was no longer a *what-if* scenario.

Table 6

Intervention Category: Encourage Growth

Intervention	Quote
Encourage Flexibility	“we always explain that to them. This is a snapshot. This is what where your son or daughter is at this time. Um, it doesn't mean that they might, maybe they have a higher goal for them. We, we say it doesn't mean they can't, they won't ever achieve that goal, but this is where they are at this time, and this is a pathway” Participant 6
	“working with, with, you know, parents to recognize that and allow for that type of fluidity and with the, the client as well to say that, you know, like, we can help you, uh, work towards your goal, but it's okay to change your mind along the way. It's okay to decide that while you're working for something, it's not for you and you want to try something different.” Participant 5
Small Parts	“So, I think little baby steps sometimes helps with that acceptance of where they are. Um, you can talk about the big picture, and they get real scared of all that, so you may back off on your information that you're providing to 'em.” Participant 3
	“the biggest benefit, is they have that opportunity to let go in a safe baby step. Kind of a kind of a way that I hope allows them to conceptualize that in their own lives that, hey, my son or daughter can do a lot more than I

	thought. I don't have to control everything. There is hope.” Participant 9
Experiential Knowledge	“You know, like I had one family that I was working with, and they were talking about their child learning how to use the bus to get back and forth between home and somewhere that the, the child needed to go on a regular basis. And mom was a little anxious about him being on the bus. And so, I said, you know, why don't you go with him the first time and see that way you know what to expect and he's got support the first time he does it, and if it goes well, then you can turn him loose. And they did that. She, she felt comfortable enough to take that plan and put it into action, and she saw that, oh yeah, this is going to be an okay situation. He can handle this. And she was able then to step back after riding with him one or two times.” Participant 11 “with the work assessment that's going to, that's going to show, um, the response to interventions, interactions with supervisors, peers, task completion, and identify any of their barriers they may have. So, I think we have to use available data and even additional data, um, if needed to encourage parental acceptance.” Participant 6 “I always like to try to give the individual opportunities where the parents

> can see firsthand, so I don't have to flat out say like, I'm not, I don't want to be a dream crasher, but, you know, as you work with individuals, you just, it's the way you present things. We'll try these things." Participant 10

Finally, increasing access involved eliminating barriers between parents and resources. Rehabilitation counselors taught self-advocacy, connected them to other services, and encouraged community involvement (See Table 7). Self-advocacy involves improving parental knowledge concerning their student's disability, rights, and available services. They also clarified policies, laws, and reasonable expectations for developmentally appropriate stages. Once parents could navigate those services, they were better equipped to follow through when referred to other services. Similarly, helping connect parents to other families and their community was critical to community integration. The better parents integrated into their communities, the better equipped their adolescents were for community integration.

Table 7

Intervention Category: Increase Access

Intervention	Quote
Access	"make sure that they know they're not going to be alone when they finish here." Participant 7 "They, they did create a network." Participant 12

	“making sure that the opportunities are as universal as possible so that anybody on any level, um, are an appropriate candidate to in those. And that, that goes over very well with parents.” Participant 1
Self Advocacy	“I actually spend quite a bit of time and energy working with families, helping them make that transition for their student. Right. To, to help that student become a better self-advocate for the parents to take that. And that, and I think that's a, that's the transition piece that I think we play the most here is teaching that family.” Participant 9
	“we try to help them understand that the difference between school and adult services, you know, from entitlement to eligibility.” Participant 10
	“I've taught parents to be very creative about how to do some of that stuff.” Participant 13
Connect to Services	“I'll even recommend that they do work with other, other, you know, agencies and because there are other resources out there.” Participant 9
	“you just have to know how to access them. And I think that's a problem too, is that a lot of these are well kept secrets. They just don't advertise, they don't, uh, get the word out there.” Participant 7

	"I always like to talk to the parents about all the options with our program, what benefits their students would get, what services they could get." Participant 8
Connect to Community	"And if they have some type of therapeutic team out there that the individuals can participate in, and the parents are all together, I think then they get to build relationships with other folks and see other people and talk to them about how they got what they needed. You know, sometimes that's more meaningful than having me tell them, um, you know, because sometimes from parent to parent" Participant 10 "So even getting parents involved in community integration has, right. You know, like the, it expands the network from all the kids with the same disabilities and the same parents with the same disabilities too. Just a broader community." Participant 12 "the parents could just sit and chat and, you know, it, it doesn't change anything when you go home and you're the only one. But it changes that moment to know you're not alone." Participant 13

There were no other discrepancies after reconciling the categories. Of the 14 counselors, 10 conveyed treating the parents as a secondary client, 10 reported connection as an intervention, and 13 reported parental education as an essential intervention.

Summary

This dissertation identified how rehabilitation counselors conceptualize and intervene with parents of transitioning adolescents with ID. Research questions included were: (a) What experiences have rehabilitation counselors had coordinating services with parents of adolescents with ID experiencing various degrees of acceptance? (b) How do counselors understand and intervene with parental acceptance? Findings included rehabilitation counselors conceptualizing parental acceptance through gaging parents (a) fear versus growth mentality, (b) proactive or reactive planning, (c) misinformation versus high-quality information, and (d) realistic versus unrealistic expectations. Rehabilitation counselors intervene with parents by (a) establishing a therapeutic relationship, b) encouraging a growth mindset, and (c) increasing access to services.

The next chapter will describe this researcher’s interpretation of the findings, limitations of the study, and recommendations for further research. The next chapter will also discuss these findings' implications for positive social change in vocational rehabilitation and community integration for individuals with ID.

Chapter 5: Discussion, Conclusions, and Recommendations

I conducted this study to gain an understanding of existing conceptualizations and interventions used by rehabilitation counselors with parents at varying degrees of acceptance. The goal was to collect best practices used by transition counselors collaborating with parents in their work with students with ID. Key findings included rehabilitation counselors' conceptualizations of parental acceptance ranging from (a) fear to growth, (b) proactive to reactive, (c) misinformation to high-quality information, and (d) unrealistic to realistic expectations. Rehabilitation counselors reported intervening with parents by (a) developing a therapeutic relationship, (b) encouraging a growth mindset, and (c) increasing access to services.

Interpretation of the Findings

These categories impacted each other sequentially. Parents who feared the unknown and failure tended to be more reactive. Parents with reactive behaviors took longer to develop a sound knowledge base of their child, the available services, and the impact employment had on benefits. Misinformation prevented them from developing a realistic picture of their child's abilities, capabilities, interests, and limitations, which resulted in a mismatch between services and the student. That mismatch caused further conflict, confusion, and frustration for the rehabilitation counselor and the parents.

Conversely, alleviating the parents' fears and promoting a growth mentality often led to more proactive planning and troubleshooting. Proactive planning encouraged higher-quality knowledge. Reliable information allowed parents to have realistic expectations of their adolescents and the professionals collaborating with them. Those realistic expectations produced an improved match between the student's abilities and available services. Thus, the findings provided a rough roadmap for rehabilitation counselors intervening with parents of children with ID to move them toward greater acceptance. First, they should establish a therapeutic relationship with the parents and the student; second, use that relationship to create a shared understanding; and third, educate parents on available resources that increase access to appropriate support.

These findings confirmed existing research conducted by physicians, nurses, social workers, and psychologists. I am unaware of any literature on parental acceptance interventions undertaken by or with rehabilitation counselors. Parental acceptance correlates with decreased anxiety in adolescents with ID and increased confidence in the transition process (Hemm et al., 2018). Parental fear reduces proactivity when it comes to planning for adolescent independence (Pryce et al. (2017). Similarly, social support (Francis et al., 2019; Halstead et al., 2018), treating parents as clients (Gauthier-Boudreault et al., 2018), teaching self-care strategies (Jandric & Kurtovic, 2021), and reducing the unknown (Dikow et al., 2019; Codd & Hewitt, 2021) were beneficial interventions for acceptance. Participants addressed each of these in the intervention categories. Participants identified connecting parents to their community and available services. Existing literature did not identify connection as an intervention but did recognize isolation as a barrier (Duran & Eurgon, 2019). But, providing disability-specific education was helpful for parents (Yildiz & Cavkaytar, 2020).

Some interventions stood out that could not be addressed by the literature due to the lack of studies by or on rehabilitation counselors. The roles of sabotage, parents doing things “for” instead of “with” their student, benefits knowledge, and parental expectations of their adolescent as barriers to acceptance were unique to this study. Correspondingly, rehabilitation counselor-specific interventions included developing experiential knowledge and teaching self-advocacy. The existing literature came from the medical, social work, and psychological professions; thus, moving from school to work or dependence to independence was not a focus. Research conducted within those professions was generalized as compliance or caregiver burnout (Dhanapal et al., 2021; Jandric & Kurtovic, 2021) and did not emphasize independence. In vocational rehabilitation, increasing independence through participation is the goal, not a means to an outcome.

Similarly, interventions such as developing experiential knowledge are not often within the scope of psychology or medicine. Social workers have opportunities to increase the self-determination of their clients (National Association of Social Workers, 2021, 1.02.), but experiential knowledge has not been listed as an intervention strategy. Vocational rehabilitation counselors are uniquely required to empower clients (CRCC, 2016, C.b.), advocate with and for clients (CRCC, 2016, C.1.), and maintain an accurate knowledge of benefits systems (CRCC, 2016, C.1.g). These mandates highlight the importance of researching parental acceptance with rehabilitation counselors in mind.

Limitations of the Study

There were some limitations this study faced. One was using purposive sampling from my professional network. The transition counselors covered an array of roles and regions. While beneficial in bringing broad perspectives to the study, the diversity of positions also limited its scope. Each job had different goals and definitions of success. One question in the semi-structured interview asked about differences in outcomes, but each role had a different meaning when answering the question. However, these diverse goals were also a strength because they highlight many factors involved in vocational rehabilitation.

Relying on a personal network also restricted findings to one state, limiting demographics and resources. Another limitation was that while the participants were diverse in role, region, and gender, all were White. A final constraint was the lack of research on rehabilitation counselor perspectives, which did not allow direct triangulation with others on disability acceptance within the profession. Triangulation could only occur with other disciplines.

Recommendations

There were some strengths in the research as well. First, rehabilitation counselors have a unique mandate emphasizing client participation and independence that merits study. Many participants discussed parental acceptance as a spectrum (low acceptance to high acceptance), which differs from the existing stage models, social models, and identity models. Further research into conceptualizing disability acceptance could offer more possibilities to measure acceptance and determine appropriate interventions. Similarly, each intervention could be viewed through the lens of vocational rehabilitation services to develop an evidence base for providing services that achieve greater collaboration. As noted, a weakness of this research was that all participants were White. Doing further research targeting minority perspectives benefits the development of an emerging evidence base. Also, expanding the literature to parents of children with other developmental disabilities would be a logical next step in cultivating this body of research.

Implications

The findings from this research generated some implications for individuals with ID, their families, and the vocational rehabilitation profession. First, a roadmap for counselors to intervene with low-acceptance parents is emerging. The Workforce Innovation and Opportunities Act (2014) eliminated the Certified Rehabilitation Counselor credential as a hiring requirement for vocational rehabilitation agencies. Most counselors graduating from CACREP-accredited programs that do not have a rehabilitation focus have not had foundational coursework such as Foundations of Rehabilitation Counseling, Medical and Psychosocial Aspects of Disability, and Case Management (Feather & Carleson, 2019; Oksuz & Brubaker, 2020). Counselors without rehabilitation counseling master's programs must rely more on on-the-job training (Sabella, 2017). However, in government-run counseling agencies, supervisors lean more on policies than professional ethics or supervision models (Landon & Schults, 2018). An emerging evidence base can help new counselors understand intervening with parents utilizing practices rehabilitation counselors are already using.

At the family level, counselors can help parents move from low acceptance to higher acceptance. High-acceptance parents tend to produce better outcomes for clients and their families (Di Renzo et al., 2020; Dizdaravic et al., 2017). Similarly, adolescents whose parents demonstrate higher acceptance have less anxiety (Hemm et al., 2018) and behavior problems (Mathew & Srivastava, 2022), which are barriers to goal-directed activity (Zapata, 2020). The United States has over 7 million individuals with ID (University of Minnesota, 2019). Given the unique role rehabilitation counselors fill in the world of employment and independence, positively impacting parental acceptance can lead to greater community inclusion and self-direction for a vulnerable population.

Conclusion

Rehabilitation counselors are already doing the work of collaborating with clients with ID and their families. They are the front-line, along with parents and students transitioning from school-based services to adult services. Identifying best practices for helping parents adapt to changing systems with their adolescents can increase independence, leading to systemic change that can improve the lives of all individuals with disabilities.

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