Dialog, *16*(1), 216-235

ISSN: 1930-9325

DIALOG FROM THE FIELD

Promoting Engagement and Involvement of Parents with Cognitive Challenges: Suggestions for Head Start Programs

Sandra T. Azar, Elizabeth A. Miller, and Michael T. Stevenson

Pennsylvania State University

Parents with cognitive challenges (PCC) appear to be overrepresented in Head Start parent populations. Engaging and involving PCC in their children's education presents unique challenges for Head Start staff. We discuss how parents' difficulties in social information processing and low educational self-efficacy affect their capacity for engagement and involvement. Because engagement and involvement involve both parents and staff, we present suggestions for building the capacity of staff members and leaders to work with the special needs of PCC, as well as minimizing the potential for their own bias to affect engagement of PCC. Finally, we suggest programming adaptations to better accommodate the needs of PCC.

Keywords: parents with cognitive challenges, parent engagement, school involvement, Head Start.

Parental involvement has been found to be positively related to children's school performance and academic achievement (Izzo, Weissberg, Kasprow, & Fendrich, 1999; Jeynes, 2005; Miedel & Reynolds, 1999; Olmstead, 1991), and is thought to be particularly important in early childhood education (Barnard, 2004; Lamb-Parker et al., 2001; Marcon, 1999). Parent involvement requires two elements – engagement and a wide array of involvement strategies. The first element, engagement, is the development of and maintenance of a positive working relationship between staff and the parent. Once parents are engaged, staff can make efforts to increase or enhance parents' active involvement in their children's education. Efforts may focus on parents' activities with their children, their attitudes or values toward education, and/or their activities within the classroom or school setting.

Head Start (HS) programs utilize a two-generational approach and emphasize the importance of parents as partners in their children's education (Henrich & Gadaire, 2008). HS performance standards (2006) require that programs provide parents with opportunities for involvement that fit their interests and needs and assist parents in becoming advocates for their children as they transition into other school settings. Although HS is successful in engaging and

involving many parents in their children's educational experiences, parents with cognitive challenges (PCC) may present with unique needs that create obstacles to engagement and involvement in their children's education, and specific programming is needed to address their needs. PCC may carry official developmental disabilities labels, have IQs in the Borderline to Mentally Retarded range, and/or have learning disabilities or selective neuropsychological difficulties (e.g., sensory processing problems). Other parents may be above the threshold for a formal diagnosis of cognitive disability, but still exhibit cognitive challenges that interfere with their work with staff and effective utilization of the typical programming provided to them. The latter group may present particular difficulties as the mismatch with typical HS parent outreach strategies may not be immediately apparent and can be interpreted as a lack of motivation on the parent's part.

It has been argued that PCC have difficulty benefiting from "business as usual" parenting interventions (i.e., traditional didactic instruction; Azar, Robinson, & Proctor, 2012; Tymchuk, 1998). PCC have cognitive impairments in social information processing, which interfere with critical life tasks, including parenting and interacting productively with those who attempt to provide them with assistance (Azar, Reitz, & Goslin, 2008; Azar, Stevenson, & Johnson, 2012). These difficulties may increase risk to children and also signal a need for adaptations in professionals' approaches to working with these parents. PCC are also likely to have poor histories with the educational system and low self-efficacy in this area. These problems are likely to interfere with HS staff's attempts to engage these parents and involve them in their children's education. PCC may require modifications to both staff engagement approaches (Azar & Read, 2009; Azar, Robinson, et al., 2012) and learning strategies used with parents (Tymchuk, 2006) to ensure that HS programming is effective.

The goal of this paper is to discuss how engagement and involvement efforts can be adapted to fit with the needs of PCC, who present specific challenges for staff in early childhood education. As the prevalence of PCC in HS programs is unknown, we will argue that HS programs should adopt a universal design approach to involvement efforts, integrating the suggestions we make to ensure that all parents are able to benefit from the services provided. A universal design approach is "a framework for the design of places, things, information, communication, and policy to be useable by the widest range of people operating in the widest range of situations without special and separate design" (Institute for Human Centered Design, 2011). Universal design originated in architecture and the design of the physical environment, and attempts to create an inclusive environment that anticipates a wide variety of needs. For example, ramps to buildings are integrated into the design of buildings and provide accommodation for those using wheelchairs, but also improve usability of the building for others (e.g., parent with a stroller, bicyclist; Scott, Mcguire, & Shaw, 2003). More recently, the principles of universal design have been applied to other areas, such as learning and education (Rose, 2000). Universal design in learning is not a one-size-fits-all approach, but is flexible and includes alternatives to meet diverse needs of learners (Rose, 2000). In the context of this discussion on engagement and involvement, universal design requires programs to stretch and adapt, necessitating specific staff skills and adaptations to service provision. Therefore, we provide recommendations for staff capacity building and programming adaptations to improve engagement and involvement of PCC.

PCC IN HEAD START POPULATIONS

The exact prevalence of PCC in HS parent populations is unknown, as relatively little attention is paid to adults with cognitive challenges living in the community after exiting the school system. During childhood and adolescence, individuals with special learning needs are served by carefully trained teachers with advanced degrees within special education services, and these individuals receive individualized planning for their educational careers. However, as these individuals become adults and move out of the educational system, many become "invisible" and blend into the community. Many PCC do not have clearly defined labels or their challenges do not qualify them for specific services in their role of parent (e.g., Department of Mental Retardation).

Nationally, 31% of HS parents have less than a high school education (Office of Head Start, 2011) and rates exceed 50% in some areas of the country (Castro, Bryant, Peisner-Feinberg, & Skinner, 2004). Many HS parents also receive economic support through TANF or other governmental subsidies (16% TANF, 7% SSI, 57% WIC; Office of Head Start, 2011). Individuals with learning disabilities or other cognitive challenges are overrepresented in both high school dropout and TANF recipient populations (Sweeney, 2000; Thurlow, Sinclair, & Johnson, 2002; US GAO, 2001); therefore it can be argued that parents with special learning needs are overrepresented in the HS population.

In addition, the nature of the parent population in HS has undergone changes with the advent of shifts in the welfare system requiring work involvement (Henrich & Gadaire, 2008). In the TANF system, low income parents who return to work are given allowances for subsidized child care services and can seek non-HS day care and preschool services. Individuals with cognitive challenges have demonstrated difficulties meeting the requirements of welfare to work programs (Scheepers et al., 2005); therefore, the remaining parent population in HS services may contain a larger proportion of parents with cognitive impairments than in the past. It is also noteworthy that many HS parents present with mental health issues (e.g., depression, post-traumatic stress disorder; Razzino, New, Lewin, & Joseph, 2004) that may negatively affect parents' cognitive functioning (e.g., problems with attention, distractibility). In summary, the proportion of HS parents with cognitive challenges is unknown, but the available evidence indicates that PCC may be overrepresented in the HS population. Therefore, adapting HS involvement efforts to accommodate these parents is likely a worthy investment, and added learning supports for parents may also benefit the larger HS parent population.

DEFINING PARENT ENGAGEMENT AND INVOLVEMENT

As noted previously, parent involvement in HS and their children's educational experiences requires two elements – engagement with staff and involvement in education. Engagement is a transactional term referring to the quality of interaction between parents and staff. In mental health, this relationship is referred to as a therapeutic alliance or working alliance whereby transactions between clients and service providers are marked by common goals, mutual investment in tasks, and a perceived bond. Working alliance has been found to be a strong predictor of successful client outcomes (Bordin, 1979; Martin, Garske & Davis, 2000). It should be noted that despite this transactional definition, the focus is often on clients' capacity or incapacity to form a working alliance (i.e., whether they are "resistant to treatment"), rather than on staff capacities or incapacities.

Another literature that has discussed engagement is that pertaining to workplace engagement on the part of staff, especially in the face of challenges (Macey & Schneider, 2008).

These views on engagement may be particularly relevant to work with parents who present difficulties. Work engagement is defined as a positive, fulfilling, work-related state of mind characterized by three elements – vigor, dedication, and absorption (Schaufeli, Salanova, González-Romá, & Bakker, 2002). Vigor is defined as high energy while working, willingness to invest effort, and persistence through difficulties. Dedication refers to being strongly involved in one's work and having feelings of pride and significance. Lastly, absorption is defined as a state of concentration where one is deeply engrossed in work, or in a state of "flow" (Schaufeli et al., 2002).

Staff members who are high in this type of engagement may be the most effective with PCC as it may improve their ability to relate to parents, increase their capacity to shift their strategies on a moment by moment basis to be more effective, and build a relationship in cases where the parent may provide less immediate reward or satisfaction. Therefore, capacities for positive work engagement should be sought in hiring of staff and promoted in existing staff as they work with such parents. Cognitive impairments in parents and the difficulties staff experience when working with them (along with the other more general strains of working with economically impoverished HS families and with little resources) may be obstacles for staff in achieving or maintaining work engagement. However, when working with adults with cognitive impairments, this type of engagement may be a protective factor against burnout in the face of the strain involved in such work (Durán, Extremera, & Rey, 2004), and is, therefore, a valuable area for staff development. Staff members who are high in work engagement also model for parents the type of involved parent HS attempts to promote – a parent who is dedicated to, absorbed in, and vigorously involved in their "job" of shepherding their children through the educational system. All parents benefit from this modeling, and PCC may require such modeling to achieve this goal.

Once parents are engaged with HS staff, staff can make efforts to increase or enhance parents' active involvement in their children's education. Many aspects of parent involvement have been explored, including "internal" involvement, which is subjective and personal (e.g., attitudes toward school personnel, educational self-confidence and self-efficacy), and external involvement, which consists of visible behaviors (e.g., classroom volunteering, contacts with school personnel, involvement in children's activities; Becher, 1984; Slaughter, Lindsey, Nakagawa, & Kuehne, 1989). External involvement has also been divided into home support (i.e., home learning activities and a home environment generally supportive of learning) and direct school contact (i.e., consistent and effective communication and interactions between parent and school staff; Fantuzzo, Tighe, McWayne, Davis, & Childs, 2003). Regardless of how parent involvement is defined, it is consistently linked to children's academic achievement (Barnard, 2004; Chen & Uttal, 1988; Hill & Tyson, 2009; Hoover-Dempsey & Sandler, 1995; Izzo et al, 1999; Jeynes, 2005; Miedel & Reynolds, 1999; O'Brian et al., 2002; Olmstead, 1991). PCC's educational histories and interpersonal challenges may affect each of these dimensions of involvement.

It is important to consider quality of involvement in addition to quantity (e.g., duration or intensity of services) , as quality of involvement is more closely tied to outcomes (Raikes et al., 2006). HS reports have focused primarily on quantity of involvement, and have found that most HS parents are involved with the program, with 82.9% receiving home visits and 81.6% participating in parent-teacher conferences (O'Brian et al., 2002). Quality of involvement is lower; in Early Head Start home visiting programs, Raikes and colleagues (2006) found that staff rated the quality of parents' involvement as variable, just above the midpoint of the scale on average, suggesting substantial room for improvement in the quality of involvement. Yearly attrition rates of 22-30% for HS centers (Webster-Stratton, Reid, & Hammond, 2001) also indicate that HS centers could improve initial engagement of parents, and perhaps improve

retention rates.

Improving parents' involvement in their children's education requires service providers to successfully engage with parents and be personally engaged in their work despite obstacles or lack of reinforcement from parents. Once parents are engaged, service providers need to provide the right kinds of opportunities for involvement, encouraging parents to actively promote learning and better communicate the value of education to their children. Engagement and involvement are not just something the parent "does" or "doesn't do" but rather are situations co-created with staff and HS programs. Therefore, both parent and staff capacities (e.g., relational and communication capacities) must be considered.

CHALLENGES TO ENGAGEMENT AND INVOLVEMENT PRESENTED BY PCC

In work with PCC, there are many challenges to engagement and involvement as they are defined above. We will examine these challenges through two lenses. First, we will discuss how parents' impairments in social information processing affect engagement with staff and parents' capacity to be involved with their children's schooling in a manner valued by HS. Secondly, we will examine how parents' own histories with educational systems affect their feelings of self-efficacy and view of themselves as active partners in their children's education

Cognitive Impairments and Social Information Processing

Individuals' skills at processing social information (e.g., how well they take in information from their environment and make sense of it) are crucial both to smooth, positive, and effective interpersonal relationships (including parent-child and parent-HS staff interactions; Azar et al., 2008; Fiske & Taylor, 1991) and to learning new skills (parenting education to enhance involvement in children's schooling). Social information processing (SIP) difficulties include having unrealistic expectations of others, poor problem solving, less flexible thinking, and being more likely to see others as hostile or threatening and oneself as less competent. These difficulties are likely to affect interactions with other adults, parenting, and mastering the new material that is often part of parenting education programs.

Beginning in childhood, persons with intellectual disabilities (ID), which are clearly identified cognitive challenges, have shown deficits in these SIP domains and corresponding negative interpersonal consequences. Children with ID have been shown to see the benign acts of others as hostile (Leffert, Siperstein & Millikan, 2000; van Nieuwenhuijzen, Vriens, Scheepmaker, Smit & Porton, 2011) and these hostile views of others' behavior in turn can translate into aggressive or otherwise maladaptive responses (Jahoda, Pert & Trower, 2006). Children with ID may hold hostile views of others because they have experienced harassment and discrimination due to ID and expect others to harass, discriminate against, or otherwise hurt them (Jahoda, Pert, Squire & Trower, 1998).

These hostile views of others are likely to continue into adulthood. For instance, in our research, when cognitively challenged mothers are interviewed about social support in their lives, they often cite few interactions with other adults, but when asked if they are satisfied with this situation, say things like "it's better that way, others just cause you trouble." By adulthood, histories of negative evaluation by others and greater experiences of social defeat (Jahoda & Markova, 2004; Reiss & Benson, 1984) may lead parents with cognitive challenges to monitor

their social behavior more actively and be more likely to make negative appraisals of others (i.e., see others, including their own children, as negatively evaluating them and having negative intent). For example, they may see helpful efforts to improve parenting by HS staff as evidence that staff see them as "bad" parents and may avoid home visits to avoid feelings of shame.

Children with special education needs have been shown to have difficulties in coming up with diverse, appropriate solutions to social problems and to perseverate in the use of ineffective solutions (Leffert et al., 2000; Wilson, 1999). Problem solving difficulties increase as social situations become more complex (Guralnick, Connor, Neville, Hammond, & Floyd, 2006; van Nieuwenhuijzen et al., 2011), and may be particularly problematic in adulthood, as adult social situations are inherently more complex. In adulthood, poor problem solving and persisting in ineffective responses may lead to difficulties with caregiving and child discipline (Azar, Read, & Proctor, 2008; Azar, Stevenson, et al., 2012). These deficits may also negatively impact interactions with other adults. Indeed, we have found that interpersonal problem solving difficulties are present in both interactions with children and with other adults (Azar, Stevenson, et al., 2012).

The above difficulties, as well as problems with perspective-taking, problem recognition, working memory, and recognizing and labeling emotion in others (van Nieuwenhuijzen et al., 2011), may be significant obstacles to the engagement and involvement of PCC. For example, PCC often think that others know what they are thinking or feeling and then react negatively when others fail to meet this expectation.

Adults with cognitive impairments frequently experience stigmatization and exploitation (Feldman, 1998), and this may make contact with service providers and those who are "there to help them" more aversive or threatening. They may also avoid "discovery" of their cognitive difficulties by adopting a "cloak of competence" (Edgerton, Bollinger, & Herr, 1984) or avoiding interactions with systems that may uncover their lack of competency. In addition, the stress of interacting with these systems may negatively affect their performance as parents, as stress has long been found to be related to performance (Easterbrook, 1959).

Thus, SIP difficulties, poor social histories, and concern that staff will see them as poor parents may result in poor social skills, avoidance, or even open hostility on the part of PCC (Azar & Read, 2009; Azar, Robinson, et al., 2012; Feldman, 1998). These behaviors could result in staff labeling the parent as uncooperative, unmotivated, and/or not invested in their child, and decrease the likelihood that staff will be able to successfully engage the parent. Even if PCC are successfully engaged by staff, they may lack the planning, memory, attentional skills, problem solving, and organizational capacities required to make appointments with HS staff and participate in program activities, and may even have difficulties in getting their children to programs regularly. Further, cognitive challenges may slow the learning of new parent-child interaction skills or learning activities.

Educational History and Self-Efficacy

Parent involvement research suggests that educational history may play a role in determining levels of parent involvement. In HS, parents with less than a high school education display less involvement than parents with more education (Fantuzzo, Tighe, & Childs, 2000; McWayne, Campos, & Owsianik, 2008) and poorer quality of involvement (Raikes et al., 2006). Youth with learning disabilities drop out of high school at higher rates than other students (Thurlow et al., 2002), and frequently report dislike of their school experience and poor relationships with teachers and students as reasons for leaving the school system. Youth with other cognitive

challenges are likely to have similar experiences, and when they become parents, they may be less likely to value education (i.e., show "internal" involvement) and be less willing to become "externally" involved in their own children's schooling (e.g., participate in classroom activities) .

It is likely that youth with poor school experiences and a history of failure have low self-efficacy in educational domains, and this is likely to remain low as these youth become parents. This is problematic, as self-efficacy is positively related to degree of parental educational involvement (Hoover-Dempsey, Bassler, & Brissie, 1992; Seefeldt, Denton, Galper, & Younoszai, 1998) and mothers' education level and intellectual confidence are also related to school involvement (Bryant, Peisner-Feinberg, & Miller-Johnson, 2000; Lamb-Parker et al., 2001). Self-efficacy theory (Bandura, 1977) posits that behavior is determined by outcome expectancies (i.e., what one expects a specific behavior to result in) and self-efficacy (i.e., belief that one is able to successfully execute the behavior to produce the outcome). Parents with low self-efficacy may feel that their behavior has little effect on their child's education and that they do not have the skills necessary to improve their child's educational experience. For example, one of the authors sat with a young mother in the parent room at a HS waiting for an educational meeting with HS staff to start. She was frightened that she would not understand what was taking place at this meeting and would look "stupid." PCC may be hesitant to contact school staff with questions because they have poor outcome expectancies (e.g., expectations they will not be understood), and may not envision a role for themselves in their child's education.

Parents' special needs and poor history with the educational system may act as obstacles to engagement with educational staff and involvement in their own children's education as they begin with negative assumptions (e.g., schools are not pleasant places, I will not be valued by teachers). These negative assumptions and expectations of involvement efforts may lead to conflicts or what appears on the surface as a lack of investment. It should be noted that although these issues may be more prominent in PCC, they occur at some level with all parents interacting with professionals and need to be considered during the development of helping relationships.

HEAD START STAFF AND ENGAGEMENT AND INVOLVEMENT OF PCC

Parent engagement and involvement requires effort from staff as well as parents. We will discuss ways to build staff and leadership capacities to create a universal design that allows for improved engagement and involvement of PCC. We will also discuss how preconceived biases and unique reactions to PCC may affect staff's efforts to engage this population, and how to address these so that staff can be helpful to parents and more effective at improving parents' educational involvement.

Building Staff Capacity

The early childhood field is experiencing what has been described as a "reinvigorated commitment" to professional development and staff capacity building (Jones Harden, Denmark, & Saul, 2010), driven largely by the increased attention to and funding for early intervention programs at the federal level (Haskins, Paxson, & Brooks-Gunn, 2009). Staff capacity building involves activities that strengthen the knowledge, abilities, and skills of service providers (Azar & Read, 2009). Capacity building is a crucial element of system change, and we will discuss how staff capacity building can reduce stress and burnout for HS staff and enhance the quality of

work with PCC.

Burnout is a common concern for service providers in various human service fields (e.g., early child care, social work, mental health services) because of the high stress nature of providing services to others. Burnout is defined as a state of emotional exhaustion (i.e., the extent to which the employee lacks sufficient emotional resources to deal with stress), depersonalization (i.e., feeling more callous toward others), and a lack of personal accomplishment (Maslach & Jackson, 1981). HS staff members are at high risk for burnout because of the high demands, low resources, and little reward of their work (Goelman & Guo, 1998). Work with PCC may present additional stress because these parents may be unable to meet staff's expectations (e.g., showing up to a meeting on time). If staff are unable to recognize when a parent has cognitive challenges and needs accommodation, the disconnect between staff expectations and the parent's actions can lead to increased stress, negative feelings towards the parent, and feelings of frustration on the part of staff members. For service providers in related fields (e.g., home visiting, child welfare), lack of specific training and insufficient capacities to meet parental special needs are a source of strain, often leading to burnout and high staff turnover (Curry, McCarragher, & Dellmann-Jenkins, 2005; Jones Harden et al., 2010; Savicki & Cooley, 1994).

Cognitive challenges may not be apparent in all parents, as individuals with cognitive challenges often adopt a "cloak of competence" (Edgerton et al., 1984), appearing to understand material when they do not, making identification of needs more difficult. A universal design approach to working with parents provides staff with the ability to meet parents' needs even without formal identification of PCC. Staff development should focus on building skills to reduce moments of disconnect in conversations, as well as disconnects between parents' abilities and staff's expectations. Providers must be extremely sensitive to moments in conversation when assistance is needed, consistently checking that the parent understands what is being asked and has the behavioral capacities to do what is requested, without stigmatizing or infantilizing the parent.

Training is essential, as staff report increased stress when they feel they have insufficient capacities to meet parents' needs (Jones Harden et al., 2010). Linkages with systems serving persons with cognitive challenges (e.g., Department of Mental Retardation) that already exist in HS could provide training opportunities to improve skills and would also allow HS staff to utilize the knowledge of other staff with more training and experience in working with adults with cognitive challenges. Cooperative agreements already in place in HS programs could be expanded to include such consultation and staff sharing. Recent research has suggested that early childhood staff benefit from collaborative training opportunities providing mentorship and didactic instruction, and that pairing staff with mentors can provide opportunities to improve skills through observation, practice, and reflection (Raver et al., 2008). Increased connections serve as resources to staff and ultimately help staff to provide better services to PCC.

Building Leadership Capacity

Capacity building can also focus on ways that supervisors can support their staff in engaging and involving PCC. This may include hiring supervisory staff with training specifically focused on working with adults with cognitive challenges so that supervisors can serve as a resource for staff. Supervisors adept in dealing with multiple systems of care can help staff provide

appropriate referrals (when available). However, small-scale changes may not be able to produce desired results and a broader approach to improving leadership may ultimately be more useful to improving the ability of HS staff to deal with the special needs of PCC.

Transformational leadership (Bass, 1990) is one model that has previously been examined in human service fields (e.g., Aarons, 2006; Stordeur, D'Hoore, & Vandenberghe, 2001) and could be utilized by HS programs. Transformational leadership consists of four leader behaviors – idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. Idealized influence describes the extent to which a leader is admired, trusted, and respected. Inspirational motivation is the extent to which a leader gives meaning to staff's work and fosters a common vision. Intellectual stimulation is the extent to which a leader supports innovation and encourages staff to think in new ways. Lastly, individual consideration is the extent to which a leader considers each staff member as an individual and facilitates their personal development and achievement of goals (Bass, 1990).

Transformational leadership has been linked to a variety of organizational outcomes. Transformational leadership is positively related to job performance, job satisfaction, and organizational commitment among followers, and negatively related to emotional exhaustion and turnover intentions (Green, Miller, & Aarons, 2011; Hughes, Avey, & Nixon, 2010; MacKenzie, Podsakoff, & Rich, 2001; Stordeur et al., 2001; Walumbwa, Orwa, Wang, & Lawler, 2005). Transformational leaders may support HS staff's efforts to engage and involve PCC by encouraging frequent discussion of the needs of PCC, recognizing and rewarding staff members who are able to successfully engage and involve these parents, and consistently providing feedback to staff as they attempt to work with PCC.

In addition, transformational leaders should be able to articulate their vision for the future and inspire others to work towards a common goal of improved engagement and involvement of PCC. Transformational leaders also provide support to followers as they work with PCC by respecting individual differences in needs and circumstances and providing opportunities for individuals to achieve their personal goals. In addition to improving job performance, and thus the engagement and involvement of PCC, transformational leadership behaviors may also buffer potential increases in stress and emotional exhaustion related to the difficult work of HS staff (Green et al., 2011; Stordeur et al., 2001).

Although transformational leadership is linked to leaders' individual differences in personality and other areas (Bono & Judge, 2004), recent research has indicated that transformational leadership training can lead to measureable change in leaders and their followers (Avolio & Bass, 1998; Barling, Weber, & Kelloway, 1996; Parry & Sinha, 2005). Transformational leadership is likely to improve followers' performance by increasing work engagement, specifically vigor, dedication, and absorption (Schaufeli et al., 2002). Transformational leadership training may be a valuable investment for HS programs to consider, as it would provide supervisors with skills to support and encourage staff as they expand their efforts to engage and involve PCC.

Leadership training can also focus on the role of leaders in determining organizational climate (Aarons, Sommerfeld, & Willging, 2011), which is defined how employees perceive their work environment (i.e., "the way things are here"; Glisson et al., 2007). Climate includes how the work environment affects employees' own well-being (e.g., feelings of personal accomplishment) and the functionality of the work environment (e.g., concerns about bureaucracy; Glisson et al., 2007). Organizations have multiple types of climates that address different parts of the environment (e.g., ethics, safety, customer service) and focused leadership

behavior can use "climate-embedding mechanisms" (e.g., resource allocation, mission statements) to create strategic climates focused on particular outcomes (Grojean, Resick, Dickson, & Smith, 2004; Schneider, Ehrhart, Mayer, Saltz, & Niles-Jolly, 2005). For example, recent research has examined how transformational leadership training can be used to create strategic climates for implementation of new practices (Aarons, Dlugosz, & Erhart, 2011).

In this context, HS supervisors could be trained in creating a strategic climate for parent involvement that focuses on a universal design approach. Potential climate-embedding mechanisms could include an explicit, clearly stated focus on accommodating all parents' needs, rewards for staff who make efforts to identify and support their needs (whether successful or unsuccessful), and role-modeling by the supervisor of appropriate values and assumptions. For example, staff meetings could include time devoted to highlighting innovative attempts at meeting needs and providing feedback to staff on their work with PCC. The creation of a climate in which a universal design approach is not just encouraged, but expected, would greatly enhance the likelihood of successfully engaging and involving PCC in their children's education.

Potential for Bias Toward PCC

People who are cognitively challenged face extensive negative biases in our society (Akrami, Ekehammar, Claesson, & Sonnander, 2006). When parents, specifically, are cognitively challenged, these biases can potentially interfere with engagement and involvement in HS. HS staff may unconsciously endorse negative stereotypes of the very people they have been entrusted to help. The potential ramifications of negative stereotype endorsement, in the context of parent-staff engagement, are problematic, as PCC who perceive biased behavior from staff may exhibit "resistance" to engagement that is actually a normal reaction to being seen as belonging to a lower-status social group.

Though bias toward PCC has not been examined in HS staff specifically, evidence for bias toward PCC in other service contexts has been found. In vignettes illustrating potential parental neglect cases, college students gave higher ratings of risk to children and of willingness to remove children from the home if the mother was labeled as having mild intellectual disabilities than if the mother had no such label (Proctor & Azar, 2012). Child protection workers were also found to see greater risk in parents labeled as intellectually disabled, indicating that bias toward PCC may exist within child welfare professionals, possibly contributing to the higher numbers of PCC in the child protection system (Aunos, Goupil, & Feldman, 2003; Azar, Robinson, et al., 2012; Ethier, Couture, & Lacharite, 2004; McGaw, Shaw, & Beckley, 2007; Mørch, Skår, & Andersgård, 1997; Schilling, Schinke, Blythe, & Barth, 1982; Tymchuk & Andron, 1990).

Within HS programs, one specific bias that may affect staff-parent relationships is the assumption that PCC lack the appropriate skills to successfully parent their children. With these parents, staff may see their role as protecting the child, rather than helping the parent. When staff cast themselves in a "child protector" role, the associated negative perceptions of parents may lead to decreased family participation and poorer outcomes (Jones Harden et al., 2010). A quote from a home visitor provides a clear example of how staff may have negative perceptions of parents. In this case, the group distinction described is essentially that between "good parents" and "bad parents."

> They're not the parents of old where they're invested in their child's welfare or those who are caring for their children, I think, I compare that to what my mother did, which I don't know how she would be at the window looking at me. I know she cared. Either she cared what I was doing or she cared about what the teacher was doing to me, for me or on behalf of me. So, I think that we're lacking a lot of that when it comes to the parents and how they participate. If they were more vested in their children's wellbeing, their outcomes and things like that, I think they would be more willing to participate in the program. (Jones Harden et al., 2010, p. 374)

This home visitor describes stereotypes of a "bad" parent (lack of investment in child, lack of caring) as being causally related to engagement in the program. We cannot know the accuracy of the description of the mother, but it is very clear that the visitor places herself (and her mother) in the "good" group and the client in the "bad" group. Additionally, the visitor reported that she viewed her role in this case as that of "child protector," something that clearly casts aspersions on the character and parenting of the client, thus providing a potential scenario for unease and lack of engagement.

Previous research regarding interpersonal interactions between high and low status groups has shown that when individuals hold negative stereotypes of specific groups, these groups display more anxiety and perform more poorly in interactions with them (Word, Zanna, & Cooper, 1974). If HS staff hold negative stereotypes of those with cognitive challenges (even unconsciously), PCC may respond to staff with anxiety and poor performance, which may in turn justify negative stereotypes on the part of staff. Similarly, if PCC are aware of negative stereotypes about those with cognitive challenges, they may be susceptible to stereotype threat, or the experience of anxiety in situations in which one's performance has the potential to confirm negative stereotypes about one's group (Schmader & Johns, 2003; Steele & Aaronson, 1995). Activation and/or exacerbation of anxiety associated with the experience of stigma may result in difficulties forming bonds necessary for successful engagement and may interfere with learning.

In order to provide the best context for staff-parent interaction and engagement, special attention needs to be paid to overcoming the obstacle of bias against PCC. Training in cognitive re-evaluation strategies (i.e., challenging of automatic thoughts and consideration of alternative explanations) could help reduce the effects of stereotypes and biased behavior in staff-parent interactions (Azar, 2000), thus promoting more effective engagement. Additionally, hiring of staff or consulting with professionals already trained in working with adults with cognitive challenges may result in staff more skilled in addressing the sensitive needs of PCC (Azar & Read, 2009; Proctor & Azar, 2012). Supervisors can also play a role in overcoming biases by constantly challenging staff's expectations and appraisals regarding the parent's agency in decision-making and prompting the generation of alternative more flexible appraisals (Azar, 2000). Eventually, the staff themselves can engage in such re-evaluations.

In summary, building staff capacity can improve the staff's knowledge, ability, and skills to implement a universal design approach to involvement, while building leadership capacity can affect great change in staff's work environment and create a strategic climate for universal design. Awareness of how unconscious biases can trigger negative responses from PCC, including avoidance, anxiety, or hostility, can minimize the likelihood that bias will interfere with efforts to engage PCC. Ultimately, these suggestions can improve the quality of services provided to PCC and improve efforts to involve parents.

PROGRAMMING ADAPTATIONS TO ADDRESS NEEDS OF PCC

Numerous programming adaptations can be made to better accommodate the needs of PCC. Space constraints do not allow for a full discussion, but many researchers have detailed methods of adapting to the needs of PCC in parenting interventions (Azar, Robinson, et al., 2012; Feldman & Case, 1999; Feldman, Ducharme, & Case, 1999; Lutzker, Bigelow, Doctor, Gershater, & Greene, 1998; Tymchuk, 2006). Two general domains of adaptation are recommended: attention to the learning style of the parent (i.e., ways in which staff behavior and use of materials can speak to different learning styles) and supporting connections between systems of care to better serve PCC.

Learning Styles

Just as with children who have special needs, training of teachers and staff needs to accommodate different learning styles in parents. For example, PCC often have difficulties with purely auditory instruction (Bakken, Miltenberger, & Schauss, 1993), and learn better from multimodal approaches that include auditory, visual, and kinesthetic strategies, using concrete examples. Tymchuk (2006), for example, shows pictures of home settings with safety hazards for children (e.g., medicines in a cabinet accessible to children) and works with the parent to identify the hazards portrayed in the pictures. Adaptations may need to be made regarding the rate at which material is presented, the time frame in which change is expected, and the duration of and types of supports needed to maintain parenting capacities over time. Material may need to be presented more slowly and expectations for mastery adjusted accordingly. Feldman and Case's (1999) program for working with PCC on home safety and child development is a good example. It employs pictorial prompts showing skills broken down into tiny elements, an audiotape that allows parents to work independently (promoting empowerment), and professional modeling of skills.

For primarily center-based HS programs, home-based contacts may be essential to ensure exposure to learning opportunities (e.g., that meetings take place) and promote generalization (Feldman, 1994; Green & Cruz, 2000). PCC require more repetition and benefit from learning in the environment where behavior change is desired (i.e., the home coaching and feedback while the parent is actually interacting with the child). Indeed, home-based work may be preferable as PCC also have multiple barriers to center-based programs (e.g., transportation and planning issues, aversive reactions to school settings where they have encountered failures). Again, while home-based work is not atypical in HS family work, more attention may need to be paid to employing active role modeling, enactment, coaching, and feedback.

Identification of when parents' cognitive challenges are interfering with understanding material is key to successful adaptations. Knowing each parent's learning style and having appropriate expectations for what he or she is able to accomplish will allow HS staff to correctly identify the range in which the parent can complete a task (i.e., their "zone of proximal development") and provide appropriate scaffolding (Vygotsky, 1978). This might require an individualized education plan for parents. This work could use some of the strategies for assessment described by Tymchuk (1998), including assessment of task specific vocabulary (e.g., does the parent understand the medical terms used) and determining in advance the modalities through which the parent learns best. Hiring behaviorally trained parenting

supervisors who have expertise in adult learning with special needs adults may be helpful to developing such plans and supervising their implementation by parenting staff. Behavioral approaches that break down involvement activities (e.g., encouraging reading time, showing interest in child's school day, communicating with teachers) into smaller steps within the parent's abilities (how to select a book, the use of pointing to parts of drawings on book pages, use of specific questions that extend children's language skills) are ideal.

Some activities may require further adaptations and the creation of specific materials. For example, reading activities may be difficult for parents with literacy problems. Staff could utilize a library of picture books rather than books with words when working with PCC. Staff's use of modeling, role plays, and feedback (shaping their responses) will maximize the effectiveness of approaches. Although crucial to all parenting interventions, these strategies may be essential to this parent group. Efforts to provide rewards for progress may also be essential to motivating PCC and have been used in other areas with a high density of PCC (e.g., child protection samples; Azar & Wolfe, 2006).

Games may be useful. For example, Fantuzzo, Wray, Hall, Goins, & Azar (l986) used a board game to teach the use of positive parenting behaviors. The game involved three parents and a facilitator, and used cards with situations where parenting responses were required (e.g., "your child just gave the letters of the alphabet, you say … "). As the parents rolled the dice and moved pieces around the board, they were required to provide verbal responses to the parenting situations. Social reinforcement (praise) was used to provide feedback regarding the quality of the responses with the facilitator fine tuning the response in their feedback (e.g., "That was great! And you could also have said…"). Finally, teaching strategies to reduce parental stress and increase frustration tolerance may be crucial for PCC (Azar & Wolfe, 2006). Providing relaxation training and anger management training to parents could be done using tapes or in group settings with the clear acknowledgement that their lives are stressful and that the goal of such work is to improve their lives.

Care must be taken to work collaboratively with parents, empowering parents to ask questions and express concerns comfortably. These are important skills parents must develop to work with school personnel encountered later in their child's education. In some ways, scaffolding such skill building may be more important than encouraging specific involvement activities (e.g., practicing numbers) as these skills will ensure engagement and involvement throughout the child's school career. Skills to empower parents to participate in program development are also crucial (see Haarstad, 2008; McCusker & Irwin, 2002). In addition to using the board game to improve parents' verbal parenting responses, Fantuzzo and colleagues (1986) also worked on social skills (e.g., how to make friends, to be assertive) and this work could be adapted to address ways to seek assistance from others and talk to teachers and other school personnel when there are difficulties around children. Materials and consultation regarding increasing empowerment among individuals with disabilities (as well as consultation in other areas) are provided by University Centers for Excellence in Developmental Disabilities in every state and territory (Association of University Centers on Disabilities), and could provide a starting point for HS programs.

Connecting Systems of Care

As previously mentioned, PCC are often involved in multiple systems of care (e.g., mental

retardation services, child welfare, housing, courts; Tymchuk, 1999) and events within these systems may impact the parent life and hamper involvement in HS. HS programs can assist PCC by being part of coordinating efforts and although this occurs in many localities, coverage across HS centers is uneven and may be highly dependent up on what is available in the local community and/or the umbrella agency under which the HS program exists. The work done within HS may need programmatically to go beyond the "borders" of the program and to more thoroughly integrate resources outside of programs (e.g., Department of Mental Retardation, housing services, etc.). This means partnerships that go beyond the typical level of consultation and cross-training; for example, working with networks of pediatricians to raise the level of assistance they and their staff provide to parents of HS children (e.g., more prompts for appointments, more details regarding medicine delivery). Assistance with continuing services if families are displaced (e.g., become homeless which may occur more frequently for PCC) can promote continuity of children's educational supports and also promote parental engagement with programs (i.e., contact at times of crisis can be highly meaningful to families). Such efforts foster the idea of HS's investment in the parent and family system.

The transition to kindergarten and beyond has always been a concern for HS parents who become accustomed to the comprehensive two-generational approach of HS programs. This transition may be even more difficult for PCC whose multiple needs may neither be identified by schools nor met in the typical services provided. PCC may benefit from the establishment of enhanced and even more comprehensive transitioning efforts between HS into kindergarten and beyond. HS in its typical bridging role is uniquely positioned to do this work. HS staff could work with PCC to communicate to kindergarten teachers the specific adaptations that may be needed as they interact with parents and what they would entail. For example, PCC and HS staff could work together to construct a parent "passport" to give to new teachers and school personnel, detailing not only child but also parental adaptations that are effective. It is important to ensure that this work be done in collaboration with parents and driven by their goals and wishes, as well as written in a respectful manner. Further, HS staff should communicate directly with kindergarten teachers to share what they have learned about the needs and abilities of the parent (e.g., this parent prefers phone calls to written messages or texts), in addition to discussing the needs and abilities of the child, so that new teachers do not have to go through trial and error to learn the best ways to work with the parent. The possibility of pre-planned later consultation with parents and school staff when the teacher encounters difficulties may go far to ensuring continued parental involvement.

PCC may benefit from a network of school personnel/community contacts during and beyond the HS years, all of whom actively assist parents, are adept at using visual aids and attend to literacy issues. Increasing social networks with other parents (ones with and without cognitive challenges) is also key, as individuals with cognitive challenges are less likely than individuals without these challenges to live with a partner or have close friends or neighbors (Hassiotis et al., 2008; Llewellyn & McConnell, 2002). Indeed, other parents have been shown to be especially successful at engaging with and enrolling socially isolated, high risk parents in HS (Fantuzzo & Atkins, 1995). Building social networks with other parents will help reduce social isolation, further build parent empowerment, and help with the sharing of resources and information (Tarleton & Ward, 2007). These social networks may confer additional benefit to PCC when combined with the supportive structure of HS services, enhancing engagement with the program.

In sum, programming adaptations to increase engagement and involvement of PCC

should focus on adapting to parents' specific learning styles, creating opportunities for success by asking parents to complete tasks within their competence, and acting to promote bonds between PCC and HS staff, as well as with school systems more generally. Adapted programming and staff capacity building would increase the effectiveness of Head Start's already well developed current efforts to promote parental involvement in their children's education. New initiatives (e.g., the Parent, Family and Community Engagement Framework) provide a framework in which to do planning of such activities and may provide a source of technical assistance (i.e., the National Center on Parent, Family, and Community Engagement).

CONCLUSIONS

In this paper, we have argued that PCC are overrepresented in HS programs and present unique challenges to HS staff as they work to engage these parents and promote their involvement in their children's academic development. A universal design approach to engagement and involvement will help to meet the special needs of these parents and may also benefit parents without cognitive challenges as well, as many of the strategies described can also be applied to parents with higher levels of cognitive functioning. PCC's social information processing difficulties and educational histories affect their capacity to interact with both their children and HS staff in optimal ways. Accommodated services are needed for HS to provide effective support to these parents. Expertise in special needs children is a strength of HS and, therefore HS may be especially able to accommodate to the special needs of PCC. Existing relationships with systems designed to meet special educations needs of children may be helpful to efforts targeting PCC and these systems may also provide funding that can be utilized for parents who have clearly identified needs (e.g., mental health and mental retardation services funding, state based child abuse and neglect prevention funds, Children's Trust Funds, disabilities funding).

We have also called for improving supports provided to HS staff so they are better able to provide accommodated services, and building staff capacity to prevent any additional stress and strain related to working with PCC. In particular, we call for efforts targeted at developing leadership in HS programs and reducing opportunities for unconscious biases toward PCC to interfere with their engagement and involvement. Our discussion advocates for a universal design that uses creative approaches for working with parents, rather than attempting to fit every parent into the typical "business as usual" ways of delivering services. Such approaches may help to meet the special needs of PCC, reduce the burden on HS staff who struggle with the disconnect between their hopes and desires for parents and the reality of parents' abilities, and promote feelings of competency and empowerment in PCC.

Clearly, our proposals are dependent on available funding and resources, which present challenges to implementation. It should be noted, however, that failing to adapt to the special needs of PCC may be more costly to the system in the long-term. Missed appointments, noncompliance with service provision, and staff burnout and turnover are all costly, and child outcomes also depend on the success of these parenting efforts. We are not suggesting that the focus of work with parents be taken off of the child's development, but rather that renewed investment in parent skills development may be crucial to facilitating parental engagement, involvement in programming, and their capacities to enhance their children's educational experiences and developmental progress in the future. As many as 21% of parents dropout of HS programs (Office of Head Start, 2011) and if parents drop out of programs, their children do not

receive services. Similarly, if parents are unable to make use of the excellent opportunities provided by HS programs, then the child's progress is hampered and the program is not serving those most in need.

We truly believe many HS programs, parenting staff, and teachers are already making the adaptations suggested in an ad hoc manner and devote substantial time and effort to working with parents they identify as having cognitive challenges. We are simply advocating for more systematic efforts targeted at identifying and working with PCC across all Head Start programs. Having both an awareness of PCC and the skills to work successfully with this challenging group of parents is essential to improving the engagement and involvement of PCC in their children's education.

REFERENCES

Aarons, G.A. (2006). Transformational and transactional leadership: Association with attitudes toward evidence-based practice. *Psychiatric Services, 57*, 1162–1169.

Aarons, G.A., Dlugosz, L.R., & Ehrhart, M.G. (2011). LEAP: Leadership and practice. Retrieved January 10, 2012, from implementationleadership.com.

Aarons, G.A., Sommerfeld, D.H., & Willging, C. (2011). The soft underbelly of system change: The role of leadership and organizational climate in turnover during statewide behavioral health reform. *Psychological Services, 8*, 269-281.

Akrami, N., Ekehammar, B., Claesson, M., & Sonnander, K. (2006). Classical and modern prejudice: Attitudes toward people with intellectual disabilities. *Research in Developmental Disabilities, 27*, 605-617.

Association of University Centers on Disabilities. *About University Centers for Excellence in Developmental Disabilities.* Retrieved January 7, 2012 from http://www.aucd.org/template/page.cfm?id=667.

Aunos, M., Goupil, G., & Feldman, M. (2003). Mothers with intellectual disabilities who do or do not have custody of their children. *Journal on Developmental Disabilities, 10*, 65-79.

Avolio, B.J., & Bass, B.M. (1998). You can drag a horse to water, but you can't make it drink except when it's thirsty. *Journal of Leadership Studies, 5*, 1–17.

Azar, S.T. (2000). Preventing burnout in professionals and paraprofessionals who work with child abuse and neglect cases: A cognitive behavioral approach to supervision. *Journal of Clinical Psychology, 56*, 643-663.

Azar, S.T., & Read, K.N. (2009). Parental cognitive disabilities and child protection services: The need for human capacity building. *Journal of Sociology & Social Welfare, 36*, 127-151.

Azar, S.T., Read, K.N., & Proctor, S. (2008, October). *The use of social problem solving as an indicator of parental fitness*. Poster presented at the annual Southwest Conference on Disability, Albuquerque, NM.

Azar, S.T., Reitz, E.B., & Goslin, M.C. (2008). Mothering: Thinking is part of the job description: Application of cognitive views to understanding maladaptive parenting and doing intervention and prevention work. *Journal of Applied Developmental Psychology, 29*, 295-304.

Azar, S.T., Robinson, L.R., & Proctor, S.N. (2012). Chronic neglect and services without borders: A guiding model for social service enhancement to address the needs of parents with intellectual disabilities. *Journal of Mental Health Research in Intellectual Disabilities, 5*, 130-156.

Azar, S. T., Stevenson, M. T., & Johnson, D. R. (2012). Intellectual disabilities and neglectful parenting: Preliminary findings on the role of cognition in parenting risk. *Journal of Mental Health Research in Intellectual Disabilities, 5*, 94-129.

Azar, S. T., & Wolfe, D.A. (2006). Treatment of child abuse and neglect. In R. Barkley & E. Mash (Eds.), *Behavioral treatment of childhood disorders* (3rd ed., pp. 595-646). New York: Guilford Press.

Bakken, J., Miltenberger, R.G., & Schauss, S. (1993). Teaching parents with mental retardation: Knowledge versus skills. *American Journal of Mental Retardation, 97*, 405-417.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191-215.

Barling, J., Weber, T.J., & Kelloway, E.K. (1996). Effects of transformational leadership training on attitudinal and financial outcomes: A field experiment. *Journal of Applied Psychology, 81*, 827–832.

Barnard, W.M. (2004). Parent involvement in elementary school and educational attainment. *Children & Youth*

Services Review, 26, 39-62.
Bass, B.M. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics, 18*, 19–31.
Becher, R.M. (1984). Parent involvement: *A review of research and principles of successful practice*. Washington, DC: National Institute of Education.
Bono, J.E., & Judge, T.A. (2004). Personality and transformational and transactional leadership: A meta-analysis. *Journal of Applied Psychology, 89*, 901–910.
Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice, 16*, 252-260.
Bryant, D., Peisner-Feinberg, E., & Miller-Johnson, S. (2000, April). Head Start parents' roles in the educational lives of their children. Paper presented at the meeting of the American Educational Research Association, New Orleans, LA.
Castro, D.C., Bryant, D.M., Peisner-Feinberg, E., & Skinner, M.L. (2004). Parent involvement in Head Start programs: The role of parent, teacher, and classroom characteristics. *Early Childhood Research Quarterly, 19*, 413-430.
Chen, C., & Uttal, D.H. (1988). Cultural values, parents' beliefs, and children's achievement in the United States and China. *Human Development, 31*, 351-358.
Curry, D., McCarragher, T., & Dellmann-Jenkins, M. (2005). Training, transfer, and turnover: Exploring the relationship among transfer of learning factors and staff retention in child welfare. *Children & Youth Services Review, 27*, 931-948.
Durán, A., Extremera, N., & Rey, L. (2004). Self-reported emotional intelligence, burnout and engagement among staff in services for people with intellectual disabilities. *Psychological Reports, 95*, 386-390.
Easterbrook, J.A. (1959). The effect of emotion on cue utilization and organization of behavior. *Psychological Review, 66*, 183-201.
Edgerton, R.B., Bollinger, M., & Herr, B. (1984). The cloak of competence: After two decades. *American Journal of Mental Deficiency, 88*, 345-351.
Ethier, L., Couture, G., & Lacharite, C. (2004). Risk factors associated with the chronicity of high potential for child abuse and neglect. *Journal of Family Violence, 19*, 13-24.
Fantuzzo, J., & Atkins, M. (1995). Resilient peer training: *A community-based treatment to improve the social effectiveness of maltreating parents & preschool victims of physical abuse*. Department of Health and Human Services Grant No. 90-CA-147103, Final report.
Fantuzzo, J., Tighe, E., & Childs, S. (2000). Family Involvement Questionnaire: A multivariate assessment of family participation in early childhood education. *Journal of Educational Psychology, 92*, 367-376.
Fantuzzo, J.W., Tighe, E., McWayne, C.M., Davis, G., & Childs, S. (2003). Parent involvement in early childhood education and children's peer play competencies: An examination of multivariate relationships. *NHSA Dialog, 6*, 3-21.
Fantuzzo, J. W., Wray, L., Hall, R., Goins, C., & Azar, S. T. (1986). Parent and social skills training for mentally retarded parents identified as child maltreaters. *American Journal of Mental Deficiencies, 91*, 135-140.
Feldman, M.A. (1994). Parenting education for parents with intellectual disabilities: A review of outcome studies. *Research in Developmental Disabilities, 15*, 299-302.
Feldman, M.A. (1998). Parents with intellectual disabilities: Implications and interventions. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment. Issues in clinical child psychology* (pp. 401-420). New York: Plenum.
Feldman, M.A., & Case, L. (1999). Teaching child-care and safety skills to parents with intellectual disabilities through self-learning. *Journal of Intellectual & Developmental Disability, 24*, 27-44.
Feldman, M.A., Ducharme, J.M., & Case, L. (1999). Using self instructional pictorial manuals to teach child-care skills to mothers with intellectual disabilities. *Behavior Modification, 23*, 480-497.
Fiske, S.T., & Taylor, S.E. (1991). *Social Cognition*. New York: Mcgraw-Hill.
Glisson, C., Landsverk, J., Schoenwald, S., Kelleher, K., Hoagwood, K.E., Mayberg, S., …The Research Network on Youth Mental Health. (2008). Assessing the organizational social context (OSC) of mental health services: Implications for research and practice. *Administration & Policy in Mental Health & Mental Health Services Research, 35*, 98-113.
Goelman, H., & Guo, H. (1998). What we know and what we don't know about burnout among early childhood care providers. *Child & Youth Care Forum, 27*, 175-199.
Green, N., & Cruz, V. (2000). *Working with families with children/parents with developmental disabilities*. Denver, CO: The Social Work Program, Metropolitan State College of Denver.

Green, A.E., Miller, E.A., & Aarons, G.A. (2011). Transformational leadership moderates the relationship between emotional exhaustion and turnover intention among community mental health providers. *Community Mental Health Journal*. Advance online publication. doi: 10.1007/s10597-011-9463-0

Grojean, M.W., Resick, C.J., Dickson, M.W., & Smith, D.B. (2004). Leaders, values, and organizational climate: Examining leadership strategies for establishing an organizational climate regarding ethics. Journal of Business Ethics, 55, 223-241.

Guralnick, M.J., Connor, R.T., Neville, B., Hammond, M.A., & Floyd, F. (2006) Promoting the peer-related social development of young children with mild developmental delays: Effectiveness of a comprehensive intervention. *American Journal on Mental Retardation, 111,* 336-356.

Haarstad, C. (2008). *Curricula for supporting parents with intellectual and cognitive challenges*. Retrieved January 5, 2012 from sharedwork.org/15567/files/16822/6917/PWCcurriculalist.doc.

Haskins, R., Paxson, C., & Brooks-Gunn, J. (2009). Social science rising: A tale of evidence shaping public policy. *The Future of Children Policy Brief, 19*(2), 1–8.

Hassiotis, A., Strydom, A., Hall, I., Ali, A., Lawrence-Smith, G., Meltzer, H., . . . Bebbington, P. (2008). Psychiatric morbidity and social functioning among adults with borderline intelligence living in private households. *Journal of Intellectual Disability Research, 52*, 95-106.

Head Start Performance Standards. 45 CFR. § 1304.40. (2006). Retrieved December 20, 2011 from http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.40%20Family%20partnerships..htm

Henrich, C.C., & Gadaire, D.M. (2008). Head Start and parent involvement. *Infants & Young Children, 21*, 56-69.

Hill, N. E., & Tyson, D. F. (2009). Parental involvement in middle school: A meta-analytic assessment of the strategies that promote achievement. *Developmental Psychology, 45*,740-763

Hoover-Dempsey, K., Bassler, O.C., & Brissie, J.S. (1992). Explorations in parent-school relations. *Journal of Educational Research, 85*, 287-294.

Hoover-Dempsey, K., & Sandler, H.M. (1995). Parental involvement in children's education: Why does it make a difference? *Teachers College Record, 97*, 310-331.

Hughes, L.W., Avey, J.B., & Nixon, D.R. (2010). Relationships between leadership and followers' quitting intentions and job search behaviors. *Journal of Leadership and Organizational Studies, 17*, 351–362.

Institute for Human Centered Design. (2011). Universal Design. Retrieved May 22, 2012 from http://www.humancentereddesign.org/index.php?option=Content&Itemid=3

Izzo, C.V., Weissberg, R.P., Kasprow, W.J., & Fendrich, M. (1999). A longitudinal assessment of teacher perceptions of parent involvement in children's education and school performance. *American Journal of Community Psychology, 27,* 817-839.

Jahoda, A., & Markova, I. (2004). Coping with social stigma: People with intellectual disabilities moving from institutions and family home. Journal of Intellectual Disability Research, 48, 719-729.

Jahoda, A., Pert, C., Squire, J., & Trower, P. (1998). Facing stress and conflict: A comparison of the predicted responses and self-concepts of aggressive and non-aggressive people with intellectual disability. *Journal of Intellectual Disability Research, 42*, 360-369.

Jahoda, A., Pert, C., & Trower, P. (2006). Socioemotional understanding and frequent aggression in people with mild to moderate intellectual disabilities. *American Journal on Mental Retardation, 111*, 77-89.

Jeynes, W.H. (2005). A meta-analysis of the relation of parental involvement to urban elementary school student academic achievement. *Urban Education, 40*, 237-269.

Jones Harden, B.J., Denmark, N., & Saul, D. (2010). Understanding the needs of staff in Head Start programs: The characteristics, perceptions, and experiences of home visitors. *Children & Youth Services Review, 32*, 371-379.

Lamb-Parker, F., Piotrkowski, C.S., Baker, A.J.L., Kessler-Sklar, S., Clark, B., & Peay, L. (2001). Understanding barriers to parent involvement in Head Start: A research- community partnership. *Early Childhood Research Quarterly, 16*, 35-51.

Leffert, J.S., Siperstein, G.N., & Millikan, E. (2000). Understanding social adaptation in children with mental retardation: A social-cognitive perspective. *Exceptional Children, 66*, 530-545.

Llewellyn, G. & McConnell, D. (2002). Mothers with learning difficulties and their support networks. Journal of Intellectual Disability Research, 46, 17-34.

Lutzker, J.R., Bigelow, K.M., Doctor, R.M., Gershater, R.M., & Greene, B.F. (1998). An ecobehavioral model for the prevention and treatment of child abuse and neglect: History and applications. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment. Issues in clinical child psychology* (pp. 239-266). New York: Plenum.

Macey, W.H., & Schneider, B. (2008). The meaning of employee engagement. *Industrial & Organizational Psychology, 1*, 3-30.

MacKenzie, S.B., Podsakoff, P.M., & Rich, G.A. (2001). Transformational and transactional leadership and salesperson performance. *Journal of the Academy of Marketing Science, 29*, 115–134.

Marcon, R.A. (1999). Positive relationships between parent school involvement and public school inner-city preschoolers' development and academic performance. *School Psychology Review, 28*, 395-412.

Martin, D.J., Garske, J.P., & Davis, M.K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*, 438-450.

Maslach, C., & Jackson, S.E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior, 2*, 99-113.

McCusker , B & Irwin, B. (2002). *Building foundations: A curriculum guide for supported parenting*. Kennedy Kreiger Institute. Available for purchase at www.pact.kennedykrieger.org/buildingfoundationform.pdf.

McGaw, S., Shaw, T., & Beckley, K. (2007). Prevalence of psychopathology across a service population of parents with intellectual disabilities and their children. *Journal of Policy and Practice in Intellectual Disabilities, 4*, 11-22.

McWayne, C., Campos, R., & Owsianik, M. (2008). A multidimensional, multilevel examination of mother and father involvement among culturally diverse Head Start families. *Journal of School Psychology, 46*, 551-573.

Miedel, W.T., & Reynolds, A.J. (1999). Parent involvement in early intervention for disadvantaged children: Does it matter? *Journal of School Psychology, 37*, 379-402.

Mørch, W., Skår, J., & Andersgård, A. (1997). Mentally retarded persons as parents: Prevalence and the situation of their children. *Scandinavian Journal of Psychology, 38*, 343-348.

O'Brian, R.W., D'Elio, M.A., Vaden-Kiernan, M., Magee, C., Younoszi, T., …& Hailey, L. (2002). *A descriptive study of Head Start families: FACES technical report I*. Washington, DC: U.S. Department of Health & Human Services.

Office of Head Start. (2011). Office of Head Start Program Information Report. Retrieved May 23, 2012 from http://eclkc.ohs.acf.hhs.gov/PIR.

Olmstead, P.P. (1991). Parent involvement in elementary education: Findings and suggestions from the Follow Through Program. *Elementary School Journal, 91*, 221-231.

Parry, K.W., & Sinha, P.N. (2005). Researching the trainability of transformational organisational leadership. *Human Resource Development International, 8*, 165–183.

Proctor, S. N., & Azar S. T. (2012). *The effect of intellectual disability status on child protection worker decision-making*. Manuscript in preparation.

Raikes, H. Green, B., Atwater, Kisker, E., Constantine, J., & Chazan-Cohen, R. (2006). Involvement in Early Head Start home visiting services: Demographic predictors and relations to child and parent outcomes. *Early Childhood Research Quarterly, 21*, 2-24.

Raver, C.C., Jones, S.M., Li-Grining, C.P., Metzger, M., Smallwood, K., & Sardin, L. (2008). Improving preschool classroom processes: Preliminary findings from randomized trial implemented Head Start settings. *Early Childhood Research Quarterly, 63*, 253-255.

Razzino, B.E., New, M., Lewin, A., & Joseph, J. (2004). Need for and use of mental health services among parents of children in the Head Start program. *Psychiatric Services, 55*, 583-586.

Reiss, S., & Benson, B.A. (1984). Awareness of negative social conditions among mentally retarded, emotionally disturbed outpatients. *American Journal of Psychiatry, 141*, 88-90.

Rose, D. (2000). Universal design for learning. *Journal of Special Education Technology, 15*, 67-71.

Savicki, V., & Cooley, E.J. (1994). Burnout in child protective service workers: A longitudinal study. *Journal of Organizational Behavior, 15*, 655-666.

Schaufeli, W.B., Salanova, M., González-Romá, V., & Bakker, A.B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies, 3*, 71-92.

Scheepers, M., Kerr, M., O'Hara, D., Bainbridge, D., Cooper, S.-A., Davis, R., . . . Wehmeyer, M. (2005). Reducing health disparity in people with intellectual disabilities: A report from the Health Issues Special Interest Research Group of the International Association for the Scientific Study of Intellectual Disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 2*, 249-255.

Schilling, R., Schinke, S., Blythe, B., & Barth, R. (1982). Child maltreatment and mentally retarded parents: Is there a relationship? *Mental Retardation, 20*, 201-209.

Schmader, T. & Johns, M. (2003). Converging evidence that stereotype threat reduces working memory capacity. *Journal of Personality and Social Psychology, 85*, 440-452.

Schneider, B., Ehrhart, M.G., Mayer, D.M., Saltz, J.L., & Niles- Jolly, K. (2005). Understanding organization-customer links in service settings. *Academy of Management Journal, 48*, 1017–1032.

Scott, S., McGuire, J., & Shaw, S. (2003). Universal design for instruction: A new paradigm for teaching adults in postsecondary education. *Remedial and Special Education, 24*, 369-379.

Seefeldt, C., Denton, K., Galper, A., & Younoszai, T. (1998). Former Head Start parents' characteristics, perceptions of school climate, and involvement in their children's education. *The Elementary School Journal, 98*, 339-349.

Slaughter, D.T., Lindsey, R.W., Nakagawa, K., & Kuehne, V.S. (1989). Who gets involved? Head Start mothers as persons. *Journal of Negro Education, 58*, 16-29.

Steele, C.M. & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. Journal of Personality and Social Psychology 69, 797-811.

Stordeur, S., D'Hoore, W., & Vandenberghe, C. (2001). Leadership, organizational stress, and emotional exhaustion among hospital nursing staff. Journal of Advanced Nursing, 35, 533–542.

Sweeney, E.P. (2000). Recent studies indicate that many parents who are current or former welfare recipients have disabilities or other medical conditions. Washington, DC: Center on Budget & Policy Priorities.

Tarleton, B., & Ward, L. (2007). "Parenting with support": The views and experiences of parents with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 4*, 194-202.

Thurlow, M.L., Sinclair, M.F., & Johnson, D.R. (2002). Students with disabilities who drop out of school: Implications for policy and practice. *Examining Current Challenges in Secondary Education & Transition, 2*, 31-37.

Tymchuk, A. J. (1998). The importance of matching educational interventions to parent needs in child maltreatment: Issues, methods, and recommendations. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment. Issues in clinical child psychology* (pp. 421-448). New York: Plenum.

Tymchuk, A. J. (2006). *The health & wellness program: A parenting curriculum for families at risk*. Baltimore, MD: Paul H Brookes.

Tymchuk, A., & Andron, L. (1990). Mothers with mental retardation who do or do not abuse or neglect their children. *Child Abuse & Neglect, 14*, 313-323.

Tymchuk, A.J. (1999). Moving towards integration of services for parents with intellectual disabilities. *Journal of Intellectual & Developmental Disability, 24*, 59-74.

U.S. General Accounting Office. (2001). *Welfare reform: More coordinated federal effort could help states and localities move TANF recipients with impairments toward employment*. (GAO- 02-037). Retrieved December 16, 2011 from www.gao.gov.

van Nieuwenhuijzen, M., Vriens, A., Scheepmaker, M., Smit, M., & Porton, E. (2011). The development of a diagnostic instrument to measure social information processing in children with mild to borderline intellectual disabilities. *Research in Developmental Disabilities, 32*, 358-370.

Vygotsky, L.S. (1978). *Mind and society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.

Walumbwa, F.O., Orwa, B., Wang, P., & Lawler, J.J. (2005). Transformational leadership, organizational commitment and job satisfaction: A comparative study of Kenyan and US financial firms. *Human Resource Development Quarterly, 16*, 235–256.

Webster-Stratton, C., Reid, M.J., & Hammond, M. (2001). Preventing conduct problems, promotion social competence: A parent and teacher training partnership in head start. *Journal of Clinical Child Psychology, 30*, 283-302.

Wilson, B. J. (1999). Entry behavior and emotion regulation abilities of developmentally delayed boys. *Developmental Psychology, 35*, 214.

Word, C.O., Zanna, M.P., & Cooper, J., (1974). The nonverbal mediation of self-fulfilling prophecies in interracial interaction. *Journal of Experimental Social Psychology, 10*, 109-120.