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The DEC Recommended Practices in Early Intervention/Early Childhood Special Education: Social Validation

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Results are reported from the field survey of the DEC Recommended Practices as one part of a national effort by the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) to develop evidence-based practices for Early Intervention/Early Childhood Special Education (EI/ECSE). Surveys were received from 388 respondents consisting of practitioners, parents, and administration or higher education personnel. The respondents supported all of the practices as recommended practice. Additional information was obtained from the respondents about the extent of current use of the practices.

In the fall of 1998, DEC and several university partners were awarded a federal grant to update and revise the original DEC Recommended Practices developed in 1993 (DEC Task Force on Recommended Practices, 1993). The procedures for accomplishing this task were completed in three phases. The first phase involved the generation of recommended practices. This phase was accomplished by analyzing the empirical research literature and conducting focus groups with key stakeholders in the field consisting of content experts, family members, practitioners, and administrators. The second phase involved the synthesis of practices focus groups identified with those identified from the literature. For more detail about the procedures followed in phases one and two, readers should refer to Smith, McLean, Sandall, Snyder, and Broudy (2000), and Smith et al. (2002). The third phase of this process involved a measure of the social validity of the practices, which is the focus of this paper.

The purpose of this field survey was to obtain ratings from key stakeholders in the field to validate the practices that emerged from the review of the literature and the focus groups. A national survey was conducted for the original DEC Recommended Practices (Odom & McLean, 1996). The results of that effort served as a measure of social validity and also measured the extent to which respondents had experienced the recommended practices in programs with which they were familiar. The field survey for the revised set of DEC Recommended Practices was designed to serve these same two purposes.

Assessing the social validity of practices recommended to members of a professional discipline is a means of evaluating the acceptability of these practices to the constituent stakeholders (Wolfe, 1978) and thus also the extent to which stakeholders are likely to implement the practices (Baer, 1986). Peters and Heron (1993) emphasized the overall importance of measuring social validity when they proposed social validity as one of five criteria to be used when identifying best practices. Other criteria were a sound theoretical base, convincing and compelling methodology and design, consensus with the literature, and production of desired outcomes. The reader is referred to the other articles in this issue for information on these aspects of the DEC Recommended Practices. Meyer, Eichinger, and Park-Lee (1987) assessed social validity in their work to identify and validate program quality indicators for students with severe disabilities. Meyer and colleagues included groups of participants in their validation who represented different constituencies in the field. A comparison of these groups revealed statistically significant group differences in relation to the perceived value of the program quality indicators.

The procedures used in the field survey of the revised DEC Recommended Practices were similar to those Meyer et al. (1987) followed and to those followed in the national survey of the original DEC Recommended Practices (Odom & McLean, 1996; Odom, McLean, Johnson, & LaMontagne, 1995). Two major questions were posed: (a) To what extent do key stakeholders in early intervention agree that practices generated through the literature review and focus groups should be recommended practices for the field?, and (b) To what extent do key stakeholders report that practices generated through the literature review and focus groups are used in programs with which they are familiar?

METHOD

Respondents

Practitioners, parents, and higher education professionals or administrators were selected as the three stakeholder groups comprising the survey sample. Recruitment of stakeholders was accomplished in several ways. First, volunteers who represented the various stakeholder groups were solicited at the annual DEC conference and through a notice published in *Young Exceptional Children.* The DEC Family Consortium Committee also assisted with the identification of parents who might be willing to complete a survey questionnaire. A total of 211 individuals volunteered: 78 practitioners, 62 professionals from higher education, 46 administrators, and 25 parents. The targeted numbers for each of these stakeholder groups was consistent with the numbers from the original validation of DEC Recommended Practices: 400 practitioners, 200 professionals from higher education or administration, and 200 parents. To get a total of 400 practitioners, 322 names were randomly selected from the DEC membership list to add to the 78 volunteers. To complete the higher education or administration group, 92 names were selected from a list of currently funded personnel preparation projects and a list of Part C/619 coordinators for the states and territories. To complete the parent group, 175 names were randomly selected from the mailing list of the Federation of Children with Special Needs. Thus, the parent group consisted of parents of children of all ages, not just young children. A cross check was completed with the lists of individuals who had participated in the first two phases of this project so that those individuals involved in the development of the practices were not included in the survey.

The practitioner group consisted of a large number of individuals randomly selected from the DEC membership, similar to the practitioner group participating in the original DEC Recommended Practices field survey. This group was designed to be the largest group reflecting the desire of the research team to heavily involve DEC members in this measure of social validity. The DEC membership is diverse, including teachers, therapists, administrators, university faculty, parents, and some individuals who simply join all of the CEC subdivisions even when they are not in the field of EI/ECSE. To prevent the inclusion of

Indicators of Recommended Practice

Assessment

	This is a recommended practice					Extent to which you see this in practice				
A2. Professionals ensure a single point of contact for families throughout the assessment process.	SA	A	D	SD	?	F	S	R	N	?
A4. Professionals inform families about state EI/ECSE rules and regulations regarding assessment.	SA	A	D	SD	?	F	S	R	N	?
A6. Professionals solicit information from families regarding the child's interests, abilities, and special needs.	SA	A	D	SD	?	F	S	R	N	?

Figure 1.
Example of three items from the validation questionnaire (Form B).

unqualified respondents, the survey requested that recipients who had no education or experience in EI/ECSE return the questionnaire unanswered. In addition, on a demographic form, respondents were asked to indicate their primary role in EI/ECSE (teacher, administrator, higher education, etc.) to assign them appropriately to a group.

Validation Questionnaire

A questionnaire was developed asking respondents to rate each practice according to the following two questions: (a) Is this a recommended practice?, and (b) To what extent is this practice followed by programs with which you are familiar? Because of the large number of recommended practices generated from the literature review and focus group synthesis ($n = 250$), two forms of the validation questionnaire were created, assigning odd-numbered items to Form A and even-numbered items to Form B. Each respondent received either Form A or Form B with 125 practices to rate. On each form, the practices were organized by strand.

Figure 1 presents a sample of the first three items in the Assessment strand from Form B. Respondents used a Likert-type scale with ratings of *strongly agree* (1), *agree* (2), *disagree* (3), *strongly disagree* (4), or *undecided* (?) to indicate whether the practice should be considered as a recommended practice. A Likert-type scale was also used to rate current use with categories of *frequently* (1), *sometimes* (2), *rarely* (3), *never* (4) and *undecided* (?).

Procedures

Participants were mailed a survey questionnaire, a demographic form, and a letter asking them to return the questionnaire unanswered if they thought they did not have the background or experience to respond to the items or if they could not respond within 1 month. The initial mailing to respondents was followed 1 month later by a postcard reminder, with a second postcard reminder mailed approximately 1 month after the first one.

RESULTS

Thirty-eight of the 800 surveys mailed were returned unanswered, yielding an adjusted sample size of 762. Based on this number, a return rate of 51% ($n = 388$) was obtained (211 practitioners, 55 parents, and 122 higher education professionals or administrators). The mean years of experience for respondents was 14.23 years, ranging from .5 year to 39 years. Of the respondents, 91 were primarily involved in 0–3 services, 107 were primarily involved with preschool services, 122 were involved with a 0–5 age range, and 68 indicated *other* or did not indicate involvement with any particular age group. The demographic form was

Table 1.
Percentages (Numbers) of Responses by Response Category to the Question "Is This a Recommended Practice?"

Strand	Strongly Agree	Agree	Disagree	Strongly Disagree	? or No Response
Assessment	70%	24%	2%	0.3%	3%
(49 items/8,997 responses)	(*n* = 6,313)	(*n* = 2,181)	(*n* = 245)	(*n* = 29)	(*n* = 229)
Child-Focused Interventions	72%	21%	2%	0.1%	4%
(28 items/5,138 responses)	(*n* = 3,724)	(*n* = 1,099)	(*n* = 84)	(*n* = 7)	(*n* = 224)
Family-Based Practices	74%	22%	1%	0.09%	3%
(19 items/3,493 responses)	(*n* = 2,595)	(*n* = 765)	(*n* = 38)	(*n* = 3)	(*n* = 92)
Interdisciplinary Models	71%	23%	2%	0.1%	4%
(19 items/3,495 responses)	(*n* = 2,497)	(*n* = 790)	(*n* = 79)	(*n* = 4)	(*n* = 125)
Technology Implications	56%	34%	3%	0.5%	6%
(22 items/4,037 responses)	(*n* = 2,270)	(*n* = 1,391)	(*n* = 100)	(*n* = 19)	(*n* = 257)
Policy and Systems Change	64%	27%	2%	0.3%	7%
(44 items/8,074 responses)	(*n* = 5,184)	(*n* = 2,203)	(*n* = 130)	(*n* = 21)	(*n* = 536)
Personnel Preparation	64%	27%	2%	0.2%	7%
(69 items/12,669 responses)	(*n* = 8,087)	(*n* = 3,477)	(*n* = 248)	(*n* = 22)	(*n* = 835)

reviewed prior to entering data by group (practitioner, administrator or higher education, parents), so that a survey could be re-assigned according to the self-description of the respondent. In some cases, respondents indicated having more than one role in EI/ECSE. For example, some individuals who are teachers or administrators are also parents of children with disabilities. In other cases, an individual who is a therapist or teacher might also be involved in personnel preparation. When more than one role was indicated, respondents were left in their original group.

Recommended Practice

A practice was considered a recommended practice if more than 50% of the respondents to a particular item indicated *agree* or *strongly agree* in response to the statement "This is a recommended practice." All 250 practices included in Form A and Form B of the survey met this criterion. In fact, for every practice, 90% or more of the respondents indicated either *agree* or *strongly agree.* Table 1 lists the frequency of responses to this first question on the questionnaire. These data have been aggregated by strand for presentation purposes, as space limitations do not allow listing of all 250 practices.

Current Use

Table 2 shows respondents' ratings of the question "To what extent is this practice followed by programs with which you are familiar?" aggregated by strand. Ratings of *frequently* ranged from a low of 17% (Technology) to a high of 32% (Assessment). Ratings of *sometimes* ranged from 38% (Assessment, Policy and Systems Change, and Personnel Preparation) to 50% (Family-Based Practices). Ratings of *rarely* ranged from 17% (Child-Focused Interventions) to 26% (Technology Applications). Ratings of *never* ranged from 2% (Family-Based Practices and Interdisciplinary Models) to 5% (Technology Applications). Missing data consisted of items left blank (not rated) and those where *undecided* (?) was circled. Missing data ranged from 5% (Assessment and Family-Based Practices) to 16% (Personnel Preparation).

Comparison of Respondent Groups

Mean ratings were computed for practitioners, parents, and higher education or administration personnel by strand to determine if differences in ratings existed across the groups. Separate, one-way ANOVA's were conducted to examine differences. The *p* critical value was adjusted according to the Bonferroni for-

Table 2.
Percentages (Numbers) of Responses by Response Category to the Question "To What Extent is This Practice Followed by Programs With Which You Are Familiar?"

Strand	Frequently	Sometimes	Rarely	Never	? or No Response
Assessment	32%	38%	22%	3%	5%
(49 items/9,429 total responses)	(*n* = 3,059)	(*n* = 3,610)	(*n* = 2,041)	(*n* = 287)	(*n* = 432)
Child-Focused Interventions	31%	43%	17%	3%	7%
(28 items/5,310 total responses)	(*n* = 1,625)	(*n* = 2,307)	(*n* = 882)	(*n* = 148)	(*n* = 348)
Family-Based Practices	25%	50%	19%	2%	5%
(19 items/3,579 total responses)	(*n* = 884)	(*n* = 1,795)	(*n* = 666)	(*n* = 52)	(*n* = 182)
Interdisciplinary Models	29%	41%	23%	2%	6%
(19 items/3,577 total responses)	(*n* = 1,034)	(*n* = 1,458)	(*n* = 815)	(*n* = 73)	(*n* = 197)
Technology Applications	17%	39%	26%	5%	14%
(22 items/4,135 total responses)	(*n* = 693)	(*n* = 1,599)	(*n* = 1,069)	(*n* = 208)	(*n* = 566)
Policy and Systems Change	19%	38%	25%	3%	14%
(44 items/8,267 total responses)	(*n* = 1,580)	(*n* = 3,168)	(*n* = 2,089)	(*n* = 266)	(*n* = 1,164)
Personnel Preparation	23%	38%	20%	4%	16%
(69 items/12,979 total responses)	(*n* = 3,029)	(*n* = 4,869)	(*n* = 2,539)	(*n* = 456)	(*n* = 2,086)

mula to control for experiment-wise error; the adjusted value was .01. Tukey post-hoc analyses were conducted to determine the direction of the difference when a statistically significant main effect occurred.

Table 3 shows the ANOVA results across the three groups (practitioners, parents, and administrators or higher education personnel) by strand for the rating of recommended practice. A statistically significant difference was found only in the Child-Focused Intervention strand, ($F[2, 255] = 5.1$). The effect size (eta-squared) was .04, which indicates that 4% of the variance is explained by group membership. A Tukey post-hoc analysis revealed that practitioners rated the items more favorably ($p = .01$) than parents did. The effect size (Cohen's d) for this difference was $d = .50$, meaning that practitioners and parent ratings differed by almost one-half of a standard deviation unit, a medium effect size. Administrators or higher education personnel also rated child-focused intervention items more favorably ($p = .01$) than parents did. The effect size (Cohen's d) was $d = .54$ meaning that on average, administrators or higher education personnel and parents differed in their ratings by more than half of a standard deviation unit, again a medium effect size.

Table 4 shows the ANOVA results across the three groups by strand for the ratings of extent of use. As shown in Table 4, no statistically significant main effects were found for any strands.

DISCUSSION

As indicated above, the criterion for validation of each of the 250 practices was that more than 50% of the respondents would rate *strongly agree* or *agree* to the question if a particular practice represented a recommended practice. All 250 of the practices met and surpassed this criterion, as 90% of the respondents actually rated each practice as *agree* or *strongly agree.* It can be seen from Table 1 that there were similar patterns of responses across the strands. In every strand, *strongly agree* was the most frequent response, followed by *agree* as the second most frequent response. The Family-Based Practices strand had the largest percentage of *strongly agree* responses (74%), whereas the Technology Applications strand had the smallest percentage (56%). *Disagree* and *strongly disagree* ratings were very infrequent in all strands.

Examining Table 2, several things become apparent. *Sometimes* was the most frequent re-

Table 3.
Means (Standard Deviations) and Differences Between Groups by Strand on the Question: "Is This a Recommended Practice?"

	Means (SD)[a]			ANOVA	
Strand	Practitioners	Parents	Higher Education Professionals or Administrators	F	p
Assessment (n = 236/388)	1.28 (.24)	1.43 (.42)	1.27 (.22)	$F(2, 233) = 4.3$	.014
Child-Focused Interventions (n = 258/388)	1.22 (.25)	1.38 (.36)	1.21 (.23)	$F(2, 255) = 5.1$	.007**
Family-Based Practices (n = 338/388)	1.28 (.35)	1.22 (.39)	1.17 (.26)	$F(2, 335) = 3.6$	.03
Interdisciplinary Models (n = 301/388)	1.29 (.33)	1.28 (.43)	1.23 (.27)	$F(2, 298) = 1.0$	.36
Technology Applications (n = 270/388)	1.46 (.44)	1.38 (.41)	1.34 (.34)	$F(2, 267) = 2.5$	.08
Policy Systems Change (n = 235/388)	1.29 (.32)	1.28 (.39)	1.24 (.30)	$F(2, 232) = .61$	.55
Personnel Preparation (n = 220/388)	1.29 (.31)	1.30 (.39)	1.20 (.25)	$F(2, 217) = 2.2$	.11

Note. Bonferroni adjustments were used to control for experiment-wise error. Results were considered statistically significant at $p < .01$.
[a]1 = Strongly Agree, 2 = Agree, 3 = Disagree, 4 = Strongly Disagree.
**$\alpha = .01$.

Table 4.
Means (Standard Deviations) and Differences Between Respondent Groups by Strand on the Question "To What Extent Do You See This Practice?"

	Means (SD)[a]			ANOVA	
Strand	Practitioners	Parents	Higher Education Professionals or Administrators	F	p
Assessment (n = 210/388)	1.88 (.45)	1.98 (.51)	2.06 (.47)	$F(2, 207) = 3.2$	.04
Child-Focused Interventions (n = 236/388)	1.82 (.46)	1.92 (.54)	1.98 (.45)	$F(2, 233) = 2.8$	.06
Family-Based Practices (n = 313/388)	1.91 (.52)	2.02 (.64)	2.03 (.52)	$F(2, 310) = 1.7$	.19
Interdisciplinary Models (n = 276/388)	1.90 (.49)	2.07 (.67)	1.99 (.51)	$F(2, 273) = 2.0$	.14
Technology Applications (n = 199/388)	2.22 (.56)	2.50 (.65)	2.22 (.46)	$F(2, 196) = 3.2$	.05
Policy and Systems Change (n = 175/388)	2.12 (.44)	2.20 (.64)	2.12 (.50)	$F(2, 172) = .27$	.77
Personnel Preparation (n = 159/388)	2.11 (.46)	2.21 (.55)	1.95 (.37)	$F(2, 156) = 3.7$	.03

Note. Bonferonni adjustments were used to control for experiment-wise error. Results were considered statistically significant at $p < .01$.
[a]1 = Frequently, 2 = Sometimes, 3 = Rarely, 4 = Never.

sponse to the question regarding the extent of current use by strand. Also for each strand, *frequently* and *sometimes* responses, taken together, accounted for more than 50% of all responses. *Frequently* was the second most frequent response for all strands with the exception of Technology and Policy and Systems Change where *rarely* was the second most frequent response. *Undecided* ratings and no rating (left blank) for four of the strands (Assessment, Child-Focused Interventions, Family-Based Practices, and Interdisciplinary Models) were 5% to 7% of the responses while for three of the strands (Technology Applications, Policy and Systems Change, and Personnel Preparation) *undecided* and missing data constituted 14% to 16% of the ratings.

Unlike the Meyer et al. (1987) study, there was a good deal of agreement across constituent groups in this field survey. A comparison of responses across groups of respondents resulted in a main effect for only the rating of recommended practice and for only one strand, Child-Focused Interventions. Although all three groups had a majority of *agree* or *strongly agree* responses, the practitioners group and the administration or higher education group both rated the practices more favorably than the parents group did. Effect sizes for both of these differences were one-half or more than one-half of a standard deviation unit. It is not clear why the parent group did not rate these practices as strongly as the other two groups did. It could be speculated that perhaps the parents were less familiar with the terminology used in the strand.

One of the limitations of the study was the adequate but small return rate of 51%. This could be a result of the length of the instrument. Answering two questions thoughtfully for 125 items takes time. In addition, the number of parents who responded (n = 55) was quite small compared to 122 in the higher education or administration group and 211 in the practitioner group. The number of parents in the survey of the original DEC Recommended Practices was 117, which was largely a result of the recruitment assistance of the national Parent Training and Information Centers. That source was unfortunately not available for this survey. The small number in one of the three groups of respondents also might have impacted the detection of differences between the groups.

In summary, survey respondents identified all of the practices that resulted from the review of research and the focus groups (discussed in other articles in this issue) as recommended practices. The data indicate that all three respondent groups strongly supported the practices. This support indicates a high level of social validity for these practices and is a reflection of the acceptability of the practices to the respondents. The results of this survey lead us to expect that the DEC Recommended Practices, which have been revised based on a review of research, are likely to be accepted for implementation, thus helping to facilitate the transfer of research into practice.

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