Research Article

Needs of Military Families: Family and Educator Perspective

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Abstract
Limited research has focused on the unique needs of military families and their preschool-age children and even less work focused on military families whose preschool children have special needs or disabilities. Researchers implemented a multicase qualitative research design conducted at two sites to gain the perspectives across all service ranks. The study included two groups of participants from each site including (a) early educators working for the school district associated with each military base, and (b) families who had been deployed within the past 5 years and had a child with a disability, or who was at risk for developing a disability, younger than the age of 8 years. Researchers used a semi-structured question protocol to align with the study’s overarching purpose, theory, extant research on military families, and the Division for Early Childhood (DEC) recommended practices for serving children with special needs and their families. Based on the data gathered, researchers describe professional development needs related to developing transportable detailed Individualized Family Service Plans and Individualized Education Programs, using family-centered approaches, and creating a collaborative partnership between school leadership and military command.

Keywords
qualitative, military families, transition, Individualized Education Program (IEP)

Introduction
All families encounter challenges as well as experience successes in providing the best care and education for their young children (Bandy & Moore, 2008). Families with children who are at risk for developmental delays or have disabilities experience challenges and successes as well but are likely to face some unique challenges and stresses. Specifically, their child’s disability might affect family finances contributing to financial stress, family members might contend with social stigmatization, and, depending on the care level their child requires, parents may experience emotional stress caring for their child (Seligman & Darling, 2009). Furthermore, the need to engage in “nonregular” parenting roles, such as managing medical care, advocating for educational/childcare options, and providing specialized therapies including intensive behavioral interventions can create added burdens for families (Hodgetts, Nicholas, Zwaigenbaum, & McConnell,
These added roles and responsibilities can lead to reduced time for families to engage in other activities, such as work, leisure activities, and personal care (Dabrowska & Pisula, 2010; Kuhlthau, Kahn, Hill, Gnanasekaran, & Etter, 2010). Finally, stress may develop because these added roles and responsibilities are exacerbated by the need to navigate multiple complex service systems with limited understanding of each service system (Branson & Bingham, 2009; Rous & Hallam, 2012).

Military families who have children with disabilities may experience even more challenges than the ones previously noted. Before discussing the purpose of this study, it is important for readers to understand the unique challenges faced by military families who have young children with disabilities, and the importance of mediating the unique stressors with appropriate resources. We provide the historical deficit view of the military family to stress the need for professional development (PD) related to providing unbiased family-centered practices. Finally, we make the argument for providing family-centered interventions.

Military families may experience multiple deployments, extended deployments for one or both parents, injuries to the service member’s body and/or mind, frequent relocations to another community in the United States, and varied transitions back into family routines after deployment; such unique challenges and stressors compound everyday family life (O’Grady, Burton, Chawla, Topp, & Wadsworth, 2016). Each family’s experience is unique due to the nature of the challenge, the resources the family has to recall prior experiences with relocation or deployment. Consequently, each military family’s strengths, resources, and skills influence the varied ways young children react to relocation and deployment. Although, more research could support the need to understand the emotional consequences and ongoing stressors experienced by military connected young children, we know that children’s early development depends greatly on their parents’ health and well-being (Fraga, 2007; O’Grady et al., 2016). Positive parent relationships can assist children in successfully coping with frequent relocations and deployment (MacDermid-Wadsworth, 2010; Taft, Watkins, Stafford, Street, & Monson, 2011).

Mediating the unique stressors with appropriate resources and social support becomes especially important when young children within military families have disabilities. Relocating, due to reassignment or to accommodate a family member’s deployment means learning how to navigate special education service systems in another school district, and perhaps within another state, to reinstate previous services. This process often takes 6 to 12 months (Specialized Training of Military Parents [STOMP], 2004). Parents who do not deploy may require access to resources that help them cope adequately with the stress of frequent relocations and deployments. Specifically, military families need resources that enhance their emotional well-being and promote a positive parent–child relationship. For example, mothers in one study of military family experience reported their young children mimicked the mother’s emotional well-being; if they cried, their young children would cry (Waliski, Bokony, & Kirchner, 2012).

Frequent moves may also prevent military families from holding school districts accountable using the normal Individuals With Disabilities Education Improvement Act (IDEA, 2004) procedural safeguards (Hilton, 2009) and may not allow families to have a sense of confidence in the local schools. Military families may need support to advocate effectively for resources they and their children require to address their unique mobility needs that are protected by IDEA (2004), Section 504 of the Rehabilitation Act (1973), and Title II of the Americans with Disabilities Act (1990). Two documents may serve as a resource to families needing to advocate for appropriate special education services. First, a military brief (2010) outlined portions of IDEA law that could guide districts in expediting an evaluation (Butler, 2010). Second, Yudin and Musgrove (2013) wrote a policy letter representing the U.S. Department of Education Office of Special Education and Rehabilitative Services that provided guidance regarding the importance of “a timely and expedited evaluation and eligibility determination for highly mobile children, such as military-connected children” (p. 2).
Historically, family challenges and negative outcomes for military-connected children were linked to factors within the military. This deficit orientation was even termed “military family syndrome” and was supported by data reporting that military families exhibited mental health issues and challenges at a higher rate than families not affiliated with the military (LaGrone, 1978). Jensen, Lewis, and Xenakis (1986) disagreed with the notion of military family syndrome as their survey study showed that military families and their children did not experience a higher rate of mental health and behavioral challenges than civilian peers did. Despite these more positive findings, many educators still believe that the military lifestyle is problematic (Russo & Fallon, 2015). More research is needed to assist early educators, in general, to understand the critical importance of gaining knowledge and skills in partnering with families. PD focused on enhancing early educators’ ability to overcome their biases (Bell, Horn, & Roxas, 2007) and provide appropriate supports and quality educational opportunities that are critical to addressing the unique experiences of these young children and their families (Sheridan, Edwards, Marvin, & Knoche, 2009). New family-based intervention approaches are emerging due to researchers’ improved understanding of the potential stressors for military families and how parental stress affects young children’s development. Those working with military families have adopted the strength-based and family-centered practices recommended for all professionals partnering with families of young children with developmental delays and disabilities (Division for Early Childhood [DEC], 2014; Dunst, Trivette, & Hamby, 2007; Saltzman, Pynoos, Lester, Layne, & Beardslee, 2013; Turnbull et al., 2007). These practices foster resilience and promote a sense of empowerment for families coping with the additional stress of raising a child with developmental delays or disabilities.

As the primary goal of this study is to understand the family professional partnerships from the families’ perspective as they seek educational services for their child, this study used two theories to develop interview and focus group questions. Both the ecological systems theory (Bronfenbrenner, 1994) and family systems theory (Bowen, 1978) address the unique challenges encountered by military families with young children who have developmental delays or disabilities and educators working to build a positive professional relationship. The researchers used these theories to ensure the tone of the interview and focus group questions capitalized on the strengths of military families and the military culture.

Research focused on the unique needs of military families and their young children, the largest population of military connected children, is limited (Clever & Segal, 2013). Even less research has focused on military families whose young children are at risk for developmental delays or have disabilities (Waliski, Bokony, & Kirchner, 2012). In addition, the limited research focused on young military connected children and their families can be attributed to disability data not being disaggregated from the larger data set on all military connected children (National Institute of Child Health and Human Development [NICHD] and the HSC Foundation, 2014). This study seeks to identify (a) barriers and facilitators that can exist between early educators and military families developing partnerships as they address the educational needs of young children with developmental delays or disability and (b) strategies to overcome barriers and facilitate positive partnerships.

**Method**

A multicase qualitative research design was implemented to understand the phenomena of how participants experience life in the military culture, specifically, exploring the unique strengths and challenges associated with being in the military and raising or teaching young children with developmental delays or disabilities. This multicase study used setting (i.e., sites) as the organizational unit (Creswell & Creswell, 2017) in that each case was located near a military base. By comparing similarities and differences between cases, the analysis was strengthened (Miles, Huberman, & Saldana 2013).
In a qualitative study, the researcher is the key instrument in data collection as their perspectives and experiences can provide insights, hypotheses, and validity checks (Corbin, Strauss, & Strauss, 2014) that are relevant to establishing trustworthiness (Lincoln & Guba, 1985). The principal researcher has experience and knowledge working with families and their children with developmental delays, disabilities, military culture, and special education service systems. In addition, she has the personal experience of being a sibling of a soldier who has experienced multiple deployments. Thus, as Reason (1988) suggested, the researcher maintained an awareness of her primary experiences and any biases without being swept away by them. Her experiential cognizance coupled with critical subjectivity aided the inquiry process. Peer debriefing, described in detail later, was used to check for researcher biases present in memos, notes, and developing thoughts related to the data.

Settings

This study was conducted at two sites, each of which had a school district on or near a local Army military base, serving children of military families. Researchers selected two sites to gain the perspectives across all ranks of service. Specifically, Site 1 had a higher percentage of officers (e.g., second lieutenant to general), whereas Site 2 had a higher percentage of enlisted service members, (e.g., private to sergeant major). Addressing this full range of service ranks was important because, with each increase in rank, service members receive additional experiences, training, pay, and benefits. These differences could influence the family’s experiences and affect the study’s generalizability to other Army military families.

Site 1. Site 1 was a rural community serving a military base that trains mostly enlisted military members in a Midwestern state. Descriptive information for the school district was gathered from publicly accessible school district and state education department websites. The school district’s buildings and programs were located on and near the base and served both civilian and military-connected children. At the time of this study, the district served more than 8,000 students across 15 elementary schools, two middle schools, one high school, one alternative education center, and one early childhood center. It was the eighth largest school district in the state for enrollment. Approximately, 62% of the students were eligible for free/reduced-price lunch. In addition, the minority population was about 50% and students with disabilities made up almost 15% of the student population. Site 1 educator participants worked at the district’s early childhood center and two elementary schools located near the Army base. Family participants’ children attended the early childhood center and an elementary school near the base. The early childhood center, which employed licensed Early Childhood Special Education (ECSE) teachers, served young children with and without developmental delays or disabilities in an inclusive setting. The elementary public school provided inclusive special education services. Both general and special education teachers attended the focus groups.

Researchers gathered descriptive information for the Army base (Site 1) from the Army base’s website. The Army base covered 100,656 acres and had a daytime population of 25,000. The base is known for exceptional training, recreational facilities, leisure opportunities, and positive community relationships. The base’s resilience campus (e.g., physical fitness center, new mind fitness center, and resilience learning center) assists families in coping with relocations and deployments. The resilience campus provides soldiers, families, and individuals working with the families various options for addressing stress related to multiple deployments.

Site 2. Site 2 was also in a rural community serving a military base which trains mostly military officers. While also in a Midwestern state, Site 2 was located close to a larger metropolitan city (e.g., 35 miles). We gathered descriptive information for the school district from publicly accessible school district and state education department websites. This school district’s schools and
programs were located only on base and served only military-connected children. The school district consisted of three elementary schools and one junior high school. The district served more than 2,000 students. Approximately 14% of the students were eligible for free/reduced-price lunch. In addition, the minority population was about 34% and students with disabilities made up almost 13% of the student population. Site 2 educator participants worked at two elementary schools on base. The family participants’ children attended either an ECSE or first-grade classroom at one of two elementary schools on base. The teachers held licenses in ECSE, special education, and general education and served young children with and without developmental delays or disabilities in an inclusive setting. Both elementary public schools provided inclusive special education services, and each had an ECSE classroom containing young children with and without developmental delays or disabilities.

Researchers gathered descriptive information for the Army base (Site 2) from the Army base’s website. The Army base covered 5,600 acres and had a daytime population of 12,300 (i.e., 4,000 active duty soldiers, 5,800 family members, and 2,500 civilians). This base had six core functions: functional training, leader development, collective training, military doctrine, training support, and lessons learned. This Army base had a campus-like setting, open green spaces, upscale accessible playgrounds, newer schools, and hometown character.

**Sampling Procedures and Recruitment**

As noted above, researchers used a multicase design (Miles et al., 2013), with a purposive sampling that included two different military bases with military families from all ranks of service to represent the true conditions and values necessary for transferability (Houghton, Casey, Shaw, & Murphy, 2013). We recruited two groups of participants from each school district serving each military base. The early educator participants worked for the school district associated with each military base. The family participants had been deployed within the past 5 years and had a child, who was at risk for delays or had a disability, younger than the age of 6 years.

To ease recruitment efforts, the researcher developed a *Partnering with Military Families* website, which included contact information and a brief description of the study (e.g., purpose of the study, rationale for the study, and criteria for participation) as well as a printable flyer. School district representatives sent study information to educators currently working with military families and their young children with disabilities. The primary researcher contacted the educators who indicated interest in participating to gather general information about the children’s ages, the children’s identified disability, and the educator’s own military experience. At that time, the educators’ availability for participation in a focus group or individual interview was assessed, and the focus group or interview was scheduled. Just prior to beginning the focus group or interview, educators completed the consent form and demographic survey (e.g., age, race, and ethnicity).

Once educators completed the focus group or interview, researchers asked teachers to assist with recruiting families by forwarding a packet that included paper copies of the military flyer with website link, information statement, family survey, and consent form. We gave educators a self-addressed stamped envelope for mailing the completed/returned family surveys and consent forms to the researcher. The family surveys ensured that interested families met the inclusion criteria. All families meeting the criteria were contacted and a mutually agreed upon meeting time and place was established. Just prior to beginning the interview, family participants completed the consent form and demographic survey (e.g., age, race, rank).

**Participants**

*Participant educators.* Thirteen female educators (Site 1, \( n = 6 \); Site 2, \( n = 7 \)) with an average age of 40 years attended either a focus group or an individual interview. We held a single focus group for educators at each site. The focus group at Site 1 included two elementary general education
teachers, a reading specialist, and an ECSE teacher, for a total of four participants. The remaining two educators at Site 1, both ECSE teachers, participated in face-to-face individual interviews. The focus group at Site 2 included one paraprofessional, one administrator, two ECSE teachers, and one reading specialist (n = 5). At Site 2, one of the individual interviews was a face-to-face interview (with a speech language pathologist) and the second was a phone interview with an administrator. Professional training across all educator roles included some college—7.7% (n = 1; Site 2), bachelor’s degree—7.7% (n = 1; Site 2), and master’s or above—84.6% (n = 11; Site 1 = 6; Site 2 = 5). Thirty percent of the educators (n = 4; Site 1 = 3; Site 2 = 1) had taught in their current position for less than a year, and 46% were military spouses (n = 6; Site 1 = 2; Site 2 = 4). All educator participants were Caucasian. Thus, the educators did not mirror the diversity of the communities surrounding the military bases; however, they were comparable in areas of education, gender, and military spouse status.

**Participant families.** Eight families participated (Site 1, n = 5; Site 2, n = 3) in semi-structured interviews. All eight of the families’ service members were male and their average age was 32 years. At the time of the interview, seven of the eight families (87.5%; Site 1 = 4, Site 2 = 3) had received orders to deploy in less than 5 months. Four of those seven families (57%; Site 1 = 2, Site 2 = 2) with deployment orders did not yet know where they were being deployed. All eight trailing spouses (i.e., spouses following military service members from base to base) were female and their average age was 34 years. Eight child participants between the ages of 3 and 8 years were at risk for developmental delays or had a disability. Four of the eight children (50%) were 5 years old and the remaining four children were aged 4, 6, 7, and 8 years. Six of the eight families reported autism as their child’s primary diagnosis (75%; Site 1 = 4, Site 2 = 2), whereas one family reported their child’s diagnosis as cerebral palsy (Site 1) and the other as speech impairment (Site 2). Of the eight children, 50% (n = 4) had behavioral challenges (Site 1 = 2, Site 2 = 2). Three children (37.5%; Site 1 = 1, Site 2 = 2) received three outside services, for example, speech therapy, applied behavior therapy (ABA), and/or occupational therapy, in addition to those provided by the school. Families reported their ethnicity as being Caucasian (males = 87.5%, n = 7; trailing spouses = 87.5%, n = 7; children = 87.5%, n = 7) or mixed race (males = 12.5%, n = 1; trailing spouses = 12.5%, n = 1; children = 12.5%, n = 1). The male service member and child reporting as mixed race were from Site 1 and the trailing spouse reporting as mixed race was from Site 2.

**Interview and Focus Group Protocol**

A semi-structured protocol (Bernard, Wutich, & Ryan, 2016) with guiding questions was developed. The guiding questions align with the study’s overarching purpose, family system theory (Bowen, 1978; Bronfenbrenner, 1994; Turnbull et al., 2007), and extant research on military families (National Military Family Association [NMFA], 2004). Tables 1 and 2 illustrate how the guiding questions inform each research focus area. The first research focus area explored factors serving as barriers to developing partnerships between early educators and military families with children who have developmental delays or disabilities. The second included factors facilitating positive partnerships between early educators and military families. The final focus was on discovering strategies used to overcome barriers and facilitate positive partnerships.

**Data Collection Procedures**

Researchers obtained data addressing the family perspective by using semi-structured individual interviews and field notes from each interview. The primary researcher conducted all family interviews (Site 1, n = 5; Site 2, n = 3) in face-to-face meetings, using guiding questions
similar to those presented previously. The interviews lasted about 90 min (i.e., range = 45-120 min). The primary researcher recorded the interviews, using two Sony 4GB Voice Recorders (ICD-PX333), which were later transcribed verbatim by two transcriptionists who had prior experience transcribing.

Researchers obtained data addressing the educator perspective using two semi-structured focus groups (Site 1 = 4, Site 2 = 5), four individual interviews (Site 1 = 2, Site 2 = 2), and field notes. The primary researcher conducted all educator focus groups and three educator interviews in face-to-face meetings, using the question protocol described earlier. However, the primary researcher conducted one interview (Site 2 administrator) by phone. The primary researcher recorded the educator focus groups and interviews lasting about 75 min (i.e., range = 60-85 min), using two Sony 4GB Voice Recorders (ICD-PX333), which were later transcribed verbatim by the same two transcriptionists.

The researchers continually revised and refined the semi-structured question protocols to improve question clarity and follow-up question flow. We asked all protocol questions directly, as a follow-up question, to obtain similar data from each participant. The researcher was familiar with the question protocol which promoted conversational interviews and focus groups, allowing both the participants and researcher opportunities to expand, clarify, and ask questions.

The researcher’s field notes included not only participant responses but also information about participants’ emotions, responsiveness, demeanor, home/school environment descriptions, interactions with children, and other observations (Lincoln & Guba, 1985). Finally, the researcher set aside time immediately following the interviews and focus groups to audio-record

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<tr>
<th>Question</th>
<th>Barriers</th>
<th>Facilitators</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>Describe supports you need that may be different from other military families with typically developing children.</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>What supports make transitioning from school to school easier?</td>
<td>X</td>
<td>X</td>
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<tr>
<td>What supports make you feel connected with the community or school?</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>What make you feel unconnected or uncomfortable?</td>
<td>X</td>
<td></td>
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<tr>
<td>Describe how you would like to be supported by early educators.</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>What supports have you received from early educators that positively impacted your child’s social-emotional or academic development?</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>What unique military life challenges do you think educators should know?</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Describe an early educator who met your expectations or one who did not meet your expectations. What changes would you suggest?</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Your needs differ during each service phase (e.g., predeployment, deployment, sustainment, postdeployment); what do you need during each.</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Describe unique supports early educators gave to you and your child or children to help you feel connected and/or unconnected.</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Would having an early educator knowledgeable of military resources improve your resource use? Describe supports you received from early educators that positively impacted your child’s development.</td>
<td>X</td>
<td>X</td>
<td>X</td>
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Note. DEC = Division for Early Childhood.
self-debriefing reflections. Thereafter, the researcher listened to the self-debriefing recordings and made notes regarding additional thoughts guiding key concept selection.

**Data Analysis Procedures**

This research study used a qualitative software, NVivo 10 (2012), to support the qualitative data analysis. We used software to organize, and later analyze, content from the interviews, focus groups, and field notes that included verbatim transcripts of the focus groups and interviews. After the primary researcher and interviewees reviewed transcripts for accuracy (described in detail below), the primary researcher entered all verbatim transcripts into NVivo.

Data analysis was an iterative process between data collection and data analysis, using a constant comparative analysis (Glaser, 1965), in which each step of the analysis process directed the primary researcher’s next steps (Maxwell, 2012). The primary researcher analyzed transcripts, initial notes, and categories to describe broad findings by site, that is, PD, empathy, communication, professional competence, collaboration, and Individualized Family Service Plan (IFSP)/Individualized Education Program (IEP) development. Figure 1 depicts the thematic analysis showing initial categories, subcategories, and overarching themes. The researcher analyzed the

<table>
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<tr>
<th>Table 2. Educator Interview Protocol: Alignment to Research Focus Areas and DEC-Recommended Assessment Practices.</th>
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<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>How do you establish communication with military families, and in what ways has your communication differed from what you have provided for civilian families?</td>
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<tr>
<td>Describe how frequent relocations of families impact your methods of communication.</td>
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<td>Describe the differences between working with a civilian family and a military family experiencing any phase of deployment who has a child with disabilities.</td>
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<td>What are the challenges and the strengths of military families?</td>
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<td>Describe unique military life challenges you want educators to know.</td>
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<td>If you had every resource available to you, how would you support military families in the various stages of service? What kinds of programs or supports would you establish at school or in the community?</td>
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<tr>
<td>Do you have any suggestions for other early educators to provide the best learning environment for all military children?</td>
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<tr>
<td>What was the hardest event you experienced with a military child or family? What ways did you support the family? What did you do that seemed to be most effective in supporting the military child?</td>
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<tr>
<td>Describe your previous military experience and how that experience impacts your work with military families?</td>
</tr>
<tr>
<td>Outside specific special education needs you serve within your classroom, what are three greatest support needs military children require? Do you have the resources you need to meet those needs?</td>
</tr>
<tr>
<td>What training prepared you for supporting military families or describe training you wish you might have received.</td>
</tr>
<tr>
<td>What information would you like from your families about the deployment phases or military culture?</td>
</tr>
<tr>
<td>Describe the family you feel you were able to positively impact.</td>
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</table>

Note. DEC = Division for Early Childhood.
data by coding and defining initial categories for two interviews/focus groups for each site. Following each subsequent interview review, the researcher cross-analyzed coding definitions and added additional subcategories as appropriate. For example, the researcher addressed empathy within the subcategories of deployment and relocation. With each additional interview review, the researcher further divided codes into subcategories and combined other codes into overarching themes (i.e., family support, resources). The researcher continued to use a constant comparative analysis to highlight commonalities, differences, and areas for further investigation by hand and with support from the computer software program (Glaser, 1965). We compared various combinations of interview and focus group data to begin to develop new theories. After themes emerged, were refined, checked for reliability (described below), and saturation was achieved, new meaning theory emerged.

**Credibility**

Credibility depends upon the relationship of the study’s conclusions to reality (Brinberg & McGrath, 1985). This section describes tests used to evaluate the credibility of the data including the use of (a) rich data, (b) member checking, (c) peer debriefing, (d) triangulation, and (e) dependability (Maxwell, 2012).

**Figure 1.** Sample coding flowchart delineating the thematic analysis and coding relationships. Note. EFMP = Exceptional Family Member Program; IFSP = Individualized Family Service Plan; IEP = Individualized Education Program.
Rich data. In this qualitative study, the researchers obtained rich data through multiple contacts and in-depth interviews at each site (Becker & Geer, 1970). Specifically, for Site 1, the primary researcher conducted family interviews \( (n = 5) \), an educator focus group \( (n = 1) \), and educator interviews \( (n = 2) \), which occurred over a period of 4 weeks with multiple visits to Site 1. During this time, the primary researcher also visited with an Exceptional Family Member Program (EFMP) coordinator and a Family Life Educator on base. However, we did not conduct audio recordings and thus transcripts of these interviews because the Army did not provide the finalized consent. The information provided and contacts made through these interviews supported the recruitment and increased the researcher’s military acronym knowledge and understanding of services available through the military for families.

At Site 2, the primary researcher conducted family interviews \( (n = 3) \), an educator focus group \( (n = 1) \), and educator interviews \( (n = 1) \), which occurred over 4 weeks (two meetings per week). In addition, the primary researcher spent two visits gaining district approval; one visit answering questions about the research study posed by the special education coordinator and the second visit presenting at the school board meeting. During each site visit, the researcher experienced a new military base area and school where differences in security checks and environments were notable.

Member checking. This process occurred in two phases. First, the primary researcher reviewed one focus group and one family interview transcript for each site. The primary researcher checked all focus group transcriptions due to the complexity of transcribing a conversation between multiple participants. The primary researcher asked all individual interview participants to review their transcripts and confirm whether the content accurately depicted (a) spoken conversation, and (b) the participant’s intended perspective and meaning (Lincoln & Guba, 1985). Researchers asked participants to make changes, deletions, and additions directly to the transcript. Thus, we conducted member checking by soliciting feedback about the data from the family and educator interviewees (Lincoln & Guba, 1985). Participants did not make any changes or additions to this information.

Peer debriefing. An accepted method for conducting peer debriefing is to identify someone who engages in discussions and assists the researcher in (a) recognizing personal biases, (b) improving the researcher’s attitude toward data and analysis, (c) clarifying emerging ideas, and (d) defending emergent hypotheses (Lincoln & Guba, 1985). The primary researcher selected a professional, who had direct experience as both an educator and researcher in working with families and their children with disabilities, to be the peer debriefer. Interactions with this peer debriefer occurred throughout the study once per week for approximately 12 weeks. During the data collection and analysis phase, peer debriefing sessions occurred once per week. The primary researcher shared the following with the peer debriefer: field notes, self-debriefing notes, initial coding definitions, example quotes for each code, themes, diagrams, and graphs. The peer debriefer highlighted the primary researcher’s biases; for example, the researcher had some negative feelings toward some educator responses. During the data analysis process, the peer debriefer asked clarifying questions about the code definitions, code examples, themes, diagrams, and graphs to improve reliability.

Triangulation. We collected information from a variety of sources and cross-checked conclusions using multiple methods and sources to ensure the findings could be regarded as credible (Creswell & Plano Clark, 2011). The different types of data used to substantiate the emergent themes included individual interviews, focus groups, field notes, audio files, self and peer debriefing notes, referential data, and survey data. The researcher entered interview and focus group transcripts into NVivo (2012), which allowed the researcher to count and quantify the number of
times a theme was referenced per site and collectively. Researchers made comparisons between Site 1 and Site 2 (Maxwell, 2012) and then the primary researcher cross-checked field notes, self-debriefing, and peer-debriefing notes by hand to see whether similar quantities or themes emerged from those data sources. This simple numerical count assessed the amount of evidence supporting a particular conclusion or identified existing discrepancies (Becker & Geer, 1970).

**Dependability.** An audit of a study can assess a qualitative study’s dependability (Lincoln & Guba, 1985). The primary researcher created an audit trail through NVivo 10 (2012) software to confirm assertions and quotations. We employed and trained two people not connected to the study to check three transcripts (21.4%) from each site (e.g., focus group and interviews) for agreement of coded themes. A code summary page was printed using NVivo (i.e., NVivo nodes = codes) for trained reliability checkers to reference. Initial code agreement was 97%. The primary researcher and the two assistants achieved consensus by adjusting code descriptions resulting in 100% inter-coder agreement.

**Results**

Researchers organized the results by the following foci: (a) factors serving as barriers and facilitators to developing partnerships between early educators and military families and (b) information for both early educators and military families regarding strategies used to overcome barriers and capitalize on facilitators of positive partnerships. Interview and focus group data revealed themes related to barriers and facilitators to partnerships linked to PD, family-centered support, and IFSP/IEP development.

**Barriers and Facilitators to Developing Positive Partnerships With Military Families**

Below are insights related to PD, family-centered support, and IFSP/IEP development. Each theme contains specific examples of barriers and facilitators to partnerships as communicated by early educators and military families.

**PD.** Educator participants from both settings provided statements initially coded as PD. The primary researcher then analyzed the subcategories to determine whether the information provided was a barrier, facilitator, or potential strategy. Here we discuss nonroutine PD opportunities as a barrier and informal training as a facilitator. Later, we discuss formal PD training as a potential strategy.

One barrier educators identified was that their school district did not offer routine military-related PD opportunities to staff. One might link a potential explanation to stated false assumptions about school personnel and EFMP coordinators’ roles and responsibilities. Specifically, an administrator stated, “Parents have things within their own setting [like the] EFMP program [exceptional family member program]. My role is to work with the special education staff, while trying to partner with our families.” Similarly, an EFMP coordinator stated that the “EFMP office at one time provided special education and military trainings.” She then explained, “Since all school districts provide special education services by law now, we trust schools to provide support to parents.” However, participants described the informal and formal PD opportunities described as barriers and facilitators of positive relationships.

Educator participants defined informal self-initiated training opportunities as being PD teachers sought after, designed, and arranged themselves. These informal opportunities to gain knowledge about the military culture tended to facilitate positive relationships. The primary example of such an opportunity was the use of veteran teachers as mentors to gain access to important information.
As noted by an educator, “I would go to a co-worker [and say] tell me what this means.” Another educator responded, “The best . . . is being around people who are military and can explain each child’s situation.” Relationships with veteran teachers provided an informal mechanism for access to information in an on-demand, need-to-know basis.

**Family-centered support.** Family participants from both settings provided statements initially coded as empathy, communication, professional competence, and collaboration (represented by pillars in Figure 2). The primary researcher used these initial categories and their subcategories (depicted in Figure 1) to create the overarching theme of family-centered practices. Families either directly talked about or inferred family-centered practices to be significant practices educators needed to use or they gave examples of educators’ actual use of these practices.

**Empathy.** All families may need empathy from educators; however, military families experiencing multiple relocations and deployments juggle and manage significantly more challenges than typical civilian families. The empathy category had references from families and educators from both sites that referred to relocation and deployment as challenges that adult family members and children may experience.

**Relocation.** Families reported challenges learning a “new rhythm” of managing a “two parent household as a single parent,” which includes “grocery shopping, cleaning, doctor’s appointments, mowing the lawn, and doing homework” when their spouse was deployed. Two parents used the word exhausting in their description and stated they sometimes just “dropped the ball.” Children coming to school without the needed supplies may be due to families “living in transitional housing on the base” and “household belongings have not yet arrived.” New shoes are purchased rather than school supplies because one parent wanted her daughter to have “the latest shoes, even though they cost $80, like everybody else.”

**Deployment.** Educator participants, however, described how they may facilitate positive relationships with military families by understanding deployment, “what the military family goes through, the military infrastructure, deployment [phases], and that kind of thing.” Families
described practices and gave examples of educators showing empathy for what a family was “going through.” Examples included, making “deployment books” available for children, posting “family pictures” on the wall when parents deployed, and “sharing common experiences” with children and families. However, a barrier to a positive relationship, as noted by three educators, can arise if educators perceive priorities of military families aren’t the best for the children’s education. These educators complained about families “being tardy to class, taking extra days off around holidays, not having school supplies but having new shoes, and using electronics as babysitters.”

**Communication.** Researchers inferred from observations, stories, and the tone of family and educator participants that an underlying communication barrier was an inability to hear and understand intended messages. Military families see communication breakdowns as a concern, given their transient lifestyle and limited time spent in any one location. A family member reported, “We wanted transportability and synthesis in the IEP, we weren’t on the same page, and didn’t understand why [the school and IEP team] were picking certain IEP goals or the data they used to come to that conclusion.” He continued, “[Schools] have a definitive way of approaching the IEP and what they propose, whether the parents want it or not, that’s the way it’s going to go because they have to make sure they check all the boxes.” An administrator explained that when a family asks “a lot of very thoughtful questions sometimes that can be intimidating to a team when it is so in depth.”

However, families and educators similarly discussed effective communication as a critical feature for success. For example, one family member described their appreciation for a teacher who listened to “what [they] were trying to say, not what [they] were saying.” This family member later noted that the efforts of this educator was valued because the educator spent time listening to the family to understand the “desired end stage” and reworked the IEP.

**Professional competence.** Families and educators from both sites characterized professionally competent teachers as those who are consistent, confident, plan appropriately, set high expectations for children, and are flexible in making adjustments to meet individual needs. Another parent described their early educator as one whose work with children was very organic and an artistic type process. He noted this as a benefit and stated they were completely on board with it, given that the classroom is not a lab. Educators described professionally competent teachers as those who are consistent, set high expectations, recognize individual difference in children’s resilience, know military jargon, and communicate through listening.

**Collaboration.** References from families and educators from both settings expressed that parents desired teachers who collaborate with staff, families, and community members. Families from both settings reported barriers to collaboration. For example, in one parent’s account of her daughter’s IEP meeting, “There was disjointedness between people. Like it’s supposed to be a collaborative team, but everybody work[ed] as individuals.” One educator stated that she does not often “go into the classroom” and was “unaware of the transition plan for a student.” Other educators stated that they “rarely see” the special education teacher. Participants gave reference to these challenges related to collaboration across settings.

Yet educators from both settings mentioned facilitators for collaboration. As one administrator reported, “A well-rounded, quality educator will have a knowledge base . . . look at the whole child—not just the disability . . . and work in a collaborative model/method.” Site 2’s district provided “general and special educators time to collaborate” each week in “professional learning community groups” to discuss data, plan, and meet the students’ needs. For this district, working collaboratively with other educators is highly valued by all stakeholders.
Accessing resources. Families and educators from both settings reported differences in every base and the resources available at each base. The primary barrier is that each base has a different set of expectations or rules and various paths for accessing resources or programs. One parent (Site 1) described needing basic knowledge about where to go to access resources. She added that she was “frustrated” by the substantial time and effort required to gain access due to incorrect information or information that had been recently changed. She stated, “I am still finding out about new resources and there are a lot of families that don’t even know.”

In addition, the years of military service and rank can serve as a barrier or facilitator to accessing resources. For example, the brevity of service and lower rank may be a barrier to knowing the paths to access resources or having confidence in asking the command for assistance. One family member specifically described being a younger service member who had not “established a credible reputation.” For example, one commander was not willing to let the service member have time off for his daughter’s birth “until the doctor confirmed” his wife was “truly in labor.” In addition, two lower ranking soldiers (Sites 1 and 2) feared a “blot on [their] record,” if they asked for help. In addition, an entering service member may not wish to or “know how to seek help in finding resources” because “in this day of budget cuts soldiers are cautious.” This is especially so, when soldiers are seeking help for themselves because a base “is such a closed place and everybody knows your business.” One participant (Site 2) explained,

If you are a newly enlisted soldier [who is] young and [inexperienced] having family issues at home, [the command] may think, Oh this is just the family who has problems. [The command’s] attitude is then) less supportive for the enlisted member.

Therefore, participants in this study, who were lower ranking enlisted service members, described using social media to gain access to information. However, four family members (Site 1: \(n = 2\), Site 2: \(n = 2\)) described fallout from personal information or brief comments being misinterpreted by those in command.

In contrast, longevity in the military or a higher rank may facilitate the service member in not only knowing the correct paths to access resources but also having the trust of the command. One participant (Site 2) stated that families who have been in the military for a longer time period have a basic knowledge of various resources usually available. This foundational knowledge provides a place to start looking for resources and an awareness of what questions to ask. Three participants stated (Site 1: \(n = 1\), Site 2: \(n = 2\)) that resource access increases as families accumulate years in service and numbers of relocations. Another participant stated, “If you are a commissioned officer with a college degree and you are having issues, the command’s (i.e., higher ranking officers in charge of base operations) attitude is a lot more supportive.”

Strategies for Overcoming Barriers and Capitalizing on Facilitators

Families and educators across both sites reported strategies that may overcome the barriers and capitalize on the facilitators presented above. Three strategies emerged from the analysis: (a) providing routine formal PD opportunities, (b) refining IFSP/IEP development practices, and (c) assisting military families in utilizing available resources.

Providing routine formal PD opportunities. Families and educators from both settings referenced routine formal PD opportunities but there were some differing views. For example, several educators felt trainings could be “on an as needed basis,” or before “a surge [of deployments].” Yet, other participants conveyed the need for regular formal PD options related to “military culture,” deployment, relocation, and building resilience. Educators described formal training practices as being required by or implemented by administrative staff of the school district.
Site 1 participants, while noting they had no current formal trainings in place, reported previous formal training was provided during a deployment surge. “Years ago someone from the post came and talked to all the teachers, right around Desert Storm.” Site 2 educators did not remember any military-related PD training to address a deployment surge or other major event. Yet, two Site 2 participants discussed the formal training provided to teachers new to the district that included a 4-hr overview and introduction prior to the start of the school year.

Specifically, the purpose of the 4-hr session was “to help all new teachers understand the culture of the military and the disabilities of the child.” The new teacher training session utilized military wives, who were also educators, to discuss situations educators might experience related to their work with the military. As one participant noted, “It was more of a dialogue.” Another added, “They did bring in some people from the [resource] programs [offered on base].” Importantly, another educator interjected, “Can us old ones have a revision course?” The educator participants noted that this PD “was a meaningful use of time.”

In addition, the participants from Site 2 stated that the professional learning communities (PLCs) provided them with an opportunity to gain information about working with military families. One teacher stated, “We have really good professional learning communities for each grade level and we rely on each other.” Another teacher added, “Yes, I think our PLCs are really good, we work together so closely.” Others described using PLCs to discuss specific family needs, problems, and solutions to situations, and individualized emotional and academic intervention plans for students, as well as participants’ potential PD delivery methods. Specifically, participants felt it would be valuable to attend trainings offered on post for parents related to relocation and deployment. Participants from both sites communicated a desire for “online modules” for some formal PD trainings offered, such as general military acronym knowledge, military culture, deployment information, and strategies for building resilience.

Refining IFSP/IEP development practices. Families and educators from both settings gave an account of IFSP/IEP development experiences. Parents stated that military families experiencing frequent relocations need an IEP to include sufficient detail and clarity, so the document can serve as an effective communication tool for professionals in the next setting. Thus, a subcategory of IFSP/IEP development was enhanced detail. Just as is frequently reported by educators, participants in this study all noted needing to improve their skills in supporting families and their young children in transitioning from Part C of IDEA to Part B services in a timely manner and writing measurable IEP goals. Thus, educators and families identified two PD needs addressing aspects unique to military families. First, IEP portability was identified as a need, including sufficient details about accommodations, modifications, and instructional supports. Second, factors inherent of military life may require expediting the evaluation and IFSP/IEP development process.

IEPs with enhanced detail. Several families reported feeling their children’s IEPs were not appropriate. Three parents stated they felt the goals were “cookie cutter” goals and the IEP needed more detail. As a parent shared regarding a conversation in an IEP meeting,

[Parent asks] How are we developing the present level of development? Where’s that coming from? [Educator responds] We are going to do classroom observations. [Parent says] Ok, I have no problems with qualitative. But, let’s do some quantitative instruments and get some measurements down that are transportable. This is the longest we have ever been anywhere . . . for 2.5 years.

Another parent reported appreciating a previous district’s willingness to address the concerns for her son with the right placement. She continued to explain that the “IEP was so detailed in terms of what [the educators] were trying to accomplish versus the IEPs I have had here.” Another parent stated, “Intuitive knowledge doesn’t translate to the IEP. The school could be completely
right in what [they] are telling me but I don’t know how [they] came up with this information or [what to take] to another school,” whereas another parent described she wanted “as [many] notes from the teachers as possible for the things they see in the classroom” before moving again.

As a result of these experiences, four families (Site 1: n = 2, Site 2: n = 2) reported taking college courses to gain information about special education law, IFSP/IEP requirements, and special education processes with eight specific references. Specifically, families wanted reassurance “that everything in the (proposed) IEP appropriately addressed (their child’s) learning needs.” Another parent felt that “An advocate would be very helpful in the military community.” In summary, five families (Site 1: n = 2, Site 2: n = 3) desired the services of a military advocate who might review their child’s current IEP to identify potential improvements or enhancements.

**IFSP/IEP expedited timeline and process.** As previously noted, relocations for military families can occur frequently. All but one parent, who had not yet experienced a relocation, described the negative impacts these frequent moves have had on their children. Parents stated repeated evaluations create a significant delay in services and inconsistency in services. All of these families reported some initial and/or long-term negative impacts on their child’s growth and development. In addition, they described additional stress and pressure on the family due to the delays and inconsistencies. Military families reported a sense of urgency related to taking care of things nonmilitary that educators and administrators may not understand. The families used words such as “black holes” to describe the process of getting information and accessing services during a relocation or a deployment. The following is one father’s lengthy and moving account of a conversation revealing the military perspective on time:

[Father says] I need to get this evaluation and IEP done now. [Educator says] No, there’s no rush. [Father says] You don’t understand. I might be deploying. I want this nailed down before I go. [Educator says] Well, we can video-conference with people. [Father says] Well look, it’s not like I don’t care about my son, but at a certain point, I have responsibilities to other people when I’m deployed.

He then explained that during his last deployment after being up for “20-22 hours every day trying to get out of Iraq” his wife would call, upset about the IEP evaluation process. He said, “I was a disaster, after getting off the phone.” He knew the school “worked with military all the time” and could “relate in a way” but “they’re not on the battlefield; they haven’t experienced it from my perspective.” He didn’t want to be told he had “all the time in the world” because his son was “3 years old” and he had “only been around for a year of his life.” He ended with, “There’s no guarantee I’m coming back.”

During a focus group, an administrator explained, “The law was designed to protect children . . . . There has to be a comprehensive evaluation . . . The law is the law and that’s 60 school days.” The school district is “following the law to protect the child” with a “comprehensive evaluation that happens over time.” However, as the father stated, “When [the school district] waited until the last day [I felt like] they were just messing with me.”

**Creating key partnerships that improve access to available resources.** Families and educators from both settings gave suggestions about how to help military families access and utilize available resources. A family member [officer rank] advised that the “key partnership” he recommended bolstering was between the “military post commander and the school superintendent.” He believed this partnership of leaders would promote conversations about needs and resources they each bring to the table and would clarify perceptions of how they can improve supports to families and children. Throughout this study, families demonstrated the need for resources and programs that already exist. Yet, all families indicated frustration for both accessing resources and
managing special education service coordination. As this participant described, military leadership could focus on “re-leveling programs” to eliminate potential barriers. In addition, he specifically suggested the military EFMP coordinator may benefit from a partnership with the command on base to reduce the stigma of enrolling in the EFMP program. Similarly, several parents suggested schools may benefit from a partnership with the EFMP coordinator and families to reevaluate and modify the IEP development process accounting for unique issues associated with the military. As one parent suggested, the EFMP coordinator and school personnel could collectively organize appropriate IFSP/IEP training for military parents.

Discussion

The goal of our study was to investigate and describe factors influencing positive professional partnerships between military families who have young children (e.g., birth to 8 years old) with disabilities and early educators working in schools on or near a military base. In the following four sections, we discuss our findings. First, we compare this study’s key findings and contributions with existing literature. Second, researchers present future research generated by this study. Thereafter, investigators discuss implications for practice and summarize this study’s limitations.

Key Findings and Contributions

Researchers discuss key findings in terms of how this study extends our knowledge about working with military families who have young children with disabilities. Specifically, researchers link some of the key family-centered practices to the strategies participants referenced (i.e., routine formal PD opportunities, IFSP/IEP development practices, and key partnerships). First, similar to previous research, this study points to the importance of educators’ use of strengths-based, family-centered practices which use family strengths to empower each family in achieving desired family goals or goals specifically for their child with exceptionalities to accomplish (DEC, 2014; Turnbull et al., 2007). Families in this study were active members of their child’s education, who expressed the desire for school personnel to listen to their desires, goals, and needs when designing their child’s IEP. The family-centered practices valued by participants included (a) sharing responsibility and collaborating to meet a common goal, (b) individualizing services and flexibly adjusting those services as needed, and (c) utilizing practices focused on the families’ strengths (Dunst et al., 2007).

Family-centered practices support. From the perspective of our military family participants, educators who built collaborative partnerships showed empathy, communicated regularly, demonstrated professional competence, and promoted collaboration. Similarly, others have stated that building collaborative partnerships requires educators to understand the families’ culture, know their related concerns, seek to clarify priorities, and listen for intended messages (Hess, Molina, & Kozleski, 2006). For example, military families in this study viewed time as a very precious commodity as several families indicated that today’s time is all they are guaranteed. Importantly, when military families are moving so frequently from place to place, accessing resources in a timely manner becomes a very important concern and priority. This present study extends previous research urging service providers to provide preventive support to military families rather than waiting for families to access the appropriate combination of services and support (Kudler & Porter, 2013).

As a part of the family-centered supports referenced by participants, this study found that communication and collaboration were important to families and educators. Collaboration among key stakeholders is the cornerstone for implementing a high-quality inclusive early childhood
The importance of communication and collaboration is supported further by the inclusion policy statement calling for open communication and collaboration between community-wide partnerships to coordinate services, develop transition plans, and provide high-quality inclusive educational opportunities for young children with disabilities (U.S. Department of Health Human Services [HHS] & U.S. Department of Education [ED], 2015).

**PD practices.** Findings from this study indicate that routine formal PD was not provided but was desired by educators as well as families. Educators reported that PD occurred in conjunction with a “surge” of deployments or “as needed.” Like existing literature, this study points to the need for culturally responsive PD training that helps educators to overcome their biases about military families (Bell et al., 2007). From the focus group data, educators were less likely to understand the interactions between the military culture, military challenges, and the child with exceptionalities. For example, educators may view deployment as a time when one parent is away from home, and they may not understand the dynamics of each deployment phase and the unique challenges that exist for the family. Like other research, this study suggests that schools and child care facilities working with military families incorporate routine PD about military culture and how deployment can affect all family members’ capacity for resilience (Kudler & Porter, 2013). Furthermore, due to the family references about inappropriate “cookie cutter” IEP goals and insufficient detail within the IEP, the current study supports other research that provided educators with PD related to providing quality educational opportunities to children (Sheridan et al., 2009).

**IFSP/IEP development.** Families and educators in this study reported a desire for an expedited IFSP/IEP time schedule for military families transitioning from one school or school district to another. This research finding is not a new phenomenon to the military community (Butler, 2010), yet school personnel may not be familiar with ways to expedite the evaluation process for military children. Thus, resistant school personnel can use Butler’s (2010) military brief as a guide in expediting the evaluation process. For example, if a military child experiences a move during an evaluation, the evaluation does not need to begin anew by the new school district if the school and parent agree that assessments completed are comparable [20 USC (1414(d)(2)(C)(ii)]. Furthermore, districts can prevent unnecessary delays by promptly exchanging relevant records including evaluations and other critical data [34 CFR 300.323(g)]. Communication and open sharing of resources and knowledge such as the information detailed above are vital to improve the success of young children and their parents who are part of a military family.

**Key partnerships.** The present study extends previous research stating that effective support for military families requires coordinating with civilian services and systems (i.e., schools, childcare facilities, community services) and military services (i.e., EFMP coordinator, military life educator; HHS & ED, 2015; Kudler & Porter, 2013). This study points specifically to a strategy of creating key partnerships between the base command and school superintendent to help educators and military families gain access to available resources. Furthermore, the specific recommendation of key partnerships extends previous research regarding collaboration across different systems (i.e., EFMP program, base command, and school district) and could mediate families’ stress related to coordinating special education services and navigating multiple complex service systems with limited understanding of each service system (Branson & Bingham, 2009; Floyd & Phillips, 2013; Rous & Hallam, 2012). The findings presented in the “Results” section specifically point out that a partnership between the military EFMP coordinator and base command could reduce the stigma of enrolling in the EFMP program. Similarly, several parents suggested a three-way partnership between schools, the EFMP coordinator, and families to provide an advocate or military expert who could help modify the IEP and the IEP development process.
Findings suggest adding the EFMP coordinator or military-connected advocate as a member of the IEP team. This collaborative partnership across systems would be beneficial to school personnel and educators because the EFMP coordinator or military-connected advocate could mediate the military families’ satisfaction and willingness to accept special education services. These findings extend previous research describing the family benefits of new resource knowledge and access to available services (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004).

**Future Research Directions**

Similar to other research, this study revealed several future directions for research. One such need is to understand the unique resources, concerns, and priorities of National Guard members and reservists who serve part-time. These service members are often not included in research, yet may be a population just as important to understand, especially because children of these service members are more difficult to identify and reach out to for services (Clever & Segal, 2013). Future research should further explore the differences related to available resource access between enlisted and higher ranking soldiers. Researchers should also control for this potential difference in their future design of research with different military branches. In addition, as noted earlier, research focusing on military families with children ages birth to 3 years is needed. This age is crucial because infants and toddlers are sensitive to the healthy or unhealthy parental responses toward relocation and deployment (Osofsky & Chartrand, 2013). In addition, future research should include military experts such as the EFMP coordinator and family life educator. Specifically, more research is needed regarding the impact of a collaborative partnership between an EFMP coordinator, school, and family. Research also needs to explore possible modifications and accommodations, crucial for the unique transient military population, to the evaluation and IEP development process. Finally, future research should study family interventions focused on improving self-determination through partnerships between the community and EFMP coordinator (Clever & Segal, 2013).

**Implications for Practice**

Due to the unique military life qualities, educators may need to demonstrate empathy and initiate communication to learn about and thus understand the many changes family members might be experiencing. Specifically, the educator needs to take on the role of seeking knowledge regarding relocation and deployment to recognize opportunities to offer assistance. Thus, communication between school and home may need to occur frequently and consistently as military life can change very quickly. Preventing communication breakdowns is crucial for military families, given the transient nature of the military and limited time spent in any one location. Just like all families, these military families transitioning from Part C to Part B of IDEA services reported struggling with adjusting to the changes but often had the added stress of dealing with multiple relocations and deployments.

Collaboration, therefore, was a clearly stated need for these families as they described the challenges of relocating right after receiving Part C services. Specifically, families described requiring additional evaluations, experiencing delays in services, and receiving different types of services that were less desirable than what they had received in their previous location. Educators also expressed a need for collaboration, with both veteran colleagues and families, as they transitioned a young child from a different education environment or service system. However, from the educators’ perspective, the focus was with colleagues rather than families.

Educators working with military families and their young children with developmental delays or disabilities in a revolving military community need consistent and ongoing PD opportunities that address specific content related to military life. In addition, educators desired PD that
scaffolds information in an easily accessible and meaningful manner (e.g., online modules, books, and webinars). Hence, the foundation for implementing a comprehensive family support approach may need to begin through a **key partnership** between the military and school leadership. Such a partnership could promote policy changes to improve resource access for families, as well as enhance PD opportunities for educators regarding the needs and available supports for military families. School leadership and military command must work together to identify the specific content, develop the delivery of the content, and establish strategies for evaluating the impact of the training and making modifications as appropriate. A key to the success of such a partnership is ensuring transparency of information and strong collaboration between the leaders of both systems.

Improving educators’ ability to develop a **detailed transportable IEP document** may build “trust” and a “personal connection” with military families. Several family participants in this study described their experiences with the IEP process as less than satisfactory and frustrating. Discourse like this can create tension in the family professional partnership and is not ideal for supporting the child. Expediting the special education process for military families moving in with an existing IFSP/IEP is a proactive way to demonstrate responsiveness toward military families’ unique needs. An expedited process would help children have more consistent, appropriate, and full services. In addition, an expedited process would provide relief for parents and comfort that their children are not missing opportunities for growth. Furthermore, when school personnel take the time to engage military families actively in the IEP process, the family gains a sense of control, which can be particularly important, given the lack of control families are experiencing in other areas of their family life during relocations and deployments. This sense of control and accomplishment in terms of their child’s education may prevent the parents from developing feelings of defensiveness and/or anxiousness.

**Limitations**

First, it is important to mention potential bias present due to the researcher’s personal experience as a military family member and educator. In addition, the study’s small size may be a credibility threat because stories told by a few families may not adequately depict all military families. Military families, just as civilian families, are unique and diverse; military families cannot easily be characterized because their needs change over time (Clever & Segal, 2013). This study’s findings, though important, need to be extended to a broader population.

Second, having an administrator in one of the focus group sessions may have influenced educator responses and caused inconsistencies in data. Specifically, some educators may not have responded authentically when an administrator was included or when others were talking.

Third, all desired study participants were not available, such as military leadership representatives (i.e., EFMP coordinator or military family life educator), early interventionists (EIs), or military family participants who had children with disabilities between birth and 3 years of age. The principal researcher made requests for EI participation through the state’s coordinator of Part C services, which may have been too distal of a contact, instead of using immediate EI program coordinators. These additional participants would have provided other unique insights and richness to the data. Furthermore, not having these data affected our ability to triangulate data across systems. For example, military leadership members were not available to interview so the primary researcher used available literature regarding the EFMP policy, military systems, resources, and services to triangulate data. While these findings extend previous research and can direct future research vital to ECSE, caution must be used in transferring results to a larger early childhood education population including EI and military population, including EFMP coordinators and command.
Conclusion

In summary, both family members and educators appeared defensive and quick to respond, rather than taking time to interpret each other’s perspective or understand the potential meaning behind behaviors. This misperception stems from a shared misunderstanding of the other’s experiences and results in unnecessary communication barriers. Thus, a clear facilitator for fostering partnerships between early educators and military families with young children who have disabilities is for both partners (i.e., educators and parents) to identify and then understand the other’s perspective—to walk in their shoes, to view life from their circumstances, and to feel what it feels like to be that person. From the educators’ perspective, teachers do so much already for all the students they serve but feel that they need to provide “little extras” for military connected children. As noted, educators reported buying extra supplies, catching children up after absences, teaching social-emotional skills, and conducting afterschool clubs to support families with respite childcare. From the military families’ perspective, time is a very precious commodity—today’s time is all they are guaranteed. Thus, when military families experience frequent moves from place to place, accessing resources and special education services in a timely manner becomes a top priority. Military families, educators, school administrators, and military leaders need to be equally cognizant of unique aspects related to the highly mobile military community. Furthermore, benefits may exist for collectively working together to strengthen communication, family–professional partnerships, and supports for children who are often dealing with a parent who may be deployed or uniquely unavailable due to the work that they do to serve our country in the armed forces.

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