Intellectual and Developmental Disabilities

A Tale of Two Adaptations of a Special Education Advocacy Program

--Manuscript Draft--

Manuscript Number:	IDD-D-21-00081R1
Article Type:	Research
Keywords:	special education advocacy program, replication, intellectual and developmental disabilities
Corresponding Author:	Meghan M Burke, PhD University of Illinois at Urbana-Champaign Champaign, IL UNITED STATES
First Author:	Meghan M Burke, PhD
Order of Authors:	Meghan M Burke, PhD
	Samantha Goldman
	Chak Li
Manuscript Region of Origin:	UNITED STATES
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A Tale of Two Adaptations of a Special Education Advocacy Program

Abstract

Special education advocacy programs support families to secure services for their children with intellectual and developmental disabilities. Although research demonstrates the efficacy of one such program (the Volunteer Advocacy Project), its effectiveness when replicated by others is unknown. Replication research is critical to ensure that programs can remain effective. The purpose of this study was to explore the adaptation process for two agencies that replicated an advocacy program. Quantitative and qualitative data were collected to examine feasibility, acceptability, and effectiveness. While it took resources to replicate the advocacy program, agencies reported ongoing implementation would be easier once adaptations were completed. The adapted programs were effective in increasing participants' knowledge, empowerment, advocacy, and insiderness. Implications for research and practice are discussed.

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A Tale of Two Adaptations of a Special Education Advocacy Program

Special education advocacy programs are becoming increasingly common (Burke, 2013). Such programs equip individuals to become advocates for families of children with intellectual and developmental disabilities (IDD) in accessing needed school services. Advocates may be necessary when schools are out of compliance with the Individuals with Disabilities Education Act (IDEA, 2004), which remains a common occurrence (Office of Special Education Programs, 2020). Families of children with IDD often experience difficulties in accessing school services, and, accordingly, they may turn to special education advocates for help.

While advocacy programs are becoming more common in the United States, there is little research about their effectiveness (Goldman, 2020), and even less research about how they can be replicated. Although many advocacy programs are offered through state and national disability agencies (e.g., Parent Training and Information Centers; PTI), rarely do such agencies have the funding or resources to support research (Burke, 2016). Currently, only two special education advocacy programs have research demonstrating their effectiveness in developing advocates (Goldman, 2020). One, the Volunteer Advocacy Project (VAP; Burke, 2013), is a program for parents and professionals and the other, the Latino Parent Leadership Support Project (LPLSP; Burke, Magaña, et al., 2016) was designed for Latinx parents of children with IDD. However, neither program has been formally replicated by other groups of researchers or outside agencies.

The VAP is a 36-hour special education advocacy program. The VAP equips individuals, primarily parents of students with disabilities, with knowledge about their special education rights and non-adversarial advocacy skills. The VAP has been offered in-person and synchronously via videoconferencing. At the conclusion of the VAP, participants agree to

advocate, pro bono, for four families of children with disabilities. Prior studies of the VAP have shown its efficacy in improving special education knowledge (Burke, Goldman, et al., 2016; Burke et al., 2019), advocacy comfort (Burke, Goldman, et al., 2016), and empowerment (Goldman et al., 2020). Other studies suggest that the VAP may impact grit (Goldman et al., 2019) and insiderness within the disability community (Author, submitted). Research has also shown that VAP participants support other families of students with disabilities following the program (Goldman et al., 2017).

Unfortunately, there are no studies of replications of the VAP or other advocacy programs (Goldman, 2020). While the initial research about the VAP has shown its efficacy, the next step is to examine feasibility and effectiveness in VAP replications when applied in the real world—including by agencies in other states. Indeed, for the VAP to be applicable across a range of individuals, it must be adapted and tested in multiple replications (Valdez et al., 2013). The purpose of this study was to examine the replication of the VAP with respect to feasibility, social validity, and intervention outcomes.

At the most basic level, it is critical to examine the feasibility of an intervention. When considering the feasibility of a replication, it is important to understand the ease or difficulty with which an agency can implement the replication. Unfortunately, there are no feasibility studies of replications of advocacy programs (Goldman, 2020). However, in a feasibility study of the VAP, attendance was high (>80%), attrition was low (<10%), and more than 81% of participants reported they were “very satisfied” with the VAP (Burke, Mello, & Goldman, 2016). While this study answered questions about the feasibility of the VAP, it did not address feasibility with respect to replicating the VAP. For purposes of replication, we need to identify the factors which ease and occlude implementation for other agencies.

Even if an intervention is feasible for an agency, it may not be effective if it is not a good fit for the population. In nearly all circumstances, exact replication is not possible; every context is unique, and adaptations are almost always needed (Morrison et al., 2009). The "goodness of fit" between the intervention components and the context (e.g., characteristics of the participants and the community) has long been accepted as critical for effectiveness, particularly for interventions that support families of individuals with IDD (e.g., Bailey et al., 1986; Moes & Frea, 2002). Interventions should be both feasible (i.e., able to be implemented with fidelity) and adapted to be contextually appropriate for participants (McLaughlin et al., 2012). For a replicated intervention to be effective, those involved should be satisfied with the intervention itself, as well as the outcomes achieved. If an intervention is a good fit, then implementers and participants will be more likely to consider the intervention and its outcomes to be acceptable.

Along with feasibility and social validity, it is also important to examine intervention outcomes. Given that adaptations almost always must be made in a replication study (Morrison et al., 2009), it is important to test whether the adapted version is similarly effective to the original intervention. Often, an intervention may be effective in a tightly controlled efficacy trial only to be found ineffective when applied in the "real world" (Elliot & Mihalic, 2004). In addition to evaluating outcomes from prior intervention research, replication studies should expand the definition of "effectiveness" to include whether implementers would continue to conduct the adapted intervention. If an intervention is feasible and adapted to be a good fit for an organization, a positive outcome should include long-term implementation.

In this project, we address this need by evaluating two replications of the VAP. Specifically, we had three research questions: (1) What are the barriers and supports in replicating the VAP?; (2) What adaptations are needed for the VAP?; and (3) What is the

effectiveness of the adapted VAP in the replications? Data from two case studies were used to answer these research questions.

Method

Participants

Two community-based agencies adapted the VAP for this study. One agency is in the Northeastern part of the U.S. The "Northeastern agency" serves Korean families of children with disabilities and is a federally-funded Community Parent Resource Center (CPRC). With nine employees, the Northeastern agency also provides support to siblings of individuals with disabilities and adults with disabilities. The other agency is located in the Southeastern part of the U.S. The "Southeastern agency" serves their entire state and is a federally-funded PTI. The Southeastern agency also provides parent-to-parent support for families as well as information about healthcare. Both agencies are primarily staffed by parents of individuals with IDD.

The only inclusionary criteria for the VAP participants were to be parents of children with disabilities and to commit to attending the VAP along with completing the research procedures. Altogether, 22 participants completed adapted versions of the VAP. Specifically, 12 participants completed an adapted VAP at the Northeastern agency and 10 participants completed an adapted VAP at the Southeastern agency. Across the agencies, most participants were married (86.36%). More than half of the participants (68.18%) reported having college degrees; 72.73% of the participants reported having annual household incomes above $70,000. All participants at the Northeastern agency were Asian. At the Southeastern agency, 70% of the participants were White and the remainder were Latinx. Concerning the types of disabilities of the participants' children, many (68.18%) had autism. See Table 1.

Procedures

The Family Support Research and Training Center held a request for proposals for agencies interested in adapting the VAP. Nineteen agencies applied for the funding. A team of experts in family support interventions reviewed the proposals. Three agencies were selected for funding. However, one agency was not able to participate in the adaptation due to being short-staffed. Thus, for this study, we share the findings of the remaining two agencies.

Support to Adapt and Implement the VAP

Upon being selected for funding, each agency received a $5,000 stipend, electronic access to the VAP curriculum, and began conducting individual meetings with the developer of the VAP. Specifically, they met every month to discuss the adaptation process. These meetings were recorded, and the first author took detailed notes. Further, the VAP developer conducted three webinars with all agencies interested in replicating the VAP, even if they had not been selected for funding. These webinars provided generic information about the VAP, its implementation, and suggestions for replication. Each agency received electronic access to the measures (e.g., formative evaluations) and study procedures (e.g., consent forms for VAP participants). The Northeastern agency translated the VAP and research materials into Korean. Because of the large number of materials that needed translation, the first author's research team helped translate the research measures for the agency (see below).

Structure of the VAP

The VAP includes 36 hours of instruction with topics ranging from evaluations and eligibility, individualized education programs, behavior intervention plans, discipline, assistive technology, non-adversarial advocacy, and procedural safeguards. For each topic, the VAP curriculum includes a PowerPoint, case studies, and role-play scenarios (Burke, 2013). Thus, during the VAP, participants receive didactic instruction as well as engage with case studies and

role-play activities. All materials were shared electronically with the agencies.

Recruitment and Data Collection for the VAP

To recruit participants for the VAP, each agency relied on social media, e-mail blasts, flyers, and word-of-mouth. As each agency recruited participants, the participants were sent an electronic pre-survey to complete. Once recruitment was complete, both agencies implemented the VAP. Although each agency structured the VAP differently, all participants received a total of 36 hours of instruction (see Table 2). At each VAP session, the facilitator completed a fidelity checklist. At the end of each VAP session, each participant electronically completed a formative evaluation. At the conclusion of the VAP, each participant electronically completed a summative evaluation and a post-survey (identical to the pre-survey). Each participant received a $10 Amazon gift card after completing the post-survey.

After conducting the VAP, agency representatives completed a semi-structured phone interview with the second author who was not part of the replication process but was a former VAP coordinator. This allowed the agency representatives to share their feedback with someone with an outsider perspective of the replication, but an in-depth understanding of the VAP. Three staff members who were involved in the implementation of the VAP at the Northeastern agency participated in the interview. The Executive Director of the Southeastern agency completed the interview independently and shared feedback she had solicited from two staff facilitators. Each interview lasted approximately 45 min and was audio-recorded and transcribed.

Measures

The following qualitative and quantitative measures were used to answer our three research questions.

Interview Protocol

A semi-structured interview protocol was created to understand the adaptation and technical assistance process from the agencies' perspectives. We developed this protocol based on a review of the literature about intervention adaptations (e.g., Bowen et al., 2009) and literature focused on the feasibility of the VAP (e.g., Burke, Mello, et al., 2016). We also incorporated the first and second authors' experiences conducting the VAP. The interview protocol included grand-tour questions (e.g., "Tell me about how you implemented the VAP at your organization- what did it look like? Walk me through the process.") as well as an outline to help the interviewer address key topics aligned with our three research questions (e.g., resources, processes, organizational supports, key components). The interview was independent of the evaluation and survey measures completed by parent participants; the interview data were used to answer all three research questions. Representatives from both agencies participated in the interviews.

Acceptability of Adaptations: Formative and Summative Evaluations

Evaluations were created by the first author before the beginning of the VAP's initial implementation in 2008 (Author, 2016). For formative evaluations, participants indicated their satisfaction with each session on a 4-point Likert scale ranging from (1) very dissatisfied to (4) very satisfied. The summative evaluation was comprised of 27 questions about satisfaction with the entire VAP. Close-ended questions were answered on Likert scales. For example, a close-ended question about satisfaction with the VAP was rated on a 4-point Likert scale ranging from (1) not at all satisfied to (4) highly satisfied. Formative and summative evaluations were completed electronically and were used to answer our second research question regarding the acceptability of VAP adaptations from the participants' perspectives.

Effectiveness of Adapted VAP: Pre- and Post-Survey

The pre- and post-surveys were administered electronically and consisted of six main sections with measures used in previous studies about the VAP. Unlike the formative and summative evaluations which focused on acceptability, the pre- and post-surveys were focused on intervention outcomes of the adapted VAP. If interested in the measures, please contact the author.

Special Education Knowledge. Comprised of 10 multiple choice items about federal special education law, this scale has strong reliability with parents of children with disabilities (e.g. the Kuder–Richardson coefficient was .72; Burke, Magaña, et al., 2016). For example, participants were asked: 'How long can students be removed from the school without receiving services?' Each item had four response options, only one of which was correct. The sum of the correct items was used in the analyses. In this study, the Kuder–Richardson was .54 at the pre-survey and .69 at the post-survey.

Family Empowerment Scale. The Family Empowerment Scale (FES) includes 34 items relating to three subscales: family, community, and services (Koren et al. 1992). For this study, only the community subscale was used; the community subscale has 10 items, each rated on a scale from 1-5. For example, participants were asked the extent to which they agreed with this statement: "I feel I can have a part in improving services for children in my community". Previous studies have shown high reliability (.88, Huscroft-D'Angelo et al., 2018). In this study, reliability was high at the pre-survey (alpha = .85) and at the post-survey (alpha = .93).

Disability Insiderness. Gauging the extent an individual feels a sense of belonging to the disability community, this is a 10-item scale with each item rated on a 5-point Likert scale (Author, submitted). Sample items included: "To what extent do you feel that you are an 'insider' in the disability community in your local area?". In a prior study with parents of

individuals with disabilities, this scale had high reliability (alpha = .88, Author, submitted). In this study, the Cronbach's alpha was .94 at the pre-survey and .96 at the post-survey.

Comfort with Advocacy. The Comfort with Advocacy Scale consists of 10 questions rated from 1 (not at all) to 5 (excellent) (Burke, Goldman, et al., 2016). Sample items include: "How well are you able to communicate effectively with the school?" The measure has high reliability (alpha = .75, Burke, Goldman, et al., 2016). In this study, the Cronbach's alpha was .91 at the pre-survey and .94 at the post-survey.

Advocacy Role Identity. A five-item measure of volunteer role identity (Callero, 1985) was used to measure the extent to which participants identified as advocates. These items were rated on a 5-point Likert scale from (1) strongly disagree to (5) strongly agree. Items included: "I would feel at a loss if I had to give up advocacy". In prior a study measuring advocate role identity, the scale had acceptable reliability (.62, Goldman et al., 2017). In this study, the reliability was acceptable (alpha = .50 at pre-survey, .50 at post-survey).

Grit: **Consistency and Perseverance**. The Short Grit Scale (Duckworth & Quinn, 2009) is an eight-item measure to examine one's disposition and patience for long-term goals. It has two subscales: consistency (a sample item is "New ideas and projects sometimes distract me from previous ones") and perseverance (a sample item is "I am diligent"). Each item was rated on a 5-point Likert scale. Prior studies show high reliability (alpha = .73, Vela et al., 2015). In this study, Cronbach's alpha was .86 (pre-survey) and .75 (post-survey) for consistency. With respect to perseverance, the alphas were also high (.87 at the pre-survey, .88 at the post-survey).

Data Analysis

Multiple data sources were included in this study. Specifically, we analyzed qualitative and quantitative data and then synthesized the results to answer our three research questions.

Qualitative Data Analysis

After proofreading the transcripts of the interviews and listening to the audio recordings, a series of steps were followed to code and analyze the data in adherence to collaborative qualitative analysis (Richards & Hemphill, 2018). First, open and axial coding were used to identify patterns related to each agency person's perspectives of the feasibility (e.g., time, effort), acceptability (e.g., agreement with content, material adaptation), and effectiveness of the program (e.g., empowerment, special education knowledge). The second and third authors independently coded each transcript line-by-line, utilizing a constant comparative method (Krueger & Casey, 2009; Savin-Bader & Major, 2013). Then, the coders met to review and compare codes, discussing differences and agreements. This iterative process continued until both coders came to a consensus on the main themes and sub-themes that emerged from the data related to feasibility, acceptability, and effectiveness to answer our three research questions.

Trustworthiness. To promote trustworthiness, the transcripts were triangulated with data from each agency's application to conduct the VAP, field notes collected during the interviews, agency notes documented by agencies and shared with the interviewer, and notes from technical support meetings. Researcher triangulation was also performed to control for analysis drift. For example, coders sought out areas of disagreement and had discussions until agreement was reached during data analysis.

Quantitative Data Analysis

There were no missing data in the dataset; all participants completed the pre-survey, post-survey, formative evaluations, and summative evaluations. Further, all data were normally distributed. To examine the social validity of the adapted VAP, frequencies were calculated for the formative and summative evaluation data. To examine the effectiveness of the adapted VAP,

paired t-tests were conducted between the pre- and post-survey measures. Effect sizes were calculated by Cohen's *d*.

Results

Barriers and Supports to Replicating the Program

Both agencies implemented the VAP with 100% fidelity. However, both identified some similar concerns related to the feasibility of implementing the VAP. Staff from the Northeastern and Southeastern agencies noted that implementation of the VAP required more work—and took more time—than they were prepared for when they began the project. In particular, they spent significant time and resources updating materials to be state-specific. Although this was considered to be a valuable exercise since these facilitators would eventually have to educate others on this content, it was time-intensive. Both agencies suggested setting a more realistic expectation of the time commitment. A staff person from the Northeastern agency suggested to:

> …figure out what are the actual hours spent… actual hours updating… In our case, we pretty much developed our own, almost everything… So, I thought it is very good to inform you about that because that was kind of [a] major barrier for us—time-consuming in terms of preparing the presentations.

Immediately after highlighting this challenge, the staff person from the Northeastern agency said, laughing, "So, that means we are totally ready for the next VAP!" Despite this barrier, facilitators recognized that, once they had invested the time and resources to update materials, it would require much less work to conduct the VAP again in the future.

Related to the need to update instructional materials to be state-specific, staff from both agencies shared that certain organizational conditions are necessary for an agency to replicate the VAP. The Northeastern agency focused on facilitators (i.e., the individuals who facilitated the

VAP sessions)—namely, having sufficient background knowledge about IDEA to accurately update the material and present the content. A Northeastern agency staff person suggested the creation of a technical assistance network to help other agencies identify the correct information, so they do not "…get lost and then work just to disseminate the wrong information to the participant." The director from the Southeastern agency also acknowledged that "everyone has learned through this whole training, even our trainers have learned." However, she also noted that "I feel like that was an advantage to us that we were able to come at a different level." Because of the special education knowledge needed to adapt and facilitate the VAP, both agencies reported that some organizations may struggle to implement the VAP. As the Southeastern agency director explained, "We're just at a better level, I think, to be able to put this [the VAP] out there. I would be like kind of fearful for some smaller organization to try to do this work and still get the results that you intend them to get."

With respect to preparation time and effort, both agencies offered some suggestions. Both agreed that having technical assistance from the VAP developer was a helpful support. The Southeastern agency director preferred individual technical assistance meetings (versus webinars) wherein they could ask specific questions, "cause each organization that was selected was probably gonna be doing it differently anyway." In contrast, the Northeastern agency staff suggested developing a network of agencies implementing the VAP to share resources and to model how to manage the demands of implementation because "the VAP project, you know, the administrators are in [STATE], and those questions directed at the state, the policies or a city, [therefore], you know, we still have to find the resources ourselves to answer those things."

Both agencies also made specific recommendations about organizing and standardizing VAP curricular material across sessions. By improving the organization of the VAP materials,

the facilitators suggested it would be easier to implement the VAP. For example, VAP session materials were provided to the agencies through Dropbox organized by the VAP developer; however, this impeded the agencies' workflow as it became necessary for them to reorganize everything by session. They also suggested providing supporting resources such as material references/sources, follow-up information to questions, and real-world applications for facilitators. Thus, although some barriers to feasibility were identified, facilitators from both agencies were able to suggest practical solutions to overcome these barriers.

Adaptations to the VAP

Agency staff adapted the VAP to ensure its effectiveness among their communities. Some of the adaptations were similar across agencies. For example, both agencies assigned multiple staff to prepare materials and facilitate the program, presented the majority of content themselves, and incorporated technology to keep participants engaged and check for understanding of content. See Table 2 for the adaptations.

In contrast, other adaptations were unique, tailored to be a good fit for the agency and community. The Southeastern agency restricted VAP participation to parents of children with disabilities who were already involved in their agency and had prior special education knowledge. The Director reported, "I did not want to just start with random parents that we had not been interacting with initially. So [we] kind of, we switched it a little bit for us." By focusing on familiar participants with special education knowledge, the Southeastern agency was able to make adaptations to the VAP structure. They made some topics "self-reads" and condensed the program to one month (instead of 12 weeks). The Director adapted the VAP to be one month to reduce the potential for poor recruitment and retention: "[If we spread the VAP over 12 weeks] we wouldn't get anybody to sign up for it… people are just way too busy here." Given this

adaptation, the agency spent time incorporating review games (e.g., Family Feud, Jeopardy) to ensure participants mastered the content from the "self-reads" and, as the Director reported, "[the games] gives them a little bit of that, you know, feedback, that this [content] is important."

The Northeastern agency translated all VAP materials into Korean because Korean was the primary language of their participants. While this required significant time and resources, it was a needed adaptation. In addition to language, the Northeastern agency made minor changes to the materials and activities. They incorporated a 5-question pre-post "quiz" for each VAP session to ensure that participants were learning the content. The staff mentioned this adaptation multiple times in their interview, highlighting its value for the facilitators and participants:

> It would help us focusing on the certain topics that were reflected in the pre/post-test so the presentation objective can be directly aligned while we are instructing with the participant. And then we will be able to see whether or not we were focusing on it [the right content]. We also spend a lot of time figure out what is the right topic, the right question to ask. For us, I think it really helped us, to focusing on what we tried to disseminate through each presentation.

Additionally, the Northeastern agency added a group project to the VAP. Participants met in small groups based on where they lived, discussed the construct of empowerment, and created a poster of their ideas about how to empower themselves and other families. They presented these ideas to the full group the following week. According to a staff person, "Most of the parents told me that they never thought about family empowerment, they haven't heard of family empowerment." Thus, facilitators at this agency were able to identify this topic that would be important for their participants and created time to address it through an interactive project.

Overall, both agencies adapted the VAP to promote the best possible fit for their contexts.

The perspectives of participants supported these positive perceptions about the acceptability of the VAP. Across the individual VAP sessions, more than 96.97% (n = 256) of formative evaluations indicated that participants were "very satisfied" or "satisfied" with the content provided in individual sessions. Based on the summative evaluations, nearly all participants were satisfied with the VAP overall, including its relevance, sequence, and duration. No differences were noted across agencies. See Table 3.

Effectiveness of the VAP Adaptations

After participating in the VAP, there were significant increases for participants in: special education knowledge, empowerment, comfort with advocacy, and insiderness (p's < .05). When examining each agency separately, however, there were some differences in the effectiveness of the adaptations. Specifically, Northeastern agency participants only demonstrated significant improvements in special education knowledge (p = .005). With respect to the Southeastern agency, the participants demonstrated significant increases with respect to: special education knowledge (p = .023), empowerment (p = .007), comfort with advocacy (p = .002), advocacy role (p = .042), and insiderness (p = .014). See Table 4.

Although quantitative results for the Northeastern agency did not show a change in some outcomes (e.g., insiderness), the staff reported an increased sense of community:

> This [sense of community] is the outcome that we really didn't expect. We thought that, 'Oh, we learned this knowledge, we're gonna use this somewhere'. And I thought they're [the participants are] just gonna go away with that… But they became a community.
>
> There is a possibility we can make it [the community] grow and expand out of this.

Staff shared that the participants started the VAP thinking about supporting their own children—but finished the VAP thinking about systemic change in their community.

Overall, both agencies were positive about adapting and conducting the VAP. They called it a "really good" experience and program, and a "wonderful project" that is "definitely going to help a lot of families here." Both agencies planned to continue providing the VAP in various iterations, especially given the effort already made to tailor the materials. The Northeastern agency Director noted that "It'd be a waste for our community not extending this program," but recognized a need for financial and technical support to do so. The Southeastern agency recorded all sessions and planned to use some in isolation to meet different needs across the state (e.g., onboarding new staff). The Director highlighted that they would still be able to meet the purpose of bringing in the community "in true VAP form without it being the full 36-hour training." This was an unplanned extension of the VAP conceptualized independently by the agency to meet their state's needs.

While the agencies saw value in the VAP, there were some concerns about continuing its implementation. Specifically, the Northeastern agency reported concerns about whether the participants were prepared to advocate for other families; relatedly, the agency worried about how they would support VAP graduates in advocating for other families. Staff suggested that participants needed more practice in applying their newfound special education knowledge, stating that, "…one thing we couldn't do…is practicing, you know, applying the learned knowledge in real situation.". In contrast, the Southeastern agency had a specific plan to support the VAP graduates. Because the VAP participants were already familiar with them, they reported it would be easy to monitor the graduates and support them using their existing infrastructure because they "are very well trained and able to do that [support other families] with all of this training" after completing the VAP.

Discussion

To ensure that interventions are feasible and effective in the real world, it is critical to replicate and adapt programs as well as to collect data regarding their feasibility, acceptability, and effectiveness. In this study, we examined the replication of the VAP across two agencies. We had three main findings from these two case studies.

First, despite some barriers, these agencies found it feasible to adapt the VAP to meet the needs of their communities. Notably, effort and time for adaptations were considerable. However, these adaptations (e.g., translating materials, updating state-specific information) were necessary to ensure the program was a good fit for the communities being served. This finding aligns with extant literature stating that adaptations are nearly always needed for an intervention to be effective with a new population (Morrison et al., 2010). This finding also extends the literature by suggesting some nuance when considering the feasibility of adaptations. At least in the context of the VAP, the adaptations were front-loaded; in later iterations of the VAP, such extensive time and resources will not be needed as the adaptations are already complete.

Because of the limited extant literature about replications, especially about replications of advocacy programs (Goldman, 2020), this study also presented some practical findings. Namely, an understanding of the supports to replicating the VAP (i.e., the agency's special education knowledge) may be used to increase the prevalence of replication research. When identifying who can replicate a program, researchers may consider developing inclusionary criteria. By identifying more specific criteria and screening potential agencies accordingly, researchers may have a better success rate of replications. Additionally, suggestions to ease the adaptation process (i.e., individualized technical assistance with the VAP creator, the development of a national technical assistance network) build on and extend the literature and can be used to increase the likelihood of future replications. While replications of other programs to support families of

children with IDD have similarly included individualized assistance from the program creator (e.g., Parents Taking Action, Magaña et al., 2019), the use of a national technical assistance network is a potentially novel finding. As the VAP and other interventions become more common and more frequently replicated, it may be useful to develop a network of agencies that can troubleshoot together about replication issues. For advocacy, a relevant network may be the PTIs or CPRCs as there are more than 100 PTIs and CPRCs across the U.S. Despite differences in special education policy and demographics from state to state, all serve a common purpose of supporting families of children with disabilities.

Second, this study demonstrated that the VAP adaptations were appropriate for the respective populations, as demonstrated by high participant satisfaction and high satisfaction from the agency staff. Goodness of fit is a critical aspect of replication research to ensure an intervention is culturally appropriate for the population (Bailey et al., 1998). Consistent with prior studies of the VAP (Burke, Mello, & Goldman, 2016), the VAP adaptations resulted in high participant satisfaction and acceptability. New to the VAP research is that the agency staff also reported being satisfied with their adaptations.

This study demonstrated that multiple types of adaptations may be made to ensure goodness of fit. Such adaptations included: language, modality, activities, and alignment with state regulations. The combined effect of these adaptations seemed to be effective in improving participant outcomes from pre- to post-intervention. However, it is unclear which adaptations contributed to the effectiveness. Now that it has been determined that the VAP can be replicated with fidelity, a component analysis identifying which parts of the VAP and which adaptations were responsible for changes in the outcome variables would be helpful (Cooper et al., 2007). Further research and analysis could also determine whether specific adaptations are more or less

effective for certain participants (e.g., Kornacki et al., 2013).

Finally, this study demonstrated that the adapted advocacy programs were effective in improving participant outcomes including empowerment, special education knowledge, comfort with advocacy, and insiderness. To some extent, this finding aligns with prior research showing the VAP is effective in increasing participant empowerment (Burke et al., 2019), special education knowledge (Burke et al., Goldman, 2016; Burke et al., 2019), and comfort with advocacy (Burke, Goldman, et al., 2016; Goldman et al., 2020). Prior research has not directly examined the effectiveness of the VAP in relation to disability insiderness. A new finding, this study suggests that the VAP may help bring participants into the disability community. At a broader level, this aligns with the suggestions from the Northeastern VAP agency to create a technical assistance community. It may be that as the VAP continues to be replicated across the U.S., a national group of VAP graduates may be able to come together to support one another.

Directions for Future Research

To expand on the findings from this study, a clear next step is to conduct a randomized controlled trial (RCT) with VAP replications. Although the current study is promising, without a control group, it is not possible to attribute changes in the participant outcomes to the VAP itself (Campbell & Stanley, 1963). By conducting an RCT with a control group, a stronger conclusion can be made regarding the effectiveness of VAP replications.

Another implication for research concerns cultural responsiveness. In the current study, basic attempts at conducting culturally responsive research were made. Namely, translating the VAP curriculum and the research measures. However, translation is insufficient to conduct culturally responsive research (Magaña, 2000). It is important to ensure measures and their related constructs, are responsive to certain cultural groups (Sanchez et al., 2006). In this study,

the construct "empowerment" may have not been culturally responsive. As the Northeastern agency noted, they created activities to improve empowerment. Korean parents of children with IDD report feeling disempowered due to cultural differences in help-seeking behaviors and systemic barriers to accessing information (Park et al., 2001). Although the agency made great efforts to enhance the VAP content about empowerment, there were no significant changes in empowerment as measured by the translated, quantitative measure. Future research may include conducting cross-cultural adaptation of measures (Gjersing et al., 2010) before determining whether cultural adaptations to interventions are effective.

Implications for Practice

Findings suggest that agencies that are large, have advanced special education knowledge, and have an infrastructure to monitor VAP graduates may find replicating the VAP more feasible. When agencies consider replicating the VAP, they may need to reflect on their own organizational conditions and whether they have the capacity to conduct the VAP. This is especially important for agencies to consider in combination with the start-up time and effort it takes to adapt the VAP. Despite some barriers and suggestions for improvement, overall, two agencies successfully adapted and implemented a socially valid version of the VAP with fidelity. By having the opportunity to make these adaptations and maximize goodness of fit, they achieved some expected and other unexpected successes and positive short-term outcomes. Both agencies also planned to continue using the VAP in the future in ways that were a good fit for the size and focus of their particular organizations. Based on these preliminary outcomes, agencies with the above organizational conditions—and an accurate understanding of the initial time and resources required—can be encouraged to replicate the VAP. Although other national special education advocacy programs exist (i.e., Special Education Advocate Training; SEAT), they do

not have the research base that exists for the VAP (Goldman, 2020).

Limitations and Conclusion

Despite promising findings from this study which utilized two case studies, several limitations should be considered. One limitation relates to our sample size. With only 10-12 participants at each location, we may not have had sufficient power to detect statistical differences in outcomes. However, when replicating a program and evaluating feasibility, it is appropriate to start small and scale-up later. Additionally, while participating agencies shared their plans for continuing to use the VAP in the long term, we were not able to collect data on this distal outcome. Finally, all research measures were translated into Korean for use by the Northeastern agency. Although the translation was completed by native Korean speakers (i.e., Northeastern agency staff and research assistants), these measures were not validated for Korean families.

Regardless, this was the first study to replicate a special education advocacy program and results were promising. Despite challenges, agencies found it worthwhile to commit the necessary resources to adapt and implement the VAP. Participants and agency staff were satisfied with the program and its outcomes, and participants showed growth in several areas that are consistent with existing literature about the VAP. This study provides an important first step in expanding access to much needed advocacy services across the United States. With appropriate cultural adaptations and content modification, its impact could extend even further.

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Table 1

Participant Demographics

	Altogether (N = 22)	Northeastern Agency (n = 12)	Southeastern Agency (n = 10)
Marital Status: Married	86.36% (19)	91.67% (11)	80.0% (8)
Educational Background			
Some high school	4.54% (1)	---	10.0% (1)
High school degree	9.09% (2)	16.67% (2)	---
Some college	18.18% (4)	8.33% (1)	30.0% (3)
College graduate	50.0% (11)	66.67% (8)	30.0% (3)
Graduate degree	18.18% (4)	8.33% (1)	30.0% (3)
Annual household income*			
Less than $15,000	4.54% (1)	8.33% (1)	---
$15-29,999	4.54% (1)	8.33% (1)	---
$30-49,999	9.09% (2)	8.33% (1)	10.0% (1)
$50-69,999	4.54% (1)	---	10.0% (1)
$70-99,999	31.82% (7)	33.33% (4)	30.0% (3)
More than $100,000	40.91% (9)	41.67% (5)	40.0% (4)
Race/Ethnicity			
Asian	54.54% (12)	100% (12)	---
White	31.82% (7)	---	70.0% (7)
Latinx	13.64% (3)	---	30.0% (3)
Child gender: Male	90.91% (20)	91.67% (11)	90.0% (9)
Child's Type of Disability**			
Autism spectrum disorder	68.18% (15)	75.0% (9)	60.0% (6)
Speech and language impairment	50% (11)	58.33% (7)	40.0% (4)
Intellectual disability	27.27% (6)	25.0% (3)	30.0% (3)
Learning disability	22.73% (5)	41.7% (5)	---
Developmental delay	22.73% (5)	25.0% (3)	20.0% (2)
Other health impairment	22.73% (5)	16.67% (2)	30.0% (3)
Behavioral disorder	22.73% (5)	8.33% (1)	40.0% (4)
Multiple disabilities	13.64% (3)	16.67% (2)	10.0% (1)
Orthopedic impairment	9.09% (2)	8.33% (1)	10.0% (1)

*Missing one participant

**Percentages exceed 100% as participants could indicate more than one type of disability

Table 2

Adaptations by Agency

	VAP *	**Northeastern Agency**	**Southeastern Agency**
Budget	$1,500-$5,000 (estimated)	$5,000 primarily for facilitator compensation	$5,000 for participant travel costs, printing materials, venue costs, incentives
Facilitation Team	Graduate students with support from the UCEDD	One primary facilitator (agency staff), one project assistant (agency staff), with support from the agency Executive Director	Two facilitators (agency staff), with support from the agency Executive Director
Trainees	Anyone interested in advocacy	Korean parents of children with disabilities	Parents of children with disabilities already involved in the agency
Structure	Combination of in-person and remote (synchronous)	Primarily in-person sessions (synchronous)	In-person followed by self-reads and a synchronous remote session
Materials	Focused on TN or IL regulations English	Updated to meet state regulations Translated to Korean	Updated to meet state regulations English
Activities	Case Studies, Role Plays	Case Studies, Role Plays Added a 5-item check for understanding for each session, Added a group project and discussion on empowerment	Case Studies, Role Plays Added review games
Technology	For remote participants only	Added for participation and checking for understanding	Added for participation and checking for understanding
Presenters	From a range of agencies	Primarily from own agency, one outside presenter from community organization	Primarily from own agency, one outside presenter from P&A
Post-training	Support VAP graduates to advocate for four families	Support VAP graduates to eventually advocate for four families	Support VAP graduates to advocate for four families
Future Plans	VAP conducted yearly	Conduct the VAP again but need funding	Use recorded VAP sessions for various trainings

Note. VAP = Volunteer Advocacy Project; UCEDD = University Center for Excellence in Developmental Disabilities; P&A = Protection & Advocacy Agency.
* Based on Burke, Mello, & Goldman, 2016

Table 3

Summative Evaluation Results

	Altogether (N = 22)	Northeastern Agency (n = 12)	Southeastern Agency (n = 10)
Length of readings			
Too short	---	---	---
Just right	86.36% (19)	92% (11)	80% (8)
Too long	13.64% (3)	8% (1)	20% (2)
Relevance of readings			
Always relevant	77.27% (17)	92% (11)	60% (6)
Mostly relevant	22.73% (5)	8% (1)	40% (4)
Sometimes relevant	---	---	---
Rarely relevant	---	---	---
Length of the session			
Too long	4.55% (1)	---	10% (1)
Just right	95.45% (21)	100% (12)	90% (9)
Too short	---	---	---
Relevance of each topic			
Always relevant	81.82% (18)	92% (11)	70% (7)
Mostly relevant	18.18% (4)	8% (1)	30% (3)
Sometimes relevant	---	---	---
Rarely relevant	---	---	---
Sequence of the topics			
Order made sense all of the time	72.27% (16)	83% (10)	60% (6)
Order made sense most of the time	27.27% (6)	17% (2)	40% (4)
Order made sense some of the time	---	---	---
Order rarely made sense	---	---	---
Satisfaction of training			
Highly satisfied	63.64% (14)	75% (9)	50% (5)
Satisfied	31.82% (7)	16% (2)	50% (5)
Somewhat satisfied	---	---	---
Not at all satisfied	---	---	---

Table 4

Effectiveness Across Adaptations

	Pre: Mean (*SD*)	Post: Mean (*SD*)	*t*	*p*	*ES*
Across Both Agencies (N = 22)					
Knowledge	8.50 (3.18)	11.00 (1.96)	-4.05	.001	2.50
Empowerment	33.87 (6.49)	38.13 (8.44)	-3.35	.005	4.27
Comfort with Advocacy	36.53 (7.34)	42.87 (5.24)	-3.65	.003	6.33
Advocate Role Identity	19.60 (3.18)	21.87 (2.85)	-2.03	.061	.52
Insiderness	34.86 (8.96)	40.93 (9.58)	-3.77	.002	6.03
Grit					
Consistency	8.00 (3.48)	9.27 (3.43)	-1.44	.172	1.27
Perseverance	13.47 (4.60)	15.73 (4.18)	-2.08	.056	2.27
Northeastern Agency (n = 12)					
Knowledge	4.60 (.89)	9.40 (1.67)	-5.58	.005	4.80
Empowerment	30.16 (6.43)	33.67 (8.80)	-1.34	.239	3.50
Comfort with Advocacy	32.17 (7.94)	32.17 (4.63)	-1.59	.173	6.50
Advocate Role Identity	20.17 (3.76)	22.67 (3.39)	-.95	.38	.39
Insiderness	34.40 (9.21)	39.40 (7.60)	-1.92	.13	.86
Grit					
Consistency	7.17 (3.31)	10.17 (3.43)	-1.66	.158	3.00
Perseverance	15.33 (1.63)	16.67 (2.94)	-1.16	.297	1.33
Southeastern Agency (n = 10)					
Knowledge	10.67 (1.12)	11.89 (1.54)	-2.82	.023	1.22
Empowerment	36.33 (5.55)	41.11 (7.17)	-3.56	.007	4.78
Comfort with Advocacy	39.44 (5.57)	45.67 (3.54)	-4.68	.002	6.22
Advocate Role Identity	19.22 (2.91)	21.33 (2.50)	-2.42	.042	2.62
Insiderness	35.11 (9.37)	41.78 (10.87)	-3.12	.014	6.72
Grit					
Consistency	8.56 (3.68)	8.67 (3.50)	-.160	.877	.11
Perseverance	12.22 (5.56)	15.11 (4.91)	-1.73	.122	2.89