Intellectual and Developmental Disabilities

SAATHI: Pilot Transition Intervention for South Asian Parents of Children with Intellectual and Developmental Disabilities
--Manuscript Draft--

Manuscript Number:	IDD-D-23-00084R1
Article Type:	Research
Keywords:	intellectual and developmental disabilities; family intervention; transition to adulthood; racially minoritized parents; parent training
Corresponding Author:	Sehrish Shikarpurya, PhD University of Maryland at College Park: University of Maryland College Park, Maryland UNITED STATES
First Author:	Sehrish Shikarpurya
Order of Authors:	Sehrish Shikarpurya
	Carly B Gilson, PhD
Manuscript Region of Origin:	UNITED STATES
Abstract:	Racially minoritized parents often experience significant systemic barriers when accessing and navigating transition planning for their young adults with intellectual and developmental disabilities. Despite the benefits of transition-focused parent interventions, only a few studies have developed or adapted these interventions for racially minoritized parents. We developed a six-week, transition-focused parent education online intervention for 31 South Asian parents, namely South Asians Accessing and Advocating for Transition and Higher Education Inclusion (SAATHI). We found that SAATHI increased parents' transition knowledge, advocacy skills, and coping skills. Parents reported an increased sense of community and belonging after participating in SAATHI. Participants considered SAATHI feasible and beneficial. Implications of SAATHI for research, practice, and policy are also discussed.

March 4, 2024

Dear Drs. Amy S. Hewitt and Jan Siska,

We thank you for your careful review of our manuscript. We appreciate your insightful suggestions to strengthen this manuscript for a potential publication in the journal of *Intellectual and Developmental Disabilities.* Based on the reviewers' feedback, we have revised all aspects of the manuscript and the Tables and Figures to align with the feedback. We have highlighted our revisions in yellow on the manuscript and explain the revisions in detail in the attached file "Response to Reviewers." After integrating the feedback, we believe our manuscript aligns better with the aims and scope of this journal and makes an important contribution to the special education field. We are happy to further revise the manuscript as deemed appropriate by the editors and reviewers. We appreciate your consideration and look forward to your feedback.

This manuscript contains no conflict of interest and has not been previously published. It was funded by the P.E.O Scholar Award and an OSEP training grant. All authors have read the revised draft of the manuscript and have approved it for resubmission.

Sincerely,

Sehrish Shikarpurya, PhD

sshikar@umd.edu

Department of Counseling, Higher Education, and Special Education

University of Maryland, College Park

678-862-8631

SAATHI: A Pilot Transition Intervention for South Asian Parents of Children with

Intellectual and Developmental Disabilities

Abstract

Racially minoritized parents often experience significant systemic barriers when accessing and navigating transition planning for their young adults with intellectual and developmental disabilities. Despite the benefits of transition-focused parent interventions, only a few studies have developed or adapted these interventions for racially minoritized parents. We developed a six-week, transition-focused parent education online intervention for 31 South Asian parents, namely South Asians Accessing and Advocating for Transition and Higher Education Inclusion (SAATHI). We found that SAATHI increased parents' transition knowledge, advocacy skills, and coping skills. Parents reported an increased sense of community and belonging after participating in SAATHI. Participants considered SAATHI feasible and beneficial. Implications of SAATHI for research, practice, and policy are also discussed.

Keywords: intellectual and developmental disabilities, family intervention, transition to adulthood, racially minoritized parents, parent training.

SAATHI: A Pilot Transition Intervention for South Asian Parents of Children with Intellectual

and Developmental Disabilities

Transition to adulthood is an iterative and ongoing process that demands active

collaboration among multiple stakeholders, including the individual with a disability, their

families, community members, and the school-based transition team. Families are central to this

process because they guide future planning decisions and provide ongoing support to shape the

post-school outcomes of their children. In 2015, the American Association of Intellectual and

Developmental Disabilities (AAIDD) identified family partnerships as one of its primary

priorities to advance research and practice in transition to adulthood (Meadan & Snodgrass,

2018). The researchers emphasized the significant roles family members play, such as experts in

advocating, locating resources, and gathering knowledge related to future planning endeavors for

their children with intellectual and developmental disabilities (IDD; Meadan & Snodgrass,

2018).

Building Family Partnerships in Transition

Between 2021 and 2022, 62.4% of students served under the Individuals with Disabilities

Education Act (IDEA) Part B with an intellectual disability (ID) were racially minoritized (U.S.

Department of Education, ED Facts Data Warehouse, 2021-2022). Although graduating with a

high school diploma is a strong predictor of higher postsecondary outcomes (Mazzotti et al.,

2021), students with ID are less likely to receive a regular high school diploma upon graduation

than their peers with other disabilities (U.S. Department of Education, ED Facts Data

Warehouse, 2021-2022). These outcomes are often further exacerbated for racially minoritized

youth after high school. For instance, these youth are not well-represented in higher education

(Grigal et al., 2021; Newman et al., 2011) and often experience systemic inequities in securing

competitive employment opportunities (Kim & Morningstar, 2020; Newman et al., 2011). We use the term *racially minoritized* to describe individuals who have a socially constructed minority status within American society due to historical oppression and systemic marginalization (Benitez, 2010).

Family perspectives have highlighted systemic barriers that often contribute to the low post-school outcomes of their youth. For instance, Taylor and colleagues (2023) interviewed five Black youth with IDD and their parents to identify their racialized experiences of self-determination. The authors identified several factors, such as lack of access to resources, low expectations, and perceived student deficits, that served as systemic barriers to their self-determination outcomes. Similarly, Romano et al. (2023) interviewed nine triads consisting of dually identified young adults, their teacher, and their parents to explore their transition planning goals. The authors noted that student and family goals diverged from those of the educators, and families received limited future planning resources from educators (Romano et al., 2023).

Building positive partnerships with racially minoritized families navigating the transition planning process is essential for improving the post-school outcomes of young adults with IDD. Francis and colleagues (2018) interviewed 12 Hispanic families of youth with IDD about their experiences of transition planning. They noted that their positive experiences of transition planning were shaped by (a) trusting partnerships between stakeholders and families, (b) access to knowledge/resources, (c) maintaining connections with community members, and (d) high expectations from stakeholders regarding the child's skills and outcomes (Francis et al., 2018). Equipping racially minoritized families with knowledge and advocacy skills could help them successfully navigate the complexities of the transition planning process and strengthen the post-school outcomes of their youth.

Transition-Focused Training with Racially Minoritized Families

Training parents has been an effective avenue to increase support for racially minoritized families across the lifespan. Although emerging literature has demonstrated the impact of transition-focused parent education interventions on parents' transition knowledge, advocacy, and overall well-being (DaWalt et al., 2018; Taylor et al., 2017; Taylor et al., 2022; Young et al., 2016), scant interventions have been specifically developed or adapted for racially minoritized families. To date, only two transition-specific parent education interventions have been developed and adapted for exclusively racially minoritized families in the United States. Kuhn and colleagues (2019) culturally adapted *Transitioning Together* (DaWalt et al., 2018) for Latinx families and conducted interviews to understand parents' experiences with the training. Parents reported high satisfaction with the training and shared increased confidence in navigating the transition planning process.

Similarly, Aleman-Tovar and colleagues (2022) interviewed eight Mexican-American caregivers of youth with autism to explore their perspectives on the adapted *ASSIST* transition curriculum (Taylor et al., 2022). While the authors did not evaluate the implementation of the curriculum, they noted that upon reviewing the adapted curriculum, families recommended an additional focus on living outcomes, such as guardianship and housing. Given the limited research on transition-focused interventions for racially minoritized parents of youth with IDD, Kover and Abbeduto (2023) emphasize a critical need to conduct and evaluate interventions that (a) disaggregate racially minoritized populations, (b) are culturally aligned with the needs of the participants, and (c) use critical frameworks to amplify family and youth experiences.

South Asian Parents

It is estimated that 31.6% of Asian students with intellectual disability and autism were served under IDEA Part B between 2018 and 2019 (U.S. Department of Education, EDFacts Data Warehouse, 2018-2019). Among the broader Asian population, South Asians are individuals who originate from Afghanistan, Bangladesh, Bhutan, India, Maldives, Pakistan, Nepal, Sri Lanka, and Burma (United Nations Statistics Division, 1999). Emerging research with South Asian parents illustrates their dire experiences with transition planning (John et al., 2016; Authors et al., 2021; Authors et al., 2023a). For instance, Authors (2023a) conducted a mixed methods study to explore South Asian parents' challenges and strengths in the transition planning process. They found that families experienced multiple systemic adversities in the transition planning process, such as a lack of information about higher education and employment opportunities. Additionally, parents encountered significant challenges with getting their voices heard by transition stakeholders (Authors, 2023a).

Despite the challenges experienced by South Asian parents, no study to date has developed and evaluated a transition-focused parent education intervention to strengthen their knowledge and advocacy skills. A parent education intervention for South Asian parents of children with IDD living in the United States could provide targeted, culturally affirming, and responsive support to this population, empowering them with the knowledge and advocacy skills needed for effective transition planning. Additionally, by individualizing services based on the unique needs of South Asian families, the intervention can play a crucial role in ensuring that parents are equipped with resources to make culturally affirming and informed decisions for their child's future. Developing and evaluating culturally competent interventions for sub-populations within the Asian community could enhance the effectiveness and impact of parent education

interventions, thereby improving families' transition planning needs and their subsequent postschool outcomes.

Purpose Of This Study

This study evaluates the effectiveness and social validity of a pilot transition-focused parent education intervention for South Asian parents of children with IDD, entitled *South Asians Accessing and Advocating for Transition and Higher Education Inclusion* (SAATHI). SAATHI in Hindi translates to companionship or community. The purpose of SAATHI is threefold: (a) to prepare parents to navigate post-school opportunities for their children with IDD, (b) to foster a sense of community and belonging among parents, and (c) to support their mental well-being. SAATHI was a one-arm intervention (e.g., no comparison group) held online (synchronously) for six weeks, for 90 minutes per week. We designed a pretest-posttest, quasi-experimental study to answer the following research questions:

1. Are there changes in parents' outcomes related to (a) transition-related knowledge, (b) comfort and engagement with advocacy skills, (c) coping skills, and (d) stress after participating in SAATHI?

2. Do parents perceive increased community and belonging after participating in SAATHI?

3. Does parent-to-parent engagement increase after participating in SAATHI?

4. Do parents consider SAATHI socially valid (feasible and acceptable)?

Methods

Researcher's Positionality

The first author is an assistant professor of special education who identifies as a South Asian woman with extensive experience working with racially minoritized families. The second

author identifies as an associate professor of special education who identifies as a White woman with prior experience supporting families in the transition process. Our scholarship employs critical theoretical frameworks to elucidate and enhance the life trajectories of racially minoritized youth with IDD and their families. In doing so, we recognize that our beliefs, values, and personal experiences about social justice and equity are integral to our research design, analysis, and interpretations.

Recruitment

To design the intervention, we partnered with three community organizations that worked mainly with South Asian families of children with disabilities in the Southwestern United States. Specifically, two organizations were faith-based parent organizations for Muslim families, while one was a parent support network led by South Asian parent advocates. The first author was involved in these organizations as a participant and built strong partnerships with the staff prior to recruitment for SAATHI. We employed an equity-centered community research partnership to develop and implement SAATHI. The three community partners supported the training development and served as an advisory council to ensure cultural competency. For instance, the first author met weekly with each organization to create and revise the training documents, connect with local stakeholders for ongoing feedback, and ensure that all the training content was feasible, accessible, culturally competent, and affirming for South Asian parents within their organizations. Upon finalizing the training materials and receiving approval from the institutional review board at the first author's institution, we began to recruit participants for this study.

We used convenience sampling by recruiting participants from our three partner organizations (Clark, 2017). We recruited participants for two months. We sent an email to each

organization, which included a brief description of SAATHI, a flyer in English with details of

the training, and the first author's phone number and email address. We asked each organization

to share the information in an email with their members. The first author also created a one-

minute video for parents in the three organizations to be shared on multiple avenues, such as

WhatsApp messaging groups and Facebook Live, to widen access for South Asian parents.

Inclusion Criteria

Parents were included in the study if they: (a) identified as a South Asian parent of a

child with IDD (based on their country of origin as defined by the research team), (b) could read

and write in English and communicate in English, Hindi, or Urdu, (c) had a child between the

ages of 3 and 25 years old with a self-reported diagnosis of IDD, (d) completed pre and post

surveys, and (e) attended at least four of the six weekly training sessions. We broadened access

to the training for parents within the three organizations who did not identify as South Asian but

expressed interest in completing SAATHI for accessibility and community development. They

identified as a biracial (e.g., Latina and South Asian) spouse of a South Asian ($n = 1$) or

indicated belonging to the South Asian community through shared faith ($n = 3$). Additionally, we

included parents of children younger than the typical transition age (e.g., younger than 14) to

equip them with transition-related resources earlier to make informed decisions as their child

approaches adulthood (Mazzotti et al., 2021). Lastly, while young adults typically exit special

education by the age of 22, prior studies (Taylor et al., 2022) have highlighted a need to equip

parents of older adults who have exited special education services to continue to expand their

adulthood outcomes. Thus, we chose to broaden the child's age range to 25. We offered an

Amazon gift card of $25 to parents who attended all six training sessions and completed all

surveys.

South Asians Accessing and Advocating for Transition and Higher Education Inclusion (SAATHI)

Theoretical Frameworks

SAATHI was developed using critical race theory (CRT; Delgado & Stefancic, 2001) and ecological validity framework (EVF; Bernal et al., 1995). We used CRT to (a) challenge prevailing deficit-based narratives associated with racially minoritized parents and (b) emphasize parents' experiential knowledge as critical to understanding and analyzing educational systems (Delgado & Stefancic, 2001). This theoretical foundation influenced the structure and content of the training modules. The training modules were informed by prior research exemplifying the strengths of South Asian parents (Authors et al., 2023a). To promote a strengths-based perspective, each session commenced with an explicit acknowledgment of parents' strengths. This language was woven throughout the content and case studies (e.g., "As an empowered and knowledgeable parent, come up with five questions you can ask group homes or day habilitation programs before you enroll your child. Example: Who will be their peers?"). Furthermore, we incorporated breakout rooms following each weekly content module. These breakout rooms were organized in collaboration with the partner organizations, considering factors such as the age of the children, their disability, and parents' comfort with English. These discussions provided a platform for parents to harness their experiential knowledge and apply the training content to real-world scenarios. By doing so, parents were empowered to make informed decisions regarding transition opportunities, reinforcing the critical role of experiential knowledge in the process.

We also used the EVF framework to develop SAATHI and enhance cultural competence. EVF was developed by Bernal and colleagues (1995) as an eight-dimensional framework to

improve ecological validity among racially minoritized populations when developing or adapting interventions. Specifically, we embedded the EVF framework in the following eight ways: (1) sharing key words and phrases in Hindi and/or Urdu as desired by parents, (*language*); (2) ensuring the trainers and speakers' positionality resembled the parents' identities (*persons*); (3) incorporating language such as "future planning training," and using words such as "desi" to reflect the insider term used by some South Asians to self-identify (*metaphors*); (4) embedding content that discussed planning for parents with various citizenship statuses, religious beliefs, and economic status, as well as including content addressing stigma, navigating challenges, and financial planning as culturally informed content knowledge (*content*); (6) using concepts of community integration, extended families, and social networks to discuss future employment opportunities (*concepts*); (7) reframing training as community partnership through conversations with parents rather than lecture-style models, modeling breakout room discussions, and offering personal life examples of navigating adult service systems (*methods*); and (8) using Zoom and WhatsApp for increased accessibility and community participation (*contexts*).

Procedures

Once consent was obtained and participants completed the pretest, the training began. We created two cohorts of participants prior to the first training session based on the organization they belonged to. One organization only had two parents enrolled, so they were placed with the members of another organization. We used a cohort model to facilitate trust among the participants, offer a platform for intimate conversations during breakout rooms, and nurture their sense of belonging to a community. We communicated with each cohort using WhatsApp. Each cohort completed six weeks of SAATHI training via Zoom, 90 minutes per week, led by the first

author. Each session was recorded for each cohort, and the recordings were shared with the participants after one week of training completion.

Each SAATHI training session began with the first 10 minutes focused on parent engagement. During this segment, we shared a slide illustrating the strengths of South Asian parents (Authors et al., 2023a) and invited parents to share their strengths and challenges from the prior week. Parents typically shared their strengths and challenges, and their peers contributed to their stories or offered advice based on their personal experiences. Next, we introduced the session topic using PowerPoint. We discussed the session's content using a conversation-style method, often asking questions and offering personal stories to supplement the content. This discussion lasted for 30-40 minutes each session.

Subsequently, we modeled a case study related to action items parents can do after learning about the content and placed parents into pre-determined breakout rooms to discuss a new case study. Parents were asked to discuss the case study with their peers in their Zoom breakout rooms for 30 minutes. During the last 10 to 15 minutes, we discussed the outcomes each group came up with, and we asked parents to complete the weekly feedback surveys. We also reminded parents about the topic for the next session and asked if anyone had any questions or concerns they would like to discuss.

The content of the six-week training was selected based on prior research on the needs of South Asian families (Authors, 2021; Authors, 2023a), recommendations from community organizations, and predictors of successful postsecondary outcomes (Mazzotti et al., 2021). The training topics included: (1) introduction to parent training and transition planning; (2) higher education and living opportunities; (3) financial planning and government benefits with a guest speaker who identified as a sibling of an individual with a disability and worked professionally

as a special needs financial planner; (4) financial planning and guardianships with a guest

speaker who identified as a parent of a child with a disability and worked professionally as a

special needs lawyer; (5) employment opportunities and navigating challenges with

schools/services; and (6) choosing reliable community resources.

Materials

We developed and distributed a resource guide to participants before the first training

session. These resources were categorized by content area for each training session and offered

tools for parents to use when planning for their child's adulthood outcomes. For instance, the

resources included (a) advocacy tips for transition planning meetings, (b) an email template to

schedule a meeting with transition professionals, and (c) a list of questions parents could ask

when exploring day habilitation and 18+ programs. We also emailed all the PowerPoints used

during the training and recordings of all the training sessions to the participants who consented

and completed the pretest.

Measures

Parents completed a pretest and posttest. The pretest was completed at the first training

session and included a consent form and demographic information. The posttest was completed

during the last training session and did not include a demographic section but was otherwise

identical to the pretest. Parents did not have a time limit to complete the pretest and posttest.

However, most parents completed the tests within 30 minutes. Both were administered online

using Qualtrics.

Demographics. Parents were asked to complete 20 questions about their demographic

information as well as information about their child. This information was also used to determine

participants' eligibility for SAATHI. We also asked if their child currently receives any future-

planning services, if they have ever received any future-planning services, and how important it was for parents to learn about future planning opportunities.

Parent Stress Scale (PSS). We used the 10-item parent stress scale (Cohen et al., 1983) to explore parents' perceived stress prior to and after completing SAATHI training (e.g., In the past month, how often have you felt that you were unable to control the important things in your life?). For each item, parents responded to five items on a Likert scale (0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often). Scores were calculated by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0) to the four positively stated items and then adding the scores across all subscale items. Cronbach's alpha was $a = 0.90$ at pretest and $a = 0.88$ at posttest.

Multicultural Mastery Scale (MMS). Fok and colleagues (2012) developed the multicultural mastery scale to explore the multidimensional mastery of culturally competent coping strategies. While this scale has been validated and implemented with indigenous Alaskan youth, Fok and colleagues (2012) recommended adapting this scale in future research with other collectivist cultures, such as South Asians. Specifically, the original scale included three dimensions of mastery: self-mastery, family mastery, and friends-derived mastery. However, for South Asian families, community is essential to their sense of belonging (Jegatheesan et al., 2010; Authors et al., 2023a). Thus, we adapted the "friends" items to "community" mastery (e.g., working together with my community, I can solve many of my problems) and included the following definition of community at the beginning of the scale: "Community refers to your friends, social community, faith community, parent community, or the larger disability community." Parents could respond using a five-point Likert scale (e.g., 1 = strongly disagree, 5 = strongly agree). Cronbach's alpha was $a = 0.81$ at the pretest (community subscale was $a =$

0.86, family subscale was $a = 0.81$, and self-subscale was $a = 0.76$) and $a = 0.91$ at the posttest

(community subscale was $a = 0.88$, family subscale was $a = 0.89$, and self-subscale was $a = 0.83$).

Transition Knowledge. We created a 10-item multiple-choice transition knowledge scale

based on the content of the six-week parent training. Items included questions related to (a)

overall transition planning laws (e.g., In your state, at what age can you legally start transition

planning?), (b) *application of advocacy skills* (e.g., Ankit and his parents have been working

with his IEP team to make sure he is improving his IEP goals. However, they feel that he is not

making progress and his IEP team is not helping him. They want to advocate for him but need

help figuring out where to start. What can his parents do to advocate for his needs?), (c) *higher*

education and employment (e.g., What is an inclusive postsecondary education program?), *and*

financial planning (e.g., At what age can a child begin to receive supplemental security income

benefits?). Each question was given one point for a correct response and a 0 for an incorrect

response, with a maximum of ten points awarded. In this study, the Kuder-Richardson coefficient

was 0.50 at the pretest and 0.52 at the posttest.

Advocacy Scale. Parent advocacy has been measured in transition interventions to

explore parents' knowledge and comfort with advocating and how frequently they use their

advocacy skills in adult service systems (Burke et al., 2016; Lee et al., 2022). We adapted the

original scales based on our expertise and feedback from partner organizations to increase

cultural competence for South Asian parents. For the knowledge and comfort subscale (Burke et

al., 2016), we added items related to parents' comfort with their rights in special education,

sharing information with other parents, using resources outside schools to locate information,

experiences with appropriate academic placements, and voicing their concerns with transition

stakeholders. Parents could respond using a five-point Likert scale (1 = Not at all, 2 = below average, 3 = average, 4 = good, and 5 = excellent). We also adapted the items on the action subscale (Lee et al., 2022) by segmenting the items into smaller, manageable goals that parents could work towards. These goals included activities such as attending trainings, seeking support from community members, reaching out to agencies, and requesting translators, among other related actions. Parents rated their frequency of engaging in these actions using a five-point Likert scale (1 = Not at all, 0 times, 5 = very often, six or more times). In this study, there were eight items related to parents' knowledge and comfort with advocacy and 10 items regarding the frequency of actions they have completed related to advocacy. Cronbach's alpha was $a = 0.92$ at the pretest (knowledge and comfort subscale were $a = 0.88$, and action subscale was $a = 0.89$) and $a = 0.92$ at the posttest (knowledge and comfort subscale was $a = 0.90$ and action subscale was $a = 0.90$).

Weekly Community Engagement

We calculated parents' weekly engagement with their peers in the training using the WhatsApp groups created for each cohort. We defined engagement as parents asking questions, posting information or resources, providing stories or narratives of their experiences, or seeking advice from other parents on WhatsApp. We created a five-point checklist to measure parents' extent of engagement with each other via WhatsApp exchanges (e.g., At least one participant initiated a text regarding resources related to future planning). We also noted qualitative data for each weekly measure, including the number of participants who exchanged messages weekly, the number of messages exchanged each week, and the themes discussed. Parent engagement was measured weekly from the first week of training until one week after the last training session.

Social Validity

Weekly Feedback Surveys

We created a five-item weekly feedback survey for parents to complete via Qualtrics after each weekly training session. The survey asked parents questions about the week's content related to their *experiences* (e.g., The information presented today was clear and easy to understand), *helpfulness and applicability* (e.g., I can apply what I learned today to help me plan for my child's future), and *confidence with advocacy skills* (e.g., I feel more confident with advocating for my child's future planning needs). Parents responded to the survey items on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree).

Parent Satisfaction Survey

In addition to the weekly parent feedback surveys, we created a 21-item parent satisfaction survey administered a week after the training ended. The survey was designed to explore (a) parents' overall experiences with the design, instruction, and content of the sessions (e.g., I feel more prepared for navigating transition to adulthood for my child after this training), (b) their perceptions of community engagement and belonging (e.g., I felt a sense of belonging during the SAATHI training), (c) their perceptions of their advocacy skills (e.g., I feel prepared to advocate for my child's transition outcomes after participating in SAATHI), and (d) their recommendations for future trainings (e.g., I would recommend SAATHI to other South Asian parents of children with disabilities). Parents responded to the survey questions using a five-point Likert scale (e.g., 1 = strongly disagree, 5 = strongly agree).

Fidelity

We developed an 11-point fidelity checklist that was completed for each training session (one per cohort per session = 12 total) to measure how true to the manual the trainer conducted each session and reflected the training goals. Each session could be awarded a maximum of 11

points. The checklist asked questions related to specific goals of the training, such as demonstrating a clear beginning and end, modeling a case study before breakout room discussions, and amplifying parent voice. Two undergraduate researchers who were naive to the study completed the fidelity checklist. After completing a one-hour training session with the first author, each researcher watched the video recording of each session for each cohort and completed the twelve checklists independently. We calculated the final percentage of fidelity across all the training sessions for each cohort by measuring the average of the independent scores and multiplying by 100.

Data Analysis

We conducted an a priori power analysis using G* Power version 3.1.9.7 to determine the minimum sample size required to test the effectiveness of SAATHI (Faul et al., 2007). We estimated the power of matched pairs (e.g., the difference between two dependent means) using a power of 0.8 with an effect size of 0.5 (Cohen, 1988). Based on the power analysis, we needed a minimum sample size of 27 participants to detect a medium effect. We analyzed the quantitative data using the SPSS software. We calculated the descriptive characteristics of the pretest, posttest, and social validity survey items (*M*, *SD*) and checked for missing values. We did not find any missing data. We also conducted a paired-t test for the pretest and posttest survey items to understand if parent scores had significantly changed from the pretest to the posttest. We checked assumptions of normality using a histogram, determining outliers in data, and conducting the Shapiro-Wilk test to identify if data were normally distributed. We also used Cohen's *d* to measure effect sizes, where 0.2 is considered a small effect, 0.5 is a moderate effect, and 0.8 is considered a large effect (Cohen, 1988). Finally, we counted the number of points on the WhatsApp Checklist weekly to determine weekly parent engagement.

Results

Participants

Initially, 49 parents agreed to participate, attended the first session, and completed the pretest. Three parents did not attend any additional sessions after the first session. Of the remaining 46 parents, 11% attended four sessions, 19.6% attended five, and 37% attended all six sessions. Overall, 31 participants, or 67.6% of the 46 parents, were included in the study because they attended at least four of the six training sessions (Figure 1). We calculated overall attrition by dividing the number of parents who did not attend any additional sessions after completing the pretest ($n = 3$) by the number of parents who completed the first session and completed the pretest ($N = 49$) and multiplied by 100. Overall attrition was 6%.

Most of the 31 parents were mothers (77.4%), while a small portion were fathers (22.6%). Most parents had resided in the United States for 16 years and over (87.1%), while a few had recently immigrated less than 10 years ago (12.9%). Additionally, three parents indicated they were working on getting U.S. citizenship, while most identified as U.S. citizens (80.6%). Most parents had obtained a college degree or higher (90.3%). In terms of child characteristics, most parents reported that their children with IDD were male (67.7%), attended a public school (74.2%), and were ten years of age or older (77.5%; $M = 15.0$, range = 6-24 years). Notably, 21 children were between 13 and 22 years old, recently beginning or exiting the transition planning process. Parents could select multiple diagnoses for their child. Most of the diagnoses included autism (61.3%), intellectual disability (38.7%), and speech or language delay (25.8%). Finally, 51.6% of the parents indicated they had spoken to their Individualized Education Program (IEP) team about transition planning. However, a significant percentage of the parents (58.1%) had never discussed specific transition planning resources (e.g., government

benefits, employment opportunities, and financial planning) with IEP teams. See Table 1 for full participant demographic information.

Are There Changes in Parents' Outcomes Related to Transition-Related Knowledge, Advocacy Skills, Coping Skills, And Stress After Participating In SAATHI?

Parents' Transition Knowledge

There was a significant difference between pretest ($M = 6.94$, $SD = 1.55$) and postest ($M = 7.87$, $SD = 1.36$) scores on the transition knowledge scale (t(30) = 3.28, $p = .003$; $d = 0.59$) with a moderate effect (Table 2).

Parents' Advocacy Skills

We found a significant difference between pre ($M = 2.58$, $SD = 0.70$) and post ($M = 3.29$, $SD = 0.69$) scores on the overall advocacy scale (t(30) = 7.13, $p = < 0.001$, $d = 1.28$) with a large effect (Table 2). We also noted a significant difference between pre ($M = 2.94$, $SD = 0.76$) and post ($M = 3.79$, $SD = 0.66$) on the subscale related to comfort and knowledge with advocacy (t(30) = 6.12, $p = < 0.001$, $d = 1.10$), concluding a large effect. Finally, we identified a significant difference between pre ($M = 2.30$, $SD = 0.79$) and post ($M = 2.90$, $SD = 0.86$) scores on the actions subscale (t(30) = 4.83, $p = < 0.001$, $d = 0.87$), indicating a large effect.

Parents' Coping Skills

We found a significant difference between pre ($M = 3.57$, $SD = 0.48$) and post ($M = 3.79$, $SD = 0.64$) scores on the overall MMS (t(30) = 2.93, $p = 0.006$, $d = 0.53$), with a moderate effect (Table 2). We did not find any significant differences between pre ($M = 3.70$, $SD = 0.72$) and post ($M = 3.92$, $SD = 0.82$) scores on the family subscale (t(30) = 1.94, $p = 0.062$). Similarly, there were no significant differences between pre ($M = 3.30$, $SD = 0.64$) and post ($M = 3.50$, $SD = 0.71$) scores on the self-subscale (t(30) = 1.93, $p = 0.063$). However, we found significant

differences between pre ($M = 3.79$, $SD = 0.67$) and post ($M = 4.02$, $SD = 0.79$) scores on the

community subscale (t(30) = 2.17, $p = 0.038$, $d = 0.39$), indicating a small to moderate effect.

Parents' Stress

The paired t-test findings did not indicate significant differences between pre ($M = 19.87$,

$SD = 6.16$) and post ($M = 19.74$, $SD = 5.65$) scores on the PSS measure (t(30) = 0.14, $p = 0.89$).

Do Parents Perceive Increased Community and Belonging After Participating In SAATHI?

We calculated parents' perceived sense of community and belonging using the results

from the parent satisfaction survey, which was administered a week after the training ended.

Parents were asked to indicate their agreement with five statements related to community

engagement. Most parents agreed or strongly agreed with the following: 93.5% indicated they

enjoyed interacting with other parents during this training, 80.7% felt their interactions with the

other participants increased from the beginning of the training to the end of the training, 93.5%

found the WhatsApp group to be helpful in communicating with other parents during SAATHI,

93.6% planned to keep in touch with some of the other parents from SAATHI, and 100% felt a

sense of belonging during the SAATHI training (Table 3).

Does Parent-to-Parent Engagement Increase After Participating In SAATHI?

We calculated parent engagement for each cohort by measuring their weekly scores using

a WhatsApp Checklist. The first cohort had an average score of 4.16, while the second cohort

had a score of 3.16 out of five points measured weekly over six weeks. We identified three

critical trends to deepen our understanding of parent engagement during SAATHI. First, in both

cohorts, parents predominantly communicated using emojis as their preferred mode of

expression. Second, we observed that the same group of parents typically initiated the

conversations. This not only facilitated weekly discussions but also encouraged new parents who

had not previously engaged to actively participate in the WhatsApp group. Finally, both cohorts

shared information related to the session topic each week and actively sought resources from

their peers (e.g., resources related to financial planning, advocacy in schools, and employment

outcomes). Finally, parents also shared resources beyond the scope of the training content (e.g.,

guidance related to prayers, sexuality education, and locating internships within the South Asian

community). These observations demonstrate rich parent engagement during SAATHI,

highlighting a strong sense of community and resource-sharing among participants.

Do Parents Consider SAATHI Socially Valid (Feasible and Acceptable)?

We calculated the social validity of the training using the parent satisfaction survey,

weekly feedback surveys, attendance, attrition, and training fidelity. On the parent satisfaction

survey, 90.3% of parents agreed or strongly agreed that they felt confident in their skills to start

planning for their child's future, and 100% of parents agreed or strongly agreed that SAATHI

improved their knowledge of future planning opportunities for their child. Additionally, parents

indicated high satisfaction with the training across the six weeks of weekly feedback surveys. On

average, 98% of parents agreed or strongly agreed that the training information was clear and

easy to understand, and 97% agreed or strongly agreed that they learned something new from the

training session. Overall, 85% of parents attended each session consistently, and attrition was

6%, indicating the acceptability of SAATHI. Lastly, 85% of the SAATHI sessions were

delivered as intended using a fidelity checklist, indicating high feasibility.

<div align="center">

Discussion

</div>

The purpose of this study was to evaluate SAATHI, a pilot transition-focused parent

education intervention for South Asian parents of children with IDD living in the United States.

While previous interventions have explored transition-related outcomes for Latino/a/x families of

youth with IDD (Aleman-Tovar et al., 2022; Kuhn et al., 2019), SAATHI is the first transition-focused intervention for South Asian families in this context. The findings indicate significant increases in parents' transition knowledge, coping skills, advocacy skills, and community engagement after participating in SAATHI. SAATHI also demonstrated high acceptability and feasibility. These findings make three significant contributions to the literature.

First, our findings underscore the potential benefits of a transition-focused parent education intervention for South Asian parents. Like prior transition-focused interventions (Taylor et al., 2021; Young et al., 2016), these benefits were also promising for South Asian parents across various educational, social, and well-being domains. Notably, our study uniquely explored the potential strengths of a culturally informed transition intervention on parents' sense of mastery when coping with difficult challenges (t(30) = 2.93, p = .006, d = 0.53), particularly with the support of their community (t(30) = 2.17, p = .038, d = 0.39). Although parent stress did not decrease, parents enhanced their coping skills with the support of their community to navigate challenging situations. Additionally, as an online intervention, SAATHI contributes to the growing body of literature on the effectiveness of virtual parent education interventions (Authors et al., 2023b).

Second, SAATHI highlights the pivotal role of community engagement and belonging in parent education interventions for racially minoritized parents. The outcomes of SAATHI align with prior parent education interventions emphasizing parents' increased sense of community, particularly for Black (Pearson & Meadan, 2021) and other racially minoritized parents (Gattuso, 2013). We explicitly integrated various strategies to enhance community engagement during SAATHI, such as small breakout rooms to facilitate online discussions and dedicated time for parents to ask questions, engage with their peers, and voice any concerns. Additionally, SAATHI

uniquely provided parents with a platform, such as a WhatsApp group, to communicate freely, intentionally promoting community engagement. We also employed multiple methods to measure parent engagement, including a WhatsApp checklist to assess weekly engagement and a social validity measure to determine overall community engagement and belonging among parent participants. However, the first author also interacted with the parents on the WhatsApp groups (e.g., posting resources, asking questions, and sending reminders about the training), which could have impacted parents' engagement levels and perhaps their comfort with engaging on the WhatsApp platform.

Finally, SAATHI offers a unique perspective on the development of parent education interventions for racially minoritized parents using a critical, strengths-based framework. We integrated critical race theory and ecological validity framework to acknowledge and celebrate parent strengths and expertise. This was a useful approach to reframe the narrative of "experts" as part of the repertoire of parents. We refrained from positioning ourselves as the "expert" but instead facilitated discussions and reminded parents of their expertise and strengths in navigating the transition to adulthood. For example, each training session began with a slide outlining parent strengths, and we reminded parents that their stories and experiences were valuable. Similarly, we offered parents case studies where they could apply their knowledge with their peers to promote their expertise. A strengths-based approach could have contributed to increased parent-professional relationships and continued satisfaction with SAATHI.

Limitations and Future Research

Although SAATHI was an effective pilot training, it presents several limitations that offer opportunities for future research. First, as the researchers, we broadly categorized parents as South Asians based on nationality, which overlooks the vast diversity among this group.

Future researchers could delve deeper by considering how parents ethnically identify (e.g., Indian, Pakistani, Nepali, or South Asian) or their specific community affiliation (e.g., Muslim parents or recently immigrated parents). This would help to inform interventions that are responsive to the unique needs of these subgroups and enhance their community engagement.

Second, since this was a novel intervention aimed at South Asian parents, we only invited parents to attend the six-week training. However, future researchers might consider expanding this approach by inviting chosen families (e.g., individuals who are not biological but carry significance for families; Authors et al., 2023a), siblings, and youth with IDD. This would enable various family units and self-advocates to benefit from this intervention and inform its adaptations to meet their individual needs.

Third, the first author established close relationships with SAATHI parents and was often asked to review transition documents, attend transition meetings, and offer additional resources to parents. While this approach might have built parents' trust, it could have also influenced their perceptions of belonging to a community. Parents may have also established prior parent-to-parent partnerships through their organizations, which could have led to an increased sense of community. However, we observed that while parents might be members of the same organization, they did not know each other well. The familiarity with the organization could have brought parents together, and attending SAATHI offered them a dedicated space to further their relationships. Future researchers could consider conducting a quasi-experimental study to isolate variables related to community engagement and the researcher's involvement with the participants.

Finally, SAATHI was evaluated as a single-group study, limiting the ability to attribute the observed benefits solely to the training. While small pilots are necessary for establishing an

evidence base for interventions, additional studies must be conducted to fully explore the scope

and outcomes of SAATHI. Future researchers could conduct a randomized controlled trial of

SAATHI to determine if SAATHI was the primary factor in increasing parents' transition,

advocacy, and well-being outcomes. Additionally, future researchers could conduct follow-up

interviews with parents to determine if their knowledge and advocacy skills were maintained

over a longer period of time after the training. This would offer stronger evidence of its

effectiveness. Furthermore, future researchers could also culturally adapt SAATHI for other

racially minoritized families and explore the effects of in-person and online training on parent

outcomes. This would broaden its applicability and assess its effectiveness across various

contexts.

Implications for Practice and Policy

This study offers several implications for practitioners, including educators, transition

stakeholders, adult service systems, and policymakers. First, SAATHI facilitated a platform for

parents to learn and engage in discussions about collaborating with transition professionals.

Given the often-reported misalignment between parents' transition goals and those of the

practitioners (Romano et al., 2023), SAATHI's outcomes suggest that similar interventions could

foster more effective partnerships and communication between parents and practitioners across

various settings. This implies that practitioners could recognize the potential of such

interventions and actively encourage and support parents in their advocacy efforts. Additionally,

participation in SAATHI led to an increase in parents' comfort with advocacy and the frequency

of advocacy-related actions. Strengthening advocacy skills among parents can significantly

enhance parent-professional partnerships. It is vital for practitioners to empower parents to

advocate effectively and encourage their active involvement in the transition process. SAATHI's

impact also highlights the importance of equipping parents with transition-related resources before their child exits high school. This approach can alleviate the burden on adult service systems, which often have to educate and provide services. Service systems could instead consider focusing on reducing educational disparities by connecting parents with community-based resources and promoting their self-determination skills.

Second, SAATHI underscores the value of building community partnerships for interventions targeting racially minoritized parents. Policymakers could recognize the significance of community involvement in the transition planning process by designating funding to community organizations supporting transition interventions and defining the roles and responsibilities of families and communities within the transition planning process. These efforts should be explicitly embedded in the next reauthorization of IDEA. Furthermore, policymakers could consider research, funding, and family collaborations from a disaggregated lens, reflecting the needs and priorities of subgroups of racially minoritized families. These implications could strengthen services for racially minoritized parents of children with IDD, ultimately promoting more inclusive and effective transition planning support systems.

Conclusion

SAATHI was a 6-week, 90-minute online transition-focused parent education intervention for 31 South Asian parents of children with IDD living in the United States. SAATHI effectively increased parents' transition knowledge, coping skills, and advocacy. SAATHI was a promising intervention to continue to equip, support, and strengthen the transition to adulthood outcomes of youth with IDD and their families. It also offered a model to develop, implement, and adapt for other disaggregated subgroups of racially minoritized parents.

References

Authors et al. (2023a)

Authors et al. (2023b)

Authors et al. (2021).

Aleman-Tovar, J., Burke, M. M., & Monárrez, E. (2023). Mexican–American caregivers'

perceptions of a culturally adapted transition planning program for youth with autism.

Journal of Policy and Practice in Intellectual Disabilities, 20(1), 104– 116.

https://doi.org/10.1111/jppi.12442

Benitez, M., Jr. (2010). Resituating culture centers within a social justice framework: Is there

room for examining Whiteness? In L. D. Patton (Ed.), *Culture centers in higher*

education: Perspectives on identity, theory, and practice (pp. 119-134). Stylus.

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity

for outcome research: issues for the cultural adaptation and development of psychosocial

treatments with Hispanics. *Journal of Abnormal Child Psychology*, *23*(1), 67–82.

https://doi.org/10.1007/BF01447045

Burke, M.M., Magaña, S., Garcia, M., & Mello, M.P. (2016). Brief report: The

feasibility and effectiveness of an advocacy program for Latino families of

children with autism spectrum disorder. *Journal of Autism and Developmental Disorders,*

46, 2532-2538. https://doi.org/10.1007/s10803-016-2765-x

Clark, R. (2017). Convenience Sample. In *The Blackwell Encyclopedia of Sociology*, G. Ritzer

(Ed.). https://doi.org/10.1002/9781405165518.wbeosc131.pub2

Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences (2nd ed.).*

Routledge. https://doi.org/10.4324/9780203771587

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived

    stress. *Journal of Health and Social Behavior, 24*(4), 385–396.

    https://doi.org/10.2307/2136404

DaWalt, L. S., Greenberg, J. S., & Mailick, M. R. (2018). Transitioning together: A

    multi-family group psychoeducation program for adolescents with ASD and their parents.

    *Journal of Autism and Developmental Disorders, 48(*1), 251–263.

    https://doi.org/10.1007/s10803-017-3307-x

Delgado, R., & Stefancic, J. (2012). *Critical Race Theory: An Introduction, Second*

    Edition. NYU Press.

Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible

    statistical power analysis program for the social, behavioral, and biomedical sciences.

    Behavior Research Methods, 39(2), 175–191. https://doi.org/10.3758/bf03193146

Fok, C. C., Allen, J., Henry, D., & Mohatt, G. V. (2012). Multicultural mastery scale for

    youth: Multidimensional assessment of culturally mediated coping

    strategies. *Psychological Assessment*, *24*(2), 313–327. https://doi.org/10.1037/a0025505

Francis, G.L., Gross, J.M.S., Lavín, C.E., Velazquez, L.A.C., & Sheets, N. (2018).

    Hispanic caregiver experiences supporting positive postschool outcomes for young adults

    with disabilities. *Intellectual and Developmental Disabilities, 56*(5), 337–353

    https://doi.org/10.1352/1934-9556-56.5.337

Gattuso, J. L. (2013). *Parent training and parent support: The efficacy of a parent-*

    focused parent training support group for parents of children with autism spectrum

    disorder and disruptive behavior. (Publication No. 3617783) [Doctoral dissertation, The

    Chicago School of Professional Psychology]. ProQuest Dissertations & Theses Global.

Grigal, M., Hart, D., Papay, C., Wu, X., Lazo, R., Smith, F., & Domin, D. (2021). *Annual Report of the Cohort 2 TPSID Model Demonstration Projects (Year 5, 2019–2020).* Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.

Jegatheesan, B., Miller, P. J., & Fowler, S. A. (2010). Autism from a religious perspective: A study of parental beliefs in South Asian Muslim immigrant families. *Focus on Autism and Other Developmental Disabilities, 25*(2), 98–109. https://doi.org/10.1177/1088357610361344

John, A., Bower, K., & McCullough, S. (2016). Indian immigrant parents of children with developmental disabilities: stressors and support systems. *Early Child Development and Care, 186*(10), 1594-1603. https://doi.org/10.1080/03004430.2015.1116297

Kover, S. T., & Abbeduto, L. (2023). Toward equity in research on intellectual and developmental disabilities. *American Journal on Intellectual and Developmental Disabilities, 128*(5), 350–370. https://doi.org/10.1352/1944-7558-128.5.350

Kuhn, J. L., Vanegas, S.B., Salgado, R., Borjas, S.K., Magaña, S. & DaWalt, L. S. (2020). The cultural adaptation of a transition program for Latino families of youth with autism spectrum disorder. *Family Process, 59,* 477-491. https://doi.org/10.1111/famp.12439

Lee, C. E., Burke, M. M., DaWalt, L. S., Li, C., & Taylor, J. L. (2022). The role of parental advocacy in addressing service disparities for transition-aged youth on the autism spectrum. *Autism, 26*(4), 1001-1006. https://www.doi.org/10.1177/13623613211057660

Mazzotti, V. L., Rowe, D. A., Kwiatek, S., Voggt, A., Chang, W.-H., Fowler, C. H., Poppen, M.,

Sinclair, J., & Test, D. W. (2021). Secondary Transition Predictors of Postschool

Success: An Update to the Research Base. *Career Development and Transition for*

Exceptional Individuals, 44(1), 47–64. https://doi.org/10.1177/2165143420959793

Meaden, H., & Snodgrass, M. R. (2018). Introduction to the special issue on partnering

with families of individuals with developmental and intellectual disabilities throughout

the lifespan. *Intellectual and Developmental Disabilities, 56*(5), 305-306.

https://doi.org/10.1352/1934-9556-56.5.305

Newman, L., Wagner, M., Knokey, A.-M., Marder, C., Nagle, K., Shaver, D., & Schwarting, M.

(2011). *The post-high school outcomes of young adults with disabilities up to 8 years*

after high school: A report from the National Longitudinal Transition Study-2 (NLTS2)

(NCSER 2011-3005). Menlo Park, CA: SRI International. www.nlts2.org/reports/

Pearson, J. N., & Meadan, H. (2021). FACES: An Advocacy Intervention for African

American Parents of Children with Autism. *Intellectual and Developmental*

Disabilities, *59*(2), 155–171. https://doi.org/10.1352/1934-9556-59.2.155

Romano, L. E., Trainor, A. A., & Newman, L. A. (2023). Triad transition planning for students

receiving special education and English learner services, families, and teachers. *Career*

Development and Transition for Exceptional Individuals, 0(0).

https://doi.org/10.1177/21651434221143514

Taylor, J. L., Hodapp, R. M., Burke, M. M., Waitz-Kudla, S. N., & Rabideau, C. (2017).

Training parents of youth with autism spectrum disorder to advocate for adult disability

services: Results from a pilot randomized controlled trial. *Journal of Autism and*

Developmental Disorders, 47(3), 846–857. https://doi.org/10.1007/s10803-016-2994-z

Taylor, J. L., Pezzimenti, F., Burke, M.M., DaWalt, L.S., Lee, C.E., & Rabideau, C.

(2022). Feasibility, and acceptability of a nationally relevant parent training to improve

    service access during the transition to adulthood for youth with ASD. *Journal of Autism*

    and Developmental Disorders, 52(6), 2388-2399. https://doi.org/10.1007/s10803-021-

    05128-z

Taylor, J. P., Scott, L. A., Bruno, L. P., Frazier, R., Thoma, C. A., & Dayton, M. (2023). We

    have to stand up for ourselves: Barriers to self-determination experienced by Black youth

    in the transition to adulthood. *Journal of Intellectual Disabilities, 0*(0).

    https://doi.org/10.1177/17446295231180660

United Nations Statistics Division (1999). *Standard country or area codes for statistical*

    use (M49). United Nations, Department of Economic and Social Affairs.

    https://unstats.un.org/unsd/methodology/m49/

U.S. Department of Education, EDFacts Data Warehouse. (2021-2022). IDEA Part B Child

    Count and Educational Environments Collection, 2021-22.

    https://data.ed.gov/dataset/71ca7d0c-a161-4abe-9e2b-4e68ffb1061a/resource/22294e78-

    ff8b-48cf-8f5e-5a84f183ec22/download/bchildcountandedenvironment2021-22.csv

U.S. Department of Education, EDFacts Data Warehouse. (2018-2019). IDEA Part B Child

    Count and Educational Environments Collection, 2018-19. https://go.usa.gov/xdp4T/

Young, J., Morgan, R. L., Callow-Heusser, C. A., & Lindstrom, L. (2016). The effects of

    parent training on knowledge of transition services for students with disabilities. *Career*

    Development and Transition for Exceptional Individuals, 39(2), 79–87.
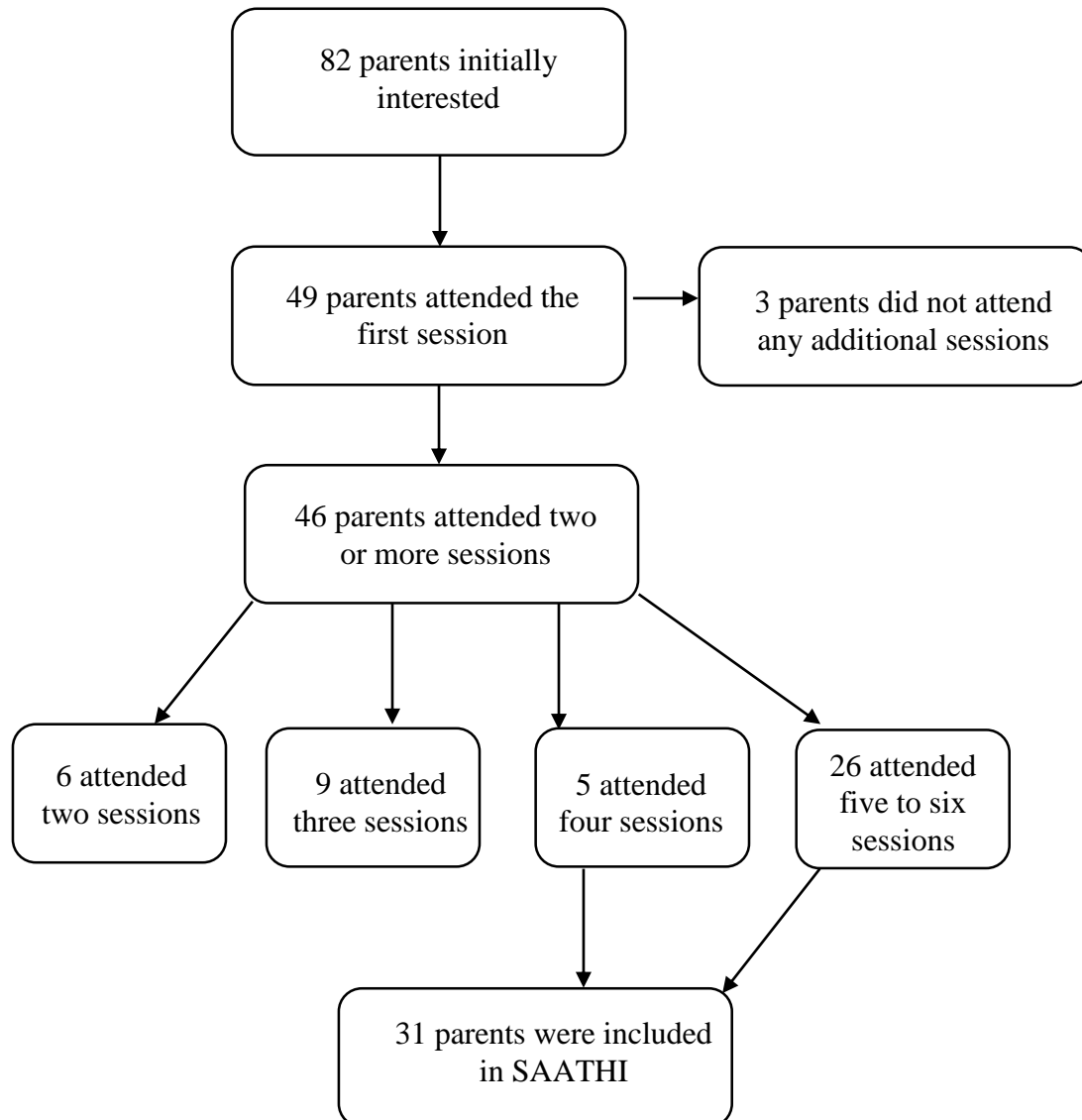
    https://doi.org/10.1177/2165143414549207

Figure 1. Participant Recruitment and Attrition

Table 1.

Parent and Child Characteristics

Participants	N (%)
Relationship	
Mother	24 (77.4)
Father	7 (22.6)
Years in USA	
1-5 years	1 (3.2)
6-10 years	3 (9.7)
16-30 years	23 (74.2)
Whole life	4 (12.9)
Citizenship Status	
Working on getting citizenship	3 (9.7)
Citizen	25 (80.6)
Prefer not to answer	1 (3.2)
Other	2 (6.5)
Marital status	
Married	28 (90.3)
Divorced	3 (9.7)
Income	
$15,000-$29,000	1 (3.2)
$30,000-$49,000	2 (6.5)
$50,000-$69,000	4 (12.9)

$70,000-$99,000	10 (32.3)
$100,000 and above	14 (45.2)
Education	
High school graduate	1 (3.2)
Some college	2 (6.5)
College graduate	15 (48.4)
Professional degree	13 (41.9)
Children	
Sex	
Male	21 (67.7)
Female	9 (29.0)
Prefer not to answer	1 (3.2)
Age	
6-10 years	7 (22.6)
13-18 years	16 (51.7)
19-22 years	5 (16.1)
23-24 years	3 (9.7)
Disability (could select multiple responses)	
Autism	19 (63.3)
Down syndrome	6 (20.0)
Intellectual disability	12 (40.0)
Speech and language delay	8 (27.6)
Other	11 (37.5)

Table 2.

Pretest and Posttest Results

Measure	Pretest M (SD)	Posttest M (SD)	t	p	Cohen's d
Transition Knowledge	6.94 (1.55)	7.87 (1.36)	3.28	0.003**	0.59
Multicultural Mastery Scale (MMS) Overall	3.57 (0.48)	3.79 (0.64)	2.93	0.006**	0.53
MMS Subscale: Community	3.79 (0.67)	4.02 (0.79)	2.17	0.038*	0.39
MMS Subscale: Family	3.70 (0.72)	3.92 (0.82)	1.94	0.062	0.35
MSS Subscale: Self	3.30 (0.64)	3.50 (0.71)	1.93	0.063	0.35
Advocacy Scale Overall	2.58 (0.70)	3.29 (0.69)	7.13	< 0.001***	1.28
Advocacy Subscale: Comfort	2.94 (0.76)	3.79 (0.66)	6.12	< 0.001***	1.10
Advocacy Subscale: Actions	2.30 (0.79)	2.90 (0.86)	4.83	< 0.001***	0.87
Perceived Stress Scale (PSS)	19.87 (6.16)	19.74 (5.65)	0.14	0.897	0.03

Note. * = significant at < 0.05, ** = significant at < 0.01, *** = significant at < 0.001.

Table 3.

Social Validity Survey Responses

Survey Item	Neither (%)	Agree (%)	Strongly agree (%)
Experiences with SAATHI			
The information presented was clear and easy to understand.		35.5	65.5
I feel more prepared for navigating transition to adulthood.		54.8	45.2
SAATHI provided me with a safe space to share my concerns and open up about my challenges.		35.5	64.5
Community Engagement			
I enjoyed interacting with other parents during this training.	6.5	32.3	61.3
I plan to keep in touch with some of the parents from SAATHI.	6.5	45.2	48.4
I felt a sense of belonging during the SAATHI training.		51.6	48.4
Advocacy and well-being			
I feel prepared to advocate for my child's transition outcomes.	3.2	64.5	32.3
I feel comfortable speaking with transition teachers and other stakeholders about future planning.	3.2	67.7	29.0
I feel more hopeful about my child's future.	6.5	48.4	45.2
Recommendations	3.3	23.3	73.3
I would recommend SAATHI to other parents		26.7	73.3
I would be interested in attending additional future sessions.			
SAATHI improved my knowledge of future planning opportunities.		26.7	73.3

<table>
<tr><td colspan="3">Response to Reviewers</td></tr>
<tr><td>Reviewer</td><td>Feedback</td><td>Revision</td></tr>
<tr>
<td>1</td>
<td>Explain how you define "racially minoritized" students and families.</td>
<td>We thank the reviewer for sharing their feedback. This is an important point to define in the manuscript.

We have defined our use of the term "racially minoritized" using the guidance from Benitez, 2010.

On page 2, we explain:
"We use the term racially minoritized to describe individuals who have a socially constructed minority status within American society due to historical oppression and systemic marginalization (Benitez, 2010)." (p. 2).</td>
</tr>
<tr>
<td>1</td>
<td>Provide a rationale why you think there needs to be a transition curriculum targeting specifically South Asian students and families, rather than developing a curriculum benefitting a broader student population.</td>
<td>We appreciate the reviewer for highlighting a need to further clarify this section. We agree that this section could be further enhanced with a stronger rationale.

We have added a few sentences to explain the purpose and benefits for an intervention targeted for this population. We also share the necessity for conducting interventions with sub-populations based on their unique needs for cultural competence.

On page 4, we state:
"A parent education intervention for South Asian parents of children with IDD living in the United States could provide targeted, culturally affirming, and responsive support to this population, empowering them with the knowledge and advocacy skills needed for effective transition planning. Additionally, by individualizing services based on the unique needs of South Asian families, the intervention can play a crucial role in ensuring that parents are equipped with resources to make culturally affirming and informed decisions for their child's future. Developing and evaluating culturally competent interventions for sub-populations</td>
</tr>
</table>

			within the Asian community could enhance the effectiveness and impact of parent education interventions, thereby improving families' transition planning needs and their subsequent postschool outcomes."
1	Explain your rationale for why and how the preliminary findings of improvement using the SAATHI intervention would be maintained over a longer period of time.(discussion)	We thank the reviewer for this important point. Maintenance of skills after interventions is significant for determining its success and effectiveness. In our study, we did not evaluate whether parents' knowledge or skills maintained over a longer period of time after the training concluded. We recognize this as a limitation of the study and recommend future researchers to conduct follow-up interviews with participants to better understand maintenance of skills. As such, we have stated on page 24 in the Limitations and Future Research sections: "Additionally, future researchers could conduct follow-up interviews with parents to determine if their knowledge and advocacy skills were maintained over a longer period of time after the training."
Editors	In addition to reviewer´s comments, we would like to ask to reduce the manuscript by 8-10 pages. Reducing the number of tables might be one of the options.	We thank the editors for their suggestions to reduce the manuscript. We have made the revisions to the pages based on the feedback received. We have reached out to the editors for further clarification about the pages. Based on the suggested guidelines for manuscripts for authors, we have made the following revisions: 1. Our manuscript is 30 pages, including the references. 2. We have revised the three tables to fit 4 pages. We reduced table 1 by one page and shortened shortened the survey items for table 3. 3. We removed figure 2 and only included figure 1.