

Knowledge is Power: Empowering the Autism Community Through Parent–Professional Training

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Abstract

Partnerships for Autism through Collaborative Community Choice and Empowerment (Project PACE) was developed to empower parents and professionals (e.g., general or special education teachers, therapists, social workers, school counselors, psychologists) through training and education. Project PACE was designed to provide participants with basic facts about individuals with autism spectrum disorders (ASD) and strategies for working with these individuals utilizing collaborative partnerships. Once trained, participants themselves became trainers who presented the program to community agencies, schools, and parent support groups. This article describes the project planning phase, the implementation phase, and the evaluation phase (i.e., lessons learned). Results of this study suggest that Project PACE provides a cost-effective training model that allows parents and professionals to collaboratively develop, maintain, and improve services for individuals with ASD.

Key Words: autism spectrum disorders, ASD, partnerships, collaboration, training, parents, professionals, train the trainer, Project PACE, empowerment

Introduction

From the moment a child is diagnosed with an autism spectrum disorder (ASD), parents and professionals face the reality that two types of services

exist—services that are needed and services that are available. Based on the assumption that everyone (i.e., parents, teachers, professionals, etc.) wants the most favorable outcome for a child with ASD (Turnbull, Turnbull, Erwin, & Soodak, 2006), the optimum search for “what is best” involves a collaborative partnership among parents, professionals, and, oftentimes, the child. If the partnership does not include the child from the beginning, he or she should be included as growth and maturity allow. In other words, as the child with ASD matures, this partnership should become a triad, with the individual with ASD playing a progressively increasing role.

The importance of parent–professional partnerships has been supported by numerous legislative mandates (e.g., the Individuals with Disabilities Education Act and the No Child Left Behind Act) and by numerous professional education organizations (e.g., the Council for Exceptional Children, the National Association for the Education of Young Children, the Autism Society of America, and the National Council for Accreditation of Teacher Education). While communities and schools widely acknowledge the value of parent–professional partnerships, establishing such collaborative partnerships is difficult (Epstein, 2005; Forlin & Hopewell, 2006). This article presents a parent–professional partnership program that could serve as a model within the autism community looking for an answer to the following questions: “What is best for a child with ASD?” and “Where do we find help in providing it?” The model program presented in this article, Partnerships for Autism through Collaborative Community Choice and Empowerment (Project PACE), was funded through a small grant from an agency providing disability services. Designed as a one-year program, Project PACE was to provide participants with basic facts about individuals with autism spectrum disorders (ASD) and strategies for working with these individuals utilizing collaborative partnerships. Once trained, participants themselves became trainers who presented the program to community agencies, schools, and parent support groups. Thus, the primary focus of Project PACE was to promote family and professional empowerment through parent–professional collaboration.

Need for Parent–Professional Partnerships

Central to the formation and success of parent–professional partnerships within any community is the collaborative professional training offered to parents and professionals (Hoover-Dempsey, Walker, Jones, & Reed, 2002). However, few professional or parent education programs provide adequate preparation for effective parent–professional partnerships (Epstein, 2005; Epstein & Sanders, 2006; Hoover-Dempsey et al., 2002). Education programs

typically do not provide professionals with training in direct interaction with parents (Hedges & Gibbs, 2005). Likewise, education programs for parents typically do not emphasize interaction with professionals, nor do they provide content that focuses on parent support and resources. The unfortunate outcome is that neither type of program addresses effective parent–professional partnerships (Renty & Roeyers, 2006). As a result, neither parents nor professionals typically experience collaborative interactions with each other until they are faced with a situation that requires them to do so. Further, when parents and professionals are not adequately trained, they tend to engage in more traditional, hierarchical relationships rather than collaborative practices in which parity is a central component in contributing to educational decisions. Without effective, interactive training and hands-on experience collaborating with each other, parents and professionals may experience ineffective partnerships or significant conflict. At best, such ineffective partnerships can be strained, and at worst, they can be detrimental to the child with ASD.

In response to this dilemma, many parents and professionals may be unsure about how to establish partnerships, or they may lack the necessary skill or confidence in their ability to do so successfully (Epstein, 2005; Forlin & Hopewell, 2006; Hiatt-Michael, 2001; Hoover-Dempsey et al., 2002; Witmer, 2005). Thus, focused preparation that includes multiple opportunities for parents and professionals to interact together is essential in equipping both groups with the knowledge, abilities, and confidence necessary to effectively partner together (Murray, Curran, & Zellers, 2008).

Research has demonstrated that parents of children with ASD do not feel valued as equal partners with educational professionals. For example, Fish (2006) found that families of children with ASD often feel uninformed about educational assessment and the development of Individualized Education Programs. Fish further noted that parents have difficulty accessing inclusive settings as well as autism-specific services and supports for their children. Similarly, Renty and Roeyers (2006) found that families of children with ASD feel they cannot find information relevant to education, social services, and leisure services, and when they do in fact locate such services, they frequently have difficulty accessing them.

In response to these findings, Project PACE was initiated to build capacity around ASD knowledge, resources, and services through parent–professional partnerships and networking in an urban county in northwest Ohio. The goal of the project was twofold: (1) to close identified gaps in ASD education and training for both parents and professionals, and (2) to coordinate and coalesce community knowledge, resources, and services for ASD that otherwise have been fragmented.

Benefits of Parent–Professional Partnerships

When parents and professionals partner with one another to meet the needs of individuals with ASD, it can have a positive impact on the quality of their cognitive, social, and emotional development (Whitbread, Bruder, Fleming, & Park, 2007). Specifically, Whitbread et al. (2007) found that successful parent–professional partnerships can produce better outcomes for individuals.

Another benefit provided by Project PACE was having a safe environment where parents and professionals learned together about services and resources for individuals with ASD as well as how to collaborate with one another. PACE participants were required to collaborate in teams to develop and present training modules to the community.

Characteristics of Effective Parent–Professional Partnerships

The fundamental components of parent–professional empowerment are as follows: (a) access and control over needed resources, (b) decision-making and problem-solving abilities, and (c) the ability to interact effectively with others in order to procure resources (Dunst, 2002). Based on these components of parent–professional empowerment, the following objectives were formulated:

1. To provide assistance to families who need help obtaining ASD resources;
2. To provide advocacy assistance and training to enhance the quality of life for individuals in the community with ASD;
3. To train families to become informational resources about ASD;
4. To empower families to be equal collaborative partners with ASD service providers/professionals;
5. To empower professionals to become equal collaborative partners with families of individuals with ASD; and
6. To assist families and professionals in supporting individuals with ASD in obtaining full access to the community and its services.

Stoner, Beck, Thompson, Angell, Heyl, and Crowley (2005) studied parents' perceptions of their interaction with educational professionals. These parents reported that teachers with positive dispositions increased their trust. Further, the study identified three main characteristics of successful parent–professional partnerships as (a) communicating openly and listening effectively, (b) understanding each other's perspectives, and (c) implementing effective intervention and service delivery practices. Parent participants in this study also appreciated teachers who had research-based information about ASD. All too often interventions for ASD have not been research-based prior to implementation.

Specific components that positively influence the effectiveness of parent–professional partnerships include: respecting families’ cultural backgrounds and dynamics; developing trust in the relationship; communicating effectively; establishing and maintaining parity; and sharing decision-making responsibilities among partners (McGrath, 2005). Additional components also include an elevated level of commitment by both parents and professionals, as well as clearly defined roles and responsibilities that are established at the beginning of the partnership to help nurture the partnership and decrease conflict. Professionals should implement family-centered practices and promote family choice when working with families (Murray et al., 2008). Finally, school administrators can assist parents and professionals in building partnerships that benefit the whole family, for example, by providing workshops and professional development opportunities on collaboration (Cramer & Nevin, 2006).

In response to these research findings, the directors of Project PACE created a non-hierarchical learning community. This community identified clear roles and responsibilities that led to open and effective communication, trust, and shared decision-making between parents and professionals.

Models

A model considered for this project was the train-the-trainer model. This model focuses on inviting teachers to workshops, training them in specific skills or programs, and encouraging them to train colleagues at their home schools in the same skills they learned during the workshop (Ephross & Vassil, 2005). Train-the-trainer models can be effectively incorporated into the learning community model by serving as the foundation (e.g., acquired knowledge and skills) that supports learning (Borthick, Jones, & Wakai, 2003). Specifically, the knowledge and skills acquired during train-the-trainer workshops enhance the teaching and learning capacity of the members of a professional community. This enhanced, defined capacity, in turn, supports other learning events that emerge during the more comprehensive professional development employed by the learning community model (Ephross & Vassil, 2005).

Perhaps the most promising training model is the parent–professional model, which provides parents and professionals the opportunity to train together, each sharing their areas of expertise. In this model, each participant brings unique skills and expertise to the training and education process. This model is based on the premise that empowerment occurs when families and professionals share their resources equally in order to meet the needs of children with autism and their families (Turnbull et al., 2006).

The training model employed in Project PACE combined the best components of the train-the-trainer model and the parent–professional model. Parents of children with autism and professionals working with individuals with ASD across the life span were trained together. The trained cadres of parents and professionals, in turn, trained additional groups in the community. This model has been in process for three years, reaching thousands of individuals in the community.

Logistics of Project PACE: A Model Program for Parent–Professional Partnership

In order to replicate the PACE program, it is essential to understand the logistics involved in developing such a program, in particular (a) participant selection and demographics, (b) curriculum development, (c) training implementation and training site selection, (d) culminating activities, and (e) financial considerations. Each component will be described in greater detail in the following sections.

Participant Selection and Demographics

To launch the program, 27 participants were selected for collaborative training (12 parents and 15 professionals; 25 females and 2 males). The following selection criteria were established for parent participants: (1) residency in the county where the grant was awarded, and (2) status as a parent or guardian of a child or adult with ASD. One selection criterion was established for professional participants: they were required to be providing services to individuals with ASD in the county where the grant was awarded. In addition to these eligibility criteria, participants were selected based on referrals from grant administrators, community agencies, and school administrators. Ethnic composition included four parents and three professionals from diverse cultures. The socioeconomic backgrounds of parents were varied, and their educational accomplishments ranged from high school completion to earned master's degrees.

The group of 15 professionals included individuals who worked in the professional fields of education, speech language pathology, social work, occupational therapy, mental health, and adult services. Their educational accomplishments ranged from earned master's degrees to earned doctorate degrees. At the start of the program, all professional participants were working with individuals on the autism spectrum who ranged in age from preschool through adulthood. Three of the professional participants self-identified as having disabilities.

Participants were assigned to one of three cadres (early childhood, school-aged, or adolescent/adult). Parents were assigned to a cadre based on the age of their child. Professionals were placed in cadres based on the age of the individual(s) whom they had been serving.

Curriculum Development

The curriculum included the following topics: Orientation, Family Empowerment, Service Options and Self-Determination, Community Options, Collaboration, and Informed Choices. Table 1 provides an outline of the curriculum used throughout four training sessions for parents and professionals.

Table 1. Project PACE Curriculum: Topics for Training Sessions

Session 1 Topics	Session 2 Topics	Session 3 Topics	Session 4 Topics
Orientation	Family empowerment through professional/parent partnerships	Service options and self-determination through professional/parent partnerships	Community options, collaboration, and informed choices using professional/parent partnerships
Overview of Project PACE	Political advocacy for ASD	Early childhood services for ASD	Individualized Family Service Plans for ASD
Benefits of professional/parent partnerships	Legal background for ASD	School-age services for ASD	Individualized educational programs for ASD
Assignments to cadres:	Family support and advocacy for ASD	Adolescent and adult services for ASD	Individualized transition plans for ASD
1. early childhood 2. school age 3. adolescent/adult	Self-determination and ASD		
Selection of training dates and times			

Training Implementation/Sites

Project participants received training on the ASD curriculum over four sessions, each session lasting three hours. The training sessions used the following format:

1. Information sharing about ASD topics from ASD community experts (1½ hours)

2. Questions and answers from participants to experts (½ hour)
3. Breakout discussion groups in age-level cadres (early childhood, school-age, adolescent/adult) to discuss and apply information about ASD (½ hour)
4. Reporting out to large group (½ hour)

All training sessions were held at public facilities located within the city from 6:00 p.m. to 9:00 p.m. Sites were accessible to all participants and provided at no cost.

Culminating Activities

Using the train-the-trainer model, facilitators asked the participants to complete training on ASD topics and then demonstrate their knowledge by serving as ASD trainers/consultants in the community. Three workshops were scheduled in which cadres of PACE participants served as trainers. The first training facilitated by the early childhood cadre was titled: *Autism Spectrum Disorders: The Early Years*. The school-aged cadre titled their presentation: *Autism Spectrum Disorders: Partnering with the Schools*. The adolescent/adult cadre chose to present on *Transition to Work and Vocations for Individuals with Autism Spectrum Disorders*. All workshops were scheduled for three hours in length. Cadre members together with facilitators as coaches assisted with the development of a PowerPoint lecture presentation for each of the three workshops. Each PowerPoint was developed with knowledge-based information that had been previously provided to the cadre as well as two or three family stories for application. These training sessions provided: an overview of autism including definition and etiology, diagnosis and assessment, characteristics, and prevalence; medical, educational, and community services; and resources for the specified age level. Facilitators were available to coach cadre members during the sessions if needed or just be available for support.

Flyers were disseminated, press releases were written, and action alerts were sent via email to ASD advocacy and professional organizations to announce the training sessions. Each of the training sessions took place at a local university that donated a large lecture hall at no cost. Approximately 300 people attended these three-hour workshops. Certificates of attendance were provided, and evaluation information was gathered. On a 5-point Likert scale (5 high and 1 low), the overall composite evaluation score for the three workshops was 4.86. Based on these evaluations of the workshops, the cadres were successful in providing information that the community valued.

Project PACE trainers have continued to provide educational inservices, workshops, and panel discussions on all aspects of Autism Spectrum Disorders at other community events, including professional ASD conferences at the

local, regional, and national levels. Project PACE coordinators invited trainees on numerous occasions to co-present with them, as well as encouraged them to present to their local school districts and community agencies. Materials and consultation with coordinators were offered to all trainees during and following the project completion. Follow-up information on training sessions provided by Project PACE participants was gathered through phone surveys in 2009 administered by project directors to Project PACE participants. Project PACE participants were asked to indicate how many formal (scheduled) and informal (unscheduled or impromptu) training sessions they had conducted since their participation in Project PACE. They were requested to provide the number of attendees at each of their training sessions. In addition, they were asked whether they experienced any other interesting or important outcomes as a result of their Project PACE training.

Since the conclusion of the project, participants reported a potential impact on more than 4,435 attendees through 209 formal and 336 informal training sessions (see Table 2). Based on information obtained through the telephone interviews, the trainees reported that additional outcomes of their involvement in Project PACE trainings included the following: one professional participant opened an inclusive childcare center; one parent participant accepted a position as a director of a large parent support organization; eight parents and twelve professional participants furthered their education through attendance at ASD workshops; and two participants completed graduate-level degree programs (one participant completed a master’s degree and another a doctorate), both with an emphasis in ASD. Another professional participant reported that she had co-authored a book about how to cope with and adjust to the behaviors of individuals with ASD.

Table 2. Training Provided by Parents and Professionals between 2006 and 2009

Empowerment Activity	No. of Formal Training Sessions	No. of Informal Training Sessions	Total No. of Training Sessions
Training by 10 parents	68	326	394
Training by 13 professionals	141	10	151
Total	209	336	545

Although Project PACE was a one-year funded project, the outcomes of this project have extended beyond the one-year period. Project PACE trainees

continue to be leaders in the Autism Spectrum Disorders community, serving on boards, developing services and resources, and providing training on ASD.

Financial Considerations

Project PACE was financed through a local competitive grant (\$15,000) that funded parent empowerment projects in Northwest Ohio. The grant was written by Intervention Services faculty at a four-year university and a public school teacher with extensive experiences in educating children with ASD. Costs incurred for implementation for Project PACE included the following:

- Costs for Project Manager: A project manager was hired (\$2,800 per year) to advertise training sessions, secure training sites, maintain records of attendance, and assist with material preparation and refreshments.
- Costs for Speakers and Consultants: The consultants who developed the training curriculum were the authors of the Project PACE grant. Their services were considered in-kind grant contributions (estimated at \$4,220 per year). Speakers were offered a nominal (\$100) honorarium with \$1,000 per year budgeted. However, most speakers declined and offered their services *pro bono*.
- Trainees' Stipends: Each trainee was offered a nominal stipend (\$50 per session) to help defray the cost of transportation and childcare during the four training sessions as well as at the community presentations (\$6,600 was budgeted for trainee stipends).
- Materials and Refreshments: Materials were developed and prepared by grant coordinators, the project manager, and invited speakers. Light refreshments (coffee, soft drinks, cookies, and pretzels) were provided at each of the training sessions (\$3,100 was budgeted for materials and refreshments).
- Indirect Costs: Because this grant was written through a university, an indirect cost of \$1,350 was assessed by the university. While \$15,000 was the awarded amount for this grant, it should be noted that the exact amount allocated for direct expenditures was \$13,500.

Findings: Lessons Learned

In the process of implementing Project PACE, project administrators, parents, professionals, and community members learned the following lessons that should be considered when attempting to replicate this project:

1. Families of children with ASD of different age levels bring differing experiential backgrounds to the table. Many parents of young children with ASD who participated in the project were in the throes of dealing with the diagno-

sis and still looking for cures and treatments. These parents were able to share current information and resources that reflected the latest trends in ASD services. Parents of school-aged children were able to bridge the gap in supporting the parents of young children and the parents of older children. It was determined through self-report that these parents were the most knowledgeable about resources available throughout the lifespan. In addition, they were the most politically active and most involved in advocacy and service organizations in the community. As such, they encouraged the parents of young children to become more actively engaged in the autism community and encouraged the parents of older children to become reconnected to the autism community.

Parents of older individuals with ASD had resolved many of the issues related to the ASD diagnosis and were no longer looking for a cure. These parents were able to share historical background as well as realistic hope for the future. These findings are supported in the literature (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2011). Parents of individuals with ASD are the single most effective support system to other parents of individuals with ASD. The differing experiences and skill sets that parents develop are mutually beneficial to all involved in the support and empowerment process (Marcus, Kunce, & Schopler, 2005).

2. Participant sustainability in the project could be enhanced through addressing individual needs. The total number of participants completing the project was 23 out of 27 (10 parents and 13 professionals). Four participants were unable to complete the project: two parents and two professionals. The two parents and one of the two professionals who did not complete the project, all single parents, stated that they could not continue in the program due to time and schedule demands. The second professional who did not complete the project experienced the sudden death of her spouse and could not continue in the program. In replicating this type of program, developers should identify individual participant needs that might prove to be barriers preventing full participation through interviews or intake surveys.

3. Families differ in experiential background based on the severity of the child's autism. Parents of children with severe ASD often experienced difficulty relating to parents of children with milder forms of ASD. The needs of these families and the services required were often at the far ends of the continuum. For example, while parents of a child with mild ASD might be seeking educational services in inclusive settings, parents of children with severe ASD might be seeking any program that would provide services for their child.

One parent, a mother of a child with severe ASD, was unable to complete the training. Project coordinators speculated that there was a high probability that her withdrawal was due to the severe limitations of her son's ASD, which

might not have been adequately addressed in the training since the focus was primarily on the needs of children with higher levels of functioning. Her withdrawal also might have been due to the fact that she was the only parent of a child with severe ASD who participated in the project. Parents of individuals with ASD tend to gravitate toward other parents who have children with similar functioning levels and experiences (Turnbull et al., 2006).

4. Age of the child influences parents' competence and participation levels. Families of children under the age of six appeared more apprehensive about participating in the project. Parents of very young children with ASD are often in the process of navigating and negotiating the social and economic systems of resources and building confidence in parenting a child with special needs. Preschool parents seemed less confident in their ability to provide information and training in PACE group assignments and training workshops. Indeed, some parents of younger children withdrew from the project shortly after it began. Parents of school-aged and older children, on the other hand, appeared more confident in their ability to participate in the PACE activities since they had many years to access services and supports for their child and family (Murray et al., 2008).

5. Family stories are powerful tools in portraying the lives of families who are impacted by ASD. While the information and knowledge relative to ASD services might be considered the bricks of the program, the family stories became the mortar. In the process of discussing service needs and resources, many families shared their stories, thereby providing relevance and application to the information. The family stories became such a vital part of the learning process that they were included in the culminating Project PACE community workshop presentation. Family stories alone can be a powerful learning tool for educators and parents of children with special needs. By bringing theory into practice through real-life experiences, family stories can serve as powerful tools to change dispositions of individuals in the community (Murray & Mandell, 2004).

6. Families and professionals can view the problem-solving process from each other's perspectives. The primary lesson parents and professionals learned from each other in the problem-solving process was not to allow intimidation of one another to become the guiding force in interactions. Prior to these trainings, many families had been in awe of the professionals and the knowledge they appeared to have concerning ASD, thereby often devaluing their own expertise on the topic of ASD. Conversely, professionals viewed parents as having much greater experience in dealing with children with ASD, thereby tending to undervalue their own knowledge and expertise. Parents and professionals have much to learn from each other. Respect and trust are the foundation of

the problem-solving process (Turnbull et al., 2006). Once trust was developed in the teams, it became a powerful tool for developing collaborative partnerships and effective problem-solving processes.

7. Professional development credit could be used to increase attendance at training workshops. Since most professionals are required to accrue professional development credit, offering continuing education units (CEUs) might provide increased incentive for professional participation in Project PACE. CEU credit could be generated for teachers, occupational therapists, physical therapists, speech language pathologists, school psychologists, school counselors, and other professionals. Professional development activities are most successful when the participants “buy in” to these activities from the beginning (Ephross & Vassil, 2005). One incentive to encourage this buy-in would be to offer professional development credits.

8. Site selection and marketing for community workshops should promote attendance for participants with low SES. The community workshops were held on a medical university campus outside of the metropolitan area. The workshops could have had a higher participation rate among individuals from low SES backgrounds if the workshops had been conducted in low SES communities. Services for individuals with limited resources need to be brought to these individuals since they may not always have the means to travel to locations that are relatively far away (Veltri, 2008). Marketing efforts could include advertisements in journals and newspapers that target individuals within the inner city and families with low SES backgrounds. In some cases, such as in the Hispanic community, advertising through community churches could be advantageous.

9. Marketing information needs to provide clarity regarding workshop content and logistics. In order to attract the targeted clientele, advertising must be concise and understandable; that is, it must reach the community that is to be served (Friend & Cook, 2007). Workshop advertisements and flyers should clearly reflect the following: what content is being covered, (e.g., ASD information and strategies along with age levels addressed); where the workshop is being held (include map or narrative directions); when the workshop is being offered (time, date); and who is conducting the workshop (include names and affiliations of presenters/sponsors).

10. Training cadres could be assigned according to age level or across the lifespan. While the training cadres could have included representation from participants involved with children of varying ages across the lifespan, the grant coordinators determined that it would be more efficient to train the cadres based on homogenous age groupings (i.e., early childhood, school-aged, and adolescent/adult). Speakers’ materials and services were easier to compile based on age levels.

The benefits of cross-age training cadres might provide a better understanding of needs, strategies, and services across the life span. Families and professionals learn from one another by sharing their life experiences. More experienced families have a broader understanding of ASD issues and the resource systems in place, an understanding that can greatly benefit families who are new to the diagnosis and the system. Likewise, families with a recent diagnosis can assist more experienced families in learning about current services and in reconnecting to the system and supports (Marcus et al., 2005).

11. Individuals with ASD must be included in cadres. While family stories became an important part of the workshop presentations, individuals with ASD also should be included in these presentations. In particular, adolescents and adults with ASD could have been included in the development and implementation of the community presentations. Parents and professionals can acquire great insights on needs and treatment for individuals with ASD from successful persons with ASD, such as Temple Grandin (2005) and Stephen Shore (2003).

12. Parents and professionals need structure and technological support to assist in the development of presentations. Project coordinators developed the original outline for the content of the community workshops, which served as the basis for cadre participants to develop specific parts of the presentations. However, many of the cadre participants had never presented or developed a PowerPoint presentation before and, therefore, required instruction and support. When support and structure are provided, the team process is most successful (Ephross & Vassil, 2005). Participants tend to give up and drop out of a project if requirements seem overwhelming.

13. Forms are needed for participants to disclose any disabilities so that they can be provided necessary accommodations. It is important that individuals with special needs have their needs met in order to fully participate in their community (Wang, Bradley, & Gignac, 2004). Three cadre participants in Project PACE self-disclosed during the project that they experienced disabilities. Project coordinators need to provide a mechanism for cadre participants to disclose disabling conditions prior to the start of the project. For example, through the use of preregistration forms, these three participants would have had the opportunity to self-disclose and request accommodations and/or modifications.

14. Funding for program sustainability should be addressed through community organizations and school systems. The grant monies received were in the amount of \$15,000. When discussing further implementation of this grant, project administrators could solicit community organizations and school systems that serve individuals with ASD for financial support. With resources

becoming more limited every year, it is imperative that schools and community agencies partner and share resources to better serve their clientele (Liao, Chang, & Lee, 2008).

15. Parents and professionals both learned that *knowledge is power*. Throughout Project PACE, the co-directors encouraged growth, collaboration, and understanding through acquired knowledge. Knowledge leads to confidence, competence, and empowerment (Murray et al., 2008). Knowledge about ASD, collaboration, and strategies were provided to cadre participants. Parents and professionals both repeatedly affirmed throughout the project that *knowledge is power*.

In addition to the 15 previous lessons learned by Project Coordinators, Project PACE trainees reported (via videotaped and transcribed interviews) the following additional lessons learned and information gained as a result of their involvement in Project PACE:

I had very little of knowledge of Autism before being part of Project PACE. I have a better understanding of how I can better help and serve families in terms of what programs are available for ASD. (social worker)

Project PACE was a really good way to collect resources on Autism for parents and professionals. Parents had opportunities to interact with a variety of professionals: the speech therapists, the occupational therapist, regular and special teachers. (occupational therapist)

Through Project PACE, I think everybody walked away having learned something to improve the quality of life for kids with Autism. (parent of school-aged child)

Project PACE has taught me the educational rights of children with Autism. I can share this with other parents. (parent of school-aged child)

I learned a lot of new strategies to utilize with my students in the classroom. (junior high special education teacher)

Basically, knowledge is power and us getting this information to the people that might not know all of it gives them the knowledge, gives them power to help their own children and help their families learn more about autism. (early childhood general education teacher)

I think this is a great program. I think it's a great idea. There's a lot of people that don't know...and knowledge is power. (parent of an adult)

The recurring themes on lessons learned by both project coordinators and by Project PACE trainees were two fold. First, parents and professionals have much to learn from each other, and second, *knowledge is power*.

Summary

The major goal of Project PACE was to promote family and professional empowerment through parent–professional collaboration. Parents and professionals were provided opportunities for empowerment through knowledge and access to an array of services and resources; the opportunity to participate in decision-making and problem-solving process training; and the opportunity to gain skills to effectively partner with others in order to meet the needs of individuals with ASD. Although the training need in this particular community was in the area of ASD, the structure, design, and implementation of this project is also appropriate for other identified school/community needs, such as other disability categories, literacy, or mental health.

When parents and professionals partner on behalf of individuals with ASD, the results are often dramatic (Murray et al., 2008). Empowering both parents and professionals with knowledge regarding service options, collaboration, and the perspectives of both families and professionals leads to better outcomes for the families, their loved one with ASD, and the professionals who serve them. When school personnel and community members (parents and professionals) work together to meet identified community needs, the community flourishes.

Project PACE combined the train-the-trainer and the parent–professional training models. With the increased prevalence of ASD, Project PACE provides a cost-effective training model to improve services for individuals with ASD and to enhance the roles of parents and professionals in sharing knowledge about ASD.

References

- Borthick, A. F., Jones, D. R., & Wakai, S. (2003). Designing learning experiences within learners' zones of proximal development: Enabling collaborative learning on-site and online. *Journal of Information Systems, 17*(1), 107-134. doi: 10.1016/j.im.2003.10.007
- Cramer, E., & Nevin, A. (2006). A mixed methodology analysis of co-teacher assessments. *Teacher Education and Special Education, 29*(4), 261-274. doi: 10.1177/088840640602900406
- Dunst, C. J. (2002). Family-centered practices: Birth through high school. *The Journal of Special Education, 36*(3), 139-147. doi: 10.1177/00224669020360030401
- Ephross, P. H., & Vassil, T. V. (2005). *Groups that work: Structure and process* (2nd ed.). New York: Columbia University Press.
- Epstein, J. L. (2005). Links in a professional development chain: Preservice and inservice education for effective programs of school, family, and community partnerships. *The New Educator, 1*(2), 124-141. doi: 10.1080/15476880590932201
- Epstein, J. L., & Sanders, M. G. (2006). Prospects for change: Preparing educators for school, family, and community partnerships. *Peabody Journal of Education, 81*(2), 81-120. doi: 10.1207/S15327930pje8102_5

- Fish, W. W. (2006). Perceptions of parents of students with autism towards the IEP meeting: A case study of one family support group chapter. *Education*, 127(1), 56-68. doi: 10.1177/0888406409334084
- Forlin, C., & Hopewell, T. (2006). Inclusion – The heart of the matter: Trainee teachers' perceptions of a parent's journey. *British Journal of Special Education*, 33(2), 55-61. doi: 10.1111/j.1467-8578.2006.00415.x
- Friend, M., & Cook, L. (2007). *Interactions: Collaboration skills for school professionals* (5th ed.). Boston: Allyn & Bacon.
- Grandin, T. (2005). A personal perspective on autism. In F. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders* (3rd ed., pp. 1276-1286). Hoboken, NJ: John Wiley & Sons.
- Hedges, H., & Gibbs, C. (2005). Preparation for teacher–parent partnerships: A practical experience with a family. *Journal of Early Childhood Teacher Education*, 26, 115-126. doi: 10.1080/10901020590955770
- Hiatt-Michael, D. (2001). *Preparing teachers to work with parents* (ED460123). Retrieved from <http://www.ericdigests.org/2002-3/parents.htm>
- Hoover-Dempsey, K. V., Walker, J. M. T., Jones, K. P., & Reed, R. P. (2002). Teachers involving parents (TIP): Results of an in-service teacher education program for enhancing parental involvement. *Teaching and Teacher Education*, 18(7), 843-867. doi: 10.1016/S0742-051X(02)00047-1
- Individuals with Disabilities Education Improvements Act Amendments of 2004, P.L. 108-446, U.S.C. 20, §1400 et. seq. (2004).
- Liao, S., Chang, W., & Lee, C. (2008). Mining marketing maps for business alliances. *Expert Systems with Applications*, 35(3), 1338-1350. doi: 10.1016/j.eswa.2007.08.052
- Marcus, L., Kunce, L., & Schopler, E. (2005). Working with families. In F. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders* (3rd ed., pp. 1055-1086). Hoboken, NJ: John Wiley & Sons.
- McGrath, J. M. (2005). Partnerships with families: A foundation to support them in difficult times. *Journal of Prenatal & Neonatal Nursing*, 19(2), 94-96. doi: 10.1111/j.1524-475X.1998.00058.x
- Murray, M. M., & Mandell, C. J. (2004). Evaluation of a family-centered early childhood special education preservice model by program graduates. *Topics in Early Childhood Special Education*, 24(4), 238-249. doi: 10.1177/02711214040240040501
- Murray, M. M., Curran, E. M., & Zellers, D. (2008). Building parent/professional partnerships: An innovative approach for teacher education. *The Teacher Educator*, 43(2), 87-108. doi: 10.1080/08878730701838819
- No Child Left Behind Act of 2001. P.L.107-110, 20, U.S.C. 20, § 6301 et seq. (2001).
- Renty, J., & Roeyers, H. (2006). Satisfaction with formal support and education for children with autism spectrum disorder: The voices of the parents. *Child-Care, Health, and Development*, 32(3), 371-385. doi: 10.1111/j.1365-2214.2006.00584.x
- Shore, S. (2003). *Beyond the wall: Personal experiences with Autism and Asperger Syndrome* (2nd ed.). Shawnee Mission, KS: Autism/Asperger Publishing.
- Stoner, J., Bock, S., Thompson, J., Angell, M., Heyl, B., & Crowley, E. (2005). Welcome to our world: Parent perceptions of interactions between parents of young children with ASD and education professionals. *Journal of Autism and Other Disabilities*, 20(1), 39-51. doi: 10.1177/10883576050200010401
- Turnbull, A., Turnbull, H. R., Erwin, E., & Soodak, L. (2006). *Families, professionals, and exceptionality: Collaborating for empowerment*. Upper Saddle River, NJ: Merrill Prentice Hall.

- Turnbull, A., Turnbull, H. R., Erwin, E., Soodak, L., & Shogren, K. (2011). *Families, professionals, and exceptionality: Positive outcomes through partnerships and trust* (6th ed.). Upper Saddle River, NJ: Merrill Prentice Hall.
- Veltri, B. T. (2008). Teaching or service?: The site-based realities of Teach for America Teachers in poor, urban schools. *Education and Urban Society, 40*(5), 511-542. doi: 10.1177/0013124508319281
- Wang, P., Bradeley, E., & Gignac, M. (2004). Perceived need for workplace accommodation and labor-force participation in Canadian adults with activity limitations. *American Journal of Public Health, 94*(9), 1515-1518. doi: 10.1186/ar1436
- Whitbread, K. M., Bruder, M. B., Fleming, G., & Park, H. J. (2007). Collaboration in special education. *Teaching Exceptional Children, 39*(4), 6-14.
- Witmer, M. M. (2005). The fourth r in education – Relationships. *Clearing House, 78*(5), 224-228.

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