KIT
"Keeping In Touch"
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Resource Article

The examination of family-centered practice in early intervention continues with this month's KIT article, "Family-centered practice: Collaboration, competency and evidence," by Marilyn Espe-Sherwindt. In addition to reviewing family-centered practice, Dr. Espe-Sherwindt identifies an aspect of family-centered care that differentiates and distinguishes it from other service provision models and she suggests the notion of "flawless consulting" as a guide to achieving a high degree of family-centered practice.

The fundamentals of family-centered care include: (1) emphasis on strengths, not deficits, (2) promoting family choice and control over desired resources, and (3) the development of a collaborative partnership between parents and providers. Research has demonstrated that family-centered practice has positive effects on child and family outcomes, self-efficacy beliefs, program satisfaction, parent perceptions of child behavior, perceptions about family well being, and child development. Family-centered models have also been proven effective when considering parent specific factors (e.g., age, intellectual ability, and economic background) as well as across program type (e.g., hospitals, schools, mental health clinics, etc.). One of the challenges in implementing family-centered practice includes the lack of effective and available training in this model.

Extensive research on family-centered care has facilitated a better understanding of key associated behaviors. These include two specific provider behaviors, *relational* and *participatory help-giving practice*. Dr. Espe-Sherwindt describes relational as "interpersonal behaviors such as warmth, active listening, empathy, authenticity, and viewing parents in a positive light." She describes participatory help-giving as "more action-oriented, and encompass control and ways of sharing - professionals encourage parents to make their own decisions - professionals help families learn new skills." Both behavioral aspects are key to high levels of family-centered care.

While most providers can quickly identify and embrace relational practices, participatory practices may be more elusive. Dr. Espe-Sherwindt discusses a common condition in the helping professions, that is providers are often too helpful, the onus of action is often lifted from the family as the provider plays the role of manager instead of collaborator. Keeping in mind the collaborative nature of family-centered care in early intervention, Dr. Espe-Sherwindt likens the alliance between provider and family to that of "flawless consulting" and refers the work of Peter Block (2001), a business consultant. Mr. Block suggests a number of "ways of being" in fruitful consultative relationships, some of which resonate with the fundamentals of early intervention family-centered practices:

- recognizing others as individuals capable of defining meaning and making choices;
- focusing on commitment and shared purpose rather than compliance;
- resisting taking over, giving prescriptive advice, threats and promising more than we can deliver;

- not giving up when faced with hostility, indifference or rejection;
- paying attention to our own behavior in the relationship (i.e. the only behaviors that we can control).

Family-centered practices in early intervention are highly regarded as the best practice method of supporting families and promoting their sense of confidence and competence in meeting the needs of their child and family.

Espe-Sherwindt, M. (2008). Family-centered practice: Collaboration, competency and evidence. *Support for Learning 23* (8), 136-143. Retrieved March 2012 from http://familieswiki.pbworks.com/f/Family-Centred%2BPractice.pdf

On the WWW

TED Talks: Ideas worth spreading.

http://www.ted.com/talks/alison_gopnik_what_do_babies_think.html?quote=1106

TED is a nonprofit organization devoted to ideas worth spreading. It started out in 1984 as a conference bringing people together from three worlds - technology, entertainment, and design. And it's grown since then. You can search by title, theme or presenter. The link above is for a talk by Dr. Alison Gopnik entitled, "What do babies think?" In this talk, Dr. Gopnik discusses her research on the processing and learning of babies. The link to TED – Ideas is worth spreading and is definitely worth a visit, as there are thousands of talks on multiple topics from which to choose.

What do the Data Say?

What percentage of infants and toddlers, in non DoD early intervention programs with IFSPs, reveive early intervention services on their IFSPs in a timely manner?

To answer this question we turn to the NECTAC 2011 SPP/APR Indicator Analyses, specifically Indicator 1: Early Intervention Services in a Timely Manner. The full publication is available online at http://www.nectac.org/~pdfs/partc/part-c_sppapr_11.pdf The data included in this publiction are based upon the July 1, 2009 - June 30, 2010 reporting period. The definition of timely services is determined by each state. The majoriy of states define timliness of services as "within 30 days" from parent consent. The range across the states was "within 10 days" to "within 45 days."

The results of these analyses show that "on average, 94% of children in early interveniton received services listed on their IFSP in a timely manner" (NECTAC 2011 SPP/APR). Across the nation this is an increase from prior years (92% in FFY 2008 and 82% in FFY 2004).

Consultation Corner

From February through July 2012, we are excited and honored to have the Early Intervention Family Alliance's (EIFA) Kim Travers serve as the consultation expert addressing the topic *Early Intervention A Family Perspective. For a*dditional information about EIFA see: www.eifamilyalliance.org/membership.htm

As you think back, to your first contacts with early intervention what was most and least helpful?

For Families, first contacts with the Early Intervention system can be very unsettling. The family has either just been given a diagnosis and/or they may have concerns about their child's development. Think about that first time you walked into a doctor's office because you felt that something was wrong. Now, imagine that it is your child and you have no control over what will be said, asked or shared.

The most helpful actions during my first contact(s) with the Early Intervention system were:

- The demonstration of genuine concern from the provider about the reason my

child was referred. It is helpful for the provider to tell me why they think my child was referred and then ask if that matches my understanding. (i.e. Explain to me your understanding of why my child was referred and inquire if I agree).

- The use of active listening and allowing time for me to think about how I want to answer the questions that are asked of me.
- The clear explanation of the eligibility and/or IFSP process (i.e. What are the forms that I am being asked to signing and why they are important).
- When scheduling the first home visit, setting the stage and letting me know the types of information that I might be asked to share. This lets me prepare my thoughts ahead of time as well as let me talk with other caregivers about their perspective.

The least helpful actions during my first contact(s) with the Early Intervention System were:

- Sending me form letters explaining the referral with jargon I don't understand.
- Rushing through a lot of forms before really talking with me. I know that you need to gather a lot of information in a short amount of time, but this is all new to me.

As you think about evaluation and IFSP development what was most helpful and what wasn't helpful?

The most helpful actions that occurred before and during the evaluation and IFSP process included:

- Providers sharing their understanding of my child's present developmental status as well as how my child's diagnosis (if applicable) affects her specifically.
- Asking me questions about what my day looks like, noting where there are times or places that we have a little more challenge. It is more important for me to function within my daily life than work a specific skill.
- Recognizing the things that I and my family already do well and helping us to build on what we are already doing.
- Helping me know what rights I have and what is available through Part C services.

The actions that were the least helpful were:

- Talking in broad generalities about a certain diagnosis (i.e. All children with Down syndrome have low tone). This doesn't help me understand my own child.
- Developing outcomes and strategies without my input prior to the IFSP meeting.

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Early Intervention A Family Perspective*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (February through June 2012) and completing a multiple-choice exam about the content covered in these KITs.

If you are interested, take the exam online at www.edis.army.mil and upon successful completion, you will receive a certificate of non-discipline specific continuing education contact hours.

Please send your Consultation Corner questions and KIT ideas via email to
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