



Resource Article

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Helping Families Use
Intervention Strategies"

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As we begin this new series on "Engaging Families – Helping Families Use Intervention Services" we start with an article geared at understanding provider perceptions of father engagement in early intervention. McBride and colleagues noted, with reference to several supporting studies, that "father involvement during the early years can lead to positive child and family outcomes in families of children with and without disabilities" (p. 72). The Individuals with Disabilities Education Act (IDEA) further reinforces the key role parents play in early intervention and specifically identifies the need to "enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities" in the preamble of Part C. Yet, when it comes to father engagement in early intervention they are much less likely to be active ongoing participants as compared to mothers.

To examine the role of fathers in early intervention, as perceived by early intervention providers,

McBride et al. surveyed 511 providers. Participants included mostly female (94%) providers, in their 30's (32%). The disciplines represented included speech and language pathologists (35%), developmental therapists/special instructors (18%), physical therapists (12%), occupational therapists (11%), mental health or physical health professionals (9%), and advocates, administrators, and coordinators (15%) (p. 74). The survey used was designed to gather respondent demographics, providers' perceptions of father involvement in early intervention, as well as supposed barriers to father involvement. Survey items were rated on a 5-point scale ranging from strongly disagree (1) to strongly agree (5) and included open-ended questions. The respondents answered a variety of questions which fit into the following themes: Early intervention provider perceptions of

- fathers influence on children's development
- fathers as targets for early intervention
- fathers relative involvement in early intervention
- barriers to father involvement in early intervention

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With regard to the first theme, there was no significant variance among groups of providers. Although mental and physical health professionals had an overall higher mean rating ($M = 4.63$, $SD = 0.37$) than did the advocates, administrators, and coordinators ($M = 4.20$, $SD = 0.92$) (McBride et al., p. 78). Respondents' perceptions of fathers as targets of early intervention were less than perceptions of fathers' influence on children's development, indicating that while their positive impact on development is acknowledged, they are less likely to be involved. Specific to levels of engagement the emerging findings indicated greater mother involvement. However, overall father involvement was not absent. In fact, fathers were involved in responding to contacts and making decisions regarding services at 68% and 86 % respectively.

Participants' responses to open-ended questions about barriers to father involvement in early intervention revealed three emerging themes:

- Lack of presence
- Men work and women care for children
- Early intervention providers' ability to adapt

Regarding lack of presence, a major theme was that providers perceived fathers as "being absent." The lack of presence was related to work schedules, a general perception of fathers being uninterested or unfamiliar with the involvement of early intervention and being otherwise separated (e.g., divorce, shared custody).

Gender roles were an additional perceived service barrier. Identified contributing factors in this group were societal and cultural influences on expectations and roles, the division of labor and who does what in the family, providers' beliefs about father roles, and an overarching theme that "men work and women care for children."

The third emerging theme was most specific to providers and their difficulty "adapting to engage fathers in early intervention". Although providers did not explicitly state this concern, it emerged from their responses to the open-ended survey questions. Included in these concerns were statements about gender and challenges working with men in a primarily female field. Similarly building a partnership and relationship was different with fathers and not as easy. Another factor was adapting to father needs versus mother needs. Father reactions to disability varies and their subsequent acceptance and interest in early intervention is perceived as less interested. Other rising concerns circled around culture, poverty, education, and fathers' overall availability.

Interestingly "providers did not perceive their own perceptions as a barrier to father involvement" (p. 83). In spite of perceived barriers and realities, father involvement in early intervention is just as important and essential as mother involvement. As early intervention providers working with varied family constellations it is important to acknowledge and reflect upon the efforts needed to optimally engage all parents in early intervention.

McBride, B. A., Curtiss, S. J., Uchima, K., Laxman, D. J., Santos, R. M., Weglarz-Ward, J., Dyer, W. J., Jeans, L. M., & Kern, J. (2017). Father involvement in early intervention : Exploring the gap between service providers' perceptions and practices. *Journal of Early Intervention*, 39(2), 71-87.

What do the data say?



What are Family Outcome Data for Part C?

Part C early intervention programs have been collecting and reporting data on program operations for years. However, prior to the implementation of family outcomes States and programs did not have common measures on the results for families participating in early intervention. Granted programs had multiple anecdotal accounts of positive results for families, but these data were not systematic nor feasible for aggregating across programs and systems. In fact, in 2002 the Office of Management and Budget (OMB) aligned outcome data to budget and programs were assessed to determine if performance measures were included. The results for Part C revealed no outcome data.

To help remedy this finding, the Office of Special Education Programs (OSEP) funded the national Early Childhood Outcomes (ECO) Center to work with stakeholders and recommend outcome measures for both children and families. In response to this KIT question about family outcomes we'll look specifically at that measure

Through an extensive stakeholder and consensus process the ECO Center recommended the following five outcomes:

1. Families understand their children's strengths, abilities, and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families are able to gain access to desired services, programs, and activities in their community.

These five outcomes were not adopted by OSEP. Rather the following three family indicators were regulated as the family indicators that all federally funded Part C programs must report on annually.

Percent of families participating in Part C who

report that early intervention services have helped the family:

1. Know their rights
2. Effectively communicate their children's needs
3. Help their children develop and learn

Many states also choose to measure the ECO proposed outcomes and others in addition to these three required family indicators for Part C. States use surveys collect and varied collection methods to gather and report on these data.

Now fast forward about 15 years and we have up to date quality data to answer questions about family outcomes and specifically how early intervention has helped families. In August 2018, the Early Childhood Technical Assistance (ECTA) Center and Center for IDEA Early Childhood Data Systems published the national aggregate of family outcomes. This publication is available online at: <http://ectacenter.org/~pdfs/eco/familyoutcomes-highlights-ffy2016.pdf>

The 2016 results show that a very high percentage of families participating in early intervention report that the program has helped them know their rights (90%), communicate their children's needs (91%), and help their children develop and learn (92%).

Even more interesting is that this high national trend has been stable over the past six years. And programs have these data to help understand the results of their programs and to guide program improvement plans to facilitate the best possible outcomes for families and their children participating in early intervention.

Although the EDIS data are not included in the national analysis, EDIS programs also collect these data and share high averages (over 90%) across these three family indicators and over the past six reporting years. And just as celebrating this success is important so too is using the data to further understand and improve outcomes for families and children.

Early Childhood Technical Assistance Center & Center for IDEA Early Childhood Data Systems. (2018). *IDEA Part C Early Intervention Family Survey Data for FFY2016*. Retrieved from <http://ectacenter.org/eco/pages/familyoutcomes-highlights-ffy2016.asp>

Hebbeler, K., & Barton, L. (2007). The need for data on child and family outcomes at the federal and state levels. In E. Horn, C. Peterson & L. Fox (Eds). *Young Exceptional Children Monograph Series No. 9: Linking curriculum to child and family outcomes* (pp. 1-15). Missoula, MT: Division for Early Childhood.



Consultation Corner

Helping Families Use Intervention Strategies

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Helping Families Learn to Use Intervention Strategies Between Visits: What YOU Do Matters

Ever had one of those visits when you got back in your car and just felt deflated? Frustrated? Or maybe puzzled about why the child is not making progress or the parent doesn't seem engaged? After sessions like that, it can be easy to explain away those feelings by placing the responsibility for what's happening on the family. Maybe the parent is on her phone more than she's talking with you. Maybe she says "I don't know" when asked reflective questions. Maybe the child seems to prefer playing with you while the parent remains in the background. Parents absolutely have a primary role in early intervention (EI), but consider this: parents generally do not know what they are supposed to do during visits. They often enter the system with no frame of reference for this kind of experience. A parent who stays out of the way may think this is "the expert's time" with her child. When she says "I don't know," she might really mean it. When she's on her phone, she might be unsure of what else to do. When we see these things happening, the first thing to do is step back and reflect on what YOU are doing during the visit, because what you do and how you do it matter.

The educator or therapist sets the tone and teaches the parent how EI works, then the two of them collaborate to build the partnership. When it works well, it's a wonderful thing to see – a parent practicing using intervention strategies with her child during visits, with coaching and support from the service provider, then successfully using those

same strategies throughout the week. When it doesn't work so well, it can be frustrating. There are so many variables on any one visit that it's impossible to control them all. What we can control, though, is what WE do during the visit. We are in charge of how we approach each session, where we focus our energy, and how we provide support. This series will focus on the "how" because how you collaborate with families affects what happens both during and between visits.

What We Do During Visits Affect What the Parent Does Between Visits

What we do during visits can significantly affect what parents learn and how they use intervention strategies with their children. When EI is conducted according to our field's Mission and Key Principles (Workgroup on Principles and Practices in Natural Environments, 2008), we facilitate intervention that results in families who are confident and successful with engaging their children and using intervention strategies every day. That's not an easy task, especially when we are only with families for an hour or less a week, and the time we are trying to affect happens when we aren't even there. Achieving this kind of intervention requires that we consider all of the learners on a visit and how we can support their growth and development...and I'm not just talking about the children.

On every visit, you have at least two learners: the caregiver and the child (Childress, 2015). Chances are, you are already a rock star with facilitating

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infant and toddler learning. You've probably also thought about your role in helping caregivers use intervention strategies too, but have you really thought about how *caregivers* learn? For many of us, information about adult learning isn't something we get in our preservice education. To meet our Mission, we need to intentionally engage parents in ways that facilitate their learning too, so they know what to do with their children to encourage development every day. This requires more than having knowledge about infant and toddler development. For many of us, it requires that we add another set of skills to our toolbox, skills that come from a deep understanding of how caregivers learn. This series will focus on how you can facilitate caregiver learning so that families are ready to practice using intervention strategies during visits (with your support), and more importantly, able to use them when you aren't there. That's the key – making sure that the time we spend with families has the greatest impact on what they do with their children between visits. To do that, we have to focus on both learners.

My Story

Let me explain why I think this is so important. I'll briefly tell you my story. I've worked in EI for over 23 years as an educator, service coordinator, supervisor, writer, and trainer. I spent the first 15 years of my career in direct service, working in three different EI programs in Virginia and in the first EDIS program at RAF Alconbury in England. For the past eight years, I've been an early intervention professional development consultant with the Partnership for People with Disabilities at VA Commonwealth University. I am part of our state's EI training team, so I develop resources

and teach others how to “do” EI. I think A LOT about what good EI looks like. I've written about it and taught about it but nothing ever made me reflect on it more than when my son and I were receiving it. He had torticollis, so we received physical therapy until he was about eight months old. I knew what I was supposed to do as a mom – use intervention strategies with my son – but I really struggled. I struggled to integrate the strategies our wonderful therapist taught me into our daily schedule. The whole day could go by and while I'd successfully kept my son alive, I'd completely forgotten to stretch him. Through that struggle, I learned about the importance of all of that time between visits and how necessary it is that we help families prepare to take advantage of those learning opportunities. This was also when I really understood the concept of the parent as a learner too – because boy, did I have a lot to learn. The experience made me reflect on what I wanted to do differently with the families I supported at work. I wanted to make it easier for them between visits, so I had to change what I did during visits.

As time went by, and our field evolved, I did my best to absorb all I could about routines-based early intervention (McWilliam, 2010), coaching and consultation (Rush & Shelden, 2011; Friedman, Woods, & Salisbury, 2012), and think about how I could align my work with the mission of EI. Eventually, I transitioned to my current training and writing work, which pushed me to think more about the “why” of what we do. As a trainer, we think about how adults learn so that our trainings are effective. We know that adults always compare what they are learning to their prior knowledge and experience. We know that adults learn best when what they are learning is immediately useful and relevant. We also know that adults

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learn and retain information best through practice that includes reflection and feedback (Trivette et al., 2009). In thinking about all of this, a big lightbulb went on for me. The adult learning principles that I used to purposefully plan training activities could apply to EI visits too. What if our service providers understood adult learning too? What if they applied adult learning principles and strategies to what they did during visits? As I studied adult learning and thought about how it applied to our work with families, it seemed to me to be a missing piece of the puzzle. It could help us be more effective in coaching families during visits so they are prepared for what to do between visits. I wondered, though, if we really understood more about how adults learned, would we be more effective coaches? I believe the answer is yes, and my dissertation research suggested the same.

What's Coming Next

Over the next few months, I invite you to take the time to pause and reflect on what you do, how you do it, and why. On each visit, ask yourself: How am I helping this caregiver be successful using intervention strategies when I'm not here? How am I building his/her capacity? Am I supporting the caregiver's learning too? Next month, we'll dive into specific strategies you can use during visits to help prepare caregivers for using intervention strategies with their children between visits. We'll add three more strategies each month and tackle a few "What do I do when...?" situations that are inevitably part of life as an early interventionist. I hope what you learn will help you do what you already do even better because remember, what you do and how you do it really does matter.

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On the WWW

Engaging families in early intervention includes informing and empowering families. Center for Parent Information and Resources (CPIR) is a “hub of information and products created for the network of Parent Centers serving families of children with disabilities.” The CPIR Hub includes information, resources, research, newsletters, webinars, opportunities to

connect with others, and more all geared at helping and informing families of children with disabilities. Among the included resources is the CPIR resource library which is a searchable database to locate topic specific resources. The CPIR home page follows and is a great resource to share with families!

<https://www.parentcenterhub.org/>



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 **Engaging Families—Helping Families to Use Intervention Strategies**, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (August through November) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam for this series in December 2018. There is no need to register for the CEUs.

Rather, if you are interested, complete the exam online at www.edis.army.mil

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

KIT Newsletters
are available
online at
www.edis.army.mil

Thank you for your continued interest in the KIT.

