Assessment of Family Strengths and Needs

An excerpt from the *Early Start Service Coordination Handbook*

Developed for the California Department of Developmental Services
by WestEd Center for Prevention & Early Intervention

Assessment of Family Strengths and Needs, an excerpt from the *Early Start Service Coordination Handbook*, was developed for the California Department of Developmental Services (DDS), the lead agency for Part C of the Individuals with Disabilities Education Act, by WestEd Center for Prevention & Early Intervention (CPEI) in collaboration with the California Interagency Coordinating Council on Early Intervention. Development and production were facilitated through DDS' Early Start Comprehensive System for Personnel Development and Resources contract with WestEd CPEI.

This document is available in PDF format on the DDS website at http://www.dds.ca.gov/earlystart and on the California Early Start website at http://www.ceitan-earlystart.org.

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Please cite this document as WestEd Center for Prevention & Early Intervention. 2014. *Assessment of Family Strengths and Needs*, from the *Early Start Service Coordination Handbook*. San Francisco: WestEd.

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TABLE OF CONTENTS

Notes:

INTRODUCTION

Notes:

Assessment of family strengths and needs* is an ongoing family-directed process and is not necessarily linear. It involves gathering information with the family about their typical daily routines, their child's life as a member of the family, and the family's involvement in the larger community. Developmental evaluation of the child provides a baseline of present levels; whereas, family assessment defines the context within which the child will grow, learn, and change. Both sets of data are critical to the individualized family service plan (IFSP) team as they work to build a program of supports and services useful to the family.

Purpose

Family assessment centers around three main components that generally follow a logical sequence. Through conversation and guided reflection:

- The family identifies their own strengths and needs.
- The family's self-defined strengths are used to outline and document their resources—the supports and services they already have access to and/or have put in place for themselves.
- The family's self-defined needs are used to draft measurable outcomes of early intervention. Outcomes are future achievements and accomplishments that are desired by the family and meaningful in their life.

Desired outcomes are then used to build a program of services (that is, required, non-required, and other publicly funded services) that will be implemented to support the family as they support the development of their child.

The family's strengths and needs are the heart of early intervention. The desired outcomes created by the IFSP team are the yardstick against which success and family satisfaction will be measured.

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*The authors acknowledge that "family assessment" is the terminology used in both state and federal statutes. However, we believe the general public has a different understanding of the word "assessment" than what is intended in the law. From a lay perspective "assessment" implies judgment of motives, qualifications, and characteristics; evaluation and diagnosis; appraisal of skills and resources. Nothing could be further from the intended meaning. Alternative terminology for your consideration includes "information gathering," "sharing," and "program development." The intention is to put families at ease so they know that they are not being judged, but rather invited to share their story, their perspective, their hopes and dreams so that together we can devise an intervention program individualized to meet their unique needs.

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Pertinent Legislative Mandates

The Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) is a "United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities" (U.S. Department of Education, 2013). The IDEA was most recently reauthorized on September 28, 2011.

IDEA, Title 1, Part C, Section 636(a)(2) states that "a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler" will be included as a part of "the assessment for service planning for eligible infants or toddlers" (U.S. Department of Education, 2013). Specific guidance on the requirements for this section of Part C can be found in 34 Code of Federal Regulations, Part 303 Early Intervention Program for Infants and Toddlers with Disabilities, sections 303.321(a)(1) through (c)(2)(iii).

California Code of Regulations (CCR), Title 17, Division 2

Title 17, Division 2, is a California state law that governs how the state will provide early intervention, special education, and related services to children with disabilities.

Chapter 2 (Early Intervention Services), Subchapter 2 (Program and Service Components), Article 2 (Evaluation and Assessment), Section 52084(a)(3) of the statute reads as follows: "If the family consents to a family assessment, the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of an infant or toddler with a disability" shall be identified as a part of the "assessment for service planning for eligible infants or toddlers" (California Department of Developmental Services, 2013).

SERVICE COORDINATOR RESPONSIBILITIES: ASSESSMENT OF FAMILY STRENGTHS AND NEEDS

Notes:

Family assessment is not something done “to” or “on” the family, but rather an activity done *with* and *for* the family. As service coordinator, it is your responsibility to discuss with the family the reasons for doing a family assessment and your role in gathering this information. This is your first opportunity as service coordinator to encourage the family to contemplate and articulate their own strengths and needs and those of their child. The intention of this process is to give the family a sense of confidence and effectiveness in advocating for their child and for themselves. The family’s concerns, priorities, and resources for their child and family are the “heart” of Early Start.

Introduction to Early Start

Early Start is an early intervention program that is designed to support families as they provide developmental opportunities for their infant or toddler within the everyday routines, relationships, activities, and places of the family. The process that starts the partnership between the family and the early intervention professional(s) is in exploring the concerns, priorities, and resources in developing an individualized plan to support the health and development of their child.

Parents know their child better than anyone else does. The family’s perspectives in presenting the concerns, priorities, and resources are a critical part of developing an IFSP and in delivering identified early intervention services for the child and family.

Concerns

Concerns are needs, problems, stressors, and/or worries that the family identifies as affecting their ability to meet the developmental needs of their child and to function successfully as a family. Concerns may be based on past experiences (for example, “My child is very susceptible to ear infections and I think it may be affecting his speech”), in the current moment, or centered on aspects of the future. Concerns may also be related to what is or will be possible, how it will be achieved, who and what supports are available, and where or how to access those supports.

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Concerns for the Child May Include:

- Preventing re-hospitalization
- Enjoying loving parent-child relationships
- Having play date opportunities
- Eating a variety of foods and textures
- Gaining weight
- Feeding time exceeding two hours
- Communication needs
- Moving from one area to another to obtain a toy
- Eating a meal with the family
- Sleeping through the night
- Positioning during bathing

Concerns for the Family May Include:

- Having transportation to the doctor or other early intervention services
- Wanting to feel comfortable with their child in the community (for example, dealing with people staring)
- Accessing early intervention and community services
- Sleeping throughout the night
- Having a primary family language other than English
- Having consideration for their family's culture
- Managing multiple medical or therapy appointments
- Understanding their child's diagnosis
- Experiencing marital stress
- Understanding what their child communicates to them
- Fostering outings with their child
- Enjoying worry-free time away from home and their child
- Experiencing survival issues (such as housing, utilities, food)
- Wanting to include both parents in meetings
- Having comfortable sibling relationships
- Helping relatives and friends understand the nature of their child's developmental differences
- Making practical adaptations to home and child care

The lists above are not exhaustive. Each family is unique and brings their own perspective to the table. Encourage and support the family to reflect on their daily routine and to take the lead in discussions. Follow their train of thought and reflect what you hear back to the family to ensure mutual understanding.

Priorities

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Priorities are identified within the family's hopes and dreams, expectations and wants, both immediate and long term, that will enhance their ability to meet their child's developmental needs. Each family's culture, beliefs, preferences, practices, and history potentially contribute to their priorities. Your aim is to work with the family to see their child through their lens, adjusting your own perspective accordingly. When families recognize that your view aligns with theirs, the partnership strengthens. Priorities are translated into meaningful, measurable outcomes related to child development and/or family concerns. For example, keeping a medically fragile child from re-hospitalization might take priority over developmental intervention. Similarly, having a sleep-filled night might take priority over understanding the child's diagnosis. Cultural practices or beliefs may take priority over traditional interventions or settings. Once outcomes have been identified, you and the family work together to identify services and supports that will best enable the family to achieve their desired outcomes.

Preparing Families to Access Services

Families need different levels of support when accessing services. For a true understanding of family needs, build positive and trusting relationships. Share information with families about their rights, all available services that may be provided, eligibility criteria, and responsibilities, including any financial costs that the family may incur.

The following strategies will help you prepare families to access the services they need.

- Inform families of all services available in Early Start and in the community, including early intervention services that may be available from other community agencies and other public services that may provide assistance to the family. If a transition to a community service might occur, inform the family of that possibility.
- Inform families about the potential costs in accessing services (such as co-pays, deductibles, annual fees, income criteria, etc).
- Clarify the types of services that the family may need. First identify the community services that are available to meet their needs. Then, if additional services are needed, identify the Early Start services that can be provided in order to meet the full level of services and support.

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- Discuss and explore with the parents how much support they need or want. For example:
  - Do they just need information about where to apply?
  - Do they want you to accompany them to the agency's office?
  - Do they need a translator?
  - Do they have a family member who can accompany them and assist them in completing the application?
  - Do they need assistance completing forms or applications?
  - Do they need financial assistance to access services?
- Explore whether the family needs tangible support such as written information or transportation assistance, or whether they need intangible support such as confidence-building strategies for coping with stress related to a disability or encouragement to be persistent.
- Ensure that other family members deemed important have the opportunity to participate in discussions about service needs.
- Inform parents about the benefits of family resource centers including those specifically for families whose child is deaf or hard of hearing and, with consent, refer parents to the local family resource center for support in accessing services.
- Partner with your Early Start family resource center. Ask if staff can research a particular service. Assist a parent in completing an application or applying for a service. Ask the staff if they know of a parent who had to access a similar service and if that parent can contact the parent you are serving for guidance and support. Ask your family service representative about any upcoming parent and professional training events.
- Explore any concerns the parents may have about accessing services. What are their expectations? What are they worried about?
- Know the eligibility and application process for each community agency thoroughly to give the parents information that will help them access services quickly and efficiently.

Resources

Families come with any number of positive supports already in place. They may have resources that are so well integrated into their daily lives that they hardly think of them as strengths, but more as facts of life. By using probing questions to explore a variety of possibilities, you will gain a greater understanding of how the family functions and the scope of the family's strengths.

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Resources May Include:

- Interpersonal: nuclear, blended, and extended family members; friends, neighbors, and co-workers; child care providers; fellow members of larger communities (for example, defined by geographic area, cultural identity, religious/spiritual affiliation); and/or medical, psychological, educational, and social work professionals who support the family in one way or another.
- Emotional: opportunities to share information, experiences and feelings, ask questions, swap stories, connect, be supported and/or empathize with others.
- Informational: books, periodicals, professional journals, websites, blogs, social media, resource centers, and/or conversations with other and/or more experienced parents.
- Tangible: services such as toy-lending libraries and food banks.
- Financial: family discounts, opportunities to exchange resources, community and government aid programs (for example, WIC).
- Respite: opportunities for social outings and date nights, to attend classes, and/or to get a much-needed break from child care.

It is not possible to provide a complete and comprehensive list of potential resources; however, these categories provide a jumping off place to guide your discussion with the family. Ask probing questions to identify other resources.

Many resources may overlap and/or benefit the family in multiple ways. Collectively, resources serve as a safety net, supporting the family in managing their day-to-day lives. An important responsibility you have as service coordinator is to encourage families to recognize and build upon their own strengths.

Initial and Ongoing Assessment

Your first assessment experience with a family may be vastly different from subsequent encounters with the same family. Each assessment with each family is its own unique experience, but assessment is an ongoing process. Family assessment helps to ensure that you, the family, and entire IFSP team are always working from the same assumptions and with the same intentions. Semi-annual reviews support this outcome as do IFSP team meetings called by the family to discuss a new concern.

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Procedural Safeguards

Family Assessment Is Voluntary

A family has the right to decline to participate or share information in the family assessment or any portion of the assessment that feels uncomfortable. As is true with all aspects of Early Start, family assessment is entirely voluntary. State legislation indicates that, "With parental agreement, the IFSP must include statements of the family's resources, priorities, and concerns, related to enhancing the development of the infant or toddler" (Title 17 CCR, Section 52084.c).

Family information is obtained through a personal interview, is conducted in natural environments whenever possible, and is conducted in the language of the family's choice or other mode of communication, unless it is not feasible to do so. Be sure to let the family know that what they say is confidential. If you are going to share any information with others, explain why you are going to share the information and that it will only be done with parental consent.

Documentation

Family assessment is documented in the IFSP with parental agreement by noting the concerns, priorities, and resources identified by the family. Regional centers and local educational agencies throughout the state accomplish this in different ways. A family's decision to decline family assessment must also be documented on the IFSP.

If a family opts out of family assessment, reassure them that the decision is completely within their rights, and their choices are of paramount importance to everyone on the IFSP team. Explain that without an opportunity to gather information about the family's routines, activities, and day-to-day functioning, it will be difficult to build an intervention program that adequately supports any needs the family may identify.

The family may want more time to consider the information you have shared, and a second (or third) contact may be necessary to move forward. By offering the family this option, you are honoring their priorities and desire to move at their own pace. Your respect for their autonomy demonstrates that you care about their perspective. These factors will serve you well in establishing a nurturing, mutually trusting, and respectful relationship upon which the IFSP team can build an appropriate intervention program.

GATHERING INFORMATION: INTERVIEWING AND OTHER TOOLS

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Research and scholarship in the field of early intervention point to three critical values that enhance family engagement and participation in services:

- Conducting interventions with children in the context of everyday routines rather than in contrived sessions disconnected from day-to-day life (Kashinath, Woods, & Goldstein, 2006).
- Working with families in a family-friendly manner rather than merely involving them in response to compliance requirements (Dunst, Trivette, & Hamby, 2007).
- Concentrating on family quality of life versus child competence (Lucyshyn et al., 2007).

The question, then, is how best to gather valid and reliable information about everyday routines, family preferences, and other important aspects of the type of life the family envisions for themselves.

Procedures

Throughout Early Start, regional centers and local education agencies may operate independently of one another; however, they share common principles and practices. Often these principles and practices have been established through local interagency collaboration. Interagency agreements and memoranda of understanding are put in place, and a shared family assessment procedure or tool may be a byproduct of this collaboration.

Interviews

Interviews are often the method of choice for most practitioners due to their comprehensive nature, which allows for observation of action and interaction in addition to information gathering. The family's resources, priorities, and concerns can be explored and highlighted during the interview process.

Unstructured, less formal interviews

If you are a more experienced service coordinator, you may feel comfortable with unstructured interviews, while newer service coordinators may want to use more structured formats as you develop your interviewing skills. Either way, an interview is an opportunity to listen to the family, to align with their point of view, to understand their needs and priorities, and to discern what might be the best course of action for providing early intervention services.

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The capacity for individualization is an important strength of the unstructured interview. Apart from collection of required demographic and referral information, there is no set of required questions to gather information about the parent's concerns, priorities and resources. This allows you to explore key topics that emerge during the conversation. Once you establish an informal tone, you can conduct a family assessment conversationally.

Flexibility is another strength of the unstructured interview. Since family assessments are voluntary, families have the freedom to direct the discussion according to their preferences and priorities. As a skilled interviewer, you can follow the family's lead and use probes and active listening techniques to elicit further information that will enhance the family's engagement.

Structured, more formal interviews

Structured interviews involve a standard set of questions, usually asked in a specific order. They are designed to cover a range of topics necessary for obtaining relevant information about the family's resources, priorities, and concerns. They may also be used to gather information about a child's behavior and development and the effect of each on family routines and relationships.

One example of a structured and comprehensive interview is the "routines-based interview" (McWilliam, 2010). Routines are everyday activities that happen regularly at home, at child care, or in community settings that are familiar to the child and family. Some examples of routines (Dunst & Hamby, 1999) include:

- Child routines (eating, drinking, dressing, brushing teeth)
- Parenting routines (bath time, bedtime)
- Family routines, rituals, and celebrations (cooking, shopping, birthdays, religious observances)
- Entertainment, literacy, outdoor, play, and socialization activities (playing ball, sharing books, drawing, dancing, play dates, family gatherings, yard work)

All families have routines, though perhaps not a great deal of consistent structure to their day. Those unique practices and preferences are part of each individual family and form the basis for the participation of the child as a family and community member. Routines-based interviews are designed

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to gather information from families regarding their resources, priorities, concerns, and everyday activities through structured conversations. Routines-based interviews help to identify unique family preferences and develop a shared view of the child with the parents, caregivers, and other family members. Finding out about a family's daily routines and activities also sheds light on what is working well, what areas need help, and what may become priorities for improved child and family functioning.

A routines-based interview may include questions such as the following (Lucas, 2005):

- Can you tell me about your day?
- What happens in the morning? Afternoon? Evening?
- Tell me about mealtime; getting dressed; running errands; bathing; playtime; bedtime; visits with friends and family... What are these activities like for you and your family? What characteristics do they include?
- What are your favorite things to do together?
- What makes your child smile and laugh?
- What activities, places, people, pets, toys and so forth best hold your child's interest?
- What activities does your child dislike? What makes these activities distasteful?
- Where are the places you like to go?
- What activities must you do regularly?
- What would you like to do more of? Do more easily?
- Are there activities you would like to try?
- Who are the key family members and partners in the different activities you do with your child? Where or in what settings do these activities take place?

You can probe family responses further with questions like these:

- Tell me more about that.
- What happens then?
- How does that work out?
- Is that an area where you would like help?

Regardless of the interview process you employ (informal/unstructured vs. formal/structured), you will assemble a foundation of information that will enable early intervention service providers to focus on meaningful and relevant interventions from the outset.

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Tools

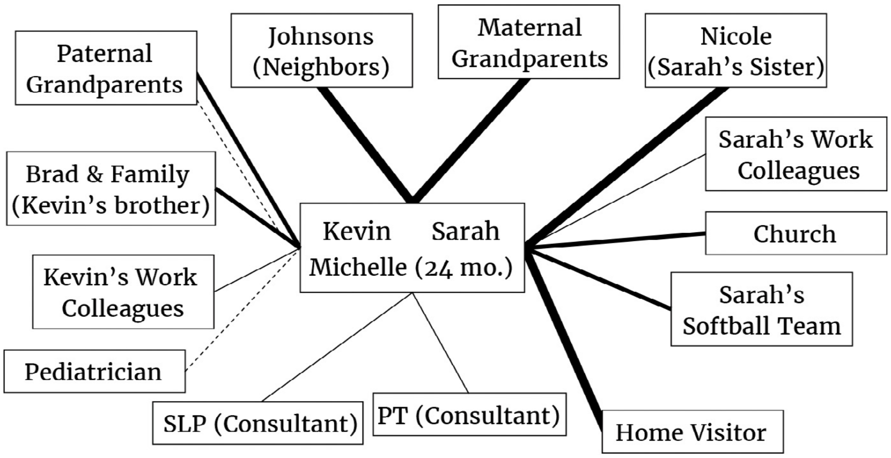
In addition to interviewing techniques, a handful of other noteworthy tools exist in the field. Programs and organizations use different tools for family assessment and information gathering, and they choose the tools either to match the priorities of the organization or the characteristics of their client population. Two examples include the following.

"Eco-map"

An eco-map is a diagram created to represent a family's connections, resources, and supports and the relative strength of each (Hartman, 1995; Olsen, Dudley-Brown, & McMullen, 2004). Its purpose is to get to know the family on a deeper level so that high quality recommendations can be made (McWilliam, 2010). An eco-map outlines formal and informal relationships, immediate and extended family members, neighbors, and friends. It represents social relationships and social systems that people have created and their potency, closeness, and value to the family.

Understanding the ecosystem of the family of a child with a disability is as important as having information about the child's development. Using an eco-map enables the IFSP team to design interventions and strategies that involve and meet the needs of the entire family and other key players in the child's life. It makes use of the supports and resources that are most meaningful to all of them. Figure 1 shows a sample eco-map.

Figure 1. Sample Eco-Map



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Head Start's Scaled Family Assessment Tool
The Scaled Family Assessment Tool is the formal instrument that Head Start programs use when enrolling children in services. It is intended to provide a quantifiable assessment of family needs and strengths, to identify goals, and to review progress toward goals. It is also used by program leadership to track cross-family trends to assess communal service needs, to gather data to support quality assurance for the agency, and to document agency-wide success in achieving family goals.

The questions in the Scaled Family Assessment Tool provide a structure, but the focus is on conducting a dialogue that helps build trust and understanding of the family's strengths, needs, and goals.

In Summary

There is no one "right" family assessment tool or interview procedure. Through trial and error, research, and conversation with colleagues, you will discover for yourself the procedures and tools that work best for the families you serve.

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QUALITY PRACTICES TO SUPPORT FAMILIES

It is the rare family that feels fully prepared for the arrival of a new baby, and if the family has a developmental concern about their baby, that concern can put the family onto an emotional roller coaster of worry, stress, and fear in addition to the love and joy they feel for their newest family member.

Families of young children with developmental concerns often enter into an unfamiliar community filled with professionals. These professionals come with information and activities designed to give families opportunities to grow and develop new skills and strategies. Families will also uncover skills and strengths on their own that will support them along their journey. One of the first people they meet is you—their Early Start service coordinator. Establishing a trusting, respectful relationship with you is critical.

At the initial contact, you may know very little about the family and their child. It is important to remember that you are a new person entering the family's life. You may experience some discomfort in this situation as you begin. This reaction is completely understandable. Imagine your first encounter with a new doctor or the first time you were called to school on behalf of one of your own children. The unknown can be quite unsettling.

During your first interaction with the family, focus on being warm, open, accepting, and empathetic. Spend at least as much time listening as you do talking, if not more. Remember the aphorism, "No one cares what you know until they know that you care." Active listening is a means of demonstrating care and understanding. Allow the family to tell their story their way, at their pace, and in their words. Plan to have a cushion of time to extend the session if necessary and/or plan to make a second visit if you and the family have not exchanged sufficient information for you to continue. Nurturing a positive, supportive relationship is your primary objective. All other objectives are secondary to that relationship. This family may be one of dozens on your caseload, but the child in that family who has been referred to your program is the family's sole focus.

Fundamental Practices

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These fundamental guidelines should form the foundation of your interactions with families.

- Recognize that it is an honor, not a right, to enter into each family's life and home.
- Learn as much as you can about the child's diagnosis; however, recognize that the diagnosis describes the medical issues, but not who the child is as a person. Learn this from the family and the child him or herself.
- Acknowledge that the family is the expert on their child and that you and others who will be supporting the child and family are the experts on the techniques and strategies that will support them in achieving the goals they chose. It will be a team effort, and collaborating, connecting, and communicating are the keys to a successful team.
- Be aware of your own values and beliefs, and understand that each family you work with has a set of values and beliefs that may be similar to or very different from your own. Accept those differences. Learning from one another will enrich your life.

Focus on Strengths

The following suggestions will help you identify those practices that are working and to build a plan for the family from that foundation.

- Comment on what seems to be working well within the family.
- Discover the people who are involved with the baby and ask each to identify what works for them, as well as the strengths of the child and family. Help determine how to best support the family as they support their child to grow and develop. What does the family enjoy doing with the baby? What does the family enjoy doing together? How is it all working now compared to before the birth of this baby?
- Encourage and support families to make informed decisions and choices for their child and family.

Listen and Reflect

Few interactions among human beings are as powerful as the act of listening. These specific suggestions will add to your repertoire of tools with which to build relationships with your families.

- Listen to understand the family's perspective rather than advise.
- Ask open-ended questions that encourage families to expand on a particular topic. For example you might ask, "What is a typical day like for you and your family?" "Who do you do you turn to for support?" Then ask factual and "yes/no" questions to

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clarify information (for example, "How many other children do you have?"). Don't assume you know the answer; ask follow up questions.

- Reflect back what the family says to be sure you understand correctly.
- Pay attention to what is communicated, both verbally and through body language.
- Balance time listening to the family with sharing information.
- Don't assume that the family hears and understands you the first time you share information. You may have to repeat yourself, and it may be helpful to write down information for the family to keep as reference.
- Let the family know that you are interested in exploring their concerns and working with them to find solutions.
- Employ the three key components of good listening:
    - Attending—using whole body listening with direct eye contact, positive facial expressions, open body posture, and close proximity to the parents to show you are fully interested in what they have to say.
    - Acknowledging—responding verbally and nonverbally to let parents know that you have heard what they said and that you understand, or are trying to understand, what they are communicating. Acknowledgment keeps the conversation going.
    - Associating—linking what the parents are communicating with what you know about early intervention—its values, goals, processes, and practices.
- Employ key active listening techniques:
    - Restate—repeat every so often what you think the person said, such as, "Let's see if I understand what you are saying..."
    - Summarize—bring together the facts and pieces of the problem to check understanding (for example, "So it sounds to me as if..." or, "Do I have it correct that...?").
    - Use minimal encouragers—use brief, positive prompts to keep the conversation going and show you are listening (for example, "Umm hmmm," "Oh?" "I understand," "Then?" "And?").
    - Reflect—instead of just repeating, reflect the speaker's words in terms of feelings (for example, "This seems really important to you...").
    - Give feedback—share pertinent information, observations, insights, and experiences. Then listen carefully to confirm.
    - Label emotions—putting feelings into words will often help a person to recognize, state, and clarify their reactions to

  situations. For example you might say, “I’m sensing that you’re feeling frustrated...worried...anxious...Is this correct?”
  - Validate—acknowledge the parents’ concerns, issues, and feelings. Listen openly and with empathy and respond in an interested way (for example, “I appreciate your willingness to talk about such a difficult issue,” or “I understand how frustrated you may be.”).
- Pay attention to what is going on in the environment and to your own perceptions and responses. Being a good listener also requires being a good observer.

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Build Trust

Establishing a trusting and supportive relationship with the family is vital to understanding their needs and providing appropriate services and resources. From the initial contact with families, the parent-professional relationship emerges. Good relationships take time, but your time with each child and family may be brief. It is incumbent on all providers, not only you as the service coordinator, to establish trust and open, positive communication as quickly as possible. The family assessment provides an excellent opportunity to begin.

You are more likely to obtain information that is valid and reliable when families feel comfortable with you and other professionals and with interactions as they take place.
- Respect the family’s time, readiness to move forward, and level of comfort in disclosing information about themselves, their child, and their family.
- Begin the conversation by insuring that the parent/caregiver has time to talk (for example, “Have I caught you a good time?” “Do you have a few minutes to talk?”). If not, ask when a good time might be.
- Focus on arranging a time in the near future to meet the family face-to-face if possible (for example, “What would be a good time next week for me to come visit you?”).
- Prepare the family for your first meeting by explaining the purpose and process of the meeting so they can be prepared and/or decide who else should be present at the meeting (for example, “I’d like to share information with you about Early Start and explore how we might be able to offer you support.”).
- Review the information you have already gathered prior to the meeting. Trust is enhanced when families know you are prepared and respect their time by not expecting them to repeat information you already know.

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- Be respectful of the family's rights. Review the procedural safeguards in as much detail as the family requires. Give examples instead of just handing them a copy of their rights. Families need to be fully informed of both their rights and their role as primary decision-makers.
- Avoid acronyms and jargon or be sure to explain what they mean. Providing the family with a list of terms and acronyms will prove very helpful as they encounter multiple professionals who may not be as sensitive to family needs as you are.
- Engage co-parents (fathers, domestic partners) whenever possible in talking about their own concerns and feelings.
- Inquire about the family's preferred method of ongoing communication (telephone call, email, text message).
- Ask if the family has any immediate need you can address in the moment before you hang up. Once a family realizes that you are truly responsive to their needs, trust and respect will grow.
- Feel free to tell a family if there's something you don't know. Let the family know that you'll find out the answer and inform them as soon as possible. Follow-through will build trust. If you are unable to get an answer quickly, let the family know and assure them that you'll get back to them with the information once you learn it.

The care and sensitivity you demonstrate in that first contact sets the tone for all future interactions. Make it as positive an experience as possible.

Acknowledge and Employ the Parallel Process

Your supervisor nurtures and engages you. You, in turn, nurture and engage families to nurture and engage their children. As a service coordinator, you initiate the parallel process in all the relationships within the early intervention system.

By providing information and assurances you invite families to become active participants in the early intervention process. Sometimes partnerships are difficult to establish. Family worries about their child's developmental needs, concern about a pending or potential diagnosis, and/or financial or personal challenges sometimes distract from the establishment of relationships.

To have trust emerge between families and service coordinators there must be mutual respect. Listen thoughtfully and without judging. There is no one "right" way to parent a child. Respect differences in parenting styles. When you seek to see and understand how each parent is genuinely trying to do the best for their child, you will more often be open and able to work respectfully and establish the trust and mutual respect necessary for a positive working relationship. Consider when your own bias may be affecting your judgments and impeding positive relationships and your work with a family.

Each person brings his or her personal values, perspectives, and cultural experience to the interview process. Try to understand your own emotional and intellectual responses and those of the family. If you see something that concerns you, do not try to fix it. Instead, gather more information through observation and inquiry (Bernstein, 2002–2003).

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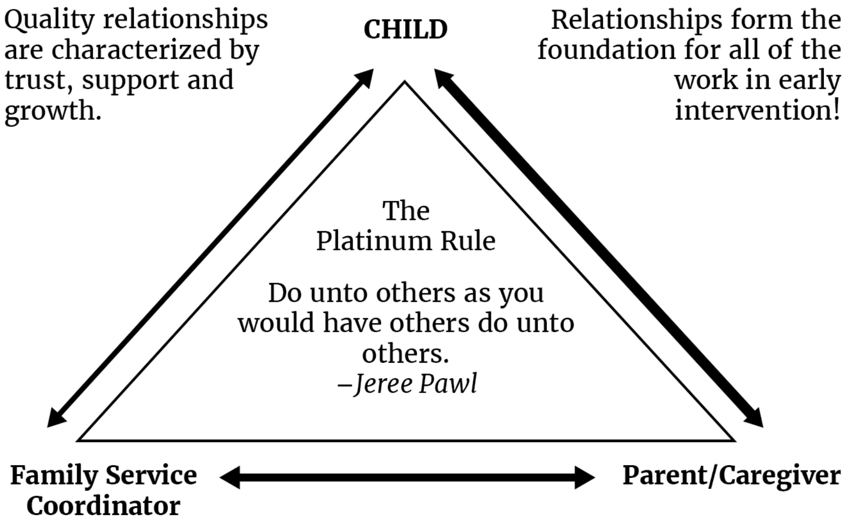
The Parallel Process*



Family Service Coordinators can encourage and support positive interactions between parents and children by modeling positive interactions between themselves and parents.

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*The California Department of Developmental Services would like to acknowledge Jeree Pawl for The Platinum Rule and the New Mexico Family Infant Toddler Program and the University of New Mexico Health Sciences Center for their gracious permission to reprint The Parallel Process diagram from their *Service Coordination Online Training Workbook*.

Notes:

Build and Support Partnerships Using a "Mutual Competence" Model

Early Start personnel can apply a "mutual competence" model when interacting with families (Goldberg, 1977). Mutual competence reflects the collaborative nature of Early Start in which professionals respect and validate the skills and capacities of parents and caregivers as equal partners. Building mutually competent relationships is essential at all levels of interaction, from supervisor to practitioner, from practitioner to parent or caregiver, and from parent or caregiver to child. A major priority of early intervention is to support the *competence and confidence* of parents and caregivers. Professional expertise, knowledge, and insights are heard and valued by families when providers share mutually competent relationships with parents and caregivers. Keep in mind the saying, "Professional ideas shared are unheard if parents do not believe that their own ideas are valued by the professional."

Ideas for developing mutually competent relationships with parents and caregivers include the following:

- Focus on interactions that enable the parent and child to experience mutual competence—that is, to feel secure, valued, successful, happy, and understood and to enjoy learning together.
- Recognize that the relationship is the primary agent of change. Engaging in "skills instruction" is secondary.
- All parents have strengths and want to do what is best for their children.
- Accept families where they are.
- Value passion where you find it.

Acknowledge and Respect Cultural Diversity

Many of the families with whom you work will be from different ethnic, religious, socio-economic, educational, or generational cultures. They may have beliefs, values, attitudes, roles, and practices different from your own. Honor that diversity and use it to the best advantage of the families by integrating the following suggestions.

- To the degree possible, be aware of your own judgments, biases, and assumptions and understand how they may affect your role and your interactions with your families.
- Respect the cultural values of the family, even if they clash with your own. Instead of trying to change attitudes that are different, try to understand why the family perceives its values as good for their baby.
- Honor the wisdom of family members.

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- Learn about the family's traditions, celebrations, and history. Ask the family about any traditions or aspects of their culture that are unfamiliar to you rather than making assumptions based on your own biases.
- Listen for and explore any cultural traditions or alternative medical procedures used by the family.
- Ask yourself why it bothers you if a caregiver does something that makes you uncomfortable. If it is something that you would choose to do differently, say nothing. If it is a safety issue, discuss it with the family member and help the family to discover new ways to do the task.
- Learn who makes the decisions in the family. That person will be helpful in deciding how you, as service coordinator, can best support the family.
- Learn whether the family is part of a larger community social structure.
- If the family's first language is one other than English:
  - Provide materials in the family's preferred language whenever possible, and use as few written forms as possible.
  - Use an interpreter when possible. Using a family member, friend, or neighbor is not recommended. It may be more difficult for the family to discuss concerns and problems with someone who is a part of their community or family.
  - Take time to speak with the interpreter. Let him or her know that it is important to translate exactly what is being said. The interpreter must also understand that what is said is to be kept confidential.
  - Learn a few words in the family's language. It will help to connect you with the family.

Understand the Role of Extended Family Members

Each family defines itself differently. A family may be composed of parents, children, extended family, friends, and/or others. Learn the composition, roles, and expectations for the families you work with.

- Ask the family who they consider to be their family.
- Consider whether to be concerned if a family member defines their family as including the professional(s) working with their child. Doing so may suggest that the family depends more on professionals than they do on their natural supports. This can become a problem when the child goes through transitions.
- Talk to the family about ways the other children in the family can be involved. Siblings can be wonderful models and playmates for their brother or sister with a disability.
- Make a visit when a relative can provide his or her perspective on strategies to achieve the desired goals.

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- Recognize that grandparents and other relatives can provide unconditional love and caring to both the child and family.

Manage Your Administrative Responsibilities in a Family-Friendly Manner

Your role as service coordinator inevitably requires you to document information and ideas. The following suggestions will help you make this task as unobtrusive and effective as possible.

- Be sure the family understands the reason you are taking notes. As you ask questions, include the parents' words in your notes. Confirm with the parents that you captured their words correctly.
- Write at a level of understanding similar to that in newspapers and magazines, typically fourth- and fifth-grade level.
- Omit professional jargon. If you must use it, define it in your writing.
- Give the family a copy of reports in time for them to read and possibly edit them before a meeting.
- Include in your reports those activities and procedures that are working for the family and child. Supporting the strengths of the family is as important as mentioning the concerns and problems.
- Provide reading material that is similar to that in newspapers and magazines (4th or 5th grade level).
- Use inclusive terms like "family," "friends," and "caretakers" in any materials given to families. There are many different ways to describe a family.

A Few Final Good Practices

A few basic guidelines should be the foundation of your interactions with families.

- Check with the family before each visit to make sure that there are not pressing health issues that may interrupt the visit. If there are, you might better serve the family by arranging a different date and time for your visit.
- Note the family's regularly scheduled doctor appointments, medical treatments, nap times, feeding times, etc. to help you better arrange your appointments with the family.
- Observe the family's routines and procedures as a way to know them better and use that information to embed goals for the child and family. Be sure that the family is comfortable having you as an observer.
- Parents with medically fragile children are often exhausted and stressed, which can exacerbate problems. At times you may have

to forget your agenda and just be present for the family. There is always a next time to accomplish your agenda.

- Learn the signs that a child is tired, hungry, and/or stressed. This is not the time to get those last questions answered or give new information.

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Use These Tips for Success from Early Start Parents

Finally, you can't go wrong if you heed the wealth of wisdom and advice that Early Start parents have to offer.

- "Define your role. Orient me to Early Start, and help me understand how your program provides services. We meet so many professionals! Let me know your job as service coordinator is to manage the services we will receive and all your other responsibilities."
- "Give us information and/or a brochure about your agency to share with others who are not present."
- "Ensure that I understand that you value my perspective and see it as essential in making decisions and offering suggestions regarding my child and family."
- "Explain to us that you are a resource to assist us with the services regarding our child's needs. We are likely unaware of the many ways you can assist us, so provide examples of ways you have supported others."
- "Clarify that it is my right to invite extended family members and/or friends to participate in my meetings with you."
- "State clearly that your intention in visiting is not to assess my parenting, housekeeping, or what things I do or do not have. It is okay to point out that if you observe something that is an issue of safety, you will discuss it with me."
- "Be open to learning. Be inquisitive about cultures different from your own. Anything you are privileged to learn will benefit you as a professional."
- "Explain that the focus of a family assessment is to identify our strengths (that is, what is working) and needs (that is, what may not be working or could work better), including those of our child."
- "Clarify that you are not there to dwell on negative aspects of our life, but to help us identify goals and support us in moving forward."
- "Be positive when speaking about interactions between my child and me."
- "Acknowledge and support what I am already doing and what is going well."
- "Delight in our child!"

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CASE EXAMPLES

The following case studies demonstrate the application of many of the best practices suggested for performing an assessment of family strengths and needs.

Case Example 1

The family consists of both biological parents, a nearly two-year-old boy with a diagnosis of Treacher Collins syndrome (TCS) and two older siblings. Only the mother is present for this visit.

Service coordinator (SC): Tell me about your experience at the hospital.
[Open-ended inquiry to expand service coordinator's understanding of the family's story.]

Mother: My husband knew something was wrong right from the beginning. They whisked the baby away, and everyone looked so grim. I had gone in for a planned C-section, so I wasn't told anything until several hours later. The first thing they told us was that he had a hearing loss. That was shocking, but I still hadn't seen him. It was so hard when they brought him to me. I mean, the way he looked. They said he had a cleft palate along with the hearing loss and would have problems eating and talking, and he would need many surgeries.

SC: That must have been overwhelming. What did you think about that information?
[Expression of empathy; acknowledging feelings; further open-ended inquiry.]

Mother: I was glad he was finally here, but—you know—it was so hard. It wasn't what we expected. It was especially hard for my husband. He was just so hurt and kept asking, "How could this happen?"

SC: How did you react?
[Redirecting focus back to mother.]

Mother: I was numb. I was so worried and exhausted. I just wanted to hold my baby. He's the most precious gift.

SC: So he had surgery right away? How did that go?
[Reflecting and clarifying; open-ended inquiry to gain further information.]

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Mother: Yes, they fixed the cleft, or did the first surgery anyway. He'll probably need another one later. And he'll have his ears fixed—when he's about five. He has to grow first. They are telling us now that his hearing inside is probably normal, but because there's no hole, the sound can't get in. He just got that hearing aid a few months ago. Well, he has two, but the other one is broken. I need to go to the hospital and take it in to be fixed.

SC: You've been through a lot. What's been the most challenging part?
[Empathy; exploring potential family needs.]

Mother: For the first year we didn't go out; we didn't take him anywhere. We were so afraid. My husband couldn't handle it. Eventually I took him to the store. I had to go, so he had to go, too. I was so afraid—people would stare or make comments. And that happens sometimes. The other day in the park I saw some older boys talking about him. I could tell they were, well, one of them was saying mean things. I was so angry; I wanted to run over there. But I calmed myself down, and walked over slowly, and said, "It's not nice to talk about people like that. Some people are just different, but inside he's just like you and me."

SC: How did that make you feel?
[Encouraging mother to take the story to a deeper, more personal level.]

Mother: I was proud, proud that I'd handled it so well, that I was so calm. I realized it wasn't that boy's fault or my son's fault. Children just need to be taught that some people look different, but really they're the same. That boy's friend came up later and apologized. I think I really taught him something that day.

SC: And what did you learn that day?
[Supporting the mother in conceptualizing and articulating the importance of her experience.]

Mother: That I can protect my son—that there are jerks in the world who will say stupid things, but I can take care of him. But now we're so worried about his talking. Maybe he can hear, but he doesn't really say anything, well, a few words, but not very much. He's about to turn two, and by this age my other children were total chatterboxes.

SC: So his communication is your biggest concern right now?
[Reflecting and clarifying.]

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Mother: Yes, getting him to talk.

SC: What have you tried to help him? What's been helpful?
[Open-ended inquiry to explore family strengths.]

Mother: We found a sign language DVD. He really likes it—all the kids do. It's fun, and he signs "more." And maybe "eat." And "milk," although that's really for anything in his cup.

SC: So signs really seem to be helping! What other things have you tried?
[Acknowledging the family's success; probing family strengths further.]

Mother: We make the sounds for him all the time, try to get him to copy. "La la la." "Ssss." But he just looks at us.

SC: What sounds does he make?
[Refocusing on strengths and the family's successes.]

Mother: "M," "n," "d," and "g," he says that one a lot, for everything. He says, "mamama"; sometimes it means me, and sometimes it doesn't. But I think he knows "Mama." He sometimes calls his father that, too. He tries to say his brother and sister's names. And his tia. She spends a lot of time with him.

SC: So it sounds like talking is your biggest concern right now, that signs have helped some, but his progress has been very slow. Is that correct?
[Reflecting and clarifying.]

Mother: Yes. I'm concerned that his delay in communication might affect his relationships and learning.

SC: Who does he like to play with? What's his favorite thing to play with?
[Exploring daily routines and child and family preferences and probing for insight into whether his communication is affecting his relationships and learning.]

Mother: Oh, his cars. He loves his cars. And his brother's cars. They sometimes fight over them. He'll pick up a big bunch and just carry them around the house with him, like he's protecting them from his brother. They don't share very well.

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SC: Do they share sometimes? What does that look like?
[Further exploring family routines and activities.]

Mother: If they both have lots of cars, sometimes they'll trade, but neither one of them likes to be interrupted. They have their own ideas, and neither one of them likes the other to mess things up.

SC: When do they get along? What kinds of things do they like to do together?
[Exploring sibling relationships as a potential area of family need.]

Mother: They like to play ball outside with their father. And they'll go out front in the cul-de-sac, and he'll run and run, chasing the big boys. He likes to run; they both do. They try to keep up with the older boys. I was afraid at first, but as long as we're watching he's okay. The older boys really like him, so they help keep him safe.

SC: So it sounds like maybe having friends and other people accepting him is another concern.
[Reflecting and clarifying; acknowledging feelings.]

Case Example 2

The family consists of a 20-month-old boy diagnosed with language and feeding delays, his mother, his stepfather, his maternal grandmother, and his 3-year-old sister. They are all present for the visit. The service coordinator, an early intervention specialist, and a speech-language pathologist are also present.

Service coordinator (SC): Thank you for sharing your information with me during the first interview. We talked about many things including your concerns for your son, your hopes and dreams and priorities for him, and the resources you have as a family that will help you provide for him. Now we will create a plan for you for his time in Early Start. Which priorities do you want to work on in the next six months or so?

Mother: I am mostly worried about his feeding. All he will eat is pureed food, and we don't think it is good for him not to feed himself and eat solids. It makes mealtimes really hard because I have to make completely different things for everybody, and so does my mother when she is babysitting every afternoon while I work. We need help getting him to eat a better diet and feed himself.

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Stepfather: I am concerned about his eating too, but I think it would be easier to care for him if he could talk to us. I am not even sure what he understands because he doesn't always seem to know when I am talking to him. He ignores his sister, too, even when she tries to play with him. If there are things we can learn to do that will help him talk, that will help our family.

Grandmother: For me, I want him to eat regular food. I always worry that he is not eating what is healthy for him. I take care of him every day for lunch, and I get dinner ready for the family. If his sister is tired and he is crying, it is hard for me to get all the food ready.

SC: It sounds like your two most challenging areas are managing mealtimes and being able to communicate with your son throughout the day. If we think about writing an outcome for the help you need in terms of his participation in daily routines, what would you like to see?
[Reflecting and clarifying; open-ended inquiry to gain further information; exploring daily routines and child and family preferences.]

Stepfather: I would like him to participate with us as a family by looking at us when we talk and by playing in simple ways with words.

SC: That sounds like a great outcome with important needs that the team can work on with you. We will write it down and create criteria, procedures, and time lines to carry it out and know when the outcome has been met.

You also mentioned that mealtimes are a struggle with your son since he refuses to eat solids. That sounds like a slightly different goal than the first one, although being able to attend to you and to communicate will certainly help with feeding. I am glad we incorporated making choices between two foods as part of the first outcome. What would his participation in meals look like when you have fewer concerns about this area?

Mother: My goal would be that he sits at the table with us calmly during meals and eats at least four solid foods. And that he will be able to eat with his fingers or even a spoon.

Grandmother: I would like to add that he would not be taking a bottle anymore and that he could drink from a cup, maybe a sipper cup. That would make it easier for me, too, especially when I take the kids to the park.

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SC: Let's see, how about "Danny will participate in meals by drinking from his cup, picking up a chunk of food or piece of sandwich, putting it in his mouth, chewing and swallowing, and asking for more at least three times a day for a week"? Shall I write that down?

Stepfather, Mother, Grandmother: Yes! That would be amazing! We can't wait to get started. You can come during any of our meals to help with strategies for us and during play times too. Maybe one of us could take a video on our cell phone, and we could all look at it when we are together.

SC: Now we will decide what the services will look like that will help you achieve the outcomes for your son and family.
[The early intervention specialist is identified as the primary service provider. The speech and language pathologist and an occupational therapist are added as specialized consultants. A coaching model is discussed with the family. Frequency, intensity, and duration of services are planned and documented on the plan.]

SC: The service providers will be working with you and checking in on progress regularly. In six months we will meet again assess your son's development, to review the plan, and to create new outcomes if that is needed. Thank you so much for all your contributions and ideas for your son and for sharing your family with us.

Case Example 3

The family consists of both biological parents and a 10-month-old boy (age adjusted to seven months for prematurity) with multiple medical issues and developmental concerns. Both parents and the service coordinator are present for the interview.

Service coordinator (SC): I am glad to meet your family and Trinh. I am hoping to get to know you better and find out how Early Start can assist you to care for your son and his development. Perhaps you could tell me about his history.
[Open-ended inquiry to expand understanding of the family's story.]

Mother: Everything was fine during my first two trimesters. We tried for a long time to have him and were so excited to finally be pregnant. At 26 weeks I went into labor, and he was delivered by C-section. It was so scary. He only weighed 1 pound, 14 ounces. He had respiratory distress and had to be intubated. He had rapid breathing, apnea, and bradycardia, which we learned is a slow

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heartbeat. He also had pulmonary hypertension and several blood transfusions. He was so tiny we were terrified at all he had to have done and prayed every day for him to survive it. We think he is a fighter because he did! Then we found out he had stage two retinopathy of prematurity, so we are very concerned about his vision. He is probably going to need glasses. He had to have surgery for an inguinal hernia, too. The good thing was he didn't have any heart problems, and he passed his hearing test. We got help from a lactation consultant, and Trinh learned to breast-feed. That has been the best thing for us.

SC: It is wonderful that he could learn that.
[Focus on family strengths; empathy.]

Father: It did tell us that he could learn, and that gave us some relief. We felt so helpless when Trinh was in the hospital for three months—like bystanders—although after a few weeks we got to hold him next to our skin every day and that was great. I think that's how I bonded to him because all the tubes and machines made it hard to see him as a little person, our baby.

SC: Thank you for sharing that story. It sounds like you all had a time of fear and worry during those months. How was it finally coming home from the neo-natal intensive care unit?
[Empathy; open-ended inquiry.]

Mother: We were so happy to come home. All the doctors and nurses had been just wonderful to us. Being home was another new world, though. He was still so small and he has chronic lung disease. We give him the nebulizer twice a day, and he is going to get a respiratory syncitial virus (RSV) shot soon. We also found out that he has "spasmus nutans" and might have a brain tumor. He was supposed to have an MRI, but he got sick, so we had to postpone it. That's what you notice when you see his eyes moving back and forth and his funny head movements.

Father: We are still worried about that, but there is nothing we can do until we get the MRI. Right now we are going to his pediatrician, a pediatric ophthalmologist, and a pediatric neurologist. We never had any idea all this would have happened. We are trying to get help paying for the hospital bills, and my wife has had to quit work to care for Trinh.

SC: That is a lot for one family to deal with. It sounds like you have been gathering information and keeping good track of what you need

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for Trinh's medical and health care. Do you have family resources that provide support for you?
[Empathy; exploring family resources.]

Father: Yes, my parents live with us and help us with cooking, laundry, and bills. When Trinh gets stronger, they will be able to help take care of him, too. He loves them, and they make him laugh all the time. Our apartment neighbors have been really nice to bring us meals in the first months, and now they come over to play with Trinh unless they have a cold or something. He gets sick easily, and we have had to take him to the ER twice when he couldn't breathe. He still uses his apnea monitor at night. I am fortunate to have health insurance through my work.

SC: What are your main concerns for Trinh now?
[Open-ended inquiry.]

Mother: We just want him to stay healthy and keep up in his development. I want to be sure that I know what to do for him so that he gets stronger and can do more things.

Father: Yes, I want that too. And I want him to play ball with his grandpa and me!

SC: I can just picture you doing that together. It's a good goal to have! It will help us decide on priorities if we think about your daily routines and all the things you do with Trinh. What is a typical day like for you?
[Empathy; exploring family routines and activities.]

Mother: Trinh still wakes up once or twice a night for feedings and sometimes the nebulizer. In the morning he wakes up at about 6:00 and then goes back to sleep for a couple hours after he nurses. This is when I get everything done, or try to—making food with my mother-in-law, making phone calls, cleaning. When he wakes up about 9:30, I give him breakfast. He just started taking pureed food: rice cereal, fruit, and vegetables.

SC: How does he do with that?
[Further exploring family routines and activities.]

Mother: He opens his mouth and closes it on the spoon now. We try to get him to focus on the spoon before we give it to him, so he can use his vision during meals.

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SC: Sounds like it is a perfect opportunity. Can he sit up in the high chair yet?
[Validating parent efforts; probing into developmental skills.]

Mother: Not yet by himself. We have to pad him with towels, and he can last 15 minutes, but he likes the food. It's making his grandparents happy because they can feed him, too, even though it is not easy with his head movements.

SC: It sounds like you are all a part of Trinh's feeding, and that it will be easier to feed him when he can sit steadily, both with his trunk and his head.
[Summarizing parent statements and concerns.]

Father: Yes, that would help all of us.

Mother: Then, after breakfast, he is ready to play on the floor, and so we roll and practice crawling, sitting, and finding toys. He is not that interested in toys yet, so we try to get him to hold things and bang them.

SC: Once he is sitting alone, he will be able to use his hands more readily. Do you think you need help to find more ways to strengthen Trinh's trunk and arms?
[Probing for developmental needs.]

Father: Yes, definitely. It is a priority for us.

SC: I will write that down along with the other issues and priorities we are talking about. Tell me more about when you play together.
[Exploring routines.]

Mother: Sometimes we have music or I show him books. We play for an hour, taking breaks if he gets tired, then I nurse him at about 11:00, and he falls asleep until 1:30 or 2:00. I nurse him again, and then we go for a walk to the park and back. I need it to get a break from the house.

SC: What a great idea! It's nice that you have a park so close by. What do you do at the park?
[Acknowledging resources; open-ended inquiry about activities.]

Mother: We sit there and watch the birds and the people going by. He likes it. It's good, I think, for him to look at things and follow

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them with his eyes and head. Sometimes he falls asleep in the stroller on the way home, or he takes a short nap when we get there. After that he gets fussy and cries and has to be walked around quite a bit to calm down.

SC: Why do you think Trinh might be upset in the afternoon?
[Exploring concerns.]

Mother: Even if I nurse him, he just doesn't want to settle. He doesn't want to play much, so we don't know what the problem is. The pediatrician says he might be over-stimulated and need another nap, but it's hard to get him down. When my husband gets home, we try to eat dinner, but sometimes Trinh fusses all through that, too. On a calm day, we can feed him his purees while we eat dinner. It would be good to find out why he is so upset in the afternoons and what we could do to soothe him. I am afraid that whatever he learns in the morning he will forget by nighttime.

SC: Your playtime does sound like a big benefit, and I understand your concern that his fussy afternoons might cancel that out. If you notice that he continues to learn new things, then I think you are on the right track, but would it be helpful if we look into that together?
[Re-stating concerns; offering information and resources.]

Mother and Father: Yes!

SC: Good. Let's finish up your day. What happens after dinner until bedtime?
[Open-ended inquiry.]

Mother: If he's not fussy, we play some more, read books. Otherwise we walk and rock him. Then he gets a bath, which calms him, then songs, then I nurse him again, then to bed about 7:30. We are still swaddling him as he seems to need it to sleep more soundly. And like I said, he wakes up at midnight and sometimes around 3:00 a.m., too, but at least he goes back to sleep after those feedings.

SC: That must be a relief, and hopefully you can get back to sleep, too. What other concerns do you have?
[Empathy.]

Father: His development, for sure, and everything we can do to keep him healthy, not getting pneumonia, and to go through the testing for the tumor. I guess all the medical things are overwhelming. It

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will be great when he doesn't need the apnea monitor or the nebulizer any more.

SC: It sounds like your first priority is keeping Trinh healthy and getting all the medical treatment he needs. And then that he will continue to progress developmentally in all areas and be able to stay regulated in the afternoons so he can have more time to interact with you. I can tell that your family likes to do things together and especially to have fun. Trinh will benefit from that, and we can't forget about being able to play ball with the guys! We can start on all of these things right away with the early intervention team and your family.
[Summarizing; focusing on strengths and needs; offering hope; circling back to previous statements.]

Case Example 4

The family consists of recently divorced parents and their 26-month-old son, newly diagnosed with autism. Both parents and the service coordinator are present for the visit.

Service coordinator (SC): I am glad both of you could join me today and take part in the interview. You can answer any or all of the questions that I have, and we will work on setting your concerns and priorities for Joseri in Early Start. We will also talk about the resources you have that contribute to his care and development.
[Setting the stage; explaining the process.]

Father: We have joint custody, so he stays with each of us for part of the week. Will that make a difference?

SC: No. You can both help to figure out what the best plan will be and how you will work with the early intervention team to carry it out once it is written. I'd like to know how you are doing now that Joseri has been given the diagnosis of autism.
[Offering reassurance that the team will work with the whole family; asking open-ended questions.]

Father: I was very angry at first. I blamed my ex-wife for not spending enough time with him because she was working. I know now that he had autism before she went to work. It was actually the babysitter who said we should get an evaluation.

Mother: She still helps us with him. She knows a lot about development. Joseri is our first child, so we kept thinking he would

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start to play and talk and stop screaming, but it didn't happen. These are the things I want for him. I want to learn more about the diagnosis so I can learn how to make him want to play with me.

SC: I hear you saying you are coming to grips with Joseri having autism in a positive way. Do you have others, maybe family members or close friends, to listen to you and support you?
[Validating; probing for further family resources.]

Mother: Our parents are not in this country, but I have a sister here and her husband. They live two hours away, so we don't see them very much. I do talk to her on the phone a lot, and we email. We send pictures back and forth. I have a neighbor who has offered to watch Joseri while I go shopping, but I am afraid to leave him with her. On the two days I work, I try to run errands on my way home before the babysitter has to leave.

SC: It sounds like you don't have many people to rely on for help. How are you doing with that?
[Identifying an area of need; gathering further information.]

Mother: Like I said, I have my sister. Joseri's father and I are trying to improve our communication, but we often end up fighting, and I don't want to do that in front of him.

SC: That seems like a wise thing to do. So having support is a good way to help strengthen your communication about Joseri. Are you getting any counseling?
[Asking further about resources.]

Mother: Not now. We tried some before the divorce, and it didn't work out.

SC: Is that something you might want to consider again, to help with your communication about Joseri?
[Identifying a potential intervention focus and family outcome.]

Mother: Yes.

Father: I have some close friends who also have young children. They invite us over when I have Joseri, which makes me feel good. I can talk to them, so I am not sure if I want to go back to counseling. I guess I will have to think about it.

Notes:

SC: OK. We will write that down as something you will consider working on. What other concerns do you have?
[Restating; open-ended inquiry.]

Mother: Of course we want him to speak and to play. I can't stop him from jumping and spinning and crashing into things. He also stuffs everything in his mouth. When I call his name, he doesn't seem to hear me. It is all so frustrating, for him and for me.

SC: It sounds like he may have some difficulties with his sensory processing. We can have a therapist do some further evaluation. Would that give you information that would be helpful to you?
[Providing information; offering a resource.]

Mother: Yes, definitely.

SC: Now I would like to hear about each of your daily activities with Joseri. For the team to find the best ways to encourage Joseri's development, we will need to know what routines you have and how he does in each one—about what's easy and what's difficult. Then we embed some new strategies that will give new learning opportunities for him. The interventionists will help you make the changes you want to. Together you and the interventionists adapt the strategies as you go along.
[Open-ended inquiry; further describing process and purpose of early intervention.]

Mother and Father: OK.

SC: I think we have identified some areas that the team can work on with you—ways to help you be able to interact and play with Joseri and to help him use sensory information in his environment more effectively and safely. Also, we will consider getting help with some counseling for the two of you so you can be coordinated in your parenting of Joseri. You both sound very much concerned about your son and want to work together for him. That's great. We will write a plan with specific outcomes and methods for achieving the outcomes.
[Summarizing discussion, strengths, needs, and priorities; describing next steps.]

Father and Mother: Sounds good. Thank you so much for your help.

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Notes:

GLOSSARY OF RELATED TERMS

assessment – The ongoing procedures used by qualified personnel throughout the period of an infant or toddler's eligibility for early intervention services to identify the infant or toddler's unique strengths and needs and the services appropriate to meet those needs. Includes, with parental consent, an assessment of the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of an infant or toddler [Title 17 CCR Section 52000(b)(4)].

checklist – An assessment instrument used to describe present levels of functioning in a present-absent or graded fashion (for example, always-sometimes-never).

concerns – Areas that family members identify as needs, issues, or problems they want to address as part of the development of the individualized family service plan and/or the evaluation and assessment process that are related to meeting the developmental needs of the infant or toddler [Title 17 CCR Section 52000(b)(10)].

criterion-referenced – A type of assessment in which performance is measured in reference to the mastery of particular skills. Results are descriptive of what the subject knows or can do rather than of the subject's performance in relation to scores achieved by an external reference group.

culturally and linguistically responsive – The provision of services and supports in the family's preferred language whenever feasible and with knowledge and respect for the family's unique beliefs, practices, capacities, and priorities regarding the development of their eligible child.

evaluation – A measure, generally summative in nature, of a subject's performance at a particular time in reference to a consistent standard. Eligibility for Early Start is determined, at least in part, through developmental evaluation.

family assessment – The voluntary provision of information identifying a family's resources, priorities, and concerns regarding the development of the infant or toddler and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the eligible infant or toddler.

Notes:

family-centered practices – Relationship-based, culturally responsive practices that focus on the strengths of each child and family. Family concerns, preferences and priorities provide the context of the intervention. Families have the power and are supported to make all-important decisions about their child and family. Interventions are provided in ways that strengthen family functioning.

family-directed – An approach for gathering information and making decisions that is shaped primarily by the recognition of the parents as the experts on their child and family and that respects the family's expressed concerns and priorities.

mutual competence – A type of relationship focused on interactions that enable both parties to experience competence and confidence—that is, to feel secure, valued, successful, happy, and understood and to enjoy learning together. This concept applies to supervisors and supervisees, professionals and parents, and parents and children.

natural environment – A common, everyday setting that is typical for an infant or toddler's peers who have no disability and that can include home and community settings [Title 17 CCR Section 52000 (b) (35)].

norm-referenced – An evaluation instrument that compares the subject's performance on specific measures with the performance of individuals similar to the subject in a number of characteristics such as age, sex, educational level, and socio-economic level.

parallel process – The way in which interactions are automatically replicated, without awareness, from one relationship to another. For example, the parent becomes more supportive and positive to her child when the early interventionist is supportive and positive to the parent.

priorities – A family's ranking of choices for the focus of early intervention services as well as for the ways in which early intervention services will be incorporated into the family's day-to-day organization, routine, and planning (Title 17 CCR Section 52000 (b)(40)].

relationship-based – An approach to service delivery at all levels based on the understanding that all learning takes place in the context of relationships and that focusing on caregiver-family-child relationships is key to effective early intervention practice.

Notes:

resources – Strengths, abilities, and formal/informal supports of a family that are available to meet the developmental needs of the infant or toddler.

routines-based interview – A procedure undertaken collaboratively by all members of the individualized family service plan (IFSP) team as a means to develop functional goals of intervention related to (1) participation in daily routines/rituals of the family, (2) enhancement of independence, and (3) fostering of positive social-emotional relationships.

strength-based – An approach for working with the family that focuses on the positive characteristics of the child and the family—what they have accomplished and can accomplish over time—rather than what currently or historically may not have been possible.

voluntary – Not required.

Notes:

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