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GUIDING PRACTITIONERS TOWARD VALUING AND IMPLEMENTING FAMILY-CENTERED PRACTICES

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Families have always been an integral, important aspect of early intervention services. Historically, families have advocated for and developed services for their children with disabilities (Turnbull & Turnbull, 1997). During the first few years of life, families are considered the primary caregivers and have a profound influence on their children's development. Their role in intervention has been valued and expected. Nevertheless, there has been a major shift in the roles of families in the intervention process. In the past, early intervention services were primarily focused on the developmental needs of the child; family roles in intervention processes tended to be those prescribed by professionals. In the 1990s, recognition of the complex nature of families and their lives (Beckman, Robinson, Rosenberg, & Filer, 1994; Hanson & Carta, 1995) has changed dramatically how early intervention services for families are conceptualized, with more emphasis on supporting family participation in planning and implementing intervention.

Three major influences have resulted in services that more broadly address the needs of the child within the context of the family. First, it is increasingly recognized that when social or economic factors interfere with a family's ability to carry out child-rearing functions, early intervention services will be effective only if they first enable the family's capacity to facilitate the child's development (Raab, Davis, & Trepanier, 1993). Thus, the focus of services has been extended to include all family members as well as the child (Krauss, 1990). Second, family systems theory suggests that family members have significant reciprocal influences on each other. It follows that intervention will be more effective when information, emotional support, and strategies for effectively interacting with the child with a disability are available to significant people in the child's life. Third, as services are expanded to meet the broader needs of families, the form, content, and intensity of services must be individualized for each family to be appropriate for their concerns and priorities (Thorp & McCollum, 1994). It is assumed that services will be more effective and family participation more successful if families have choices about their involvement with early intervention services.

Family-centered practices recognize that families are central to the lives of their children and that families are both responsible for and need support in meeting the needs of young children (Summers, Lane, Collier, & Friedebach, 1993). Family-centered early intervention services are based on the premise of full partnership with families and are designed to maximize the family's capacity to meet their child's special needs. This switch

from professionally determined to family-driven services requires practitioners to have skills in collaborating, supporting, and negotiating to enhance family competence.

The components of family-centered services are embedded in early intervention law (e.g., the Individuals with Disabilities Education Act Amendments of 1991, PL 102-119) and in recommended practice (e.g., Division for Early Childhood Task Force on Recommended Practices, 1993). However, research has indicated that although many practitioners accept the principles of family-centered care, establishing family-centered practices is harder to achieve (Bailey, Palsha, & Simeonsson, 1991; Mahoney, O'Sullivan, & Fors, 1989; McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993). Full implementation of the intent and spirit of the law and quality early intervention services for families and children will depend on service providers who have the values and skills to implement these practices (Bailey, 1992).

This chapter provides strategies for preservice and inservice instruction to develop and enhance the knowledge and skills of early interventionists to provide family-centered intervention. A strong philosophical framework is important and necessary for good practice and should also undergird instructional efforts (McCollum, Rowan, & Thorp, 1994). The framework to support the instructional strategies and activities outlined in this chapter defines family-centered practice as a combination of beliefs and practices that views families and early intervention services as interrelated systems and requires particular ways of working with families that are consumer driven and competency enhancing (Dunst, Trivette, & Deal, 1988). However, the cornerstone of family-centered practice is individualizing intervention for each family and their child; what might be family centered for one family may not be for another. Thus, instructional goals must include process skills for early interventionists working with families so that they can provide flexible, individualized services (Thorp & McCollum, 1994). This content includes knowledge of family systems and the effect of disability on families, recognition of family-centered values, and specific skills for communicating and problem solving with families. Before presenting instructional strategies related to family-centered practice, however, it is necessary to set the context by considering challenges that influence instruction related to this topic.

CHALLENGES TO TEACHING FAMILY-CENTERED PRACTICES

There are several unique challenges for instruction related to family-centered practice. Consideration of these issues will provide information that instructors can use to problem-solve and best address the issues in their own settings.

Dealing with Systems Change

Any significant change in practice is a lengthy process that often begins with unclear understandings of the meaning of the change; ambivalence about the change may be pervasive (Fullan, 1991, 1993). For professionals who, like Janet in the case study in Chapter 1, were instructed in child-centered services, providing family-centered services is a radical change. Although the importance of families has always been acknowledged, knowledge and skills for working with families has not been the focus of instructional efforts. For seasoned practitioners, the change to family-centered services may be a dramatic and emotional shift in perspective and values. However, individuals just entering the field of early intervention also have their expectations and perspectives challenged when confronted with the range of process and communication skills that they must acquire to be effective with young children and their families. At the same time, preservice

faculty are facing a new and challenging framework for preparing interventionists to provide services to children and families. They may be teaching content areas and skills in which they themselves have had little experience or instruction. How the subjective realities and interpretations of the change to family-centered practice are addressed for both preservice and inservice audiences is important if the intended outcome of this change is to be achieved (Fullan, 1991). In addition, for change to occur, a systematic, planned interface between preservice and inservice instruction is necessary. For instance, students in preservice instruction must be exposed to recommended practices within the realities and demands of community-based settings, whereas existing programs must reexamine their policies and practice in light of new theory and recommended practice.

Providing Opportunities for Supervised Practice

To develop effective skills for working with families, opportunities to practice family-centered skills are essential for gaining competency. This issue is particularly salient for preservice instruction. Practicum experiences that provide opportunities for students to interact with a variety of families, apply their knowledge, and practice skills are challenging to develop and supervise. It takes time and effort to develop relationships with providers and families who are willing to take risks in providing these experiences for students. In rural areas, access to families in terms of distance and diversity is challenging. Sometimes difficulty is encountered locating providers who are using recommended practices and who can provide adequate supervision of students. Providers also may believe they need to “protect” families from the intrusion of students. However well intentioned, this protection of families is often unfounded and deprives families of the opportunity to contribute to the instruction of those who will be working with them or other families like them in the future. It also deprives students of opportunities for supervised and structured interactions with families. Partnerships among instructional entities (e.g., universities, colleges, public and private training efforts), early intervention providers, and parent organizations are necessary to ensure good opportunities for practical experiences.

Recognizing Cultural Diversity

Although instruction for family-centered practice is difficult in and of itself, at the core of family-centered practice is the principle that all families are different and services and interactions must be individualized for a particular family. Families from diverse cultures present additional challenges to learning to be family centered. Knowledge of different cultures, understanding of processes of acculturation, and acknowledgment of different values demand skills in flexibility and sensitivity (see Chapter 9). Increased self-awareness is necessary so that differences are accepted as individual diversity rather than as right or wrong (McWilliam & Bailey, 1993). In addition, recognizing the need for and knowing how to learn more about families from different backgrounds is important.

Addressing Expanding Roles

The nature of early intervention service delivery systems and the roles of early interventionists are changing to address the demographic characteristics of U.S. society (Hanson & Carta, 1995). The demographic profile of the family is changing as a substantial number of children are spending all or part of their childhood in single-parent households, with more teens becoming parents and more women delaying marriage and childbearing. Societal trends such as the increase in participation in the work force by women who have young children, increases in substance abuse and exposure to violence, and the increase in the rate of poverty despite low unemployment may result in family stress. Hanson and

Carta (1995) suggested that although all families face challenges throughout their life span, many families confront multiple risks that consume their physical energy and undermine their sense of control and competence.

As a result of the changing needs of families and the multiple challenges many families encounter, the roles of all early interventionists are expanding to support family functioning across a broad arena of family issues, including basic needs and emotional well-being. This may involve roles of service identification and coordination for which interventionists have not been previously trained. Interventionists are also challenged to provide services in settings other than the home or early intervention center. For example, some professionals are already working as consultants with child care providers or coordinating their own intervention efforts with those of other interventionists. In addition, the role of the interventionist is changing from one of direct provider of services to the child alone to one of facilitating caregiver–child interaction to foster development within the child’s everyday environment. These roles of collaborator, consultant, and facilitator are essential new roles for providing family-centered early intervention services.

Responding to Individual Characteristics of Participants

Instructional efforts must also be designed to meet the needs of participants. All individuals have some reference point when talking about “families”: their own family. This common ground also provides a perspective about what families are and how they work that is formed and influenced by individual experiences. As discussed in Chapter 5, pre-service and inservice audiences may differ substantially in both experience and depth of understanding. Thus, needs will vary, depending on each person’s experience and background. Younger or less experienced participants may need to be provided with more practical, hands-on opportunities, whereas more experienced participants can spend more time with case studies and reflective discussion. Inservice participants can practice and implement skills almost immediately with families with whom they are working, whereas preservice students often have to store information for later use. These issues and challenges related to the audience must be considered in designing effective instructional activities for family-centered practice.

TEACHING STRATEGIES AND ACTIVITIES FOR DEVELOPING FAMILY-CENTERED PRACTICES

A family-centered approach to intervention should be evident in all aspects of service delivery, including first contacts, assessment of child and family concerns, development of outcomes to support achievement of family-identified needs, identification of comprehensive services and supports, service coordination, and program evaluation. The content areas that could be considered important for developing family-centered competencies are broad and diverse; thus, three core areas of instruction have been selected for discussion in this chapter. Competency in these core areas provides a working model that can be used to apply family-centered practices across all early intervention services. For the purpose of this chapter, the focus is on the following instructional areas for family-centered practice: 1) understanding family systems, 2) acquiring family-centered values, and 3) using communication and problem-solving skills. Other chapters in this book (e.g., Chapters 11 and 17) illustrate the critical nature of family-centered perspectives to many areas of service delivery.

The organization of the information for each of these areas is similar. First, an introduction and rationale for each area is provided. Second, specific teaching strategies for

the area are presented. Suggestions for both preservice and inservice instruction are addressed in each section. Table 10.1 includes possible learning outcomes for each area.

Family Systems and Influence of Disability on Family

Family systems theory provides a conceptual framework for understanding the interrelatedness of family members, the effect of disability on family members, and the effects of

TABLE 10.1. Learning outcomes for instruction related to family-centered practice

Learning outcomes related to family systems and influence of disability on family

- Demonstrate understanding of roles, responsibilities, and relationships of families in caring for and educating young children with disabilities, including recognition of strengths and resources that families contribute to child's development.
- Demonstrate awareness of the diversity and individuality of family functioning.
- Describe potential impact of child with disability on caregivers and other family members.
- Demonstrate awareness of the effect of early intervention services on the child and family and the potential need for support services for all family members.
- Recognize that family members should participate in all aspects of early intervention services, including policy development, participation in staff instruction, and program implementation and evaluation.

Learning outcomes for values related to family-centered practices

- Describe the values and principles of a family-centered philosophy.
- Compare and contrast family-centered principles with traditional or child-centered views of early intervention.
- Describe how family-centered practices can accommodate individual and changing family needs.
- Apply the principles of family-centered practices to realistic situations through discussion and exercises.
- Evaluate family-centered program practices on a continuum of family-centered services.
- Recognize the benefits of modeling family and professional partnerships in instruction about family-centered practices through the use of family members as instructors.

Learning outcomes related to communication and problem solving

- Identify benefits and barriers of family-centered communication in early intervention settings with children and families.
- Identify effective listening and questioning skills related to positive interactions with families, and participate in a videotaped role-play situation to demonstrate effective use of listening and questioning skills.
- Identify effective skills for reflecting content and feelings to families and participate in a videotaped role-play situation to demonstrate effective use of these skills.
- Demonstrate the ability to evaluate one's own family-centered communication skills through self-rating and self-assessment.
- Describe how problem solving can be used to facilitate family-centered communication and decision making with families.
- Recognize the benefits of using family members to help instruct participants in effective communication and problem-solving skills.

intervention on the family system (Bronfenbrenner, 1977; Carter & McGoldrick, 1980). Turnbull, Summers, and Brotherson (1986) proposed a family systems framework that delineates family systems concepts as they relate specifically to families of children with disabilities. The four components of family systems that they addressed are 1) *family characteristics* such as socioeconomic and geographic structural characteristics of the family, personal characteristics of family members, and characteristics of the disability; 2) *family interactions* among subsystems, including marital, parent, and sibling relationships, and quality of interactions, including adaptability and cohesion; 3) *family functions* such as processes related to daily functioning, including recreation, work, socialization, affection, and education; and 4) *family life cycle*, including the stage of family development and tasks and challenges associated with each.

These concepts are described in four chapters in *Families, Professionals, and Exceptionality: A Special Partnership* (Turnbull & Turnbull, 1997). This reading provides crucial background material for discussing family systems and the implications for providing family-centered practice. The instructional strategies described in the next section will assist participants in understanding the complexity of family systems and the interrelatedness and reciprocal influences of the family systems and early intervention services. (See Chapter 18 for a description of family practicum experiences that also assist students in understanding family systems and the effect of disability.)

Analysis of Family Systems Through Literature Family stories provide a mechanism for connecting theory to practice, give meaning and purpose to practice, and challenge assumptions about family–professional collaboration (Marchant & McBride, 1994; Walizer & Leff, 1993). There are many books written by parents or family members of children with disabilities that describe the activities of daily life, joys and struggles of parenting, and experiences with early intervention services. Some of the most interesting are written by parents who were writers by profession and thus provide the reader with a well-written, compelling account of their lives and family story. One such book, *Loving Rachel* (Bernstein, 1988), is an account of the family's first 3 years with their child who has visual impairments and other associated neurological problems. Written from the perspective of Rachel's mother, the book is also particularly sensitive to and rich in describing the effect that Rachel's disability has on all family members and is at times both distressing and moving as the family's reactions and relationships are described as they struggle with discovering, acknowledging, and adapting to Rachel's disability. The detail and sensitivity to family reactions and relationships provide a rich source of information for analyzing the components of the family system as discussed by Turnbull and Turnbull (1990). Such an analysis provides an opportunity for the participant to define different aspects of family systems theory and to use Rachel's family to demonstrate the concepts.

A book analysis project may best be used with students in preservice instruction by having them read the book as homework as lectures and discussions related to family systems are presented in class. Students can be asked to give examples from the book that illustrate the family systems concepts being discussed, providing a common source of information for the students. Another strategy is to have students read a variety of literary accounts and contribute examples of concepts from various stories. Figure 10.1 provides a framework for students to engage in a more individual synthesis of these same concepts by writing a paper. Students could also be expected to compare and contrast several family stories. A book analysis project provides an opportunity for students to read an enjoyable book while applying a family systems perspective to one family's experience (see p. 273 for a list of additional titles suitable for use in this activity).

Instruction for inservice professionals may not allow significant time for participants to read entire novels. McWilliam and Bailey (1993) developed a set of case studies that

BOOK ANALYSIS USING FAMILY SYSTEMS PERSPECTIVE

The purpose of this assignment is to help you gain an understanding of a family systems perspective and particularly how a child with a disability may affect the family system. For this project you will read the book *Loving Rachel*, the story of a family that has a child with a disability. Your task will be to analyze the family's situation using a family systems perspective. Use the following outline to organize your paper. Please give specific examples from the book to support your statements about these areas (reference page numbers where appropriate).

- A. Structure of the family: Please describe the characteristics of the Bernstein family *and what effect these characteristics have on their response to Rachel's disability*. You will want to include the family structure and subsystems; nature of Rachel's disability (include severity and demands that affect family members); characteristics of the family and *how it shapes their response to the situation—size and form, cultural background, socioeconomic status, geographic location; and personal characteristics of family members such as health status, values, cognitive abilities, and skills that influence their response*.
- B. Family interactions: Discuss the family subsystems (i.e., marital, parental, sibling, extrafamilial) in terms of their interactions using the concepts of cohesion and adaptability. *Please define these concepts and provide specific examples in the book to illustrate family interactions that demonstrate these concepts*. Remember, families change and are on a continuum for each of these concepts.
- C. Family functions: What are this family's resources, concerns, and priorities related to family functions (e.g., financial, physical, health, socialization, education, affection, recreation, family identity)? *Which functions do you think are resources/strengths for this family? Which functions do you think are most affected by Rachel's disability and thus may be a concern or priority for this family?*
- D. Life cycle: Describe the stage of the family life cycle in which the family is presently. *What are their major concerns at this time; what do you anticipate to be concerns at later stages of the life cycle?*
- E. Coping resources of family members: Describe the coping styles used by various members of this family. *Define internal coping strategies (e.g., passive appraisal, reframing) and external coping strategies (e.g., social supports, spirituality) and provide specific examples illustrating these coping strategies*.
- F. Early intervention: In this family, what was the role of early intervention and the impact of early intervention professionals on this family's experience? What was supportive? What was not supportive? *How, if at all, could family-focused services have been supportive of this family?*
- G. Your reactions: Reflect on what you learned from reading this book. *What can you apply to your role as an early interventionist?*

Figure 10.1. Outline for book analysis.

provide alternative stimulus material for discussing concepts of family systems and allow for diversity not found in one literary work. Case stories can effectively pose real-life situations and dilemmas that participants must problem-solve; these also can be used for role play, providing opportunities to practice communication and decision-making skills. Another resource is *Exceptional Parent* magazine, publishing brief but poignant articles written by mothers, fathers, brothers and sisters, and grandparents of individuals with disabilities. The vignettes and stories provided in this publication often express alternative points of view that might otherwise be left untold. When using family stories, participants need to be guided by questions or points to consider as they read to facilitate their interpretations of the stories and to maximize their learning.

Using literature provides a safe environment for discussing family systems issues. Telling of family stories in person by family members is also an effective strategy for instruction about the importance of a family systems perspective in providing early intervention services. The following strategies provide information for including families in instructional efforts.

Coinstruction The participation of family members in the instructional process is a logical activity because parents are the primary recipients of service and will be most affected by the knowledge and skills of personnel who work with them and their children. Efforts have increased in the 1990s to include family members extensively in both inservice (Bailey, Buysse, Smith, & Elam, 1992; Bailey, McWilliam, & Winton, 1992; Gilkerson, 1994) and preservice (Hains & Whitehead, 1994; McBride, Sharp, Hains, & Whitehead, 1995) instruction.

Coinstruction, or the collaboration of family members and providers in a sustained instructional effort, has been accepted and encouraged as recommended practice (Jeppson & Thomas, 1994; Midwestern Consortium for Faculty Development, University of Minnesota, 1994; Winton & DiVenere, 1995). If parents are involved in instructional efforts, it is more likely that the effectiveness and acceptability of family-centered intervention efforts will be enhanced (Bailey, Buysse, Edmondson, & Smith, 1992). McBride et al. (1995) identified three goals of coinstruction. First, coinstruction is an effective strategy for modeling the collaborative family-provider partnerships that are essential for developing and implementing family-centered intervention services (Gilkerson, 1994). Coinstruction provides an opportunity for participants to observe the development of family-provider relationships and the importance of effective communication to this relationship. Opportunities to observe disagreement, negotiation, and problem solving are often provided within the context of instructional activities and discussions.

Second, family stories and experiences provided by parents promote an affective understanding of family-centered practices. When participants have the opportunity to hear family members describe how a child's disability affected them and their relationships with other family members, with all the emotion, dilemmas, and complexity that their life experiences bring, family systems theory is brought to life. An affective appreciation of the family perspective also provides a foundation for defining family-centered practice. For example, if we hear the pain or frustration that parents feel as they describe being left out of a crucial decision related to their child's care, we question existing practices and are stimulated to discuss options that provide families with choices and power to make decisions.

Finally, parent coinstructors can infuse a family-centered perspective throughout the course or curriculum. Sustained instructional efforts, across a preservice course or a series of inservice instructional sessions, provide an opportunity for exploring issues related to family-centered practices across a variety of topics. In addition, family input can be used

in the development, implementation, and evaluation of instructional programs. This is facilitated by having parents participate on advisory boards that review program curricula and course syllabi (Hains & Whitehead, 1994) or as members of personnel preparation committees responsible for planning instructional efforts at local and state agency levels.

Coinstruction models vary extensively and provide a variety of roles for parents and other family members in the instructional process. These roles range from sharing personal family stories to planning and teaching some of the course content. (See McBride et al. [1995] for a description of issues and strategies for implementing coinstruction and Whitehead and Sontag [1993] for a descriptive case study of coinstruction.)

Family Panel Presentations A difficult issue in instruction is providing knowledge and experiences related to understanding and interacting with families from diverse backgrounds. Although coinstruction involves the in-depth commitment and participation of one parent, additional family perspectives are essential. Inviting several family members to participate in panel discussions provides a forum for this diversity, which must include the dimensions of a range of family constellations (e.g., single parent, blended families, foster families), various family members (e.g., brothers and sisters, grandparents, aunts and uncles), socioeconomic and cultural/linguistic diversity, and diverse experiences (e.g., homelessness, gay and lesbian parents, low income, teen parents, parents with cognitive limitations or specific disabilities). Including these people in instruction requires extensive preparation and support. Partnerships with community early intervention and early childhood programs can provide access to potential families who would participate in instructional activities.

The Wisconsin Personnel Development Project has developed an instructional videotape for parents to assist them in feeling comfortable telling their story (King, 1994) and a list of suggestions for instructors who are interested in inviting family members to participate in instruction (Whitehead, 1994). Single family members or panels of individuals can be asked to “tell their story,” or very specific questions or guidelines can be provided to address specific topics (e.g., “Please tell us some ways that interventionists/programs have been supportive and ways that they have not been helpful to your family,” “Please tell us about how your child’s disability created opportunities or discouraged you from participating in your community”). Involvement of family members as mentors to participants for more in-depth instructional experiences is also very desirable (see Chapter 17 for a discussion of this strategy).

Eco-Mapping The process of visually portraying family relationships and representations of the family’s associations with informal (e.g., friends, extended family) and formal (e.g., early intervention, community services) supports is an excellent exercise for understanding the need for a family systems perspective. Developing eco-maps with families is a strategy that interventionists can use to learn whom families consider in their membership and to identify whom and what resources they consider to be sources of support. A map is constructed by putting the immediate family in a large center circle and drawing connecting lines to other resources such as friends, school, health care providers, social services, or religious institutions (see Figure 10.2). The strength and quality of these relationships can be depicted by using different types of connecting lines. For example, stressful relations could be symbolized by hatched lines; bold lines could represent strong, helpful relationships; dashed lines could represent weaker relationships; or arrows might indicate the flow of resources.

Dunst, Trivette, and Deal (1994) suggested that the identification of resources should be done within the context of a family-identified need to ensure that the identification of resources and supports is not intrusive to the family. In preservice settings students can

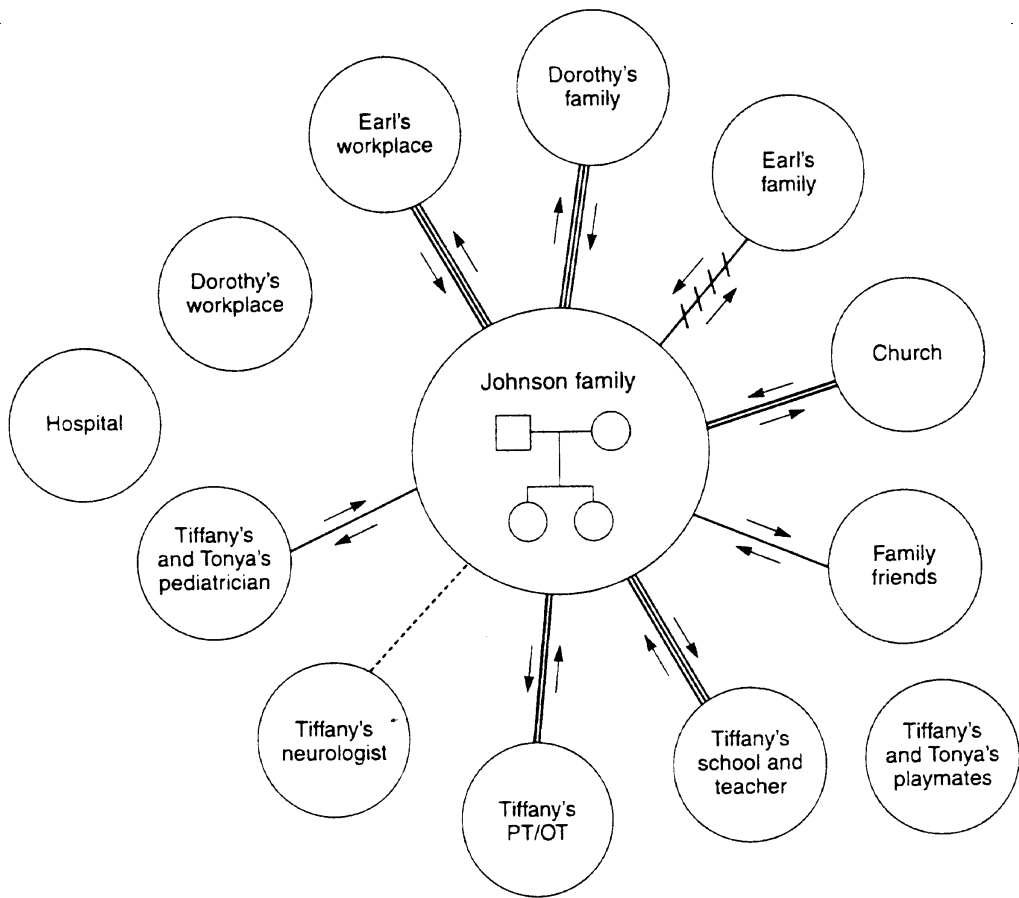


Figure 10.2. A family eco-map illustrating the family system within a social context. (From Rosin, P., Whitehead, A.D., Tuchman, L.I., Jesien, G.S., Begun, A.L., & Irwin, L. [1996]. *Partnerships in family-centered care: A guide to collaborative early intervention*, p. 42. Baltimore: Paul H. Brookes Publishing Co.; reprinted by permission.)

be paired and asked to use interviewing skills with each other to assist in developing a map of their own family of origin. In this case, the identification of supports outside the family and the relationship to community resources might be more general. Case studies could then be used for students to role-play other types of families and develop an eco-map around an identified need. For example, if a family identified the need for transportation to early intervention services, an eco-map may assist the family in identifying a natural support system of friends or relatives available for assistance rather than immediately contacting a community service. Students in practicum settings with families may want to develop eco-maps to better understand the family system and the complexity of the family's interactions with service systems.

With professionals in inservice training, the instructor might engage a parent in developing an eco-map for the entire group to observe. Follow-up discussion about strategies for eliciting information and use of the eco-map with a family is helpful. Participants can also be given the opportunity to develop and practice communication and interview skills for developing eco-maps with volunteer families before they use this strategy in their

work. Although some families may find this an intrusive intervention activity, others may find it very useful. It can be used to assist students in understanding the family system and its relationship to support systems. For more information about family mapping, see Hartman and Laird (1983); for examples of using eco-maps for identifying sources of support and resources for the development of individualized family service plans (IFSPs), see *Developing Individualized Family Support Plans*, by Bennett, Lingerfelt, and Nelson (1990).

Values Related to Family-Centered Practices

To provide family-centered services, early intervention professionals must have an understanding and internalization of the values and principles that define family-centered services. A set of clear values provides a road map for attaining family-centered practices. There are a number of models that describe family-centered values and principles (Bailey et al., 1986; Dunst et al., 1988; McGonigel, Kaufmann, & Johnson, 1991; Shelton, Jeppson, & Johnson, 1987; Shelton & Stepanek, 1994); these are remarkably consistent in their characterization of family-centered practices. McBride et al. (1993) reviewed the literature and identified three major values that encompass family-centered practices:

1. *Establishing the family as the focus of services.* The first value of family-centered practices recognizes and accommodates the impact that special needs may have on the entire family system. It recognizes the strengths of the family and ensures sensitivity to the family's emotional needs.
2. *Supporting and respecting family decision making.* The second value of family-centered services acknowledges and encourages the family as equal partners on the team and as primary decision makers. It seeks to help empower families to make decisions and to develop a sense of control.
3. *Providing intervention services designed to strengthen family functioning.* The third value of family-centered practices recognizes the diversity of families and seeks to provide services that support and enhance the family's capabilities and family functioning. It focuses on assisting families to mobilize their resources and competencies to meet the changing needs of all family members.

Family-centered practice is not defined by a particular set of forms or procedures. Rather, it is a willingness to embrace values that are respectful of and collaborative with families. Many professionals who work directly with children may not approach families as the primary decision makers and the focus of service. Moreover, when professionals try to implement family-centered practices in their programs, they may encounter long-entrenched system barriers that thwart their efforts (Bailey, Buysse, Edmondson, et al., 1992).

The following instructional activities can be used to help participants explore and internalize values of family-centered practice.

Recognizing Family-Centered Practices Students in preservice instruction may be entering their profession with the idea that they will be working only or primarily with children. Having them reflect on the family as a recipient of services when children are very young may stimulate the revelation that they will often be working with other adults in the best interests of the child. Once this is acknowledged, these students may not experience the resistance to change that individuals whose instruction was primarily child focused may experience. It is helpful for the students to understand this shift from child-

to family-oriented services and the difficulty that this change presents. They may see professionals in their practice struggling with this and may later be working with colleagues having difficulty operationalizing the shift.

A useful activity for helping participants recognize family-centered practices and their differences from child-centered and system-centered approaches to delivering services is “Recognizing family-centered care” in *Getting on Board* (Edelman, 1991). After a review of key concepts of family-centered practices, participants are provided with a 15-item list of statements (e.g., “A family must bring their child to the office for service coordination”) and asked to decide whether the statements reflect system-centered, child-centered, or family-centered practices. Participants can then discuss the answers, with the instructor reinforcing family-centered practices. Alternatives to services identified as child centered or system centered can be explored through questions about alternative approaches and how they might be implemented. Ideas for small-group and large-group discussion, sample overheads, discussion questions, and next steps are provided with the list. To tailor the activity to local needs, the list could be modified to reflect urban or rural service delivery issues.

Participants in inservice instruction have an extensive background from which to draw for examples of family-centered practices; however, preservice students may lack these experiences. In a preservice setting, the use of videotapes such as *Heart to Heart* (Fullerton, 1992) by the Kentucky Developmental Disabilities Planning Council, or *Family-Centered Care* by the Association for the Care of Children’s Health (1988), can help students see examples of family-centered practices in a variety of settings. *Heart to Heart* is 30-minutes long and includes the perspectives of several families and early intervention providers. The families give examples of the need to focus on the family as a unit and not just on the child with a disability. This videotape also emphasizes the need to build on family strengths, to provide choices to families, and to communicate openly and honestly with families. *Family-Centered Care* is 38 minutes long and also focuses on the need to see the family, not just the child, as the recipient of support and services. This videotape, however, focuses more on the family’s relationship with medical services and providers. Parts or all of either film can be used effectively to provide a context for students to observe and identify practices that either support or provide barriers to family-centered practices. Participants can also be asked to identify those video segments where parents share how they want services to be family centered. A handout of the key elements of family-centered care, such as the one shown in Table 10.2, can then be used to highlight or reinforce key concepts.

Another activity for helping participants recognize family-centered practices and apply the principles to realistic situations through discussions and exercises is the use of the family vignettes from *Delivering Family-Centered, Home-Based Services* (Edelman & Cosgrove, 1991). After a review of principles for delivering family-centered services, participants are provided with one or more short videotapes, or “family stories,” to apply the principles when delivering home-based services. There are five family vignettes to select from, all based on real incidents. Each vignette is about 30 minutes and begins with the provider *not* delivering family-centered services. The videotape is then turned off and the participants have an opportunity to discuss what went wrong and what should have been done. The videotape is structured to be turned on again to watch as the characters reflect on their experiences from a family-centered perspective. However, the greatest value of this activity is in the discussion and analysis after each section; this can be done effectively without seeing the taped debriefing episodes. Instructors are encouraged to recruit parents to be included as participants or coinstructors. The instruction can be more

TABLE 10.2. Key elements of family-centered care.

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- Incorporating into policy and practice the recognition that the *family is the constant* in a child's life, while the service systems and support personnel within those systems fluctuate
 - Facilitating *family/professional collaboration* at all levels of hospital, home, and community care:
 - care of an individual child
 - program development, implementation, evaluation, and evolution
 - policy formation
 - *Exchanging complete and unbiased information* between families and professionals in a supportive manner at all times
 - Incorporating into policy and practice the recognition and *honoring of cultural diversity*, strengths, and individuality within and across all families, including *ethnic, racial, spiritual, social, economic, educational, and geographic diversity*
 - Recognizing and respecting *different methods of coping* and implementing comprehensive policies and programs that provide *developmental, educational, emotional, environmental, and financial supports* to meet the diverse needs of families
 - Encouraging and facilitating *family-to-family support* and networking
 - Ensuring that *hospital, home, and community service and support systems* for children needing specialized health and developmental care and their families are *flexible, accessible, and comprehensive* in responding to diverse family-identified needs
 - *Appreciating families as families* and children as children, recognizing that they possess a wide range of strengths, concerns, emotions, and aspirations beyond their need for specialized health and developmental services and support
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effective if parents, as recipients of services, have an opportunity to share their insights, observations, and personal experiences.

Applying Principles of Family-Centered Practice To assist in understanding family-centered practices, Dunst, Johanson, Trivette, and Hambry (1991) described four models for working with families on a continuum of family centeredness (i.e., professional centered, family allied, family focused, family centered). The terms family centered and family focused are often used interchangeably; however, defining these models on a continuum assists professionals in evaluating change toward family-centered practices. McBride et al. (1993) combined these four models of working with families with three major values that encompass family-centered practices and provided examples of indicators of practice that can be used to evaluate where programs fall on the continuum of family-centered services. For instance, for the value of considering the family (versus only the child) as the focus of service, a professional-centered model might limit services to directly working with the child; a family-allied model would acknowledge family resources as helpful in achieving professionally defined goals for the child; a family-focused model would consider outcomes and services for the family but would be restricted to the child's development; and a family-centered model would consider the concerns, resources, and priorities of all family members in determining outcomes and service delivery.

An activity to help participants clarify the often subtle differences in models is to apply the values of family centeredness to realistic family scenarios. Participants could

be asked, “How would you work with this family from each of the four models on the continuum (i.e., professional-centered, family-allied, family-focused, and family-centered models)?” The following is a sample scenario:

Mr. and Mrs. Russell are torn about which way to proceed with their son John. John is 30 months old and has moderate cerebral palsy. Mrs. Russell wants to take John to a city 38 miles away so that he can get daily special therapy in addition to early intervention services. She believes that if she can give him intensive special services he will develop faster. But Mr. Russell's parents have told Mrs. Russell (again and again), “There is nothing wrong with our grandson; don't spend so much time away from your husband and other two children. He'll walk when he is ready.” Mr. Russell wants to believe his own parents, and neither Mr. nor Mrs. Russell is sure what to do. Describe how you would work differently with this family from the perspective of each of the four models.

Scenarios could be tailored to reflect the issues that are unique to particular inservice or preservice settings, including cultural diversity, delivering services in a rural area, or assisting interdisciplinary teams to work together to implement family-centered practices. Parents as participants or coinstructors are vital to enhancing the quality of discussions, as they are uniquely qualified to present insightful observations and experiences. The involvement of family members in discussions can greatly add to the understanding of issues and barriers to applying family-centered practices.

Evaluating Family-Centered Practice After recognizing and applying principles of family-centered practice to hypothetical situations, participants will be ready to examine practice in the field. Murphy, Lee, Turnbull, and Turbiville (1995) identified at least 12 instruments for assessing family-centered practice and developed the *Family-Centered Program Rating Scale* for this purpose. These instruments can be used to assess and monitor changes toward family-centered programs and professional skill development. They are also useful in assisting participants to internalize principles of family-centered practice as they evaluate various practices from the perspective of these principles.

Another useful resource for helping professionals determine the extent to which their interactions, practice, and policies are family centered is *Brass Tacks* (McWilliam & Winton, 1992). Two instruments, one focused on individual interactions and one focused on program policies and practices, provide a self-rating process to examine early intervention in four areas: 1) first encounters with families, 2) identifying goals for intervention, 3) intervention planning for children and families, and 4) day-to-day service provision. These instruments are designed primarily for inservice use with professionals who have regular contact with families. Structures and strategies are provided for prioritizing and tracking program or individual movement toward more family-centered practices. A companion instrument for obtaining families' reactions is also available (McWilliam, 1992). These instruments may be used by professionals in the field to evaluate their own practice, adapting the recommended practice to their own geographic location, cultural environment, and availability of resources. Preservice students could use these same instruments to discuss the practices they are observing or in which they are participating in their practicum settings. It is important, however, to assist them in these discussions and not have them use these tools to judge the site in a manner that may alienate their cooperating professionals.

Communication and Problem-Solving Skills

The third area discussed in this chapter is the communication and problem-solving skills that are vital to delivering family-centered services. These skills are the cornerstones of

developing family-centered partnerships with families. Sharing information and feelings, team building, negotiating, reaching consensus, and resolving conflict all depend on the ability of professionals to communicate and problem-solve effectively with families and with each other. Effective communication and problem-solving skills, although vital to family-centered services, are not easily acquired. Gaining competency in these skills requires ongoing practice. Assisting families to be competent communicators and problem solvers can help them gain a greater sense of control over their environment. However, before professionals can deliver family-centered services and assist families in developing skills of communication and problem solving, they must themselves be competent in these areas.

Preservice and inservice instruction in communication and problem-solving skills must include much more than a didactic approach (Carkhuff, Kratochvil, & Friel, 1968). An interactive experiential approach that provides students with a variety of opportunities to observe and practice effective communication skills is needed. Following a review of the literature on experiential methods for teaching these skills, Winton (1988) discussed two critical components that must be contained in instruction: 1) the broad areas of communication and problem solving must be broken into component skills to be taught separately, both through the use of dialectic material and videotaped or live examples of each component; and 2) participants or students must have opportunities to practice communication and problem-solving skills in role-play situations with each other or cooperating family members. The exercises and interviews should be either audio- or videotaped to provide constructive evaluation and feedback to participants.

A number of types of instructional activities can be used to help participants acquire both problem-solving and communication skills. The case method of instruction (McWilliam & Bailey, 1993) can be an excellent strategy for promoting skills in problem solving. By using family situations, participants can discuss or role-play the process of promoting successful partnerships and supporting families in the problem-solving process. Participants will have varying degrees of communication skills. Particularly at the inservice level, participants should be given the opportunity to determine their own instructional needs; some may want a review of basic skills, and others may want more in-depth instruction. Both preservice and inservice participants can benefit from involving family members in the problem-solving process. Their experiences, perceptions, insights, and knowledge can add greatly to the instruction. Participants should be given the opportunity to conduct self-assessments and to receive performance evaluations of their skills from their peers.

Communication Skills Based on reviews by Winton (Winton, 1988; Winton & Bailey, 1988), communication skills can be thought of as divided into the following four critical components.

Listening The greatest percentage of time in communication is spent listening. Listening involves focusing on and following what a family member has to say using both verbal and nonverbal listening skills. Good listening skills convey acceptance and understanding of another person and help build trusting relationships. These skills are especially critical at the beginning of building family-centered relationships and are the starting point for both inservice and preservice instruction.

Questioning Questioning is used primarily to gather information about a family and promote understanding and decision making. The act of questioning, in and of itself, however, may constitute an intervention with the family. Therefore, questioning must be considered both a way of collecting information and a form of intervention. Novice practitioners and students often use a large number of closed-ended questions and may be uncomfortable with the amount of silence that families may need before responding.

Instruction for participants should provide opportunities to practice a variety of effective questioning skills (Winton, 1991a).

Reflecting Feelings Reflecting involves the ability to identify a family member's feelings and reflect those back accurately and sensitively (Evans, Hearn, Uhlemann, & Ivey, 1984). It is the ability to communicate understanding of the world as the family perceives it. When feelings are reflected back to families, they can become more aware of how they feel and examine those feelings in relation to their problem solving and decision making. In this component, novice participants must be careful not to give advice or to overinterpret or overstate a family's feelings.

Reflecting Content Reflecting content is the ability to restate the content of a family member's message using skills of paraphrasing and summarizing. These skills are important because they let a family know that their message is being accurately understood. Turnbull (1987) described the opportunity for families to reflect on their feelings, needs, strengths, and resources as the key to the problem-solving process. Participants at both the preservice and inservice levels need varied opportunities to practice each of the four component skills of effective communication.

One manual that provides communication activities for both inservice and preservice instruction is *Communicating with Families in Early Intervention: A Training Module* (Winton, 1991a). This module provides suggested teaching activities in the four components of communication and several scripted role plays and family stories. Participants are given examples of different types of questioning scripts and through discussion can identify how ineffective the interventionist was when he or she tried to generate goals based on what he or she thought ought to happen with families. Appendices provide examples of specific questions to elicit information on family resources, priorities and concerns, and family outcomes. Directions for role plays with several families are included along with The Family Interview Rating Scale. This scale can be used by group participants as a vehicle for self-assessment and feedback on the videotaped role plays. Other self-analysis and feedback questions are provided for participants, as well as master copies for overhead transparencies on communication and interviewing.

Another resource for helping participants develop communication and interviewing skills is the *Family-Focused Interview Videotapes* and *Family-Focused Interview: Supplemental Workbook* developed by the SKI*HI Institute (Winton, 1991b). The videotapes demonstrate the five phases of family-focused interviewing and effective listening and questioning skills (Winton & Bailey, 1988). Examples are provided of both traditional and family-centered approaches to services for two families of children with hearing impairments. Included in the supplemental workbook are multiple choice, true/false, and discussion questions for evaluation and group discussion. The workbook also includes a role-playing demonstration using four different approaches to questions. The discussion summary highlights how reflexive and open-ended questions can help gather information to identify strengths, needs, and goals of families in an ongoing process.

"As family-centered communication is put into practice, services more effectively reflect families' priorities; interventions with children are more successful; and service providers find their jobs more rewarding" (Edelman, Greenland, & Mills, 1992, p. 9). This statement is part of the introduction to another manual on communication skills, *Family-Centered Communication Skills: Facilitator's Guide*, developed through Project Copernicus (Edelman et al., 1992). This instructional manual provides nine different activities designed to help participants identify benefits and barriers to family-centered communication and to practice active listening and communication skills. The manual provides outlines and overhead transparency and handout masters for the instructors. It also pro-

vides ideas to help transfer skills to the job for inservice participants; however, many of the activities are basic communication activities and might be used best in a preservice setting. Several of the activities draw family situations from the videotape *Delivering Family-Centered, Home-Based Services* (Edelman & Cosgrove, 1991). This video of five family vignettes was discussed previously in relation to recognizing family-centered practices. The video could be used with a checklist of communication strategies (see Table 10.3) to structure the identification of ineffective or good communication practices by the participants.

Two additional resources that can be used to help participants identify and develop communication and interviewing skills are videotapes from the American Association of Marriage and Family Therapy, entitled *Building a Family Partnership* (1995) and *Exploring Family Strengths* (1995). The goals of the videos are to help early interventionists recognize complex systems and relationships in families and find a balance between strengths and concerns when working with a family. The videos show diverse families with a variety of issues and children with disabilities. The emphasis is on conversations with families, not interviews, and the focus is on letting the family talk to identify their own strengths and struggles. An instructor with good communication and interviewing skills is needed to help participants recognize the multiple issues raised in the videotapes and to help participants to focus on strategies for partnerships with the entire family.

Problem-Solving Skills Since the 1980s, early intervention with children with disabilities and their families has changed from a child-centered system to a family-centered system. There has also been a shift from a deficit model of the child and family to a view that all families have strengths and resources and should be recognized as the ultimate decision makers. Within this new approach, early interventionists have recognized the

TABLE 10.3. Strategies for clear and respectful communication

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- Avoid making assumptions
 - Avoid jargon and explain technical terms
 - Share complete, honest, and unbiased information
 - Offer your opinions, but be sure the family knows these are suggestions and not the only options
 - Answer questions directly if you know the answer, or say, "I don't know"
 - Avoid patronizing language and tone
 - Consider differing abilities to understand
 - Clarify mutual expectations
 - Clarify next steps
 - Realign the power
 - Respect cultural differences
 - Recognize time and resource constraints
 - Pay attention and respond to nonverbal cues
 - Create an environment for open communication
-

From Edelman, L., Greenland, B., & Mills, B.L. (1992). *Family-centered communication skills: Facilitators' guide* (pp. 69–70). Baltimore: Kennedy Krieger Institute, Project Copernicus; reprinted by permission.

futility of working in uncoordinated service systems and are beginning to make systems more responsive to the needs of children and families. Changes and shifts in approaches can be difficult and time consuming; there are ongoing obstacles and barriers to change. Often, professionals see their role as solving problems or providing solutions for families. Using a family problem-solving process can give families greater control of decision making and focus on what the family wants and perceives as solutions, not on what the professional has to offer. Using effective communication skills of listening, questioning, and reflecting is critical to increasing the likelihood that the family's perspectives and goals are elicited and understood in a family-centered problem-solving process.

Students and instructors also need support and help in becoming agents of change; in addition, they need instruction on how to be effective problem solvers when they work with families in negotiating the complexity of the early intervention system. The problem-solving process is a proactive approach that can meet the challenges of supporting families through interventions and facilitate systems change (Summers et al., 1993). With effective communication skills, professionals can work with families to clearly define their needs, strengths, and resources and then creatively help families achieve the outcomes they desire for themselves and their children.

The process of problem solving involves several steps, including defining the problem, brainstorming alternatives, evaluating possible alternatives, selecting an alternative, implementing the alternative, and evaluating the alternative. A more detailed explanation of the steps can be found in Goldfarb, Brotherson, Summers, and Turnbull (1986) and Summers et al. (1993).

In *Working Together with Children and Families: Case Studies in Early Intervention*, McWilliam and Bailey (1993) present case studies specifically designed to provide participants with opportunities to practice the problem-solving process. Each case study depicts a family situation or dilemma in the area of early intervention; however, the ending is not provided. After reading the case, students can be guided through the steps of problem solving to generate one or more possible outcomes. Another strategy is to separate participants into several groups and give them the same case study to illustrate the variety of well-reasoned outcomes that may be possible for one situation. These case studies can be discussed by a large group, or participants can role-play the characters and the next step in the story, thus allowing them to practice their problem-solving and communication skills.

Another activity uses both problem-solving and communication skills to help develop child and family outcomes for the IFSP. The problem-solving steps with suggested family discussion questions are included in Figure 10.3 (Brotherson & McBride, 1992). By using a problem-solving process, families can be actively engaged in discussing their needs or desired outcomes and alternative resources to address those needs. Open-ended questions can help families clarify their desired outcomes and how they will be able to measure their success in reaching those outcomes. This process helps families to take the "driver's seat" in developing IFSPs and creates a supportive process to help families examine their values, resources, and strengths within that process. Participants can be asked to use family scenarios to role-play and practice this process with their peers.

CONCLUSION

Recommended practice in any field is an evolving process; the goals for instructional efforts will necessarily change. One major challenge will be the evolving definition of

1. What are your needs or concerns?
How are things going for _____?
What would you like to accomplish in the next 4 months?
If you could focus your energy on one thing, what would that be?
 2. What can your family and the program do? (Brainstorm alternatives)
What are some ways to accomplish this?
Can you think of another time when you needed _____? What worked for you then?
What are some ways of getting to where you want to go?
 3. Think it over and decide. (Examine family values, resources, and impact.)
Let's talk about our ideas. How would _____ work for you?
Who else in your family could help with these ideas?
How would that affect others in your family?
Describe for me which ideas you are most comfortable with.
 4. What is your desired outcome?
What specific changes do you want to see for your child or yourself?
Describe what you would like to see happen for your child or family.
 5. Tasks to do and persons responsible. (Strategies and activities)
What do you think needs to be done to make this happen?
What would you like for me or the therapist to do?
Who needs to be involved in getting done what you want to do?
 6. How is it working? (Criteria and time lines)
How will you know when you're done?
How long do you think it will take to _____?
How long would you like it to take?
How will you be able to tell if you (we) are successful at reaching this outcome?
- Progress notes:

Figure 10.3. Activity form: Problem-solving process for developing child and family outcomes. (Originally adapted from Goldfarb, Brotherson, Summers, & Turnbull [1991] and Winton [1991a]; from Brotherson, M.J., & McBride, S.M. [1992]. *Problem-solving process for developing child and family outcomes*. Unpublished teaching material. Ames: University of Iowa, Department of Human Development and Family Studies; reprinted by permission.)

family-centered practice. What was considered family-centered practice in 1990 is not what is recommended practice now. As Garland (1995) suggested, we must constantly ask ourselves “what do we see here that is family-centered and what do we see that could

be more family-centered?" (p. 20). This ongoing process of recalibration, adjusting practice to reflect current knowledge, though frustrating, will also be healthy. Research efforts will assist in determining practices that have significant effects on the well-being and development of children and families, which will bring about changes in recommended practice that will require modifications in both preservice and inservice instruction. Thus, continuous monitoring, rethinking of concepts, and need for ongoing instruction will be required. Ongoing discussion through focus groups (Brotherson, 1994) with families and providers representing diverse locations and socioeconomic and cultural groups is essential for continuing to refine concepts of family-centered practice and to assess the status of instructional needs.

A second challenge will be the expansion of family-centered practice across disciplines. For instance, in the area of early childhood education there are an increasing number of states that are adopting unified licensing standards (early childhood and special education) that span the range from birth to age 8. This will require that instructional efforts in family-centered practice be infused into new curriculum areas and with older children. Faculty and instructors who are knowledgeable in this perspective or have developed instructional strategies for this content may not be readily available.

A third challenge will be to provide support for the interventionists who are taking new roles and implementing new skills in family-centered practice. For service delivery systems that are based on a specific philosophical or value-driven perspective such as family-centered practice, staff supervision is a key element to the quality and integrity of practice (Gilkerson & Young-Holt, 1992). To provide this support, instruction is needed for administrators and supervisors in the consultation and clinical skills necessary to support the practitioners who are learning new ways of providing services to children and families. Administrators and supervisors will need to be knowledgeable about family-centered practice and the dilemmas and complexities that their staff members are facing as they implement new ways of providing services. This need is pervasive across all disciplines and will require an instructional focus on administrative and supervisory personnel in the field and new content and instructional strategies for preservice programs. Continual recalibration and collaboration among families, instructors, and practitioners will be needed to maintain effective instruction in family-centered practice.

RESOURCES

Edelman, L. (Ed.). (1991). *Getting on board: Training activities to promote the practice of family-centered care*. Bethesda, MD: Association for the Care of Children's Health. Cost: \$18 plus shipping/handling. (301) 654-6549.

A collection of instructional activities designed to promote the skills, knowledge, and attitudes required to practice in a family-centered manner. Designed for interdisciplinary preservice and inservice audiences, the materials include all necessary instructions, overheads, transparencies, and discussion questions.

Edelman, L., & Cosgrove, K. (1991). *Delivering family-centered, home-based services: Facilitator's guide to accompany the videotape*. Baltimore: Kennedy Krieger Institute, Project Copernicus. Cost: \$98 plus shipping/handling. (410) 550-9700.

These five videotape vignettes, which show different examples of service delivery that is not family centered, can be used to provide participants with opportunities to watch each scenario, discuss how these scenes might have occurred in a more family-friendly manner, and develop al-

ternative applications through facilitated discussion and role playing. Accompanying print information provides overheads, handouts, and ideas for additional activities and applications.

Edelman, L., Greenland, B., & Mills, B.L. (1992). *Family-centered communication skills: Facilitator's guide*. Baltimore: Kennedy Krieger Institute, Project Copernicus. Cost: \$15. (410) 550-9700.

Materials and step-by-step instructions for conducting family-centered communication instruction for interdisciplinary audiences. Activities focus on use of positive language, active listening techniques, and strategies for communicating clearly and respectfully.

Evans, D., Hearn, M., Uhlemann, M., & Ivey, A. (1984). *Essential interviewing: A programmed approach to effective communication* (2nd ed.). Monterey, CA: Brooks/Cole Publishing. Cost: \$27 plus 6% shipping and handling. (606) 525-2230 for multiple copies, (800) 842-3636 for single copies.

Programmed text defines and demonstrates how to use a group of core communication skills essential to interview anyone.

McWilliam, P.J., & Winton, P. (1992). *Brass Tacks: Part I—Program policies and practices and Part II—Individual interactions with families*. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Cost: \$10. (919) 966-7532.

Instruments designed to assist groups and individuals in determining the extent to which their interactions, practices, and policies are family centered. As part of inservice or preservice instruction, Brass Tacks can be used to facilitate examination of early intervention practices (e.g., first encounters with families, identifying goals for intervention, intervention planning for children and families, day-to-day service provision) and to identify specific areas for change.

Winton, P.J. (1992). *Communicating with families in early intervention: A training module*. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Cost: \$15. (919) 966-7532.

Objectives, readings, and teaching activities related to communication skills, as well as role-play vignettes, strategies for videotaping self-assessment and peer feedback, and an observational rating scale.

The following is a listing of suggested literature to be used in the book analysis project for family systems and effect of disability as described on pages 258–260.

Bernstein, J. (1988). *Loving Rachel*. Boston: Little, Brown. (Available from Coyne & Chenoweth, Box 81905, Pittsburgh, PA 15217).

Dorris, M. (1989). *The broken cord*. New York: Harper & Row.

Featherstone, H. (1978). *A difference in the family*. New York: Basic Books.

Greenfield, J. (1972). *A child called Noah*. New York: Holt, Reinhart & Winston.

Kupfer, F. (1986). *Before and after Zachariah*. New York: Delacorte Press.

Massie, S., & Massie, R. (1966). *Journey*. New York: Alfred A. Knopf.

Park, C.C. (1967). *The siege: The first eight years of an autistic child*. Boston: Little, Brown.

Walker, L.A. (1986). *A loss for words: The story of deafness in the family*. New York: Harper & Row.

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