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PRACTITIONER PERCEPTIONS OF EARLY INTERVENTION: DOES PRACTICE REFLECT THEORY?

Emily Gardiner, MA, Mount Saint Vincent University

Carmel French, PhD, Mount Saint Vincent University

This research was supported by the Social Sciences and Humanities Research Council of Canada (SSHRC).

Early intervention programs offer support and assistance to children with developmental delays and their families, providing them with access to the services and supports that will better enable them to reach their unique goals. For the purposes of this study, Shonkoff and Meisels' (2000) very helpful definition of “early intervention” has been adopted:

multidisciplinary services provided for children from birth to 5 years of age to promote child health and well-being, enhance emerging competencies, minimize developmental delays, remediate existing or emerging disabilities, prevent functional deterioration, and promote adaptive parenting and overall family functioning. These goals are accomplished by providing individualized developmental, educational, and therapeutic services for children in conjunction with mutually planned support for their families (Shonkoff & Meisels, 2000, pp. xvii-xviii).

This definition provides an accurate portrayal of the context in which early intervention is based, demonstrating the comprehensive nature of services and emphasizing the importance of the family-professional partnership (Wehman, 1998).
families are active participants who partner with professionals to establish goals and determine desired services. Professionals utilize an eclectic approach, drawing from a range of perspectives and theories depending on a child and family's needs. Such theories include behavioural and cognitive-behavioural (Strain et al., 1992), social learning (Bandura, 1977), developmental (Piaget, 1963; Vygotsky, 1962, 1978), attachment (Bowlby, 1969), ecological (Bronfenbrenner, 1979), and family systems (Turnbull & Turnbull, 1990).

The ways in which families and professionals partner in early intervention environments have changed drastically over the past 50 years. This relationship has progressed from one that was professionally-dominated, whereby interventionists alone determined family priorities and directed service delivery, to one that increasingly observes the family as central. Current early intervention programs operate from a family-centred philosophy. Interventionists aim to improve child and family functioning by building on their unique strengths, collaborating with other involved professionals, and providing services in individualized and flexible ways (Trivette & Dunst, 2005).

The first early intervention programs in Nova Scotia emerged in the late 1970s, and were organized by parents of children with special needs and supporting community members (Nova Scotia Department of Community Services, 2004). Currently, the province's 21 home-based programs attempt to meet the needs of children (birth to six years) with disabilities and their families through the use of family-centred practices. Children exhibit developmental delays of six months or more in two or more domains, or are at risk due to the diagnoses they hold or their health histories (Nova Scotia Department of Community Services, 2008). These non-profit organizations are governed by volunteer Boards of Directors, and obtain funding from the provincial Department of Community Services, Early Childhood Development Services, community partners, and fundraising efforts. The need for such services is significant, as Nova Scotia has the highest percentage of individuals with disabilities in Canada, at 20 percent of its population. As of 2001, over 13 percent of children between birth and four years in the province had disabilities (Disabled Persons Commission, 2004; Human Resources and Social Development Canada, 2008).

Despite the well-developed and provincially organized structure, very few studies to date have examined early intervention in Nova Scotia. In fact, there is an overall paucity of Canadian literature examining how professionals conceptualize their role in intervention.

The purpose of this paper is to present the perceptions of select Nova Scotian early interventionists regarding their professional early intervention experiences. Ten early intervention professionals from two urban early intervention programs in Nova Scotia were individually interviewed. Participants were asked to describe their profession and how they became involved with early intervention. They also discussed both their own expectations of the position, as well as the expectations of the families they serve. The results were obtained as part of a larger study that examined professionals' perceptions of early intervention, family-centred practice, and cultural sensitivity (French & Gardiner, 2010; Gardiner & French, 2010; White, 2009).

The Early Intervention Profession

When early interventionists were asked to describe their profession, two main themes emerged: supporting families and programming for individual needs. When participants spoke about supporting families, they referred to going into families' homes on visits, and the significant role they played in helping them adjust to having a child with special needs, navigate the system of services, and define individual goals. Interventionists also spoke about forming intimate relationships with children and families. One early interventionist described her engagement with families as follows: "There would be a lot of building a relationship with a family in order to go forward to help them define what it is they want to do to promote their child's development."

Programming for individual needs was also a significant element of early intervention. Participants spoke about the importance of considering each child's unique needs, diagnoses, and age in order to match him or her with appropriate services and resources. Interventionists also discussed partnering with other professionals. As children with special needs are often
involved with many professional services, including speech-language pathology, occupational therapy, and physiotherapy, interventionists must frequently coordinate, collaborate, and network.

One participant discussed how she conceptualized her role as that of an educator. She worked with families in order to help lay a foundation for child development that could be built upon across the child and family’s lifespan.

I know that I’m at the base level, but I’m taking a lifespan view of what this child’s lifespan may . . . mean and . . . this family’s lifespan with this child, so I know that I’m . . . building at ground level and the things that I can help them to achieve . . . are the things that they’re going to be able to continue building long after I’m out of their lives . . . . I take that sort of philosophical view . . . I’m there to help them to increase their resiliency . . . . [and] to become more resourceful in order to meet the challenges that they are going to have now and for the lifespan of their family member with special needs.

Early interventionists’ statements clearly indicated that they see their job as being multidimensional. These professionals acknowledged the multitude of components involved in supporting families, and the importance of tailoring services to meet individuals’ needs.

Involvement in Early Intervention
When asked to describe how they became involved with early intervention, interventionists typically noted that their career choice was due to past personal and professional experiences, and/or personal beliefs. When discussing past personal and professional experiences, participants frequently mentioned relevant educational experiences. Many had taken courses that covered early intervention and developmental disabilities, and two interventionists spoke about how conducting research in the area of home-visiting had piqued their interest. One individual stated that after researching home-based programs in her area, she thought, “well wouldn’t that be an interesting job . . . . to actually not have families have to bring their little ones out to this program, but [be] able to support them in their homes.” These responses demonstrated a fundamental aspect of early intervention: professionals go to where the child and family are most comfortable, the home, in order to support them most effectively.

Individuals also discussed how elements of their personal and professional experiences influenced their career paths. Two discussed children they knew growing up, and two discussed how having their own children with special needs led to a more personal interest in early intervention. Many had worked with children in other settings, such as in community centres or daycares, and had collaborated with early interventionists in these roles. One participant described her experience as follows:

Often when I needed something for the families I wasn’t able to access it, and I noticed that the early interventionist [who] was attached to the child . . . . was able to access where I was hitting a wall, and so I just decided to move over into a position where I would have less walls to pull down for the children.

Another important theme that emerged was interventionists’ personal belief systems and attitudes about special needs. Four participants mentioned having always had an interest in children with special needs and as a result, they sought professions that allowed them to work with and help these individuals and their families.

It was clear from interventionists’ statements that they held deep-seated interests in children with special needs, often beginning when they were children themselves. These interests are what motivated participants to seek out educational and professional opportunities which would allow them to learn about and help individuals with special needs and their families.

Early Intervention Expectations
Universally, participants’ expectations for early intervention centred around supporting families. Interventionists stated that they expected to work with children and families in their homes in order to encourage the child’s development and to help each family reach a greater potential. They also expected to play a strong role in supporting the families with whom they would work. For example, one individual stated that she expected the job would involve “being in families’ homes[s] where they’re comfortable and . . . making friendships . . . . so that the family trusts you and feels comfortable with you and . . . just the family connection.” This
concept also included participants' expectations of working from a family perspective, helping parents to understand their child's condition, and giving parents ideas as to the kinds of developmentally-appropriate activities they could do at home with their child.

Other expectations were expressed among participants. For example, one early interventionist discussed her expectation that the job would present a variety of learning opportunities:

I anticipated... learning a lot... from everybody [who] worked here because I knew other people in the... program... have been there for 10 and 12 and 20-some years, so [I] just couldn't wait to start learning more from them and taking advantage of the educational opportunities... the workshops and all that training.

Another professional mentioned that she was unsure as to what early interventionists did, and as a result had very few expectations prior to being employed in the profession. She also noted that certain aspects of the job surprised her, such as the amount of paperwork that had to be completed each day. Others had a more developed understanding due to their previous involvement with early intervention professionals and programs or through their relevant educational and research experiences. Many mentioned their expectation that it would be a job that they would enjoy.

When asked if their expectations had been met, nine out of ten participants answered yes, and four went further, indicating that their expectations had been exceeded. One interventionist responded by saying, "Yes, yes, and definitely exceeded, like with all the families we get to work with and the different abilities and ranges and ages and being able to work at the [children's hospital]." While one professional stated that her expectations were ongoing and that there was always room for improvement, another spoke about how being an early interventionist allowed her to incorporate the relevant knowledge she had gained from working in different, but related jobs:

I feel like... I can start pulling together all these streams that I have... and I can bring all of those things together and... I guess you might even call it, I don't want to sound like I'm bragging... but a wisdom that I can bring to the role at this

point that I might not have been able, well I definitely would not have been able, to do as a younger professional. So yeah, I think that definitely I've done that and more. But my expectations have been more than met.

Interventionists' Perceptions of Family Expectations

When professionals were asked whether they thought families' expectations for early intervention were met, many stated that this was difficult to answer. Interventionists did mention parents' uncertainty as to what early intervention encompassed and what their role was in the process. As early intervention is still a relatively unknown field, many families lack any expectations as to what they and their child will take from their involvement with such a service. This is exemplified in the following interventionist's statement:

I'm going to say no because I think families when they first come in are not sure what we're about. They really aren't... They're on edge, and that's understandable, because they don't know who we are and what we are. All they know is they've either been referred by somebody, or they referred themselves because they know it's going to be good for the family, but... it takes a while to understand [who] we are and what we do, and once we [are] do, it's great.

The family-centred philosophy that governs how family-professional relationships take place within early intervention environments holds that families are the most knowledgeable about their children with special needs, and as a result, professionals encourage families to take a leading role in directing service. Professionals noted parents' discomfort with being placed in this expert role. Because many families are used to clinical, child-centred models where the expert professional directs their involvement, they are unsure how to take the more dominant role that is desired in early intervention. Therefore, a number of professionals discussed their own role in helping families to understand the nature of early intervention. For example, one professional stated:

I think we need to be very clear, though, when we're discussing what early intervention services look like when we meet with families... about what we can offer and how we can match our services to meet their family and
child's need. The other thing is ... we need to be sensitive to where families are at in terms of adjusting to having a child with special needs and how much information they're getting at that point ... but I would say most of the feedback from parents is very positive.

Another participant noted:
I think it's partly helping [the family] to understand that we're part of the service, but that they are a huge part of the service ... in part helping families to understand that they are the experts when it comes to their child.

Interventionists also mentioned the positive results families achieved, such as gaining confidence and the ability to advocate for themselves and their children. When interventionists thought that families' expectations had been met, they also discussed families' satisfaction as a process that developed over time.

One interventionist stated:
I've also had a couple of families come back when their children have been grade 4, grade 5, and ... say, we didn't realize what was going on when we were in it because everything was too raw, but now looking back at it, yeah we really get it now ... I'm not always sure we know if the family's expectations have been met at the time of end of service, but I'm convinced that certain people will certainly have a really positive experience.

It is important to note that as interventionists described families' expectations being fulfilled, they also mentioned their own satisfaction in facilitating this successful outcome. Providing hope, interpretation and analysis, developing appropriate and individualized strategies, and maintaining open communication and rapport were all skills identified as important for interventionists to demonstrate. Another participant mentioned how important it was to have a good match between family and early interventionist.

Not all families however, were satisfied with the early intervention services they received. Interventionists discussed how some families desired greater intensity and frequency of service, or were frustrated with the delays that occurred between intake and service initiation:
I think families are frustrated when they realize that they would probably like more of this. Again, I would say that's not only just kids with autism, but in general. They would like to have someone visit once a week or something like that, and we just don't have the parameters to do that, or the resources.

One early interventionist mentioned that she believed this to be the case especially for families who saw value in the service. If they saw positive changes occurring in their family and attributed them to their involvement with early intervention, they often desired increased service.

This individual went on to mention, "that level of intensity can still be there [by] helping the families to understand that they are the experts when it comes to their child, and it doesn't have to be somebody else coming in from the outside."

Conclusions and Recommendations

Participants’ responses to questions pertaining to their professional early intervention experiences conveyed an understanding of the field that closely aligns with previously developed definitions and best practices. Shonkoff and Meisels’ (2000) definition was chosen as a comparative measure as it clearly demonstrates the fundamental elements of early intervention. It alludes to the multidimensional, individualized, and goal-oriented nature of early intervention while highlighting the centrality of the family. Interventionists’ descriptions of their profession reflected these key components. They had a clear understanding of their role within the family-professional partnership, which was to support the child and family and to facilitate their service delivery. They also acknowledged the lifespan of the child and family together, and sought to provide services in ways that would increase the potential of both. According to Wehman (1998), acknowledging that a child's developmental potential is not fixed is an underlying principle of early intervention.

Respondents indicated their deep respect for families, and many shared beliefs and attitudes that communicated an interest and desire to help individuals with special needs. These sensitive ways of thinking also form the foundation of family-centred service delivery, as one must have a true respect for families' unique circumstances, practices, and beliefs in order to emphasize their strengths and engage in nonjudgmental interactions.

Interventionists' expectations before becoming directly involved with early intervention also demonstrated
ways of thinking that are supported by the family-centred philosophy. As described, many of the main tenets of this approach were either directly communicated or strongly implied in their responses, and it was clear that these elements had found concrete expression in their practice with families. For example, they expected to work with families in their homes in order to encourage child development and provide support, and to form close, open relationships in which families were the experts. It is also clear that these were the aspects of their job that they most enjoyed. They were able to work closely with families and children with special needs, a group in which most demonstrated a long-standing interest, in ways that would empower and promote resiliency.

It also became clear from the interviews that, to a large extent, professionals are unsure as to whether family expectations are being met. Early interventionists must have ongoing conversations with families, so that if necessary, alterations to service delivery can be made. They must also ensure that a comfortable and open relationship is established, so families may freely discuss concerns and goals. Participating early interventionists mentioned that if families were dissatisfied, it was often related to a desire for more frequent and intensive services, as opposed to concerns with the actual early intervention program. It would be beneficial to explore families’ perceptions of their early intervention experiences, in order to see if they align with those of the interventionists. This would provide a more multidimensional perspective, as similar and divergent perspectives could be discussed and highlighted. Families and professionals could then engage in a dialogue to identify what is working and what areas might need improvement.

Early intervention is a journey for both families and interventionists. It is dependent on mutual respect, open communication, shared knowledge, and recognition of the central role of the family in the life of the child with special needs. Interventionists support families, assist with program development and implementation, enhance the potential of children, and empower families. Through ongoing experience and learning, early interventionists recognize the key role they play when partnering with children with special needs and their families.

References


