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Family Centered Practices for Children Receiving Home Intervention Services

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Family Centered Practices for Children Receiving Home Intervention Services

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Capstone Project: An Action Research Project

Northwestern College, Orange City, Iowa

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Abstract

This action research was driven by the researcher's desire to learn about early intervention services. Specifically, children's progress with expressive communication using family-centered practices in the natural environment and a caregiver present. The researcher is an early childhood special education consultant in her eighth year of teaching. The data was collected over the course of eight weeks during early intervention services for four children with communication delays. Findings revealed throughout the eight weeks, there may not be a large advancement of a child's expressive communication skills through early intervention services.

Keywords: early intervention, family-centered practices, IFSP, natural environment

Family Participation in Home Intervention Services

Early Intervention services are available for children aged zero to three years old experiencing developmental delays in cognitive, communication, physical, health, vision, hearing, or social emotional domains. (*Early access, 2022*) Young children learn best in naturally occurring environments, such as their home or childcare setting. Primary caregivers are a child's first teacher and an active member of the early intervention team. Assisting families' capacity to meet their child's needs and aid in their development is a crucial aspect of early intervention. (Dunst & Espe-Sherwindt, 2014) Utilizing the strengths and priorities of the family while building a strong relationship will overall benefit the child. Individualized Family Service Plans (IFSP) are designed with the family's needs at the forefront. (Byington & Whitby, 2011) The problem is, there is not a high volume of data available for practitioners to determine if family and child outcomes written within naturally occurring routines are effective. This study will provide early childhood home intervention educators with research of family-guided practices within the naturally occurring environment for children with delays in expressive communication.

The purpose of this research is to explore the effect family-guided practices (FGP) have on a child's expressive communication development. (Foster et al., 2020) Active listening is the most essential quality a practitioner can possess when entering a family's home to work alongside them. Family Guided Routines Based Intervention (FGRBI), are a FGP used to assist families in teaching their child, not just at specific times of the day, but to utilize every routine as a learning opportunity. (Popp & You, 2016) The routines chosen are goals set by the family with practitioner collaboration. (Mas, 2021)

All of the resources used were found on the DeWitt Library through Northwestern College database. The resources are all peer-reviewed journals. Except for three articles, all were written in the last ten years. Individualized Family Service Plan, early intervention, and family-centered practices are the primary topics of the sources reviewed.

Children are referred to early intervention services through family or caregivers. The child is assessed and the family is interviewed to determine eligibility for services through an IFSP. As a team, the practitioners and family, determine services and outcomes for the child and family. The family will ultimately have the final say of the outcomes on the IFSP. Early intervention with an IFSP is; routine based, outcome related, understandable, transdisciplinary, implemented by the caregiver, non-judgmental, and evidence based. (Jung, 2007) Caregivers involved in the decision making and hands-on learning are more likely to implement strategies when the practitioners are not present. (Popp & You, 2016) The research question is, how is a child's progress effected if a parent or caregiver is present during family-guided home intervention services?

This project will include assessment, family coaching and collaboration, family-centered practices, and IFSP implementation. The family coaching and IFSP implementation will primarily be included in the literature review. Assessment information and FCP will be included in data collection and data analysis sections.

Review of the Literature

Individual Family Service Plan

Boyer and Thompson (2014) and Gatmaitan and Brown (2016) had similar studies on Individualized Family Service Plans (IFSP). They studied the role of the family, different practitioners and their specialties, and the components of an IFSP. Gatmaitan and Brown studied Terri and Adam, parents of twin boys receiving early intervention services with delays in communication and gross motor. Research was conducted to ensure Terri and Adam felt confident in meeting the needs of their children in all settings, leaning on the practitioners when routines were not going well, and feeling as if the meetings were conversational in nature. The team used observational assessments and explained the process to the family in depth. In comparison, Boyer and Thompson studied the roles different practitioners play and what a multidisciplinary IFSP plan entails. Susan and Tom have a son, Ben, born prematurely and diagnosed with Down Syndrome sought early intervention services with concerns of Ben's development due to his premature birth and diagnosis. They were unfamiliar with early intervention services and needed clarification of what Ben required to ensure proper development. Ben's parents were concerned with the number of people working with Ben and were unclear of their specialties. The team worked closely with the family for understanding and priorities for Ben. These two instances are not uncommon with families of a young child seeking early intervention services. It can be confusing what early intervention services all entail.

Kuhn and Marvin (2016) performed a study with two families of two-year-old boys with communication and cognitive delays receiving early intervention services. The researchers took into consideration the individual families' strengths, adult learning styles, culture, and needs when determining the type of programming for early intervention and an IFSP. One family will

require visits monthly with the speech and language-pathologist. The second family will receive several visits monthly with the home intervention teacher and service coordinator. The children have similar delays, but the early intervention services were individualized due to the need of the entire family. Jung (2017), conducted research on types of outcomes written within an IFSP. Jung used the acronym ROUTINE (routines based, outcome related, understandable, transdisciplinary, implemented by caregiver, nonjudgmental, evidence based) to write IFSP outcomes. The researcher worked with Bob, Sara, and their son Jakob in developing their IFSP using the acronym ROUTINE to guide the process. Bob and Sara felt empowered and capable to meet Jakob's needs within daily routines. They didn't perceive the routines as something additional on their plate. They were equipped with the skills essential to assist in Jakob's development. (Jung, 2017) Establishing needs, services, and outcomes for each family is on an individual basis. No two families are the same and the services reflect this information. A family is able to assist in designing their IFSP regarding frequency, practitioners, and outcomes.

In the study by Byington and Whitby (2011), Jacob and his family outlined their participation in the early intervention process by sharing Jacob's needs to his new educational team with a portfolio. Their needs, priorities, and expertise of Jacob were at the forefront of the service model. They felt more comfortable sending their child to school and the relationship with the new educational team started off on the right foot. The family was an active team member of the IFSP, while easily transitioning into a collaborative relationship with the Individualized Education Plan (IEP) team. According to the study, as students transition from an IFSP, home-based family services, to an IEP, school based educational services, families can feel they lose their input in the needs and services of their child. The family will always know their child best.

The research found a portfolio, updated yearly, is a great method to ensure the family's active participation on the educational team.

Family-Centered Practices

Family-centered practices are early intervention routines during daily occurrences, determined by the family. Dunst et al. (2014) and Byington and Whitby (2011) conducted research about family-centered practices for families receiving early intervention. Dunst et al. (2014) studied 124 parents, caregivers, and children ranging three to thirty-five months and 125 practitioners with a variety of specialties such as special educators, physical therapists, speech and language-pathologists, and occupational therapists. The purpose of the study was to determine the most ideal location for services and how to get families involved. Dunst et al. (2014) found when early intervention occurred in the family home and involved the family, the results for the child were more favorable. The differences in the findings varied greatly depending on parents' beliefs about their abilities to influence their child's learning and development. Parents reported they were more likely to be involved in their child's early intervention services if the services happened in their home. 22% of parents reported involvement in their child's intervention when happening outside of the home. 54% of parents, who received services in the home, reported participating in their child's services. (Dunst et al., 2014) In comparison, Byington and Whitby (2011) conducted research on finding the strengths, concerns, and priorities of the family. Jacob, a child receiving early intervention services turned three-years-old and was transitioning to preschool, school based special education. The study used a 'parents as the expert' model of family-centered practices to determine how the family would feel honored when sharing their child's information with new practitioners. They chose to create a portfolio of Jacob and their family will be updated yearly with photographs, needs,

likes/dislikes, hopes/dreams. The family anticipated this could be easily viewed by any adult working with him and to keep everyone focused on Jacob. (Byington & Whitby, 2011) Family-centered practices are individually unique to each family and child's circumstances. No two situations and services are identical.

Foster et al. (2020), Mas (2021), and Keilty (2020) administered research surrounding practitioner behavior of family-centered practices. Foster et al. (2020) interviewed 203 early intervention practitioners, in a variety of specialties, to decide what family-centered practices are, what is most essential, and the strengths of delivering family-centered practices. The findings stated FCP are partnering with the family to empower the caregivers to be the child's most valuable teacher and advocate. 54% of practitioners stated the most important quality of an early intervention teacher is active listening. (Foster et al., 2020) Similarly, Mas (2021) looked further into the actual family-centered practices occurring in the field. 119 early intervention practitioners were surveyed. Practitioners reported their actual practice was not as family-centered as they would like. There seems to be a gap in the implementation of FCP and the recommended best practices. The characteristics of the practitioners seemed to alter a few of the survey results. Years of experience greatly impacted flow of service. Higher level of education indicated practitioner's ability to better identify a family's concerns and priorities and higher inclusion of family goals on an IFSP. The level of practitioner training in family-centered practices significantly influenced the practitioner's philosophy of the program used in the study. Practitioners reported family-centered practices are focused on the entire family and not only the child with a disability. Building a strong relationship with every member of the family is extremely important. (Mas, 2021) Keilty (2020) was the final study to research practitioner behavior regarding family-centered practices. This study involved Talia, a home intervention

teacher to Julio and his family. The research determined how to assess the home environment and create unique and individualized family routines. Through collaboration, observation, and mentoring, Talia saw an improvement in her practice and ability to meet families' individual needs. It appeared families trusted her more as she improved their ability to teach their child within already present routines. (Keilty, 2020) Practitioner understanding and use of family-centered practices has a large impact on the outcome of family and child successes. Ongoing training, reflection of practice, mentoring, and collaboration are needed for high quality early intervention services and family-centered practices.

Natural Setting

Young children feel most comfortable in the environment they are most familiar and are more likely to be their most authentic selves. Carroll and Sixsmith (2016) studied the involvement of children with disabilities within their research of early intervention services. They used a camera and communication device to collect first person information of the children's interests and preferences. The communication devices were used to assess the verbal skills of the children. Eight children between the ages of two and four with developmental delays, receiving early intervention services were studied. Seven children were male, one female. Seven had a diagnosis of Down syndrome, one with a diagnosis of physical and intellectual disability. (Carroll & Sixsmith, 2016) This is a very interesting and complex method of collecting data from students using their point of view. It uses a variety of technological resources through a valuable and creative lens.

Dunst et al. (2014) and Campbell (2004) collected research of early intervention services provided in a child's natural setting. Dunst et al. (2014) studied family-centered early intervention services assisting families in gaining skills to teach their child with a delay when the

provider is not present. 124 parents and caregivers of children receiving early intervention services and 125 service providers participated in the study. It found when early intervention services were provided in the home and the family was an active participant, the development of the child was positive. Parents were more likely to participate when the services were in the home rather than a space the child and family are unfamiliar. The confidence of the caregivers to meet the needs of their child was one of the largest contributing factors of the varied results. (Dunst et al., 2014) Campbell (2004) studied routines and participation of early intervention in a child's natural setting. For this study one child, twenty months old, diagnosed with cerebral palsy, and her family participated. Campbell (2004) wanted to know how to ensure a child with disabilities is able to successfully participate in their home routines and community activities using family participation-based routines. It established increasing children's participation within activities in natural settings, home and community, gives the child many opportunities to learn new skills. (Campbell, 2004) The research proves young children are able to gain new skills at a faster rate in their natural setting or home. The children's families, who are with them most, are able to contribute to their growth with daily routines far greater than visits from a practitioner in small doses.

Bradshaw (2013) studied the impact of culturally responsive practices on early intervention services for families. One family, who are Filipino-American, with a 27-month-old son David requiring early intervention and the provider, Tanya, participated in the study. After an initial visit, Tanya provided the family with intervention ideas and practices to implement. She did not consider the family's input in decision making or culturally protective factors. She therefore created a mismatch of intervention practices for the family. They began to cancel future visits; this was confusing to Tanya. She reflected on her last interaction, specifically the

recommendation for sleep practices, as the family did not state they were interested in ideas and feedback regarding sleep. Tanya apologized and wanted to get to know the family better to determine the milestones and goals they are wanting for their child. The family appreciated this call and set up another visit with Tanya. At the visit, she practiced actively listening to the family's concerns and goals, instead of simply giving ideas of what she thinks David should be doing. She suggested a play routine and response strategy for aggressive behavior, since the family identified communication, family interaction, and aggressive behavior as their largest concerns. Before leaving the visit Tanya checked in with the family to ensure this plan sounded like something they would like to try and if they felt confident to implement. Tanya has begun keeping a journal of her interactions with families for further reflection of her practice. She has formed a group of other providers to collaborate and constantly improve culturally responsive early intervention practices. (Bradshaw, 2013) Culturally responsive early intervention services are imperative for the success of the child and family and the relationship with the practitioner. Asking questions, clarifying, reflection, and identifying a practitioner's own biases should be part of each person's practice for early intervention.

Early Childhood Delays

Communication is a common concern for families and often cause for a referral to early intervention services or special education. Marshall et al. (2017) and Waters (2020) studied strategies and resources used with young children with delays in communication. Waters (2020) studied if simultaneous communication will positively impact students' engagement at circle time and if the use of sign language will increase. One teacher and classroom were studied, three students in the class had delays in communication and were not yet successful during the class circle time. With the use of simultaneous communication, verbal language paired with sign

language, the students were more engaged at circle time. One student is trying to speak orally more frequently while he is signing, the two others are using the signs they were taught to participate in the circle time songs. (Waters, 2020) Using sign language paired with verbal communication improved children's expressive communication skills over time. It would be interesting to see if the strategy effected the students without communication delays. Marshall et al. (2017) researched students with mild language delays receiving community program resources and did not qualify for special education. Thirty families participated in the study, following the evaluation for special education and did not qualify. Twenty-three of the families decided to send their child onto a community-based program, seven did not. Sixteen families speak a second language in the home. Several families indicated misunderstandings of the evaluation results and the different programming between IDEA and the community program. Some families did not understand what the program was and the difference between the two. Other families did not accept services because of their personal schedules. Several families expressed concern in the time lapse between when referrals were made, evaluations were conducted, and services were delivered. Of the students who participated in the community program, the results were overall positive and the families saw favorable results in their child. They appreciated the services happening in their environment and making it convenient for the families. Most families wanted the program to continue past the sixteen to twenty sessions they were offered. Bilingual families had some disappointing results. One reported the therapist encouraged them to stop speaking their native language and to only speak English. Another felt they needed to speak properly to their child and to not use any slang terms in their native language. (Marshall et al., 2017) Even if a child is found not eligible for special education services, there is benefit from high quality early childhood programs for all children.

When young children are demonstrating developmental delays, it can be a difficult and emotional time for families. Popp and You (2016) studied the effectiveness of early intervention specialists and programs. Specifically involving families in decision making. 2,586 families who previously received early intervention were studied. The families involved indicated the parent involvement in the service planning was the lowest with a score of 1.91 on a scale of 0-3. The parents reported good feelings about the professionals involved with a score of 3.61 on a score of 1-4. (Popp & You, 2016) Most individuals who work with families and young children have a good heart and want to help, but with the low score of parent involvement, more training and modeling of family-centered services for service providers is needed.

Kasprzak et al. (2020) studied the effectiveness of early intervention and early childhood special education programs and steps to improve consistency across states. Six states participated in the study. A survey was sent to all practitioners working in early childhood. 89% of respondents rated the proposed universal framework as high quality and relevant to their work. Many states have reported using the framework as part of their improvement planning related to state and local systems, as well as local early intervention and early childhood special education practices. Some disadvantages of the framework include; the time required to complete the self-assessment and the need for clarification on some of the content. (Kasprzak et al., 2020)

Universal early intervention and early childhood special education practices can ensure all families are receiving high-quality services regardless of location. However, it seems the type of framework needed is up for debate.

Methods

Participants

The participants of this action research study are four children receiving early intervention services. One child for a delay in communication, one with a delay in communication and cognitive skills, and two with delays in cognitive, communication, behavior, and physical. Three children are boys, one is a girl. Two are Caucasian, one is Afghani, and one child is Egyptian. Two of the children are dual language learners. Two children live with both parents and siblings, one child lives with their mother, maternal grandparents, and several maternal aunts and uncles. The fourth child lives with their mother and several maternal extended family members. All children received early intervention services twice monthly, for thirty minutes, in their family home. They range in age from 20-30 months. Two children live in a suburban area, two children live in rural surroundings.

Research Question

How is a child's progress effected if a parent or caregiver is present during family-guided home intervention services? The practitioner was present in the family's home and utilized a family-guided approach to deliver home intervention services based on routines identified by the caregiver. Some of the variables include; the caregiver's willingness to participate, the cognitive and skill knowledge of the caregivers, other delays of the child, and frequency of visits or scheduling conflicts.

Data Collection

Data was collected utilizing The Developmental Assessment of Young Children-second edition (DAYC-2) on expressive communication. The DAYC-2 is an assessment quick to administer, easy to observe the child or interview the parent, and efficient on finding the results.

(Developmental assessment of young children: Second edition, 2022) The assessment takes approximately ten minutes to administer. Data was collected twice monthly, at each home intervention visit. It was scored using pen and paper on the DAYC-2 recording sheet and kept in a file folder and secure filing system. Data was analyzed to determine if the presence and participation of the caregiver has a positive impact on the child's expressive communication. Progress was tracked by the DAYC-2 raw score age equivalent and new skills the child demonstrated.

IRB exemption approval was needed for this project. The practices and assessments are common use in educational settings. Family-guided, routines based early intervention within natural settings is best practice for home intervention services. The DAYC-2 assessment is utilized frequently to determine eligibility, delays, and progress of young children. This research poses no adverse effects to the participants.

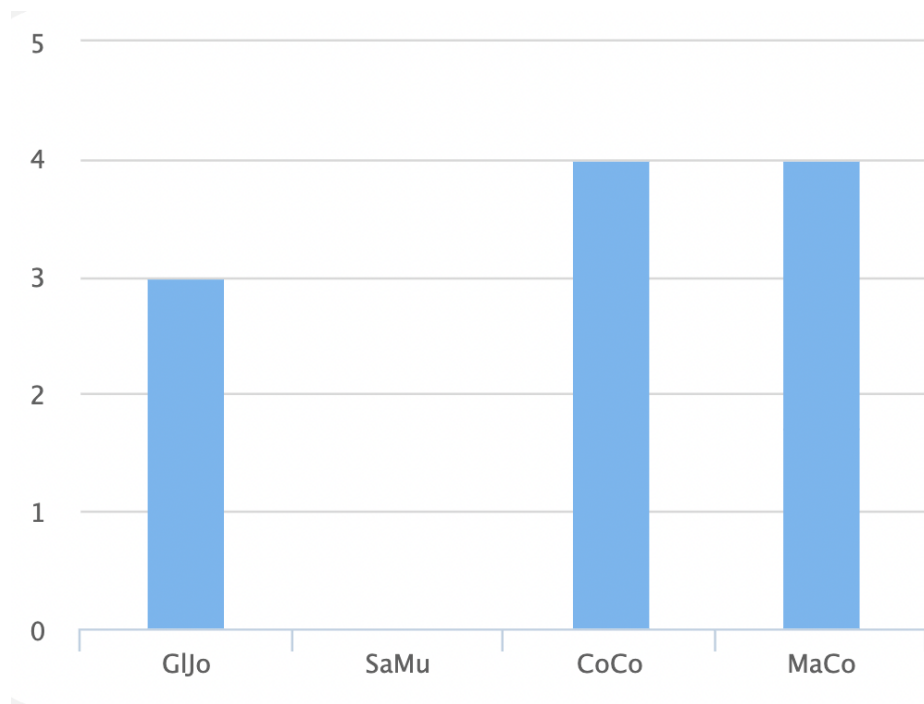
Findings

Data Analysis

To determine progress, quantitative and qualitative data was collected using the DAYC-2 assessment and observation. Data was collected during thirteen, thirty-minute, home intervention sessions. Of the thirteen sessions caregivers were present eleven. Figure 1 indicates the number of visits each child had a caregiver present.

Figure 1

Home visit with caregiver present



Note. The initials at the bottom indicate individual child's name initials.

The DAYC-2 expressive communication data was collected at each home visit, twice monthly, over the course of eight weeks. The researcher conducted observation and interview to complete the assessment. Figure 2 shows each child's individual scores.

Figure 2

Each child's raw score of the DAYC-2 expressive communication assessment

Child	Visit #1	Visit #2	Visit #3	Visit #4
GIJo	10	10	10	
SaMu	9	21	21	21
CoCo	9	9	9	9
MaCo	9	9	9	9

Note. The initials on the left side indicate an individual child's initials. For visit number four GIJo's family forgot about the visit and the child was not home.

The number generated from the assessment is a score of skills the child is able to demonstrate. The child receives a score of one if they are able to accurately perform the skill and zero if they cannot. They are assessed through observation and parent report. The total score is calculated in comparison to other same aged children. One child's scores increased throughout the data collection period, all other children's data remained stagnant. Meaning, their data neither increased nor decreased. Three of the children's assessment scores indicated they did not gain any new skills throughout the eight-week data collection period. One child grew 12 points and made a large jump in the skills related to the assessment.

The data does not indicate when a caregiver is present during home intervention it will have a significant positive impact on a child's expressive communication over the course of eight weeks. For the child's data increased during the study, their caregiver was not an active participant during services.

Discussion

The data does not indicate a large positive impact of a child's expressive communication when a caregiver is present during home intervention sessions. For the child demonstrated the most growth, the caregivers were not present and actively learning from the service providers. This may mean; the strategies given were not well suited for the families, the strategies were not correctly aligned with the needs of the children, or the strategies were not implemented with fidelity by the caregivers. This might also mean every child develops differently. Service providers do the best they can with the information and resources they have, and sometimes children do and do not make progress as expected.

The researcher worked to encourage families to take ownership of their child's learning with suggestions and guidance. Some changes in instruction should have been made. Active questioning to determine a best fit of routines should have been done to encourage a change in progress of the children.

This study has different findings than most other resources available. Other research indicates family-centered practices in the natural settings will provide the most growth for young children. These findings impact teaching and learning because family-centered practices in the natural setting are the main recommendation for early intervention services. Therefore, the results of this research contradict best practice recommendations.

A large limitation found in the research was the amount of time in which the research was conducted. The children in the study are delayed in communication, and progress does not happen overnight. More time was needed to determine the true effect of the early intervention services and the impact of the caregiver's presence to paint a truer picture of the research.

A second limitation was other outside factors. This included; other delays children experienced are impacting their communication, a brain injury, and caregiver buy-in. Two of the children have social emotional, cognitive, and physical delays as well as expressive communication. Their global delays have a large impact on how they to learn new skills. One child suffered a brain injury one-year prior to the research due to choking and lack of oxygen to the brain. This may have an impact on the child's ability to learn new skills and rate of progress. It is unclear if any of the caregivers actively practiced the strategies shared during home intervention sessions. Caregiver buy-in to early access services can be the most necessary component for developmental growth. If the caregivers are not actively teaching their children and working on the suggestions when the services provider are not present, minimal progress may occur.

Future Research

For future research on this topic, the next steps are to implement action research with more children receiving early intervention services with a variety of developmental delays. The research should be targeted to specific delays; cognitive, communication, physical, or social emotional, and the effect of home intervention services. Each domain should be broken up to track the child's progress in the domain the child is delayed. The appropriate rate of progress for each domain can be determined. The type of practitioner working with the family should be a considered variable. Early childhood consultant, speech and language-pathologist, occupational therapist, physical therapist, vision, audiology, or social worker are the practitioners working in early intervention in the state this research was conducted. Determining the type of practitioners on each child's case would be beneficial to future findings and the impact a multi-disciplinary team has on early intervention services.

Subsequent action research also should be conducted over the span of several months or years. It should begin upon referral and track the child's progress throughout the span of early intervention services. Another consideration may be the relationship the family has with the practitioner to determine the effect on progress.

Family participation is a substantial variable and is difficult to track with fidelity. Engaging different types of tools to ascertain child progress and family participation should be explored. This may be the family deciding on a method to collect data to hold themselves accountable. Examples include; a calendar on their refrigerator, a note in their cell phone, or a specific time of day the strategies are implemented. When the progress of the child is considered, it could be a large factor.

Conclusion

Throughout the research, implementation of IFSPs within a family's home and utilizing FCP, was done so with fidelity. The child's home is the most ideal location for services and coaching the caregivers has proven to be beneficial for many children. Being present in a family's home when they are seeking assistance for their child may be experiencing a delay can be difficult. Creating a strong relationship and ensuring their active participation in goal setting and services takes practice and reflection on each practitioner's service.

The problem is insufficient resources available for practitioners to determine if family and child outcomes within naturally occurring routines are effective. This study provides early childhood home intervention educators with research of family-guided practices within the naturally occurring environment for children with delays in expressive communication.

The findings in this research did not indicate a parent's participation in early intervention services had a considerable effect on children's expressive communication over the course of eight weeks. When moving forward with early intervention work, data needs to be collected and analyzed closely. This will be done during each early intervention session through assessments, screeners, observation, and parent interview. Collaboration with the family should be done often to track progress, determine if the recommended practices are effective, or if changes need to be made to the instruction or programming.

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