

Risk, Families, and Interventions in Early Childhood Special Education

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Early Childhood Special Education is a discipline that provides services to a wide variety of students and families through the collaboration of diverse service providers and disciplines; it is primarily an integration of Early Childhood Education (ECE) and Early Intervention (EI) services. Early Childhood Special Education (ECSE) is loosely defined as a discipline that provides interventions, accommodations, and other special education services to children ages three to six years through local and state education agencies. Early Childhood Education is distinct from ECSE and EI services because it refers to the education of all children from birth to age six. Early Intervention (EI) services are interventions, accommodations, and other special education services that are provided to infants and toddlers from birth to age three and their families coordinated by the local educational agency and provided by a multidisciplinary team of professionals. Early Childhood Special Education (ECSE) are interventions and instruction provided to toddlers and preschoolers from ages three to five or six coordinated by the local educational agency and most often provided through the local school system. All three educational disciplines involve specific terminology, methods, concepts, and appropriate practice beliefs that may or may not agree with the other disciplines.

Professionals in the Early Childhood Special Education and Early Intervention fields work to appropriately define delays and deficits and provide effective instruction to young children. These professionals seek to intervene as early as possible with children with communication and language difficulties because communicative abilities are tied to all other behaviors and developmental milestones (Kaiser & Roberts, 2011). Delgado, Vagi, and Scott (2005) noted that “speech and language impairments are among the most prevalent childhood disabilities” (p. 173). Developmental delay is defined as a child experiencing a significant delay in the acquisition of typical developmental milestones across the major fields of child

development: cognitive, physiological, and social-emotional. Professionals use this label of developmentally delayed (DD) to protect against misdiagnosis and incorrect labeling of young children with delays that could negatively impact their educational future, especially when facing a lack of consistent credibility in the assessments used with young children (Delgado et al., 2007).

Professionals, families, and policy makers seek correct and useful definitions when speaking about young children with disabilities; they also seek to define those children that are “at risk” for disabilities because our understanding of risk can inform decision making. Risk is the ability or probability of a child developing a delay or deficit at some point in the child’s life and development. When studying risk in the ECSE and EI fields, professionals look at the child and general population as separate entities and look at factors both in the child, in the child’s environment, and the child’s routines (Keogh, 2000). Risk is used by professionals and policymakers to create programs that better address: prevention, policy, practices, and health of all individuals (Delgado et al., 2005). Young children with disabilities are often at a greater risk for school failure and lack of positive social interactions (Kaiser & Roberts, 2011). Understanding risk and its implications in the lives of students and their disabilities directly informs how professionals in the education field seek to plan and implement interventions and learning with these children.

Professionals in the ECSE and EI fields use a myriad of techniques and interventions in working with young children with disabilities. When working with children at risk or diagnosed with autism spectrum disorder, educators may choose to use the principle of applied behavioral analysis or response to intervention strategies. In ECSE and EI, teaching in natural settings is seen as an evidence-based developmental appropriate practice and this belief is used the most in

teaching children with developmental delays. Ozen and Ergenekon (2011) discussed the variety of teaching strategies used in this manner, “instructional techniques that are used in the literature are incidental teaching, naturalistic time delay, mand-model, milieu teaching, transition-based teaching, and activity-based intervention” (p. 359-360). New skills and new concepts children are working on mastering can easily be inserted in their routines, environments, and favorite activities and do not require any extra instructional time on the part of the teacher (Ozen & Ergenekon, 2011). All of these techniques hold value and have positive impacts on children’s development.

Along with the benefit the child receives from effective intervention and instruction, the family also receives support and guidance while their child is receiving special education services. Due to a shift in the thinking of ECSE and EI professionals, they are placing more merit and importance on parent involvement in their child’s education and the benefits that parental interaction has in a child’s development (Mahoney, 2009). Throughout history parents have been involved in their child’s education through more detached processes; however, current practice has changed that ideal.

Children are affected by their environments and life events, just as adults. Family involvement in their education can help counteract any negative influences affecting a child’s education. Family involvement in their education also helps student’s develop resilience skills for their future education and life (Morrison, Storey, & Chenyi, 2011). The family also receives services through ECSE and EI programs because a child’s disability affects everyone in the family (Friend, Summers, & Turnbull, 2009). Creating a collaborative relationship with the family is one of the paramount rules in ECSE and EI effective and appropriate programming (Johnson, Pugach, & Hawkins, 2004). The formal and informal relationships and supports ECSE

professionals offer families are an essential part of the instruction and assistance they provide to children with disabilities and also impacts how the ECSE community as a whole deals with the concept of risk with young children and families.

The purpose of this paper is to provide a comprehensive review of key characteristics of early childhood special education and early intervention services. This paper seeks to explain key concepts that will aid professionals in their daily interactions with students, families, other professionals, and the outside community. The major topics that will be addressed are the determination of risk in ECSE, types of interventions used with young children with disabilities, and the family as an important collaborator in providing ECSE and EI services. The paper will then conclude with a discussion that addresses the salient point of the article and makes recommendations for professionals to remember in their interactions working in ECSE and EI programs.

Risk

The definition, functionality, and importance of risk can be hard to define in any field. In the fields of ECSE and EI, risk becomes more complicated by the relationships between biological and environmental factors and the fluid nature of young children's development. Risk is defined as any occurrence or potential occurrence that could negatively affect development in a person. In terms of ECSE and EI, risk most often refers to environmental, genetic, or medical risk factors that impact a young child's development (Keogh, 2000). Bruder (2010) noted that the most common trait being that for some reason (biological risk, environmental risk, established risk or a combination), their development has been compromised and they are experiencing a delay between what is expected behavior for their age and what they are

able to do across one or more developmental domains (cognition, motor, communication, adaptive). (p. 340)

An important characteristic to remember in discussing risk is that it relies on probabilities of delays or deficits occurring. Environmental characteristics can also lessen or exacerbate the expression of these risk factors and even the disability itself. Most commonly thought to put children at risk for a delay or deficit is the existence of prenatal or postnatal stress during their infancy (Keogh, 2000). Another easily identified population of young children at risk for developmental delays are those that are born weighing less than two and a half pounds; these infants account for one and a half percent of all births in the United States (Belcher, Hairston-Fuller, & McFadden, 2011). According to the case report written by Dusing, Van Drew, and Brown (2012), “approximately 11% of infants are born preterm in the United States each year,” which puts them at greater risk for a disability (p. 968). Other risk factors that are associated with infant health are low Apgar scores, medical illness or condition, size of head, and infant temperament (Keogh, 2000). However, these infants that are at greater risk for delays do not receive key screenings and evaluations after leaving the hospital, including those children that had a stay in the Neonatal Intensive Care Unit (NICU) (Dusing et al., 2012).

A child’s likelihood of disability or delay is increased relative to the amount of risk factors they had in infancy and early childhood. A child’s risk also increases when the child is from a lower socioeconomic class. Because of the impact socioeconomic (SES) factors have on risk, all professionals in ECSE and EI should consider both child and family characteristics when treating any child. Familial characteristics, quality of functioning, and past experiences directly affect all children and can serve to lessen or intensify a child’s disability or how that disability is expressed. Other risk factors associated with family environments are poverty, safety of home

and neighborhood, instability of caregiver presences or physical placement for the child, and parental characteristics such as criminal and mental health histories (Keogh, 2000).

The relationship between socio-economic factors and a child's risk for developing a disability should require that for effective intervention programming to occur with young children living in at risk SES environments, family services and forms of support should be part of the intervention program and implementation (Belcher et al., (2011). Instability of home environment and poverty has been shown to increase a child's risk for learning disabilities (Keogh, 2000). A recent study found that children on Medicaid are more at risk for developmental delays than those children with private insurance, at a two to one ratio (Belcher et al., 2011). Developmental delay and disabilities also occur in all SES classes and have a variety of outcomes even inside each of these classes. Children from at risk SES classes can still have positive social and academic futures and with strong familial ties (Keogh, 2000). Understanding factors of risk and how it impacts students can help determine effective programming for all children in early childhood.

In planning appropriate and effective programming for young children, it is important to understand how delays and deficits in young children can cause future negative outcomes for these children. Young children who have been classified with a disability can experience social isolation and rejection throughout their academic career (Diamond, Hong, & Tu, 2008). Students can experience problems in developing adequate social skills when they have a language or reading delay or deficit. Children with such difficulties in reading and language also experience more incidents of disruptive or inappropriate behavior (Greenwood et al., 2011). A sad reality is that the combination of language and behavior difficulties in school can and often does cause other academic delays or deficits (Kaiser & Roberts, 2011).

The combination of multiple disabilities puts children at greater risk for other difficulties later in life. Detecting and intervening when young children exhibit delays or deficits in their behavioral development is often debated in the educational community. Sometimes students are seen to outgrow these delays or deficits as they progress through the developmental process and learn to adapt to different environments (Menzies & Lane, 2011). However, research shows that by intervening when young children show these delays, future academic and social-emotional difficulties can be prevented in the child's later educational pursuits. By implementing an EI program, professionals and families can create an effective treatment plan for later developing behavioral difficulties such as aversive processes of behavior delays or deficits. Behavioral disabilities can mar a child's development and educational career with academic and relationship difficulties and failures (Menzies & Lane, 2011). By interceding and preventing some of these challenges, the child's chances for success are strengthened.

A child's social interactions at school and in the community directly impact his/her need for supports and services later in life in the arenas of adjustment, mental health, and overall academic success (Greenwood et al., 2011). Inability to conform to environmental constraints and characteristics can greatly affect a child's success in school because there are few quality alternative methods of instruction (Menzies & Lane, 2011). Schools and teachers can assist students in traversing the complex characteristics of their disabilities or they can exacerbate a child's difficulties. Schools also can exhibit characteristics of risk for children to develop developmental delays or deficits. Some of those characteristics are overcrowding, poor funding, lack of adequate staffing, and safety of the school and school neighborhood. A lack of societal and political support for the education of our children creates at risk environments in our schools (Keogh, 2000).

A child's risk for developmental delay is often mitigated by personal factors, familial supports and school characteristics. The combination and interaction of all these factors can lead a child to academic success or failure, whether they have a disability or not (Keogh, 2000). The factors that lead a child to academic and life success are often referred to as protective or resiliency characteristics. Protective factors are the counterpart to risk factors and counteract the negative influences in a child's life. Protective factors are programs or environmental dynamics that positively impact development and learning in a child. These factors can change and grow throughout a child's life and can consist of individual or familial positive characteristics.

Research shows that a child's individual temperament can serve as a protective factor and a risk factor, depending on its qualities throughout different stages of development. Positive characteristics can be good communication and attachment skills, being socially engaged and experiencing fewer external stressors to their development and learning (Keogh, 2000). The family can contribute protective characteristics as well, including familial stability; high parental responsiveness; extended family and friend support; and less challenging SES characteristics. Schools can also provide positive supports to the child through ensuring adequate staffing and resources, safety, and providing special programming to encourage students. Another factor that can prevent risk in young children is the characteristic of resiliency in children (Keogh, 2000). Resiliency is defined in children as the ability to develop and adapt even when they are in inadequate and challenging environments and situations.

It is difficult to navigate and understand the impacts and relationships among risk, protective, and resiliency factors. Keogh (2000) discussed how, "unless they are extreme, single risk indicators have limited prognostic and predictive power" (p. 3). Test scores are used in primary and secondary schools to identify children who are at risk for delays or deficits, but this

form of identification does not indicate possible causes for the child's delay. Prediction is complex to implement with respect to young children. Predicting certain probabilities for children to develop a disability works most effectively when considering groups rather than individuals. Because risk can be mitigated by environmental factors and protective variables predicting risk for individuals can be difficult (Keogh, 2000). Often large differences between an individual's risk and the population's risk for developing a delay or deficit exist (Delgado et al., 2007). Predictions that are valid when considering group level risk are often not valid when considering individual risk (Keogh, 2000). Instead EI and ECSE professionals should use predictive data and studies as a way to create policies and programming to monitor young children who could be at risk for developmental disabilities in hopes of improving identification and interventions for those children (Delgado et al., 2007). By understanding the impacts, relationships, and qualities of risk and protective values in children's lives, professionals can create better, more appropriate and effective interventions.

Interventions

Early Childhood Special Education and Early Intervention disciplines are ideally centered on research-based, proven, developmentally appropriate curriculum and instruction sequences that are often referred to as interventions. In the United States, ECSE and EI services are defined and mandated through federal policy under the Individuals with Disabilities Education Act (IDEA) Part B and Part C, respectively. In 2001, the U.S. Department of Education, which oversees the implementation and requirements of IDEA, reported over five and a half million students, ages six to twenty-one, received special education services and over half a million children ages three to six also received special education services during the preceding school year (Delgado et al., 2005). Although IDEA is a federally mandated and funded program, it has

never been fully fiscally supported by Congress and currently state and local governments are at risk of cancelling Part C services due to lack of funding (Bruder, 2010). Ironically research studies have concluded that it is more cost effective to provide early intervention services to young children and families than to be required to provide more comprehensive services later in the child's life (Belcher et. al., 2011). IDEA has defined categories of delays, deficits, and disabilities, which receive publicly funded and mandated special education services through Part B and Part C, which are also used in the professional and educational fields to categorize and provide services to these young children. Without these categories, children with specific needs might not receive the services they require.

Providing ECSE and EI services to young children with or at risk for a disability can provide lifelong positive outcomes in their academic and future endeavors. A goal of these ECSE and EI services is to provide instruction and accommodations that encourage development and remediation of delays so that children enter the public school system at a similar academic preparedness level as that of their peers (Mahoney, 2009). ECSE and EI programs also seek to encourage, assist, and instruct young children, at risk and with delays, to have adequate and positive social-emotional, behavioral, and language developmental gains (Bruder, 2010). Jennings, Hanline, and Woods (2012) discussed that instruction allows that these "skills learned are functional and meaningful for children and their caregivers" (p. 15).

Throughout the twentieth century, the education of children with disabilities has evolved. Before 1970, there were many state laws and regulations that barred children with disabilities from participating in the public school system; only 20 percent of these children were educated in the public school system (Belcher et. al., 2011). The Education for All Handicapped Children Act was passed into law in 1975 and it federally mandated public education for all individuals

with disabilities, for children ages six to twenty-one years old; its name was later changed to IDEA. Public Law 99-457 later added to IDEA that state and local educational agencies were to encourage the development of infants and toddlers, birth to age six, experiencing delays or deficits, promote child independence, support families in providing support and learning opportunities for their children, and reduce educational costs for the public school system (Belcher et. al., 2011).

An important aspect of IDEA regulations is that it provided federal funding for the provision of educational services to children with disabilities. For young children served by Part C and Part B services, a state agency oversees the implementation and coordination of services to these children and provides quality ECSE and EI services to underrepresented populations. The creation of state agencies also allowed for the coordination of payment entities for services provided to children under Part C, because these ECSE and EI services, services in addition to public education for children ages six to twenty-one, are not required by federal mandate to be included under the free, appropriate, public education clause (Belcher et. al., 2011). Later amendments to IDEA required states and local educational agencies to employ programs that allowed for increased accountability and ensured that young children were meeting their individualized goals and outcomes. Also, IDEA protects certain rights of the parents and guardians of these young children by ensuring that they have access to all of their child's records, have ability to consent to all intervention services being provided, and have due process protections in the case of disputes with providers and agencies (Belcher et. al., 2011).

Children receive services through two types of service plans that coordinate and detail interventions provided; these plans are mandated in IDEA. The Individualized Family Service Plan (IFSP) is used with children younger than three to coordinate the interventions provided by

a variety of professionals, such as physical therapists, teachers, parents, speech and occupational therapists. The Individualized Education Plan (IEP) is used with children ages three to twenty-one by local school systems that coordinate and implement the IEP plan (Ray , Pewitt-Kinder, & George, 2009). Part of the IEP process includes a concerted effort to ensure that a child with a disability is provided with as many opportunities for inclusion with typically developing peers as possible (Tsao et al., 2008). Part C services are provided to children under the age of three, in most states, and can include a variety of therapies including developmental, occupational, behavioral, family, nutrition, physical, and speech (Jennings et al., 2012).

Service providers in the ECSE and EI discipline are required by IDEA regulations to provide adequate consultation to parents and community organizations to ensure that children are receiving effective instruction. Also, providers are instructed to participate in the collaborative approach of the IFSP team and help teach the parents about the intervention plan. Although these providers all come from different disciplines and may have different philosophies on treating young children, the IDEA law and the IFSP team highly encourages a team approach to instructing young children. The difficulty lies in balancing the rules, guidelines, and concepts stipulated in the law and with providing services that are driven by child and family needs in designing an adequate and effective intervention program (Bruder, 2010).

Learning can occur anywhere and at any time; it is important that professionals and families embed opportunities to learn in all environments. This includes the family and home life, community environments, and center/program based learning. Effective programming also dictates that interventions and therapy practices be embedded in all of these natural learning environments and at all times during the child's day and routines (Bruder, 2010). Also, these programs should allow the child, with a delay or deficit, to participate as much as possible in

activities that their typically developing peers participate in (Jennings et. al., 2012). This new belief in the professional culture of ECSE and EI disciplines is that all programs that seek to teach and encourage these young children should be grounded in evidence-based practices, implemented in natural learning environments, allow for as much interaction with typically developing peers as possible, available to all families and children, and delivered by a collaborative team of trained professionals (Bruder, 2010).

Recent research and current movements in EI and ECSE are creating and implementing new approaches to intervention for young children with disabilities. Two intervention programs are receiving a lot of attention in the field: inclusion and response to intervention. Inclusion is becoming the goal and preferred mode of instruction of all students with disabilities. The broad definition of inclusion is the structuring of classroom populations and instruction to include children with disabilities with their typically developing peers. Research, for over thirty years, has proven that inclusion practices do provide positive outcomes for children with disabilities (Bruder, 2010). Even though a wealth of research encourages inclusion, early childhood education has not yet taken on inclusion as a common quality of effective programming. Inclusion is supported by both families and professionals and has been a supported practice by IDEA since 1997. For inclusion to occur in early childhood settings, these programs must adjust and accommodate the developmental needs of children with disabilities, which are individualized based on the needs of the child and family and outlined in the IFSP (Hurley & Horn, 2010).

Early childhood programs must create stipulations allowing children with disabilities into their programs. Hurley and Horn (2010) stated that, “part of the inclusion process is that it includes everybody and so if you set up criteria then you are not an inclusion program” (p. 344). In inclusionary practices, all children are active participants and children who have a delay or

deficit receive services throughout the day in their inclusive projects. For professionals working in these schools it is important for them to believe and teach that all children belong in inclusive environments. Also, it is important for teachers to ensure that all children are thought of and taught without labeling and that the classroom is one based on equality of all students (Hurley & Horn, 2010). In inclusive classrooms, children can form friendships and meaningful relationships, no matter their delay, deficit, or lack thereof (Diamond et al., 2008). Positive social interaction and development is a daily benefit in inclusive classrooms that encourage play and communication skills in all students (Tsao, et al., 2008). Social interactions between young children can showcase how children conceptualize and understand disability. Research has shown that functional effects of a child's disability can affect their social interactions with peers. Diamond et al., (2008) noted that

understanding children's reasoning about decisions related to inclusion or exclusion of age mates from specific play activities is important, particularly since children's explanations of their decisions are likely to reflect both their own experiences and their understanding of social norms. (p. 144)

Understanding the importance of inclusion, teachers also express that they feel unprepared to implement inclusion in their classrooms. It is imperative that educators receive better training and information to better serve the individual needs of their children (Hurley & Horn, 2010). Teacher training and access to information about individualization of instruction and accommodations is one of the main factors that differentiate between different inclusive programs. Other differences are caused by the child to teacher ratios, variety and successful adaptations available, if an enrollment criterion is used, and the amount of collaboration between families and the program (Hurley & Horn, 2010).

A form of instructional teaching that may be used with inclusion is response to interventions (RTI). RTI is a type of behavioral and instructional intervention that has gained momentum in the primary and secondary schools as ways to identify students with difficulties before they fail or escalate. RTI was developed in the 1970s as professionals sought to create a better process for the identification of disabilities in students than the model being used, the Discrepancy Model (DM). The DM identifies individuals using IQ testing and recorded educational achievement to determine if there are disagreements between the two. Federal law has changed to allow for school to identify a child's disability or deficit by other evidence based processes instead of the DM procedures (Mack, Smith, & Straight, 2010).

RTI differs from the DM as it provides a continuum of supports to all students and differentiates using a needs-based process of identification. Earlier identifications and interventions can occur for students in an inclusive setting due to RTI being focused on consistent data collecting and focus on a child's learning needs and qualities (Mack et al., 2010). RTI uses methods formerly designated only in special education classrooms and procedures to ensure quality, efficient, and well-timed ways that benefits all students, disability or not. These special education programming characteristics now used in RTI systems are data-based decision making procedures for all professionals and ensure adequate and efficient allocation of resources to classroom environments (Greenwood et al., 2011). During the most recent reauthorization of IDEA in 2004, the federal government included RTI as one of the approved methods of identification school systems can use. In their 2010 article, Mack et al. (2010) stated that

RTI may be more broadly defined as an approach that uses students' response to high-quality, research-based instruction to guide educational decisions, including decisions

about the efficacy of instruction and interventions, eligibility for special programs, design for individual education programs, etc. (p. 16)

A child's degree of response to the different intensities and levels of instruction, as verified through consistent data collection, determines where in the continuum of supports they are placed, hopefully to allow for the most natural and effective learning to occur.

RTI ensures that all students are actively engaged in evidence-based learning and that students who show difficulties progressing receive quality individualized instructions (Bruder, 2010). Response to intervention also seeks to create a school environment that is led by a highly trained, collaborative professional culture across general, special education, administration, and teacher distinctions. The different levels in RTI are group interventions, where benchmarks are used to determine if there is a need for program adaptation or more intensive interventions for specific students, individualized directed interventions, and intensive instruction and evaluation for further interventions (Mack et. al., 2010). Eighty percent of students in RTI programs respond and accomplish adequate learning goals at the first tier. Another fifteen percent need the next level of individualized interventions but then achieve adequate learning goals in the second tier. Only about five percent of students will need to receive the third tier of intensive instructions and supports and will possibly be referred for more comprehensive special education services (Mack et. al., 2010).

General characteristics of RTI implementation in schools are quality evidence-based instruction and interventions, universal screenings, consistent and data collection, and program reliability procedures (Mack et. al., 2010). RTI increases the validity of instruction and intervention methods because all educational decisions are directed by data collection and student responses (VanDerHeyden, Synder, Broussard, & Ramsdell, 2007). Identifying adequate

and appropriate benchmarks in academic progress and student development becomes a challenging factor in all RTI programs (Mack et. al., 2010). These benchmarks must be sensitive enough to determine which students are responding in the different levels of instruction and which are not, and they must be created and implemented in a way that accounts for changes in short time periods (Greenwood et al., 2011). Implementation of RTI programming in schools serving young children undergoes added complications because of the varying characteristics of the population being served.

Young children learn and develop in different ways and at different rates than their primary and secondary school counterparts. Thus, RTI programs have to change if they want to effectively serve this new population. VanDerHeyden et al. (2007) noted that “rapid skill development in highly variable early education environments presents challenges to specifying meaningful benchmarks for skill development” (p. 234). Research has shown an approach for identifying young children and how to apply benchmarks in a highly variable environment, referred to as *The Individual Growth and Development Indicators*. Children can be receiving services through an IEP or IFSP and still participate and benefit from the RTI framework of instruction and interventions. For children identified with a disability, RTI improves the collaboration, integrity, and provision of individualized services across different environments which can allow for better early identification of students in need of services (Greenwood et al., 2011). Response to intervention can also provide professionals with easier access to important data and information about the student and their responses to varying forms of interventions, which allows for more successful planning and programming (Mack et. al., 2010). The Council for Exceptional Children is a proponent of RTI with young children because of RTI’s leading characteristic being early identification of children with delays or deficits (Mack et. al., 2010).

The comprehensive and collaborative structure and programming is new for professionals in the early childhood education system unlike the old system of separating general and special education. The challenges to implementing RTI in the EC, EI, and ECSE programs is a lack of resources to develop and adapt instruction, lack of information and training about different levels of intervention, and lack of professionals who are sufficiently trained in RTI. Cost and ease of transition become added problems when policy leaders and educational leaders seek to implement RTI on a larger scale. One key factor that affects RTI is the lack of adequate funding and high turnover for early childhood teachers (Greenwood et al., 2011). Collaboration and cooperation between general and special education teachers of young children is required for response to intervention to be successfully adapted for individual student and program needs in early childhood programs (Mack et. al., 2010). This collaboration and cooperation is complicated further by the multitude of programs, professionals, and outside disciplines that serve the educational needs of young children (Greenwood et al., 2011). These educators also need intensive training and practicum-type experience in providing RTI services and tactics in the classroom. For RTI or any intervention plan to be successful with young children, educators and service providers must understand and collaborate successfully with the families of these young children.

Families

A child is directly affected by their family and how their family operates within the community. Even as the concept of what constitutes a family has changed over the decades, the affect that families have on their children has not been forgotten and needs to be understood by individuals in the educational system. The traditional ideal of a nuclear family that includes two parents of opposite genders and children no longer applies to the majority of the population;

single parent families have nearly doubled in the last twenty-five years. Johnson et al., (2004) defined family “as a network of people who live together for an extended time because of mutual commitment to the family unit” (p. 2). The child does not live in a vacuum and their development will be affected by what happens within the family (Johnson et al., 2004). Early intervention (EI) and Early Childhood Special Education (ECSE) only occur during 20-30 percent of the young child’s time awake so it is obvious that their family environment is responsible for the majority of their development and learning (Bruder, 2010). Family members serve as the experts on their children; they know what the child is lacking that inhibits their ability to participate in desired activities and functional routines (Jennings et al., 2012). To encourage the family’s ability to encourage development with their young child, EI and ECSE professionals understand that they need to provide families with services and supports (Friend, Summers, & Turnbull, 2009). Parents remain the major teacher in a young child’s developmental period even if the child is receiving intervention services. The efficacy of interventions with young children is directly supported by their parents’ response and interaction in the intervention program (Mahoney, 2009).

EI and ECSE educators have experienced difficulties in getting families more involved with the intervention programs. Families who have cultural differences, limited resources, and limited education experience the most difficulty becoming active participants of the child’s intervention programs (Kahn, Stemler, & Berchin-Weiss, 2009). One of the key outcomes of EI and ECSE programs should be encouraging family’s ability, confidence, and understanding of development and learning in young children (Bruder, 2010). Families have reported that EI programs have had a beneficial improvement of their children’s development and family functioning (Epley, Summers, & Turnbull, 2011). A wide variety of factors impact a family’s

relationship with their child's intervention programming like inviting schools, family needs, cultural differences, and a family's understanding of their child's disability.

Parents go through an adjustment period once they learn their child may have a delay or deficit and they continue through the process as they discover how that delay affects their child's life and development and their life. Parents, hopefully, come to a point where they seek to support their child, as different not less, and provide the best learning and development for their child throughout their lifetime. Parents' emotional understanding of their child's disability can ebb and flow over time as new experiences may reestablish their child as different (Greenwood et al., 2011). Mahoney (2009) noted that "parents' level of responsiveness is one of the main factors that contribute to children's development, at least during the first five years of their lives" (p. 82). The levels and qualities of responsive interactions between parents and children also directly impact the child's degrees of communication and language abilities. EI and ECSE educators can encourage and instruct parents on responsiveness through discussion, modeling, and interactive feedback methods (Mahoney, 2009). An important aspect of all EI and ECSE interventions is an understanding of child and family needs.

A family's quality of life is directly affected by a child's delay or deficit. The quality of life is defined as ability to participate in desired activities, enjoyable relationships, and needs being met (Friend et. al., 2009). Developing child and family needs is a key factor in creating IFSPs for infants and toddlers with disabilities. Identifying these child and family needs and adequate outcomes is a complicated process. To adequately identify child and family needs, EI and ECSE professionals must work jointly with families to develop these needs, programs, and outcomes. These needs are also determined based on available services as specified in IDEA Part C and Part B regulations. However, by factoring in available and existing services, some child or

family needs may not be addressed. IFSPs and IEPs can also neglect to include the priorities of the family because of relying on child-focused concepts or available services as guidelines. If services and interventions are not connected to family identified needs and priorities, children and families may feel that the current EI and ECSE programs are no longer beneficial (Epley et al., 2011).

Family needs and demands are varied and diverse and a child's disability and intervention is only one of those demands. By asking families to become more involved in interventions and schools, we could be adding to the family's stress. If the family is already feeling overwhelmed, the school's push for more family involvement could cause real harm to the family, even though increased parent involvement is shown to have positive effects on the child. The costs of care, resources, and restrictions of a child's disability can also increase the demands placed on the family. What teachers may view as apathy and opposition on the part of the families is actually exhaustion and stress (Johnson et al., 2004).

Another key factor that affects family involvement in schools is the understanding and respect for students' cultural traditions. To encourage family involvement in the interventions and schools, professionals need to express a respect for family traditions and how different family traditions can be a benefit to the child's and school's environment (Morrison et al., 2011). Johnson et al., (2004) discussed that "educators must get their own biases under control and not use stereotypes as an excuse to exclude parents" (p. 7). It is important for educators to encourage reciprocity in their relationships with parents rather than to just being a repository of information. By understanding and encouraging a relationship built on reciprocity, educators can adapt their decision making procedures and parent involvement procedure to better reflect and take into account the cultural traditions of the family and the knowledge they already have.

For parents to become involved in their child's school and intervention program, the school and its professionals must make a concerted effort to develop trust with the families and caregivers (Kahn et al., 2009). Meaningful and effective two-way communication is imperative in all school environments working with children, those with and without a disability (Ray et al., 2009). Nonverbal communication can also play a vital role. Listening is a key factor of parent-school communication because it shows how much the professional may care about the family and their input in their child's education.

Educators and other professionals should seek to establish a good relationship at the beginning of any school year, start of intervention program, or first contact with a family. They should also make a concerted effort to maintain that relationship throughout the program by using conferences, phone calls, progress reports, and newsletters. The relationship between families and EI or ECSE professionals is vitally important to the efficacy and health of any intervention programs for a young child (Johnson et. al., 2004). Ray et al., (2009) noted that some parents may not be aware of all the services needed to meet their child's needs or be able to afford them. Thus, informing families about resources in the community and how to access them is an important teacher contribution. (p. 20)

Families can feel vulnerable and disenfranchised when they do not feel they are actively contributing to their child's development and needs (Johnson et. al., 2004). It is imperative that professionals provide families with supports, formal and informal, to foster their ability to advocate for their child and family. Informal supports are most often community resources that provide added support to the family through churches, support groups, and neighborhoods. Formal supports are provided through the child's IEP or IFSP by the local and state educational agencies (Strain, Schwartz, & Barton, 2011).

Recent history of EI and ECSE has shown a change in how professionals treat and provide for families. Early intervention and early childhood special education professionals have changed their perspectives to be focused on the treatment of families through professional-family relationships and family choices. Professionals have been providing more child-focused services rather than family-focused services. However, studies have shown that parents are more satisfied with child-focused interventions but also express concern about the services they feel they need compared to what they receive (Epley, Summers, & Turnbull, 2010). Families are receiving services such as counseling, respite care, transportation, and medical services at lesser rates when compared to past IFSP data reported to state and federal governments (Friend et al., 2009). The Division of Early Childhood of the Council of Exceptional Children provides the EI and ECSE communities with research based appropriate practices for working with young children with disabilities. They classify appropriate practice pertaining to family relationships as a program being family-centered that focus on families being at the center of a child's development and learning and seeks to improve the families' ability to encourage their development (Epley et al., 2010). They further noted

in family-centered service delivery, families are, whenever possible, 'the primary and ultimate directors of and decision makers in the caregiving process.' Family strengths were defined as acknowledging, incorporating, and building upon the family strengths. Empowerment of families was also associated with the element of family strengths. (p. 271)

Family and professional relationships are part of how the intervention programs ensure all services provided are focused on addressing child and family needs, evident by the family working as an equal partner in the intervention program. The parents' and family's ability to

agree or disagree, consent or refuse certain services is a key factor in all intervention planning. Difficulties arise in ensuring effective family-centered practices in EI and ECSE programs because of the lack of consensus on what qualifies as adequate family centered practice (Epley et. al., 2010). Despite the known difficulties for families in EI and ECSE programs and communities, over fifty percent of families believed their family and child benefit from the services they received under Part C of IDEA (Belcher et. al., 2011).

It is still essential for EI and ECSE professionals to create environments and services that encourage parental confidence and competence. A parent's confidence can affect their ability to determine whether their child's improvements in a given program is worth the costs to their family and feel they have adequate authority to remove their child from that program without guilt (Goin-Kochel, Myers, Hendricks, Carr, & Wiley, 2007). Educators in the system should encourage parental confidence and competence by discussing the child's positive gains in their development and learning how the family has worked to encourage that development. Vital to creating parental confidence and respect in an intervention program is ensuring that all professionals never categorize the child negatively (Ray et. al., 2009). Family members' relationships and involvement with their child's intervention program can directly encourage their child's development. Studies have shown that participation from low SES families can increase their child's grades and reduce their need for special educational services (Morrison et. al., 2011). Family involvement and participation greatly improves the efficacy of an intervention program implemented by EI and ECSE professionals; thus, family participation is a key area of study for these professionals.

Discussion

The education of young children with disabilities is a complex area in society. Society, education professionals, and families must seek to determine whether one intervention works more effectively and efficiently for some children than others; they must all understand that not providing an effective intervention can cause irreparable harm to the child and cause greater need of support later in life (Goin-Kochel et al., 2007). Children can achieve positive outcomes in all arenas of life, despite negative variables, if they experience some form of early success in learning and development (Greenwood et al., 2011). Early intervention and early childhood special education providers are the experts on young children experiencing developmental delays and how they can learn; however, families serve as the experts on their child (Ray et al., 2009). The difficulties lies in connecting the expert knowledge of professionals in how to intervene effectively and efficiently with these children and the desired outcomes expressed by the family (Bruder, 2010). Professionals in the field must work to create an environment where practices, policies, and statements are consistent with the services provided to families and children (Johnson et al., 2004).

Professionals and families must always remember that all children can experience subtle and temporary delays in development and express inappropriate behaviors (Jolivet, Gallagher, Morrier & Lambert, 2008). By understanding the typical and atypical characteristics of development of young children and also understanding the importance of how services and programs are provided will affect the future of early childhood education, early intervention, and early childhood special education (Strain et al., 2011). Early childhood special education and early intervention professionals are in a position to improve the lives of numerous young

children and their families through how and what services they provide. Vice - President Hubert Humphrey once remarked that

The moral test of government is how it treats those who are in the dawn of life, the children; those ware in the twilight of life, the aged; and those in the shadows of life, the sick, the needy, and the handicapped. (as cited in Belcher et. al., 2011, p. 36)

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