EI/ECSE Standard 2  
Component 2.1  
Overview & Speaker Notes

Intended Audience:

Overview for Facilitators:
ECPC has developed an anchor presentation for each of the Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE). The components under each standard are presented separately. The materials are designed for an in-service professional development (PD) program but can be used in a pre-service teacher preparation course. This resource will increase professionals’ ability to address each of the EI/ECSE standard and components. Additional materials for each standard can be found on the ECPC Website: Curriculum Module | The Early Childhood Personnel Center (ecpcta.org)

Speaker Notes
The speaker notes provide a narrative and activities for each slide. You will see speaker notes for most of the slides within the slide deck. The notes provide additional details about the information on a particular slide, including the context for the information and key points. The notes are a guide, and speakers should feel free to modify these as needed. Please note the following:
  - The narrative is a sample script for the presenter. Although you may read it verbatim, speaker notes are intended as a guide for the presenter, and you may modify them as needed.

Materials Required for face to face
1. Share the outline with timelines for the training (build in breaks) 
2. Conduct an opening activity (introductions/ice breaker) 
3. Computers or tablets with internet access for participants (if possible) 
4. Handouts 
5. Projector with audio capable for playing video with speakers 
6. Presentation slides with speaker notes 
7. Develop an evaluation tool for all attendees (e.g., continuous improvement activity)

Materials Required for virtual
1. Distribute the link to the online platform in advance 
2. Share the outline with timelines for the training (build in breaks) 
3. Conduct an opening activity (introductions/ice breaker) 
4. Determine how participants will receive handouts and materials, on the cloud, using a storage platform (e.g., dropbox, google, etc.) 
5. Platform to share presentation (e.g., zoom, teams, etc.) with polling questions prepared in advance and breakout room capability 
6. Upload or send handouts in advance or through platform (insert through chat) 
7. Download videos ahead of time to prepare for low bandwidth from slide deck
8. Share screen capability (be sure to enable sound for videos)
9. Develop an evaluation tool for all attendees (e.g., continuous improvement activity)

**Objectives for Standard 2, Component 2.1:**
After participating in this professional learning opportunity, participants will be able to:
- Describe the elements of family systems theory.
- Describe biological, environmental, cultural, and societal factors that influence a family system.
- Describe family-centered practices that foster trusting, respectful, affirming, and culturally responsive partnerships with families.
- Describe strategies that facilitate the mutual exchange of knowledge and information between professional(s) and a family.

**Outline of Session Activities**

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Slide 1

Family-Centered Practices
Initial Practice-Based Professional Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE)

Slide 2

Standard 2
Candidates use their knowledge of family-centered practices and family systems theory to develop and maintain reciprocal partnerships with families. They apply family capacity-building practices to support families in making informed decisions and advocating for their young children. They engage families in opportunities that build on their existing strengths, reflect current goals, and foster family competence and confidence to support their children’s development and learning.

Slide 3

Component: 2.1

- Candidates apply their knowledge of family-centered practices, family systems theory, and the changing needs and priorities in families’ lives to develop trusting, respectful, affirming, and culturally responsive partnerships with all families that allow for the mutual exchange of knowledge and information.

Slide 4

Objectives

- Describe the elements of family systems theory.
- Describe biological, environmental, cultural, and societal factors that influence a family system.
- Describe family-centered practices that foster trusting, respectful, affirming, and culturally responsive partnerships with families.
- Describe strategies that facilitate the mutual exchange of knowledge and information between professional(s) and a family.
Begin the presentation by asking the group what their definition of a family is. Support the idea as folks answer that the concept of family can be defined and understood many different ways. **After this discussion, click once again** and the definition offered by Turnbull et al. (2015) will display. Ask the group to hold their responses in mind to this definition as they move through the presentation. You will return to this in the activity at the end.

### Slide 6

**Families are Systems**

"What happens to one member of a family happens to all"

(Turnbull, Turnbull et al., 2015: p. 3)

### Slide 7

**Family Systems Theory**

(Turnbull, Turnbull et al., 2015: p. 3)

A family is a social unit embedded within other informal and formal social units:

- Neighbors, friends, places of worship, systems of physical and mental health care, educational systems, employment, systems of access to food, transportation, housing, policy, legislation, and policing.

### Slide 8

**Family Systems Theory, Continued**

- These connected networks/systems surround and include the family, continually influencing each other, reverberating between and across all family members.
- Families can’t fully support healthy child development in isolation!
- Interventions must focus on the family within their natural network of systems, not just on the child alone.

<table>
<thead>
<tr>
<th>Slide 9</th>
<th>Activity</th>
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<tbody>
<tr>
<td>• Watch the video on the following slide</td>
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<tr>
<td>• What systems impact child development? How?</td>
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<td>• Can you make a difference in child outcomes without considering adult capabilities?</td>
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<tr>
<td>• How do you serve/empower adults in your work with children with disabilities and delays?</td>
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<thead>
<tr>
<th>Slide 10</th>
<th>Video: Building Adult Capabilities to Improve Child Outcomes</th>
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<tr>
<td><a href="https://developingchild.harvard.edu/resources/building-adult-capabilities-to-improve-child-outcomes-a-theory-of-change/">Video</a></td>
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<tr>
<th>Slide 11</th>
<th>Empowering capacity: Family Centered Practice</th>
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<tbody>
<tr>
<td>• Family involvement in early childhood intervention is an essential component for promoting child learning and development.</td>
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<tr>
<td>• Family-centered refers to a particular set of beliefs, principles, values, practices for supporting and strengthening family capacity to enhance and promote development and learning.</td>
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<th>Slide 12</th>
<th>Building capacity</th>
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<tr>
<td>• Capacity-building family-centered practices empower families and promote self-efficacy across social networks and systems</td>
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<tr>
<td>• Require a relationship based on mutual trust and respect</td>
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| Slide 12 | [Video](https://developingchild.harvard.edu/resources/building-adult-capabilities-to-improve-child-outcomes-a-theory-of-change/) |
Slide 13

**Engaging families to build capacity**

- When family members feel safe, strong, and competent to meet the needs of their family, they are more likely to have frequent positive interactions with their child.
- When EI/ECSE providers effectively engage families, they are in a position to build family capacity.
- Family capacity-building supports adult-child relationships and supports optimal child outcomes.


National Early Childhood Technical Assistance Center, 2008

Slide 14

**Capacity-building: 4 types**

- A model or paradigm for structuring how EI/ECSE providers work with families.
- A set of empowering practices that build and strengthen family capacities.
- A process of building knowledge and skills to promote responsive caregiving and child development.
- A goal to strengthen family member self-efficacy beliefs.

Dunst & Trivette, 2009

Slide 15

**Contrasting Approaches to EI/ECSE Practices**

**Capacity-Building Models**
- Promotion
- Empowerment
- Strength-based
- Resource-based
- Family-centered

**Traditional Models**
- Treatment
- Expertise
- Deficit-based
- Service-based
- Professional-centered
Capacity Building Practices

- Relational practices
  - Compassion, respect, active and reflective listening, trust, empathy, effective communication
  - Include practitioner beliefs and sensitivity to family and cultural strengths, values as part of intervention practice

- Participatory
  - Actively involve the family in choices and decision-making, developing family skills needed to obtain resources and supports - with flexibility and responsiveness

Capacity Building Caregiving Opportunities

- Building capacity for family members to positively engage in everyday activities and routines
- Increased frequency of positive interactions supports the learning and development of children
- Increased frequency of positive reciprocal interactions support self-efficacy of caregiving adults

Family-Centered Practice: Principles of Effective Help-Giving

- Positive and proactive in the context of trust
- Offered in response to an indicated need
- Engages families in choices and decisions
- Culturally normative and appropriate
- Include opportunities to reciprocate
- Enhances self-efficacy
- Promote acquisition of effective strategies that decrease the need for help in the future

Effective Partnering With Families

- Description of family-professional partnership framework
  - A. Definition | Connect Modules (dec-sped.org)


Capacity-Building Family-Systems Intervention Practices

Carl J. Dunst & Carol M. Trivette
Pages 119-143 | Published online: 08 May 2009

Meeting families where they are takes time, often more time than we feel we have when there is so much paperwork, and so many things to be done to get services in place.

But effective intervention cannot be accomplished before we fully understand who the family and their child are, their circumstances and priorities, and making sure we are making it possible for them to engage with services by acknowledging threats to their wellbeing (lack of access to safe housing, adequate nutrition, mental health services) from the start, and finding links to address those threats.

We want to be mindful about their previous experiences with helping professionals – have they been positive, negative? Might they feel that your presence is a threat to their family, based on previous experiences? How can we help families understand our presence as equals rather than as authorities?

We also want to understand how the words we use – delay, disability, deficit – are landing for them. Often, parents of children with newly-identified concerns are overwhelmed by these words, and can’t make clear decisions when they are dealing with a “fight – flight – freeze” response as providers share results of assessments and talk about plans. It’s OK to notice the words that family members themselves use to describe their child’s
concerns, and to talk to them about how discussions about delay or disability might feel for them - always using functional and strength-based language from the start.

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### Cultural Humility: Examining Our Own Expectations

- What assumptions am I making about this family?
- What developmental milestones do I think are important that may be culturally different for this family? (e.g., independence, self-help)
- What are typical ways that adults and children interact in my own culture vs. others?

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We also want to formalize time before – and after - every meeting with families that creates personal space for us to question our assumptions about how families are, what their priorities are, their expectations for their children, and the ways they interact with each other.

[Facilitator can provide examples from their own experiences, and ask the group if they can think of any experiences where they noticed that the culture of the family really stood out to them as being different from their own, and how that influenced their practice. Working during the discussion to support the idea that even when family values are very different, we must notice and adjust our
Discussion: Case Example

- Luz and her husband Luis live with their son Carlos, who is 26 months old. She and Luis both work alternating shifts to care for Carlos. Carlos has just received a diagnosis of ASD, and his family/team is working on helping him use communicative gestures, sounds, and single words, and increase episodes of joint attention.
- Luz is committed to helping Carlos learn. In her birth family, she says that adults did not typically sit on the floor and play with toys with children—adults always worked so children could thrive.
- How would you support social interactions and communication for Carlos and his family? What elements will be important to consider?

Before jumping into the question about supporting social interactions, address the primal importance of the family’s preferred language and how they use the family’s primary language for visits and/or use interpreters, unless the family is fully bilingual. Also support discussion of the fact that she and her family are still processing a new diagnosis—how can the team, in the process of evaluation and planning, make sure that Carlos is being represented at all times as a unique, whole, and competent member of his family?

Support discussion that EI/ECSE staff need to honor the reality that Luz may not have a lot of time outside of working hard to make a living, keeping her house picked up and prepare food for her family.

Support discussion that it might be interesting to hear how she had positive interactions with own mother—often there are times during washing up, getting dressed, preparing food, that young children have many positive interactions with their parents.

Support discussion that important interactions can happen during everyday routines—for instance, if he is taking off is shoes after coming home from the store, she can join him by taking off her own shoes, making a song about what is doing, commenting on the color of his socks, celebrating his success when the shoes come off (with or without support).

During meal preparation, Carlos can be given materials that Luz uses in the kitchen to manipulate in ways that he enjoys, and Luz can comment on what he is doing and provide functional models with her own actions, like stirring ingredients in her pot—even if Carlos may be using the materials differently. The most important things to remember is that
learning opportunities that reinforce the desire to be in the company of others, rather than leave the interaction completely – are vitally important for young children with ASD.

Always acknowledging that it is not easy to include a young child in everyday routines, and at the same time celebrating when he can stay present and share attention during daily interactions.

If Carlos has cousins or peers around - they can be invited to hand him interesting objects, join him in physical games that Carlos likes (like jumping, which his mother says he likes) give him materials like cars to help him join them and do what they do. Support discussion that siblings/peers are powerful models and interventionists!

Have groups read the case study, paying close attention to how Hailey, the PT and primary service provider, worked to develop trust and include Jennifer, Antonia’s mother, in decisions about services for Antonia.

What strategies or practices were implemented to facilitate development of a trusting, respectful relationship between Hailey (primary service provider) and Jennifer (Antonia’s mother)?

What additional strategies or practices could have been implemented to support the wellbeing of this family?

Use the resources on the right side of the case study to support the answers to the question and draw out discussion about barriers to wellbeing.
Slide 25

References and Resources


Slide 26

References and Resources


Slide 27

References and Resources

- *Early Childhood Personnel Center*
- *Cross-Disciplinary Competencies*
- *Harvard Center on the Developing Child*


https://www.tandfonline.com/doi/full/10.1080/10522150802713322

http://w.puckett.org/presentations/FamilyCapBuildEarlyChildInt_11_2010.pdf

https://ecpcta.org/

https://ecpcta.org/cross-disciplinary-competencies/

https://developingchild.harvard.edu/
