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PUTTING THE CART BEFORE THE HORSE: UNDERSTANDING THE FAMILY ASSESSMENT PROCESS IN EARLY INTERVENTION

by

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A Dissertation

Submitted to the Graduate Faculty

of the

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in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

Grand Forks, North Dakota
August
2013

This dissertation, submitted by Kristen M. Votava in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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This dissertation is being submitted by the appointed advisory committee as having met all of the requirements of the School of Graduate Studies at the University of North Dakota and is hereby approved.

_____
Dr. Wayne Swisher
Dean of the School of Graduate Studies

_____
Date

PERMISSION

Title	Putting the Cart Before the Horse: Understanding the Family Assessment Process in Early Intervention
Department	Teaching & Learning
Degree	Doctor of Philosophy

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Kristen M. Votava
May 9, 2013

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I have been reminded many times during this process that the journey is the reward. My journey has been slow and steady, but slow and steady wins the race. This process has been very rewarding, but I look forward to an entirely new adventure!

ABSTRACT

The purpose of this study was to gain an understanding of six state-wide policies and procedures used in the family assessment process within early intervention services. This study looked at the administrative understanding of the family assessment federal regulations, state policies and procedures, and local implementation from the perspective of the Part C coordinator in his or her state.

This qualitative study utilized methodologies associated with a grounded theory approach through in-depth interviews. The participants in this study included six state Part C coordinators. Based on the findings of this study, two broad conclusions are offered:

1. There was a lack of specific policies and procedures regarding family assessment, which made family assessment difficult to implement with fidelity across a state system.
2. There was a lack of specific training around performance competencies of family assessment, which lead to a reliance on a state's family-centered philosophy and the IFSP process.

Recommendations were made for early interventionists, Part C coordinators, and researchers in the area of family assessment.

CHAPTER I

INTRODUCTION

The purpose of this study was to gain an understanding of six state-wide policies and procedures used in the family assessment process within early intervention services. The overarching research question was: What is the administrative understanding of the family assessment federal regulations, state policies and procedures, and local implementation from the perspective of the Part C coordinator in his or her state?

Chapter I includes the background of family assessment within early intervention services in the federal regulations by reviewing the history from their beginning in the Education for All Handicapped Children Act Amendments (P.L. 99-457) in October 1986 to the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004. The challenges of implementing the family assessment regulations are discussed. The statement of the problem, research questions, rationale, definition of terms, delimitations, significance of the study, and organization of the study are also included in this chapter.

Function of Family Assessment in Early Intervention

Each day, young children are referred to early intervention services due to a developmental delay or high risk diagnosis. Consider a family in the hospital with a newly born baby who suddenly finds out that their child has Down syndrome. They enter the world of early intervention through a referral from the doctor to the local early intervention provider in their state. The new baby is eligible for early intervention

services due to the high risk diagnosis. The family is contacted by their assigned service coordinator who will meet with them in person and set up a developmental assessment of the new baby. In addition, a family assessment will be conducted to determine the priorities and concerns of the family. The family assessment allows the family to share information about their daily routines and activities so that the services in early intervention will match what is important to the needs within their family.

The service coordinator and the family plan a time to develop an Individualized Family Service Plan (IFSP) within 45 days of the referral date, as required by regulations. The family has a team of professionals from the local early intervention provider to help them with services that may include a speech-language pathologist, occupational therapist, early childhood special educator, and a physical therapist. The team meets to write the IFSP, which will outline services over the next year. The information from the family assessment will be vital in planning services and outcomes so that they are meaningful to the family.

Family Assessment in Federal Regulations

While early intervention services for infants, toddlers, and their families have been available for over a quarter of a century with the inception of the Education for All Handicapped Children Act Amendments (P.L. 99-457) in October 1986, states have put into place a variety of family assessment practices, which are required by the law. Early intervention services are defined as the "provision of support and resources to families of young children from members of informal and formal social support networks that both directly and indirectly influence child, parent, and family functioning" (Dunst, 1985, p. 179; Dunst, Trivette, & Jodry, 1997).

Since 1989, regulations in the *Federal Register* required that family assessment should be based on information provided by the family through a personal interview (Winton & Bailey, 1990). Bailey (1991b) described family assessment as a "functional process driven by the mandate to provide individualized services that support families as caregivers and decision makers" (p. 27). From the beginning, family assessment was meant to be a method for the family to share information about their personal needs and family strengths in order to build intervention services.

Sexton, Snyder, Rheams, Barron-Sharp, and Perez noted in 1991 that "there is little guidance contained in this legislation about how to collect such information beyond the requirement of a personal interview" (p. 81). In 2011, new regulations in the *Federal Register* added language that family assessment information be obtained by qualified personnel through the administration of an assessment tool along with the interview. Early intervention professionals in states across the country have adapted a variety of family assessment processes to meet the personal interview requirement.

There are several challenges states faced while trying to abide by and implement the family assessment regulations including professionals' understanding of family assessment, limited training, short timelines required by law, and minimal research on family assessment. Professionals in the field of early intervention sometimes complete very quick interviews to meet the family assessment requirement. McWilliam (2012) notes, "The first important issue facing the field is that professionals need to develop serious attempts to ascertain family-level needs" (p. 228). Assessing the needs of families can be easily glossed over with a short interview if professionals are not trained in conducting family assessment, or service providers may not understand the importance

of the process, which leads to less time spent completing the family assessment. Actual practice may be to simply identify weaknesses in the family and child's environment instead of delving into a full family assessment (McWilliam et al., 2011). "Unfortunately, in practice, this assessment is usually carried out without any particular methods or procedures or with the use of a home-grown questionnaire" (McWilliam et al., 2011, p. 46). Since the inclusion in the law of the need for an assessment tool, professionals are using a variety of tools that may not be evidence-based.

Limited training also affects the usefulness of family assessment in the field. Early intervention service providers are not trained or are not experienced in family-focused assessment (McWilliam et al., 2011; Sexton et al., 1991; Vincent & Salisbury, 1988). "Service providers are required to sort out caregivers' perspectives about their children's participation from other family information such as interaction patterns, needs, strengths, resources, concerns, priorities, or other aspects of family life" (Campbell, 2011, p. 76). With little training, this can be an overwhelming job for service providers when working with families. Woods and Lindeman (2008) noted that "service providers are challenged on multiple levels to gather this information" (p. 272) because of the need to seek personal information and meet legislated timelines while families are learning more about their children's special needs at the same time.

Minimal research has been conducted toward examining the process of family assessment, which is vital to the development of a plan that identifies the families' priorities as well as learning, also known as an Individualized Family Service Plan (IFSP). Since the first regulations in 1986, it has been noted that "the area of family assessment is clearly less well developed than the area of child assessment" (Mott et al.,

1986, p. 13). Further research is needed because quality interactions between families and professionals are essential if IFSPs are to meet the needs of children and families (Bailey, 1991a; Edelman, L., n.d.; Gallagher & Desimone, 1995). When "the IFSP's team by and large are not completing the concerns, priorities, and resources section of the IFSP with any rigor" (McWilliam, 2012, p. 228), the family assessment does not inform the intervention process. Family assessment is the first step in planning services for families, and when it is not done well, the IFSP may not meet the needs of the family (Bailey et al., 1986).

Through an examination of the processes six state Part C coordinators have used to choose their family assessment system, policy makers and early interventionists can better understand the different methods used across the country to improve efforts in the area of family assessment. Knowledge of the methods and processes used to create IFSPs will inform the early intervention field about family assessment practices and strategies in practice today.

Theoretical Framework

The methodology and conceptual framework was approached through an ecological theory and implementation science perspective. Hebbeler, Spiker, and Kahn (2012) state, "An ecological approach to service delivery views the nature of the interactions among the provider, the child, and family as the result of a complex and interrelated set of local, state, and federal influences including IDEA" (p. 201). The ecological theory encompasses the triad of child, caregiver, and service provider in early intervention while also taking into consideration the influences of policy and infrastructure (see Figure 1) (Hebbeler et al., 2012). There is an early intervention

hierarchy where the federal government provides the regulations, states designate a department to host the Part C coordinator for early intervention, and local early intervention providers are contracted to provide services in the state. Understanding these influences as contextual and intervening conditions and their impact on family assessment policies and procedures aids in the research.

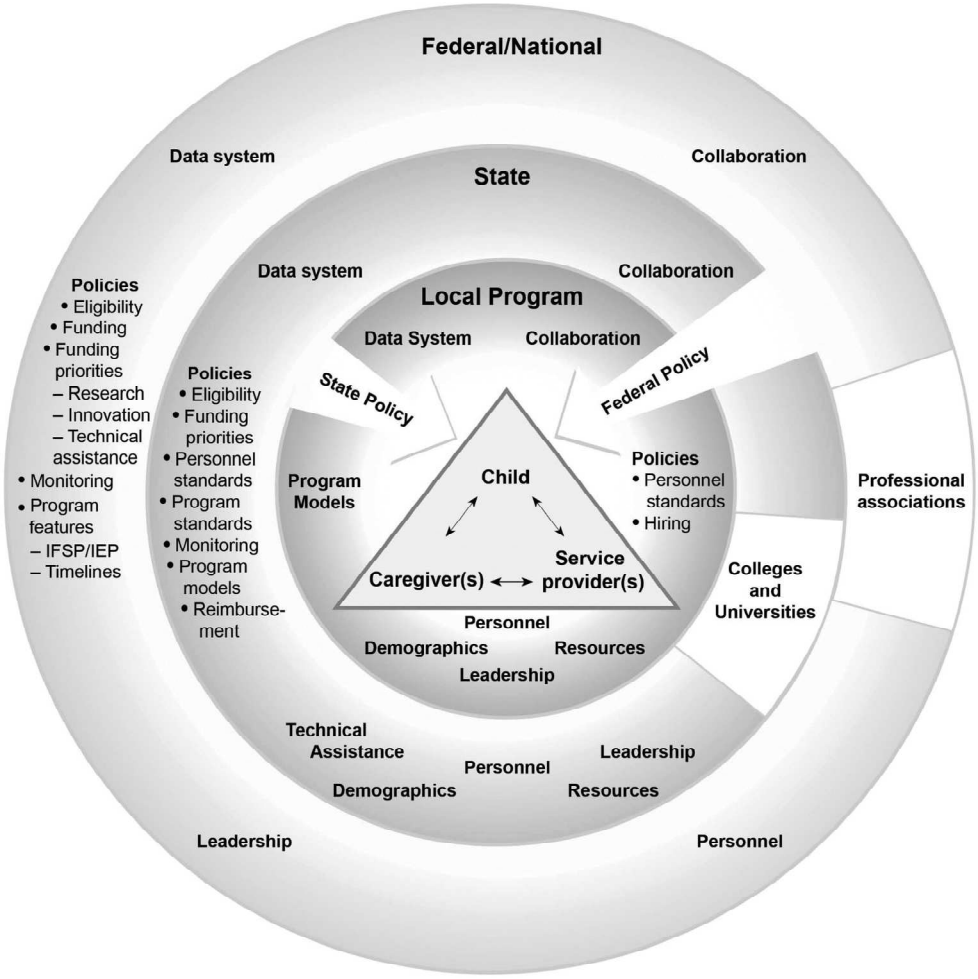

Figure 1. An Ecological Representation of the Multiple Influences on IDEA Early Childhood Services. Reprinted with permission from K. Hebbeler, D. Spiker, and L. Kahn, 2012, "Individuals with Disabilities Education Act's Early Childhood Programs: Powerful Vision and Pesky Details," *Topics in Early Childhood Special Education, 31*(4), p. 200.

The framework of implementation science was also used to understand how states apply their policies and procedures in a systematic way. Fixsen, Naoom, Blase, Friedman, and Wallace (2005) defined implementation as "the process of putting a defined practice or program into practical effect; to pursue to a conclusion" (p. 82). Implementation science offers a way to analyze how states are implementing their family assessment policies and procedures at the local level with early intervention providers. Fixsen, Blase, Metz, and Van Dyke (2013) identify the stages of implementation as exploration, installation, initial implementation, and full implementation.

Statement of the Problem

There is not a nationally adopted formal process for completion of family assessment in early intervention. All Part C coordinators develop their own procedures to meet what they believe is the "intent of the law." The law requires the use of an assessment tool by qualified personnel and an interview to complete family assessment, but professionals use a variety of different processes to meet this requirement. Campbell (2011) states, "Information gathered from families is the foundation of family-centered practices including professional-parent collaboration" (p. 64). The family assessment information is the basis for planning services in the IFSP, so understanding the variety of processes that have been adopted by professionals in each state can aid in understanding the many ways information is being obtained from families across the country. The information can be used to improve efforts to learn about families.

Confounding the problem is that the Individuals with Disabilities Education Act (IDEA) was reauthorized in 2004, but no regulations were published in the *Federal Register* until September 28, 2011. The new regulations in Part C of IDEA (*IDEA*

Regulations, 2006, §303.321) require that information for the family assessment be "obtained through an assessment tool and also through an interview" by "qualified personnel," ((1)) and that family assessment "be voluntary on the part of each family member participating in the assessment" ((2)). The law goes on to say the following:

> A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. ((2))

There is a Part C coordinator in each state, who is the designated administrator of Part C funds through the state public agency. The Part C coordinator helps to determine what the law's reference to "qualified personnel" is defined as in the state. Part C of IDEA states, "*Qualified personnel* means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services" (*IDEA Regulations*, 2006, §303.31). Qualified personnel may include, but are not limited to, occupational therapists, early childhood special educators, nurses, social workers, physical therapists, or speech-language pathologists working for local early intervention providers contracted by the state (see Figure 1). Thus, qualified personnel can have a different meaning in each state.

During the years in between the IDEA reauthorization and the published regulations in the *Federal Register*, Part C coordinators had to make decisions about how to complete the family assessment process by offering their own solutions and/or using available protocols such as the Routines-Based Interview (McWilliam, Casey, & Sims,

2009), the Assessment of Family Activities and Routines (Campbell, 2011), or other checklists (Woods & Lindeman, 2008). The processes and tools used for family assessment differ in every state. Also, there have not been any formal studies concerning the understanding of state family assessment processes.

Purpose of the Study

The purpose of this study was to gain an understanding of six state-wide policies and procedures used in the family assessment process within early intervention services. The overarching research question was: What is the administrative understanding of the family assessment federal regulations, state policies and procedures, and local implementation from the perspective of the Part C coordinator in his or her state?

Research Questions

The following research questions served to guide the investigation:

1. What is the understanding of the development, implementation, and support of the family assessment process in early intervention programs in selected states by Part C coordinators?
2. What are the contextual and intervening conditions that influence the development, implementation, and support of the development of the family assessment process in early intervention programs in selected states by Part C coordinators?
3. What consequences or outcomes are derived from the contextual and intervening conditions that affect the family assessment process in early intervention programs in selected states?

Rationale for the Study

My interest in this research is rooted in my professional experiences working in the field of early intervention. After I received my master's degree, I was hired as an early interventionist with birth to three-year-olds. I had a degree as a speech-language pathologist, and the field of early intervention was very new to me. The work required not only an understanding of typical and atypical child development, but working with other professionals in transdisciplinary teams to understand all developmental domains (i.e., physical, social-emotional, self-help, and cognition), not just communication.

Most important, the work was not in the clinical setting that I was accustomed to in my training as a speech-language pathologist. The work was in the family home and community. I learned the importance of working with families and understanding their needs. I learned about family assessment as the foundation of writing an IFSP that would bring meaningful intervention services to the families I worked with as a team member.

After several years as an early interventionist, I began working as an early intervention technical assistance provider to the state. This position allowed me to take a hard look at policy and the research behind it. I had to present on the topic of family assessment and IFSP development to professionals and families. I worked with a group to create a monitoring system for early intervention. The monitoring system was a way to assure that services in the state are compliant with Part C federal and state regulations through data analysis and chart review. Through the monitoring of IFSPs across the state where I was employed, I questioned the fidelity of the family assessment process due to the lack of details and general comments in the family assessment section of the IFSP.

The state financially supported me in becoming certified in the Routines-Based Interview (McWilliam et al., 2009), one form of family assessment. As a result of that training, I became even more interested in the many approaches, formal and informal, of family assessment. As I attended national conferences and communicated with early intervention professionals from different states, I became aware that they were struggling with their policies and procedures for family assessment. As the new regulations were published to the *Federal Register* in 2011, I began to feel even more strongly that more research is needed into how states use and implement the family assessment process.

Definition of Terms

The following terms are defined to lend meaning to purposes of this study:

At-risk infant or toddler:

> An individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual. At the State's discretion, *at-risk infant or toddler* may include an infant or toddler who is at risk of experiencing developmental delays because of biological or environmental factors that can be identified (including low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, a history of abuse or neglect, and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure). (*IDEA Regulations*, 2006, §303.5)

Concerns, priorities, and resources: Identification of the family concerns, priorities, and resources helps the IFSP team develop functional outcomes and identify the services, supports, and strategies to accomplish those outcomes. The identification of

family resources helps the team understand what family supports and strengths are already in place to enhance the child's development (Benner & Grim, 2013).

Developmental delay: "When used with respect to a child residing in a State, has the meaning given that term by the State" (*IDEA Regulations*, 2006, §303.10).

Early intervention: The "provision of support and resources to families of young children from members of informal and formal social support networks that both directly and indirectly influence child, parent, and family functioning" (Dunst, 1985, p. 179; Dunst et al., 1997).

Early intervention provider: A program or entity contracting with the state's Part C lead agency to provide local early intervention services (Howard, Williams, Port, & Lepper, 1997).

Education of All Handicapped Children Act:

> Passed in 1975 as the Education of All Handicapped Children Act and renamed the Individuals with Disabilities Education Act (IDEA), this law requires schools to provide a free and appropriate public education to all children with disabilities. Also known as *Public Law 94-142 or P.L. 94-142.* (Kritikos, LeDosquet, & Melton, 2012, p. 245)

Family assessment: A method to examine "the strengths and capabilities of the family, the child care ability of the family's informal support system, and the resources available in the formal support system. Assessment of families' needs includes their self-identified resources, priorities, and concerns" (Dunlap, 2009, p. 38).

Family-centered:

> A philosophy or way of thinking that leads to a set of practices in which families or parents are considered central and the most important decision maker in a child's life. More specifically it recognizes that the family is the constant in a child's life and that service systems and personnel must support, respect, encourage, and enhance the strengths and competence of the family. (Sandall, Hemmeter, Smith, & McLean, 2005, p. 301)

Family needs: "A family's expressed desire for services to be obtained or outcomes to be achieved" (Bailey, 1991b, p. 27; Bailey & Blasco, 1990).

Family strength: "The family's perception of resources that are at its disposal that could be used to meet family needs" (Bailey, 1991b, p. 27; Bailey & Blasco, 1990).

Fidelity: "Correspondence between the program as implemented and the program as described" (Fixsen et al., 2005, p. 82).

Functional outcomes/goals: "Goals that 1) reflect the priorities of the family, 2) are useful and meaningful, 3) reflect real-life situations, 4) are free of jargon, 5) are measurable" (McWilliam, 2010, p. 209).

IDEA (Individuals with Disabilities Education Act): "IDEA is the major federal education law providing funding for early intervention and education services and rights and protections for children with disabilities birth to 21 and their families" (Sandall et al., 2005, p. 302).

IFSP (Individualized Family Service Plan): The written individualized plans created for infants, toddlers, and their families when eligibility for early intervention is

established, which outline services required under IDEA (Howard et al., 1997; Sandall et al., 2005).

Implementation: The process of putting a defined practice or program into practical effect; to pursue to a conclusion (Fixsen et al., 2005).

Interagency collaboration: "Cooperative activities between/among agencies or programs" (Sandall et al., 2005, p. 303).

Multidisciplinary: "The involvement of two or more separate disciplines or professions" with respect to the evaluation and IFSP team (*IDEA Regulations*, 2006, §303.24).

Natural environment: Settings that are natural or normal for the child's age peers who have no disabilities (*IDEA Regulations*, 2006, §303.18).

Organizational structures:

> Definable units and/or processes around which personnel and practices are organized. Examples include the configuration of staff into teams; the schedules used to organize the flow of services; the administrative units that comprise an organization (e.g., offices, regions, buildings, programs); and/or an interagency council that provides an organizational structure for multiple agencies and programs to work together. (Sandall et al., 2005, p. 304)

Part C: The infant-toddler component of the 1997 IDEA legislation, which is a federal grant program that defines services for states in operating a comprehensive state-wide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families (Kritikos et al., 2012).

Part C coordinator: The individual responsible in each state for assuring birth througth two services follow the federal regulations (Howard et al., 1997).

Part H: The infant-toddler component of Public Law 99-457 created in 1986, which gave states an incentive to begin providing early intervention services (Howard et al., 1997).

Performance competencies: "The knowledge, skills, and dispositions that guide the curriculum and identify what program completers must know and be able to do" (Sandall et al., 2005, pp. 304-305).

Public policy: "The rules and standards that are established in order to allocate scarce public resources to meet a particular social need. Policy includes documents, mechanisms, and processes" (Sandall et al., 2005, p. 305).

Systems change: An approach to both program and system improvement that focuses on: (1) the development and interrelationship of all the main components of the program or system simultaneously, and (2) understanding the culture of the program or system as a basis for changing the system. (Sandall et al., 2005, p. 306)

Transdisciplinary: "Professionals share roles and may combine their assessment and treatment tasks so that any one individual may be carrying out the responsibilities of a different professional" (Howard et al., 1997, p. 29).

Researcher Bias

I realize that due to my interest and background in early intervention and family assessment, I needed to keep a sense of objectivity in my research. In order to reduce the possibility of researcher bias, I remained conscious of the possibility of bias during data collection and the analysis of data. During the interview process, I created a research

journal to increase my awareness of any bias by documenting my thoughts about family assessment in my research as well as my emotions and emerging theories. Corbin and Strauss (2008) state, "The important thing is to recognize when either our own analysis or the respondents' biases, assumptions, or beliefs are intruding into the analysis" (p. 80). During the analysis of data, I continued to remain cognizant of possible biases.

Delimitations of the Study

This study was limited to six in-depth interviews of Part C coordinators across the United States. There is limited generalizability of the results due to the small number of Part C coordinators that were interviewed. All information obtained was the individual coordinator's own experiences and perceptions of the processes in his or her state, so it does not necessarily represent the practices of coordinators in general.

Significance of the Study

The intent of this study was to understand the state policies and procedures Part C coordinators in several states have created to meet federal regulations and their implementation in the field. Information gained in this study will hopefully lead to a better understanding of the processes involved in the development of family assessment policies and procedures. The research findings from this study could lead to informing states about family assessment practices so that informed decisions can be made in planning family assessment practices in the future.

Organization of the Study

In Chapter I, the reader is provided with the background of family assessment in the federal regulations by reviewing the history from their beginning in the Education for All Handicapped Children Act Amendments (P.L. 99-457) in October 1986 to the

reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004. The challenges of implementing family assessment regulations are discussed. The statement of the problem, research questions, rationale, definition of terms, delimitations, significance of the study, and organization of the study are also included in this chapter.

In Chapter II, the review of the literature around family assessment as a requirement of the law is provided. The history of Part C, state service delivery of Part C services, family systems theory, and family-centered philosophy are also examined.

In Chapter III, the methodology used in the study is described including the rationale behind choosing a qualitative grounded theory design. A discussion of the sampling procedures, methods of data collection, methods of data analysis, and methods of verification in the study is included. The codes, categories, and themes are presented at the end of the chapter along with an axial coding paradigm.

In Chapter IV, a discussion of the results from the study, including a detailed discussion of the categories and themes through the words of the study participants, is presented. The central phenomenon that emerged from the data is also discussed following a grounded theory design.

In Chapter V, the summary, conclusions, and discussion of the study are provided. This chapter also includes the recommendations for the improvement of family assessment policies and procedures.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Early intervention services for children who are at risk for having a developmental delay or have a diagnosed disability between the age birth through two years old and their families are based on the premise that supporting families will aid in enhancing their child's development. Family assessment is a requirement of the law, which is meant to help early intervention personnel better understand family concerns, resources, and priorities. In order to understand the role of family assessment in early intervention services, it is important to review the history of the federal law (Part C), state service delivery of Part C services, family systems theory, family-centered philosophy, family assessment, as well as personnel preparation, implementation science, and system change.

Part C of IDEA

In 1986, the Education for All Handicapped Children Act (P.L. 94-142) was amended to include Part H services for children with disabilities age birth through two and their families. The federal government, through Part H, gave states an incentive to begin designing comprehensive early intervention services for infants and toddlers who were identified with a disability. Previous to the amendment of the law, there were no provisions for services to these infants and toddlers. In addition, services for children

with disabilities age 3-5 were not required. Congress established the program to enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the need for special education through early intervention; minimize the likelihood of institutionalization, and maximize independent living; and enhance the capacity of families to meet their child's needs (Trohanis, 1989). The act was reauthorized and renamed the Individuals with Disabilities Education Act (IDEA, P.L. 101-476) in 1990. In 1997, legislation reorganized IDEA and renamed the infant-toddler component Part C.

State Delivery of Part C

Part C is a federal grant program that assists states in operating a comprehensive state-wide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families. In order for a state to participate in the program, it must assure that early intervention will be available to every eligible child and his or her family. Part C is a voluntary program for states to choose to participate in providing early intervention services to infants and toddlers. The lead agency for Part C is left up to the state and is typically housed in the departments of human services, education, or public health.

States offering Part C services are required through IDEA to serve children who have a developmental delay or who have a diagnosed condition that would lead to a developmental delay (e.g., Down syndrome); states can also choose to serve children who may be at risk of delay without early intervention. States have flexibility in deciding their own eligibility standards for children in their Part C programs as long as they follow 16 components mandated by law including rigorous definition of the term

"developmental delay," services based on scientifically based research, multidisciplinary evaluation, development of an Individualized Family Service Plan, child find and referral system, public awareness program, central directory of services and resources, personnel standards, service coordination, funding, an interagency coordinating council, procedural safeguards, policies and procedures, single line of authority in the lead agency, system for compiling data, and early intervention services are provided in natural environments.

Services under Part C are meant to support families and enhance the child's development. Early intervention services can vary by state framework and family needs. Bailey, Aytch, Odom, Symons, and Wolery (1999) state the following:

> One difficulty in describing services is a key assumption underlying federal efforts, namely that early intervention is not meant to provide directly all needed services, but rather to facilitate access to and coordination of existing services and programs, supplementing when necessary with additional direct services. (p. 12)

Early intervention professionals in each state must work to coordinate their early intervention efforts with other programs, and family needs drive services.

Family Systems Theory

An ecological or systems approach gained acceptance during the latter part of the 20th century, and it impacted the development of what would eventually become the Part C legislation. Sameroff and Chandler (1975) put forth the transactional theory, which states that children and caregivers change each other as they interact over time. In 1977, Bronfenbrenner wrote about the ecological view where the child is nested within a family, and this is nested within the neighborhood and community system. These views gave way to family systems theory where "the family is viewed as a growing and

ever-changing system that has its own structure, resources, functions, and interactional patterns" (Bailey, 1987, p. 64).

In family systems theory, the child influences and is influenced by his or her family, so changes in the child affect the family and vice versa (Bailey & Simeonsson, 1988). Utilizing family systems theory, early intervention personnel work with the family to understand family strengths and needs while gathering information, in an individualized manner, about the family to aid in addressing those needs (Banks, Milagros, Santos, & Roof, 2003). Early interventionists must ascertain the resources and supports that the family has available. "A family systems perspective maintains that each family has available to it resources – both formal and informal – it can use to meet its needs" (Vincent & Salisbury, 1988, p. 52). Understanding the family systems theory gave way to the shift toward a family-centered philosophy in Part C legislation and intervention.

Family-Centered Practice

The entire family, not just the child with a disability, has an important role in early intervention services. Florian (1995) noted the following in her history of the legislation:

> Another unique feature of Part H is the mandate for a service delivery system that is interagency and family focused in nature. By emphasizing the reciprocal, interactive nature of multidisciplinary service delivery systems, P.L. 99-457 created the opportunity for new advances in service delivery to children with disabilities and their families. (p. 259)

The Part C law required that services be family-centered by nature, focusing on how family strengths could enhance the child's development. Part C services required that "professionals look beyond the needs of the child, recognize the child's needs in light of the family context, and share decision-making power with family members" (McWilliam et al., 1998, p. 70). As the law went into effect, Vincent and Salisbury (1988) stated, "Many researchers and program developers are recognizing that for intervention with infants and toddlers to be effective, the focus must be on family as a unit and not just on the child with a disability" (p. 56). The importance of the family in the life of the child became the focus for intervention services.

Bailey et al. (1999) wrote,

> Early intervention is not a discrete event but rather a complex series of interactions and transactions centered around the accomplishment of two basic tasks: nurturing and enhancing the development and behavior of the infant or toddler with a disability, and supporting and sustaining their families. (p. 12)

This statement pinpoints the thought that in order to aid the development of the child with a disability, the entire family needs support because they are so interconnected. Early intervention programs began to shift their view of the family in light of family systems theory.

When Part H of the federal regulations was put into place, the professionals delivering early intervention services were considered the experts who provided the services to families. As services evolved, the caregivers became the expert about their child. Bernheimer and Weisner (2007) stated, "Family-centered practices in early intervention have cast parents of children with disabilities in a new role" (p. 192). At one

time, researchers and practitioners saw caregivers mainly as sources of information about their child's developmental history, but now caregivers are asked to identify goals for themselves as well as for their child in the Individualized Family Service Plan (IFSP) process (Bernheimer & Keogh, 1995; Bernheimer & Weisner, 2007). Shelden and Rush (2001) discussed the trend toward a coaching model as they stated, "The role of service provider when providing services in natural environments is built on a coaching or collaborative consultation model in which the service provider supports the care provider(s) and other members of the team" (p. 4). Early intervention services shifted toward a shared responsibility with early intervention professionals coaching caregivers rather than being seen as the expert.

Natural Environments

The term "natural environment" first appears in the law in the IDEA amendments of 1991 (Public Law 102-119). Part C of IDEA currently states, that "Natural environments means settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings" (*IDEA Regulations*, 2006, §303.126). Services are delivered with the primary caregiver so that the caregiver can carry out the activities in the child's daily routines throughout the week, not only during the time when the early interventionist is with them. "One of the most pertinent reasons that interventions should occur in natural or least restrictive settings is to take advantage of all available learning opportunities that have the potential to enhance behavior and development" (Bruder, 2010, p. 342).

Activities in the natural environment are made up of natural learning opportunities that include family activities from mealtime, playing ball, a car ride, and

bathing, to getting dressed and watering flowers. Natural learning opportunities also encompass community activities like going to the park, story time at the library, and a walk through the neighborhood. Campbell (2004) stated, "Increasing participation in natural settings provides greater opportunities for children with disabilities to learn and develop" (p. 27). Providing services in natural environments offers learning from caregivers throughout the day in daily activities.

Family Assessment

Family systems theory provides the theoretical rationale for family assessment in that the importance of what is happening in the family affects any services the child will receive. When the legislation for family assessment was created, family assessment practices had been used, but the birth of Part H provided a "formal basis for family assessment in the context of developing an Individualized Family Service Plan (IFSP)" (Bailey & Simeonsson, 1988, p. 26). Family assessment became a required component in early intervention services.

Part H of the law (P.L. 99-457) described family assessment as "the ongoing procedures used … to identify the family's strengths and needs related to development of the child and the nature of early intervention services that are needed by the child and the child's family" (Bailey & Simeonsson, 1988, pp. 26-27). Family assessment began and continues to be voluntary for the family.

During the 1997 reauthorization of the law, language was added requiring that the assessment "be conducted by personnel trained to utilize appropriate methods and procedures" (*IDEA Regulations*, 2006, §322 (3)(i)). In the 2005 reauthorization, language was added changing the language to "qualified personnel" (*IDEA Regulations*,

2006, §303.321(c)(1). The regulations, which were released in September 2011, also added information about how the family assessment should be completed. The regulations state that the family assessment should be "obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment" (*IDEA Regulations*, 2006, §303.321 (2)(ii)).

The Part C regulations also currently require that an ongoing family assessment be conducted with the goal of identifying the family's resources, priorities, concerns, and needed supports and services (*IDEA Regulations*, 2006, §303.321). "The information a family chooses to share, along with other pertinent information, such as child evaluation and assessment findings, provides the foundation for identifying appropriate services, resources, supports, and strategies to achieve those outcomes" (Paisley, Irwin, & Tuchman, 2003, p. 1). The method the early intervention professional uses to address family assessment can be very important as

> the approach taken and the measures used in assessing family needs and strengths will significantly shape the professionals' views of the family, communicate messages to family members about the values and priorities of the professionals, and ultimately influence family goals and services. (Bailey & Simeonsson, 1988, p. 9)

There has been concern about how early intervention professionals should properly gather family assessment information since legislation for Part H began. Bailey et al. (1986) wrote, "Although we presently have adequate models and procedures for assessing child needs, the assessment of family needs has not been elaborated well" (p. 157). Even with the newly added language about the use of an assessment tool and

interview for family assessment, there is still considerable variation in the tools and methods used across states. Woods and Lindeman (2008) stated, "Service providers are challenged on multiple levels to gather this information" (p. 272) as they seek personal information from families during an emotionally charged time.

Since the beginning of Part C, researchers in the field suggested different types of family assessment practices. Bailey and Simeonsson (1988) noted that two approaches dominated the field: interviews or other interpersonal discussions with family members and various forms of written survey completed by one or more family members. By 1992, Slentz and Bricker noted the many sources of family assessment tools when they wrote, "Early intervention programs have adopted comprehensive family assessment procedures using a number of instruments from a variety of sources: books, journal articles, working presentations, and neighboring programs" (p. 12). The wide variation continues today with many forms of family assessment available to early interventionists.

Personnel Preparation in Early Intervention

Bruder (2010) discussed workforce development as one of the primary challenges facing early intervention. This is due to the diversity of child and family needs, variability of service systems across the country, and decreased resources to support infrastructure. Bruder and Dunst (2005) stated,

> The content and practices of early intervention service delivery are vastly different than those of school-age, or even preschool-age, services. Many of these differences are the direct result of the developmental needs of infants and toddlers, as well as the policies that govern the provision of early intervention services. (p. 25)

Early intervention requires specific training in personnel preparation to allow the student to have the knowledge and skills needed to understand the philosophies of early intervention and the service delivery system.

Bruder and Dunst (2005) completed a study of university faculty in the disciplines of early childhood special education, occupational therapy, physical therapy, speech-language pathology, and multidisciplinary personnel preparation programs to better understand the degree to which students in those programs received training in five early intervention practices of family-centered, Individualized Family Service Plans, natural environments, teaming, and service coordination. The data collected indicated that content specific to early intervention service delivery were not fully embedded across the personnel preparation programs.

In an offshoot of the previous study, Dunst and Bruder (2005) delved further into the training of students in the five professional development programs to understand how to use everyday family and community activities as natural learning opportunities. Data indicated that "faculty provided minimal training in using everyday community activities as sources of natural learning opportunities" (p. 241). Students in pre-service do not receive training in how to promote learning in the natural environment.

In 2009, Buysse, Winton, and Rous noted that there was not an agreed-upon definition of professional development in the field of early childhood. Buysse et al. stated that the absence of a definition "likely contributes to the lack of a common vision for the most effective ways of organizing and implementing professional development to improve the quality of the early childhood workforce" (p. 235). Buysse et al. proposed that professional development is the term used in education to describe activities to

enhance the knowledge and skills of those in the workforce, and their 2009 study used methods to validate this.

Bruder (2010) recommended that the early intervention system reclaim a system of evidence-based professional development. Bruder maintains that professional development in early intervention is described as

> consisting of two separate educational components: preservice (prior to completing degree or certificate) or inservice (ongoing job-related training). Technical assistance should also be included in professional development systems to facilitate the dissemination and replication of evidence-based practices linked directly to child and family outcomes. (p. 349)

Bruder (2010) also suggested that state systems return to using the framework of comprehensive system of personnel development (CSPD), which was originally required in IDEA, in order to scale up effective service models. Bruder stated, "What is most important is that training and technical assistance impacts service providers' behavior so that [evidence-based practice] EBP is implemented with fidelity to improve child, family, and program outcomes" (p. 349).

Personnel preparation programs face several challenges. The field of early childhood special education covers the birth through age eight, which includes three different service systems including early intervention (0-3), preschool (3-5), and elementary (5-8). The difference in intervention philosophy and models between birth to three services and preschool programs has evolved the idea of separate training programs (Bruder & Dunst, 2005). The personnel needs in these three systems vary with different philosophies and laws. Hebbeler et al. (2012) stated that improvements in personnel will

require new policy and additional research because “consistent personnel standards across states for early interventionists, service coordinators, and EC special educators could serve as a foundation for preservice preparation for the EI and ECSE workforce” (p. 202).

Implementation Science

Implementation is defined by Fixsen et al. (2005) as “a specified set of activities designed to put into practice an activity or program of known dimensions” (p. 5). Fixsen et al. noted specifically that the activity or program being implemented should be described in sufficient detail so that independent observers can detect its presence and strength.

In 2005, Fixsen et al. developed a synthesis of the literature in a monograph to describe implementation frameworks that apply at every level of an education or other human service system as well as implementation drivers, which are common components of successfully implemented programs. In this work, Fixsen et al. noted,

> It became evident that thoughtful and effective implementation strategies at multiple levels are essential to any systematic attempt to use the products of science to improve the lives of children, families, and adults. That is, implementation is synonymous with coordinated change at system, organization, program, and practice levels. (p. iv)

The use of implementation strategies is important to make change in a system that is well organized.

In the 2005 monograph, Fixsen et al. described four practices that make implementation most successful when

- carefully selected practitioners receive coordinated training, coaching, and frequent performance assessments;
- organizations provide the infrastructure necessary for timely training, skillful supervision and coaching, and regular process and outcome evaluations;
- communities and consumers are fully involved in the selection and evaluation of programs and practices; and
- state and federal funding avenues, policies, and regulations create a hospitable environment for implementation and program operations. (p. iv)

Fixsen et al. noted that these factors of implementation appear to be common across domains with the potential for positive impact across service systems.

In 2013, Fixsen et al. elaborated by describing the implementation stages and drivers at the state level. The state-level information was derived from work with the State Implementation & Scaling-up of Evidence-based Practices (SISEP) Center. The SISEP Center is a national technical assistance center funded by the United States Department of Education's Office of Special Education Programs with the purpose of developing implementation capacity so that states can make full and effective use of evidence-based programs state-wide (Fixsen et al., 2013).

Fixsen et al. (2005) proposed that the implementation stages are exploration, installation, initial implementation, and full implementation. The implementation drivers are leadership, organization, and competency. Fixsen et al. (2013) also defined a practice-policy communication loop, which is described as critical to develop a supportive educational system and hospitable conditions for any implementation work. "The practice-policy communication loop is a *reflective interface* between practice and

policy, where feedback regarding information sent out (policies that enable change in practices) returns into the component from which it originated (practices that inform policies)" (Fixsen et al., 2013, p. 224). Practice and policy are interconnected in implementation science.

Fixsen et al. (2013) also offered criteria for defining a program that will be implemented that include a clear description of the program, clear description of essential functions, operational definitions of the essential functions, and a practical assessment of the performance of practitioners who are using the program. Fixsen et al. (2013) discussed that the programs must be clearly defined, or implementation teams will struggle with exactly what "it" is that they are implementing. "If the program developers did not specify what 'it' is they have investigated, then the implementation team and the external support group must fill in the gaps related to the criteria for a program" (Fixsen et al., 2013, p. 219).

Implementation science offers a framework for putting evidence-based practices into motion. Fixsen et al. (2005) stated, "Clearly, state and national policies aimed at improving human services require more effective and efficient methods to translate policy mandates for effective programs into the actions that will realize them" (p. vi). For system change to occur, the people working with policy need to be informed for policy to move to practice.

System Change

Fixsen et al. (2013) noted that systems change is difficult, but "it can be achieved by state management teams that are informed and engaged in the process of supporting effective practices and demonstrated outcomes" (p. 217). Without a team that is

informed, Adelman and Taylor (2003) stated that teams make "one of the most fundamental errors related to facilitating systematic change" by setting actions in motion before taking the time to lay the foundation for change (p. 12). Adelman and Taylor noted that climate and infrastructure can play a role in how well system change takes place.

Hebbeler et al. (2012) stated, "Strong infrastructure at the federal, state, and local levels … are critical to achieving the still elusive goals of consistent high-quality services under IDEA" (p. 202). Infrastructure for EI [early intervention] and ECSE [early childhood special education] include strong leadership, governance structures, monitoring procedures, support for professional development, and access to data for decision-making (Hebbeler et al., 2012). Infrastructure varies greatly from state to state and also depends on the program in which Part C is housed.

Summary

This chapter presented a literature review that highlighted the history and policy in Part C federal law along with the most current information in the area of implementation science and systems change. The chapter also outlined the complexities of the early intervention system and implementation science as a way to build capacity to implement evidence-based programs. The underlying philosophies of Part C, including family systems theory, family-centered practice, and natural environments, were provided.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to gain an understanding of six state-wide policies and procedures used in the family assessment process within early intervention services. The overarching research question was: What is the administrative understanding of the family assessment federal regulations, state policies and procedures, and local implementation from the perspective of the Part C coordinator in his or her state? In this chapter, a statement of the type of design that was utilized, a discussion of the sampling procedures, a description of the methods of data collection, the methods of data analysis, and a discussion of the methods of verification used in the study are provided.

Research Design

Grounded theory was chosen for this study as it is a "specific methodology developed by Glaser and Strauss (1967) for the purpose of building theory from data (Corbin & Strauss, 2008, p. 1). Grounded theory allows the theory to emerge from the research by providing for the "generation of a theory (complete with a diagram and hypotheses) of actions, interactions, or processes through interrelating categories of information based on data collected from individuals" (Creswell, 2013, p. 84). The study of the family assessment policies and procedures in states from the perspective of Part C

coordinators was appropriate for grounded theory because it allowed for the development of a theory to explain the family assessment processes.

In order to gain an understanding about the process that has been used to develop policies and procedures regarding family assessment in early intervention programs across the United States, qualitative methodology was the best approach for this study. Both qualitative and quantitative research designs are helpful to the research process in varying ways as they can answer different questions utilizing distinctive techniques. Newman and Benz (1998) believe that each approach has a different purpose, but that they are related and intertwined because "for the qualitative researcher, the motivating purpose is theory building; while for the quantitative researcher, the intent is theory testing" (p. 20).

Qualitative research allows the researcher to examine a problem, and Creswell (2013) notes, "We use qualitative research to develop theories when partial or inadequate theories exist for certain populations and samples or existing theories do not adequately capture the complexity of the problem we are examining" (p. 48). This research on family assessment appeared to be best suited for qualitative research since no adequate information about state processes exists. Maxwell (2005) states, "Qualitative research has an inherent openness and flexibility that allows you to modify your design and focus during the research to understand new discoveries and relationships" (p. 22). The flexibility of qualitative research and the ability to deeply understand the perceptions of the participants were a benefit to this study.

Sampling Procedures

Theoretical sampling was used to recruit six participants. Creswell (2013) notes that "the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (p. 156). Part C coordinators were selected who had over two years experience as a coordinator in their state and who were willing to participate in the study.

Negotiating Entry

In order to identify possible participants, 15-16 Part C coordinators were approached at a national early intervention conference. Through a discussion, the research was briefly explained. The Part C coordinators were asked if they would be interested in a follow-up phone call. Of those Part C coordinators at the conference, eight agreed to a phone call. During the follow-up phone calls, two Part C coordinators relayed that they were too busy, and six agreed to participate in the research. During the phone call, it was determined if the Part C coordinator met the criteria to be a part of the study and when he or she agreed, the informed written consent form was sent (see Appendix B) by mail. Each Part C coordinator signed the consent once he or she chose to participate and returned the consent form in an enclosed stamped, self-addressed envelope. The Part C coordinators were informed that they could terminate the interviews or cease participation in the study at any time.

Methods of Data Collection

Charmaz (2006) stated, "Qualitative interviewing provides an open-ended, in-depth exploration of an aspect of life about which the interviewee has substantial experience, often combined with considerable insight" (p. 29). Semi-structured,

one-on-one telephone interviews were the main means of collecting data for this study due to the participants' location across the country. One participant was located in the Northeast region of the United States, two participants were located in the Midwest, and three participants were located in the West. Interview questions were e-mailed to the participants at least two days before the scheduled interview. Participants were asked to share information about their state policies and procedures, as well as training modules and/or documents via e-mail or the internet before the interview. Birks and Mills (2011) stated,

> The greatest advantage offered by information and communication technologies, from the humble telephone, through email to synchronous video conferencing, is capitalized upon when the researcher is able to maintain contact with participants for the purpose of clarification, expansion or elucidation. (p. 86)

Using e-mail offered another line of communication for participants to share information.

An interview guide (Kvale & Brinkmann, 2009) was used during the interview with participants (see Appendix A). The theoretical framework aided the development of the interview guide. Ecological theory provided for the consideration of local, state, and federal influences as the questions were developed. The framework of implementation science encouraged the inclusion of questions considering how states built capacity and infrastructure before implementation. The topics that were addressed in the interview included the role of stakeholders in planning the state family assessment processes, factors contributing to decision-making in the family assessment state processes, strengths and challenges of the chosen family assessment processes, training of professionals and families about the family assessment processes in the state, and the

affect of the process on the creation of the IFSP in the state. The interview guide led the interview and provided a method for note-taking during the interview.

Participants were interviewed at least once for approximately 30-45 minutes via the telephone. Each interview was audio recorded with a Zoom H2 portable stereo recorder to ensure accurate information after permission was gained to record the session while taking notes. During the interview, the participants were engaged in a conversation and asked to share their perspectives of their state's family assessment process through the history of the development of state policies and procedures. Participants were asked to e-mail the researcher any documents or online training links used in their state previous to the interview, and follow-up questions were asked about these materials. Supporting documents included state Part C websites, policies, and training documents. Follow-up e-mails were completed to clarify any information from the first interview. The interview transcripts, researcher notes from the interviews, and supporting documents were used in the analysis and interpretation processes.

Method of Validation

Several forms of verification were used to assure the accuracy and credibility of the study. For this qualitative study, triangulation; clarification of researcher bias; member checking; rich, thick description; and an audit trail were used to validate my research. Creswell (2013) considers "'validation'" in qualitative research to be an attempt to assess the 'accuracy' of the findings, as best described by the researcher and the participants") (pp. 249-250).

Triangulation is a process that "involves corroborating evidence from different sources to shed light on a theme or perspective" (Creswell, 2013, p. 251). In this

research, six Part C coordinators were interviewed from across the United States. State family assessment training materials were reviewed, and supporting documents from each coordinator's state outlining family assessment policies and procedures were viewed (see Figure 2).

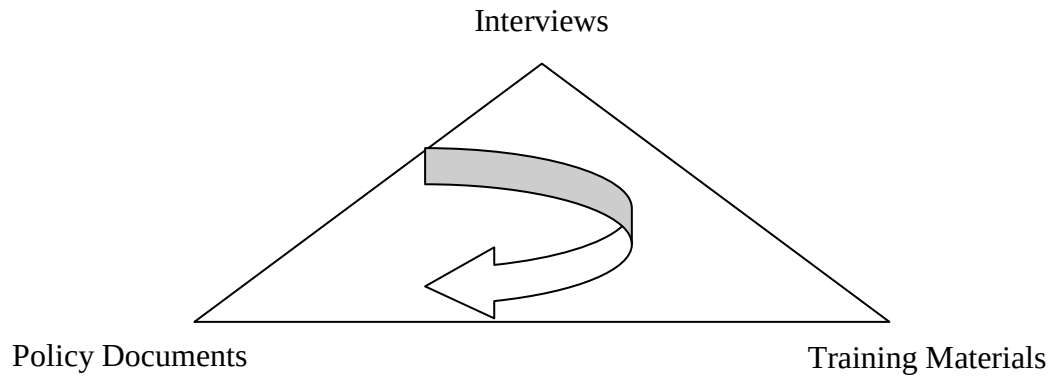

Figure 2. Triangulation of Evidence.

Verification was also completed through member checking. Lincoln and Guba (1985) stated that member checking is "the most critical technique for establishing credibility" (p. 314). In order to accomplish this, participants were asked for clarification during interviews, and participants were asked to review a transcript of the interview for accuracy. Follow-up e-mails were used for further member checking.

During this study, it was important to be cognizant of any researcher bias that could affect the research. When using clarification of researcher bias, "the researcher comments on past experiences, biases, prejudices, and orientations that have likely shaped the interpretation and approach to the study" (Creswell, 2013, p. 251). A clarification statement regarding researcher bias is in Chapter I.

Rich, thick description was used as a validation strategy in this study. "Thick description means that the researcher provides details when describing a case or when

writing about a theme" (Creswell, 2013, p. 252). Family assessment processes used by each of the six states were described in detail through the perspective of Part C coordinators and supporting documents from each selected state.

An audit trail was maintained throughout the research process so that there was a clear history of the development of codes, categories, and theory (Miles & Huberman, 1994). The audit trail included chronological research activities, pre-conceptualizations, interviews, initial coding efforts, analysis of data, and development of the theoretical model.

Methods of Data Analysis

The data from this study were mainly from interviews with Part C coordinators along with any supporting documentation they provided about their state family assessment processes. As soon as possible after the interview, full notes were prepared (Creswell, 2013) on the interview and a transcriptionist transcribed the audio recording. The transcriptionist signed a confidentiality agreement (see Appendix C). Next, the interview data were imported into the program Ethnograph 6.0. During this process, the data were stored on the researcher's computer, which was password protected. All printed protocol transcripts have been placed in a locked cabinet in the researcher's office for seven years.

Open Coding

To analyze the data collected during interviews, open coding was used (Strauss & Corbin 1998) by coding transcripts within Ethnograph 6.0 (see Figure 3). Notes and memos were used to track the researcher's impressions during the process along with a research journal. These methods also aided in the development of questions for

follow-up e-mails to the Part C coordinators. Memos were attached to the transcripts in Ethnograph 6.0 because "memoing gives you the opportunity to interrogate the data with the aim of developing abstract concepts necessary for the construction of theory" (Birks & Mills, 2011, p. 40).

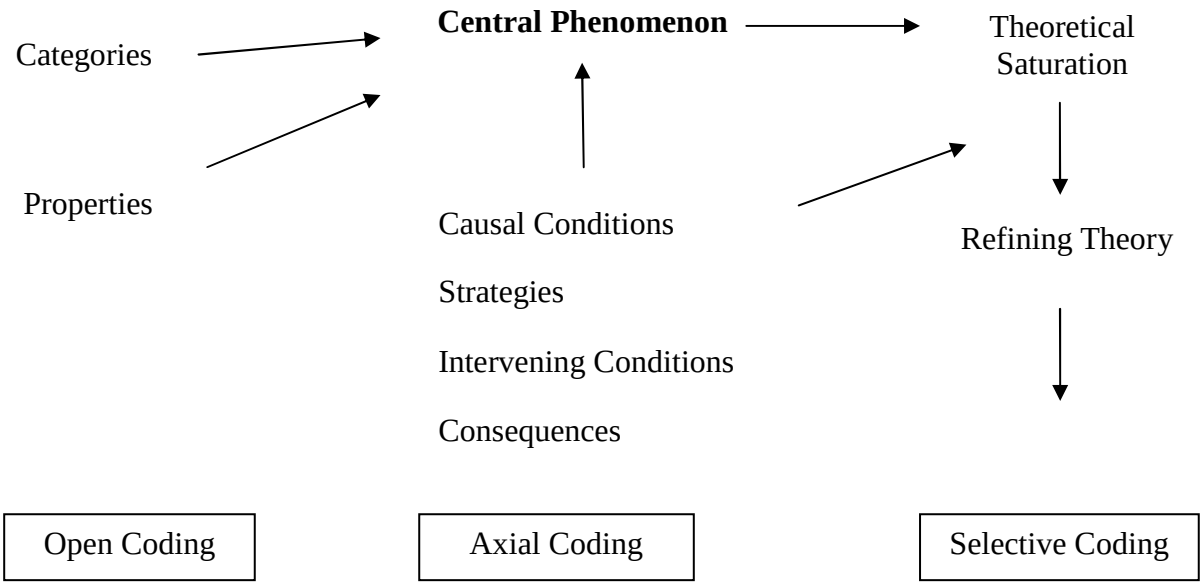

Figure 3. Coding Diagram.

Open coding was used as a first step to identify important segments in the data collection. "Coding means categorizing segments of data with a short name that simultaneously summarized and accounts for each piece of data" (Charmaz, 2006, p. 43). After the initial coding was completed, and the transcripts and memos were re-read several times, a new file was created in Ethnograph 6.0, and the transcripts were re-coded. I was able to collapse the original codes from 90 to 48 codes.

During this time, the data were analyzed from the supporting documents while data collection continued through follow-up e-mails as needed. Creswell (2013) stated, "The researcher engages in the process of moving in analytic circles rather than using a

fixed linear approach" (p. 182). Data collection and analysis were ongoing processes. The interviews along with the supporting documentation were used to saturate, or fully develop, the model (Creswell, 2013). The constant comparative method (Glaser & Strauss, 1967) of data analysis was used to make comparisons and create categories at each step of the analysis (Charmaz, 2006; Creswell, 2013; Strauss & Corbin, 1998). It was important to remain open-minded and flexible in thinking as data were reviewed and emerging themes were identified from the categories. The codes, categories, and themes that were developed from this analysis can be found in Figure 4.

Axial Coding

The next step in the development of grounded theory is axial coding (see Figure 3). Axial coding was used to help to identify the properties and dimensions of each category (Charmaz, 2006). Corbin and Strauss (2008) stated that axial coding is "crosscutting or relating concepts to each other" (p. 195). The data were re-assembled in new ways and a coding paradigm was developed to identify a central phenomenon while exploring causal conditions, specifying strategies, and outlining the consequences for the phenomenon (Creswell, 2013). Diagrams are "conceptual visualizations of data, and because they are conceptual, diagrams help to raise the researcher's thinking out of the level of facts" (Corbin & Strauss, 2008, pp. 124-125). The axial coding paradigm for this study can be found in Figure 5.

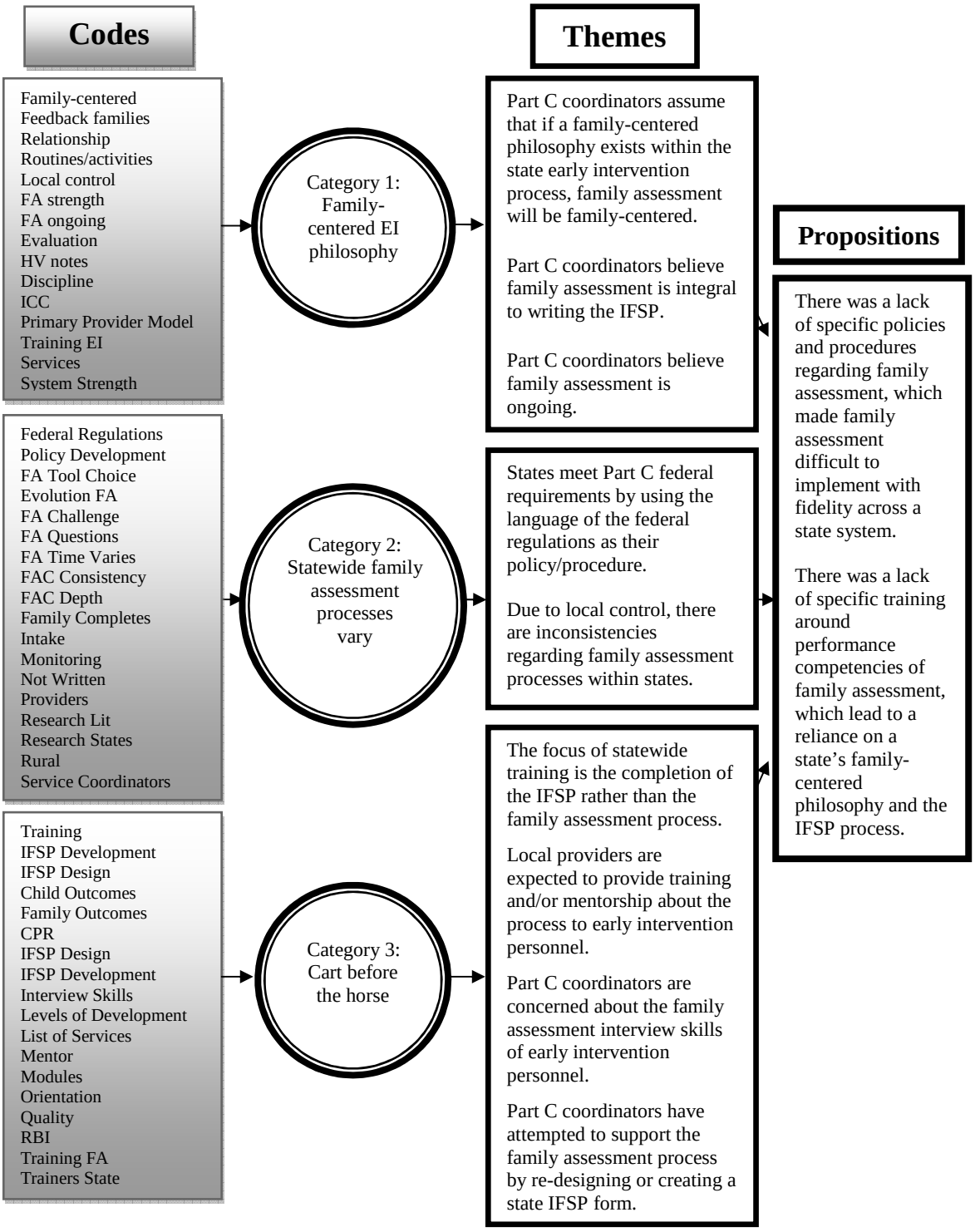

Figure 4. Family Assessment Research Open Coding Map.

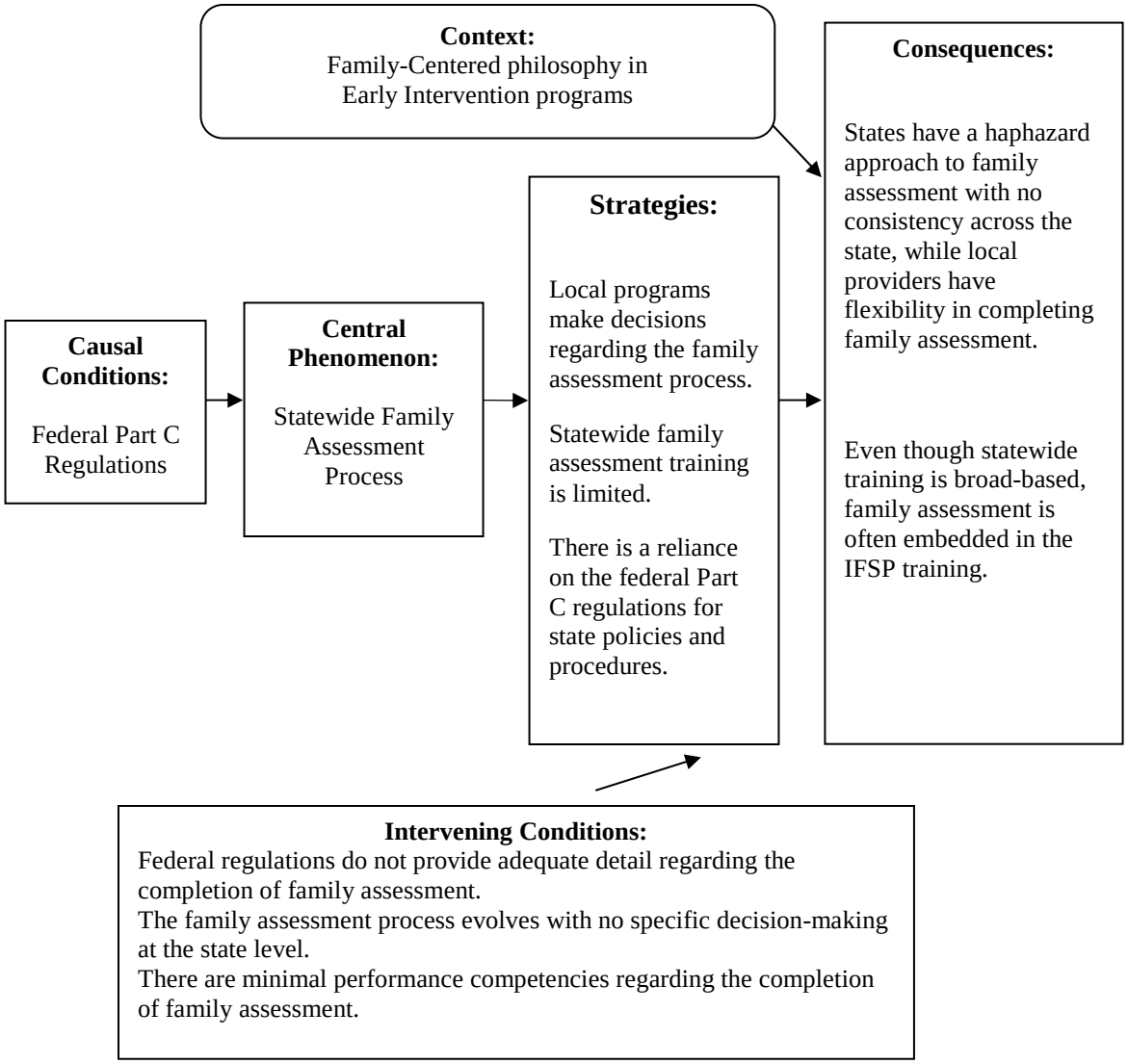

Figure 5. Axial Coding Paradigm.

Selective Coding

The final stage of grounded theory analysis was selective coding (see Figure 3). Selective coding is "the process of integrating and refining categories" (Strauss & Corbin, 1998, p. 143) once axial coding has been completed. Selective coding was used to develop a substantive-level theory that emerged from the data collection and analysis work (Creswell, 2013). During this stage, the actual theory was developed and told when

the researcher was able to describe the interrelationship of categories in the model and develop a theory (Creswell, 2013). Completing this process helped to develop a narrative discussion to summarize the findings of the study. Through the understanding of the events in each state, and the analyzing of state processes, a theory developed about family assessment policies and procedures in six states, which will be presented in the next chapter, along with the findings from the open coding map and the axial coding paradigm presented in this chapter.

CHAPTER IV

PRESENTATION OF FINDINGS

The purpose of this study was to gain an understanding of six state-wide policies and procedures used in the family assessment process within early intervention services. The overarching research question was: What is the administrative understanding of the family assessment federal regulations, state policies and procedures, and local implementation from the perspective of the Part C coordinator in his or her state? The purpose of this chapter is to review the research question by presenting the results of the study that lead to the development of an emerging grounded theory.

This chapter is organized around the findings briefly discussed in Chapter III in Figures 4 and 5. When open coding was completed during data analysis (see Figure 4), codes were organized into the development of the following three categories: family-centered early intervention philosophy, statewide family assessment processes vary, and cart before the horse. The first section of this chapter provides the three categories and several themes that emerged from the data. The data consisted of transcriptions of the interviews from the participants and artifacts, which were reviewed and corroborated evidence including state Part C websites, policies, and training documents. The quotations from the data were cited with a number representing the participant by interview (i.e., 1, 2, 3, 4, 5, or 6) and preceded by "PCC" for Part C coordinator, so interview number one is labeled PCC-1. Artifacts are cited by the

matching Part C coordinator and interview number with a designation of a letter for each item, so the first artifact from interview #1 would be labeled PCC-1-A.

Specific terms will be used to describe the different levels of the early intervention system within a state during the discussion. The term "early intervention program" will be used to describe Part C state systems. The term "local early intervention provider" will be used to describe the local entities that contract with the state Part C program to deliver services. The term "early intervention personnel" or "early interventionist" will be used to describe the staff who work under the local early intervention providers to deliver services directly to families.

Next, the data in the axial coding paradigm (see Figure 5) are discussed. The central phenomenon is identified as well as the context, strategies, contextual and intervening conditions, and consequences. In the final section of the chapter, propositions are provided.

Categories, Themes, and Assertions

Category 1: Family-Centered Early Intervention Philosophy

The first category, "family-centered early intervention philosophy," refers to all codes associated with the state espousing a philosophy that is family-centered. This category included codes such as relationships with families, ongoing family assessment, services for families, and provider strengths. Under this category, three major themes emerged:

1. Part C coordinators assume that if a family-centered philosophy exists within the state early intervention process, family assessment will be family-centered.

2. Part C coordinators believe family assessment is integral to writing the IFSP.
3. Part C coordinators believe family assessment is ongoing.

Theme one: Part C coordinators assume that if a family-centered philosophy exists within the state early intervention process, family assessment will be family-centered. The research data revealed that Part C coordinators believe their states have a family-centered philosophy towards early intervention, and the coordinators believe the philosophy means the family assessment process will be family-centered also. One coordinator indicated that family-centeredness is the strength of their early intervention system by stating,

> We do an orientation, and we really emphasize working with families and family centeredness, and I think that comes through quite often, you know, I think like 100%, but I do think having conversations in a more general way about working with families and talking with people – it helps and that is the strength of the system. (PCC-1)

The coordinator went on to note how family-centeredness as a philosophy can lead to better assessment in itself by saying,

> I really think that we don't talk about the [family] assessment per se. We see the family centeredness is a pervasive kind of way of thinking about things that's going to lead to a better family assessment, so that's really how we approached it. (PCC-1)

The family-centered philosophy is specifically stated in the state family assessment procedures of one state. There is an introductory paragraph, which stated,

> A major focus of the [state Part C system] is that services are family-centered; that is, they emphasize parent choice, a strengths-based perspective, and recognize the family as a unit. In order to maintain a family-centered focus, a key portion of the required early intervention assessment process must be directed toward the family. As a result of this "family-directed assessment," early intervention professionals are better able to assist the family in designing a program that will build upon and reinforce the family's strengths and resources to meet their child's needs. (PCC-4-C)

Part C Coordinator #2 noted the importance of providers taking time to understand the viewpoint of the family as a part of a family-centered approach. She stated,

> If you were to ask a parent, you know, or they [provider] observe, you know, you're not going to spend as much time with the kid as they [parents] do. So, it's best to do both; we tell them to do observations for routines, but we tell them to get the perspective of the family so then they can.

Part C Coordinator #4 suggested that family-centeredness runs throughout their early intervention procedures from intake of information when a child is referred to the time of eligibility and beyond. She stated,

> From the intake, from that point, from the very first time we talk with families. It is our philosophy that we engage the families in the process from the beginning and we talk about what their child's life is like and a day in the life and really feel that is important. Even in helping us to determine eligibility.

Coordinators believe the family-centered philosophy affects all aspects of early intervention services because "it starts with conversations with the parents from the get

go setting the stage of looking at this child through the context of the family" (PCC-4). Coordinators and their corresponding state systems place emphasis on the role of family-centeredness as a foundation for early intervention, including family assessment.

Theme two: Part C coordinators believe family assessment is integral to writing the IFSP. The family assessment is one of many tools that can be used to inform the IFSP team meeting. Part C coordinators made strong statements about the family assessment helping to identify the family's concerns and priorities for the IFSP as well as informing the outcomes and services. When a coordinator was asked, "What is the connection between family assessment and the IFSP?," she responded, "They are directly related; they tie in very closely" (PCC-1). Another coordinator stated, "We ask that it inform the IFSP and be *linked* to the IFSP" (PCC-6). Part C Coordinator #3 noted, "After completing that interview, we do use the family's concerns and priorities to drive our IFSP outcomes and the related services."

Coordinators talked openly about the ability of family assessment to root out the family's concerns and priorities. One coordinator discussed how family assessment can help to determine the family's priorities by stating,

> The family assessment process is what aids … us in targeting the priorities and resources in the IFSP. So, a lot of times you don't get at that by asking the family what are your concerns, priorities, and resources? You really get at that by talking with them and listening. (PCC-4)

Other coordinators also noted that the family assessment interview was important in writing the IFSP. Part C Coordinator #3 stated,

> After completing the [family assessment] interview, we do use … the family's concerns and priorities to drive our IFSP outcomes and the related services. So when the interview is done just before the IFSP meeting, we're able to take that information and build the IFSP.

The IFSP contains both child and family outcomes, and Part C Coordinator #2 stated that with the use of a family assessment, "we're seeing more family outcomes within the IFSP in addition to the child." A coordinator discussed the development of the state's use of family outcomes as their family assessment process evolved. She stated,

> Family assessment very strongly affects the … family outcomes in the IFSP. Our IFSP has the capability for a child outcome and a family outcome – and so, very strongly it affects the … family outcome. We do have child outcomes and that does affect a little bit with the child outcome. Obviously we want the priority that the family wants to work on that comes out of the family assessment – what their priority is – and we have outcomes related to their priorities. So, there is a connection, but we found a stronger connection between the family outcome because we didn't always have family outcomes in our IFSP. We started off years ago with just child outcomes and focusing on we want the child to do this, we want the child to do that. As we started adding the [Routines-Based Interview] RBI, focusing more comprehensively on the family, not just the child, we actually added the capability to do family outcomes in 2009. And then that has since grown to where we have a lot more family outcomes being added that aren't necessarily related to the child's development. (PCC-3)

Coordinators discussed that family assessment sheds light on family needs, not just child needs in early intervention. Part C Coordinator #4 stated that the connection between family assessment, concerns and priorities, family routines, and outcomes needs to be visible in the IFSP so that all of the family's needs are addressed. She stated,

> We really will see child and family in the context of their daily routines and activities. And that's the kinds of quality things we will be looking for and in the concerns, priorities, and resources section of the IFSP. If there is something that is identified in there, and then also further identified through our process of finding our present levels of development, when we are specifically asking families what would you like to change about these routines, we better sure as tootin' tooty better see … an outcome that is written to address that. (PCC-4)

One Part C coordinator discussed the idea that family assessment focuses providers on the importance of having functional goals developed by the family in the IFSP. "I think it has definitely highlighted the difference between the early intervention based services and clinic based services. …Well, outcomes end up being driven by functional goals and you … don't see kind of silly curriculum driven, test oriented outcomes as much" (PCC-5).

Two of the six Part C coordinators identified they have a monitoring system in place to look for the connections between family assessment and parts of the IFSP. These two Part C coordinators created a monitoring process to help early intervention personnel see the links between family assessment and the IFSP. Part C Coordinator #2 noted, "We have a monitoring manual that we developed and there are tools within the monitoring manual that we can ask questions to drill down to see how the family

interview and the child outcomes are connected." The monitoring manual states that the state Part C office has selected priority indicators to review providers linking outcomes and strategies in the IFSP to the family's everyday routines and activities (PCC-2-A).

Part C Coordinator #3 also identified the use of a monitoring manual to look for the connections between parts of the IFSP and family assessment. She stated,

> We look in the family's concerns, priorities and resources to connect those to the daily routines and activities, and then we go over to our outcomes trying to measure again how those concerns are visible in the outcomes and goals that we want to work on. Do they connect back to the family's concerns or priorities? And so that is actually one of the measurements in our quality IFSP development process. That they have outcomes that are connected to the family assessment, that they have services that are connected to the outcomes that are connected to the family assessment.

This monitoring manual contains an IFSP rating scale with a separate section for family assessment in the IFSP offering descriptions of what the state Part C office deems unacceptable, acceptable, and best practice (PCC-3-A).

Theme three: Part C coordinators believe family assessment is ongoing. All six coordinators agreed that family assessment is an ongoing process in their state, and one coordinator stated, "So I guess in terms of the family assessment I would say it starts at intake and continues through service" (PCC-1). Another coordinator concurred, stating, "Assessment is such an ongoing process … that we do continuously" (PCC-6). This was a prevalent theme during the interviews with coordinators focusing on continual

family assessment with families over time including follow-up at IFSP reviews and during services. One coordinator reported,

> It is ongoing, it is linking. We should be doing it continuously. We do it from the very beginning and then as we are working with the families and as we are doing our IFSP updates. And it is a living, breathing process, it is not a one-time thing, which then leads to linking it to, um, the annual reviews that we do and then re-writes of the IFSPs. Making sure that we are always closing the loop. (PCC-4)

Another coordinator pointed out the importance of ongoing family assessment as important to building the family relationship. She stated,

> Well, I think when you do a family assessment, it's that relationship between the provider and the family … will always be something that you always want to improve upon. When a family first enters the system, often the providers and the parents are not familiar with each other, so we always encourage … even after the [Routines-Based Interview] RBI, the assessment is first done, we encourage them at the 6-month review to revisit that RBI in case now the parent can feel more comfortable and maybe open up a little more about things that maybe they didn't do initially when they first entered the system, so the RBI is an ongoing process. (PPC-2)

Part C Coordinator #4 noted that family assessment is ongoing and an integral part of early intervention by asserting, "I think that, you know, again it is not a discrete activity that you do. It should be a part of our DNA." State IFSPs that were examined as artifacts for this study demonstrated that early intervention providers are required to

update the family assessment portion of the form yearly at annual IFSP meetings (PCC-1-C, PCC-2-C, PCC-3-B, PCC-4-A, PCC-5-B, PCC-6-B).

Discussion of Category 1: Family-Centered Early Intervention Philosophy

The data in this study suggested there is a family-centered philosophy that is pervasive in early intervention programs. The Part C law requires services to be family-centered, focusing on family strengths in daily routines and activities. In 1988, Bailey and Simeonsson asked, "Have we developed a program philosophy of services in which families serve as a central focus?" (p. 31). Bailey and Simeonsson envisioned this as a first step towards family-centeredness in early intervention as practices were developed to meet the intention of the law. Bricker (2001) noted that one of the main goals of early intervention is to "enhance learning and development through the delivery of specialized and individualized services to children and to ensure that those services are consistent with family values and needs" (p. 26), thus the family-centered model.

Family assessment is a part of the family-centered philosophy, but it is also its own form of assessment. Part C coordinators reported that their programs are based on family-centered principles, and that the philosophy runs through their program. Benner and Grim (2013) stated, "The engagement of families in the assessment process is now the unquestioned standard of practice in early intervention" (p. 101). McWilliam et al. (2009) agreed with the importance of the family-centered philosophy when they noted, "Regardless of the process used to gather information for early intervention from families, the construct of family centeredness should always be considered" (p. 225). A family-centered philosophy is central to Part C services.

The interview data demonstrated that Part C coordinators believe in the family-centeredness of their programs, and they believe that this philosophy will transfer to the family assessment interview process, which will inform the development of the IFSP and be ongoing throughout early intervention services.

The second theme that emerged from the data suggested that Part C coordinators believed that family-centered assessment is integral to the writing of the IFSP. Kritikos et al. (2012) stated that the IFSP

> must include a statement of the child's functional ability across five developmental areas: physical (including vision and hearing), cognitive, communication, social/emotional, and adaptive functioning. The document must state the major outcomes to be achieved by the infant or toddler and the family with specific strategies, including criteria, procedures, and timelines, to demarcate milestones for achievement. (pp. 20-21)

Coordinators shared their belief that family assessment assisted early interventionists to identify the family's concerns, priorities, and resources, as well as develop outcomes for the child and family. Dunst and Deal (1994) stated, "The cornerstone of the family-centered model is the Individualized Family Support Plans (IFSP). An IFSP is a blueprint for guiding resource mobilization designed to meet child and family needs" (pp. 73-74). The family-centered philosophy is infused in the IFSP through the family assessment. A Part C coordinator who trains early interventionists using one specific family assessment process shared,

> When we start looking at the child's everyday activities, we want to kind of see the family assessment talking about their everyday activities as a whole. Then in

> the present levels we try to see the child's daily activities and routines. So together we hope that the family assessment compliments the present level and then together those guide child outcomes and family outcomes. (PCC-3)

The coordinator shared the connections between the IFSP and family assessment that are valued in her state, and a monitoring manual was developed for providers to be able to rate their IFSPs and demonstrate their family-centeredness (PCC-3-A).

The third theme that emerged from the data addressed the issue of ongoing family assessment throughout the time the child is involved in early intervention services. Banks et al. (2003) stated, "Rather than being viewed as a discrete activity, family information gathering might be best envisioned as an ongoing process" (p. 12). Part C coordinators shared their belief that family assessment is not a once a year occurrence, but that it is ongoing during the child's time in early intervention as a way to build relationships and provide family-oriented services. These data are also supported by research from Dunst and Deal (1994), who discussed that "assessment and intervention practices need to be flexible, fluid and everchanging so as to be responsive to the changing needs of a family" (p. 76). Every state in the study incorporated a family assessment section into their IFSP to be completed annually.

Category 2: Statewide Family Assessment Processes Vary

The second category of "statewide family assessment processes vary" focused on the state processes for family assessment, which can be different across a state system. Two themes emerged under this category:

1. States meet Part C federal requirements by using the language of the federal regulations as their policy/procedure.

2. Due to local control, there are inconsistencies regarding family assessment processes within states.

Theme one: States meet Part C federal requirements by using the language of the federal regulations as their policy/procedure. The data from the study revealed that four of the six states use the language directly from the Part C regulations as their family assessment policy and procedures (PCC-1-D, PCC-2-B, PCC-5-D, PCC-6-C). Two of the six Part C coordinators interviewed reported that her state had its own state procedure outlined with specific information and training (PCC-3-C, PCC-4-C). Part C Coordinator #3 noted the requirement of one family assessment tool across the state, and Part C Coordinator #4 noted that there are procedures in their policy manual (PCC-4-C) that allow several different family assessment tools to be used with flexibility by the local provider.

While discussing the use of Part C federal policy as state policy and procedure, Part C Coordinator #6 stated, "I think at the state level it was just an acknowledgement of the federal requirements, and when we go on site we can look for evidence that a family assessment was completed." Another coordinator reported, "They have to follow the federal regulation in our state policy" (PCC-2).

Other coordinators discussed that the federal regulations are followed broadly for the process, but there is a realization that the state has a choice over what tools to use. One coordinator whose state developed a specific state procedure regarding family assessment stated,

> In general, we followed of course the federal regulations requirements for the steps and the timeframes for developing and conducting the family assessment, so the general process is outlined in the federal regulations … don't have a lot of choice around the timeframes and things like that but more recently you know states do have a choice in the tools and the procedures that they use so we've been able to hone that in over the last few years. (PCC-3)

Part C Coordinator #3 utilized a formal process to develop the state procedures over time, while Part C Coordinator #4 noted that her office reviewed feedback from the Part C state office team, technical assistance in the state, and reviewers of the state IFSP form. Part C Coordinator #6 discussed how there was no formal process in her state and that "I think … our strategy has really been around professional development rather than policy." She also noted,

> I think what is interesting in our state is that we don't actually have … one specific process. We have some requirements of items to be put on the IFSP. We have brought training to the state like Routines Based Interview and some other, I guess evidenced-based tools, but we haven't required any one specific process.

While four of the six Part C coordinators stated they followed the federal requirements with no specific state procedure or process, Part C Coordinator #5 discussed that states are busy revising their current policies and procedures to meet the new federal Part C regulations from 2011. She stated that family assessment policy "just kind of happened over the years" (PCC-5). Four of the six Part C coordinators noted that their process of family assessment "evolved" over time. One coordinator stated that they have invited stakeholder involvement to look at their revised policies and procedures, but in the area

of family assessment, “there was not a lot of controversy over that” (PCC-5), so very little discussion was held with stakeholders.

Theme two: Due to local control, there are inconsistencies regarding family assessment processes within states. While data from theme one demonstrated that states use the federal regulations for their state policy and procedures, data from theme two suggest that there are inconsistencies in how family assessment processes are carried out by local providers across states. Four of the six state Part C coordinators concluded their state values local control. Part C Coordinator #2 stated, “There is a consistency in the fact that they have the same approach … not everyone does it exactly the same way.” Other coordinators also discussed the difficulty with many different processes by local providers in their state, sometimes by bluntly stating it at the beginning of the interview, “So that’s why I just want to say that … we are a state that really values local control” (PCC-5). Another coordinator stated,

> It has been a local control kind of state. The government doesn’t tell people what to do. …We’ve always had that philosophy of giving these programs choices since the 20 odd years that Part C has been implemented … we had 37 different IFSPs. We are all about the choice in [state]! And so, um, we really do have uniquely 37 different ways of doing it. (PCC-4)

Regional variation was also a factor with a Part C coordinator who stated,

> I think you’d see some variations from group to group or region to region. We have 17 grantees or grantee agencies. …The agencies have really developed processes according to what they felt was appropriate in their regions. And like I

said, we strongly recommend and, um, continuously introduce people to evidence-based models but we haven't required one. (PCC-6)

Part C Coordinator #6 went on to discuss the reasoning behind local control when she explained, "But we are much more honey people – so we would rather kind of draw people into dealing with best practice than require it and have to deal with all of the fall-out of requiring something that people don't like."

Four out of six state Part C coordinators noted that a wide variety of assessment tools were allowed to be used for family assessment, but use of the Routines-Based Interview (RBI) was promoted by the state Part C system. Two Part C coordinators noted that use of the RBI was required by the state. One Part C coordinator who required the use of the RBI shared that while the RBI is required technically in process, providers have flexibility in how they go about the family assessment interview. She stated,

> We took on Robin McWilliam's training and took on his type of a family assessment and started really encouraging [it]. We don't dictate it, but we really encourage the process, not the forms in other words. We don't tell them they have to use his style of forms, but we encourage the process of using that, that type of interview to get at to where they can understand what the parent's priorities and concerns are. (PCC-2)

Other state Part C coordinators noted that any tool that is approved by the state to be used for family assessment is allowed. Part C Coordinator #4 noted,

> And then what we have said to programs is if there is a tool that we have missed in terms of at the state level telling you about, let us know or if you come up with your own specific tool, let us know and we will look it through and give it a ok or

> tell you that is really, not really what we are getting at. Because the philosophy, like I've said, is really getting at what is that child like in the context of the family and that's kind of the process.

According to Part C Coordinator #5, the state allowed early interventionists in her state to use a variety of tools, but she admits that most providers in the state use the Routines-Based Interview because that is what they have been trained in using. She stated,

> The family assessment process does vary between the 20 programs. However, the majority of people use the RBI, the Routines-Based Interview process, because this was one of the first states that Robin McWilliam trained in. … So that is the primary tool or process that we use, but we don't require that they use that one, but I don't know of anyone using, um, any kind of formal family assessment tool besides the RBI.

Three coordinators noted that having no specified process and many different tools made consistency difficult. One Part C coordinator rated the level of consistency across the state. She concluded,

> I would say, if I was rating it, I would say … low average. And that's because like I mentioned we have folks with different learning curves with learning the RBI. I think everyone is doing an interview that would have high consistency of doing an interview. But specifically doing an RBI to the standard that Robin has for conducting an RBI with the fidelity of that model is, is definitely low. … But they are all doing an interview some of them at different skill levels than others. And they are all still trying to practice and learn the RBI. And so we get better

every year and every follow-up that we do. You know we are getting better with that, but we have a long way to go. (PCC-3)

Another coordinator noted that the state needs to begin using a system of measurement to look at the quality of family assessments being completed in the state. She stated,

> I think for us we are at a point of needing to move into a measurement because it is one thing to say that somebody has been trained and another that they are delivering it to fidelity. So, we certainly don't have that oversight that we are doing right now. We don't really have the staff to do at this point. (PCC-5)

One coordinator stated that she would like to see consistency of family assessment completion throughout the state with one tool, but she noted that this was not likely because families may need different methods or tools. She discussed the idea that her state could focus on developing interview skills. She explained,

> I'd like to see it occur in the same way throughout the state. … It's probably not going to happen simply because families are so different in terms of what they need and want in way of support. Um, so I guess I feel like we probably also need to continue to help our providers and intake coordinators develop their skills in interviewing families and helping them to come up with the information, and in that, sometimes it seems rather superficial, and we'd like to have families go a little bit deeper. (PCC-1)

Discussion of Category 2: Statewide Family Assessment Processes Vary

Federal regulations in Part C of IDEA (*IDEA Regulations*, 2006, §303.321) require that information for the family assessment be "obtained through an assessment tool and also through an interview" by "qualified personnel" ((1)). Four of the six Part C

coordinators reported that their state family assessment policy uses the language of the federal regulations. Part C coordinators also reported that their state systems allowed the use of any state-approved family assessment tool, but two of the states required the RBI for family assessment with concerns that it was not being followed to fidelity.

Fixsen et al. (2013) noted, "Programs that can become standard practice in education and other human service domains need to be clearly described so they can be taught, learned, and implemented with good outcomes" (p. 219). For local providers to appropriately implement family assessment processes, there must be decision-making at the state level with written procedures to be followed so that processes are clear. In 2004, Schofield completed research to discover the processes by which policy is implemented. She stated,

> One of the key findings from this research is that policy is implemented by the translation of strategic policy into operational activity. In order for this to happen, actors need to learn how to solve a whole series of technical problems that add *detail* to what are often very ambiguous policy instructions. (p. 302)

Hebbeler et al. (2012) also noted the need for detail when they stated, "The devil in policy implementation is at the 'policy detail' level" (p. 201). Practices in the state need to be supported by specific policies and procedures.

The implementation literature also revealed the importance of stakeholder support when implementing policies and procedures. In 2003, Adelman and Taylor discussed the sustainability of project innovations as systemic change including the importance of having stakeholders who can be advocates for an initiative. In their synthesis of implementation literature, Fixsen et al. (2005) stated, "Mobilizing support and local

champions, community participation in decision making, developing understanding and commitment to an innovation, and clarifying feasibility and functions seem to be a few of the important aspects of initiating implementation in a community" (p. 9). The Part C coordinators in this study used few stakeholders to discuss the implementation of family assessment processes. Family assessment evolved without formal committees or group of stakeholders discussing the formal implementation of family assessment processes.

The second theme that emerged in this category is that there are inconsistencies regarding family assessment process within states due to local control. While states used the regulatory language of the federal government, their local providers determined the actual procedures being used. Dunst et al. (2007) stated, "The degree to which procedures are implemented as planned with intended recipients refers to several different aspects of attempts to institutionalize evidence-based practices widely throughout a state, system, or program" (p. 2). Two states of the six had specific state procedures for family assessment. Hebbeler et al. (2012) noted, "Much of the impact of federal policy on service delivery is mediated through state and local influence" (p. 201). In four of the six state Part C systems, the use of federal policy as state policy and procedure was advocated, and this allowed the local providers to exert their influence over actual procedures of family assessment.

Fixsen et al. (2013) discussed the ability of making practice-informed changes in policy by using a "practice-to-policy communication loop," which "seems to be a critical feature of successful efforts to implement evidence-based programs on a socially significant scale" (p. 216). The recent work by Fixsen et al. (2013) touched on the importance of policy and its effect on implementation teams to work with practitioners to

benefit children and families. Currently, four of the six states in this study do not have specific policies, so the practices that result are diverse from one region of a state to another. Taking into account the practice-to-policy communication loop, practices in state Part C systems can aid to inform policy, so that there is a "reflective interface" between them. The states in this study used broad federal policies resulting in different regional practices, so the communication loop was broken.

Category 3: Cart Before the Horse

Category 3, "cart before the horse," refers to early interventionists being trained on the completion of the IFSP document before receiving training on the family assessment process. Since IFSPs should not be completed without a full understanding of the concerns, priorities, and resources of the family, Part C coordinators seem to be "putting the cart before the horse." The following four themes emerged under this category:

1. The focus of statewide training is the completion of the IFSP rather than the family assessment process.
2. Local providers are expected to provide training and/or mentorship about the process to early intervention personnel.
3. Part C coordinators are concerned about the family assessment interview skills of early intervention personnel.
4. Part C coordinators have attempted to support the family assessment process by re-designing or creating a state IFSP form.

Theme one: The focus of statewide training is the completion of the IFSP rather than the family assessment process. Four of the six states embedded family

assessment training within an IFSP training for early intervention personnel at the state level. One coordinator discussed the fact that family assessment training in itself was not completed as a discussion of its own process, but it was underlying all issues. "We are not separating that out specifically, but oh, every time we talk, we are talking family assessment because it is so linked together" (PCC-4). She shared how the state Part C office did offer a brief webinar training last year with a focus on family assessment (PCC-4-B). The training was a topical webinar of the month "on family assessment tools and just what is available out there because the new regulations do state that they have to use a tool of some kind" (PCC-4). Part C Coordinator #4 also noted that the state early childhood conference would include a day of IFSP training for programs. Another coordinator reported that the state has a "training to cover the IFSP process, and certainly an integral part of that is the routines based training. When she [trainer] does the IFSP training, it is all driven by the [Routines-Based Interview] RBI" (PCC-5). Part C Coordinator #1 stated that trainers "talked about family assessment as part of the general discussion at the orientation" for new early interventionists.

One coordinator discussed an approach of training the span of the early intervention program rather than just the IFSP process. "We walk them from intake, well referral really, through intake, through evaluation, through IFSP development, service delivery then out the other door through transition so we walk them through the life span of the program" (PCC-1). Part C Coordinator #3 noted that the state developed a training on the Routines-Based Interview; this is the state that already had a state procedure for family assessment in place. She stated,

> We actually haven't had a lot of family assessment training until again the last three or four years. … But until just the last three years, we actually created a training on the RBI. It is about a 4-hour training where we sit down and show a video and really walk through step by step what that interview should look like, where you can do it, when you can do it, functional outcomes that can come out of that interview and really focus on the use of the RBI.

Three of the six states used online modules for training state early intervention personnel. One of the coordinators explained,

> It is eight or nine modules I believe. It is online; it is kind of a self-paced training. So every new provider has to go through that. That has things about the IFSP and family assessment. It is really kind of a procedural guidance module that really helps orient people to Part C in, in [state], and it talks about some best practices that we would like to see that work. (PCC-6)

The module with family assessment information was reviewed as an artifact. It has three slides citing the federal regulations; a slide about concerns, priorities, and resources; and then a review of how to write functional and measureable outcomes (PCC-6-A).

Another online module was also reviewed with the title "IFSP" (PCC-1-A). It contained a two slide history of then and now, a slide on natural learning opportunities, recommended practices including family-centered, and diagrams about how to create meaningful plans. There was a slide titled "Family's Desired Future for the Child" with a stated purpose of identifying "what families would like to see for their children's lives" along with information about identifying concerns and priorities with three key questions included. There was no use of the term family assessment in the PowerPoint module. It

concluded with information about developing meaningful outcomes for the family and information about supports and services.

Theme two: Local providers are expected to provide training and/or mentorship about the process to early intervention personnel. The data revealed that five out of six Part C coordinators stated that their state used a form of local training or mentorship to aid early intervention personnel in learning about the family assessment process. The local training was often combined with some type of state-level training. In four of six states, a mentor was assigned to new early intervention personnel until they attended the state training. "We do expect if someone's going to be assigned to be a service coordinator that they will have someone going to be assigned to them to assist them as a coach or mentor until they go through the training" (PCC-1). Part C Coordinator #1 also noted that a director from the local provider must sign off, certifying the new early interventionist understood the materials before attending the state training. Another coordinator reported the dual approach of using the local provider to train their early interventionists paired with attendance at the state training event. She stated,

> We rely on the local program to have them do some initial training and then they come to the state training and then the IFSP training is offered at least six times a year, and so they have to do that training as well. (PCC-5)

One Part C coordinator noted that relying on locals to help with mentorship was a need due to state capacity. She shared,

> Yeah, they are definitely mentored. We don't have the capacity to do the trainings as often and as many as we would need to if they were going to wait on us. We do try to get several people together before we just go out and train. So

> we don't generally do just one training for one person. We want to get a group of people together. It's a better learning experience. So yes, they would get guidance and assistance from someone in their office before they would be able to attend a state training I suspect. (PCC-3)

Another Part C coordinator reported that the state did several years of training, especially when the American Recovery and Reinvestment Act (ARRA) money was available after 2009, and they now rely on the local providers to train on their own since the money is spent. "I would say three years in a row we've done, really beefed this up. Now we're on to other things. We gave them a foothold we expect for them to carry on" (PCC-2).

Three of the six Part C coordinators noted that their states had some form of online training module for early interventionists to utilize before attending a state training. Part C Coordinator #1 stated there were online modules for training "that people have to read through. They have to answer quizzes and then they have to have someone, a program director, for example, sign off that they actually understand the material." The individual early interventionist then attends a state-level, face-to-face staff orientation. This Part C coordinator also noted that the all day training has decreased to just one day due to time commitments. She illustrated,

> We've gone from having two days training and felt that was too much time commitment because that meant people were losing time with their families, and there was a lot of concern about time management at the local level. You know, trying to make the dollar go a little further, so we said everything is on the internet. Just do it at your own pace. You just have to do it before you go to the one day, and you have to do all of it within … 3 months of hire. (PCC-1)

Time and money were important factors in how the training was completed. Part C Coordinator #2 declared that it was a goal to have training modules in the future.

One Part C coordinator noted her state utilizes a sort of train the trainer approach. She stated,

> We require our local programs to send at least one person to that [training], and then they agree to sign off and train the others when they get back and they have to … send us a family service coordination plan for what they are going to do when they get back. (PCC-4)

Theme three: Part C coordinators are concerned about the family assessment interview skills of early intervention personnel. Part C coordinators worried about the quality of their early intervention personnel's family assessment interview skills due to staff shortages, a wide variety of early intervention professionals, time, and training. One coordinator stated,

> With staffing shortages … you sometimes just need to get somebody, but if you've got somebody that comes in – an occupational therapist or physical therapist that has been working geriatrics their whole life, but they're a person who on paper is qualified because they have the license and [providers are] trying to help them learn what the family is about. It's tough sometimes for those local programs. (PCC-4)

The Part C coordinator noted the issue of staff shortages in the multidisciplinary fields (occupational therapy, physical therapy, speech-language pathology, early childhood special education) of early intervention. She also pointed out the broad training that

allied health professionals receive as she worried that they might not have a strong background in family-centered services. She stated,

> What I was going to say too, in terms of challenges, too, is … different disciplines like OT, PT, speech that are … struggling with the philosophy of early intervention versus the philosophy of just OT in general and then not having training in early intervention and how to talk with families and how to work with families. I thing that is a BIG, big piece. … [We are] finding people that our pre-service programs don't teach about working with families. (PCC-4)

Another coordinator discussed the importance of professionals from all disciplines understanding family systems and family-centeredness. She concluded,

> I think that some folks are a little bit nervous about asking some of these questions [in family assessment]. I think we are at this kind of point where we are bridging kind of the old model and what I would consider more the best practice … so that traditionally prepared related therapists, and I don't mean to just pin it on them, because I think it is true of folks that I am training with, like, early childhood special ed. I am not sure they are totally prepared to ask, deal with some of the family system issues or to even know where to go if that comes up in a family assessment. And so it is optional of course in IDEA, and my gut feeling is that we have more families … we have a lot of families that just don't participate in family assessment. I mean it is not significant, but we have a measureable amount of families. My feeling is that it might be related to the comfort level of the provider more than the parents actually wanting to divulge things for which they could receive some support. (PCC-6)

She discussed the option families have to deny participation in a family assessment interview, as allowed by the law. She also invited the idea that early intervention personnel who are not comfortable with family issues may not encourage family assessment.

Part C coordinators also mentioned time as an issue impeding early intervention personnel from completing a quality family assessment interview. Part C Coordinator #3 stated, the "challenge I'll talk about first is finding time to do a really thorough interview." The family assessment interview must be completed along with developmental evaluation within 45 days between referral to completion of the initial IFSP to meet federal guidelines.

Part C coordinators commented on the importance of the early interventionist developing a relationship with the family. Part C Coordinator #2 stated, "Well, I think when you do a family assessment … it's that relationship between the provider and the family that will always be something that you … always want to improve upon." Another Part C coordinator noted, "Their rapport, and how well you get to know the parent, and partly context for the trust and how much they are willing to talk with you about their everyday successes and challenges" (PCC-6) as important to completing a good family assessment.

Five of the six Part C coordinators discussed the challenge of completing a genuine and more in-depth interview through additional training. One Part C coordinator noted that interviewers need skills so that important issues are discussed. She asserted,

> I feel like we probably also need to continue to help our providers and intake coordinators develop their skills in interviewing families and helping them to

> come up with the information. Sometimes it seems rather superficial, and we'd like to have families go a little bit deeper. (PCC-1)

When a Part C coordinator was asked how she would know if the family assessment was completed thoroughly, she replied, "Just by looking at the answers. One or two words. 'Ok don't need help. …' Makes me think that maybe the interviewer could have done a little bit better if they had more skills" (PCC-1). Coordinators pointed out the underlying importance of having interview skills to complete family assessment.

Theme four: Part C coordinators have attempted to support the family assessment process by re-designing or creating a state IFSP form. Part C coordinators highlighted the importance of their re-designed or newly created IFSP form in supporting the family assessment process. Four of the six state Part C coordinators reported that they have a new IFSP design. Coordinators discussed IFSP design as a tool to aid the family assessment process in their state. Part C Coordinator #4 shared,

> We just got a statewide IFSP this fall. I think the strengths are again, we built some things into the process, into our form, so hopefully we are putting our money where our mouth is at the state level. And setting the stage and not just saying you need to do this. But we are giving them some tools to actually make them re-think how the IFSP should work and ultimately what services should look like.

The IFSP was reviewed as additional evidence (PCC-4-A). It included a "Family Concerns, Resources, Priorities" section asking early intervention personnel to fill out a "Summary of Family Concerns" section, including the name of the assessment tool used, priorities of the family, and the strengths and resources that the family has to meet their

child's needs. It also included an area to describe what other information would be helpful in planning supports and services for the family.

Another Part C coordinator discussed the development of a new IFSP with a family assessment section outlining what needs to be included. She stated,

> We developed this model IFSP, including the family assessment summary. We sent it out to families to take a look at, and we depend a lot on their feedback, so under child needs, its areas of child development we'd like help with so we can help our child-family strengths, what our family enjoys doing. (PCC-1)

One Part C coordinator discussed the specific family assessment prompts that were added into the new IFSP design (PCC-6-B). She shared,

> So what I can say is that we just re-designed our new IFSP, and so we have one. It is passed data testing now, so it is actually out in the field. But it actually has some guidance language on the IFSP about the family assessment, and it says, I did a little homework, "Using the information from the family assessment, list the family's main concerns and priorities." And then in parentheses, "Items to address are IFSP goals for the child and family. Please note if the family declines, the family does not want to participate in the family assessment." And then it suggests using information from the Ecomap, RBI, or other family assessment tool to list family supports and resources. Um, and then certainly, again, we strongly encouraged the use of something that is tangible like the ones we listed above in order to support writing goals that are sort of embedded in the everyday routines of families and kids. (PCC-6)

Part C Coordinator #3 shared her state's re-designed IFSP form containing family-friendly sections titled "Things I Want to Share," "What's on My Mind," and "Places We Go" (PCC-3-B).

Discussion of Category 3: Cart Before the Horse

The first theme in this category centered around the focus of state-wide training on the completion of the IFSP rather than the family assessment process. State-wide training was used to disseminate information to local providers by the Part C coordinators. Four of the six states embedded family assessment training within an IFSP training for local providers at the state level. Coordinators noted that the IFSP training was underscored by a family-centered philosophy and links to the topic of family assessment even though family assessment was not a specific topic area during the training.

Bailey (1991a) noted, "Quality interactions between families and professionals are essential if Individualized Family Service Plans are to meet the needs of children and families. … The success of the IFSP process greatly depends on the communication skills of the professionals involved" (p. 29). The IFSP is a vital document for families during their time in early intervention, so it has been the focus of discussion and trainings as a tangible document that must be completed for services to begin. A foundation of the IFSP is understanding a family's strengths and needs as Woods and Lindeman (2008) stated, "An essential practice for assessment and intervention in natural environments is the identification of the routines, activities, and events that occur regularly for children and families at home and in the community" (p. 272), and family assessment is a part of this process.

To inform the IFSP, early intervention personnel complete child and family assessment. Family assessment requires specific interview skills and knowledge of family systems. In their study of early interventionist perceptions of authentic assessment, Keilty, LaRocco, and Casell (2009) stated, "Authentic assessment strategy use, particularly gathering data through interviews or discussions with family members, appears to be another area for further professional development" (p. 253). State Part C coordinators trained mainly on the IFSP as a product, but the underlying processes that inform the IFSP are an area of need for continued training. Keilty et al. suggested, "Professional development systems should ensure that early interventionists are prepared and supported to confidently use multiple methods of authentic assessment data collection" (p. 254). The need to continually support early intervention personnel in enhancing their skills coincides with the research of Woods and Lindeman (2008), who developed a framework of strategies for gathering information from families. Woods and Lindeman stated, "Service providers with multiple strategies for gathering and giving information with families are better prepared to address the diverse learning styles and interests of families and caregivers" (p. 283). Early interventionists need to be well trained in strategies for family assessment.

The second theme that emerged was that local providers are expected to provide training and/or mentorship to their personnel. Five out of six Part C coordinators noted that new early intervention personnel were mentored by local providers for a period of time and then sent to a state training. Neuman and Cunningham (2009) describe mentoring as a supportive relationship in which an individual with knowledge and experience in a given area facilitates a colleague's professional growth through feedback,

reflection, and goal setting. Three of the six Part C coordinators also noted the use of online modules. One Part C coordinator reported a "train the trainer" approach used in her state where a small number of early intervention personnel were sent to a state training and expected to return locally to train fellow early interventionists. Part C coordinators and local providers used different forms of professional development to train their early intervention personnel.

Onchwari and Keengwe (2008) studied the impact of a mentor-coaching model on teacher professional development. They stated, "While the early childhood field continues to face challenges in teacher quality, investing in mentoring is a great opportunity to make a difference in teacher practices" (p. 21). Adelman and Taylor (2003) noted an "acute" need for mentors and coaches when first implementing a practice. However, in 2009, Buysse et al. completed a study to reach consensus on a definition of professional development for the early childhood field, and they stated that there is little scientific research as to what approach to professional development most enhances professional practices.

In 2012, Marturana and Woods studied the effects of a Distance Mentoring Model (DMM) through the use of technology to provide performance-based feedback in early intervention home visiting. "Dynamic professional development supports such as coaching, consultation, and mentoring incorporate evidence-based adult learning strategies to actively engage participants" (p. 15). The study extended evidence on utilizing as a strategy to mentor early intervention providers in the home (Marturana & Woods, 2012).

Some state Part C systems reported using mainly mentoring while others incorporated mentoring with online modules and face-to-face trainings. The need for these types of models was based on the state capacity to train local early intervention personnel as well as the factors of time and money. One Part C coordinator made it clear that the state trained on family assessment for a period of time and then expected that local providers would take charge of training at some point. Bailey, Buysse, Edmondson, and Smith (1992) noted that despite the importance of the family-centered approach, early interventionists do not have the training, time, or resources to work effectively with families, so practices with families are inconsistent with the literature on best practices.

State capacity, time, and money factors all played a role in how the state utilized professional development. As Fixsen et al. (2013) stated, "A related problem in human services is that governments continue to invest heavily in 'evidence-based programs' and 'innovations' without first investing in the development of the capacity to implement those interventions fully and effectively" (p. 227). State systems need to consider how best to meet their practice needs with professional development that is a fit with their infrastructure. Adelman and Taylor (2003) noted the importance of being able to sustain practices by ensuring an early focus of infrastructure building by "ensuring that there is an effective and interconnected infrastructure of organizational and operational mechanisms … systemwide to provide oversight, leadership, resource development, and ongoing support" (p. 15). The ability to understand the infrastructure early in implementation can aid in the sustainability of the practice.

The third theme in this category demonstrated the concerns of Part C coordinators about the family assessment interview skills of early intervention personnel, which varied

across their states and across individual early interventionists. Woods and Lindeman (2008) stated, "The service provider's first priority must be to establish a relationship with the family that underscores the relevance of the family members' perspective regarding their child, their values and beliefs, their concerns, and the outcomes they hope to achieve" (p. 275). The relationship between the early interventionist and the caregiver is an important aspect of the family assessment process. Bailey et al. (1999) noted that early intervention personnel need to spend time and effort establishing relationships with families. Part C Coordinator #2 stated that the knowledge and skills of the interviewer are important to successful family assessment. She stated,

> It depends on the ability of the provider to do the Routines-Based Interview, their skills, and their knowledge of child development, as they are interviewing the parent. And the parent feeling comfortable, so we do have those challenges, um, those interpersonal kind of things.

Other coordinators touched on the concern that there are many disciplines working in early intervention that may not have been trained with the family-centered philosophy encouraged by the state system. Part C Coordinator #4 stated,

> The other piece, the challenges are the traditional challenges of folks not understanding family systems and they really still think that it's all about the child and these discrete skills … and just getting that whole philosophy to change and that mind to change. It's hard, it's really hard.

The Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education (2007) gathered survey data that indicated that most states report that early intervention personnel across disciplines are not adequately trained to provide

family-centered services and supports. The 2007 study reported that 38% of early interventionists reported feeling confident in their family-centered practices, and only 5% felt competent in those practices.

Two of the six Part C coordinators were concerned about the many disciplines in the field of early intervention, and that their training was not necessarily specific to the family-centered philosophy in early intervention. Cole, Oser, and Walsh (2011) stated, "Across the early childhood field, there continues to be a tremendous need to prepare sufficient numbers of practitioners who are adequately prepared to work with infants and toddlers, including those with delays or disabilities and their families" (p. 55). The literature also addressed the concerns of the Part C coordinators about the wide variation of roles in the early intervention field (e.g., early interventionist, nurse, social worker, speech therapist) with states differing in their requirements for each role (Cole et al., 2011).

The fourth theme demonstrated that Part C coordinators attempted to support the family assessment process by re-designing or creating a state IFSP. Four out of six Part C coordinators stated that new IFSPs were implemented, some with prompts to cue early interventionists to fill in the re-designed family assessment sections. In 2010, Jung reviewed the quality of IFSPs written after targeted revisions, including prompts, were made to an IFSP form. The results indicated that "adding targeted prompts to the IFSP form may be an effective, low-cost strategy for improving *some portions* of service planning" (p. 211). Jung also noted that revising the IFSP document was not effective in changing other practices that involved a deeper understanding of family-centered supports.

The revised IFSPs included family assessment sections with specific questions to cue the early intervention personnel to obtain the information. The Part C coordinators hoped that the revised IFSP form would support the family assessment process. McWilliam et al. (1998) noted, "The IFSP is a tangible reflection of the program's or individual service provider's philosophy" (p. 77). The IFSP form in the state was revised to reflect the state's philosophy of family-centeredness.

Grounded Theory

The intent of grounded theory is to move beyond description to generate or discover a theory for a process (Creswell, 2013). The narrative and artifact data have been discussed around the categories and theories that emerged during the coding process. Next, the central phenomenon is identified as well as the context, strategies, contextual and intervening conditions, and consequences. Finally, propositions are provided.

Central Phenomenon

The initial step towards the formation of an axial coding paradigm (see Figure 5) was to choose a central category that emerged from the data (Creswell, 2013). The state-wide family assessment process was the category identified as the central phenomenon. This category entailed the perceptions and experiences of the six Part C coordinators interviewed for the study.

Early intervention programs in states must follow the Part C regulations and implement a state-wide family assessment process. Agencies that administer early intervention programs in each state can differ. McLean, Wolery, and Bailey (2004) stated,

> It is not uncommon for there to be frequent changes in federal law and regulations and in state guidelines. The federal law must be reauthorized every five years and is subject to change during each reauthorization. State guidelines can change even more frequently. (p. 4)

Each state develops its family assessment process within the early intervention system.

Causal Conditions

Causal conditions are the conditions that influence the central phenomenon identified as the state-wide family assessment process. One causal condition was identified as the Federal Part C regulations. "Part C of IDEA, also called Infants and Toddlers with Disabilities, delineates the rights, roles, and responsibilities for the provision of special education and family support services for children from birth to age 3" (Kritikos et al., 2012, p. 18). States must work within the guidelines of the regulations, or they will not receive federal funding.

Strategies

In axial coding, strategies are the "actions or interactions that result from the central phenomenon" (Creswell, 2013, p. 89). The first strategy that evolved from the central phenomenon was there is a reliance on the federal Part C regulations for state policies and procedures. The second strategy was local providers make decisions regarding the family assessment process. The local providers in states had the flexibility to determine family assessment procedures as the state used the federal Part C regulations as their policy and procedure. The third strategy that evolved was state-wide family assessment training was limited, as training focused mainly on the IFSP process without specific information or strategies on family assessment.

Context

The context is defined as the "narrow and broad conditions that influence the strategies" (Creswell, 2013, p. 89). A single contextual condition was identified within the data. The context that emerged was the family-centered philosophy in early intervention programs.

The contextual condition of family-centeredness encompassed the ecological perspective of the Part C coordinators and their programs. Part C Coordinator #1 stated, "We see the family-centeredness is a pervasive kind of way of thinking about things." Family-centered service delivery was noted as a primary focus by the Part C coordinators.

Intervening Conditions

Three intervening conditions influencing the strategies were identified in the data from the state-wide family assessment process phenomenon. These intervening conditions included the following:

a) Federal regulations do not provide adequate detail regarding the completion of family assessment.
b) The family assessment process evolves with no specific decision-making at the state level.
c) There are minimal performance competencies regarding the completion of family assessment.

The first intervening condition addressed the use of federal regulation as state policy and procedure within a state early intervention system. Part C coordinators shared that they used the federal regulation as the state procedure and allowed local providers to

develop their own processes. Part C Coordinator #2 stated, "We require certain … they have to follow the federal regulation in our state policy, and, um, each center has their own approach." This resulted in the possibility of several different family assessment processes in one state.

The second intervening condition that affected the strategies was the family assessment process evolved with no specific decision-making at the state level. Coordinators made statements like the following, noting that family assessment

> just kind of happened over the years. There wasn't really any formal process. I think that … there was a much more formal process related to our child outcomes and how we were collecting child outcomes data. Certainly not anything formal related to how family assessments were conducted in evaluation. (PCC-5)

Four of the six Part C coordinators stated that the family assessment process simply "evolved" over time as the state used the federal regulations as their policy and procedure.

The third condition that affected the strategies is that there were minimal performance competencies regarding the completion of family assessment. Part C coordinators noted that the state early intervention system may have trained at one time on a specific family assessment tool like the Routines-Based Interview, but then local providers were asked to train their own early interventionists or attend state trainings with family assessment embedded in IFSP training. Part C Coordinator #1 stated,

> I guess I feel like we probably also need to continue to help our providers and intake coordinators develop their skills in interviewing families and helping them to come up with information. … Sometimes it seems rather superficial and we'd

like to have families go a little bit deeper, really, you know. And really how can we help? We wouldn't be here if we couldn't help someone.

Part C coordinators stated that early intervention interviewers needed more training to complete in-depth family assessments.

Consequences

Creswell (2013) defines the consequence as the outcomes of the strategies. The first consequence that evolved from the strategies is that states have a haphazard approach to family assessment with no consistency across the state, while local providers have flexibility in completing family assessment. States followed the minimum guidelines of the federal regulations, and the state early intervention systems created few processes to guide local providers in their use of family assessment. Thus, local providers had the flexibility to create their own family assessment processes, which varied from region to region in the state.

The second consequence is that even though state-wide training was broad-based, the family assessment was often embedded in IFSP training. States trained their local providers on the IFSP process because it is a document that must be completed, so it was a tangible item to discuss and require professional development around its completion. Family assessment was not its own training, but it was embedded within the IFSP training through a focus on family-centeredness or completion of the family assessment summary on an IFSP.

Propositions

Two propositions from the data are offered:

1. There was a lack of specific policies and procedures regarding family assessment, which made family assessment difficult to implement with fidelity across a state system.
2. There was a lack of specific training around performance competencies of family assessment, which lead to a reliance on a state's family-centered philosophy and the IFSP process.

Summary

In Chapter IV, the three categories and subsequent themes that emerged from the study were identified and described. Data supporting the themes and discussion of the literature relevant to the themes were provided.

Category 1 referred to the family-centered early intervention philosophy prevalent in the participants' states. The themes that emerged within Category 1 were supported by the literature on the family-centered nature of the Part C IDEA regulations and the ecological approach in early intervention. The connection between an ongoing family assessment process and the parts of the IFSP, including the concerns, priorities, resources, and outcomes sections, is also supported in the early intervention literature.

The themes within Category 2 were reinforced by the literature in implementation science and the current Part C federal regulations. Federal and state policies and procedures were discussed along with local provider control over processes. The influences of local and state entities on federal policy were also discussed.

The literature supported the themes in Category 3, Cart Before the Horse. The literature supported the need for implementation to support practice. The practice-policy communication loop was discussed as a way to implement evidence-based practices in human service systems.

After the categories, themes, and discussion with references to the literature were presented, the axial coding paradigm was discussed. The central phenomenon was identified as well as the context in which it is embedded. In addition, the strategies, contextual and intervening conditions, and consequences of the state-wide family assessment process were discussed. Two propositions were presented that emerged through extensive analysis of the data.

CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS, AND REFLECTIONS

Summary

The purpose of this study was to gain an understanding of the six state-wide policies and procedures used in the family assessment process within early intervention services. The overarching research question was: What is the administrative understanding of the family assessment federal regulations, state policies and procedures, and local implementation from the perspective of the Part C coordinator in his or her state? This qualitative study utilized methodologies associated with a grounded theory approach to select data sources, design interview guides, and collect and analyze data. The following three research questions guided the investigation:

1. What is the understanding of the development, implementation, and support of the family assessment process in early intervention programs in selected states by Part C coordinators?
2. What are the contextual and intervening conditions that influence the development, implementation, and support of the development of the family assessment process in early intervention programs in selected states by Part C coordinators?

3. What consequences or outcomes are derived from the contextual and intervening conditions that affect the family assessment process in early intervention programs in selected states?

The participants selected for this study included six Part C coordinators from states across the country. The participants were interviewed with a focus on the role of stakeholders in planning the state family assessment processes, factors contributing to decision-making in the family assessment state processes, strengths and challenges of the chosen family assessment processes, training of professionals and families about the family assessment processes in the state, and the affect of the process on the creation of the IFSP in the state.

In Chapter IV, the experiences and perceptions from the interview data, along with artifacts such as training documents and state policy and procedures, were combined and analyzed for commonalities, resulting in the emergence of three categories (i.e., family-centered early intervention philosophy, state-wide family assessment processes vary, and cart before the horse). Nine themes developed within the categories. After reconfiguring the categories and themes, an axial coding paradigm portraying the interrelationship of the causal conditions, strategies, contextual and intervening conditions, and consequences was developed (see Figures 4 and 5). In the following pages, I will present and discuss the findings in regard to each of the research questions and compare and contrast the findings of this study to literature previously cited.

Question 1: What is the Understanding of the Development, Implementation, and Support of the Family Assessment Process in Early Intervention Programs in Selected States by Part C Coordinators?

The most recent regulations in Part C of IDEA (*IDEA Regulations*, 2006, §303.321) were published in the *Federal Register* on September 28, 2011. In the area of family assessment, the new regulations required that information for the family assessment be "obtained through an assessment tool and also through an interview" by "qualified personnel," ((1)) and that family assessment "be voluntary on the part of each family member participating in the assessment" ((2)). Part C coordinators must review the regulations and implement the family assessment process in their state system by documenting state policies and procedures.

An examination of the findings in this study indicated that state Part C coordinators expressed an understanding of the federal regulations guiding family assessment. Although, the coordinators did not employ specific processes utilizing stakeholders, committees, or families for the specific intention of detailing the state family assessment processes. Instead, in four out of six states, policies and procedures "evolved" over time to follow the intent of the federal regulations. Local early intervention providers maintained the flexibility to implement family assessment as long as the federal regulations were followed.

States used resources to support the implementation of family assessment in the state through training on specific methods of family assessment like the Routines-Based Interview for a short period of time. Once the time period of training on the specific tool was over, local providers were expected to be responsible for the training of current and new early interventionists. State Part C coordinators also noted the use of mentorship

and “train the trainer” models to build early interventionist capacity in the understanding of family assessment when state resources for ongoing face-to-face training were limited.

The results of a literature review revealed that early childhood professionals receive professional development through many different methods, but “strikingly little scientific research exists … to indicate exactly what approaches to professional development are most likely to enhance professional practices” (Buysse et al., 2009, p. 235). Mentoring has specifically been studied with performance-based feedback in early intervention settings with success (Marturana & Woods, 2012).

The review of literature surrounding implementation science revealed that governments need to invest first in the development of the capacity to implement interventions fully and effectively (Fixsen et al., 2013). State governments need a comprehensive plan to implement their policies and procedures with consideration of the infrastructure in the state. Adelman and Taylor (2003) noted the importance of having an effective and interconnected infrastructure for implementation. Knowledge of state resources can drive the understanding of implementation in family assessment so that infrastructure supports the practices.

Question 2: What are the Contextual and Intervening Conditions That Influence the Development, Implementation, and Support of the Development of the Family Assessment Process in Early Intervention Programs in Selected States by Part C Coordinators?

An examination of the findings from this study suggested that there was one contextual factor that influenced the development, implementation, and support of the state-wide family assessment process. The data from the interviews with Part C coordinators clearly revealed that early intervention programs embraced the use of a

state-wide family-centered philosophy. Each of the Part C coordinators shared their belief that their state was invested in family-centeredness throughout their early intervention program.

The literature revealed a family-centered philosophy as central to Part C from the inception of the new law in 1986. Dunst (1985) and Bailey (1991b) noted that the role of family was well accepted as a basic assumption underlying services for infants and toddlers with or at risk for developmental disabilities in the early years. Woods and Lindeman (2008) discussed the identification of a family's routines and activities as "an essential practice for assessment and intervention in natural environments" (p. 272). In 2009, McWilliam et al. stated that "the construct of family-centeredness should always be considered" (p. 225) in family assessment. The family-centered philosophy plays a vital role in Part C services.

Three intervening conditions affected the strategies that evolved from the state-wide family assessment process. These intervening conditions included (a) federal regulations do not provide adequate detail regarding the completion of family assessment, (b) the family assessment process evolves with no specific decision-making at the state level, and (c) there are minimal performance competencies regarding the completion of family assessment.

The findings reported in this study suggested that federal regulations do not provide adequate detail regarding the completion of family assessment. Four out of six Part C coordinators used the Federal Part C regulations as their state policy and procedure. The result of using the federal regulations was the use of different procedures for family assessment with each local early intervention provider within a state.

In 2004, Schofield discussed her research about the processes of policy implementation. She stated, "Implementation is about policy becoming action … findings from this research have suggested that policy has to be *operationalized* into action. This is done through inventing solutions to the problems presented by the policy" (p. 303). She goes on to note that many tasks need to be integrated together before the policy is operationalized (Schofield, 2004). The family assessment policy in states was not written at a detailed, operationalized level so that each local early intervention provider could know what the practice of family assessment really looks like from the state perspective. The review of literature included not only Schofield's call to operationalize policy, but Fixsen et al.'s (2013) discussion that programs must be clearly described. The family assessment processes in each state need to have a clear description for implementation and fidelity across a state. The Part C coordinators described variation in their family assessment processes due to the limited description of state family assessment processes.

The second intervening condition is that the family assessment process evolved with no specific decision-making at the state level. Only two of the Part C coordinators stated that time had been spent with stakeholders to develop either a monitoring or practice manual regarding family assessment. The other coordinators noted that the process evolved, and "there was not a lot of controversy over that" (PCC-5), so very little discussion was held with stakeholders. In some state systems, specific trainings may have been held on Routines-Based Interview, but even after the time spent on state-wide training, no procedures were put into place to support the professional development that had been provided by the state.

The use of the Federal Part C regulations also did not lend to a build-up of support and commitment from the field to implement the policies and procedures. During the review of literature, working within the community of stakeholders was seen as important for preparing to implement an evidence-based practice (Adelman & Taylor, 2003; Fixsen et al., 2005). Adelman and Taylor (2003) stated, "In presenting the argument for sustainability, it is important to have a critical mass of influential and well-informed stakeholders who will be potent advocates for the initiative" (p. 7). The absence of stakeholder involvement around family assessment processes in the states studied only confounded the issue of broad policy and procedures with no buy-in from families, early interventionists, or other agencies. Fixsen et al. (2005) also discussed the importance of viewing implementation of policy through the context of community. Support from the community is needed to help drive the policy and practices of family assessment in states.

The third intervening condition is that there are minimal performance competencies regarding the completion of family assessment by early intervention personnel. Part C coordinators shared their concerns about early intervention personnel having appropriate interview skills to conduct family assessment. The primary concerns included early intervention staff shortages, the many disciplines involved in early intervention, lack of time, and inconsistent training. Part C coordinators shared their concerns that family assessment interviews were superficial and not in-depth. Coordinators also stated that some early interventionists may not be comfortable discussing delicate family system issues.

A review of the literature revealed a need to prepare an increased number of early intervention practitioners for work in early intervention (Cole et al., 2011). The literature

also noted the challenges surrounding the numerous disciplines in early intervention as well as differing requirements to be an early interventionist from one state to another (Cole et al., 2011). These issues are related to early intervention as a whole and do not encompass the specific issue of performance competencies specific to family assessment, but they represent the diverse training needs in the field of early intervention with family assessment being one area of need.

Woods and Lindeman (2008) researched a framework that was comprised of two methods used for working with families. The first method was gathering information, and the second method was through giving information to families. Woods and Lindeman presented five strategies to support the process. The five strategies were conversations, questionnaires, mapping, problem solving, and an environmental scan. The framework and strategies are helpful in training, but they still do not detail performance competencies for family assessment. However, their research may be helpful in creating a process for training early intervention personnel with strategies for family assessment.

Question 3: What Consequences or Outcomes are Derived From the Contextual and Intervening Conditions That Affect the Family Assessment Process in Early Intervention Programs in Selected States?

The specific actions or strategies that resulted from the central phenomenon were identified as (a) local programs make decisions regarding the family assessment process, (b) state-wide family assessment training is limited, and (c) there is a reliance on the Federal Part C regulations for state policies and procedures. The following paragraphs describe the consequences or outcomes that were derived from the strategies.

The first consequence was that states had a haphazard approach to family assessment with no consistency across the state, while local providers have flexibility in completing family assessment. Currently, the Part C coordinators in this study do not have specific policies and procedures in place, so the practices that result are diverse from one region of a state to another. Using the perspective of Fixsen et al.'s (2013) "practice-policy communication loop," Part C coordinators do not have a detailed family assessment process that represents current provider practices throughout their state. The practice and policy were not informing each other because of the variation in practices across states and ill-defined process in family assessment.

The second consequence was that state-wide training was broad-based, and the family assessment training was often embedded in IFSP training rather than functioning as its own specific training. Part C coordinators used their IFSP training and focus on family-centered practices to substitute for family assessment training. Family assessment training consisted of a reminder of the broad Federal Part C regulations and included a discussion of the family assessment section within the IFSP. With no specific family assessment procedures to train early interventionists, the state Part C coordinators trained on the IFSP process because the IFSP is a tangible product that is mandatory and outlined within the form itself.

Propositions

Based on the findings of this study, two broad-based propositions are offered. Each of these is described in the following paragraphs.

The first proposition was that there was a lack of specific policies and procedures regarding family assessment, which made family assessment difficult to implement with

fidelity across a state system. This was based upon the review of the policies and procedures in the states studied, as well as the perceptions of state Part C coordinators. The theoretical framework of implementation science also aided in the development of this proposition. The study of implementation included consideration of how states applied their policies and procedures in a systematic way. The state's capacity, resources, and infrastructure around family assessment processes were also considered within this framework.

Even though state policies and procedures were predominantly based on the Federal Part C regulations, there was a lack of specific decision-making at the state level regarding the process. The data also identified that the family assessment process was different within the local early intervention providers of the state. Some states recommended the use of a specific family assessment tool, but local providers were allowed to make decisions regarding what tool and process to use. By far, the majority of the states allowed the use of a wide variety of family assessment tools. One Part C coordinator shared that there were 37 different local early intervention providers, hence 37 family assessment processes. The implementation of family assessment procedures varied across the state without a clearly described policy.

The second proposition was there was a lack of specific training around performance competencies of family assessment for early intervention providers. States overly relied on their family-centered philosophy and IFSP process to provide training on family assessment. In some states, the family assessment training was embedded in training about the IFSP process and limited to a review of the Federal Part C regulations of family assessment. Other states considered their training discussions about

family-centered philosophy to also relay information on family assessment, which was limited. Part C coordinators shared the need for early intervention personnel to have more in-depth interview skills and knowledge of the family assessment process.

The ecological theory provided a lens for this proposition. Limited training in family assessment influences the early intervention personnel, family, and child in early intervention through the state's training and processes. In states where the state family assessment processes were not clear and training was not well developed, local providers developed their own procedures. The local early intervention personnel were left to complete family assessment using different processes, leaving families with diverse experiences of family assessment in early intervention. Having a family-centered philosophy in early intervention is important for state systems, but it is not enough to rely on for training on family assessment.

Conclusions

One of the biggest challenges within the early intervention system is the complexity of delivering services to young children with disabilities and their families. For example, the complexities begin at the federal level with the broad-based Federal Part C regulations that do not provide specifics about how to conduct family assessment. This is exasperated by states that have to follow federal regulations and other state system regulations. To complicate matters even more, there is not one state adopted and approved family assessment process for local early intervention providers to follow.

Because of the variability of family assessment by local early intervention providers, the families and children receiving services may see inconsistency in the family assessment process from year to year. Certainly if they move within a state, their

experience with family assessment could be quite different from one local provider to another. The family assessment process may be confusing to the individual early intervention personnel, as well as the families who participate in early intervention.

Part C coordinators are putting the "cart before the horse" in that they are training on the IFSP as a product of assessment, but they are not training on state processes and performance competencies that will provide a sound practice in family assessment to inform the IFSP. Part C coordinators consistently discussed family assessment as foundational for the IFSP in a family-centered system. If family assessment holds this important role in the creation of the IFSP, it should be given due time in training, both in pre-service education and professional development. Early intervention personnel need to be trained in performance competencies of family assessment to inform the practice while researchers need to continue work to provide strategies for family assessment as Woods and Lindeman (2008) have done. Pre-service education and professional development in early intervention need to focus on the practice of family assessment, not just the philosophies behind it.

Utilizing the growing research base in implementation science may also guide the development of family assessment policy and procedures. States that apply their resources and operationalize their procedures could truly make a difference in family assessment and its effects on services to families. As Fixsen et al. (2013) stated, "Perhaps it is time to invest in implementation capacity so that evidence-based programs and other innovations will have a chance to produce their promised results for students, especially those with special needs" (p. 228). Having a family-centered philosophy is not enough to create evidence-based family assessment. In order for family assessment to

inform the intervention process and be a valued tool for early intervention personnel, processes need to be clearly described so that every early intervention provider knows what family assessment looks like as a practice.

Implications for Practice

This study highlighted the need to develop and implement consistent procedures for family assessment processes at the state level. Once procedures are in place, the focus should be on further investigating performance competencies in family assessment for professionals in early intervention and finding a mechanism to evaluate the quality of family assessment. In addition to this, it will be important to determine if an increase in the fidelity of family assessment processes at the state level increases the quality of services for families.

Early interventionists come from a variety of disciplines in many different professions. The field is in danger of falling back on the expert model used during the early years of early intervention services instead of relying on the family-centered model. States have worked to embrace a family-centered philosophy, but it is not enough in the area of family assessment. For quality family assessment to happen, training on family assessment performance competencies needs to take place at the state level for professionals with little or no training in early intervention to experience a paradigm shift in the field of early intervention. Without specific training, early interventionists from some disciplines will practice as they were taught, which often follows a clinical model and not the family-centered philosophy valued by early intervention.

Family assessment is an important part of the early intervention process and the writing of the IFSP. The key to improving the quality of family assessment may be in

using a state's available infrastructure to train staff in operationalized family assessment procedures while also having a mechanism of quality evaluation of the practice. Fixsen et al. (2013) recommended competency drivers like training, coaching, and performance assessment during implementation. A mechanism for performance assessment needs to be developed to ensure that quality family assessment occurred within states to assure fidelity of the process to families as well as at the state and local level.

In the next section, the recommendations are provided based upon the findings of this study. The first set of recommendations is provided for early interventionists. The second set of recommendations is for Part C coordinators. The third set of recommendations is made for those interested in conducting further research that relates to family assessment policies and procedures.

Recommendations

Recommendations for Early Interventionists

1. Early interventionists need to attain training in the area of family assessment in their state. If that is not available, they need to attain training through an online early intervention certificate program.
2. Early interventionists need to pair with fellow staff with skills in family assessment to observe, learn, and practice skills. New early interventionists should be coached by experienced early interventionists to gain expertise in the area of family assessment.
3. Early interventionists need to be advocates of the family assessment process within their state. Instead of sitting back and letting others consider state

policies and procedures, they could be valuable stakeholders who provide information about practice in the field.

Recommendations for Part C Coordinators

1. State Part C systems need to better define their state policies and procedures regarding family assessment to accurately account for the practice they want to see in the field. This would include a plan for full implementation of the policy taking into account their resources and infrastructure.
2. State Part C systems need to involve stakeholders in the discussion of their family assessment process to receive feedback and build a base of supports and advocates for the state's policy and procedures.
3. Family assessment training needs to be a stand-alone training separate from the IFSP training with performance competencies for early intervention personnel utilizing the infrastructure of resources within the state system. The training should include a focus on family-centeredness, policies and procedures, goals of family assessment, and strategies for family assessment.
4. State Part C systems need to work with the universities in their state to develop a relationship and promote pre-service education about early intervention. This should include information about the family-centered philosophy of early intervention as well as strategies about how to conduct family assessment in early intervention.

Recommendations for Researchers

1. This study should be duplicated to include a larger number of state Part C coordinator participants. It would be informative to examine the newest state

Part C policies and procedures as states finalize them to meet the new federal Part C regulations, as well as the similarities and/or differences between family assessment in rural and urban states.

2. Research on a study of online family assessment trainings in each state should be explored. A review should be conducted specifically looking at performance competencies, content, and strategies for online delivery.
3. Research on a study to review state quality measurement systems in family assessment should be completed. The research should explore how many states measure the quality of family assessment, what they measure, and how they measure it.
4. Research on a study to review the perception of early interventionists about the family assessment process in their state should be considered. The research should explore the competence and confidence of early interventionists in the area of family assessment.
5. Research on a study to review the perception of families with children in early intervention about the family assessment process in their state should be considered. The research should explore the family assessment process they experienced, how they felt about the process, and what they know about the family assessment process.
6. The last recommendation for future research would be to investigate pre-service education in family assessment that is provided across early intervention disciplines (e.g., early childhood special education, speech-language pathology, occupational therapy, physical therapy, social

work, nursing). A review of pre-service programs, how they provide education on family assessment, and what performance competencies related to family assessment are provided should be conducted.

Limitations

The main limitation of this study was the small number of participants. This study was limited to six interviews of Part C coordinators across the United States. There is limited generalizability of the results due to the small number of Part C coordinators who were interviewed. All information obtained was the individual coordinator's own experiences and perceptions of the processes in his or her state, so it does not necessarily represent the practices of Part C coordinators in general.

Reflections

As an early interventionist and technical assistance provider in Part C, I understand the complexities of the early intervention system. States work to satisfy the regulations of the federal government as well as their own system needs. I have watched state Part C coordinators struggle over decisions that will affect families receiving services and the early intervention personnel in their state. Coordinators must decide what resources to put toward training and what training will strategically make the most difference while balancing the financial woes of the system and regulations from not only Medicaid, but state departments and other agencies that touch their system. Ultimately, the most important goal of early intervention is to make a difference for the children and families being served. I believe that family assessment, although a small part of the early intervention process, has the ability to make the biggest impact on services and outcomes for children and their families.

The Part C coordinators whom I interviewed all shared a dedication to early intervention services. Their passion for early intervention and making a difference was striking. They know the law and its accountability measures in and out, but they struggle in a world of changing resources and diverse situations to keep their systems running smoothly. Family assessment has simply "evolved" in their state because there have been so many other needs to meet. However, in each interview conversation, Part C coordinators shared how foundational the family assessment was to the IFSP process.

For me, it was surprising to hear the statements about the importance of family assessment and see how little focus was placed on family assessment processes and training. Since the beginning of Part C, early interventionists have been working to maintain a family-centered philosophy. Certainly nothing can be more family-centered than conducting a solid family assessment so that the IFSP can truly reflect the needs of the child and family.

I believe that there is a need to continue to do research in this area, and I feel strongly that the time and energy spent focusing on family assessment will only improve the services and outcomes for children in early intervention. I hope to continue pursuing my interest in family assessment and passion for helping young children with disabilities.

APPENDICES

Appendix A
Interview Guide

1. Can you describe your family assessment process?
2. What, if any, are the strengths and challenges of the family assessment process in your state?
3. How was your family assessment process developed?
4. What role, if any, did key stakeholders (i.e., families in early intervention, providers of early intervention, and community partners in early intervention) play in planning your state's family assessment processes?
5. What factors contributed to the decision making process of choosing a state family assessment process?
6. What is the connection between family assessment and the Individualized Family Service Plan (IFSP)?
    - Does your tool impact family outcomes in the IFSP? If so, can you give me examples?
    - Does the family assessment process aid in targeting concerns, priorities, and resources in the IFSP? If so, can you give me examples?
    - Does your family assessment process affect the writing of your present level of development section of the IFSP?
7. What has the impact of your family assessment process been, if any, on your stakeholders (i.e., families in early intervention, providers of early intervention, and community partners in early intervention)?

8. What family assessment training, if any, does your state provide?

    - Please describe the training in detail.
    - Who attends the family assessment training?

Appendix B
Informed Consent

TITLE:	**Understanding the Family Assessment Process in Early Intervention**
PROJECT DIRECTOR:	**Kristen Votava**
PHONE #	**701-777-5683**
DEPARTMENT:	**College of Education & Human Development**

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about the family assessment process in your state because you have been a Part C coordinator within your state, and you have knowledge of the development of the family assessment process in your state.

The purpose of this study is to gain an understanding of the state-wide policies and procedures used in the family assessment process within early intervention services. The researcher will use this information to complete dissertation requirements and write scholarly articles about family assessment policies and procedures.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 6-10 people will take part in this study through the University of North Dakota.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will last approximately 2-4 weeks. You will need to have a phone or video conference session with the researcher at least once. The session will take approximately 30 minutes.

WHAT WILL HAPPEN DURING THIS STUDY?

If you decide to participate in this study, you will be interviewed by phone or video conference about your knowledge, experiences, or observations. There will be one interview, which typically lasts approximately 30 minutes. Before the interview, you will also be asked to supply available policy and training documents about the family assessment processes in your state.

You will be asked if digital voice recordings can be made of your interview. Such recordings will be used only for writing down exactly what you say or for training other researchers. Your name will remain secret. Digital recordings will be stored in a locked cabinet after use. Being recorded is voluntary. You may still participate without being recorded.

WHAT ARE THE RISKS OF THE STUDY?

There may be some risk from being in this study. The risks involved in this study include the possibility of loss of confidentiality. Though I take many steps to ensure secrecy, the identity of participants might accidentally become known. This may cause embarrassment or discomfort. Some questions I ask about your knowledge and experiences might cause worry, embarrassment, discomfort, or sadness. You may choose not to answer such questions. Referrals to counseling will be available should you experience bad feelings, but no money is available from the study to pay for such services. Another drawback for you might include the amount of time spent in interviews or providing policy and training materials via email.

WHAT ARE THE BENEFITS OF THIS STUDY?

You may not benefit personally from this study. Your participation in this research may result in a new strategy for you to use or by benefiting other states in the future through a better understanding of states' family assessment processes.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

You will not have costs for being in this research study.

WILL I BE PAID FOR PARTICIPATING?

You will not be paid for being in this research study.

WHO IS FUNDING THE STUDY?

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of coding the interview by region and number. None of these will identify you personally. You will be referred to by a made-up name instead. Interviews, notes, and any audio recordings will be stored in a locked cabinet for seven years when not in use. Only the researcher will have access to the notes and recordings. Any information from the data that could identify you will be removed. A paid typist will transcribe any recordings; this person will sign a confidentiality agreement. If I write a report or article about this study, I will describe the study results in a summarized manner so that you cannot be identified. You have the right to review any of the audio recordings, and you will be sent a transcription of the interviews to review. The recordings will be deleted after seven years.

IS THIS STUDY VOLUNTARY?

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota. You may choose not to participate in certain interviews or sharing of documents, and you can skip any questions you do not want to answer. If you decide to leave the study early, I ask that you inform the researcher.

CONTACTS AND QUESTIONS?

If you have questions about this research in the future, please contact the researcher, Kristen M. Votava, at (701) 777-5683 or by e-mail at kristen.votava@und.edu. You may also contact the researcher at the number 218-791-3818 after hours, or the researcher's advisor, Dr. Kari Chiasson, by calling 701-777-3236.

If you have questions regarding your rights as a research participant, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701) 777-4279. Please call this number if you cannot reach research staff, or if you wish to talk with someone else.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subject's Name: _____

_____ _____
Signature of Subject Date

I have discussed the above points with the subject or, where appropriate, with the subject's legally authorized representative.

_____ _____
Signature of Person Who Obtained Consent Date

Appendix C
Confidentiality Agreement

Project Title: Understanding the Family Assessment Process in Early Intervention

Investigator: Kristen M. Votava, M.S., CCC-SLP

All transcriptions and other work product documents, including the contents of said documents and work products, assigned by the investigator to transcriptionist shall be held in the strictest of confidence. Unless ordered to do so by a court order or disclosure is permitted by investigator, the transcriptionist is strictly prohibited from disclosing, revealing, copying for distribution, or providing any documents or other work product to any individual and entity. This obligation shall extend past the termination of this agreement until such time as the material in question no longer constitutes confidential information by definition of law.

_____
Name (please print)

_____ _____
Signature Date

_____
Investigator Signature

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