



“The Snyder Family”: *Helping Professionals Build Family-Centered Practices*

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Curriculum Plan

YEAR	Curriculum Unit		ECTS
1	Special education and inclusion : Social and : Psychopedagogical Perspectives	S	6
1	At-risk child Psychopedagogical and sociological perspectives	S	9
1	Research Methodology in Education	S	7
1	Cognitive motor and language development of at-risk children	S	7
1	Assessment models and specific techniques in Early Intervention	S	7
1	Family centered practices in Early Intervention	S	7
1	Clinical aspects of developmental disorders	S	6
1	Practicum in Early Intervention : A case study	S	11
2	Seminar	S	15
2	Dissertation	A	45



Developmental Center of the Pediatric Hospital Coimbra

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Family-Centered Practices

A collection of beliefs and practices that define particular ways of working with families that are **consumer-driven** and **competency enhancing**.

-- Trivette & Dunst, 2000



Family-Centered Practices

- Establishing the family as the focus of services
- Supporting and respecting family decision-making
- Providing intervention in a way that strengthens family functioning

-- McBride et al., 1993



Family-Centered Practices

- Are based on listening closely and following the family's lead
- Are based on planning processes where the family plays the primary role
- Address a family's primary concerns
- Focus on everyday family & community life
- Are offered in ways that "fit" the context of the family (e.g., their culture, lifestyle and schedules).



Do Family-Centered Practices Work?

- Yes!
- Demonstrated impacts on children, parents and families
 - Self-efficacy, parent perceptions of child behavior, parenting behavior, feelings of well-being, parent perceptions of program helpfulness
- Effective across diverse families, agency settings, and countries
- Parents can tell the difference between programs that use family-centered practices and programs that do not!



Family-Centered Practices: Two Sides of the Coin

o Relational practices

- o Warmth, active listening, empathy, focusing on strengths

o Participatory practices

- o Sharing all information, encouraging parents to make the decisions, encouraging families to use what they know, helping families learn new skills

- o It's not enough to be nice!



Family-Centered Practices

... are a set of principles
that guide not only
what we do
in early intervention,
but also **how** we do it.

-- Trivette & Dunst, 2000



Family-Centered Practices

WHAT: both informal and formal resources and supports so that families have both the knowledge and skills, and the time and the energy to promote the development of their children.

HOW: *how* interventions are done matters as much as *what* is done.

-- Trivette & Dunst, 2000



Family-Centered Practices

are based on values . . .

1. An emphasis on **strengths**, not deficits.
2. Promoting **family choice and control** over desired resources.
3. The development of a **collaborative relationship** between parents and professionals.

-- Dunst, Trivette & Deal, 1994



20 Years Ago

- Many of our issues will be related to training
- Teaching the discipline-specific skills will not be as hard as teaching the interpersonal skills (working with families and with other disciplines)
- Are some people simply “untrainable” when it comes to working with families?

-- Healy, Keesee & Smith, 1989



Family-Centered Practices

How are we doing?

- We struggle to include families.
- We struggle with how to educate parents.
- We struggle with how to build relationships.

Why do we struggle?

- The gap between research and practice.
- The current status of training.
- The complexity of the law.
- The attitudes of professionals.

-- Bruder, 2000



How do we “teach” family-centered practices?

A. Identify the **knowledge and skills** required

1. Understanding family systems
2. Using communication and problem-solving skills
3. Acquiring family-centered values
 - a. **Recognizing** family-centered practices
 - b. **Applying** the principles of family-centered practices
 - c. **Evaluating** family-centered practice



How do we “teach” family-centered practice?

B. Infuse knowledge and skills
across all coursework

C. Provide opportunities to practice
-- with real families!

-- McBride & Brotherson, 1997



Interdisciplinarity

Parents Active Participation in Training

Internal consistency

Case Study

Team Work

Principles across disciplines



The Snyder Family

- **Linda**, age 20, is a single mother with two daughters
 - **Crystal** is 2 ½ years old, with profound handicaps (LBW & anoxia)
 - **Marie** is 9 months old and developing typically
- **Linda** received special education services when she was in school
- Family relies on financial assistance
- Family moves frequently





The Snyder Family

Crystal's
classroom
teacher

- * Concerned about impact of sporadic attendance
- * Concerned that Crystal comes to school in clothes that are too small and smell

Home Visitor

- * Has taught Linda basic child care
- * Has helped Linda understand Crystal's challenges
- * Has helped Linda through many crises
- * Is worried that Crystal is still using a bottle



- * Concerned about Linda's abilities to care for Crystal

Pediatrician

Linda's
parents

- * Live nearby
- * Have limited resources
- * Can help with child care & transportation



Would you take the following courses of action?

- A. Continued use of bottle, lack of textured/solid food in Crystal's diet, and her need for dental care (13 questions)
- B. Therapeutic interventions and learning experiences for Crystal (13 questions)
- C. Proper clothing and improved hygiene for Crystal (13 questions)

1	2	3	4	5
Definitely Not	Probably Not	Uncertain	Probably Would	Definitely Would

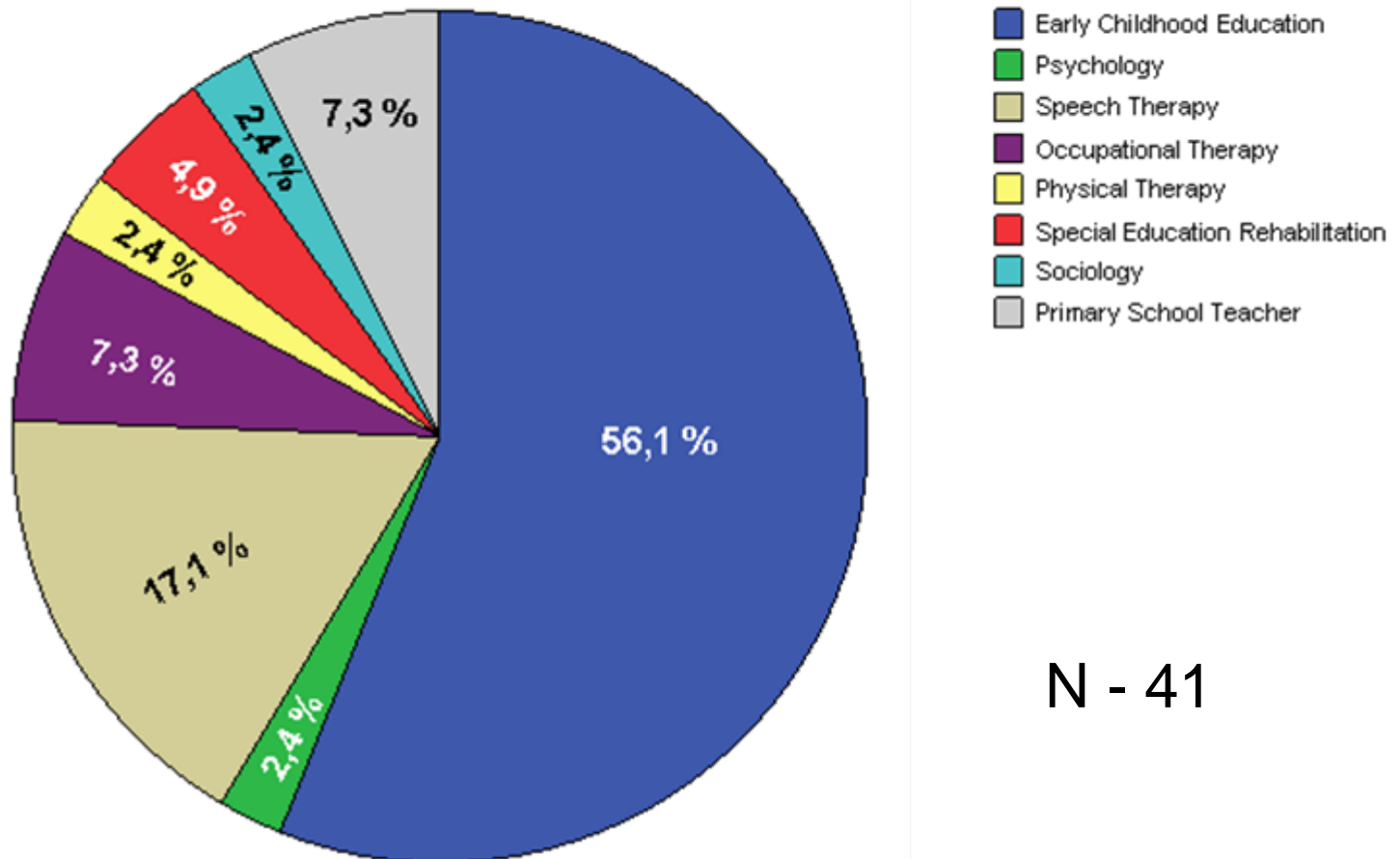


Sample

Background Training	Frequency	Percent
Early Childhood Education	23	56,1
Physical Therapy	7	17,1
Occupational Therapy	3	7,3
Elementary School Teacher	3	7,3
Special Education Rehabilitation	2	4,9
Psychology	1	2,4
Physical Therapy	1	2,4
Sociology	1	2,4
TOTAL	41	100,0



Background Training



Hypothesis

Training has an effect on participants development of family centered competencies evaluated through the Snyder Family Questionnaire.

Null Hypothesis

Training has no effect on the participants.
The sample means are very similar



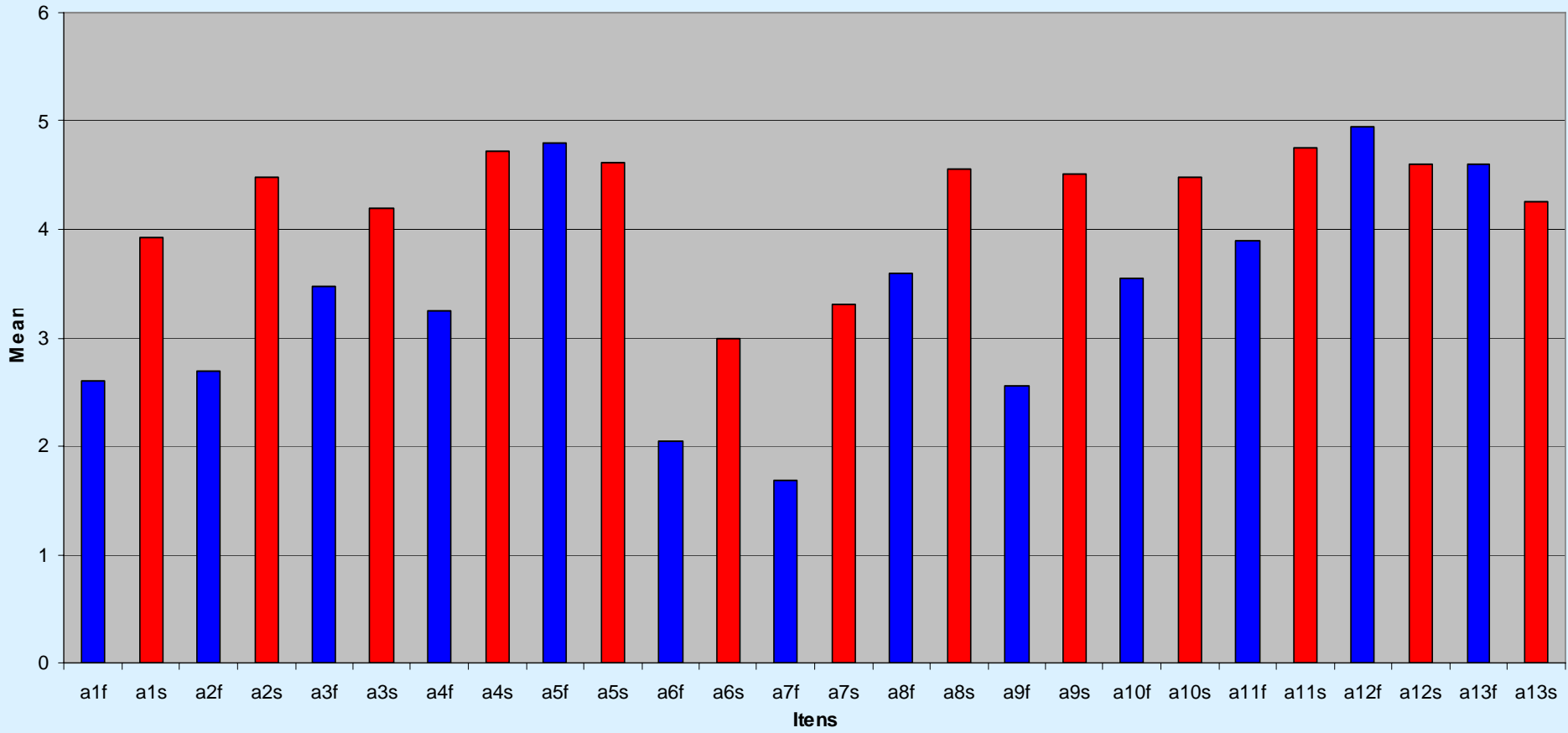
Matched-pairs or Paired-Samples t-test

Matched-Pairs	Items	Mean	t	Sig. (2-tailed)
Pair 1	a1f - a1s	-1,325	-6,052	,000***
Pair 2	a2f - a2s	-1,775	-7,605	,000***
Pair 3	a3f - a3s	-,725	-3,473	,001**
Pair 4	a4f - a4s	-1,475	-5,947	,000***
Pair 5	a5f - a5s	,175	1,554	,128
Pair 6	a6f - a6s	-,950	-3,371	,002*
Pair 7	a7f - a7s	-1,625	-7,115	,000***
Pair 8	a8f - a8s	-,974	-4,069	,000***
Pair 9	a9f - a9s	-1,975	-8,669	,000***
Pair 10	a10f - a10s	-,925	-4,016	,000***
Pair 11	a11f - a11s	-,850	-4,226	,000***
Pair 12	a12f - a12s	,350	3,557	,001**
Pair 13	a13f - a13s	,350	1,973	,056

The labelled sig is *** $p \leq .000$; ** $p \leq .001$; * $p \leq .05$



Paired sample test





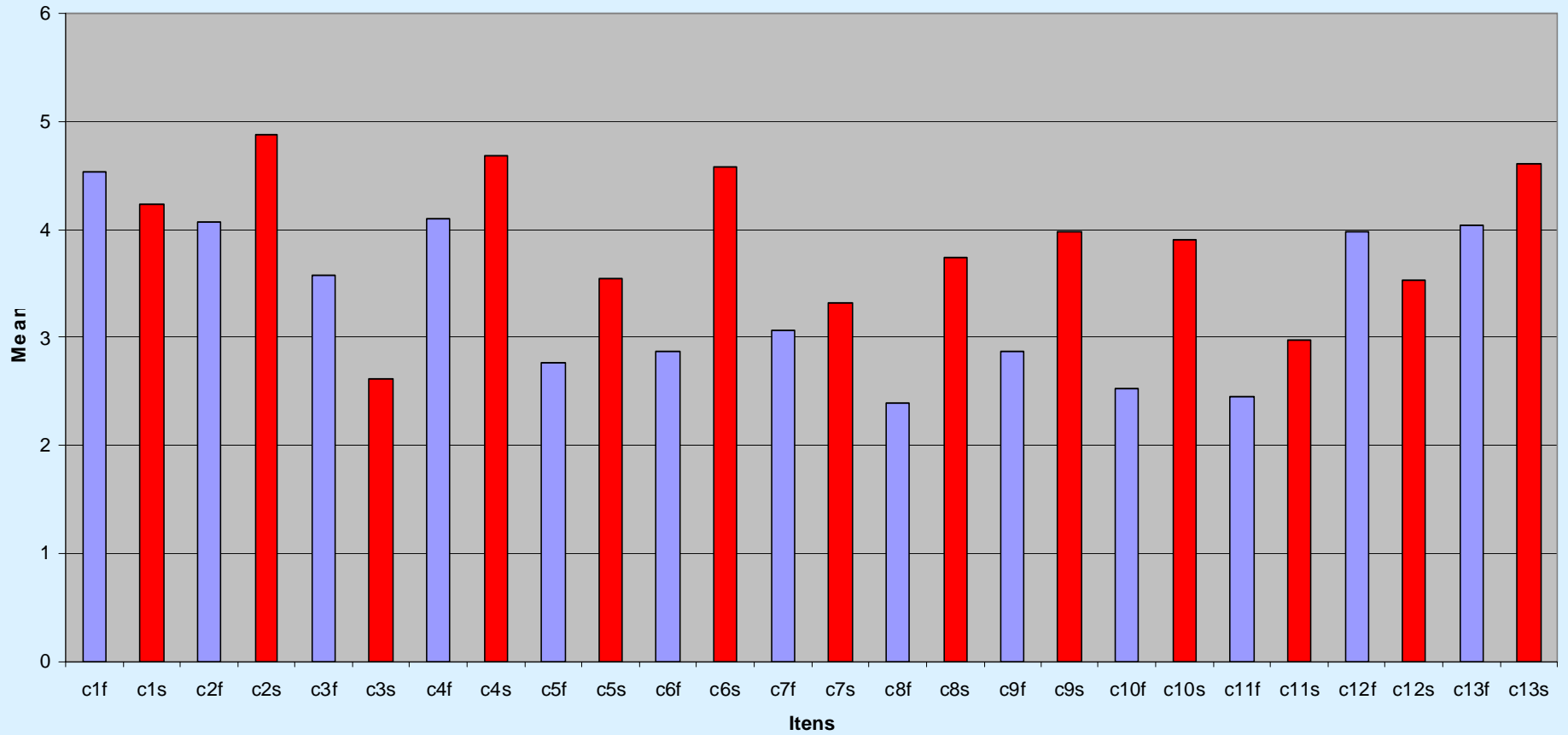
Matched-pairs or Paired-Samples t-test

Matched-Pairs	Items	Mean	t	Sig. (2-tailed)
Pair 1	c1f - c1s	,300	1,300	,204
Pair 2	c2f - c2s	-,800	-4,397	,000***
Pair 3	c3f - c3s	,968	3,719	,001**
Pair 4	c4f - c4s	-,581	-3,503	,001**
Pair 5	c5f - c5s	-,774	-4,084	,000***
Pair 6	c6f - c6s	-1,710	-6,709	,000***
Pair 7	c7f - c7s	-,258	-1,137	,265
Pair 8	c8f - c8s	-1,355	-5,201	,000***
Pair 9	c9f - c9s	-1,100	-3,657	,001**
Pair 10	c10f - c10s	-1,387	-6,147	,000***
Pair 11	c11f - c11s	-,516	-2,188	,037*
Pair 12	c12f - c12s	,452	2,528	,017*
Pair 13	c13f - c13s	-,581	-3,057	,005*

The labelled sig is *** $p \leq .000$; ** $p \leq .001$; * $p \leq .05$



Paired sample test



CONCLUSION

We reject the null hypothesis because differences between the sample means were observed. We conclude that there are significant differences between the first and the second moment. So we can say that training made a difference in family centered Competencies demonstrated by the participants evaluated with the Snyder Case Questionnaire

‘O vosso profissionalismo não é um caminho diferente daquele que nós percorremos...é também o caminho que é suavizado e amparado pelo rir, pelos nossos sorrisos de amor e pelas lágrimas dos nossos filhos. O caminho é o mesmo e, quando nos relacionamos uns com os outros, temos aquela parceria de que são feitos os sonhos. Desde a psicóloga que conversa connosco e tenta traduzir a visão que temos para o nosso filho, na forma como escreve o seu relatório, à terapeuta ocupacional que faz uma adaptação separada na cadeira de rodas de forma a que o gato possa enroscar-se junto do nosso filho, à enfermeira que encontra uma posição óptima para alimentar a criança embora vá contra o que dizem os livros... estes é que são os profissionais a trabalhar no espírito do termo “parceria”.’

Preethi Manuel (1996)