ABSTRACT

An Examination of Early Intervention Comprehensiveness and the Impact of Family Characteristics on Satisfaction Reports of Services

By Danielle Jeanice Fruehauf

Research in the field of early intervention and family-related services has indicated that a discrepancy exists between the stated early intervention philosophy and current early intervention practices. These results suggest that although there is a recognition that family-centered approaches benefit young children and their families, these principles generally have not been infused into existing programs. The current study examined this discrepancy through the investigation of services provided to families though four early intervention programs in southwestern Ohio. Specifically, the study addressed the types of family services received, and the extent to which these services were actually responsive to families' needs through ratings of program effectiveness. Families participating in this study rated their programs as falling significantly below their needed levels of support. These results also suggested that families who reported more problematic life conditions also reported significantly higher levels of satisfaction with the program services that they received.

AN EXAMINATION OF EARLY INTERVENTION COMPREHENSIVENESS AND THE IMPACT OF FAMILY CHARACTERISTICS ON SATISFACTION REPORTS OF SERVICES

A Thesis

Submitted to the Faculty of

Miami University

in partial fulfillment of the requirements for the degree of

Education Specialist

Department of Educational Psychology

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2003

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CHAPTER ONE

INTRODUCTION

Families of children with disabilities are often characterized as having poor adjustment (Helff & Glidden, 1998). It may be possible to explain this phenomenon from the family systems perspective, which states that all parts of the family are interrelated, so that events which affect any one family member also affect the others (Seligman, 1999). With regard to disabilities, the family systems perspective assumes that family adjustment is dependent on the adjustment of each individual family member to the disabling condition of the child. In response to the potential difficulties that may result among family members when dealing with disabling conditions, several intervention programs have been designed. IDEA mandates states to identify and provide early intervention services to young children with special needs and their families (DEC, 1993). Due to the difficulties that may result in the family as a whole and not solely with the identified child, this federal mandate clearly states the expectation that the families' needs will be targeted. Despite the prevailing philosophy supporting family-centered services, the majority of programs for children with disabilities are child centered. According to Murphy, et al., (1995) the following components describe family-centered practices:

a. Families are included in decision-making, planning, assessment, and service delivery at family, agency, and systems levels.
b. Services are developed for the whole family and not just the child with special needs.
c. Programs are guided by families' priorities for goals and services.
d. Family-centered practices offer and respect families' choices regarding the level of their participation.

The discrepancy between mandated early intervention philosophy (family-centered) and current early intervention practice (child-centered) warrants further investigation given the negative implications that can result if families' needs go unmet. This study will address this issue through the examination of services currently being received by families involved in early intervention programs in southwestern Ohio.

CHAPTER TWO

REVIEW OF THE LITERATURE

The review of literature explores the adjustment of families with special needs and the comprehensiveness of the services offered to such families through an initial discussion of the range of factors that are influenced by a child's disability. These factors include sibling relations, marital adjustment, and financial resources. This discussion is followed by a broad examination of early intervention services and their potential to buffer these stressors on family adjustment. This examination highlights the components of early intervention programs, the best practice standards involved in early intervention services, research on early intervention program comprehensiveness, and lastly, the factors influencing client satisfaction with early intervention services. The review of literature concludes with a summary of the implications imposed by the lack of comprehensiveness in early intervention services for families. Several hypotheses are posed regarding the relationship between family outcome reports of early intervention services and differing family demographic variables.

Range of Factors Influenced by Child's Disability

Disabling conditions can have rippling effects throughout the family structure. The stressors related to the disabling condition of a family member can negatively impact all sibling relations, marital adjustment, and financial stability. Special needs families are forced to cope with the disability's effect on communication, relationships, the family's

lifestyle, and future goals. The negative implications that can result are potentially damaging to the individual family members, and to the family as a whole. For this reason, it is important to address the needs of all family members, and to intervene with the family unit, rather than solely with the identified child.

Sibling Relations

Whereas sibling reactions to having a brother or sister with a disabling condition may vary with types of disability, there may be general psychological effects and family functioning commonly shared by families of children with disabilities. These general psychological characteristics may exist for siblings in the families of children with disabilities, regardless of the type of disability. Dyson, Edgar & Crnic (1989) examined the results of child psychological measures completed by 110 children, ranging from 8 to 15 years old. Of the 110 subjects, 55 had a younger sibling with a developmental disability, and 55 had a younger sibling without a disabling condition. The subjects completed child psychological measures that were analyzed in the context of family measures completed by their parents. Results of this study found significant individual psychological predictors for the adjustment of siblings of children with disabilities. The problems demonstrated by these siblings included (1) self-concept issues, (2) behavior problems, and (3) social competence deficiencies. Self-concept problems were indicated by the child's self-appraisal of his/her overall behavior, intellectual and school status, physical appearance, anxiety, popularity, and happiness or satisfaction. Behavior problems included patterns of "internalizing" behaviors (i.e., demonstrating symptoms of depression), and "externalizing" behaviors, (i.e., acting out). Social competence

deficiencies were reflected in parents' low ratings of their child's aptitude in recreational, academic, and social activities. These researchers found that in families with disabilities, parental stress and emotional resources best predicted the self-concept of siblings without disabling conditions. In these families, siblings whose parents reported more stress had lower self-concept than those with less stressed parents. The results of this study also indicated that self-concept was especially influenced by family and parent problems related to the care needs and condition of the child with the disability. Behavior problems of siblings without disabilities in these families were best predicted by the family relationship. Fewer behavior problems were reported in a supportive family with free expression of feeling and little interpersonal conflict. This research also revealed that parental stress predicted behavior problems for siblings of children with disabilities. The more stress the parents experienced, the more behavior problems the siblings in these families were rated to display. Behavior problems of these siblings were especially linked to the parents' negative perception pertaining to the care needs and future development of the younger sibling with the disability. Social competence in siblings of children with disabilities was best predicted by the family's emphasis on personal growth and family relationships. These results supported the hypothesis that selected family psychological factors, such as parental stress and resources, family social support, family relationships, family emphasis on personal growth, and the family's system maintenance as a group, would predict the self-concept, behavioral adjustment, and social competence of siblings of children with disabilities. It is clear that the families' ability to deal with the disability-related stress is a determining factor in the adjustment of children of siblings with disabilities.

Research indicates that the burden of responsibility for the care of the sibling with special needs often falls upon the shoulders of siblings without disabilities (Damiani, 1999). Siblings of children with disabilities often must deal with stresses and responsibilities that differ in both quality and quantity from those without special needs. These responsibilities can include the basic care of the sibling with the disabling condition (feeding, bathing, dressing, and taking the sibling to the toilet), additional educational help for specific exceptionalities, and additional supervision of the sibling with special needs by siblings without disabilities. These home and child-care responsibilities may differ from those of siblings in families without disabilities in that they may require an extended time commitment that infringes upon the sibling's homework time, recreational activity time, and/or outside employment time. If the frustration and fatigue resulting from this additional responsibility is great, adjustment difficulties may result for the siblings of children with disabilities (Damiani, 1999).

Another consistent theme in the literature on the adjustment in siblings of children with disabilities is the concern about future care-taking roles when parents are no longer available (Harland & Cuskelly, 2000). Some disabilities require life-long chronic care and persons with these disabilities are often unable to live independently. The burden of care often falls upon the non-disabled sibling(s) when the parents are no longer able to fulfill this care-taking responsibility. To the extent that psychological difficulties related to responsibility exist, it may be that this worry about future care-taking responsibilities, but not the responsibility itself leads to the risk of psychological problems of the non-disabled sibling (Damiani, 1999). This suggests that siblings of children with disabilities are aware of their possible future care-taking roles, and are psychologically stressed by

this possibility, rather than by the daily responsibilities that they face. Sibling adjustment therefore may be negatively impacted by the implication of future care-taking responsibilities.

Marital Adjustment and Divorce

Families of children with disabilities are faced with increased stress as a result of the additional resources necessary to meet the special needs of their children with disabling conditions. From a family systems perspective, this stress influences each family member in an interrelated, yet unique manner. This stress may result from the continual intensive care needs of the child with disabilities; the additional financial expenses associated with the health, education and daily care needs of the child with disabilities; and/or the time commitment required of family members to stay with the child with disabilities. These stressors can have negative implications for the marital adjustment of families of children with disabilities. Parental breakups and lower incomes may contribute to and may be a consequence of the increased familial stress of coping with disabilities (Hodapp & Krasner, 1988). When families are unable to adapt to the stresses and responsibilities of a child with a disability in a functional way, divorce is often the result. In a longitudinal study by Hodapp & Krasner (1988), researchers used a nationally representative sample of 283 students with disabilities to separately examine family demographics across several disability conditions. The researchers compared the family demographics of eighth-grade students with visual impairments (n = 89), hearing impairments (n = 105), deafness (n = 29), and orthopedic impairments (n = 60) to those of 22,368 additional U.S. eighth-grade students. This study utilized secondary data from

a large, national project by the National Center for Educational Statistics. These researchers found that families of children with disabilities experience more divorce and/or separation than do families of children without disabilities, and that divorce and/or separation seems more likely in families with a child with visual impairments (25.8%) than in the other disability conditions examined. The results also indicated that 14.3% of families in this nationally representative sample with a child with hearing impairments were divorced or separated; 20.7% of families in the sample with a child who was deaf were divorced or separated; and 21.7% of the families of a child with orthopedic impairments were divorced or separated. Among the remaining sample of families in the study with children with various disabilities, 15.3% were divorced or separated. A similar study on children's health and their parents' risk for divorce or separation found that parents of children with serious or permanent health problems have a higher risk of divorce than families of children with more mild disabilities (Joesch & Smith, 1995). The authors speculate that this may be the result of the constant care needs that characterize severe disabilities. These factors may include the continual intensive care needs of the child with disabilities; the additional financial expenses associated with the health, education and daily care needs of the child with disabilities; and/or the time commitment required of family members to stay with the child with disabilities. The factors associated with the care needs of disabling conditions can be extremely taxing on the marital adjustment of such families and may contribute to the increased divorce and/or separation rates described in the research.

Financial Resources

Financial resources can also serve as a source of stress for families of children with disabilities. Hodapp and Krasner (1988) examined family income in their nationally representative study of family demographics of families with and without special needs. These researchers revealed that on average, families of children with disabilities earned approximately $4,000-$5,000 less per year than families of children without disabilities. The results also indicated that only one wage earner more often supported families of children with special needs. This may have been the result of divorce/separation as stated previously, or due to the fact that one parent is often forced to stay home and fulfill care-taking responsibilities for the child with disabilities. In addition to this reduction in financial resources, families of children with disabilities have expenses associated with the disabling condition that contribute to the financial discrepancy. Lack of financial resources and support outside the home may serve as a precursor for further familial problems, including (1) adjustment difficulties, (2) separation, and (3) divorce.

These difficulties experienced by families of children with disabilities can negatively impact the quality of care provided to the child with disabilities. Due to the numerous negative outcomes that could arise, it is clear that families of children with disabilities must consider these factors. As the family system perspective asserts, events affecting any one family member also affect the others. In order to help families deal with these potential stressors, professionals in this area have established several family-centered intervention services for families and children that are flexible and responsive to the diversity of family needs and resources.

Early Intervention Programs

Professionals working with infants and toddlers and their families have become increasingly interested in designing intervention programs that truly reflect a focus on families (Sexton, Burrell, Thompson, & Sharpton, 1992). IDEA contains specific requirements for services for infants and toddlers, including requirements for how the state will administer the program (e.g., the governor must appoint a lead agency, and determine what constitutes early intervention services –for instance, an Individualized Family Service Plan and case management). Identified children and their families receive early intervention services from birth to age three, at which time preschool intervention services are provided.

Early Intervention Program Components

Early intervention services must include, for each eligible child, a multidisciplinary assessment and a written Individualized Family Service Plan (IFSP) developed by a multidisciplinary team and the parents. Services must be designed to meet the infant or toddler's developmental needs in self-help, motor, socio-emotional, cognitive, and language areas. Services may include special education, speech and language therapy, audiology, occupational therapy, physical therapy, psychological services, parent and family training and counseling services, transition services, medical services for diagnostic purposes, and health services necessary to enable the child to benefit from early intervention services. Case management services must be provided for every eligible child and his or her parents. These services are to be provided at no cost to parents except where federal or state law provides for a system of payments by parents,

including provision for a schedule of sliding fees (Vincent & Salisbury, 1988). This brief summary on the requirements reveals that major new concepts are included under IDEA that weren't previously required. These include interagency coordination, Individualized Family Service Plans, parent and family training and counseling, and case management. With this legislation came the mandate that requires assessment of family needs, resources, priorities and concerns. The rationale behind this newer family-centered approach is the belief that improving overall family functioning will enhance the development of the family member with disabilities.

Best Practice Standards

According to Baird (1997), several tenets of family-centered philosophy have become hallmarks of best practice in the early intervention process. These include recognition of the respect for (a) the family as the expert on the child; (b) the family as the ultimate decision maker for the child and family; (c) the family as the constant in the child's life and professional service providers as temporary; (d) the families' priorities for goals and services; (e) the families' choice regarding their level of participation; (f) the need for a collaborative, trusting, relationship between parents and professionals; and (g) the need to respect differences in cultural identity, beliefs, values, and coping styles. Early intervention services are initiated prior to the child's entrance into school, which can range from birth to age three. In a family-centered approach, professionals collaborate with families to select and implement early intervention services, requiring active efforts to support families as partners in the intervention process (Bailey et al., 1998). Part H of the Individuals with Disabilities Education Act (IDEA) asserts that a

major goal of early intervention is "to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities" (Education of the Handicapped Act Amendments of 1986, Public Law No. 99-457, 100 Stat. 1145). Family-centered care and "family empowerment" were formalized as requirements of early intervention programs to guide service delivery for children with special needs. Research has also demonstrated the benefit of incorporating families into their children's early intervention programs through the significant contribution that parents can make with regard to implementing early intervention techniques in the home (i.e., Bruder, 2000; Smith, Landry, & Swank, 2000). Families have the greatest opportunity to influence their children's developing competence due to the extensive time the child spends in the home. It is clear that family-centered early intervention services are warranted and would be of benefit to both the family and the child with the disability.

Research on Early Intervention Program Comprehensiveness and Efficacy

Despite the requirement of early intervention services to be family-focused in philosophy, current research indicates that family centered early intervention remains an elusive goal (Bruder, 2000; Epps & Jackson, 2000; Mahoney & Bella, 1998). Prior to the initiation of the "family-focused" approach to early intervention, a foundation was in place that emphasized a "child-centered" approach. This earlier framework focused on meeting the needs of the child with disabilities, but neglected to provide services to the family. While working within this earlier framework, it became apparent that improvement in the lives of children with disabilities was nearly impossible without focusing on their families as well. This realization incited the paradigm shift and

requirement by law that early intervention services would uphold a family centered approach. Despite this requirement, studies on family-centered early intervention reveal that 50% of the families receiving services claim to receive extremely low levels of family centered services (Mahoney & Bella, 1998). Findings indicate that although the interventions had been effective, (i.e., language improved from pre-to post intervention), these families felt that the service they received had not been family-centered. In general, this was defined by a lack of reduction in the amount of stress that mothers experienced; a lack of enhancement of key aspects of family functioning; and a lack of improvement in mother-child interactions. Overall, a substantial portion of the families in this sample stated that they did not receive services compatible with what they believed was needed for their children and families. In addition, results of a recent analysis of 75 case studies by the Early Childhood Research Institute at the University of North Carolina at Chapel Hill found that early intervention programs across nine communities were family-centered in their response to the family's priorities but had not yet accomplished family-centered services on the dimension of enabling family members or taking a holistic approach to the family (McWilliam, Tocci, & Harbin, 1995). Similarly, a study designed to provide a description of the statewide implementation of Part H early intervention services delivered in Connecticut revealed that the programs in the study maintained a child-focused approach representing traditional developmental domains (Bruder, et al., 1997). This approach was maintained despite the fact that the Individualized Family Service Plan was designed to support the central role of the family in their child's intervention. This research indicates that a discrepancy exists between early intervention philosophy and practice. These results suggest that although there is a recognition that

family-centered approaches benefit young children and their families, these principles generally have not been infused into existing programs. Current research indicates that services to include family support programs is essential and that accountability must be emphasized to ensure that family-centered service delivery systems are implemented.

Factors Influencing Client Satisfaction with Early Intervention Services

Research in the area of childhood disabilities and family functioning suggests that a child's disability and the personal, interpersonal, and social variables of the family members interact in complex ways that contribute to the overall coping abilities of the family (Seligman, 1999). Though families may react differently to differing stressors, it is possible that some family demographic variables may be related to overall coping, and reports of satisfaction with early intervention services. According to Seligman, families who are not coping well owe their distress to poor or nonexistent social services. Therefore, families lacking services or receiving traditional child-centered rather than family-centered services may have poor outcomes due to inadequate services that failed to address the needs of all family members. There may be some family characteristics that require more intensive intervention and are related to less positive family outcomes when these services are not provided. For example, single parents of children with disabilities may be thought to experience greater stresses than do parents in two parent families (Simpson, 1996). This may impact overall coping and satisfaction reports with early intervention services due to the critical need for family rather than child focused services.

Another family characteristic that requires more intensive intervention and may be related to less positive family outcomes when such services are not provided is the family's current financial situation. Families who are struggling with a reduced income due to care-taking responsibilities, due to the additional costs related to the disabling condition, or due to any other financial difficulties that result in reduced resources require services that will address these needs and provide information on resources and/or support. If early intervention services are not geared to deal with such needs and lack a family-centered approach, poor coping and poor satisfaction with services may result.

Summary and Implications

There is a need to study this problem in order to ensure that such delivery service programs are actually implemented, but little research has addressed this issue. The current study will advance this research area by conducting a formative evaluation of the family services provided by several early intervention programs within five southwestern counties of the state of Ohio. Specifically, this study will address the types of family services parents receive, and the extent to which these services were actually responsive to parents' needs. The purpose of this study is to examine the degree to which families report that the early intervention program that their child was involved in met their family-centered service needs, and to examine the relationship between this report and the families' demographic variables. Specifically, the following research questions will be examined:

1. Is there a relationship between family outcome reports of early intervention services and the parents' marital status?

2. Is there a relationship between family outcome reports of early intervention services and the families' financial situation?

3. Is there a relationship between family outcome reports of early intervention services and mothers' educational level?

Research in this area has indicated that many early intervention programs do not provide comprehensive family services, despite the fact that the law requires this family-centered orientation. For this reason, it is hypothesized that the majority of the participants in this sample will report low levels of family-centered services. In addition, the following hypotheses will be examined:

- A relationship will exist between family outcome reports of early intervention services and parents' marital status such that those reporting a marital status of separated or divorced will also report less satisfaction with their early intervention services.

- A relationship will exist between family outcome reports of early intervention services and families' report of their current financial situation such that those reporting a more problematic financial situation will also report less satisfaction with their early intervention services.

- A relationship will exist between family outcome reports of early intervention services and mothers' educational status such that the mothers reporting the attainment of less education will also report less satisfaction with their early intervention services.

CHAPTER THREE

METHODOLOGY

Participants

The participants for this study included parents from 114 families with children between birth and three years of age who are currently receiving services through four different early intervention programs in Southwestern Ohio. The subjects were randomly selected from lists of families who are currently receiving early intervention services, and the random sampling of participants was ensured through the use of a random numbers table. The agencies involved in the selection of the participants were informed as to the purpose of the study.

Data Collection

Once agencies agreed to participate in this study, each agency was asked to compile a list of families currently receiving services. The participating agencies maintained client confidentiality by disclosing only the number of families on their lists to the researcher. Families' names were not disclosed. With this information, the researcher utilized the random numbers table to randomly select 100 numbers corresponding to names from each agency's list. This required the selection of 400 families receiving early intervention services in southwestern Ohio to receive participant packets containing surveys. The surveys were color-coded by agency for later data analysis. Each participant packet included a cover letter (Appendix A), a family demographics questionnaire (Appendix B), two surveys (Appendix C & D), and a

stamped self-addressed envelope. These packets were delivered to each of the early intervention agencies in sealed, blank manila envelopes. The agencies then applied the appropriate mail labels to the sealed envelopes and sent the packets to the appropriate families in the postage-paid envelopes. The surveys were mailed out by the agencies on the researchers behalf to ensure the privacy of the families selected for the study. The surveys were then returned (in the postage-paid response envelopes) directly to the researcher at the Department of Educational Psychology in Miami University. The return of the survey indicated informed consent.

Materials

The researcher mailed the Family Focused Intervention Scale (FFIS: Mahoney et al., 1990) to the parent(s) of children currently receiving early intervention services. The FFIS is a 40-item Likert-type scale that examines the five domains of family support services that have been linked to family focused intervention, including the following: Child Information, Systems Engagement, Family Instructional Activities, Personal-Family Assistance, and Resource Assistance (Table 1). This measure assessed (1) the types of family services parents received from their early intervention programs and (2) the extent to which these services were actually responsive to parents' needs.

Personal and family characteristics were also assessed through a brief survey of family demographics. This portion of the questionnaire included sections requesting family resources information, intervention program information, and additional family demographic information. These items took approximately five minutes to complete. This survey assessed dimensions of family functioning reported to be affected by raising young children with disabilities.

Previous research with large national and regional samples has been supportive of the validity and reliability of the Family Focused Intervention Scale (e.g., Mahoney & Bella, 1998). Chronbach's alpha, which was computed for each of the domains, indicated that the FFIS had acceptable levels of reliability. Systems Engagement consists of eleven items and has a coefficient alpha of .89; Child Information consists of eight items and has an alpha of .85; Family Instructional Activities consists of eight items and has an alpha of .86; Personal Family Assistance consists of eight items and has an alpha of .82; and Resource Assistance consists of five items and has an alpha of .78. (Mahoney et al., 1990). In addition, parents' responses to the FFIS have been related to factors likely to affect the types of services they receive, including whether they had an IFSP, the service delivery model (home based/center based), the severity of children's disability, where parents lived, selected characteristics of parents and families, and perceived benefits of early intervention services (Mahoney & Bella, 1998).

Table 1. Family Support Categories from the Family Focused Intervention Scale

CHILD INFORMATION

- Discuss the philosophy of the program
- Ask what you need for your child
- Talk to you about your child's health
- Talk to you about your child's developmental growth
- Explain why tests are used
- Ask how you are coping with your child
- Provide opportunities for you to share your feelings with the program staff

FAMILY INSTRUCTIONAL ACTIVITIES

- Want you to be there while your child is being tested
- Show you how to help your child develop
- Show you how to play with your child
- Provide you with toys for your child
- Give you a plan to carry out during the month
- Provide books and pamphlets for you to use
- Assess how you play or interact with your child

PERSONAL/FAMILY ASSISTANCE

- Ask what you want for your family
- Show interest in hearing about your family
- Provide opportunities for you to share your feelings with other parents
- Provide family counseling
- Provide information on stress management strategies
- Help you to take time for yourself
- Assist you in getting your spouse or other relatives to help you with your child
- Help you with personal problems

SYSTEMS ENGAGEMENT

- Help to prepare you for your child's future
- Help you to be an informed advocate for your child
- Want you to choose what you do in the program
- Help you prepare for your child's next educational setting (*day care, pre-school,Head Start, Kindergarten)*
- Encourage you to be the major decision maker about the care and education of your child
- Provide opportunities for you to participate in parent groups
- Help you learn how to deal with the system

RESOURCE ASSISTANCE

- Assist you in getting help from friends and neighbors
- Help you get medical care for your child
- Make referrals to professionals such as social workers or family counselors
- Make referrals to other Early Intervention Programs such as day care, Developmental Disabilities Centers, or schools

Design and Procedures

The participating early intervention agencies were responsible for the application of address labels to the postage-paid participant packets. Each agency mailed the color-coded surveys to 100 randomly chosen families currently receiving services; therefore a total of 400 participant packets were sent out. As the cover letter indicates, (Appendix B) participants were asked to (1) complete the FFIS by indicating the comprehensiveness of the services they have received; and (2) complete a second copy of the FFIS to indicate the importance of each of the 40 questionnaire items for themselves and their children. The second completion of the FFIS required participants to rate the importance of the family service items on a Likert-type scale, whereas the initial completion of the FFIS required participants to rate the extent to which each item was a part of their own early intervention service agencies. It was explained that the second completion of the FFIS is necessary to examine the extent to which the early childhood intervention agencies are meeting families' needs. Parents were informed that:

- The study is not affiliated with the agency.
- The surveys are anonymous.
- The responses to the questionnaire will be used for research purposes only.

Once the surveys were completed and returned, the responses were used to describe the family-centered orientation of the services that the families received, as well as the demographic variables of the individual families. Responses from the completion of the first FFIS yielded a Family Service subscale, and responses from the second completion of the questionnaire generated a Family Needs subscale. The difference between the two subscale scores for each of the five categories provided an index of the

extent to which these services were responsive to parents' needs. Family Service subscale scores were then correlated with families' personal characteristic scores to examine possible relationships between this report of services provided and the families' demographic variables.

Data Analysis

The following section includes a description of the statistical procedures that were used to analyze the data derived from the completed participant packets. First of all, the demographic data provided by families was analyzed using descriptive statistics. Secondly, a paired t-test was utilized to examine the differences between the actual reports of services received (Family Service subscale) and the reports of services needed (Family Needs subscale) for each of the five categories (e.g., Child Information, Family Instructional Activities, Personal/Family Assistance, Systems Engagement, and Resource Assistance). This analysis created a "responsiveness to needs" category based on the pattern of discrepancies across the five domains. This provided information regarding families' levels of satisfaction with the services that they are receiving.

An unpaired t-test was then used to examine the relationship between responses of services actually received (Family Service Subscale) for each of the five domains of family support services and families' reports of marital status. Within the Family Demographics Questionnaire, families were asked to report their marital status as one of the following: a) Married & Living Together; b) Married & Separated; c) Divorced; d) Never Married but Living Together; e) Never Married & Separated. The variables for

options A and B were then collapsed into the variable Married; and the variables for options C, D, and E were collapsed into the variable Not Married to assist data analysis.

Next, an unpaired t-test was used to examine the relationship between reports of services actually received (Family Service Subscale) for each of the five family support domains and families' reports of their current financial situation. Within the Family Demographics Questionnaire, families were asked to report their financial situation as one of the following: a) Very Problematic; b) Somewhat Problematic, c) Doing OK, d) Fairly Well-Off; e) Very Well- Off. These responses were also compiled into either Problematic (responses A & B) or Doing OK (responses C, D, & E) in order to aid analysis.

Lastly, an unpaired t-test was utilized to examine responses of services actually received (Family Service Subscale) across the five family support domains and mothers' educational status. This variable was also collapsed to aid analysis. Instead of reporting the specific number of school years completed by mothers, their education was collapsed into either 9-12 Years of School or Post High School Experience.

CHAPTER FOUR

RESULTS

The primary research questions to be answered in the present study were:

1. Are the early intervention programs in this study responsive to families' needs through the provision of comprehensive family services?

2. Is there a relationship between family outcome reports of early intervention services and parents' marital status such that those reporting a marital status of separated or divorced will report less satisfaction with their early intervention services?

3. Does a relationship exist between family outcome reports of early intervention services and families' report of their current financial situation such that those reporting a more problematic financial situation will report less satisfaction with their early intervention services?

4. Is there a relationship between family outcome reports of early intervention services and mothers' educational status such that the mothers reporting the attainment of less education will report less satisfaction with their early intervention services?

Demographic characteristics of the mothers and children who participated in this study are presented in Table 2. These participants represent a variety of demographics and levels of socioeconomic status, and were selected from early intervention programs in four different counties in southwestern Ohio. Despite the fact that the families were recruited from four programs within the same region of the same state, variations existed in the types of services the families in the sample received. More than 50% of the sample received services that were primarily home-based, and 4% received center-based services; the remainder (43%) received a combination of home-and center-based services. It was reported that all of the families in this sample had Individualized Family Service Plans (IFSP) in place through their early intervention program. This finding indicates

that the programs involved are complying with the requirement that an IFSP is developed for each family receiving services.

Table 2. Demographic Characteristics of Sample

Characteristic	n	% of sample	M	SD
Mother's Age (average years)	114		32.3	5.9
Mother's Ethnic Background				
African American	5	4.4		
Hispanic/Latino	2	1.8		
Native Hawaiian	2	1.8		
White	103	90.1		
Other	2	1.8		
Mother's Marital Status				
Married	92	80.7		
Divorced	3	2.6		
Living Together & Not Married	14	12.9		
Never Married & Separated	5	4.4		
Mother's Level of Education				
Years = 8	3	2.6		
Years = 9-12	28	24.6		
Years = 13-16	59	51.8		
Years = 17+	24	21.1		
Annual Household Income				
$0-$9,999	7	6.1		
$10,000-$29,999	23	20.1		
$30,000-$49,999	17	17.5		
Over $50,000	67	58.8		
Perception of Financial Situation				
Very Problematic	5	4.4		
Somewhat Problematic	18	15.8		
Doing OK	52	45.6		
Fairly Well Off	35	30.7		
Very Well Off	4	3.5		
Child's Gender				
Male	75	65.8		
Female	39	34.2		
Early Intervention Identification				
Mild	45	39.5		
Moderate	34	29.8		
Moderate/Intensive	29	25.4		
Intensive	6	5.2		
Early Intervention Services				
Home-Based	60	52.6		
Center-Based	5	4.4		
Both Home & Center Based	49	43.0		

Are the early intervention programs in this study responsive to families' needs through the provision of comprehensive family services?

The first analysis examined the differences between the Family Service subscale scores and the Family Needs subscale scores in order to determine whether the participating early intervention programs were responsive to the needs of the families involved. For the domain of Child Information, the difference between the Family Service subscale and the Family Needs subscale was statistically significant, $t(795) = -3.15$, $p < .01$. This indicates that there was a significant difference between reports of services received and reports of the services families needed, with families reporting more services needed than actually received in this domain. Analysis of the Family Instructional Activities domain indicated no significant difference between the Family Service Subscale and the Family Needs Subscale, $t(796) = -1.32$, $p = .19$. The lack of statistically significant reports in this domain suggests that there was no real difference between the services received and the services needed in this domain. The paired t-test analysis of the Personal and Family Assistance domain indicated a significant difference between the Family Service Subscale and the Family Needs Subscale, $t(796) = -4.63$, $p < .01$. Again, these results indicate that families reported that their needs in this domain exceeded their reports of actual services received. The remaining two domains followed a similar pattern of statistically significant differences between the report of services received and the services needed. The paired t-test results for the Systems Engagement domain yielded the following results, $t(797) = -3.40$, $p < .01$. Similarly, the results of the analysis for the Resource Assistance domain indicated that families reports of needs were significantly greater than families' reports of services received, $t(797) = -6.13$, $p < .01$. The mean differences for the five domains are presented in Figure 1.

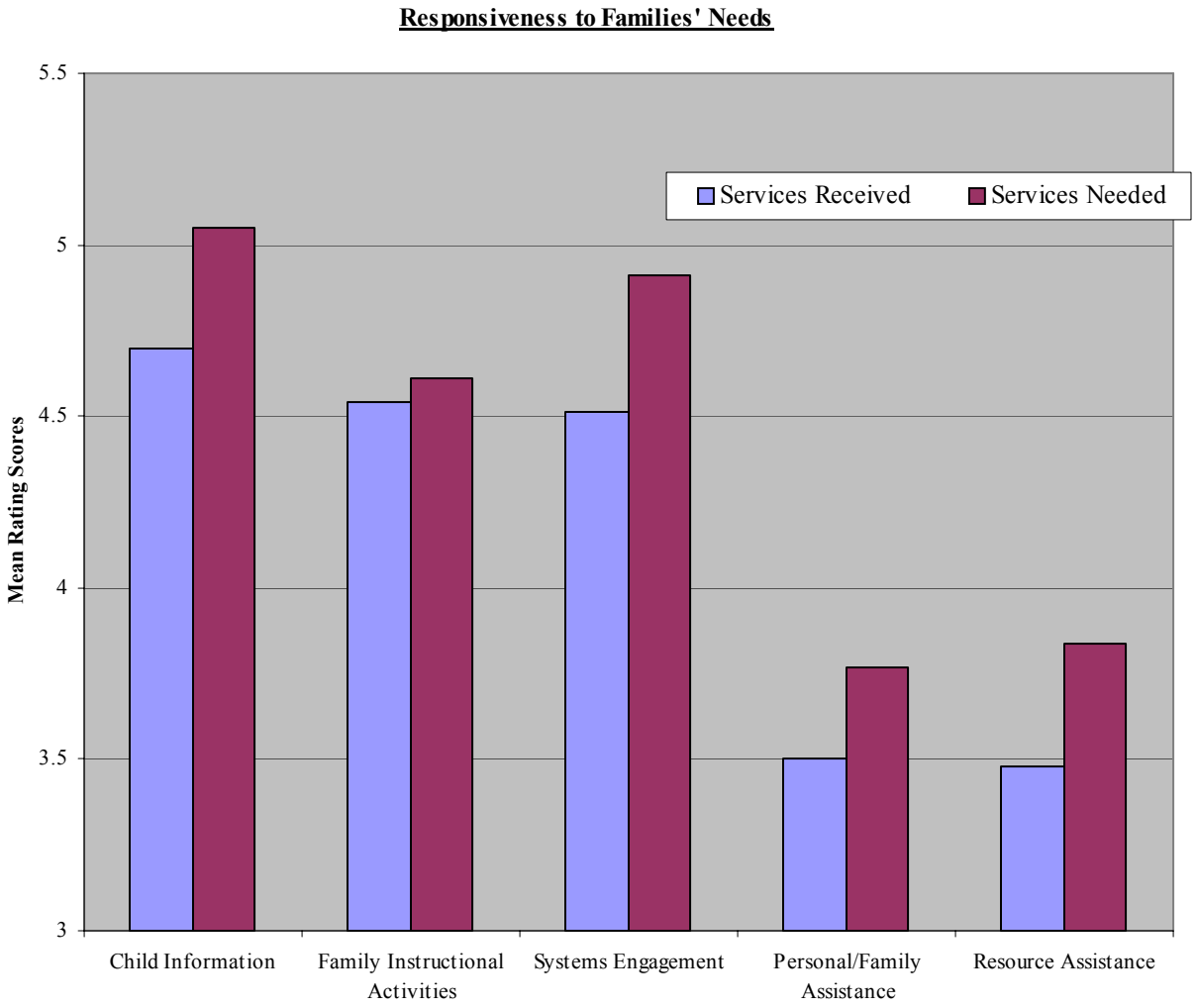

Figure 1. Responsiveness to families' needs: The mean rating scores reported for each of the five Family Support Categories for the services that familes received and the services that familes needed.

Is there a relationship between family outcome reports of early intervention services and parents' marital status such that those reporting a marital status of separated or divorced will report less satisfaction with their early intervention services?

The second analysis examined the relationship between responses of services actually received (Family Service Subscale) for each of the five domains of family support services and families' reports of marital status. The results of this analysis, as displayed in Table 3, indicate that the families collapsed into the Not Married category reported significantly greater satisfaction with the services received in three of the five support categories. Unmarried families reported greater satisfaction than married families in the following domains: Child Information ($p < .001$), Personal/Family Assistance ($p < .001$), and Resource Assistance ($p < .001$). The reports of services for the remaining two Family Support categories (Family Instructional Activities and Systems Engagement) were not statistically significant. This indicated that there was no real difference in the reported satisfaction with services between married and unmarried families in these two areas.

Table 3. Reports of Services for Married and Unmarried Families

Domain	Mean Diff.	DF	t-Value	P-Value
Child Information	-.840	795	-3.63	.0003*
Family Instructional Activities	-.225	795	-1.56	.1193
Personal/Family Assistance	-.671	795	-3.89	.0001*
Systems Engagement	-.384	795	-1.61	.1087
Resource Assistance	-.671	795	-3.89	.0001*

Does a relationship exist between family outcome reports of early intervention services and families' report of their current financial situation such that those reporting a more problematic financial situation will report less satisfaction with their early intervention services?

The relationship between reports of services actually received (Family Service Subscale) for each of the five family support domains and families' reports of their current financial situation was then analyzed. The results of this analysis, as displayed in Table 4 revealed that the families who described their financial situation as "problematic" reported significantly greater satisfaction with services received in four of the five support categories. Families with problematic financial situations reported greater satisfaction than families without problematic financial situations in the following domains: Child Information domain ($p < .001$), the Family Instructional Activities domain ($p < .05$), the Personal/Family Assistance domain ($p < .001$), and the Resource Assistance domain ($p < .001$). The reports of services for the remaining Family Support category (Systems Engagement) were not statistically significant. This indicated that there was no real difference in the reported satisfaction with services between families with financial problems and families without financial problems in this area.

Table 4. Reports of Services for Families With/Without Problematic Financial Situations

Domain	Mean Diff.	DF	t-Value	P-Value
Child Information	-.832	795	-3.60	.0003*
Family Instructional Activities	-.345	795	-2.40	.0165*
Personal/Family Assistance	-.849	795	-4.96	.0001*
Systems Engagement	-.303	795	-1.27	.2051
Resource Assistance	-.712	795	-4.17	.0001*

Is there a relationship between family outcome reports of early intervention services and mothers' educational status such that the mothers reporting the attainment of less education will report less satisfaction with their early intervention services?

Lastly, the relationship between responses of services actually received (Family Service Subscale) across the five family support domains and mothers' educational status was examined. The results of this analysis, as displayed in Table 5, indicated that the mothers who obtained an educational level of 9-12 Years of School reported significantly greater satisfaction with three of the five support categories. Mothers reporting less education (high school only) reported greater satisfaction with services than mothers who obtained a higher level of education (beyond high school) in the following domains: Family Instructional Activities domain ($p < .001$), the Personal/Family Assistance domain ($p < .001$), and the Resource Assistance domain ($p < .001$). The reports of services for the remaining Family Support categories (Child Information and Systems Engagement) were not statistically significant. This indicated that there was no real difference in the reported satisfaction with services between mothers with only a high school education and mothers with a higher level of education in these two areas.

Table 5. Reports of Services for Mothers with 9-12 Years of Education and Post-High School Educational Experience

Domain	Mean Diff.	DF	t-Value	P-Value
Child Information	-.385	795	-1.867	.0623
Family Instructional Activities	-.493	795	-3.892	.0001*
Personal/Family Assistance	-.811	795	-5.348	.0001*
Systems Engagement	-.372	795	-1.755	.0796
Resource Assistance	-1.11	795	-7.439	.0001*

CHAPTER FIVE

DISCUSSION

Within this investigation, different components of family-centered services were examined as carried out by four publicly funded early intervention programs. Family-centered services, as defined by Mahoney, O'Sullivan, and Dennebaum (1990) include the following: activities that help parents and others become involved in community-based services; information about children's health, disability, and developmental status as well as the rationale for services; suggestions that help families to address developmental concerns of the child at home; counseling and other types of social activities to help the family cope more effectively with the stress associated with caring for their children; and services to help families obtain financial, medical, respite, and other community services needed to address the daily care of their children.

Program Responsiveness to Families' Needs

As was expected, considerable variability was found in the extent to which these programs emphasized family-centered components. Families participating in this study rated their programs as falling significantly below their needed levels of support for four of the five Family Support categories (e.g., Child Information, Personal/Family Assistance, Systems Engagement, and Resource Assistance). Program services provided for the fifth Family Support category (Family Instructional Activities), were rated as meeting the needs of the families involved. Though the early intervention programs involved in this study addressed the criteria outlined by Mahoney and others (1990) in their definition of family-centered services, they did not meet the levels of services that

families reported to be necessary to meet their needs. This indicates that though family-centered services are slowly being integrated into early intervention programs, these services need to be incorporated more comprehensively. Other than the services received within the category of Family Instructional Activities, the programs involved were largely unresponsive to the needs of the families they serve. These findings coincide with current research on the efficacy of early intervention programs, wherein as much as 50% of the families receiving services claim to receive extremely low levels of family centered services (Mahoney & Bella, 1998). For this reason, it is very important that early intervention programs continue to assess their program efficacy and comprehensiveness in order to improve the levels of services provided to the families.

Marital Status and Program Ratings

Previous research in the area of family adjustment to having a child with special needs has suggested more problematic outcomes for families experiencing multiple stressors (i.e., single-parent families, financial difficulties, parents' lack of education, etc.). For this reason, it was hypothesized that families who reported multiple life stressors would also report less satisfaction with their early intervention program services. On the contrary, the results of this study indicated that mothers who reported themselves to be either *separated*, *divorced*, or *never married* rated their satisfaction with program services to be significantly higher than the ratings from married parents for three of the five Family Support Categories (Child Information, Personal/Family Assistance, and Resource Assistance). Though ratings on the remaining two Family Support categories (Family Instructional Activities and Systems Engagement) were not

statistically significant at the .01 level, they were approaching significance in the same direction. These results suggest that the initial hypothesis that families reporting an unmarried status will also report less satisfaction with services was rejected.

Families' Financial Situation and Program Ratings

This pattern was also observed with regard to families' financial situations. The results indicated that families who rated their financial situation to be either *somewhat problematic*, or *very problematic* rated their satisfaction with program services to be significantly higher than the ratings from families who reported their financial situation as doing ok, fairly well-off, or very well-off for four of the five Family Support Categories (Child Information, Family Instructional Activities, Personal/Family Assistance, and Family Resources). Though families with problematic financial situations did not rate their satisfaction with the category of Systems Engagement to be significantly higher than those without problematic financial situations, the trend was in the same direction. Again, the results indicated that the hypothesis that families with more problematic financial situations would report less overall satisfaction with services was rejected.

Mothers' Level of Education and Program Ratings

Once more, this pattern of results was observed for mothers' level of education. An examination of the relationship between mothers' level of education and their satisfaction with early intervention services indicated that mothers who reported obtaining 9-12 years of education rated their satisfaction with program services to be

significantly higher than the ratings of mothers who reportedly obtained post-high school educational experience. These ratings were significantly higher for three of the five Family Support categories (Family Instructional Activities, Personal/Family Assistance, and Resource Assistance. The remaining categories (Child Information and Systems Engagement) followed the same trend of responses though were not statistically significant at the .01 level. For this reason, the final hypothesis that families with less education would report less overall satisfaction with early intervention services was rejected.

Though these findings do not concur with previous research that suggests that families with multiple stressors (in addition to caring for a child with special needs) will report less satisfaction with early intervention services, two possible explanations for the current findings may exist. First of all, the current study suggests that families who reported more problematic conditions with regard to their marital status, their level of education, and their financial situation also reported significantly higher levels of satisfaction with the program services that they received. It may be hypothesized that families with these multiple needs and problems may be significantly more grateful for the help that is offered to them than those who have fewer needs or additional problematic situations. This would suggest that families who have a greater discrepancy between their current/problematic life situation and their "ideal" life situation may be more satisfied with the assistance received than would be families whose life situation more closely aligns with their "ideal" life situation. The hypothesis that families with greater need may be more appreciative of the services received could explain the findings in the current study.

The alternate hypotheses to explain the current results could be that the participating early intervention programs may realize that the needs of some families outweigh the needs of other families. As a result, these early intervention programs may intervene more directly with the families in need of more assistance. This, in turn, would explain why families with more problematic life situations report greater overall satisfaction with the early intervention services received.

Limitations

There were several limitations to this study. The three limitations examined in the following section include the reduced response rate, the length of the questionnaire, and the number of early intervention programs involved in the study. First of all, the questionnaire return rate for this study was only twenty-five percent. This may have been due to the fact that reminders were not sent out following the initial mailing. Financial restrictions precluded the mailing of follow-up surveys for non-respondents. This follow-up contact is necessary to increase survey response rates.

Secondly, the length of the Family Focused Intervention Scale (Mahoney & O'Sullivan, 1991) utilized in this study may have led to the low questionnaire response rate (25%). This scale may also have had a negative impact on the response rate because the length of the questionnaire may have overwhelmed recipients who are illiterate or who have lower levels of education. For this reason, a modified, simpler questionnaire may have yielded a higher response rate that would be more representative of the population being served.

A third limitation of this study relates to the four different early intervention programs involved in the study. The incorporation of the differing programs may have affected the reliability of this study due to the fact that each program is unique and differs from other early intervention programs. Slight differences exist among program family practices, service delivery models, and in the demographics of the population that each program serves. Within the current study, these programs were grouped together to represent early intervention agencies in the southwestern region of Ohio. The differences that exist among agencies may serve as confounding variables. Including only one early intervention program in the study, as opposed to four, and mailing questionnaires to all families receiving services through that program could amend this limitation. This would eliminate the confounding variables introduced by involving different agencies.

Implications

The ultimate goal of early intervention is to enable and empower families, under the assumption that a strong and supported family is the essential outcome. The findings of the current study suggest that family-centered early intervention services are being incorporated into existing programs, but we must acknowledge that simply being family-centered may not ensure that the levels of necessary services are being provided. The information provided in this study could be used as a tool for early intervention programs to enhance their levels of family-centered services. The information provided about programs' services across each of the five family support domains specifically outline the services that need improvement.

Early intervention is a preventative measure that can promote a strong and supportive family. These efforts impact school psychologists by providing intervention early in life, which in turn may reduce the number of children who will need special education intervention later in life. It may also reduce the level of special education support necessary once these children reach school age.

These results should not be interpreted as a reflection of the actual potential of family-centered services. This field-based study only reflects the effectiveness of family-centered services as carried out by the programs in the study. Again, early intervention programs are designed to empower families to take action in enhancing their child's as well as their families' overall functioning. For this reason, family-centered services need to be implemented more comprehensively and exhaustively across all of the family support domains.

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APPENDIX A

My name is Danielle Fruehauf and I am a Miami University graduate student in the Department of Educational Psychology. I am currently working my thesis, which examines the degree to which families report that their early intervention program is meeting their needs. Your name was randomly selected from lists of families currently receiving early intervention services. I am interested in your opinion of early intervention as I research family needs and related services offered in various counties in southwestern Ohio. For this reason, I would greatly appreciate your assistance in completing the following surveys.

This study is not affiliated with your current early intervention service provider. The surveys are anonymous and the individual responses will be used for research purposes only.

If you choose to participate in this study, please adhere to the following directions:

1. Complete the family demographics questionnaire by circling or writing in the appropriate response to the questions regarding your family and the services you and your family has received.

2. Complete the first survey by indicating on the scale (1=low and 6=high) the comprehensiveness of the services you and your family have received.

3. Complete the second survey by indicating on the scale (1=low and 6=high), the importance of each of the services for you and your family.

Participation in this study is voluntary and participation or non-participation will not influence the early intervention services that you are currently receiving. Return of the surveys will indicate your willingness to participate in this study. If you have further questions about the study, please contact Danielle Fruehauf at 513-664-7298. If you have questions about your rights as a research participant, please call the Office of Advancement of Scholarship and Teaching at 513-529-3734.

Again, thank you for taking the time to complete these surveys and to participate in the advancement of my education.

Sincerely,

Danielle J. Fruehauf, M.S.
Miami University Graduate Student

APPENDIX B

Family Demographics Questionnaire

This questionnaire is designed to be completed by the primary caregiver of the recipient of early intervention services. Please circle or write in the appropriate response to the following questions regarding your family and the early intervention services that you and your family receive. The questionnaire is anonymous and all responses will remain confidential.

1. **Which of the following describes the services received through your early intervention program?**
   a. Home-based
   b. Center-based
   c. Both home and center-based

2. **Was an Individualized Family Service Plan (IFSP) developed for your family through your early intervention service provider?**
   a. Yes
   b. No

3. **Identified child's age (in months):** _____
4. **Identified child's gender:** Male Female

5. **Number of children in the family:** _____

6. **How would the identified child's needs be classified?**
   a. mild
   b. moderate
   c. moderate/intensive
   d. intensive

7. **What is your current age?** _____

8. **What is your race/ethnicity?** (circle all that apply)
   a. American Indian or Alaska Native
   b. Asian American
   c. African American
   d. Hispanic/Latino
   e. Native Hawaiian or other Pacific Islander
   f. White
   g. Other (specify):

9. **Mother's educational level:**
   - Approximate number of years in school: _____

10. **Father's educational level:**
    - Approximate number of years in school: _____

11. **What is your current marital status with the other parent of the child receiving services?**
    a. Married & Living Together
    b. Married & Separated
    c. Divorced
    d. Never Married, but Living Together
    e. Never Married & Separated

12. **What is your estimated family yearly income?**
    a. Less than $5,000
    b. $5,000 to $9,999
    c. $10,000 to $19,999
    d. $20,000 to $29,999
    e. $30,000 to $39,999
    f. $40,000 to $49,999
    g. $50,000 to $59,999
    h. $60,000 or more

12. **How would you describe the current financial situation of your family?**
    a. Very Problematic
    b. Somewhat Problematic
    c. Doing OK
    d. Fairly Well Off
    e. Very Well Off

APPENDIX C

FAMILY FOCUSED INTERVENTION SCALE

Gerald Mahoney & Patricia O'Sullivan
1991 - Revised

Below is a list of family services that may be offered to you through your Early Intervention Program. Please indicate how much **you feel** that the services listed below are actually a part of your own Early Intervention Program. Please do not leave any items blank. *Teacher* refers to your primary contact person(s) in the program.

Please complete the first survey by indicating on the scale (1=low and 6=high) **the comprehensiveness of the services you and your family have received.**

HOW OFTEN DOES YOUR PROGRAM:	**NEVER**			**SOMETIMES**		**ALWAYS**
Discuss the philosophy of the program	**1**	**2**	**3**	**4**	**5**	**6**
Ask what you want for your family	**1**	**2**	**3**	**4**	**5**	**6**
Ask what you need for your child	**1**	**2**	**3**	**4**	**5**	**6**
Talk to you about your child's health	**1**	**2**	**3**	**4**	**5**	**6**
Talk to you about your child's developmental growth	**1**	**2**	**3**	**4**	**5**	**6**
Explain why tests are used	**1**	**2**	**3**	**4**	**5**	**6**
Want you to be there while your child is being tested	**1**	**2**	**3**	**4**	**5**	**6**
Explain the results of tests	**1**	**2**	**3**	**4**	**5**	**6**
Help to prepare you for your child's future	**1**	**2**	**3**	**4**	**5**	**6**
Show you how to help your child develop	**1**	**2**	**3**	**4**	**5**	**6**
Show you how to play with your child	**1**	**2**	**3**	**4**	**5**	**6**
Provide you with toys for your child	**1**	**2**	**3**	**4**	**5**	**6**
Give you a plan to carry out during the month	**1**	**2**	**3**	**4**	**5**	**6**
Provide books and pamphlets for you to use	**1**	**2**	**3**	**4**	**5**	**6**
Show interest in hearing about your family	**1**	**2**	**3**	**4**	**5**	**6**
Help you to be an informed advocate for your child	**1**	**2**	**3**	**4**	**5**	**6**
Want you to choose what you do in the program	**1**	**2**	**3**	**4**	**5**	**6**
Help you prepare for your child's next educational Setting (*day care, pre-school, Head Start, Kindergarten, etc.*)	**1**	**2**	**3**	**4**	**5**	**6**
Ask how you are coping with your child	**1**	**2**	**3**	**4**	**5**	**6**

HOW OFTEN DOES YOUR PROGRAM:	NEVER		SOMETIMES			ALWAYS
Provide opportunities for you to share your feelings with the program staff	1	2	3	4	5	6
Provide opportunities for you to share your feelings with other parents	1	2	3	4	5	6
Assist you in getting help from friends and neighbors	1	2	3	4	5	6
Provide family counseling	1	2	3	4	5	6
Provide information on stress management strategies	1	2	3	4	5	6
Help you to take time for yourself	1	2	3	4	5	6
Assist you in getting your spouse or other relatives to help you with your child	1	2	3	4	5	6
Help you get medical care for your child	1	2	3	4	5	6
Make referrals to professionals such as social workers or family counselors	1	2	3	4	5	6
Make referrals to other Early Intervention Programs such as day care, Developmental Disabilities Centers, or schools	1	2	3	4	5	6
Provide opportunities for you to participate in parent groups	1	2	3	4	5	6
Help you fill out forms	1	2	3	4	5	6
Help you obtain services for your child from other agencies	1	2	3	4	5	6
Help you obtain funding that you are qualified to receive	1	2	3	4	5	6
Help you find transportation for services or meetings if needed	1	2	3	4	5	6
Encourage you to be the major decision maker about the care and education of your child	1	2	3	4	5	6
Help you to find babysitting or childcare	1	2	3	4	5	6
Help you with personal problems	1	2	3	4	5	6
Help you learn how to deal with the system	1	2	3	4	5	6
Assess how you play or interact with your child	1	2	3	4	5	6
Meet the needs of the other children in your family	1	2	3	4	5	6

APPENDIX D

FAMILY FOCUSED INTERVENTION SCALE

Gerald Mahoney & Patricia O'Sullivan
1991 - Revised

Please complete the second survey by indicating on the scale (1=low and 6=high), **the importance of each of the following services for you and your family.**

HOW IMPORTANT IS IT THAT YOUR PROGRAM:	**NOT AT ALL**					**SOMEWHAT VERY**
Discuss the philosophy of the program	**1**	**2**	**3**	**4**	**5**	**6**
Ask what you want for your family	**1**	**2**	**3**	**4**	**5**	**6**
Ask what you need for your child	**1**	**2**	**3**	**4**	**5**	**6**
Talk to you about your child's health	**1**	**2**	**3**	**4**	**5**	**6**
Talk to you about your child's developmental growth	**1**	**2**	**3**	**4**	**5**	**6**
Explain why tests are used	**1**	**2**	**3**	**4**	**5**	**6**
Want you to be there while your child is being tested	**1**	**2**	**3**	**4**	**5**	**6**
Explain the results of tests	**1**	**2**	**3**	**4**	**5**	**6**
Help to prepare you for your child's future	**1**	**2**	**3**	**4**	**5**	**6**
Show you how to help your child develop	**1**	**2**	**3**	**4**	**5**	**6**
Show you how to play with your child	**1**	**2**	**3**	**4**	**5**	**6**
Provide you with toys for your child	**1**	**2**	**3**	**4**	**5**	**6**
Give you a plan to carry out during the month	**1**	**2**	**3**	**4**	**5**	**6**
Provide books and pamphlets for you to use	**1**	**2**	**3**	**4**	**5**	**6**
Show interest in hearing about your family	**1**	**2**	**3**	**4**	**5**	**6**
Help you to be an informed advocate for your child	**1**	**2**	**3**	**4**	**5**	**6**
Want you to choose what you do in the program	**1**	**2**	**3**	**4**	**5**	**6**
Help you prepare for your child's next educational setting (*day care, pre-school, Head Start, Kindergarten, etc.*)	**1**	**2**	**3**	**4**	**5**	**6**
Ask how you are coping with your child	**1**	**2**	**3**	**4**	**5**	**6**

(please see other side)

HOW IMPORTANT IS IT THAT YOUR PROGRAM:	NOT AT ALL					SOMEWHAT VERY
Provide opportunities for you to share your feelings with the program staff	**1**	**2**	**3**	**4**	**5**	**6**
Provide opportunities for you to share your feelings with other parents	**1**	**2**	**3**	**4**	**5**	**6**
Assist you in getting help from friends and neighbors	**1**	**2**	**3**	**4**	**5**	**6**
Provide family counseling	**1**	**2**	**3**	**4**	**5**	**6**
Provide information on stress management strategies	**1**	**2**	**3**	**4**	**5**	**6**
Help you to take time for yourself	**1**	**2**	**3**	**4**	**5**	**6**
Assist you in getting your spouse or other relatives to help you with your child	**1**	**2**	**3**	**4**	**5**	**6**
Help you get medical care for your child	**1**	**2**	**3**	**4**	**5**	**6**
Make referrals to professionals such as social workers or family counselors	**1**	**2**	**3**	**4**	**5**	**6**
Make referrals to other Early Intervention Programs such as day care, Developmental Disabilities Centers, or schools	**1**	**2**	**3**	**4**	**5**	**6**
Provide opportunities for you to participate in parent groups	**1**	**2**	**3**	**4**	**5**	**6**
Help you fill out forms	**1**	**2**	**3**	**4**	**5**	**6**
Help you obtain services for your child from other agencies	**1**	**2**	**3**	**4**	**5**	**6**
Help you obtain funding that you are qualified to receive	**1**	**2**	**3**	**4**	**5**	**6**
Help you find transportation for services or meetings if needed	**1**	**2**	**3**	**4**	**5**	**6**
Encourage you to be the major decision maker about the care and education of your child	**1**	**2**	**3**	**4**	**5**	**6**
Help you to find babysitting or childcare	**1**	**2**	**3**	**4**	**5**	**6**
Help you with personal problems	**1**	**2**	**3**	**4**	**5**	**6**
Help you learn how to deal with the system	**1**	**2**	**3**	**4**	**5**	**6**
Assess how you play or interact with your child	**1**	**2**	**3**	**4**	**5**	**6**
Meet the needs of the other children in your family	**1**	**2**	**3**	**4**	**5**	**6**