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REVIEW ARTICLE

It takes two: The role of family-centered practices in communication intervention

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Abstract Based on an ever-growing body of research, family-centered practices are a recommended, evidence-based principle of early childhood intervention provided by speech-language pathologists and audiologists, as well as by all other disciplines involved in providing supports and services to young children with delays and disabilities and their families. Despite this, research also suggests that (1) the concept of family-centered practices is often misunderstood, and (2) a gap continues to exist between recommended and the actual use of family-centered practices across all disciplines. In this article, we describe the evidence behind family-centered practices, how and why family-centered practices have become a key aspect of evidence-based early childhood communication intervention, and the defining characteristics and components of family-centered practices. In order to accomplish this goal the authors did an extensive research review of the literature. As a result of findings from the studies revised, the role of the SLP in early childhood intervention is calling for a shift from direct work with an individual child to teaching, supporting, and building the capacity of the child's communication partners, with the ultimate goal of the child becoming more successful in how he/she participates and communicates in interactions and routines throughout the day and within natural contexts. These recommendations have been incorporated by important scientific and professional organizations such as the American Speech-Language-Hearing Association in their guidelines for providing early evidence-based communication intervention. Concluding we underlined the importance of viewing family centered practices as a capacity-building endeavor required for quality EI practices.

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PALABRAS CLAVE

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Prácticas centradas
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Se necesitan 2: el papel de las prácticas centradas en la familia en intervención de la comunicación

Resumen Apoyadas en un cuerpo cada vez mayor de investigación, las prácticas centradas en la familia y basadas en la evidencia constituyen un principio de intervención recomendado para la logopedia y audiología y otras disciplinas que intervienen proporcionando apoyos y servicios a niños con retrasos y discapacidad y a sus familias. Sin embargo, la investigación sugiere que 1) el concepto de prácticas centradas en la familia es a menudo mal entendido, y 2) continúa existiendo un desfase entre las recomendaciones y el uso real de las prácticas centradas en la familia en todas las disciplinas. En este artículo se describe la evidencia detrás de las prácticas centradas en la familia, cómo y por qué estas prácticas se han convertido en un aspecto clave para la intervención en la comunicación en la primera infancia, y las características que la definen y componen. Con el fin de lograr este objetivo los autores hicieron una extensa revisión de la literatura. Como resultado de los hallazgos de los estudios revisados se está pidiendo un cambio en el papel de los logopedas de atención temprana, que va desde un trabajo directo con un niño a la enseñanza, apoyo y fortalecimiento de la capacidad de comunicación de los padres, con el objetivo final de que el niño tenga cada vez más éxito en la forma en que él/ella participa y se comunica en las interacciones y las rutinas durante el día y en los contextos naturales. Estas recomendaciones han sido incorporadas por las organizaciones científicas y profesionales más importantes, tales como la Asociación Americana de Habla, Lenguaje y Audición, quien las incluye en sus guías para proporcionar intervención temprana basada en la evidencia en la comunicación. Para concluir, se ha subrayado la importancia de considerar las prácticas centradas en la familia como un esfuerzo de construcción de capacidades requerido para una práctica de intervención temprana de calidad.

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Definition, characteristics and components of family centered practice

The concept of family-centered was first used in the health care field in the 1960s as part of efforts to improve both obstetric and nursing practices (Hungerford, 1964; Widenbach, 1967, cited in [Trivette, Dunst, Boyd, & Hamby, 1995](#)). [Bronfenbrenner \(1974\)](#) introduced the term to the EI field in the 1970s to describe the need for a shift in focus from a child-centered to family systems approach to working with parents, their children, and other family members in order to optimize the benefits from ECI ([Dunst & Espe-Sherwindt, 2016; Trivette et al., 1995](#)). Since then family-centered practice has been widely used. We will begin by describing the principles underlying the family centered philosophy as well as its characteristics and components.

The way professionals help children with special needs and their families may impede or enhance child and family outcomes ([Dempsey & Keen, 2008](#)). Research in early childhood development for more than 30 years has been characterized by considerable advances in understanding how children learn and develop as well as the fundamental power of the family in this process, because it is the family that spends most time with the child ([Bruder, 2000](#)). This knowledge base have had implications in the practices and in the adoption and learning of new models that should be implemented in EI, if professionals want to enhance child and families outcomes.

According to [Bailey, Buysse, Edmondson, and Smith \(1992\)](#), although different authors use different terminologies among themselves when they wish to refer to

family-centered practice, the core definition remains the same; children and their families are strictly interrelated ([Pereira & Serrano, 2014](#)). Directly or indirectly, support for the family has a great impact on the child; support that involves the family is more powerful than that which is exclusively centered on the child; members of the family should be able to choose their particular level of involvement in the all phases of support; and the professionals should respect the family's goals and priorities, even when they differ substantially to those of the professionals ([Pereira & Serrano, 2014](#)). Capacity-building family-centered practices differ from other approaches by focusing on active family member participation in making informed choices and acting on those choices with help-giver encouragement and support, and practitioner flexibility and responsiveness to changing family concerns and circumstances. This emphasis is based on research findings highlighting the importance of active family member involvement in making informed choices and acting on those choices.

According to [Dunst and Espe-Sherwindt \(2016\)](#), the first time that the term family-centered was used it was "by [Bronfenbrenner \(1974\)](#) in the published literature of early intervention to describe the need for a shift in focus from a child-centered to family systems approach to working with parents, their children, and other family members in order to optimize the benefits from ECI" (p. 40).

[Dokecki \(1983\)](#) was one of the first professionals to propose a value framework for developing policies and practices for strengthening families ([Dunst, 2000](#)), even though, due to the *zeitgeist*, his ideas did not received much attention.

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