

Supporting Parents' Confidence to Pull Up a Chair at the Early Intervention/Early Childhood Special Education Table

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Deborah A. Bruns, PhD
Southern Illinois University Carbondale

Diana J. LaRocco, EdD
Goodwin College

Deena has 10 years of experience as a developmental therapist. Her preparation program emphasized a family-centered capacity-building orientation to service provision. She knows that first, and foremost, her role is to help parents gain the skills needed to assist their children to develop and become advocates on their behalf. Deena actively draws attention to parents' identifiable strengths and doesn't assume they need a particular resource or type of assistance. Instead, she listens carefully to parents' concerns and provides information or support based on their requests for assistance and in a form that is preferred by and accessible to the parents. Early in her career, Deena learned that all families come to early intervention (EI) with strengths and that it is best to create opportunities within which parents can demonstrate and build on their personal capacities. She does this by providing parents with choices and intentionally engaging them in decisions when helping them to meet their self-identified needs. Deena knows it is not so much about providing help but the ways in which the help is provided.

Employ Autonomy-Oriented Help Giving

Nadler (2012) explained, “The best help is an action, or set of actions, viewed by the recipient as facilitating independence and promoting equality in the helper-recipient relationship”. Implicit in this statement is the notion of autonomy-oriented help giving. This orientation to helping “provides recipients with the skills, knowledge, and tools to independently identify and implement the full solution to their problems” (Maki, Vitriol, Dwyer, Kim, & Snyder, in press). As can be seen in the initial vignette, Deena's approach to working with parents and families¹ exemplifies an autonomy orientation to help giving as do the values and behaviors described in the family strand of Division for Early Childhood of the Council for Exceptional Children (DEC; 2014, pp. 10-11) Recommended Practices.

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Box 1**DEC Family Recommended Practices**

- F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.
- F2. Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.
- F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
- F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
- F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.
- F7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
- F8. Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child's growth and development.
- F9. Practitioners help families know and understand their rights.
- F10: Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.

Source. DEC (2014).

Note. DEC = Division for Early Childhood of the Council for Exceptional Children.

Grounded in the work of researchers such as Dunst, Trivette, and Deal (1988), DEC's (2014) Recommended Practices in the area of working with families provide guidance to EI/early childhood special education (ECSE) practitioners on how best to support families of young children who have, or are at-risk for, developmental delays or disabilities. These practices emphasize values and behaviors such as growing parent-professional partnerships, building on existing parent strengths, enhancing parent self-efficacy beliefs, and promoting active parent engagement in decision making, all with the goal of achieving a family's self-identified goals (Bailey et al., 2006; Bailey, Raspa, & Fox, 2012; Bruder, 2010;

Bruder & Dunst, 2015; Epley, Summers, & Turnbull, 2011). EI/ECSE practitioners are ordinarily expected to exhibit these types of behaviors as they engage with parents in the complex social exchange process of help giving. A list of the DEC Recommended Practices focusing on working with families is provided in Box 1.

As helpgivers, practitioners who exemplify the values and principles set forth in the family strand of DEC's (2014) Recommended Practices (a) presume a family is capable, (b) operate within a strengths-based and mastery-oriented paradigm, (c) create learning opportunities, and (d) promote mutual respect, trust, and shared decision making (Dunst et al., 1988;

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Dunst, Trivette, & Deal, 1994). Related research suggests that implementation of family-centered help-giving behaviors, which are both relational and participatory, enhances a family's confidence and competence in advocating for and obtaining formal and informal supports and resources to promote their child's learning and development, leading to positive child and family outcomes (Dempsey & Dunst, 2004; Dempsey & Keen, 2008; Dunst, Trivette, & Hamby, 2007). The relational aspect of family-centered help giving is inclusive of behaviors and dispositions such as active listening and empathy (Dunst et al., 2007). The participatory aspect of family-centered help giving includes actions such as joint development of goals based on family-identified needs and shared decision making (Dunst et al., 2007).

The remainder of this article contains a series of vignettes that exemplify how Deena applies an autonomy-oriented approach to help giving as she works with Crista, a mother with three children who received EI services at two different points in time. As the vignettes will highlight, Deena continually strives to (a) build a positive relationship, (b) support participation, and (c) create an empowering context. Applying these family-centered practices sets the stage for building Crista's confidence in advocating on behalf of her family and younger children during her later EI experiences. In contrast, team members during Crista's first EI experience did not ordinarily display an autonomy orientation when giving help.

The vignettes provide illustrations of Crista's contrasting

experiences, highlighting not only possible missteps and misconceptions that parents might encounter but also practitioner actions that support parents' competence and help them to gain confidence in taking their place at the EI/ECSE table. Following each vignette, connections are drawn to DEC's (2014) Recommended Practices and examples of practitioner behaviors and actions that enable families to assume the role of advocate are offered.

Build Respectful and Productive Relationships

Crista is a 30-year-old mother of three. Her oldest child, Miller, is 5 years old. He was born at 31 weeks gestation. Miller's twin sisters, Annie and Taylor, now almost 3 years old, were born at 35 weeks gestation. Annie was the smaller of the twins and required more care in the neonatal unit. Both girls received EI services. Taylor ended services at 30 months. Annie continues to need developmental, speech, and occupational therapies.

Recently, Crista was reflecting on her experiences with the EI team that worked with Miller and how instrumental Deena has been in helping Crista navigate the service system. Crista remembers feeling overwhelmed visiting Miller every day of his 55-day stay on the neonatal intensive care unit. At the time he left the unit, Miller was referred to EI services where he received developmental, speech, occupational, and feeding therapies. Crista recalls people in

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and out of her home and how she didn't understand some of the activities she was asked to do with Miller. At times, Crista felt the professionals were speaking another language, one she could not decipher because of unfamiliar terminology and many acronyms.

From her first meeting with Deena, Crista got the sense that she and Deena were “in it together.” Deena was the one service provider of whom Crista felt comfortable asking questions, often for “translations.” This was because Deena began each visit asking how Crista was doing. When Crista asked a question or expressed a concern, Deena listened, did her best to paraphrase what she thought she heard, and asked questions to be sure she understood exactly what Crista needed or preferred. If Deena used a term that she thought might be unfamiliar to Crista, Deena provided an explanation with examples. Deena rarely left a visit without asking what else Crista might need.

In contrast, Crista's experiences with Miller's speech and language therapist, Joyce, did not go as well. Although Joyce was well trained in how to help with Miller's oral sensitivity, she often used professional jargon when she offered suggestions. When Crista shared that she didn't understand what she needed to do, Joyce struggled and seemed underprepared to provide an explanation or authentic example. In fact, once she told Crista, “I honestly don't know how to explain those terms and can't think of a practical

example. Why don't you just look them up on that website with the definitions and video examples?”

Deena's actions in this vignette underline the notion that helping relationships cannot be assumed; they must be developed (Schein, 2009). Building and sustaining respectful, collaborative relationships with families—the essence of the relational aspect of family-centered practices—opens the door for families to proactively engage with practitioners. A related DEC (2014) family practice is F3: “Practitioners are responsive to the family's concerns, priorities, and changing life circumstances” (p. 10). This practice emphasizes the provision of needs-based interventions, supports, and services that are intentionally shaped to address a family's wants and aspirations (Dunst et al., 1994; Trivette, Dunst, & Hamby, 1996).

In addition, and as expressed in DEC (2014) Family Recommended Practices, practitioners must be “sensitive and responsive to cultural, linguistic, and socio-economic diversity” (p. 10). Practitioners need to consider that there are many cross-cultural differences regarding definitions of disability, parental expectations, and parental roles (Harry & Fenton, 2017). Crucially, practitioners must also recognize that social identities, such as race, gender, sexuality, class, marital status, and age, can be ambiguous (e.g., multicultural, biracial, transgender) and dynamic (Kang & Bodenhausen, 2015). Individuals can have multiple identities that intersect and interact in complex ways. As one example, a grandmother might be raising her grandchild while supporting her own aging mother. The practitioner must be cautious not to approach this

individual, whose roles simultaneously include those of daughter, mother, and grandmother, with an unqualified or predetermined view of how best to work with her.

There is no one best or preferred way to build respectful and productive relationships with families. Crista's contrasting experiences with Deena and Joyce underline the importance of practitioners being well trained not only in their core discipline but also in how to develop and sustain relationships that support meaningful family involvement. As Harry and Fenton (2017) emphasized, practitioners must come to the table "prepared to thoroughly explain their recommendations while genuinely encouraging families to have their voices be heard, honored, and incorporated" (p. 162). Furthermore, practitioners must be prepared to tailor their communication with diverse families in ways that honor each family's unique characteristics and form (Turnbull, Turnbull, & Erwin, 2014).

Some observable practitioner behaviors that support productive relationships are listening actively, asking open-ended and clarifying questions to better understand a family's concerns, and demonstrating respect (Dunst, 2002; Dunst et al., 2007). These actions convey empathy, interest in, and acknowledgment of parents' experiences and feelings (Turnbull et al., 2014). Moreover, listening to understand promotes family engagement (Fiedler & Clark, 2009; Levine & Keilty, 2017) and supports the development of respectful relationships that are grounded in trust (Gerdes & Segal, 2009; Turnbull et al., 2014). Collectively, each of these behaviors is necessary

for supporting parents as advocates for their children and families.

Support Meaningful Participation

Crista recently spoke with Deena about some of the differences between her experiences with Miller's team and the group that has been working with Annie and Taylor. With Miller's team, Crista shared, she rarely felt she was fully heard or had much control over what happened during many of the home visits. Crista went on to say how working with the twin's EI team has felt entirely different. Unlike Joyce, Miller's speech therapist, Nancy, the twin's speech therapist, would begin the twin's sessions by asking Crista what her pressing goals were and adapting sessions to the needs of the twins and the family. Crista stated, "Nancy seems to emphasize what the girls do well. She helps me sort out what matters to my family and me. She reminds me of you, Deena; she provides information, shows me what I can do. She watches to see if I got it!" Crista then described how Nancy helped her identify ways to make Annie's current feeding challenge more manageable. Together, they reframed the concern about Annie having preferences for certain tastes and collaboratively planned ways to incorporate those preferences into family meals.

Crista's reflections on her experiences with Nancy and the twins illustrate participatory

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family-centered practices that include actions such as individualizing based on a family's preferences, actively engaging a family in making decisions, and supporting them in achieving identified goals (Dunst et al., 2007). These kinds of capacity-building behaviors are emphasized in DEC's (2014) Family Recommended Practices such as F4: “Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs” (p. 10). Related practitioner behaviors that support the development of parents' skills to advocate on behalf of their children include the active engagement of families in identifying and prioritizing needs, problem solving, and co-planning (Fiedler & Clark, 2009).

Similarly, McWilliam (2010) explained that family participation could be influenced positively or negatively not only by what practitioners attend to but also by how they communicate with families. The author further emphasized what matters in communication exchanges with families is “the quality and content . . . what is said, what is not said, and how and when the exchanges take place” (p. 127). In their communication exchanges with Crista, Nancy and Deena encouraged participation by acknowledging the twin's strengths, eliciting Crista's opinions, and generally demonstrating that they understood and cared about the twin's success.

The participatory aspects of effective help giving are also evident in DEC's (2014) Family Recommended Practices F6: “Practitioners engage the family in opportunities that support and strengthen parenting knowledge and

skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences” (p. 10). This practice emphasizes the crucial responsibility of providing parents with relevant, practical information so they can make informed decisions and take action (Turnbull et al., 2014). Furthermore, Espe-Sherwindt (2008) likened the implementation of the participatory aspects of help giving to *flawless consulting*. In a consultant role, the practitioner exchanges behaviors like agenda setting and prescribing for ones such as listener and facilitator.

Practitioners who embrace the notion of participatory help-giving take an action orientation to working with families, inspire families to apply what they already know to help their children, and support families in acquiring confidence and new capacities to do so (Espe-Sherwindt, 2008). Furthermore, research indicates the application of participatory practices appears to yield the greatest benefits for families (e.g., Dempsey & Keen, 2008; Dunst et al., 2007).

Creating an Empowering Context

During a regional workshop on the application of technology in the early years, Deena had lunch with teachers and therapists who will work with Annie when she transitions on her third birthday to the local public school. As they ate, the occupational therapist noted her surprise regarding the type and the number of questions that Crista asked during her visit to the inclusive preschool classroom. The therapist went on to say, “That was so refreshing!

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When practitioners display both relational and participatory help-giving behaviors, as Deena has, such efforts can lead to parents exercising their power especially related to advocating on behalf of their child and family and becoming empowered to continue advocacy efforts in varied contexts (Allred & Hancock, 2015; Dunst, 2002; Dunst & Trivette, 1996).

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Some parents don't have any questions or seem overwhelmed and tough to draw out." Stella, one of the teachers replied, "I also had a great conversation with Crista. She was completely prepared to share her thinking about strategies that work well for Annie." Deena smiled as she remarked, "I think that might be because Crista has been participating in the Parent Leadership Institute, being offered at the regional education service center." One of the other teachers responded, "Is this a good thing?" Deena shared her thoughts, "Sometimes parents don't feel heard. They have the drive to help their children and want to be a partner at the EI table. But, not all parents have the knowledge or skills and the confidence to do so. The parent training is structured to build parents' capacity to recognize their personal power and proactively engage with their schools. It can also provide parents with a sense of camaraderie with others in a similar situation and strengthens advocacy skills, just look at Crista!"

At her next visit with Crista and Annie, Deena asked Crista about her visit to Annie's school. Crista exclaimed, "Ms. Stella was wonderful. When I shared the information sheet on Annie's food preferences and the most recent progress notes, Ms. Stella said she was glad to have the information for IEP planning." Crista remarked further, "You know, Deena, you've been an ally throughout my EI journey, the bright spot. And, I can't thank you enough for giving me the information on the parent

leadership training. It made a huge difference in how I've approached Annie's transition."

This final vignette illustrates how Deena's actions, and those of colleagues like Nancy, helped to shape a context within which Crista has been encouraged and assisted to be an active part of her children's EI/ECSE services. Throughout her relationship with Crista, Deena has tried to match the help she offers to Crista's strengths and needs at the time (Bandura, 1986; Chan, 2013; Dunst & Espe-Sherwindt, 2016; Nadler, 2012). As one example, Deena provided Crista with information about the parent leadership institute. Actions like this are reflected in DEC's (2014) Family Recommended Practices such as F10: "Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate" (p. 11). Providing families with learning and skill building opportunities that meet their unique needs serves as a means to an end (Dunst et al., 1994; Van Haren & Fiedler, 2008). When practitioners display both relational and participatory help-giving behaviors, as Deena has, such efforts can lead to parents exercising their power especially related to advocating on behalf of their child and family and becoming empowered to continue advocacy efforts in varied contexts (Allred & Hancock, 2015; Dunst, 2002; Dunst & Trivette, 1996).

Enabling Family Advocacy

As Turnbull et al. (2014) explained, families with children with disabilities and other special

Table 1
Key Family-Centered Help-Giving Practices and Examples of Corresponding Behaviors

| | Example behaviors |
|---|---|
| Employ autonomy-oriented helpgiving | <ul style="list-style-type: none"> Assume parents are capable and build on strengths Support independence Promote equality in interactions and decision making Apply a problem-solving orientation Engage parents in identifying goals and making decisions Provide information, ideas, and tools Enhance self-efficacy beliefs |
| Build respectful and productive relationships | <ul style="list-style-type: none"> Listen to understand Tailor communication to meet parents' unique needs Demonstrate care about and concern for changing priorities, preferences, and needs Convey empathy by acknowledging feelings and concerns Provide need based interventions, services, and supports |
| Support meaningful participation | <ul style="list-style-type: none"> Engage parents in identifying and prioritizing needs, problem solving, and co-planning Facilitate parent identification and application of existing knowledge Support the acquisition of new capacities by creating opportunities for learning |
| Create an empowering context | <ul style="list-style-type: none"> Match assistance and support to parent strengths and needs Provide parents with learning and skill building opportunities Keep parents at the center of interventions, services, and supports Encourage the exercise of parental power and control Use ethical practices Work together to attain valued outcomes |

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needs must assume many, varied roles as they negotiate multi-level systems of services and supports. Key among these roles is that of advocate. As previously described, an autonomy orientation to help giving is critical to facilitating this outcome (Fiedler & Clark, 2009). Families who advocate take a problem solving, action-oriented perspective to resolving issues affecting their children and families. They define the problem; identify barriers, possible solutions, and available resources for resolving the problem; and, most importantly, take action to do so (Turnbull et al., 2014). Fiedler and Clark (2009) rightly noted that an “essential characteristic of advocacy is that professionals work to

empower parents as natural advocates of their children with disabilities” (p. 5). The importance of this professional role cannot be underestimated, and the family strand of DEC’s (2014) Recommended Practices provides practitioners with a framework carrying out related responsibilities.

Families must be at the center of EI/ECSE service provision and supported in ways that help them to proactively advocate on behalf of their children and families. Ensuring that this happens is not only the responsibility of service providers but also those who prepare personnel (preservice), provide continuing education (in-service), or administer programs. Strategies to create a

Box 2**Examples of Resources on Family-Centered Practices**

Center for Parent Information and Resources

Collaborative Helping: A Practice Framework for Family-Centered Services

http://www.parentcenterhub.org/wp-content/uploads/2015/07/Collaborative-Helping-Handout_tc9.pdf

Describes components and strategies of collaborative helping. Questions and diagrams are provided to illustrate the process. Communities of support are also explained within the collaborative helping framework.

CONNECT: The Center to Mobilize Early Childhood Knowledge

Module 4: Family-Professional Partnerships (Also available in Spanish)

<http://community.fpg.unc.edu/connect-modules/learners/module-4>

Presents a five-step training module with activities, video and audio segments, and handouts. Materials emphasize building partnerships and working together to arrive at decisions.

The Early Childhood Technical Assistance Center

Family-Centered Practices Checklist

http://ectacenter.org/~pdfs/decrp/FAM-I_Fam-Ctrd_Practices.pdf

Includes eight items rated seldom or never to most of the time related to components of family-centered practices such as building on parent strengths and providing unbiased information to assist parents to make informed choices.

The IRIS Center

Collaborating With Families

<http://iris.peabody.vanderbilt.edu/module/fam/>

Offers a five-step training module for practitioners to increase understanding of collaborating with families. The emphasis is on building positive relationships and encouraging family involvement. Materials include video segments and resources.

PACER Center

ACTION Information Sheets

Understanding the Early Intervention System

<http://www.pacer.org/parent/php/php-cl37.pdf>

Provides easy-to-understand definitions, a list of Early Intervention services, a referral process and parent rights to share with families new to services as well as with questions about the processes related to initiating, continuing and exiting services.

PACER Center

National Family Advocacy and Support Project

<http://www.fastfamilysupport.org>

Addresses capacity building in parents to advocate on behalf of their young children with disabilities and at-risk for developmental delays. There is a focus on reaching underserved families throughout the United States including those in rural areas and military families.

confidence-enhancing context within which parents build their competence to join service providers at the EI/ECSE table must be viewed as an integral part of all levels of training, and the day-to-day work of *all* EI/ECSE practitioners and program administrators. This autonomy

focused orientation needs to be integrated throughout training so that preservice and in-service providers continually evaluate their beliefs and practices and gain corresponding skills to meet the needs of families with whom they work.

Concluding Thoughts

The vignettes offered here introduce contrasting examples of practitioner actions that may enhance or impede relational and participatory aspects of family-centered practices. Table 1 provides an overview of the help-giving behaviors illustrated in the vignettes. In addition, Box 2 offers a sampling of related resources for further investigation.

These stories along with the descriptions and examples of DEC's (2014) Family Recommended Practices can be used as starting points for individual reflection and group discussions about the

helping-giving behaviors that best enable families to become empowered and assume the role of advocate (see <https://divisionearlychildhood.egnyte.com/dl/NRAghl7roM> and <https://divisionearlychildhood.egnyte.com/dl/xJpIXrINZ2> for interactive activities). It is hoped the information presented here reinforces the importance of an autonomy orientation to help giving in our work. Furthermore, it is through the establishment of trusting relationships and the implementation of authentic participation that we increase the likelihood positive child and family outcomes will be attained and opportunities for empowerment in current and future contexts will be reached.

Authors' Note

You may reach Deborah A. Bruns by e-mail at dabrunsi@siu.edu.

Note

1. In this article, the terms *parent* and *family* are used interchangeably.

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