

## Impacts of Family Support in Early Childhood Intervention Research

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*Abstract: The purpose of this paper is to review intervention research to determine the types of family support that are reported and evaluated in early childhood. This review includes 26 articles evaluating (a) parent training programs; (b) general family-centered practice models which offer comprehensive supports; (c) peer support; (d) two-generation programs; and (e) respite care. In the article, we focus our discussion on: (a) the definitions or description of family support, (b) the family variables or impacts evaluated and their findings, and (c) the link between support and impacts to both the ECO outcomes and the family quality of life domains. This review indicates a need for specific and consistent terminology in defining family support in the early intervention field. Further, a family support framework to guide future research to investigate both long-term and short-term outcomes for families is warranted.*

Over the past decade, early interventionists have recognized that working with families in a broader scope by providing supports to families and children impacts not only the child's development, but the family's ability to help the child grow and develop (Bailey et al., 1998; Bailey & Bruder, 2005; Sandall, Hemmeter, Smith, & McLean, 2005). Further, the statutory underlying premise of early intervention services for children with disabilities is "to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities" (Individuals with Disabilities Education Act Amendments of 2004, Title I, Part C, Sec. 631(a)(4)), thus strengthening the role of the family as the primary caregiver.

Family-centered practice is defined using two primary facets. The first facet is the partnerships that are developed between professionals and parents that culminate in empowering the family to make decisions for their child (Allen & Petr, 1996; Bailey et al., 1998; Mahoney et al., 1999; Turnbull, Turbiville, & Turnbull, 2000). The second facet specifies that the family itself is a recipient of supports for two reasons: because it helps children

grow and learn and because families are impacted by their child's disability and are in need of supports in their own right (Allen & Petr, 1996; Mahoney et al., 1999; Poston et al., 2003). (We are using the term, family support, to refer to assistance provided through formal systems (e.g., early intervention programs) and informal networks (e.g., peer support). This article focuses on the nature of family support as contrasted to the nature of partnerships between professionals and parents). This second facet of family-centered services is the focus of this paper.

The family as a recipient of support has received less emphasis than the relationship facet of family-centered practice. In an analysis of early intervention literature, family choice and family strengths perspectives have dominated the literature in comparison with the delivery of support to the family (Epley, 2006). In 25 articles, definitions included the family as a unit of attention only 60% of the time; while 88% of the articles identified how to provide support to families, only 42% identified what types of support should be provided to families in early intervention. Although position papers and commentary have remained strong in advocating the importance of establishing partnerships with families and maintaining empowering relation-

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ships—the *how* of early intervention—there has been relatively less emphasis on the whole family as a unit of attention (Epley), and more specifically, on the delivery of support to families to “enhance their capacity”, as the law puts it.

An understanding of the types of support, both formal and informal, families receive is particularly important due to recent efforts to develop outcome measures related to children and families in early intervention and early childhood special education. In 2005, the Early Childhood Outcome (ECO) Center recommended five family outcomes that apply to early intervention and early childhood education. The ECO Center defines *family outcome* as “a benefit experienced as a result of services received” (Bailey & Bruder, 2005). The five outcomes are (a) families understand their children’s strengths, abilities and special needs, (b) families know their rights and advocate effectively for their children, (c) families help their children learn and grow, (d) families have support systems, and (e) families are able to gain access to desired services, programs, and activities in their community (Bailey et al., 2006).

Another more long-term outcome of these specific ECO outcomes is family quality of life (Summers et al., 2005). Family quality of life is a condition in which family needs are being met, family members enjoy their life together and have an opportunity to participate in the activities that are important to them (Park et al., 2003). Based on psychometric studies, family quality of life is comprised of five domains: family interaction, parenting, emotional well-being, physical/material well-being, and disability-related support (Hoffman, Marquis, Poston, Summers, & Turnbull, 2006). The Beach Center on Disability defines *family outcomes* as either positive or negative impacts that families may experience as a result of supports and services for themselves and/or their children with disabilities (Mannan, Summer, Turnbull, & Poston, 2006) which can be measured using the family quality of life domains. However, in addition to assessing family outcomes, it is critical to determine what specific support families are receiving in order to link those services to the proposed outcomes.

An understanding of the specific services

that are linked to family outcomes might be found in the Individuals with Disabilities Education Act (IDEA). Part C of IDEA governs the manner in which infants and toddlers with disabilities and their families receive educational services from public agencies. Early intervention services are defined as “developmental services that are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family service plan team” (Individuals with Disabilities Education Act Amendments of 2004, Title 20, Part C, Sec. 1432(4)(C)). The family support included on the IFSP should promote physical, cognitive, communication, social/emotional, and adaptive development of the child. Within the statute, the following developmental services are listed: family training, counseling and home visits; special instruction; speech-language pathology and audiology services and sign language and cued sign language services; occupational therapy; physical therapy; psychological services; service coordination services; medical services only for diagnostic or evaluation purposes; early identification, screening, and assessment services; health services necessary to enable the infant or toddler to benefit from the other early intervention services; social work services; vision services; assistive technology devices and assistive technology services; and transportation and related costs that are necessary to enable an infant or toddler and the infant’s or toddler’s family to receive one of these services (Individuals with Disabilities Education Act Amendments of 2004, Title I, Part C, Sec. 1432(4)(E)).

However, it is not clear just what this list of services means in terms of what specific support is delivered to families, as opposed to child-oriented services. Further concern is raised by a review of data concerning types of family support on IFSPs. In reviewing data reported by states regarding the number and percentage of early intervention services reported on IFSPs for children ages 0–2 under Part C of IDEA, family support has been on a downward trend over the past decade (Danaher & Armijo, 2005). For example, family training, counseling and home visits; health services; medical services; respite care; social work services; and transportation are early intervention services that have decreased in

numbers as reported by IFSP data (Danaher & Armijo). The exceptions to this appear to be services that are child-focused, including occupational therapy, physical therapy, special instruction and speech and language pathology, which are remaining consistent or increasing in number (Danaher & Armijo). However, problems with this data set indicate that states and local programs may be defining these services differently, and family support may be occurring in the context of other defined services (J. Hurth, personal communication, January 23, 2006). It is not clear whether these findings indicate an actual decline in emphasis or amounts of support provided to families. It is possible that early interventionists are serving families in a variety of ways that are not captured in the data. Also, it may be that definitions of family support are not consistent with the actual types of support families are receiving.

Another possible source of insight into the types of support families receive in the context of early intervention might be found in literature describing and evaluating early childhood service models. Intervention research may include descriptions of types of family support and related outcomes of this support. The purpose of this paper is to focus on intervention research and evaluation to determine the types of family support that are reported and evaluated in descriptions of early childhood intervention research. The specific questions guiding this literature review were:

1. What types of family-related support are included in evaluations of early intervention programs?
2. How are families impacted by the provision of family support?
3. What specific family outcomes appear to be related to these family impacts?

## Method

We conducted a literature search for intervention studies in the field of early intervention and early childhood, including programs designed both specifically for families and children with disabilities and for families and children considered "at risk" for disabilities (e.g., programs serving low-income families or adolescent parents). "At risk" children and fami-

lies were included in the population for this paper because there were a limited number of intervention research articles devoted only to families and children with disabilities in early intervention. Therefore, the investigator expanded the search to include the "at risk" population to provide insight into more types of family-oriented services in the early intervention field.

The literature search used the following descriptors to capture the population of interest: early intervention, early childhood, preschool, infant and toddlers, families and disabilities. The search included the following key words: family outcomes, family services and supports, family centered services, family interaction, parent training, parent to parent, parental stress, parental depression, parent education, respite care, routines-based intervention, home visiting, family counseling, relationship intervention, advocacy, social supports, and support groups. The search also included specific names of authors known as investigators of family issues in the field, e.g., Bailey, Bruder, Dunst, McWilliam, Kaiser, Fewell, Mahoney, Ramey, and Singer. These key words, author names, and descriptors were used to search five primary databases: Psych-INFO, PubMed, ERIC, Educational Abstracts, and Wilson Web. Further, we searched websites of specific national organizations in the field of early intervention to identify intervention studies. Those websites included Parents as Teachers (PAT), Early Childhood Outcomes Consortium (ECO), Division of Early Childhood (DEC), Office of Special Education (OSEP), Administration of Children and Families (ACF), National Early Childhood Technical Assistance Center (NECTAC), and the National Association of Councils of Developmental Disabilities (NACDD).

Studies selected for this article were limited to those published within the last decade from the date of the first search in 2005. Studies included in this paper used randomized controlled designs, meta-analyses, longitudinal designs, quasi-experimental designs, pilot studies, pretest/posttest experimental designs, path analysis, and correlation designs. Literature reviews and meta-analyses were included, especially in the case of research evaluations with a very large literature base (such as home visiting programs). Studies that inves-

tigated the effectiveness of commercially available programs and materials were excluded. Articles were collected from literature across all disability-related disciplines, but did not include those studies narrowly focused on specific services listed in IDEA that are child focused, such as speech, OT, PT, special instruction and assessment or diagnostic testing. The intervention studies were restricted to families and children from the ages of birth to 8, with the exception of the intervention studies regarding respite care and peer support which reflect families and children with developmental disabilities of all ages. The reason for this exception was that we were not able to locate studies on respite care or peer support that were focused on the early childhood age range. Some of the programs reviewed were evaluations that were specifically focused on family support, e.g., respite care and peer supports (Parent to Parent); the majority, however, were general early childhood interventions that included some family support component in the context of providing interventions for children. Since the focus of this paper was to identify and define the types of support to families that are typically included in such early childhood interventions, these studies were of particular interest.

The articles collected based on the above criteria were included in the final review based upon three stipulations. First, the article needed to have specified a clear intervention or interventions related to the area of early childhood that was "tested" through an empirical research design. Second, at least one aspect of the intervention needed to target parents or family members. Third, the results of the intervention research needed a component of measurement regarding how the parents or family members responded to the intervention in question. Based on all, we included a total of 26 articles in this review.

## Results

Table 1 presents a synthesis of these 26 articles. The intervention studies reflect intervention models including studies of support for families that were part of evaluations of: (a) parent training programs; (b) general family-centered practice models which offer comprehensive support, which may include

counseling, parenting skills, respite care, and/or support groups; (c) peer supports; (d) two-generation programs; and (e) respite care. The following sections summarize the findings of this review related to each of these types of family support. The columns in Table 1 describe the type of family support provided, a brief summary of results pertaining to families, our judgment of the specific family outcomes represented in the study in terms of both ECO Center and FQOL family outcomes, and the reference. Because of the focus on family support in this article, we omitted descriptions of specific child measurements, results, and outcomes.

In each of the following sections we will discuss the three primary questions for this review: (a) the definitions or descriptions of the types of support families receive, (b) the types of family variables or impacts included in the research or evaluation design and their findings, and (c) a categorization of the link of these types of supports and impacts to both the ECO outcomes and the family quality of life (FQOL) domains as indicated by the results of the evaluation.

### *Parent Training Programs*

Parent training programs encompass intervention research that is specifically focused on providing parent training to improve interactions between parents and their children. The intervention studies in Table 1 were focused on specific areas of parent education and/or a specific population: family-infant interaction and home environment (Bakermans-Kranenburg, van Ijzendoorn, & Bradley, 2005); father empowerment to improve parenting (Fagan & Stevenson, 2002); home-based parent training program and support group (Kucuker, 2006); skill-building groups to improve parental well-being and family interaction (Niccols & Mohamed, 2000); parent management training to reduce behavior problems (Roberts, Mazzucchelli, Taylor, & Reid, 2003); Parents As Teachers programs (Wagner & Spiker, June 2001); and deaf mentor program for parents to improve interactions with their children who are deaf (Watkins, Pittman, & Walden, 1998). Some of these interventions were offered in the context of a home visiting model, while others were provided in group settings.

**TABLE 1**

**Family Support Identified in the Intervention Literature**

<i>References/Support Identified</i>	<i>Results</i>	<i>Outcomes</i>
Type of intervention mode: Parent training and information programs		
Bakermans-Kranenburg, M. J., van Ijzendoorn, M. H., & Bradley, R. H. (2005) Meta-analysis of early childhood intervention studies aimed at parenting or parent-child interaction using the HOME assessment. (U.S. & international)	<ol style="list-style-type: none"> <li>1. Interventions with middle-class, non-adolescent parents reported higher effect sizes than interventions with low-SES or adolescent parents.</li> <li>2. Five to 16 home-based intervention sessions in a limited period were most effective.</li> <li>3. Interventions starting when the child was older than 6 months or started prenatally were more effective than interventions starting in the first 6 months of the child's life.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Parenting</li> </ul>
Fagan, J., & Stevenson, H. C. (2002) Parent training for fathers.	<ol style="list-style-type: none"> <li>1. Resident fathers (those who live at home) in the parent training group reported significantly greater self-esteem at the end of the intervention in comparison to resident fathers in the control group.</li> <li>2. Resident fathers in the parent training group showed significant improvement in parenting satisfaction in comparison to resident fathers in the control group.</li> <li>3. All fathers in the parent training group made significantly greater gains than fathers in the control group in their attitudes about facilitating the teaching-learning process for their child.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> <li>● Families have support systems</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Parenting</li> <li>● Emotional well-being</li> </ul>
Kucuker, S. (2006) Early intervention program, to enhance the development of children with disabilities ages 0-4 through a parent training program (Turkey)	<ol style="list-style-type: none"> <li>1. The severity of depression scores for both mothers and fathers had decreased after participating in the early intervention program with parent training.</li> <li>2. There were no differences reported in parental stress scores.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> <li>● Families have support systems</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Parenting</li> <li>● Emotional well-being</li> </ul>
Niccols, A., & Mohamed, S. (2000) Parenting skill building group focused on attachment theory for parents of infants with developmental delays	<ol style="list-style-type: none"> <li>1. Parents in the skill-building group reported statistically significant lower levels of parent-child dysfunctional interaction, parental distress, and depression.</li> <li>2. Parents in the comparison groups showed a trend towards increased depression.</li> <li>3. Parents in the skill-building group reported high satisfaction, high effectiveness of the content, and increased support from others.</li> <li>4. The majority of parents in the skill-building group (75%) chose consultation as their preferred follow-up service option.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families understand their child's strengths, abilities and special needs</li> <li>● Families help their child learn and grow</li> <li>● Families have support systems</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Parenting</li> <li>● Emotional well-being</li> </ul>

**TABLE 1—(Continued)**

<i>References/Support Identified</i>	<i>Results</i>	<i>Outcomes</i>
Roberts, C. et al. (2003) Parent management training—review of studies for parents of preschool-aged children with developmental disabilities (U.S. & international)	<ol style="list-style-type: none"> <li>1. Comprehensive early intervention programs aimed at skill building through Applied Behavior Analysis, Parent Management Training, and social learning theory have demonstrated positive outcomes for building competencies and reducing behavior problems.</li> <li>2. Studies using a group intervention format of PMT indicated some positive effects on child behavior, parental stress, parental self-efficacy, and marital satisfaction.</li> <li>3. Studies with individual families indicate some support for generalization of effects to other settings and behaviors.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Parenting</li> <li>● Emotional well-being</li> </ul>
Wagner, M., & Spiker, D. (June 2001) Evaluation of Parents as Teachers (PAT)—home visiting model	<ol style="list-style-type: none"> <li>1. The very low income group had more positive effects than the moderate income group in the area of language and literacy promoting behaviors.</li> <li>2. PAT families reported being happier taking care of their families.</li> <li>3. After three years, PAT teen mothers had more knowledge, greater literacy promoting behaviors on HOME, less reports of child maltreatment, and increased positive home environment compared to the control group.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Parenting</li> <li>● Emotional well-being</li> </ul>
Watkins, S. et al. (1998) Parent mentor groups	<ol style="list-style-type: none"> <li>1. Parents of the children in the deaf mentor group reported that they understood what the child was communicating to them a greater percentage of the time than parents in the control group.</li> <li>2. Parents in the deaf mentor group reported that their children understood them a greater percentage of the time than the parents of the control group.</li> <li>3. Parents in the deaf mentor group reported less frustration and increased number of signs when communicating with their child.</li> <li>4. During the intervention, parents in the deaf mentor group were observed in videotaped sessions to use more ASL.</li> <li>5. Parents in the deaf mentor group reported perceptions more consistent with the deaf culture and deaf community.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families understand their child's strengths, abilities and special needs</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Parenting</li> <li>● Disability-related support</li> </ul>
<p>Type of intervention model: General family centered practice models—usually offering comprehensive support; includes some programs that focus primarily on the child but include evaluations of impacts on families</p>		
Dunst, C. J. et al. (2001) Natural learning environments	<ol style="list-style-type: none"> <li>1. Participation in a larger variety of activity settings was related to parents reporting that they engaged their children in more learning activities.</li> <li>2. The greater adoption and use of the responsive teaching methods by parents, the more the children were observed interacting with adults.</li> <li>3. Greater adoption and use of the responsive teaching methods by parents were related to enhanced positive child affect.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Family interaction</li> <li>● Parenting</li> </ul>

TABLE 1—(Continued)

References/Support Identified	Results	Outcomes
Erickson-Warfield, M. E. et al. (2000) Parent support groups Intensity of services provided to children	<ol style="list-style-type: none"> <li>1. The greatest change between entry and discharge of EI was increased social support networks, both formal and informal.</li> <li>2. More intense service (total hours of service) was significantly and positively correlated with increased family cohesion.</li> <li>3. More intensive parent support group services and more intensive child group services were significant predictors of increased social support.</li> <li>4. The greater number of different services provided resulted in more parent-reported gains in social support helpfulness.</li> <li>5. Maternal education impacted service intensity and comprehensiveness of services.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> <li>● Families have support systems</li> <li>● Families are able to gain access to desired services, programs, and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Family interaction</li> <li>● Emotional well-being</li> <li>● Disability-related support</li> </ul>
Hendriks, A. H. C. et al. (2000) Family-directed intervention which may include family support groups, counseling and respite care (The Netherlands)	<ol style="list-style-type: none"> <li>1. On average, both mother and father perceived a positive change in well-being 10 months after participating in the program.</li> <li>2. Mothers perceived a greater positive change in well-being than fathers.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families have support systems</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Emotional well-being</li> </ul>
Kim, J. M. & Mahoney, G. (2003) Impact of relationship-focused intervention on Korean mothers and their preschool-aged children with disabilities (Korea)	<ol style="list-style-type: none"> <li>1. Mothers in the relationship-focused intervention group scored significantly higher on measures of responsiveness, affect, and achievement orientation.</li> <li>2. Overall, relationship-focused intervention reduced parental stress.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Parenting</li> <li>● Emotional well-being</li> </ul>
Mahoney, G., & Bella, J. M. Family-centered practice model involving an array of family supports	<ol style="list-style-type: none"> <li>1. There was no overall change on the Family Environment Scales.</li> <li>2. There were marginal changes in maternal stress.</li> <li>3. Although there was no overall change in maternal affective styles, enjoyment and expressiveness significantly decreased during intervention.</li> <li>4. Approximately 45% of families reported receiving a comprehensive array of family services, which were characterized by extremely high levels of services related to their child's development and moderate levels of services related to family-level concerns.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> <li>● Families have support systems</li> <li>● Families are able to gain access to desired services, programs, and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Family interaction</li> <li>● Emotional well-being</li> <li>● Disability-related support</li> </ul>
Mahoney, G. & Perales, F. (2005) Relationship-focused early intervention—two studies	<ol style="list-style-type: none"> <li>1. Mothers who used responsive teaching made significant increases in responsiveness to their children.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Family interaction</li> <li>● Parenting</li> </ul>

TABLE 1—(Continued)

References/Support Identified	Results	Outcomes
<p>Trivette, C. M., Dunst, C. J., Boyd, K., &amp; Hamby, D. W. (1995) Family-centered services, using supports to help families access informal supports.</p>	<ol style="list-style-type: none"> <li>1. Helpgivers from more family-centered programs who had more frequent contact with families reported more positive assessments of helpgiving practices.</li> <li>2. Participation in family-centered programs in which parents had frequent contact with helpgivers using empowering helpgiving practices was associated with greater indication of personal control.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families know their rights and advocate effectively for their children</li> <li>● Families are able to gain access to desired services, programs, and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Emotional well-being</li> <li>● Disability-related support</li> </ul>
<p>Type of intervention model: Peer support</p>		
<p>Ainbider, J. G. et al. (1998) Qualitative analysis of Parent to Parent programs through interviews with 24 parents</p>	<ol style="list-style-type: none"> <li>1. Parent to Parent support is particularly helpful when reliable allies have the four components: (a) perceived sameness, (b) comparable situations for learning relevant skills and gathering useful information, (c) availability of support, and (d) mutuality of support.</li> <li>2. Some parents did not find their experience with Parent to Parent to be helpful, but expressed belief in the value of parent connections.</li> <li>3. Barriers to unsuccessful matches included logistics in connecting due to business, cost for phone bills, lost numbers, or negligent follow-up. Barriers also included differences in preferences and values regarding parenting style, communication style, outlook on disability and future vision for the children.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families have support systems</li> <li>● Families are able to gain access to desired services, programs, and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Emotional well-being</li> <li>● Disability-related support</li> </ul>
<p>Ireys, H. T. et al. (1996) Social support intervention for mothers of children with Juvenile Rheumatoid Arthritis (ages 2–11). The social support intervention was a one-to-one mentoring match of mothers of children with JRA.</p>	<ol style="list-style-type: none"> <li>1. The mothers receiving 1:1 mentoring reported a decrease in mental health symptoms compared to the control group. Mental health symptoms included depression, anxiety, anger, and cognitive disturbance.</li> <li>2. The mothers receiving 1:1 mentoring reported greater improvements on perceived availability of supports than those mothers in the control group.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families have support systems</li> <li>● Families are able to gain access to desired services, programs, and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Emotional well-being</li> <li>● Disability-related support</li> </ul>
<p>Rosenberg, S. A. et al. (2002) Comparison of nurse home visiting model to home visiting model with trained paraprofessionals, who are all mothers of children with special health care needs</p>	<ol style="list-style-type: none"> <li>1. Both groups believed the services they received were helpful. The families who received visits from the paraprofessionals were significantly more positive about their experience.</li> <li>2. Families who received services from a paraprofessional indicated they learned more about how to obtain medical and therapy services than the nurse home visiting group.</li> <li>3. Both groups of mothers showed significant improvement on qualities of care giving and home environment, as well as employment status.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families understand their child's strengths, abilities and special needs</li> <li>● Families have support systems</li> <li>● Families are able to gain access to desired services, programs, and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Emotional well-being</li> <li>● Physical/material well-being</li> <li>● Disability-related support</li> </ul>

TABLE 1—(Continued)

References/Support Identified	Results	Outcomes
Singer, G. H. S. et al. (1999) Peer support	<ol style="list-style-type: none"> <li>1. Parents who participated in Parent to Parent had positive perceptions of their child and his or her impact on the family.</li> <li>2. Initial contacts in Parent to Parent were not associated with changes in parents' perceptions of empowerment.</li> <li>3. Parents who participated in Parent to Parent made statistically greater progress than the control group in getting help with their initial problem.</li> <li>4. Eighty-nine percent of the parents who participated in Parent to Parent rated it as helpful.</li> </ol>	<p>ECO outcomes</p> <ul style="list-style-type: none"> <li>● Families have support systems</li> <li>● Families are able to gain access to desired services, programs, and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Emotional well-being</li> <li>● Disability-related support</li> </ul>
Type of intervention model: Two-generation programs		
Gomby, D. S. et al. (1999) Evaluation of home visiting programs using various models; most focused on providing parent information, but also providing supports to parents	<ol style="list-style-type: none"> <li>1. Home-visiting programs may be associated with changes in some parent attitudes, though not necessarily their behaviors that are related to the prevention of abuse and neglect.</li> <li>2. Home visiting may be beneficial in decreased child maltreatment, though evidence was primarily from self-report measures.</li> <li>3. Only Nurse Home Visiting Program found benefits in altering maternal life course for poor unmarried women. Women who had been home visited had fewer subsequent pregnancies and births, deferred their second birth, spent fewer months on welfare, and had fewer problems resulting from substance abuse and arrests than the control group.</li> </ol>	<p>ECO Outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> <li>● Families have support systems</li> <li>● Families are able to gain access to desired services, programs and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Family interaction</li> <li>● Parenting</li> <li>● Physical/Material well-being</li> </ul>
Love, J. M. et al. (2002) Two-generation intervention model providing comprehensive family supports for self-sufficiency and mental health; parent training and child-oriented services. Some programs were home visiting models, others were center-based; most were combination.	<ol style="list-style-type: none"> <li>1. Families in Early Head Start programs measured more positive impacts on parenting behaviors, and support for parents' emotional well-being.</li> <li>2. The programs led to lower levels of insensitivity and hostile parenting behavior and the use of less punitive discipline strategies.</li> <li>3. At age 3, there were no overall impacts on measures of parent's health or mental health and family functioning.</li> <li>4. Overall, results showed continued impacts on parent training and education activities for families in the program compared to control group families.</li> </ol>	<p>ECO Outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> <li>● Families have support systems</li> <li>● Families are able to gain access to desired services, programs and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Family interaction</li> <li>● Parenting</li> <li>● Emotional well-being</li> <li>● Physical/Material well-being</li> </ul>
St. Pierre, R. G. et al. (1995) Two generation service programs focusing simultaneously on improving outcomes for families and providing supports (usually through parent training) for children.	<ol style="list-style-type: none"> <li>1. Two-generation programs increase the rate of participation for both children and parents in social and educational services.</li> <li>2. Two-generation programs have positive effects on parenting, including time spent with child, parent teaching skills, expectations for child's success, attitudes about child rearing and parent-child interactions.</li> <li>3. Two-generation programs have large positive effects on attaining a GED. There are no effects on mothers' depression levels, self-esteem, and social supports.</li> <li>4. There was a positive correlation to the amount of participation and GED attainment.</li> </ol>	<p>ECO Outcomes</p> <ul style="list-style-type: none"> <li>● Families help their child learn and grow</li> <li>● Families are able to gain access to desired services, programs and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>● Family interaction</li> <li>● Parenting</li> <li>● Emotional well-being</li> <li>● Physical/Material well-being</li> </ul>

TABLE 1—(Continued)

References/Support Identified	Results	Outcomes
Zeece, P. D. & Wang, A. (1998) Two-generational program-Head Start and the Family Empowerment Transition Program	<ol style="list-style-type: none"> <li>Over a three-year time span, parent-centered risk decreased for the participants in the Head Start + Family Empowerment Transition Program.</li> <li>There were no significant differences between the two groups regarding family economic risk over time.</li> </ol>	<p>ECO Outcomes</p> <ul style="list-style-type: none"> <li>Families know their rights and advocate effectively for their children</li> <li>Families help their child learn and grow</li> <li>Families have support systems</li> <li>Families are able to gain access to desired services, programs and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>Parenting</li> <li>Emotional well-being</li> <li>Physical/Material well-being</li> </ul>
Type of intervention model: Respite care		
Chan, J. B. & Sigafoos, J. (2001) Respite care	<ol style="list-style-type: none"> <li>The use of respite care was associated with reduced parental stress, especially for mothers, in the majority of families who have children with developmental disabilities.</li> </ol>	<p>ECO Outcomes</p> <ul style="list-style-type: none"> <li>Families have support systems</li> <li>Families are able to gain access to desired services, programs and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>Emotional well-being</li> </ul>
Cowen, P. S. & Reed, D. A. (2002) Respite care	<ol style="list-style-type: none"> <li>Reported parental stress scores (parent-child relationship) were significantly lower following respite care interventions.</li> <li>Following respite care intervention, scores reporting parents' perception of the child's traits were significantly lower.</li> </ol>	<p>ECO Outcomes</p> <ul style="list-style-type: none"> <li>Families have support systems</li> <li>Families are able to gain access to desired services, programs and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>Family interaction</li> <li>Emotional well-being</li> </ul>
Herman, S. E. & Marcenko, M. O. (1997) Respite care	<ol style="list-style-type: none"> <li>Respite care use indirectly effected parental depression. The quality of care and the perception of time the parent has for themselves were mediating variables.</li> </ol>	<p>ECO Outcomes</p> <ul style="list-style-type: none"> <li>Families have support systems</li> <li>Families are able to gain access to desired services, programs and activities in their community</li> </ul> <p>FQOL Outcomes</p> <ul style="list-style-type: none"> <li>Emotional well-being</li> </ul>

Only half of the articles included in this section of Table 1 were specific to families who have children with disabilities; the remainder of the articles focused on “at-risk” children

and families. Programs aimed at families of children with disabilities tended to use measures of maternal/parental stress or depression and family interaction; the programs for

“at risk” children and families centered more on the acquisition of parenting skills and involvement with their children.

Effectiveness of parent training programs was typically measured in terms of gains in child outcomes, e.g., in reductions of behavior problems or improved child language and literacy behaviors or other cognitive gains. Impacts on parents that were measured included the acquisition of parenting skills, parenting stress or depression, and parenting satisfaction. In the intervention studies that also measured parents in terms of depression or stress levels, parents reported reductions of these variables (Kucuker, 2006; Niccols & Mohamed, 2000; Roberts et al., 2003). Last, a meta-analysis by Bakersman-Kranenburg, van Ijzendoorn and Bradley (2005) revealed that (a) middle-class, non-adolescent parents benefited more from early childhood interventions than adolescent or low income parents, (b) limited (between 5–16), home-based sessions were more effective than interventions with sessions numbering more than 16, and (c) sessions for families with children either older than six months or during the prenatal stage were more effective than during the first six months of a child’s life.

Based on the ECO Center family outcome definitions, we concluded that interventions that improve parenting and reduce stress or depression are consistent with the ECO family outcomes of (a) families understand their child’s strengths, abilities and special needs, (c) families help their children learn and grow, and (d) families have support systems. We also concluded that the primary area of Beach Center family quality of life domains impacted by these programs was the Parenting and Emotional Well-Being sub-scales.

#### *General Family-Centered Practice Models*

A number of investigators have reported results of evaluations of early intervention programs described as “family-centered” services. These programs may or may not provide service components specifically targeted to parents (e.g., parent support groups), but investigators describe the programs as family-centered in the sense of developing empowering partnerships with families in decision-

making and delivering services to children with disabilities (i.e., the *how* of family-centered practice). Evaluations of studies included in this review include both those that identified specific supports provided to families and those that did not describe family support but did include family impact measures in the evaluation design.

General family-centered practice models described in this section included home visiting or center-based programs that provided a component of family support and collaboration (see Table 1). Families in these studies may have received a variety of types of family support depending on their individual needs and preferences. These included counseling, parenting skills, respite care, and/or support groups. Although the interventions may have focused primarily on outcomes for children, the evaluation of these programs also investigated the impact on families. The general theme from this group of research studies indicates that early intervention programs that provide general family-centered practices that focused on relationships between the parent and child positively impacted parent-child interaction and improved family communication and cohesion (Dunst, Bruder, & Trivette, 2001; Kim & Mahoney, 2003; Mahoney & Perales, 2003; Mahoney & Perales, 2005). Additionally, the parent’s use of responsive teaching methods (Dunst et al.) and participation in support groups improved parental emotional well-being (Erickson-Warfield, Hauser-Cram, Krauss, Shonkoff, & Upshur, 2000; Mahoney & Bella, 1998). Lastly, the child’s participation or enrollment in an intervention program with different types of family support, which included parent training and counseling, positively impacted parental well-being and family cohesion (Hendriks, De Moor, Oud, & Savelberg, 2000).

In comparisons of the reported outcomes from these studies, we concluded that family-centered early intervention programs that provided an array of family support achieved a number of the ECO outcomes for families. These included (c) families help their child grow and learn; (d) families have support systems; and (e) families have access to desired services, programs and activities in their community. With respect to family quality of life domains, we concluded that the outcomes re-

ported were most relevant to Emotional Well-being, Parenting, and Family Interaction.

### *Peer Support*

Peer support offers a way for people in similar circumstances to offer each other emotional and informational supports, as well as other self-help. For families of young children with disabilities or at-risk for disabilities, parents may be offered one-to-one peer support or parent support groups as a component of the overall early intervention program. Support groups also may be offered for siblings of a child with a disability or for other extended family members such as grandparents. We were unable to find recent specific research focusing exclusively on the impact of support groups on families, but there were overall evaluations of the general family-centered programs which included support groups, which were discussed above. In this section, we discuss two types of peer support models for which there is evaluation research available, the Parent to Parent model (Ainbinder et al., 1998; Singer et al., 1999) and one-to-one peer mentoring programs (Ireys, Sills, Kolodner, & Walsh, 1996; Rosenberg, Robinson, & Fryer, 2002).

Parent to Parent groups match trained parents with parents who request assistance (Ainbinder et al., 1998; Singer et al., 1999). Parent to Parent organizations provide parents with connection to resources and services in their community, emotional support, and practical information about caring for a child with a disability (Ainbinder et al.; Singer et al.). Singer et al. evaluated Parent to Parent mentoring programs in multiple sites across five states. As a smaller component of the larger study, Ainbinder et al. conducted a qualitative evaluation of Parent to Parent programs by interviewing 24 parents. The majority of the families participating in these two studies was Caucasian and married. The children with disabilities ranged in ages from one to 16, with an average age of seven. The population for this group of studies was expanded to include children beyond the age of eight, as we found no peer support intervention studies that focused exclusively on the early childhood population.

The evaluation studies of one-to-one peer

mentoring programs were similar in that mentoring services were provided by mothers, mothers of children with Juvenile Rheumatoid Arthritis (Ireys et al., 1996) or mothers of children with special needs (Rosenberg et al., 2002). The study by Rosenberg et al. evaluated home visiting services delivered to families considered to be in an at-risk situation due to environmental or caregiving factors. The services were delivered by trained paraprofessionals who were all mothers of children with special needs and were recruited from the neighborhoods in which they provided services. The families received two visits per month and the visits focused on building family strengths, identifying needs, assisting with accessing services and supports within the community, and providing a parent mentor to guide maternal care and home safety issues (Rosenberg et al.). The mentoring program evaluated by Ireys et al. (1996) focused on enhancing three types of social support—informational, affirmational, and emotional support. Mothers in the intervention group were in contact with their peer mentor every two weeks via telephone, through home visits held every 6 weeks, and at group events, such as picnics or group lunches (Ireys et al.).

The multi-site Parent to Parent study reported that peer supports had a significant impact on attitudes regarding acceptance of family and disability; however, contacts with the organization did not change parents' perception of empowerment (Singer et al., 1999). Further, successful matches were contingent upon equality and mutuality in their Parent to Parent relationships (Ainbinder et al., 1998). The evaluation of the home visiting model using peers as paraprofessionals reported improvement for families in care giving skills, home environment, and employment status (Rosenberg et al., 2002). One-to-one peer mentoring also decreased the number of reported mental health symptoms mothers experienced (Ireys et al., 1996). Additionally, families who received support from other parents who have children with special needs made greater progress in getting help with their disability-related problems than parents did on their own (Ireys et al.; Rosenberg et al.; Singer et al.). Overall, participants rated the

programs with peer support as helpful (Rosenberg et al.; Singer et al.).

In comparing these findings to definitions of the ECO Center family outcomes, we concluded that peer support programs typically offer families (a) information to understand their children's strengths, abilities and special needs, (d) support systems, and (e) information to gain access to desired services, programs, and activities in their community. The outcomes reported in these peer support studies also appear to be relevant to the family quality of life domains of Emotional and Physical/Material Well-Being and Disability-Related Support.

### *Two-Generation Programs*

The term "two-generation programs" arises from the theory that long-term improvements in outcomes for children from families with multiple challenges requires a comprehensive and intensive array of services that are focused simultaneously on interventions for the child and on supports for the family as a whole (St. Pierre, Layzer, & Barnes, 1995). With respect to the family enhancement component of two-generation programs, these services generally involve the development of an individualized family support plan to help parents reach goals in education (e.g., completing a GED or learning English), self-sufficiency, mental health (e.g., accessing substance abuse treatment or shelter from domestic violence), and health and nutrition. A part of the child enhancement component of two-generation programs also typically includes parent training and information, using group and/or home visiting approaches (Love et al., 2002). The desired outcomes of two-generation programs are to produce improved cognitive and developmental functioning in children, as well as increase family functioning and self-sufficiency (Love et al.), thus negating the effects of poverty on families.

One article included in Table 1 is a review of several two-generation programs, including Avance, Child Family Resource Program, Comprehensive Child Development Program, Even Start, Head Start Family Service Centers and New Chance (St. Pierre et al., 1995). The second article is a report of a longitudinal study of the impacts of Early Head Start on

children and families (Love et al., 2002). Also included is an evaluation of five national home visiting models, including Nurse Home Visitation Program, Hawaii's Healthy Start, Home Instruction Program for Preschool Youngsters, Comprehensive Child Development Program, and Healthy Families America (Gomby, Culross, & Behrman, 1999). Finally, Table 1 includes a review of an article evaluating the effects of Head Start plus a Family Empowerment Transitioning Program for at-risk children and their families (Zeece & Wang, 1998). It is important to note that all of these studies included populations of at-risk children and families; none were specifically designed for families of children with disabilities.

There was some controversy over the effects of two-generation programs on children since the effect sizes of the programs reviewed by St. Pierre, Layzer, and Barnes (1995) were relatively small. The Early Head Start study found modest effect sizes for child outcomes that were sustained until the age of three years (Love et al., 2002). Additionally, the Head Start plus Family Empowerment Transitioning Program decreased parent-centered risk (emotional/social issues) and improved child developmental outcomes over a three-year period (Zeece & Wang, 1998). With respect to impacts on families, the results are more consistent: These programs appeared to have a positive impact on parenting, including parent-child interactions and reductions in negative discipline (Gomby et al., 1999; Love et al.; St. Pierre et al.). In addition, two-generation programs appeared to have an impact on improvements in parents' educational attainments, but did not have significant effect on parents' health or mental health (St. Pierre et al.).

In analyzing the reported family outcomes of two-generation programs in comparison to the ECO Center family outcomes, we conclude the results were potentially relevant to all five outcomes. However, given the variables in these studies, it appears that two-generation programs most often addressed the ECO outcomes of (b) families know their rights and advocate effectively for their children, (c) families help their child learn and grow, (d) families have support systems, and (e) families are able to gain access to desired services, programs, and activities in their community. Further,

comparison of the reported results of these studies suggests that two-generation programs may address family quality of life domains of Family Interaction, Parenting, Emotional Well-Being and Physical/Material Well-Being of families.

### *Respite Care*

Respite care services provide temporary child care and support to families with a child with a disability (Cowen & Reed, 2002). The use of respite care has been proposed as a way to reduce stress and depression for parents. In 2002, respite care was only cited on IFSPs a total of 135 times for all Part C programs in the 50 states, including DC and Puerto Rico (Danaher & Armijo, 2005).

Table 1 includes data on three articles that evaluated the impact of respite care on families. All studies focused on measuring families' emotional well-being, including stress and depression levels. Unlike the other intervention models in this paper, we selected respite care studies that included families with children from ages two through 20, because we could find no evaluations of respite care focused specifically for young children with disabilities and their families. The population of these studies tended to be Caucasian, low-to-middle class families.

Themes of results from these three articles indicate that utilizing respite care services reduced parental stress (Chan & Sigafoos, 2001; Cowen & Reed, 2002). The quality of the child care and the frequency by which parents' utilized the service affected their level of depression; the higher the quality of care, the more often the services are used, which was associated with lower depression levels (Herman & Marcenko, 1997). All of these studies focused on short-term interventions (18 months or less); more information is needed on the impact of long-term use of respite for families (Chan & Sigafoos).

Based on these reported results, we conclude that early intervention programs providing or referring families to respite care services may be relevant to the ECO Center family outcomes of: (d) families have support systems, and (e) families are able to gain access to desired services, programs and activities in their community. With respect to family

quality of life domains, the reported results appear to be relevant to improved Family Emotional Well-Being.

## **Discussion**

### *Limitations*

There are some limitations to this review of intervention research for family supports. First, there are evaluations of commercial programs and models that are aimed at improving family outcomes that were excluded from our review. We chose to exclude commercially available curriculum or materials for early intervention since all Part C programs would not have the opportunity to pursue these programs. Also, the majority of the studies were aimed at mothers, thus limiting generalizations of the findings to the entire family unit.

### *Research Implications*

There are four research implications to consider from the results of this literature review. They include (a) inconsistent and loosely defined terminology in intervention research articles, (b) lack of family outcomes and measures tailored to families in intervention research, (c) limited intervention research targeting families and young children with disabilities, and (d) few evaluations specifically focused on family emotional supports.

First, the intervention research included in this review measured outcomes for families using many different variables. Those variables included stress or depression levels, health benefits, abuse and pregnancy rates, home environment, self-esteem, satisfaction, attitudes, frustration levels, acceptance, negativity, parenting behavior, participation, interaction, income and employment levels, social supports, use of teaching practices, family cohesion, perceptions, affective styles, number of services received, responsiveness, socialization, helping practices, and control. The definitions and model descriptions to evaluate family support and outcomes in intervention literature are not mutually exclusive; therefore, it is difficult to parcel out what aspect of the support is truly impacting the family. For example, in this review the category of general family-centered practices had a variety of dif-

ferent interventions grouped together which made it difficult to delineate the specific support that was being offered to families. Either the research or model description was vague or the field of early intervention has not clearly defined the terminology or definitions related to family support. Therefore, more specificity is needed in the terminology and definitions that the field uses to guide research on family support and outcomes.

Secondly, the overlap in variables measured leads to confusion in interpreting the outcomes for families. In this review, we attempted to categorize the results of each study according to the ECO outcomes and Beach Center family quality of life domains as a framework for discussing family support outcomes. A framework for the field in measuring family outcomes, both short-term and long-term, is needed. To meet this goal, measurements with psychometric properties tailored to assess families' outcomes are warranted. Further research on family support is needed that specifically measures both short-term and long-term family outcomes.

The third research implication is the limited intervention research targeting families and young children with disabilities. Because a primary purpose of this article was to determine how family support is defined and delivered in early intervention studies, we broadened our search beyond programs focused on families of children with disabilities in order to include more types of family support in this analysis. This necessity in itself underscores the lack of emphasis on supports for families of children with disabilities. Only 18 of the 26 articles in this paper evaluated interventions for this population. There were more intervention studies available that sampled general early childhood populations, especially in regard to parent training programs and two-generation programs. In this article, only approximately half of the articles included in the parent training programs category measured parenting aspects in relation to families with children having disabilities. None of the studies evaluating two-generation programs sampled families and children with disabilities. The intervention in these two areas is promising; however, the research needs to be extended to deliberately include families and children with disabilities.

Another research implication from this review is the limited number of intervention research targeting families and young children with disabilities evaluating family emotional support. One category of intervention models, peer support, examined the intervention research on emotional supports for families. Included were studies evaluating Parent to Parent and peer mentoring programs. There were no studies specifically evaluating support groups as the primary intervention for families. Support groups were evaluated as part of more comprehensive interventions in the category of general family-centered services, therefore, making it difficult to determine the specific impact group supports had on families. Family emotional support would be an area for further research.

### *Policy Implications*

There are two policy implications that have evolved from this literature review. They include (a) policy adoption of an established set of family outcomes using specific definitions of family support and (b) policy adoption of evidence-based family support in IDEA.

First, policy must adopt an established set of family outcomes using specific definitions and terminology for family support. This paper has attempted to link family support intervention research with outcomes defined by the ECO Center and the Beach Center family quality of life domains. The goals developed by the ECO Center reflect short-term outcomes, though long-term impacts also need to be emphasized. Long-term family outcomes are reflected in the Beach Center's family quality of life domains. A challenge to developing an established set of family outcomes in policy is the overlap or lack of specificity in terminology and definitions of family support. As previously recommended in this paper, research needs to delineate the specific terminology for defining family support. Once delineated through research, the family support definitions and terms need to be incorporated into a framework for family outcomes. Further, a family outcome framework should be adopted into federal policy, such as IDEA Part C and the DD Act.

Second, policy must adopt evidence-based family support in the next reauthorization of

IDEA. The intervention research evaluating outcomes for families is limited in scope to only a few types of support outlined in IDEA. There is a gap between the types of supports stated in IDEA and evidence-based family support reviewed in this article. For example, IDEA does not require agencies to provide families with respite care, though the intervention research indicates respite care enhances the emotional well-being of families by decreasing parents' stress and depression levels. Similar positive outcomes for Parent to Parent and peer mentoring programs were reported. Families reported receiving emotional and informational support from peers. In knowing the positive impacts respite care programs and peer support have on families, it would seem feasible to include these types of family support in the available services outlined in IDEA under Part C in the next reauthorization. Policy should mandate the types of family support that are empirically validated.

### Summary

We have reviewed intervention studies that evaluated support for families which included parent training programs, general family-centered practice models offering comprehensive family support, peer support, two-generation programs, and respite care. The majority of studies reviewed did not clearly define the specific support provided to families and, thus, it is not often clear just what the interventions entailed. However, we are able to identify impacts on families of this support, both those that were specifically defined (e.g., respite care, peer supports) and those that were broadly comprehensive. Intervention research suggests that parent training programs improved parenting skills and parent satisfaction and reduced parental stress (Niccols & Mohamed, 2000; Roberts et al., 2003). Additionally, general family-centered practice models offering an array of support improved overall family cohesion and parental emotional well-being (Dunst et al., 2001; Erickson-Warfield et al., 2000; Hendriks et al., 2000; Mahoney & Bella, 1998). An evaluation of peer supports indicated parental attitudes towards family and disability improved, but not parental empowerment (Singer et al., 1999).

Two-generation programs positively impacted parenting (Gomby et al., 1999; Love et al., 2002) and improved parents' educational attainments, but did not have significant effects on parental health or mental health (St. Pierre et al., 1995). Finally, respite care has short-term effects of reducing parental stress (Chan & Sigafos, 2001; Cowen & Reed, 2002). The intervention research reviewed in this article, overall, reported positive outcomes for families. Most often, the evaluations focused on child outcomes and family impacts were incidental in the reporting of the findings of the study. The outcomes for families could be characterized by the family quality of life domains of family interaction, parenting, emotional and physical/material well-being, and disability-related supports, as well as by the categories of family outcomes defined by the ECO Center. In reviewing the intervention research, it is apparent that the implication for the early intervention field is to adopt consistent terminology defining family support. Research on family support is also needed that specifically links to family outcomes, thus guiding future policy decisions for families and young children with disabilities.

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