Family-guided Approaches to Collaborative Early-intervention Training and Services

Family-guided Activity Based Approaches

FACETS is based upon family-guided, activity-based approaches to early intervention. Family-guided approaches recognize that the family is the constant in their child’s life and that as the child’s first teacher and most important careprovider, they play a key role in their child’s development. Being family-guided is an ongoing process that facilitates the family-service provider partnership. Families are provided with information and given choices from the initial point of contact. Those choices about program options, which can be as simple as when and where the contact will occur, are accommodated by the service providers. This sets the stage for the family to be assured their input is valued and their decisions will be respected. The family-guided approach promotes family decision making by providing opportunities for families to make meaningful choices, including the choice to not be involved at a point in time. The family-guided approach differs from other models in that it provides families with flexible options for involvement and the support and resources to make informed decisions about their participation. No option is excluded from consideration.

Family-guided practice is an integral component of successful infant-toddler activity-based approaches. Family activities and routines provide contexts for teaching and learning. Emphasis is placed on supporting careprovider choices for identification and involvement in activities, routines and play to assist their infant or toddler to acquire functional skills; the skills the child needs within daily life. Family-guided activity-based approaches enhance the teaching and learning by embedding intervention outcomes into child initiated play, daily routines, and activities identified by the family as frequent, meaningful and comfortable.

Family-guided Activity Based Intervention

Is: providing families with the information and support necessary to make informed decisions about their child.  

Is Not: identifying problems and solutions as a professional team and expecting families to agree and implement.
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- listening to and acting on the interests and priorities identified by family (e.g. family wants walking to be a priority).

- responding to family concerns and priorities with a flexible program in the family’s natural environments (e.g. grandma’s home for child care).

- involving the family in teaching functional skills during daily routines, using their objects and toys.

- considering all possibilities within family routines and activities as contexts for intervention.

- using existing family routines and the sequence they use as a framework for embedding outcomes.

- respecting family’s choice of routines (e.g. feeding the horses) for intervention and providing supports and suggestions for modifications.

- considering informal support systems, like grandparents and neighbors.

- identifying outcomes based only on team assessment (e.g. team identifies feeding, playing with toys and communication as priorities based on test results).

- presenting a “pre-packaged” program such as 3 half-days in a play group or once-a-week home visits.

- bringing specialized materials and/or toys into the family’s home to “teach” the child and model for careproviders.

- implementing clinical practices (e.g., exercises or table activities) in the family’s home.

- designing activities or assigning routines to target outcomes or rearranging a routine to embed outcomes.

- prescribing certain routines (e.g., snack) as the perfect time to target certain skills (e.g., fine motor abilities).

- using only formal supports to assist the family or expecting one careprovider (mom) to consistently complete all routines.