EMPOWERING FAMILIES: THE EARLY INTERVENTION IN NATURAL ENVIRONMENTS PROFESSIONAL DEVELOPMENT COMMUNITY OF PRACTICE PROJECT IN OHIO

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Abstract

This paper describes a model of professional development for Early Intervention based on an ongoing project taking place in a Midwestern state in the United States of America. The Project framework is presented as a model for high-quality professional development in Early Intervention by combining a) content including evidence-based practices and recommended practices from national professional organizations; b) university-community-family partnerships, an invaluable component without which the Project would not be possible; and c) tools for effective communication, collaboration, and coaching to support adult learning. As the Project is ongoing, research and program evaluation data are not reported in this paper. However, implications for young children and families, early intervention practitioners and stakeholders, and professional development in both the authors' local context and the wider global context are discussed.

Key words: *early intervention, professional development, family empowerment.*

Introduction

In both Europe and the United States of America, early childhood intervention services are provided to young children with disabilities or, in some cases, who may be at risk of not reaching developmental milestones. Although there is great variability in how early childhood intervention systems are developed, administered, and implemented in different countries, the aims of early childhood intervention are similar – to improve young children's developmental outcomes by offering targeted services or supports. Furthermore, most policies governing systems of early childhood intervention recognize the importance of including families and caregivers as partners on a team of service providers that each has expertise in specific areas of development (IDEA, 2004; United Nations Convention on Rights of People with Disabilities, 2006). Organizations that recommend best practices in the field also strongly emphasize a family-focused approach as integral to successful intervention (Division for Early Childhood, 2007; Meijer, Soriano, & Watkins, 2007; Soriano, 2005). In order to involve families in early

childhood intervention and to help families meet their needs, early childhood intervention practitioners should seek to fully understand families' needs and priorities. Equally important is to establish a collaborative partnership with families to assist them in identifying child- and family-level outcomes that are relevant and meaningful to them. The role and support of early childhood intervention practitioners is critical in the process of family empowerment.

In the United States, Early Intervention (EI) is provided as a comprehensive system of supports for infants and toddlers with developmental delays or who are at risk for disabilities. Early Intervention is supported by federal funds and governed by Part C of the Individuals with Disabilities Education Act (IDEA, 2004), and each state in the country applies annually to continue to receive funding. State funding is determined by formulas that consider in large part the extent to which the state meets targeted national indicators of quality and compliance. U. S. Congress has reauthorized the EI program multiple times since the initial establishment in 1986 with increasing emphasis on improving quality of life, educational outcomes, and positive family functioning. Given the fact that the federal program is designed for the youngest members of the society, parent and caregiver participation is required by law, its effectiveness is demonstrated by evidence-based research, and family-focused service provision is advocated for by major national early childhood professional organizations.

The next section describes current recommended practices, namely EI in natural environments and the transdisciplinary team model, to set the stage for the shifts in practices in the United States in general and in one state in particular. Along with the changes are the current challenges in the field, specifically the training needs of practitioners to deliver services according to the practices recommended by research. Finally, a description of one state's response to local needs in the form of a professional development model that targets increased practitioner competence and ultimately, family empowerment is provided.

Object of the research – empowering families through the early intervention in natural environments professional development community of practice project in Ohio.

The aim of the research – to discuss the early intervention in natural environments professional development community of practice project in Ohio.

Method of the research – ethnographic approach, analyzing empowerment of families in the early intervention in natural environments professional development community of practice in Ohio.

Early Intervention in Natural Environments

The primary goal of EI services offered as a part of the Individuals with Disabilities Education Act (IDEA, 2004) is to improve outcomes for infants and toddlers with disabilities and their families, while serving children in natural environments to the maximum extent possible. The term *natural environments* refer to settings in which the child would participate had he or she not had a disability (IDEA, 2004). Leaders in the field of EI recommend embedding natural learning opportunities and evidence-based intervention strategies into daily activities and focusing on caregivers as primary implementers of intervention within family routines (ERIC/OSEP Special Projects, 2001; Friedman, Woods, & Salisbury, 2012; McWilliam, 2000; Woods & Kashinath, 2007; Woods, Kashinath, & Goldstein, 2004). Embedding natural learning opportunities throughout the day ensures that intervention is delivered in ways that are acceptable, functional, and relevant to families, and encourages the child's generalization of skills (Macy & Bricker, 2007; Woods & Kashinath, 2007). However, natural environments refer not merely to the location in which services are provided, but rather the context of the everyday activities of the family and the interactions between the child and significant adults (Moore, Koger, Blomberg, Legg, McConahy, Wit, & Gatmaitan, 2012). As such, it is no longer

simply about teaching the child alone. Delivering services according to the principle of natural environments requires a specialized skill set to work with and support families. With the shift from professional-centered practices to a family-centered approach, families are empowered as agents of change in promoting their child's development and meaningful participation within everyday activities and routines.

Transdisciplinary Team Model

EI services are also delivered using a team approach. The team includes the family and practitioners from various disciplines such as EI, social work, speech and language pathology, occupational and physical therapy, as appropriate to the child and family's needs. The recommended practice in EI is the transdisciplinary approach (Woodruff & McGonigel, 1988) in which the team collaborates and collectively determines the course of action to support family-generated outcomes and priorities. In the transdisciplinary model, team members are required to demonstrate "role release" from their specialized, discipline-specific training and to move toward a high level of collaboration between team members (Woodruff & McGonigel, 1998). This approach to teaming requires a high level of collaboration and consensus among the team members and the family as the team members systematically share roles to address family needs across all disciplines and developmental domains. The transdisciplinary approach potentially reduces the number of different early intervention professionals interacting individually with the family and the child (Bruder, 1994). In contrast to having several different professionals in the family's life, a primary service provider, supported by the team, builds a meaningful working relationship with the child and family and implements coordinated services (Workgroup on Principles and Practices in Natural Environments, 2007).

Shifting Practices

In the past, EI services for infants and toddlers were delivered in either home settings or in centers specifically tailored for children with disabilities. Services delivered in these segregated settings tended to follow a more medical, deficit-based approach to intervention. Even services provided in the home, albeit a "natural environment" for the child, also reflected a medical approach in which interventions were provided directly to the child without the active engagement of the parent or caregiver. More recently, local EI systems across each state are moving towards more natural environments such as the home and community-based settings in which children without disabilities participate, such as neighborhood child care centers. In a 2011 report on EI program settings, out of a total of 14, 103 children served under Part C in Ohio, 10, 932 were receiving EI services in the home, 905 children were receiving services in community-based settings, and 2, 266 children were receiving services in "other" environments which may include clinics and programs exclusively for children with disabilities (IDEA Data Accountability Center, 2011). Although there are still children being served in segregated settings, the numbers indicate that a significantly greater number of children are being served in natural environments. Thus, professionals must have a unique and specialized skill set to work effectively with families and caregivers in the home and community context, rather than with the child alone in clinics or other non-natural settings.

As communities in Ohio work to eliminate segregated classrooms and achieve 100% natural environment services, the need for specialized training becomes more urgent. Professionals who had been previously trained to deliver child-focused services in classrooms following a more medical, deficit-based approach are now required to learn a different approach to intervention. The natural environments approach focuses not just on child-specific

interventions but also on adult learning strategies to support and empower family members in using everyday activities and routines as learning opportunities for the child (Moore et al., 2012).

Further, EI specialists come into the Part C workforce with a variety of educational backgrounds. "In Ohio, the rule for [initial] early intervention certification does not put any limits on specific educational background. Only a bachelor's degree is needed; a related degree gets one to certification faster, but it is not required" (Katrina Bush, personal communication, May 23, 2011). This statement reflects the finding from the 2004 nationwide survey indicating the lack of training specific to infants, toddlers, families, and natural environments (Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education, 2004). If an individual with a bachelor's degree from any discipline (that may not be related to EI) can become certified as an EI Specialist without prior training in the necessary competency areas, then the quality of services for the most vulnerable population will be negatively impacted. EI services that fail to meet intended outcomes for young children and families will result in more costly special education services in the future. High-quality professional development, then, is vital.

Early Intervention Community of Practice Project

As the U.S. moves towards more contemporary models of service delivery, states across the country are investigating innovative methods of professional development and, in some instances, the development and implementation of state-based systems of technical assistance (for example: Kansas Inservice Training System [KITS]; California Early Intervention Technical Assistance Network [CEITAN]; Pennsylvania Early Intervention Technical Assistance System [EITA]). In the fall of 2012, the Ohio Department of Developmental Disabilities (one of two agencies that oversee various aspects of EI in the state) requested grant proposals to a) increase practitioners' understanding of evidence-based practices in EI; b) ensure dissemination of the evidence-based practices; and c) improve the fidelity of implementation of the evidence-based practices. Kent State University was awarded grant funding to develop, implement, and evaluate a high-quality, evidence-based inservice professional development (PD) project in EI. The Project is a university-community partnership, and is being fulfilled in collaboration with various EI programs in Ohio that provide home-based and community-based services for families of infants and toddlers with developmental delays or disabilities.

What follows is a general blueprint for the Ohio Project. The Project is intended to ultimately empower families by increasing EI practitioner capacity to deliver high-quality EI services. Data are not provided in this paper since the Project is ongoing and the authors seek mainly to describe key components of the work. However, understanding the framework of the Project can assist practitioners, administrators, and other stakeholders in the field of early childhood intervention across the globe to consider a variety of evidence-based PD practices that support practitioners, empower families, and improve child and family outcomes.

The Ohio Community of Practice framework. The professional development model for the Project utilizes a Community of Practice (CoP) framework, in which participants collaborate on a regular basis to share best practices, problem-solve complex issues, and advance the field by disseminating knowledge (Buysse, Sparkman, & Wesley, 2003; Wesley & Buysse, 2001). The CoP framework includes a series of modules with relevant EI content and state-of-the-art practices in coaching.

Figure 1. Foundation for High Quality EI Services

The Project is aligned with the Division for Early Childhood (DEC) Recommended Practices (Sandall, Hemmeter, Smith, & McLean, 2005) and the Seven Key Principles of Early Intervention Services in Natural Environments from the U. S. Office of Special Education Programs (Workgroup on Principles and Practices in Natural Environments, 2007). These key principles and practices are grounded in family-centered philosophy and widely accepted as best practice in EI, which assumes that all families have strengths and that the family plays a pivotal role in child development (Bailey, McWilliam, & Winton, 1992; Bailey, McWilliam, Darkes, Hebbeler, Simeonsson, Spiker, & Wagner, 1998; Bruder, 2000, Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001; Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997; Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2011). Family-centered early intervention aims to strengthen and support families' abilities in caring for their children (Bailey et al., 1998). The natural environments principles also reflect the evidence and recommendations from EI research, such as (a) routines-based, relationship-focused, parent-implemented intervention, which utilizes supportive, empowering practices to recognize the family's existing routines, interactions, and activities as sources of intervention (Dieterich, Landry, Smith, Swank, & Hebert, 2006; Friedman et al., 2012; Jung & Grisham-Brown, 2006; Kaiser & Hancock, 2003; Landry, Smith, & Swank, 2006; Web & Jaffe, 2006; Woods et al., 2004; Woods & Kashinath, 2007); and (b) integrated services through the transdisciplinary team approach, which is based on the concept that the child is an integrated whole and can best be served through coordinated, integrated services delivered by a primary service provider with support and consultation from a team of different disciplines (Bush, Christensen, Grove, & Nagy, 2009; Woodruff & McGonigel, 1998). These principles and practices, which have been identified as areas of focus for service delivery in Ohio, are incorporated into the theoretical framework of the Project.

The work of an Early Intervention (EI) practitioner and/or primary service provider is to support the competence and confidence of parents and caregivers in promoting the development of their infant or toddler within natural learning opportunities. Evidence-based practices should guide the implementation of EI services for enhanced child and family outcomes. Evidence-based practices in EI include: (a) focusing on contextualized learning in family routines, not decontextualized learning in contrived tasks; (b) supporting the child's participation in interest-based activities, rather than simply embedding therapy exercises; and (c) going beyond teaching the child discrete skills but rather promoting the parent or caregiver's responsiveness to the child (Shelden & Rush, 2004). According to Dunst (2000),

evidence-based practices in EI are in contrast to the traditional professional-centered, deficit-based paradigm of providing services. Table 1 compares and contrasts the evidence-based model with the traditional paradigm.

Table 1. Comparison between the evidence-based model of EI and traditional model (Dunst, 2000)

Evidence-based model of EI	Traditional model
Promotion of family competence and positive functioning	Treatment of a problem
Building capacity: helping children and families use existing abilities and develop new skills	Relying on the expertise of a professional to solve problems
Strengths-based	Deficit-based
Resource-based: focusing on formal and informal supports within the community	Service-based: focusing on services provided only by the professional directly to the child
Family-centered	Professional/clinical-centered

As indicated in Table 1, the evidence-based model of EI makes the role of the EI practitioner a complex one, distinct from the role of a classroom teacher. Professional development (PD) is a key practice in order to increase the fidelity with which evidence-based practices are implemented. According to the National Professional Development Center on Inclusion (2008), professional development is defined as "facilitated teaching and learning experiences that are transactional and designed to support the acquisition of professional knowledge, skills, and dispositions as well as the application of this knowledge in practice" (p. 3). Effective PD is based on adult learning principles and geared toward actual change in practitioners' behaviors and practice (Dunst & Trivette, 2009). Researchers have identified coaching with performance feedback as an effective method of professional development (Brown & Woods, 2011; Marturana & Woods, 2012), in contrast with the "sit-and-get" model or one-dose workshops delivered without follow-up. Coaching is based on the principles of adult learning, and designed to "build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group" (NAEYC, NACCRRA, 2011, p. 11)

In order to target EI practitioner's ability to work effectively with children and families and support developmental outcomes, the Community of Practice (CoP) framework uses an implementation science approach (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005) and operates on multiple levels to ensure communication and collaboration is happening at the practitioner, community, and state level.

Implementation science is the study of the process (and related procedural components) of implementing evidence-based practices with fidelity (Fixsen, et al., 2005). In other words, implementation science seeks to identify what is necessary to bring research (evidence-based practices [EBP]) in alignment with policy (at the local, state, and federal/national level) and practice (awareness of EBP, implementation with fidelity). In the current training the concept of the CoP is an integral piece of increasing awareness and fidelity of implementation of EBP at minimum, while also striving to inform policy and practice on a regional and statewide scale (Gatmaitan & Lyons, 2013, p. 18).
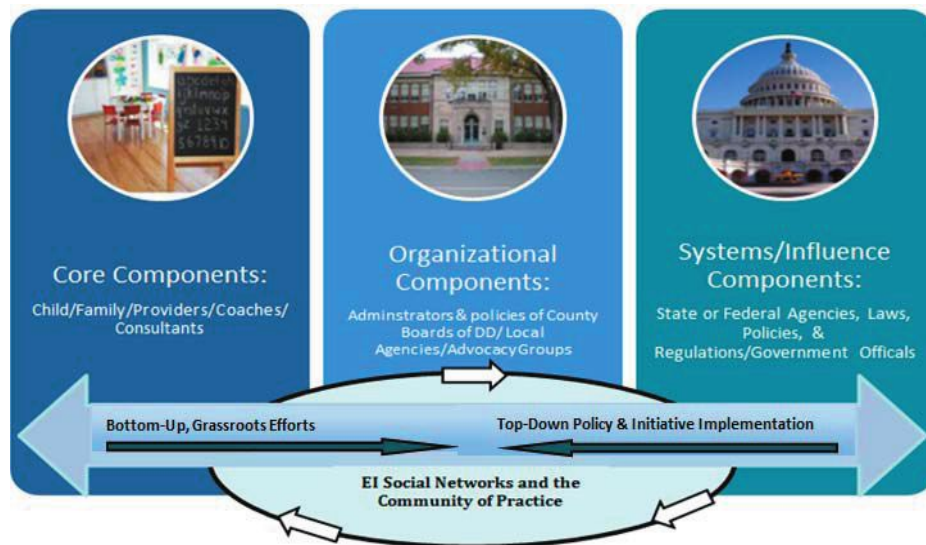
Figure 2. The Importance of Early Intervention Social Networks and the Community of Practice (adapted from Lyons, 2012 and in Gatmaitan & Lyons, 2013)

The CoP framework includes a "coaching the coach" model, whereby regional and parent coaches partner together to provide performance feedback to EI practitioners in the field within four regions in Ohio. Master consultants provide performance feedback to regional and parent coaches related to their coaching sessions with EI practitioners. In addition to the coaching component, an online CoP space is utilized to disseminate information and encourage discussion through five specific learning modules corresponding to the following content areas:

1. Natural Environments, the Office of Special Education Program's Agreed Upon Mission and Key Principles (AMKP) and Evidence-Based Practices
2. Contemporary Practices for Family and Child Assessment
3. Planning for Quality Individualized Family Service Plans (IFSP)
4. IFSP Implementation and Data-Driven Progress Monitoring
5. Coaching Practices as the Adult Interactional Style

The Project relies on the use of distance learning technologies, used through both synchronous and asynchronous means, in order to communicate, collaborate, deliver content, and support the various regions and Project participants. The online tools include Kent State University's Blackboard course management system to provide modules to Project participants; a website with Project information developed via Weebly (a free online tool for website creation), Wiggio (an online collaborative workspace) for sharing module information and other resources with regional teams of EI practitioners; the virtual Dropbox for video file sharing; and Adobe Connect for web-conferencing, to allow content sharing and synchronous or "live" coaching.

Lastly, the Project was built around supporting practitioners in both the implementation of evidence-based early intervention tools and strategies, and using coaching as an interactional style among the team members. The coaching format utilized in the Project is outlined in Table 2. Coaching practices are a critical part of the professional development of practitioners and a tool for fostering the relationships between EI practitioners and family members.

Table 2. Format for coaching in the supervision process (adapted from Hanft, Rush, & Shelden, 2004)

Stage	Description
Initiation	• Identify coaching opportunities • Clarify the purpose and outcomes of coaching • Identify and address any barriers to making the coaching process effective
Reflection	• Assist the learner in discovering what he or she already knows or needs to discover about the topic through the use of effective questioning and active listening
Observation or Action	• Observe the learner in an activity related to use of targeted skill • Provide opportunity for learner to observe the coach using targeted skill • Allow the learner to practice the targeted skill with the coach present

Reflection and Performance Feedback	• Ask the learner about the skill or activity observed or practiced
	  – What went well?
	  – What would you do to improve on the practice?
	  – How will you do this under different conditions, circumstances, or in different settings?
	• Provide feedback on observation and/or action; feedback should be:
	  – descriptive, specific, directed toward changeable behavior, concise, and checked for understanding or clarity (Friend & Cook, 2010)
	• Share information, resources, and supports (as necessary)
	• Confirm the learner's understanding
	• Review what has been discussed or accomplished
	• Plan new actions or strategies to observe and/or implement between coaching sessions

In summary, the progression from initial exposure to adaptation and long-term practice depends heavily on the practitioner's skills and confidence in executing the skills, as well as a vision of how such skills can be integrated into ongoing EI practitioner activities. In addition to the initial training, substantial hands-on coaching and practice are necessary parts of the Project.

Roles of project staff and participants. The Project was a collaborative effort between the state-level lead agencies (Ohio Department of Health and Ohio Department of Developmental Disabilities), an institution of higher education (Kent State University), and early intervention agencies in different regions of the state. The personnel for the Project include the project director, master consultants, regional coaches, and parent master coaches. The master consultants and coaches work closely together in teams to support the regional EI teams. Next, the model for collaboration between the project staff and regional early intervention team participants will be described.

Master consultants. The two master consultants oversee the development of the online learning space on Blackboard, including selecting and disseminating research and practitioner-based articles from scholarly publications; rubrics to monitor coaching practices; measures for evaluating individual and program practices; relevant videos; and other materials that benefit the CoP. Each master consultant is assigned to two pairs of regional and parent coaches, and they facilitate and participate in either weekly or bi-weekly triad meetings to develop and modify work plans for providing support to interested EI practitioners, teams, or programs.

The Project involves multiple layers of coaching. The master consultants review videos of regional and parent coach pairs engaging in targeted coaching sessions with an EI practitioner. The content of the coaching is based on the EI practitioner's recorded video of

himself or herself coaching a parent or caregiver on evidence-based practices that correspond with the learning modules. Using a coaching fidelity checklist, the master consultants code the behaviors demonstrated by the coaches in supporting the EI practitioner as well as the behaviors of the EI practitioner coaching a family.

The consultants, along with the Project Director, also host the whole-group CoP sessions with all regional and parent coaches, and co-develop the content for the CoP sessions based on module topics. To facilitate collaborative problem-solving between and among participants, shared concerns are also raised and discussed during the CoP sessions. Finally, master consultants provide technical assistance and support to the regional and parent coach pairs in the development and implementation of full EI team professional development sessions as applicable.

Regional and parent master coaches. Two regional and two parent master coaches were selected for participation in the Project based on their experience and training in the coaching process through previous professional development Projects in the state. Parent master coaches have had additional preparation in coaching through state initiatives, including how to coach others to learn to coach, and as such serve as mentors to regional coaches. Coaches were paired based on their weekly availability, and they work together to teach one another about their perspectives and experiences as a practitioner or a parent of a child with a disability or delay. To that end, each coach works to model effective transdisciplinary teaming practices to the EI practitioners they support. The paired coaches work with at least one team or program, but in some instances they work with several programs, to provide coaching support to a minimum of one EI practitioner based on review of videos that capture the interactions between the EI practitioner, caregivers, and children. Programs seeking support identify program-level needs based on self-assessment tools, and the regional and parent master coaches offer technical assistance and PD to those teams based on their specific priorities and the needs of families they serve.

Additionally, paired coaches participate in the weekly or bi-weekly "triad" meetings with their master consultant via phone conference, as well as monthly coaching sessions with selected EI practitioners. During triad calls, coaches reflect on their practice, share successes and challenges, discuss new learning, and receive performance feedback on their coaching practices with the EI practitioner. Each EI practitioner is part of a team that supports families and children, and as such it is expected that the EI practitioner will share their learning with team members during meetings. The cycle of interactions during each module are summarized in Figure 3.
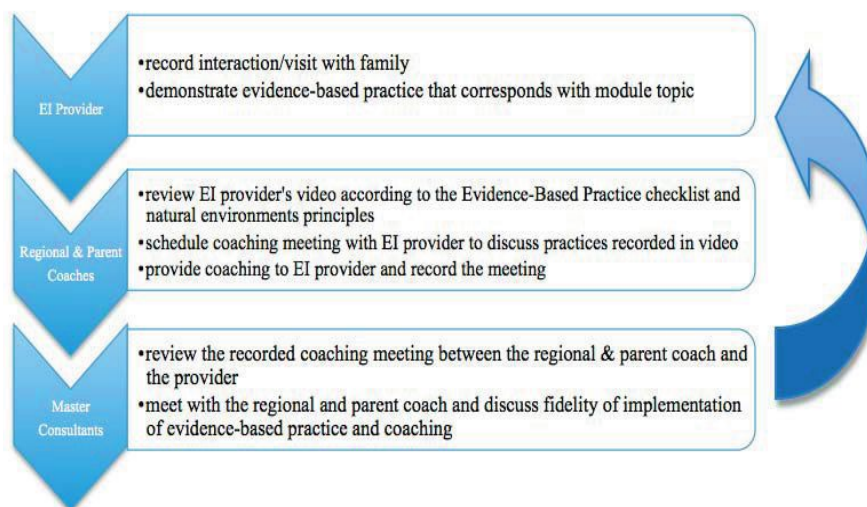

Figure 3. Summary of Interactions between Consultants, Coaches, and EI Practitioners

In summary, the ongoing cycle of self-assessment, planning, goal setting, practice, and coaching is designed to increase practitioners' fidelity to evidence-based practices and improved outcomes for children and families.

Conclusions

1. The aim of the Project was to create a Community of Practice as a framework for high-quality professional development for regional EI coaches throughout the state, who in turn will support EI practitioners and programs toward evidence-based practices. While organizational-level implementation issues are not covered in the scope of the Project, it is speculated that variations in the amount or quality of professional development and training activities may be important to EI practitioner fidelity and family- or child-level outcomes. Measurement of the organizational features may provide useful information and help guide the next steps in the implementation process at each program in the state of Ohio. Upon completion of the Project and analysis of the data that emerge, it is predicted that the EI practitioner-level data might be a critical predictor of family and child outcomes, showing that programs with higher fidelity of implementation produce better outcomes. In addition, programs can continue using the Project modules as well as evaluation instruments to further improve practice even after the end of the Project period. Program evaluation instruments can be used in an effort to maintain the impact of training and monitor progress in an ongoing manner, for long-term changes that will truly enhance outcomes for children and families. Simply stated, families and children do not benefit from interventions they do not experience.

2. The goal of early childhood intervention is to provide supports and services to the child and family. Early intervention practitioners play a critical role in the process of family empowerment and helping families to advocate for their child. Early childhood intervention by definition is relationship-based as families work together with the practitioners as equal partners to design a service plan that is responsive to family priorities and child needs. Parents and caregivers are the experts on the unique characteristics of the child and invaluable informants on the child's strengths, interests, and abilities, as well as the naturally occurring learning opportunities that exist in the child and family's life. The contemporary model of early childhood intervention is family-centered, and these adult-to-adult interactions between caregivers and professionals can significantly influence the family's well-being, parenting skills, and positive parental perceptions of their child's behavior (Dunst, 2007). Through strengths-based, empowering practices, the use of evidence-based intervention within natural learning opportunities and the coaching approach to support parents and caregivers, families themselves drive the early intervention process and become agents of change. Ultimately, early intervention aims to support young children and families to participate meaningfully not only in immediate family activities but also in educational, social, and recreational contexts within their communities for improved quality of life.

3. As the demands for early intervention practitioners have shifted and the recommended and evidence-based practices are becoming more clearly defined, practitioners need ongoing support in the implementation of the state-of-the-art practices. While the Ohio Project hypothesizes a relationship between professional development and the fidelity with which intervention is provided to the family and child, intervention effectiveness is difficult to test. Importantly, however, ongoing and high-quality professional development has been identified as an important "driver" (Fixsen, et al., 2005) to support the quality of early intervention practices. Globally, the field of early childhood intervention needs effective professional development models and approaches to support practitioners' competence and promote successful family outcomes. Professional development research needs to define the core components and intervention dosage in more detail as we try to find usable and practical solutions for increased fidelity of intervention implementation.

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Empowering Families: The Early Intervention in Natural Environments Professional Development Community of Practice Project in Ohio

Summary

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In both Europe and the United States of America, early childhood intervention services are provided to young children with disabilities or, in some cases, who may be at risk of not reaching developmental milestones. Although there is great variability in how early childhood intervention systems are developed, administered, and implemented in different countries, the aims of early childhood intervention are similar – to improve young children's developmental outcomes by offering targeted services or supports. Furthermore, most policies governing systems of early childhood intervention recognize the importance of including families and caregivers as partners on a team of service providers that each have expertise in specific areas of development (IDEA, 2004; United Nations Convention on Rights of People with Disabilities, 2006). Organizations that recommend best practices in the field also strongly emphasize a family-focuse approach as integral to successful intervention (Division for Early Childhood, 2007; Meijer, Soriano, Watkins, 2007; Soriano, 2005). In order to involve families in early childhood intervention and to help families meet their needs, early childhood intervention practitioners should seek to fully understand families' needs and priorities. Equally important is to establish a collaborative partnership with families to assist them in identifying child- and family-level outcomes that are relevant and meaningful to them. The role and support of early childhood intervention practitioners is critical in the process of family empowerment.

In the United States, Early Intervention (EI) is provided as a comprehensive system of supports for infants and toddlers with developmental delays or who are at risk for disabilities. Early Intervention is supported by federal funds and governed by Part C of the Individuals with Disabilities Education Act (IDEA, 2004), and each state in the country applies annually to continue to receive funding. State funding is determined by formulas that consider in large part the extent to which the state meets targeted national indicators of quality and compliance. U.S. Congress has reauthorized the EI program multiple times since the initial establishment in 1986 with increasing emphasis on improving quality of life, educational outcomes, and positive family functioning. Given the fact that the federal program is designed for the youngest members of the society, parent and caregiver participation is required by law, its effectiveness is demonstrated by evidence-based research, and family-focused service provision is advocated for by major national early childhood professional organizations.

The next section describes current recommended practices, namely EI in natural environments and the transdisciplinary team model, to set the stage for the shifts in practices in the United States in general and in one state in particular. Along with the changes are the current challenges in the field,

specifically the training needs of practitioners to deliver services according to the practices recommended by research. Finally, a description of one state's response to local needs in the form of a professional development model that targets increased practitioner competence and ultimately, family empowerment is provided.

As the demands for early intervention practitioners have shifted and the recommended and evidence-based practices are becoming more clearly defined, practitioners need ongoing support in the implementation of the state-of-the-art practices. While the Ohio Project hypothesizes a relationship between professional development and the fidelity with which intervention is provided to the family and child, intervention effectiveness is difficult to test. Importantly, however, ongoing and high-quality professional development has been identified as an important "driver" (Fixsen, et al., 2005) to support the quality of early intervention practices. Globally, the field of early childhood intervention needs effective professional development models and approaches to support practitioners' competence and promote successful family outcomes. Professional development research needs to define the core components and intervention dosage in more detail as we try to find usable and practical solutions for increased fidelity of intervention implementation.