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BENEFITS OF EARLY INTERVENTION AND FAMILY-CENTERED PRACTICES FOR
CHILDREN WITH COMMUNICATION DISORDERS

by

Brittany Carnes

B.S., Western Kentucky University, 2009

A Research Paper

Submitted in Partial Fulfillment of the Requirements for
the Master of Science

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in the Graduate School

Southern Illinois University Carbondale

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RESEARCH PAPER APPROVAL

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Fulfillment of the Requirements

for the Degree of

Masters of Science

in the field of Communication Disorders and Sciences

Approved by:

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Language disorder is defined by the American Speech-Language-Hearing Association (ASHA) as difficulties with either receptive or expressive language. Language disorders can be present in both children and adults and may occur from medical issues such as cerebral palsy, Fragile X syndrome, cleft palate or have no known causes (Rosetti, 2001, p. 3). Children follow a typical pattern when it comes to language development, so it is important for parents to look for anything unusual during development (Owens, 2010, p. 54). Parents play a vital role during their child's development, especially when it comes to recognizing a possible problem and knowing when to reach out for services. The earlier a child receives intervention services, the more benefit there is for the child. "Research indicates that two very important contributors to recovery from a communication disorder are early identification and intervention" (Batshaw, 2002, p. 238). The responsibility of this task is in large part put in the hands of the family. This is a study of children, ages birth-five, with communication disorders to find out the importance of family-centered practices during early intervention in order to investigate the benefits to the child's development.

Literature Review

When families are presented with the life-changing issue of having children with delays or disorders of any sort, they may be overwhelmed with concerns for their children. The parents ask themselves numerous questions regarding their future and the future of their child such as: What does this mean? How will this affect my future? Can the problem be fixed? Is it something I did? Often parents are not prepared when they encounter difficult decisions regarding their child. Parents are expecting their child to develop typically and are frequently not properly informed about what to do when something goes wrong. "There is a growing awareness of the importance of focusing on communicative prevention of communication disorders" (Popich, Louw, & Eloff, 2006, p. 676). Communication skills are critical for a normal and productive life. It is a basic function that is necessary for survival. A child's inability to communicate effectively could result in negative behaviors that could affect social development, interpersonal relationships, the ability to learn, and independence (Division of Speech Pathology at Cincinnati Children's, 2011). One of the many roles of the speech-language pathologist is to provide the support, knowledge, and information regarding the children's current status to the parents.

Families play a vital role in the lives of children with communication delays. "Parents are the ones that monitor their child's development of communication skills including speech, receptive and expressive language, voice and fluency" (Skeat, Eadie, Ukoumunne, & Reilly, 2010, p. 878). It is parental concern that has played a role in recognizing and identifying developmental delays as well as professional opinion and standardized testing (Batshaw, 2002, p. 581). Parents are the constant in their children's lives and the outcomes of intervention ultimately rely on the family. Previously, the focus of therapy and intervention services has been on the child. However, this idea has shifted to include the family as a major role in intervention. Families are responsible for carrying out the essential daily treatments necessary for improvement in the child's life and families have a profound impact on their child's development. Parents are commonly acknowledged as children's first language teachers (Roberts & Kaiser, 2011, p. 180). Parents help to provide therapists with a wealth of knowledge about the child, such as strengths, nature of daily routines, interest, strategies that may or may not work, and whether the strategies fit the culture and values of the family (Woods, Wilcox, Friedman, & Murch, 2011, p. 380). All of this information will help to aid in the facilitation of

intervention services (Woods et al., 2011, p. 380). It is important for language and communication skills to develop, to help create a language rich environment for the child (Centre for Excellence and Outcomes in Children and Young People's Services, 2010, p. 4).

During children's first few years of life, they grow and develop at tremendous rates. This is a time when the majority of their speech and language skills are developing, which makes it a critical and vulnerable period (Owens, 2008, p. 66). During this time, the continuous learning influences how the brain develops (Owens, 2008, p. 66). It is essential for early intervention to occur at this point to help take advantage of the growth happening within the brain (Batshaw, 2002, p. 579). Neurons are forming connections in a child's brain that will be maintained throughout a child's lifetime (Batshaw, 2002, p. 579). Due to the developmental plasticity in the brain, children's unique biology can be sculpted by the nurturing, support, and stimulation provided by their environment such as family and community (Batshaw, 2002, p. 579). As with any problematic issue, the sooner treatment can occur, the more positive the outcome. Early treatment can help to ameliorate the impact of the impairment (McConkey & Cassidy, 2010, p. 20). Early intervention helps to avoid a lot of personal suffering,

reduce social problems and generally it is less expensive than remedial services (Centre for Excellence and Outcomes in Children and Young People's Services, 2010, p. 2). It is important to educate parents and make them aware of benefits they are providing for their child by using early intervention services.

Intervention at Birth

Intervention for families can begin as early as birth. When children are born and are placed at risk or established risk they are typically in need of some kind of early intervention services. An increase in knowledge has helped to identify problematic areas in children sooner, and has also been able to anticipate problems that may occur (Centre for Excellence and Outcomes in Children and Young People's Services, 2010, p. 2). Preterm infants are often lacking in numerous areas of development that affect communication. A team of early interventionists are responsible for educating the parents on what to expect and what it is like to have an infant in the Neonatal Intensive Care Unit (NICU). Part of the early intervention team includes a speech language pathologist (SLP). The SLP is knowledgeable about different disorders and conditions such as cerebral palsy and fetal alcohol syndrome that are common in infants in the NICU. Once the disorder or

condition is identified, the SLP can look at characteristics that affect the infant's developing speech and language. Not only do SLPs prepare families for possible speech and language delays, they also help inform parents of possible feeding issues due to premature birth.

Preterm infants are at risk for not forming one of the fundamental steps in communication: attachment. Infants in the neonatal intensive care unit (NICU) are lacking both the ability and opportunity to form attachment (Rossetti, 2001, p. 51). At this point in an infant's life, they must focus on self regulation for survival before they can focus on some form of attachment (Rossetti, 2001, p. 51). When an infant and parent cannot initially form this attachment, the early interventionist (EI) intervenes (Rossetti, 2001, p. 52). It is the EI's job to help the infant and parent begin to build a relationship (Rossetti, 2001, p. 52). They will look and see if the mother has the confidence in meeting the baby's needs and if they appear frustrated in any way (Rossetti, 2001, p. 53).

Parents of preterm infants tend to feel an aversion to their newborns and report feeling inadequate and dangerous toward their children because of the many issues that are present in newborns (Rossetti, 2001, p. 61). It is important to encourage parents and show them ways to interact with their

child to make them confident. Parents need to be reinforced on their actions so that the early forms of communication can take place. Setting attachment and interaction with an infant will help to establish the foundation for further communication (Rossetti, 2001, p. 55).

It is essential to address parent concerns when they have an infant in the NICU. This is done to help transition home and where to go once discharged from the NICU. According to ASHA guidelines, it is within the SLPs scope of practice to "provide public education and advocacy for serving infants and families in the NICU" (ASHA, 2004, p. 5). The SLP can provide the parents with positive reinforcement about what they are doing correctly when taking care of their child. It is important that the SLP provides support for the families, and educates the parents to report observations regarding typical and atypical behaviors as the child grows. This allows parents to become aware of any further problems that may arise and when to contact the SLP for more interventions. This greatly increases a child's chances of becoming successful at communication in the future by identifying problematic areas early. In a study done by Popich et al. (2006) "87.5% of participants felt that information on infant communication development should definitely be readily available to parents" (p. 682). In the same study, 84% of

parents' felt as though their knowledge of communication development was insufficient (Popich et al., 2006, p. 686). Collaboration between the families, early interventionist, and the NICU staff is vital in providing families with appropriate information and services available to the families (ASHA, 2004).

Intervention Service Delivery

Recently there has been a shift in the way that intervention services are delivered. In the past, the primary focus of intervention was the developmental needs of the child. "The SLP's focus for intervention has shifted to put more emphasis on supporting family participation in planning and implementing intervention" (McBride & Brotherson, 1997, p. 254). The current focus is to look at the family as a whole unit and take into consideration the needs of the family and how to work together to achieve the best results for intervention. The new change provides children opportunities to gain more enhanced learning and developmental skills with everyday enrichment opportunities by support and help to families (Cheslock & Kahn, 2011, p. 10). Major influences to consider when working with families include social or economic factors, reciprocal influences on families, and priorities of family. These aspects differ from family to family depending upon each family's unique culture and circumstances (Cheslock & Kahn, 2011, p. 10).

SLPs need to identify the family's social and economic factors when providing care to the child. For example, one study examined 30 mother-child interactions in the context of their social class and early age family intervention effects (Portes et al., 2001, p. 241). Early interventions have varied significantly in levels of parental involvement. This study examined the potential long-term impact of one intervention which stressed family involvement in attempting to take full advantage of the development of children (Portes et al., 2001, p. 241). It explored the questions of social class diversity and early intervention effects on family interaction. Project Know-How (PKH) served as an example for parent-child centers and developmental centers to follow. PKH was funded by the U.S. government as an experimental intervention aimed at normalizing low social economical status (SES) children's rate and level of mental development. The program was a whole-family effort that attempted to stabilize and strengthen the parents' role in support of the child's development through training and support services (Portes et al., 2001, p. 242). Three components of the PKH study were the Preschool Program, the Assisting Mothers' Program and the Fathers' Program. The Preschool Program was based on the principle that children from low SES receive generally less quality of adult verbal interaction that limits

their intellectual development (Portes et al., 2001, p. 243). The children who were selected according to Portes et al. (2001) attended the preschool program five days a week for four hours each day, during which interaction with adults was frequent and structured (p. 242). The Assisting Mothers' Program was intended to involve mothers in learning situations that would strengthen them in their roles as parent, homemaker, and teacher. PKH child development centers included on-the-job training by employing each mother for 20 hours a week (Portes et al., 2001, p. 243). The mothers were able to interact with their children as well as model their interactions after the teachers. The Fathers' Program was designed to strengthen the father's role as breadwinner, parent, and husband and to prevent marital failure (Portes et al., 2001, p. 244). A lower class experimental group and a middle class group were enrolled in the intervention program and treated through several program components. Of the experimental groups, untreated middle SES and treated low SES families were more involved in communication interventions and were less punitive than untreated low SES. Mother's were interviewed on communication interventions that evaluated speech interactions between mother and child. The study indicated that mother-child interactions could be affected by socioeconomic

status, marital status of the parents, and role modeling (Portes et al., 2001, p.252).

One goal of family-centered services is to develop the parents' abilities by becoming more informed decision-makers for them to advocate for their children during collaboration with professionals (Crais, Roy, & Free, 2006, p. 366). The Education of All Handicapped Children Act Amendment was passed in 1986 and renamed the Individuals with Disabilities Education Improvement Act (IDEA) in 1991. IDEA was re-authorized in 2004 when more emphasis was put on the need for family participation in early intervention services. Programs today are required by law to consider more than just disabilities of the child but how early interventions will impact the family as a whole and the need to address and consider the child's social system. Family empowerment emphasizes families as decision makers regarding early intervention services encouraging the need for practitioners to assist parents in formulating plans that meet the concerns and priorities of the family. With changes in demographics within the United States and the variance that can occur in social characteristics between service providers and families, it becomes increasingly important to identify and respect each family's beliefs, values and customs. The key to providing family-centered services is not to identify the

perfect set of practices but to recognize the family's role in helping decide on those practices (Crais et al., 2006, p.365). The need to gain information about consumers and professional values, preferences, and expertise along with current research evidence becomes evident in identifying and using evidence-based practice in service delivery.

One focus of the Individuals with Disabilities Education Improvement Act (IDEA) is to enhance the ability of the parents to become more informed decision makers and advocates for their children through active collaboration with professionals (Crais et al., 2006, p. 366). Part C of IDEA concentrates on the early intervention services provided by EI to enhance communication. Parents need to be informed about information and choices that are available to their children, but also need to comprehend the meaning of the options and understand their rights regarding the services provided. Several studies have indicated that families are typically satisfied with early intervention services they received and feel they are generally family-centered in nature (Crais et al., 2006, p. 366). On occasion some families may not be aware of their rights or the broader range of options available regarding early intervention services and therefore have difficulty being objective on rating the services provided. Many professionals believe in family-centered principles, but

have difficulty in translating those principles into practice. Even though a family-centered service is the main focus, some providers continue to provide limited roles for parents in the decision-making process (Crais et al., 2006, p. 366). Crais et al. (2006) performed a self-rating instrument to survey 134 early intervention professionals and 58 family members, which consisted of two professionals and one family member for each child assessment. Participants were asked to identify across 41 family-centered practices whether the practice was actual practice and whether it would be important to include in future assessments otherwise known as ideal practice. Limitations that were identified in this study were that some agencies chose not to participate and some respondents did not complete all items of the survey. The results may be an under-representation of the views of the professionals and families involved in child assessments. Parental education of the sample was somewhat higher than the general population, with a larger proportion of participants with a college or advanced degree. This study may represent that parents with more formal education are more likely to seek or have access to early intervention services, or they may be more likely to respond to or be selected to participate in research studies. Usually parents with lower levels of formal education do not tend to volunteer for or

complete paper and pencil surveys (Crais et al., 2006, p. 375). Even though the professionals in this study were using a variety of family-centered practice, half of the practices revealed a clinically significant difference between their actual and ideal implementation (Crais et al., 2006, p. 375). The result of the study indicated that within the field of communication, SLPs need to expand efforts to enhance the implementation of family-centered services in child assessments.

Family Roles in Developmental Language Delays such as Autism

When a family is involved in the intervention process, McConkey and Cassidy (2010) stated, improvements in communication skills are seen within the children because of early intervention practices (p. 20). Increasing numbers of preschool children are being identified as having some form of autism spectrum condition. Children with autism spectrum conditions (ASCs) share three common impairments: problems understanding and using language to communicate, difficulty interacting socially and appropriately with people, and impairment of capacity to think imaginatively. Children usually will show signs of ASC around their second birthday. McConkey and Cassidy (2010) interviewed 72 parents whose children were diagnosed by a specialist of their recollection of early difficulties with language communication from their children (p.

20). In the interview two-thirds of parents reported their child's problems were apparent by 18 months and began showing signs of speech and communication difficulties at this time. Active parents would seek professional opinion because once a diagnosis was made it would lead to support services to help with communication disorders. McConkey and Cassidy (2010) identified a shortage of trained and experienced personnel which often led to delays in formal assessments being undertaken once diagnoses were made (p.20). A parent-led voluntary organization along with the Northern Ireland's leading autism society developed a multifaceted approach called Keyhole Early Intervention Project. The Keyhole Model developed a resource kit for parents to use providing practical teaching strategies targeted to the unique learning skills of children with ASC, along with selected toys and communication aids. Twenty-nine mothers volunteered to evaluate the kit on six different occasions along with the service providers. Mothers reported that their child improved in communication skills and interactions with others. McConkey and Cassidy (2010) identified that communication, speech and language difficulties are invariably a feature of children with autism (p.20). Most children acquire these skills through naturally occurring interactions within their families and later within the

community. Children with autism need structured teaching using visual learning and the Keyhole model developed a home-based early intervention program that implemented these aspects. The Keyhole home intervention was delivered to 35 families through 15 to 18 home visits over an average of a nine month period. The training was delivered by two specially trained early intervention therapists trained in speech and language. Measurements were taken of the children's development and maternal well-being before, at three months, and after the intervention. Children who received the intervention showed significant improvements in communication skills, and mothers showed improvement in terms of health. The results showed that the trained therapists spent a maximum of 36 hours at a home-based intervention, which would be less time spent by other intervention approaches. Home-based interventions can be a cost-effective means of reaching families in the preschool years to improve communication skills. When preschool children start attending playgroups and nursery schools it is an opportunity for them to socialize and develop communication skills. The Keyhole model developed a ten-hour training course for personnel in preschool facilities to increase their knowledge on intervention strategies that are effective in assisting young children to achieve their full potential (McConkey & Cassidy,

2010, p. 21). Implementing strategies provided by the Keyhole model is in line with best practices to provide early intervention to improve communication skills among children with developmental difficulties.

Cheslock and Kahn (2001) acknowledged that "clinicians who train and coach caregivers to implement supports have positive effects on child language and communication outcomes and a decrease in parental stress over the need to find extra time in which to conduct treatment" (p. 10). Their study explored teaching parents several strategies to target routines within their child's daily activities. The teaching strategies that were selected consisted of arranging the environment, using natural reinforcement, time delay, imitating contingently, modeling, and gestural/visual cuing. The interventionist selected five preschool children ages two to six and at least one of the parents in the family's household to perform the teaching strategies. A systematic selection of intervention routines were chosen and embedded into multiple routines of the child and parent. Eighty-nine percent of the parents demonstrated proficient use of teaching strategies and communication outcomes. The study added evidence indicating that parent-implemented interventions are successful in facilitating communication outcomes in young children with disabilities

(Cheslock & Kahn, 2001, p. 13). Tomasello, Manning, and Dulmus (2010) recommended that interventionists need to evaluate the families values, customs and beliefs when seeking engagement from parents in goal-setting processes (p.168).

Kashinath, Woods, and Goldstein (2006) expanded that "the carryover of teaching strategies helps to create generalization and transfer of knowledge with other family members as well as help to maintain a skill" (p. 482). When parents are involved in the intervention techniques, they can monitor the child at home and help to ensure that the skill is being practiced in the correct manner. Roberts and Kaiser (2011) demonstrated that when parents helped to implement therapy, they reported their children said 52 more words than parents in the control group (p. 192). The study selected children between 18 and 60 months of age with primary and secondary language impairments. Roberts and Kaiser (2011) identified limitations within the study which was critical in the parent-implemented interventions (p. 195). The limitations identified depended on how the parent was trained, how much training occurred, and subsequent parental use of language support strategies (Roberts & Kaiser, 2011, p. 195). This shows the importance of training given to parents during early language intervention and the effectiveness of parents when trained to implement therapy. Kashinath et al. (2006) used

a similar design and taught language intervention strategies that increased parent's participation in their child's therapy (p. 467). The effects of parent training on child outcomes are difficult to interpret because of an independent variable such as teaching parents to use intervention strategies that could be manipulated based on changes in parent behavior rather than on changes in child language (Kasinath et al., 2006, p. 482).

Intervention Strategies

Family centered services is defined by Chao, Bryan, Burstein, and Ergul (2006) as early intervention specialists treating families with respect, sharing information with parents, and providing individualized services for their children (p. 147). Family-centered services have received strong support from the Individuals with Disabilities Education Act (IDEA) which mandates that assessments and interventions be carried out within reliable learning experiences. The purpose of the study performed by Chao et al. (2006) was to "examine whether active parent engagement in selecting and using routine-based activities has a positive effect on their children's language" (p. 147). The assessments and interventions were conducted using family-centered partnerships to empower the parents to select activities that would promote their child's language development. Forty-one children were selected ranging

from 3 to 5 years of age from three developmental preschools as being at-risk for language problems. In this study, participants were randomly assigned to either a control or intervention group. Parents who were part of the intervention group received training, were the control group did not. The routine based activities were derived and designed to promote children's language and behavior skills as well as pre-reading and early literacy skills. Many of the routines presented by Chao et al. (2006) were implemented as part of typical daily activities. The measurements used by Chao et al. (2006) were the Test of Early Language Development-Third Edition (TELD-3), Eyberg Child Behavior Inventory (ECBI), and Analysis of the Covariance (ANCOVA's). The TELD-3 is a standardized instrument for assessing receptive and expressive language in children aged 2-7 (p. 150). The ECBI was another measurement tool used to identify parent-rating scale of conduct behavior reported by parents of their children (Chao et al, 2006, p. 150). ANCOVA was used to examine the children's language development and behavior using the two measurement tools. The TELD-3 showed higher scores in receptive language among children in intervention groups than those in control groups. The ECBI intensity scale indicated better child behavior in children in the intervention group than those in control groups. Chao et al. (2006) stated that, "early

intervention research demonstrated family involvement produced positive effects on children's physical, cognitive, social, and language skills, and tended to foster a sense of personal control as well as self efficacy in parents, and increased parents' satisfaction with services" (p. 147).

Resources

Often times when families speak with individuals who are knowledgeable about early development, communication and language, and take advantage of the services available to them, they are more likely to see greater progress in areas of development than those without similar opportunities (Sass-Lehrer, 2011, p. 3). Part C of IDEA has acknowledged more than 300,000 children between birth to 36 months are eligible for early intervention services when identified with risk factors for developmental delays (Paul & Roth, 2011, p. 331). Paul and Roth (2011) stated that, "Part C services indicated on average, that families reported an initial concern when their child was 7.4 months of age, a diagnosis was made approximately 1.4 months later, and a referral for EI was completed 5.2 months after the diagnosis" (p. 332).

Sass-Lehrer (2011) refers to the family-centered philosophy which provides the foundation for programs and practices in early intervention (p. 3). Most communities have some sort of

early childhood services at their disposal. These programs are responsible for identifying and evaluating infants and toddlers that have developmental delays so that they can receive appropriate services as soon as possible (Batshaw, 2002, p. 581). Sass-Lehrer (2011) identified that families are entering into early childhood services earlier than before and spending more time in these programs, which helps the families to gain understanding of their children's progress (p. 10). Early enrollment in birth to three programs has been linked to better outcomes for children (Sass-Lehrer, 2011, p. 3). Sass-Lehrer (2011) identified children who were enrolled in Parent Infant Programs prior to 11 months of age and whose families were involved performed better on vocabulary and verbal reasoning skills than those whose parents were less involved (p. 3). By doing this, families can get the support needed to provide a supportive home environment and obtain comprehensive information from specialist to help their children in the most effective way (Sass-Lehrer, 2011, p. 3).

Parents are at times unaware of available services for their children (Skeat et al., 2010, p. 879). A survey performed in rural areas identified barriers to accessing speech pathology services such as lack of knowledge of services, unavailable services, and cost of traveling long distances. These findings

concur with a similar study reporting families living in poverty and minorities were more likely to want additional services, more involvement throughout the process, and easier access (such as transportation) to services (Woods et al., 2011, p. 381). It is the professional and community's responsibility to provide early intervention services throughout the process of a child's development. Woods et al. (2011) revealed that "more than 20% of the total family members surveyed reported a desire for more involvement in decision making, especially in determining goals and services for their child" (p.381). Parents expressed how positive their commitment to the plan of care was enhanced when the SLPs and parents collaborated with one another (Woods et al., 2011, p. 381).

Family Centered Practices

When language intervention is delivered early in life, families are still coming to terms with their child's diagnosis and may seek a variety of interventions such as speech-language, occupational, and physical therapy (Ronski et al., 2011, p. 111). Ronski et al. (2011) focused on how parents' perception of their child's language development can be affected by participation in early language intervention and child intervention outcomes (p. 111). Fifty-three parents participated in the study and completed the parent report measures at both

pre and post intervention. The measure used to evaluate the parents perception of language intervention was the Parent Perception of Language Development. The children of these parents were between the ages of 20 to 40 months with speech and language impairments who spoke fewer than 10 words. The parents and children were randomly assigned to one of three interventions: augmented communication input (AC-1), focusing on augmented language provided by the parent; augmented communication output (AC-0), focusing on augmented language production skills; and the spoken communication (SC) interaction, focusing on non-augmented oral communication skills (Ronski et al., 2011, p. 113). The goal of having three interventions was to increase child vocabulary use with the parent in a structured environment. Intervention protocol manuals were given with weekly assignment goals for the parent, interventionist, and the child. In the first eight sessions, the parent and the speech language pathologist observed the interventionist and child. Beginning the ninth session, parents joined the session in the last 10 minutes receiving ongoing coaching by the interventionist to implement the intervention protocols. On the 15th session parents led the entire 30 minute sessions and eventually conducted home-based intervention protocols (Ronski et al., 2011, p. 114). The measurement of

targeted augmented and spoken words used by the child was the Systematic Analysis of Language Transcripts. After participating in three months of parent-coached language intervention the parents' perception of success was more positive in communication interactions with their children.

This study emphasizes the importance of family involvement in early language intervention. Perception of parents in their children's language development is useful in providing family-centered services. Incorporating parent's perception allows the therapists to tailor language treatment to each individual family. Language intervention may not only help the child communicate but also positively affect parent perception of language development (Ronski et al., 2011, p. 117).

Future Investigations

The focus of current research discusses young children and family based therapy programs. Further research should look at what programs are available for older children and how families are affected as their children grow older. It would also be beneficial to look at how the family structure affects enrollment into EI programs. Another factor to consider would be how to differentiate between single parent homes versus a married couple receiving services for their child. These factors combined would help to gain a more comprehensive view of the

benefits of early intervention and family involvement in therapy of young children with communication delays.

Conclusion

Current research indicates there is a positive outcome in children with communication delays by taking advantage of family support and early intervention services. It is recognized by SLPs the importance of family involvement during intervention for children to gain optimal benefits. Families have an important role in the overall success of a child with communication delays. With collaboration of intervention team members and families, everyone is working toward a common goal for the child.

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