

*Second Conference of the International Society on Early Intervention,
Zagreb, Croatia, June 14-16, 2007*

PAPER

**The nature and role of relationships
in early childhood intervention services**

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As our understanding of the nature and neurobiology of early childhood development continues to deepen, the vital role played by relationships has become increasingly apparent. What has also become clear is that, not only do children develop through their relationships with parents and carers, but relationships continue to be of central importance to people's ongoing development and well-being. Therefore, the relationships that parents have with others, including professionals, have a significant effect on their ability to function well as parents.

This new understanding has profound implications for human services. It means that relationships are both a focus of intervention and the means through which intervention is delivered. Thus, the relationships between parent and child or caregiver and child are an important focus of intervention, while the relationship between service provider and parent or service provider and child are the means through which change occurs. This paper explores what this relationship-based approach to service delivery involves, what the key features of effective relationships are, and why parallel processes (and the cascade of parallel processes) are important. The paper concludes with a consideration of the implications of this new understanding for early childhood intervention services. There are implications for service delivery (there needs to be a focus on the parent/child relationship as well as on the service provider/parent relationship); for staff support (there is a role for mental health specialists as consultants, and for staff managers); for training (staff need training in helping / counseling skills, family-centred practice, and relationship-based practice); and for research (to assess the efficacy of early childhood intervention services, we need to monitor the quality of relationships between service providers and parents, as well as the impact of intervention on parent/child relationships and on child behaviour and functioning).

INTRODUCTION

As our understanding of the nature and neurobiology of early childhood development continues to deepen, the vital role played by relationships has become increasingly apparent. What has also become clear is that, not only do children develop through their relationships with parents and carers, but relationships continue to be of central importance to people's ongoing development and well-being. Therefore, the

relationships that parents have with others, including professionals, have a significant effect on their ability to function well as parents.

SUMMARY OF EVIDENCE REGARDING RELATIONSHIPS

Elsewhere (Moore, 2006a, 2006b), I have synthesized evidence about the impact that relationships of various kinds have on those involved, and identified a number of features that characterise effective relationships of all kinds. This paper begins by summarizing this argument, and then proceeds to analyse the implications for early childhood intervention services. In brief, the argument is as follows:

- Relationships matter
- Relationships affect other relationships
- Relationships form a cascade of parallel processes
- Effective relationships at all levels share common characteristics
- Relationships change brains

We will look briefly at each of these points.

■ *Relationships matter*

There is strong evidence that the relationships of all types have a significant impact on the development and well-being of those involved. This applies to the relationships between parents and children, caregivers and children, parents and caregivers with children who have disabilities, teachers and children, professionals and parents, managers and staff, staff and colleagues, and trainers and trainees. It also appears to be true (although the evidence is less clear cut) of relationships between professional agencies and communities, and between government and professional agencies or service networks.

Of all the relationships to be considered, the importance of that between parents and their young children is the one for which we have most evidence. This evidence shows that young children develop through their relationships with the important people in their lives (Bronfenbrenner, 1988; Gerhardt, 2004; National Scientific Council on the Developing Child, 2004; Richter, 2004). These relationships are what Jack Shonkoff and colleagues (National Scientific Council on the Developing Child, 2004) call the 'active ingredients' of the environment's influence on healthy human development. This process is evident in all cultures, regardless of differences in specific child care practices (Richter, 2004).

Within the early childhood intervention field, the importance of the relationship between the workers and the parents has long been recognised (Dunst, Trivette and Deal, 1988; Dunst and Trivette, 1996; Hornby, 1994; Kalmanson and Seligman, 1992). As Hornby (1994) put it,

'The competence of professionals in working with parents is as important as expertise in their own professional areas in determining the effectiveness of their work with children with disabilities.'

The importance of collaborative parent-professional relationships is central to family-centred practice, the key philosophy underpinning early childhood intervention service delivery (Moore and Larkin, 2006; Turnbull, Turbiville and Turnbull, 2000; Turnbull and Turnbull, 2000). The key message is that *how* early childhood intervention services are delivered is as important as *what* is delivered (Dunst, Trivette and Deal, 1988; Pawl and St. John, 1998). On the basis of a detailed analysis of what makes early childhood interventions work, Berlin, O'Neal and Brooks-Gunn (1998) conclude that

'... the most critical dimension of early interventions is the relationship between the program and the participants. The benefits of program services will not be fully realised unless the participant is genuinely engaged' (p. 12)

■ ***Relationships affect other relationships.***

Parallel processes operate at all levels of the chain of relationships and services, so that our capacity to relate to others is supported or undermined by the quality of our own support relationships.

The concept of ***parallel process*** will be familiar to those who work in infant mental health or social work. In these fields, it refers to the way that the relationship between a professional and a client parallels the relationship between the client and others in their lives, and therefore has the capacity to strengthen or weaken such relationships. Thus, there is a flow-on effect, in which relationships influence relationships (Johnston and Brinamen, 2005).

This flow-on effect can be seen in the relationships between early childhood professionals and parents of young children:

'People learn how to be with others by experiencing how others are with them. This is how one's views and feelings (internal models) of relationships are formed and how they may be modified. Therefore, how parents are with their babies (warm, sensitive, responsive, consistent, available) is as important as what they do (feed, change, soothe, protect, teach), and how [professionals] are with parents (respectful, attentive, consistent, available) is as important as what they do (inform, support, guide, refer, counsel).' (Gowen and Nebrig, 2001, p.8)

Thus, early childhood interventionists teach parents how to relate to their young children by how they (the interventionists) relate to the parents, rather than by directly modeling parenting behaviour with the child.

One source of support for the parallel process effect is the evidence that our own ability to parent is significantly dependent upon how we were parented. Siegel (1999, 2001, 2003) summarises this evidence, showing that people's own experiences of attachment to their early caregivers (as measured by the Adult Attachment Interview) predicts how they parent their own children. This is an illustration of the general point made by Sue Gerhardt: 'You need to have an experience with someone first - then you can reproduce it.' (Gerhardt, 2004)

To convey a sense of this parallel process, Jeree Pawl (Pawl, 1994/95; Pawl and St. John, 1998) has coined a shorthand 'platinum' rule to supplement the Biblical golden

rule (that you should do unto others as you would have them do unto you). Her rule is *Do unto others as you would have others do unto others*.

This notion of parallel process goes beyond understanding that the relationship between professional and parent is important. What it adds is that the nature of that relationship needs to be informed by the important relationships that the other person has – the way we are with the person needs to reflect and model the way they need to be with others in their lives.

■ ***Relationships form a cascade of parallel processes.***

Relationships form a cascade of parallel processes from governments and societies through to parents and children. The commonalities that we found in all the different types of relationships suggest that parallel processes operate across the full spectrum of relationships, not just in the relationship between professionals and parents. They can be seen as forming a ***cascade of parallel processes***:

The way that governments relate to services ↴
parallels the way that services relate to communities ↴
that parallels the way that managers relate to staff ↴
that parallels the way that staff relate to parents ↴
that parallels the way the parents relate to children

What this notion of a cascade suggests is that relationships at all levels have flow on effects beyond immediate relationships, and that the nature and quality of all these relationships will ultimately have an impact on the relationship at the 'bottom' of the cascade, that between parent and child.

Are there any exceptions to the hypothesis that parallel processes are evident in relationships at all levels? There are at least two. One is that the ability of parents to relate effectively to their children is obviously not solely dependent upon (or even primarily dependent upon) the nature of the support they receive from professionals. On the contrary, the most important forms of support usually come from their personal networks (family and friends) rather than from formal services. However, these informal sources of support also form relationship cascades: the ability of parents to support their children is significantly dependent upon the nature of the support they receive from their personal support network, and the ability of their personal support network members to perform this role is in turn dependent upon the nature of the support they get from the broader community.

Another aspect of professional efficacy not captured by the simple cascade model is that the ability of professionals to support parents effectively is dependent not only upon the nature of the support they receive from their superiors, but also from their colleagues and their own personal networks.

Such exceptions suggest that the relationship cascade outlined above is too simple and does not capture all the factors that influence relationships at different levels. Instead, it is apparent that our personal well-being and our ability to relate effectively with others are partly the product of several relationship cascades. Nevertheless, the underlying

notion that parallel processes operate, and that these form relationship cascades still appears to be valid.

■ ***Effective relationships at all levels share common characteristics.***

There are nine key characteristics: attunement / engagement, responsiveness, clear communication, managing communication breakdowns, emotional openness, understanding one's own feelings, empowerment and strength-building, moderate stress / challenges, and building coherent narratives.

These features appear again and again in the evidence we have been considering regarding the qualities of effective relationships of different types. Each of these will be examined in turn.

- ***Attunement / engagement.*** The starting point for all effective relationships is tuning to the other person's world, understanding their perspective and experience, and establishing a personal connection. This process occurs at three levels: neurological, conscious or mental, and interpersonal.

At the *neurological level*, our brains communicate with the brains of others with whom we are interacting, whether we are aware of it or not (Cozolino, 2006; Goleman, 2006; Siegel, 2001, 2006). This results in a process of social contagion in which we 'read' the intentions and share in the moods of others. When true attunement occurs, our minds resonate with the minds of others. At the *conscious level*, there are two key skills needed for effective attunement and engagement: observation and listening. Both are complex and demanding tasks that come more naturally to some people than others, but that everyone can get better at through training and practice. At the *interpersonal level*, establishing empathic relationships lies at the heart of successful intervention and support (Cozolino, 2002, 2006; Johnston and Brinamen, 2005).

- ***Responsiveness.*** A second key feature of effective relationships is responsiveness, that is, when those involved in the relationship respond promptly and appropriately to each others' signals, communications and changing states. This can be done nonverbally (through facial expressions and body language) or through direct verbal communication. In the case of young children, responsiveness takes the form of caregivers recognising the signals the children are sending, making sense of them in their own minds, and then communicating to the children in such a manner that helps the children understand their own mental states and those of the caregiver (Siegel, 2001). The best responsiveness for babies is when parents respond to the actual needs of their particular baby, not to their own idea of what the baby might need (Gerhardt, 2004). Responsiveness is also important in relationships between adults.
- ***Clear communication.*** A third characteristic of effective relationships is clear communication. Effective communication is an essential part of a family-centred approach to service delivery (Law, Rosenbaum, King, King, Burke-Gaffney, Moning, Szkut, Kertoy, Pollock, Viscardis and Teplicky, 2003). Service providers need to learn about and practice communication skills. Such skills will allow them to listen effectively, monitor communication, build warm relationships, and support parents.

- ***Managing communication breakdowns.*** A fourth key feature of effective relationships is that those involved are able to acknowledge communication breakdowns and restore positive connections when these occur. This has been identified as important in a number of different types of relationships, including those between parent and child (Siegel, 2001) and between members of professional teams (Brunelli and Schneider, 2004).
- ***Emotional openness.*** A fifth characteristic of effective relationships is that those involved acknowledge each other's emotions, both the positive joyful ones as well as the negative uncomfortable ones. For Braun, Davis and Mansfield (2006), acknowledging feelings is a key step in the helping process. It is through the acknowledgment and sharing of these experiences that 'emotional intelligence' (Goleman, 1995) or emotional literacy (Weare, 2004) develops. This is defined as 'the ability to understand ourselves and other people, and in particular to be aware of, understand, and use information about the emotional states of ourselves and others with competence' (Weare, 2004, p.2).

The development of emotional intelligence and empathy have long-term developmental implications (Gerhardt, 2004; Goleman, 1995; Gottman, 1998; Siegel, 2001): 'A growing body of scientific evidence tells us that emotional development begins early in life, that it is a critical aspect of the development of overall brain architecture and that it has enormous consequences over the course of a lifetime' (National Scientific Council for the Developing Child, 2005). Parents and caregivers promote emotional literacy through nurturant and responsive caregiving, but they can also actively promote children's emotional awareness through 'emotion coaching' (Gerhardt, 2004; Gottman, 1998; Greenberg, 2002). This involves learning how to: be aware of a child's emotions, recognize emotional expression as an opportunity for intimacy and teaching, listen empathetically and validate a child's feelings, label emotions in words a child can understand, and help a child come up with an appropriate way to solve a problem or deal with an upsetting issue or situation (Gottman, 1998).

Our feelings and emotions are communicated to others in both conscious and unconscious ways. Conscious communication of feelings is done by telling others what we feel, and our ability to do this effectively depends upon our emotional literacy. Unconscious communication of feelings is done nonverbally through facial expressions, eye contact, tone of voice, gestures, posture, and the timing and intensity of response. We are constantly communicating our feelings in these unconscious ways, and constantly (albeit unconsciously) registering such expressions in others (Goleman, 2006). Tuning to each other's internal states links us in a state of emotional resonance that enables each person to 'feel felt' by the other (Cozolino, 2002, 2006; Siegel, 2001). Neurological and neurochemical processes make this possible.

- ***Understanding one's own feelings.*** A sixth characteristic of effective relationships, closely related to the previous one, is understanding and managing one's own emotions. A number of the other key qualities of effective relationships depend upon this ability. Human service providers need to be aware of their own emotional reactions to the people they are working with and the situations they face. This includes being aware of 'the judgments, wishes, intolerances, hot buttons, or fears that one brings or that become activated in clinical encounters' (Heffron, Ivins and Weston, 2005). It also includes being

aware of and appreciating that the internal worlds of others are equally diverse and as individually unique as our own.

We cannot avoid reacting to differences in others we meet - our first reactions are automatic reflexes, built into our brains (Miller and Sammons, 1999). What we do after our first reaction, however, is based on our learning and choices. So, although we cannot control our first automatic responses, we can learn to manage our reactions so that they do not get in the way of our work (Gerhardt, 2004). Mindfulness (or mindful awareness) can promote this capacity, and thereby improve our ability to enter into empathic relationships with others (Siegel, 2007).

- **Empowerment and strength-building.** A seventh feature of effective relationships of different kinds is that they are characterised by an emphasis on each other's strengths and competencies, rather than on weaknesses and problems (Solarz, Leadbeater, Sandler, Maton, Schellenbach and Dodgen (2004). In human services, the strength-based approach is based on the proposition that 'the strengths and resources of people and their environments, rather than their problems and pathologies, should be the central focus of the helping process' (Chapin, 1995, p. 507). The aim or outcome of this approach is that 'family members will increase their belief in their ability to learn and make changes in their family life, their ability to think and act critically with regard to life situations, and their power over negative circumstances' (Erickson and Kurz-Riemer, 1999, p. 118).

Adopting a strength-based approach is a common recommendation for a wide range of relationships, including working with children (Pollard and Rosenberg, 2002), families (Bernard, 2006; Silberberg, 2001) and communities (Perkins, Crim, Silberman and Brown, 2004; Schorr, 1997). It is also recommended in diverse areas such as early childhood intervention (Erickson and Kurz-Riemer, 1999), child welfare (Berg, 1994; McCashen, 2004; Scott and O'Neil, 1996), social work (Petr, 2004; Saleebey, 2006), and mental health (DeJong and Miller, 1995).

- **Moderate stress / challenges.** Effective relationships are characterised by moderate stress and challenges. There are a number of different angles to the stress story. The National Scientific Council on the Developing Child (2005) identifies three types of stress: *Toxic stress* refers to strong, frequent or prolonged activation of the body's stress management system. Such stress responses can have an adverse impact on brain architecture. *Tolerable stress* refers to stress responses that could affect brain architecture but generally occur for briefer periods that allow time for the brain to recover and thereby reverse potentially harmful effects. *Positive stress* refers to moderate, short-lived stress responses, such as brief increases in heart rate or mild changes in the body's stress hormone levels. This kind of stress is a normal part of life, and learning to adjust to it is an essential feature of healthy development. Adverse events that provoke positive stress responses tend to be those that a child can learn to control and manage well with the support of caring adults, and which occur against the backdrop of generally safe, warm, and positive relationships. Moderate stress is a stimulus to development and such experiences are an important part of the normal developmental process (Rutter, 2000).

Positive stress is an essential aspect of parenting: parents create moderate stress in children when they place limits upon their behaviour, and this stimulates healthy neurological and behavioural development, enabling the child to regulate their own behaviour more effectively. Positive stress is also important in healthy relationships between adults, including those between professionals and parents: sometimes it is important to challenge others.

- ***Building coherent narratives.*** The last feature of effective relationships to be considered is the building of coherent narratives, that is, telling stories that help people make sense of their lives. This process is important for young children, but also for adults. Stories are the way we make sense of the events and our lives - both the things that happen to us and the internal experiences that create the rich texture of each individual is unique, subjective sense of life (Siegel and Hartzell, 2003). Such stories are important for young children's development – the connection of the past, present, and future is one of the central processes of the mind in the creation of the autobiographical form of self-awareness (Siegel, 2001). The way adults make sense of the world has a profound effect on their functioning, including their ability to parent.

These nine characteristics of relationships have been identified because they appear repeatedly in research studies and analyses of widely differing forms of relationships. One of the possible reasons why this occurs is that all forms of relationship have a common neurobiological base. We will now look at what we have learned about the neurobiology of interpersonal relationships.

■ ***Relationships change brains***

We are changed neurologically and neurochemically by relationships, and these changes may be for the better or for the worse. We are steadily building a picture of the neurological basis for some of these core features of effective relationships (Cozolino, 2002; 2006; Gerhardt, 2004; Goleman, 2006; Schore, 1994, 2003a, 2003b; Siegel, 1999, 2001, 2006, 2007) and of what Siegel (1999) has called the neurobiology of interpersonal development. Key aspects of this neurobiological perspective are that

- children develop in the context of interpersonal relationships – early neurobiological development is determined by the quality of their attachment experiences
- later development continues to be determined by the nature of relationships – the brain can be 'reprogrammed' through positive relationships
- professional services (such as psychotherapy) can also 'reprogram' the brain

These programming and reprogramming processes involves two complementary aspects of brain functioning: hormonal and neurochemical reactions and mirror neurons.

Hormonal / neurochemical reactions are involved in all aspects of brain development and functioning (Johnson, 2004). When we are babies, the positive looks and smiles we see in our parents trigger the release of pleasurable neurochemicals (opiates) that actually help the brain to grow. These neurochemical responses, in turn, trigger an enormous increase in glucose metabolism during the

first two years of life (Schore, 1994). Relationships can also protect young children from the damaging effect of toxic hormones and neurochemicals. For instance, the relationships children have with their caregivers help regulate stress hormone production during the early years of life.

The other neurological basis of some of the core features of effective relationships are what are known as **mirror neurons**. These represent the neural basis of a mechanism that creates a direct link between the sender of a message and its receiver. Mirror neurons are found in various parts of the brain and function to link motor action to perception. Thanks to this mechanism, actions done by other individuals become messages that are understood by an observer without any cognitive mediation (Gallese, 2003; Rizzolatti and Craighero, 2004; Rizzolatti, Fogassi and Gallese, 2006). Originally identified in monkeys, there is now rapidly accumulating evidence of their existence in humans (Stefan, Cohen, Duque, Mazzocchio, Celnik, Sawaki, Ungerleider and Classen, 2005), and of the important role they may have played in the evolution of human brains and language (Ramachandran, 2000; Stamenov and Gallese, 2002).

Mirror neurons are central to creating resonance between the minds of parents and infants (Siegel and Hartzell, 2003). Mirror neurons not only enable the brain to detect the intention of another person, but also link the perception of emotional expressions to the creation of those states inside the observer. In this way, when we perceive another's emotions, automatically, unconsciously, that state is created inside us (Rizzolatti, Fogassi and Gallese, 2006).

There is some evidence that a dysfunctional mirror neuron system in high-functioning individuals with autism spectrum disorder might underlie their deficits in theory of mind and empathy (Dapretto, Davies, Pfeifer, Scott, Sigman, Bookheimer and Iacoboni, 2006; Oberman, Hubbard, McCleery, Altschuler, Ramachandran and Pineda, 2005; Ramachandran and Oberman, 2006).

The existence of mirror neurons may be one of the reasons why true intentions and feelings cannot be faked. Without knowing it, we process a host of non-verbal signals from others – facial expressions, body language – that convey information about their true feelings and intentions. The human face has 90 different muscles which in various combinations can form as many as 10,000 expressions. About half of these can provide information about our intentions (Ekman, 2004). Using this information, children are able to see when there is a gap between what parents say and what they really mean or feel.

This may lie behind the observation made by Dunst and Trivette (1996) that key aspects of help-giving cannot be faked:

‘Research indicates that help receivers are especially able to ‘see through’ helpgivers who act as if they care but don’t, and helpgivers that give the impression that help receivers have meaningful choices and decisions when they do not.’ (Dunst and Trivette, 1996, p. 337)

IMPLICATIONS FOR EARLY CHILDHOOD INTERVENTION SERVICES

The argument just summarised is based on findings that have profound implications for human services. Among other things, they tell us that relationships should be regarded

as both a focus of intervention and the means through which intervention is delivered. Thus, the relationships between parent and child or caregiver and child are an important focus of intervention, while the relationship between service provider and parent or service provider and child are the means through which change occurs.

What are the implications of this new understanding for early childhood intervention services? There are implications for how we work with children, how we work with parents, and how we work with colleagues. There are also implications for staff selection and training, staff supervision and support, and for research.

Implications for working with children

- ***All those involved in working with young children with disabilities – parents, caregivers, early childhood interventionists – should seek to establish relationships with these children that reflect the key qualities of effective relationships.*** It is the combined effect of such relationships that will ensure the effectiveness of interventions.

Certain disabilities appear to make it more difficult to establish attuned and responsive relationships with children. Developing relationships with children who are autistic or deaf or blind or severely communication impaired presents challenges. But meeting those challenges lies at the heart of effective intervention, so must be a priority.

An approach that exemplifies this strategy is the ***gentle teaching approach*** developed by John McGee and colleagues (McGee, Menolascino, Hobbs and Menousek, 1987; McGee and Menolascino, 1991) in work with people who have intellectual disabilities. This approach is based on teaching such people the pleasures of human interaction.

This emphasis on the importance of relationships may also cause us to rethink some of the strategies and interventions that seek to teach children functional skills but do not place any particular emphasis on building a relationship.

- ***An important focus of early childhood intervention should be to help parents develop attuned and responsive relationships with their children and to promote secure attachments between them.*** An example of this approach is the relationship-based model used by Marvin and Pianta (1992) in studying the development of self-reliance in preschool children. They found that, within the group of children with cerebral palsy, differences in self-reliance are as much related to a child's relationships with family members as they are to differences in specifics of the child's physical disability. They suggest that attachment theory and the procedures used in attachment research may provide powerful tools for studying individual differences in quality of life outcomes.

Implications for working with parents

- ***Services and service systems should be relationship-based.*** This means that they should be based on a recognition of the importance of building positive relationships with families as well as between professionals, and an awareness of how these relationships flow through to other relationships, including that between parents and children.

This approach is called **relationship-based practice** within the infant mental health field (Heffron, 2000; Ruch, 2005; Weston, Ivins, Heffron and Sweet, 1997), and its relevance to early intervention services for children with developmental disabilities and delays is being increasingly recognised (Edelman, 2004; Gilkerson and Ritzler, 2005; Wilcox and Weber, 2001).

According to Heffron (2000),

‘... relationship-based preventive intervention is a way of delivering a variety of services to infants, toddlers, and families that includes a focus on the importance of parent-child interaction, knowledge of how parallel process or how the staff-family relationship influences the family-child relationships, and the deliberate use of the intervenor's self awareness in working with infants and families where relationships are at risk’ (p. 16).

This approach seeks to integrate a focus on the parent-child relationship and a focus on the professional-parent relationship. Weston, Ivins, Heffron and Sweet (1997) suggest that making relationships central to all that early childhood intervention services do constitutes a paradigm shift in how such services work, moving us beyond what they call additive models of service. The centrality of relationships acts as a ‘unifying principle for theory, service models, program evaluation, and efficacy research’ (p. 10).

How new is this idea of relationship-based practice? As we have seen previously, early childhood interventionists have known for a long time that the quality of the relationship with parents is an important contributor to effectiveness – that *how* we deliver services is as important as *what* we deliver (Dunst, Trivette and Deal, 1988; Dunst and Trivette, 1996; Hornby, 1994; Kalmanson and Seligman, 1992; Moore and Moore, 2003). Early interventionists have also long been aware of the importance of adopting a transactional approach to understanding and working with families of young children with disabilities (Bromwich, 1978, 1997). What is new – to many early childhood interventionists, at least – is the notion of parallel process. This clarifies and expands our understanding of what we are seeking to do when we are working with families. Another notion that throws fresh light on how we function is the idea that relationships of *all* kinds affect our ability to support families effectively – not only relationships with our supervisors, but also with our colleagues, our friends, and our families.

- ***The quality of the services provided by early childhood interventionists and of the relationships they develop with children and parents should be regularly monitored.*** By seeking and acting on regular feedback from parents and others, early childhood intervention service providers and agencies can significantly improve the effectiveness of the support they give.
- ***There should be an infusion of mental health practices into early childhood intervention services.*** Because social-emotional health is such an important factor in children's development and because relationships are so critical to early childhood intervention, we need to integrate effective mental health services into other systems and programs that support young children (Foley and Hochman, 2006; Johnston and Brinamen, 2005; Perry, Kaufman and Knitzer, 2007).

Implications for working with colleagues

- ***The importance of supportive collegiate and supervisory relationships for effective delivery of services to families needs to be recognized.*** The importance of supportive relationships among practitioners has long been recognized as important to effective early intervention service delivery (Brunnelli and Schneider, 2004; Edelman, 2004; Pilkington and Malinowski, 2002). Without close communication and collaboration between colleagues, there is a greater risk of fragmenting or duplicating services as well as failing to meet the needs of families they serve (Edelman, 2004). Correspondingly, when communication and collaboration are done well, there are real benefits:

'Relationship-based responses at all levels of an infant-family setting can help staff members reduce stress, attain professional satisfaction, and focus on the family. In early intervention, the team generates, plans, supports, and reflects on relationship-based responses.' (Brunnelli and Schneider, 2004, p. 47)

Implications for staff selection and training

- ***Staff qualities should be recognized as important selection criteria.*** As de Boer and Cody (2007), point out, some relationship abilities, such as warmth and genuineness, are not easily taught or cultivated because they are products of life experiences and become rooted in an individual's disposition. If this is indeed the case, it is critical that early childhood intervention services attempt to hire people who already possess such attributes.
- ***Practitioners should be trained in core relationship skills and relationship-based practice.*** This includes training in the core helping skills necessary to building effective relationships with others (Davis, Day and Bidmead, 2002), in the family-centred practice skills needed to base services on family goals (Bruder, 2000), and in the strength-based skills necessary to help parents develop new competencies (McCashen, 2004). Specific programs to train early childhood intervention staff in relationship-based practice have been described by Gilkerson and Kopel (2005) and Norman-Murch (2005).

Approaches to training in the communication skills needed for relationship-based practice have been discussed by Davis, Day and Bidmead (2002) and Moore and Moore (2003). The most comprehensive training package is the *Family Partnership Model* developed by Hilton Davis and colleagues (Davis, Day and Bidmead, 2002) in the UK. This model is based on a parent / professionals partnership or working alliance that recognises their complementary expertise, and professionals are trained to use communication skills to help parents develop their own goals and problem-solving capacities. This training approach is also explicitly based upon parallel process – the course facilitators seek to exemplify the qualities of the model, and to relate to the course participants in a way that mirrors / models the way that the participants are being taught to relate to the families they work with.

Elements of effective helping and corresponding training needs

Elements of effective helping	Training needs
Technical knowledge and skills	<ul style="list-style-type: none"> • Pre-service training in discipline-specific knowledge and skills • Ongoing professional development training in discipline-specific knowledge and skills • Ongoing supervision, mentoring and support
Attitudes and behaviour of service providers	<ul style="list-style-type: none"> • Training in communication and helping skills • Training in relationship-based practice • Ongoing supervision, mentoring and support
Sharing decisions and actions	<ul style="list-style-type: none"> • Training in family-centred practice (• Strength-based training • Ongoing supervision, mentoring and support

Implications for staff support

- **Relationship-based practice needs ongoing support.** This support should include reflective supervision as well as support from social-emotional (mental health) specialists. According to Braun, Davis and Mansfield (2006),

‘... supervision is crucial to service provision in which psychological and social issues are involved. Helping can be a difficult task, in which the practitioner is frequently exposed to the distress of others and uncertainty about outcomes achievable. To practice effectively in such situations we all need appropriate support.

As the table above shows, supervision plays a critical role in ensuring that the skills that practitioners learn about on training courses are fully integrated into their practice. To ensure that this happens, programs need to provide a supervisory structure that supports practitioners in their relationship-based work. A supervision relationship should model the kinds of interpersonal interactions that characterise other relationships. Working with infants and their families from a relationship perspective requires ongoing, regular opportunities for reflection (Gilkerson and Ritzler, 2005; Norman-Murch, 2005).

To meet this need for reflection, many programs have adopted the practice of **reflective supervision**, an approach designed to encourage learning through thoughtful observation of oneself and others (Bertacchi and Norman-Murch, 1999; Copa, Lucinski, Olsen and Wollenburg, 1999; Parlakian, 2001).

- **Early childhood intervention service providers should have access to support and supervision from mental health specialists.** Working with relationships can be challenging for those who do not have specific mental health training, and having

access to consultant specialists can be highly beneficial (Foley and Hochman, 2006; Johnston and Brinamen, 2005; Perry, Kaufman and Knitzer, 2007).

Implications for research

- ***Research in the early childhood intervention field should recognize the importance of relationships in determining outcomes.*** This would involve measuring the quality of relationships between service providers and parents, as well as the impact of early childhood intervention services.

REFLECTIONS AND CONCLUSIONS

The issues discussed in this paper raise some important questions. I will end by reflecting briefly on two of these.

The first reflection concerns the universality or otherwise of the phenomena described in this paper. Human services such as early childhood intervention do not and never will take standard forms. They will always be shaped by the cultures and histories of the countries and settings in which they are being delivered. This is true of all social structures and movements, including capitalism, communism and democracy. Does this mean that such movements and services are culturally determined and therefore that there may be no universal features to be found across human services or relationships? I do not believe so. We are biological creatures and share a universal human nature that transcends cultures and histories. I would argue that the key features of effective relationships identified in this paper are truly universal and therefore should be treated as central to our efforts to support young children with developmental disabilities and their families, regardless of the country or settings we operate in.

The second reflection concerns the technical skills of early childhood interventionists. This paper has explored the nature and significance of relationships for early childhood interventions services. Does this mean that technical skills of early childhood interventionists are not as important or as relevant? Certainly not. The ultimate success of our interventions depend greatly upon our knowledge of child development, the impact of disabilities on development, and the kinds of strategies that are effective in remediating or ameliorating the effects of disabilities. However, the effectiveness of these strategies in turn depends greatly on our ability to engage the children and families we work with. Unless we are able to do that successfully, the children and families will not make full use of what we have to offer, or even make any use. On the other hand, if we are successful in establishing attuned and responsive relationships with children and families but do not back this up with effective strategies, then our ability to make a significant difference will be greatly compromised.

To conclude, what we have learned from the evidence summarised here is that relationships are central to our development and well-being, as well as being critical to effective helping services. As Lou Cozolino puts it, 'Relationships are our natural habitat' (Cozolino, 2006, p. 11). Early childhood intervention services need to understand and act on the implications of this if we are to be truly effective in helping young children with disabilities and their families.

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Children develop through the medium of relationships, and the nature and quality of those relationships have profound developmental consequences. The paper then explores how these processes apply to children with developmental disabilities. Such children have the same developmental needs as other children, but may have difficulty having these realised because of the nature of their disabilities. However, there is evidence that attachments and relationships are just as important to children with developmental disabilities as they are to other children. Finally, the implications of this evidence for early childhood intervention services are explored, and overall conclusions identified.