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Developing Meaningful IFSP Outcomes Through a Family-Centered Approach Using the Double ABCX Model



Jing-Jing is a 2-and-a-half-year-old girl who was just found to be eligible for early intervention services because of developmental delays. Jing-Jing started walking after she was 2 years old, and she has not started speaking two-word sentences except repetitions such as "da-da" or "la-la." Jing-Jing's hearing ability is considered normal. Jing-Jing's parents, Mr. and Mrs. Zhu, left the first Individualized Family Service Plan (IFSP) meeting with some concerns that they did not share with the team. One of the decisions made by the team was for Jing-Jing to receive speech and language therapy once a week, and her parents would embed working on Jing-Jing's speech and language goals into family routines and daily activities at home. Although Mr. and Mrs. Zhu did not oppose this decision during the meeting, they were not sure this was what they wanted for Jing-Jing at this point. They had more urgent concerns related to the basic needs and well-being of the whole family. Three months later, another IFSP meeting was held and the service coordinator was disappointed that Mr. and Mrs. Zhu had not incorporated Jing-Jing's goals into their daily routines. Jing-Jing had made minimal improvement in her language development.

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Background

Supporting the family of the child with a disability with appropriate resources is the emphasis for early intervention (EI) services (Vaughn, Bos, & Schumm, 2007). Young children's development can be greatly affected, in either a positive or a negative way, by the quality of home environments and interactions with others in natural settings (Filler & Xu, 2006; Parish, Pomeranz, Hemp, Rizzola, & Braddock, 2001). Having a child with a disability affects the whole family system; therefore, EI services are provided within the family context with family members partnering with professionals in program development and delivery (Dunst & Bruder, 2002; Parish et al., 2001; Turnbull, Turnbull, Erwin, & Soodak, 2006). One challenge of identifying family concerns, priorities, and resources is the unique characteristics of each family, especially families with culturally and linguistically diverse backgrounds. Each family may perceive its needs differently and thus may seek different resources. Additionally, the family's belief systems may also play an important role in how to determine priorities and use of available resources (Bruder, 2000; Noonan & McCormick, 2006).

Although many professionals recognize the importance of identifying family priorities and concerns, it is often more difficult to identify and access family resources. The purpose of this article is to discuss the application of the double ABCX model (McCubbin &

Patterson, 1982), a family-centered model, to assist in developing meaningful IFSP outcomes based on family concerns and priorities. In this model, family needs are identified from the individual family's perspective. Early interventionists are not the sole experts to make decisions for the child and the child's family; instead, the child's and family's strengths are emphasized and parents play an active role in facilitating their child's development as well as the overall functioning of their family (Dunst, Hamby, Trivette, Raab, & Bruder, 2000; Dunst, Trivette, Davis, & Cornwell, 1988; Vaughn et al., 2007). In the following sections, the characteristics of IFSP outcomes are described briefly. Then the development of meaningful IFSP outcomes using the double ABCX model is discussed, followed by a description of how to include family concerns and priorities in IFSP outcome statements. Finally, suggestions for early interventionists to apply the double ABCX model are provided.

IFSP Outcomes

A key to effective IFSPs is including outcomes that address the entire family's well-being and not only outcomes designed to benefit the child's development. Thus, the expected IFSP outcomes may include family outcomes in addition to child outcomes (Noonan & McCormick, 2006). To develop family outcomes, the multidisciplinary IFSP team needs to identify the family's concerns, priorities, and resources from the family's perspectives. In

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other words, a priority identified by professionals without the family's input may not necessarily meet a family's immediate need unless it is a concern shared by the family. As the introductory case study indicates, even though developing language skills is critical for Jing-Jing, it may not be an immediate need for the Zhu family at this point, because it has more urgent family concerns that need to be addressed before Jing-Jing's language needs can take top priority. If an IFSP outcome statement includes only the child's developmental needs from a professional's perspective, the EI service is less likely to be effective and likely will have reduced effect on child outcomes.

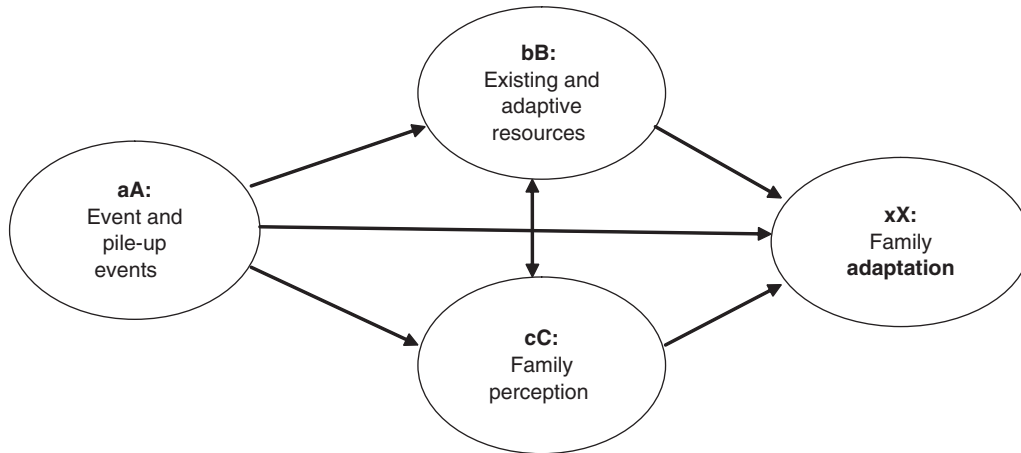
Despite the legal requirements of the Individuals with Disabilities Education Act (IDEA) and evidence from research showing benefits of family-centered services, many IFSP documents are written by focusing primarily on the child's developmental needs and parental needs that are directly related to parenting a child with a disability.

The IFSP outcome statements often do not reflect family issues or concerns, such as access to service locations, transportation, financial support, or time (Ridgley & Hallam, 2006; Vaughn et al., 2007). Family concerns are often not addressed by the IFSP team, nor are they included in the IFSP outcome statements, even if the family has shared its concerns in the IFSP meetings (Jung & Baird, 2003; Jung & Grisham-Brown, 2006). Therefore, in reality, many IFSPs still reflect what the professionals determine to be a need instead of what the family believes its needs are.

In addition to professional resources, such as information and financial support, informal resources that provide emotional support should be included as part of the EI services when necessary. Research has shown that family-oriented interventions that build on the family's strengths and resources, with emotional, material, and informational supports, are more likely to increase positive outcomes for both the child with a disability and the family (e.g., Bailey, Bruder, & Hebbeler, 2006; Bruder, 2000; Jung & Grisham-Brown, 2006; Trivette & Dunst, 2000). Also, how a family adapts to a stressful situation relates to factors such as how the family defines a stressful event, what resources are available, and how these factors interact with each other (Saloviita, Italinna, & Leinonen, 2003; Winton, 1990). IFSP outcomes that are based on family priorities, resources, and concerns and knowledge of the child's functioning in daily life tend to be more effective than those focusing only on the child's



Figure 1
Components of the Double ABCX Model



SOURCE: Adapted from the double ABCX model by McCubbin and Patterson (1983).

development (Hoffman, Marquis, Poston, Summers, & Turnbull, 2006; Jung & Grisham-Brown, 2006; Ridgley & Hallam, 2006).

Developing Meaningful IFSP Outcomes Using the Double ABCX Model

The focus of the double ABCX model is on the family's efforts to adapt to an unexpected situation or stressful event, such as meeting the special needs of a child with a disability (Heflinger, Northrup, Sonnichsen, & Brannan, 1998; McCubbin, Patterson, Bauman, & Harris, 1981). As a family-centered approach, the double ABCX model has been considered a framework to examine family outcomes (Bristol, 1987; Flynt & Wood, 1989; Minnes, 1988; Nachshen & Minnes, 2005; Willoughby & Glidden, 1995). Specifically, components of the

double ABCX model include aA, unexpected situation or event and pile-up of events as a result of the unexpected situation; bB, family's existing and adaptive resources; cC, family definition or perception of the situation or the meaning of the event to the family; and xX, family adaptation to the unexpected situation and pile-up of events (McCubbin et al., 1981; Nachshen & Minnes, 2005). In this model, the bB and cC are the influencing factors; the family's adaptation (xX) is the outcome factor. The capitalized letters A, B, C, and X refer to factors preceding the event; changes in those elements over time are depicted as *a*, *b*, *c*, and *x*. It is worth mentioning that family adaptation is seen as a continuum of outcomes ranging from balanced positive adaptation to negative maladaptation (Renty & Roeyers, 2007). As illustrated in Figure 1, the aA element may lead directly to family adaptation; it also affects how the family perceives the

situation (cC) and what resources they would seek (bB). Although bB and cC do not lead directly to family adaptation, they influence the effects of aA on family adaptation by interacting with each other. In other words, the more positively the family perceives the situation, the more effectively they will seek resources; as a result, the better the family will function in adapting to the situation.

The double ABCX model has been used for evaluating family adaptation to an event such as having a child with a disability. It has been applied as an effective model to explain family adaptation to numerous situations, including having a preschool-age child with a disability (Reddon, McDonald, & Kysela, 1992), having a child with intellectual impairment (Orr, Cameron, & Day, 1991), having a

child with autism (Bristol, 1987), having a child with Asperger syndrome (Pakenham, Sofronoff, & Samios, 2004), and living with adults with autism (Renty & Roeyers, 2007). Strong relationships have been found between the variables in the model. For example, Orr et al. (1991) examined families of children with developmental disabilities and found that the event (aA) significantly affects the family's perceptions of the event (cC) and the family's use of resources (bB). All three of these factors influenced the family adaptation to the event.

The interactions between factors influence family adaptation to the new event. That is, the situation can turn out to be a positive (although this does not mean less challenging) experience with use of effective

Both Mr. and Mrs. Zhu work at the family restaurant owned by Mr. Zhu's parents. Mrs. Zhu does not drive, so every day, her husband drives her back and forth between home and the restaurant. Mr. Zhu's parents did not hire any other employees except for a kitchen helper. Therefore, when Jing-Jing was diagnosed as having developmental delays, their first concern was the time demand. They could not stay at home because the restaurant was the only source of financial support for this three-generation family. When Mr. and Mrs. Zhu were at work, their 12-year-old son, Shan, was often assigned to babysit Jing-Jing.

Time was the most obvious and immediate concern the family had to consider. Yet there was another concern the family was not willing

or ready to share with other people, especially with the interventionists, who were from different cultural backgrounds. Mr. and Mrs. Zhu and their parents all believed that having a child with a disability was a punishment from the heavens for some wrongdoing by themselves or their ancestors. Therefore, the only way to deal with the disability was to work harder and repent. They did not believe that they had the power to change or improve Jing-Jing's condition. They all believed they should take care of and protect her but not try to improve her ability. With this spiritual belief as well as the time issue, it was not surprising that after the professionals left, they did not implement any of the suggested interventions in their family routines.

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coping strategies that the family has developed through the process, thus making the family stronger than before the event occurred. If on the other hand, the family perceives the event (such as relocation, change of job, or a new health problem) as a negative experience, this perception may lead to helplessness and depression, which may cause other events, called pile-up of events (Hill, 1949; McCubbin & Patterson, 1983). It is not uncommon that the

Because of its religious background, the Zhu family looked for and used resources from within the family system that included the extended family members. It did not seek support from other external agencies except for the EI services provided under IDEA.

primary event leads to piled-up events. For example, a family member is diagnosed as having a new health problem, which is an unexpected situation for the family. This primary event may cause piled-up events, such as the time needed to care for the family member, health insurance issues related to treatment options, or less money for the whole family. If the family has limited existing resources for assistance or the family is not willing to seek external assistance, this negative perception could create more piled-up events, such as arguments or resentment between spouses and/or siblings. Therefore, how the family perceives the situation is crucial to how the family will cope with it. As mentioned earlier, the early interventionist's role is to empower

the family members by helping the family identify its resources and function as a unit with expanded supports instead of telling them what should be done from the interventionist's perspective.

More important, a family is a dynamic system within which change is the norm. Rarely would the family stay in a static situation; instead, it would change for better or worse. With each change, we hope the family system will move toward improvement rather than cycle toward worsening outcomes.

The double ABCX model focuses on family coping strategies that emphasize the strengths of the family as a system. It can be used as an effective approach for identifying family concerns, resources, and priorities that are the keys to development and implementation of meaningful IFSP outcomes. With the Zhu family as an example, the application of each variable in this model is described below in the process of developing meaningful IFSP outcomes based on family concerns, priorities, and resources.

aA: Identifying Family Demands or Concerns—Event or Pile-Up of Events

Family concerns can be described as the aA factor in the double ABCX model. The aA factor reflects the observation that families rarely deal with only one stressful event at a time. In almost all cases, a primary event would lead to pile-up of related events. For example, a variety of family events could be imposed by having a child with a disability, including the extra time required from the parents, extra money for related

“Interventionists, therefore, should first realize the importance of internal family resources and respect the family’s beliefs and choices.”

services or respite services, and extra efforts involved in participating in EI and related services, which could create more piled-up events because of the child’s disability.

bB: Access to Family Resources—Formal and Informal Support System

Family resources are the bB factor of the double ABCX model. McCubbin and Patterson (1982) suggested that the resources a family may bring to the management of an unexpected situation consist of three basic kinds: the personal resources of individual family members, the internal resources of the family system, and social support from resources external to the family. Personal resources include financial well-being, physical and emotional health, education, and personality characteristics of individual family members.

This situation is not uncommon for families who receive EI services. According to a national study of EI, parents reported less support from and participation in community activities than support received from family and friends (Bailey et al., 2005). These researchers also reported that EI services were less accessible and effective for families from diverse cultures. Nevertheless, informal family support has been evidenced as a strong predictor for effective family adaptation (e.g., Pakenham, Samios, & Sofronoff, 2005; Renty & Roeyers, 2007). Interventionists, therefore, should first realize the importance of internal family resources and respect the family’s beliefs and choices. What seemed to be a problem at first glance could be strength of the

family from which the EI services could start.

For example, the grandparents function as the main support for Mr. and Mrs. Zhu, as well as Jing-Jing, in terms of family income, time commitment, and spiritual beliefs. Jing-Jing’s brother, Shan, could be another resource to assist Jing-Jing during the intervention activities. Thus, the IFSP outcomes could also include how to involve Shan in the EI services to achieve the optimal outcomes for Jing-Jing and the family.

In addition to the informal family support, the value of social support from outside the family system has been emphasized in a family-centered approach such as the double ABCX model and supported by numerous studies on parental stress and coping (e.g., Bailey et al., 2005; Barakat & Linney, 1992; Flynt & Wood, 1989; Flynt, Wood, & Scott, 1992). Boyd (2002) mentioned that mothers of children with autism who received more social support related better emotionally to their children and were less depressed and anxious than those with less social support.

The Zhu family’s social support is limited to that from extended family resources. After the early interventionists establish a strong relationship with the family built on trust and partnership, they may consider providing additional information on other levels of formal and informal social support, such as community connections, parent support groups, and support from local public schools.

As a starting point, early interventionists can help family members identify their existing resources. Then formal support from the IFSP team can be introduced in a proactive way so the family can play an active role in the change (adaptive resources) and not perceive it as criticism of its competence. As Dunst and Trivette (1987) suggested in the enablement model of helping, the focus of a family-centered approach to service delivery is on emphasizing “client responsibility for acquisition of competencies necessary to solve problems, meet needs, realize personal projects, or otherwise attain goals” (p. 451). In other words, early interventionists’ main responsibility is to help the family members help themselves by facilitating them becoming positive problem solvers with needed competencies; thus, the family is enabled and empowered. Different from the traditional deficit-oriented approach that emphasized the problem and the

cause for the problem, the double ABCX model helps the family identify solutions to the problem by using formal and informal support systems.

Instead of telling the Zhu family to seek additional support, the IFSP service coordinator conducted observations at different times in the family restaurant. She identified consistent support from Jing-Jing’s grandparents in different situations, such as helping in the kitchen around the busy lunchtime and babysitting Jing-Jing in early afternoons when business slowed down. She also observed that Shan had been a great help for his parents in taking care of Jing-Jing after school or helping clean tables during the busy time in the evenings. These resources were recognized as positive informal supports that were critical for the Zhu family. Through these observations and interactions, the service coordinator developed a trusting relationship

Both Mr. and Mrs. Zhu are first-generation immigrants from southeastern Asia; their ethnic background is Chinese. Buddhism is the religious background of this family, and they strongly believe what they do in this world will determine what they will become in the other world after they die. They practice Buddhism regularly at home. In Jing-Jing’s case, the EI service coordinator was frustrated during the first few months because she believed that

Jing-Jing’s language development would be the highest priority outcome and that the parents should focus on promoting Jing-Jing’s speech and language development. She was very discouraged when she thought Jing-Jing was not benefiting from the EI services because of the lack of support from her family; she did not realize that the top priority for Jing-Jing’s parents was to provide food on the table for the whole family.

with Jing-Jing and her grandparents. Sometimes, the service coordinator even stayed to help during busy hours. Mr. and Mrs. Zhu became comfortable enough to share with her what had worked for their family and what they still found challenging. When the IFSP team met again, the formal support from the IFSP team became natural because Mr. and Mrs. Zhu viewed themselves as important partners.

cC: Evaluating Family Priorities Based on Families' Perceptions—The Meaning of Disability and Early Intervention to the Family

The double ABCX model cC factor describes family perceptions of the event or unexpected situation and the pile-up of events as well as of interactions between events and family resources. It may not be the unexpected situation itself that makes the difference; rather, it is how the family perceives the situation or demands and how the factors interact with one another that affect the effectiveness of EI or special education services. For example, Pakenham and colleagues (2004) found that the meaning-making process (family perception of its “misfortune”) was highly related to family approaches to seeking social support, and it also positively affected the family coping strategies. A stressful event may not necessarily be a negative experience for the family, depending on how the family perceives it. These

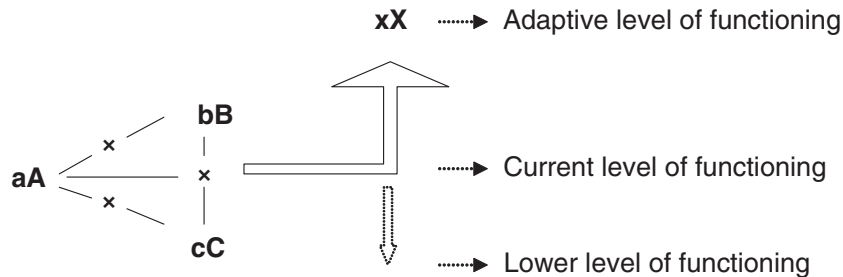
perceptions interact with the resources available to produce the coping response.

One noteworthy point for early interventionists is that the family's perceptions could be very different from those of the professionals working with the family. In the Zhu family, having a child with developmental delays has a fundamental impact on the whole family. It influences the belief system that the family has held for generations.

xX: Family Adaptation With Coping Strategies for Reaching Family Outcomes

The xX is the ultimate product or outcome of the double ABCX model. It involves the adaptation process that the family has developed regarding the child's disability and other needs related to the disability. This is where the professionals and families work together to establish IFSP outcomes that match the family's priorities. When the IFSP team focuses on family adaptations to a situation, the family functional outcomes are considered in addition to the child's developmental outcomes. Positive interactions between factors in the double ABCX model result in positive outcomes, which in turn will lead to more positive interactions. Within the family-centered intervention model, the IFSP team members identify the goals for the family as well as for the child with a disability.

Figure 2
Interactions Between Factors in the Double ABCX Model



$$aA \times bB \times cC \rightarrow xX$$

NOTE: The “x” sign indicates the interactive relationship between factors.

Family adaptation is the positive response to family events achieved by using effective coping strategies. Family adaptation (xX) is the result of interactions among the aA, bB, and cC factors. It is the interactive effect of these factors that helps the family reach a higher level of functioning after adapting to the event. As depicted in Figure 2, when an unexpected

event occurs to a family, the family’s initial reaction could be positive or negative; rarely would the family stay the same. There could be three possibilities as a result of the event: improved (adaptive level), same (current level), or reduced (lower level) functioning. The key is how the family perceives the event. When the event and pile-up of events (aA) are perceived positively and proactively (cC), the family is more likely to seek resources beyond its existing resources (bB); the positive informal and formal support will enable and empower the family to become more competent in problem solving through its adaptation to the events. The result is an empowered family with more knowledge, competencies, and coping strategies than it had initially. When effective family adaptation occurs, everyone involved in the EI services is a winner, particularly, the family as a unit.

“Family adaptation is the positive response to family events achieved by using effective coping strategies.”

A review of the double ABCX model was shared with the Zhu family’s IFSP team members. When the IFSP team met again, the focus of the team shifted from Jing-Jing’s developmental needs to the family’s concerns, with the understanding that the family’s concerns would directly affect the outcomes for both the family and the child. Because the team meeting was held with an open agenda, Mr. and Mrs. Zhu were not pressured to accept a solution; instead, they were encouraged to

share their concerns and their perceptions. Once the Zhu family’s concerns and priorities were identified and their perceptions were valued and respected, the early interventionists were able to provide additional resources (e.g., community activities and formal support) while at the same time encouraging them to continue using their existing support system. The IFSP team was able to develop meaningful outcomes and goals for the family as well as for Jing-Jing.

“The outcome statements should reflect family concerns, priorities, and preferences as well as team consensus for planning and implementing strategies to address the identified outcomes.”

Including Family Concerns and Priorities in IFSP Outcome Statements

IDEA requires that the IFSP include a statement of major outcomes expected to be achieved for the child and the child's family (34 CFR Part 303, §303.344). The purposes of IFSP outcomes are twofold: to improve family functioning as a system in supporting the child and to increase the child's participation in learning opportunities embedded across natural environments (Noonan & McCormick, 2006). Therefore, outcomes can be developed for the family if there are family preferences related to enhancing child development. The outcome statements should reflect family concerns, priorities, and preferences as well as team consensus for planning and implementing strategies to address the identified outcomes. The family-centered nature of the double ABCX model focuses on the whole family system by helping family members identify their concerns or needs and priorities or preferences. As mentioned earlier, what the family perceives as a concern or priority may not be the same as what the early interventionist perceives. The first step in applying the double ABCX model is to

recognize how the family interprets (cC) their situation and pile-up of events (aA). The next step is to confirm existing resources the family has been using (bB) in order to adapt (xX) to the event and pile-up of events. This procedure helps the early interventionists identify family strengths as well as coping strategies in dealing with day-to-day events.

Prioritizing Family Concerns and Needs in IFSP Outcome Statements

Family concerns and priorities can be identified through the double ABCX model. The event or unexpected situation (aA) may or may not be the major concern of the family; therefore, early interventionists should not assume that having a child with a disability or delay is the major concern and thus the first priority for EI services. There could be other relevant factors (pile-up of events) that are the more urgent needs for the family. The IFSP team needs to understand the family's perceptions of the events through formal and informal methods, including conversational interviews and observations. After the family concerns and priorities are identified, the IFSP team can consider including these concerns and priorities in IFSP outcome statements.

The Zhu family's concerns and priorities included work schedule, transportation needs, and the family business, which all affect not only Jing-Jing but also the whole family (pile-up events). The top priority for the family is providing for basic needs (e.g., food, daily supplies) rather than Jing-Jing's speech and language capability. The family perceives the pile-up of events in a passive rather than negative way: They accept Jing-Jing's disability as the way it is and try their best to meet her basic needs (e.g., food, care, and safety). Therefore, the resources (bB) they are seeking to meet these basic needs involve mostly informal and extended family support rather than formal support systems. Identifying these needs and priorities of Jing-Jing's family, the early interventionist would recognize the strength of the family in terms of how the family functions as a unit and

cope with the stressors in its own way. The early interventionist would recognize that in addition to Jing-Jing's needs for EI services in speech and language, her family was concerned about the very limited time that her parents or grandparents could offer to carry out recommendations for EI services at home and the transportation needs for Mrs. Zhu. Despite Jing-Jing's individual needs, the family priority relates more to basic needs: keeping the family business running. This need is critical because it is the primary source of financial support for this three-generation family.

To develop meaningful outcomes, the IFSP team would consider this family priority when it plans intervention goals for Jing-Jing. The child development goals will become the second priority to be developed and

implemented when the top family priority is met. At that point, the family will be more competent (enabled) in their adaptation to Jing-Jing's disability (xX) by using adaptive resources (e.g., professional help, community activities) as well as existing support from the extended family (e.g., grandparents, uncles and aunts). After the family priority has been addressed adequately, the goal for Jing-Jing's speech and language development naturally becomes the next top priority from the family's perspective (cC). Therefore, they are willing to be more active in developing EI goals that address multiple areas and use multiple resources. As a result, the family is becoming stronger with its new capabilities, expanded resources, and adaptive coping strategies than it was before the event occurred (xX).

Including Family Routines in IFSP Outcome Statements

After interacting more with the family, the service coordinator learned that the family believed that having a child with a disability was the family's responsibility. Thus they were more comfortable seeking informal support from family or extended family members. On the basis of this information, the team realized it was not practical for Jing-Jing's parents to provide two additional

speech-language sessions at home. An alternative option was that Jing-Jing's brother Shan could be involved in the EI implementation in natural settings such as home or the family restaurant. This was also meaningful because the Zhu family always believed that older siblings should take care of younger ones. The team also decided that providing the EI services at the restaurant would address the family's concerns about time and transportation issues.



The 2004 amendment to IDEA reaffirms that EI services should be provided in natural environments whenever possible. For the Zhu family, the restaurant was one of the natural environments for Jing-Jing because it involved the family's routine activities. Therefore, routine-based activities were suggested as part of the IFSP outcomes for Jing-Jing's speech-language intervention through interactions with Shan at the family restaurant while their parents and grandparents were present. Shan was very motivated in playing this active role, because he was proud to help his family and his little sister. The IFSP included an outcome for Mr. and Mrs. Zhu to learn more information about typical and atypical child development.

Writing IFSP Outcome Statements

The outcome statements in Table 1 were developed from the

family concerns and are listed by priority. Each outcome may or may not address the individual need of the child with a disability directly, but it is perceived by the family as a priority for services. Therefore the outcomes are prioritized before the child's needs. In order for EI to be effective, these family-perceived priorities need to be met first. In Jing-Jing's family, meeting the entire family's basic needs (e.g., shelter and food) came prior to Jing-Jing's developmental needs, as perceived by her family; therefore, it is listed as the first priority. Jing-Jing's speech and language development becomes the next priority. Following that is family involvement, which is also critical for Jing-Jing and the whole family and thus is listed as the third priority. Jing-Jing's social interactions with others are considered important by the family and listed as concerns. Therefore, it will be the next priority.

There may be other types of outcomes focused on activities that family members identify as important for their family's functioning. For example, with the full-time cook hired in the restaurant, Jing-Jing's grandparents expect to spend more time with her and her brother. So another family outcome is for the family to have at least half a day each week for family time. Sometimes it is an outing in the park; other times it is shopping together. Another activity is visiting Jing-Jing's aunt, who lives 20 miles away. These family

Table 1
Individualized Family Service Plan Outcome Development for Zhu Family

Priority Rank	Outcome	Existing and Adaptive Resources (Based on Family Preferences)
1	Mr. Zhu will work with the Small Asian Business Association to advertise and increase the family business.	Small Asian Business Association
2	Jing-Jing will participate in speech activities with her older brother, Shan, and other family members at the restaurant to improve her speech and language skills in meaningful contexts.	Shan and other family members
3	The family will engage in weekly activities in the neighborhood park or other places away from home/restaurant to increase social interactions between Jing-Jing and her immediate family members.	Hiring a full-time cook
4	Jing-Jing will spend at least 2 hours every other week with her aunt and cousins to generalize her social interaction skills across settings.	Extended family members: Jing-Jing's aunt and cousins
5	Jing-Jing will be enrolled in a child development center for 2 half days each week to increase social interaction with peers.	Staff from the child development center, Jing-Jing's mom

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 A meaningful IFSP has
 outcome goals that will
 enable the child and
 family to interact with other
 people across multiple
 natural environments.
 ”

outcomes are helpful for Jing-Jing to interact not only with her brother but also her cousins and other people in the community.

Suggestions for Early Interventionists in Applying the Double ABCX Model

The following suggestions are made to help early interventionists apply the double ABCX model in developing meaningful IFSP outcomes (with examples from the Zhu family).

1. Identify pile-up of events (aA), particularly, events that are less obvious than the primary event but may be more critical to the family. For example, Jing-Jing's developmental delay in speech and language was the primary event, which was evident with diagnosis. However, the family had to
2. Respect existing resources that are effective and meaningful for the family and expand to adaptive resources (bB). It is essential that the early interventionists respect and value the family's existing

make its ends meet before it was able to incorporate Jing-Jing's outcomes and goals in its daily routines. Instead of focusing on the child's needs only, the early interventionists can ask open-ended questions about the family routines so that family members are comfortable sharing their stories or struggles. Examples of questions are "What is your family's typical day?" instead of "How do you help Jing-Jing every day?" "How do you spend your holidays?" instead of "Do you have any vacations?" and "How do you work out your schedule?" instead of "Is it difficult to deal with the problem?"

As the Zhu family became more informed about child development and witnessed changes in Jing-Jing's speech and language development because of the intervention, Mrs. Zhu decided to go back to school to learn more about early education. At this time, the family concerns and priorities also have changed: They want Jing-Jing to interact with her

typically developing peers, and they prioritize this as the first goal. Mrs. Zhu will spend 2 half days every week with Jing-Jing in a university child care center. Through the resource from the Asian Business Organization, Mr. Zhu's parents hired a full-time cook, which allowed more time for Mrs. Zhu to be involved with the IFSP team.

resources before the family adapts to additional resources. To reach this, the early interventionists need to focus on the family strengths. In other words, professionals need to answer questions such as the following: What makes this family function without EI or other formal support systems? What are the family's coping strategies for dealing with problems? and What does the family want to achieve? Once the family perceives the event in a more positive way (cC), it is more willing to explore a variety of resources to help the child and the family. When Mr. and Mrs. Zhu started to seek community and local organizations for help, they continued receiving support from Mr. Zhu's parents, who played a significant role in Jing-Jing's life.

3. Discuss with the family members their perceptions and change of perceptions (cC). Respect the family's perceptions even if they are

very different from those of the early interventionists. To establish a trusting relationship, the early interventionists may want to reflect on their own backgrounds and share them with the family. This reflective process helps everyone recognize and understand differences of perceptions. Through this process, everyone realizes that differences are normal and changes are typical. When Jing-Jing's parents shared their beliefs about disability, they were making meaning out of the event, which was their initial coping strategy to deal with the situation. Later, their perceptions were changed when they witnessed Jing-Jing's improvement.

4. Prioritize the family's concerns and needs from the family's perspectives and include the prioritized concerns in the IFSP outcome statements (xX). This is the family adaption to the event as a result of the interactions among aA,

bB, and cC. Adjust the outcome statements on the basis of formative evaluation, because family adaptation in the double ABCX model is dynamic and will change in both quantity and extent. The IFSP outcome statement for the Zhu family started as a family outcome because it was perceived by the family as a more urgent need. Later, a child-focused outcome was developed to meet Jing-Jing's speech and language needs. The rank of priority was also changed contingent on the previous priority's being met.

A functional IFSP means that these outcomes and goals are important for the child and family in their everyday life for practical purposes. A meaningful IFSP has outcome goals that will enable the child and family to interact with other people across multiple natural environments.

The value of the double ABCX model is its emphasis on the family functioning as a dynamic and interrelated system. Because the family system is dynamic, family concerns and priorities will change with the change of time and situation. Focusing on family coping strategies, the double ABCX model helps identify family concerns, priorities, and resources from the family's perspectives. With family concerns and priorities reflected in the IFSP outcome statements, early interventionists and the family are working together to reach the optimal outcomes for both the child and the family.

Conclusion

The IFSP is an agreement based on consensus among the team members, including parents of infants or toddlers with disabilities. It needs to be functional and meaningful for the family and child.

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