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“WE ARE ALL EARLY INTERVENTIONISTS”:

**BUILDING A NEW, FAMILY-CENTRED AND TRANSDISCIPLINARY
DISCOURSE IN EARLY CHILDHOOD INTERVENTION IN PORTUGAL**

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Abstract

Early childhood intervention (ECI) has been a part of services for children and families in Portugal since the 1980s when the first innovative programs were piloted. However, ECI took centre stage when a legal policy, enacted in 2009, mandated the formation of a national early intervention system and the formation of community-based multidisciplinary teams. The policy makes explicit the importance of family-centeredness and team work, current internationally recommended best practices, and yet national research suggests that these features are not always evident in ECI service provision.

The present research study seeks to examine the *patterns* and *functions*, pertaining to family involvement and team work, of the discourse of ECI service providers currently exercising their professions on a community intervention team. In order to achieve this goal, the study employs discourse analysis: a methodology unfamiliar and innovative in the study of ECI in Portugal. Discourse analysis, a social constructivist theory and method, claims that talk is not a mere reflection of reality but in and of itself constitutes the subjective, psychological reality.

Results of the study indicate that ECI service providers use different discourses to build very different constructions of both family involvement and team work. In regards to the family, the study identifies a *professional-centred* discourse which emphasizes passive caregiver participation controlled by means of service provider authority, and a *family-centred* discourse which highlights active caregiver participation within a collaborative partnership between the family and the service provider. In regards to the team, the study identifies a *distinct professional* discourse which stresses the distinction between the roles and skills of service providers from different professional disciplines, as well as an *early interventionist* discourse which calls attention to the similarity between the tasks and goals of all ECI service providers.

The study also discusses potential functions of the different patterns of talk identified, namely the assertion of professional identity, competence and power in the case of the professional-centred and distinct professional discourses. Results of the study also suggest that ECI service providers employ family-centred and early interventionist discourses when they feel secure in their role with the family and with the team. Analysis focuses on the social implications of the different discourses, in particular the maintenance of traditional power hierarchies and potential alternatives. Discussion focuses on relevant areas for future professional development.

Key words: ECI; family involvement; team work; discourse analysis

Resumo

A intervenção precoce na infância (IP) tem sido parte dos serviços prestados a crianças e a famílias em Portugal desde a década de 80 quando os primeiros programas inovadores foram pilotados. No entanto, a IP passou para primeiro plano quando o Decreto-Lei 281 de 2009 proclamou a criação do Sistema Nacional de Intervenção Precoce na Infância baseado na criação de equipas multidisciplinares a nível da comunidade. Esta legislação explicita a importância das práticas centradas na família e do trabalho em equipa, atualmente recomendadas pela literatura internacional. Porém, a investigação nacional indica que estas práticas nem sempre se evidenciam na prestação de serviços em IP.

O presente estudo tem como objetivo examinar os *padrões* e as *funções*, relativos ao envolvimento da família e ao trabalho em equipa, de profissionais de IP de uma equipa local de intervenção. A fim de atingir este objetivo, o estudo recorrerá à análise de discurso: uma metodologia inovadora e pouco conhecida na literatura portuguesa em IP. A análise de discurso, teoria e método do campo construtivismo-social, defende que a fala não é um mero reflexo da realidade mas consiste, em si, na realidade subjetiva e psicológica.

Os resultados do estudo indicam que os profissionais de IP utilizam discursos diferentes para construir diferentes versões dos conceitos de envolvimento da família e de trabalho em equipa. No que se refere à família, o estudo identifica um discurso *centrado no profissional* que enfatiza a participação passiva do cuidador controlada pela autoridade do profissional, e um discurso *centrado na família* que salienta a participação ativa dos cuidadores no âmbito de uma parceria colaborativa entre a família e o profissional. No que diz respeito à equipa, o estudo identifica um discurso de *profissionais distintos* que realça a diferenciação dos papéis e das competências dos profissionais das diferentes valências, e um discurso de *intervenientes de IP* que destaca a semelhança das tarefas e dos objetivos de todos os profissionais de IP.

O estudo examinará ainda as potenciais funções dos diferentes padrões identificados, nomeadamente a afirmação de identidade, competência e poder profissional no caso dos discursos *centrado no profissional* e *profissionais distintos*. Os resultados do estudo indicam ainda que os profissionais de IP utilizam os discursos *centrado na família* e *intervenientes de IP* quando se sentem seguros com os seus papéis no trabalho com a família e com a equipa. A análise centrar-se-á nas implicações sociais dos discursos identificados, sobretudo na manutenção de hierarquias tradicionais de poder e em

alternativas possíveis. A discussão enfatizará áreas-chave de formação profissional resultantes deste estudo.

Palavras-chave: IP; envolvimento da família; trabalho em equipa; análise de discurso

Résumé

L'intervention précoce durant l'enfance (IP) a fait partie des services en faveur de l'enfant et des familles au Portugal depuis les années 80, quand les premiers programmes pilotes innovateurs ont été appliqués. Cependant, l'IP s'est démarquée quand le Décret-Loi 281 de 2009 a proclamé la création du Système Nacional de l'Intervention Précoce durant l'Enfance, bien comme la création d'équipes multidisciplinaires au niveau communautaire. Cette législation explicite l'importance des pratiques centrées sur la famille et sur le travail en équipe, actuellement recommandées par la littérature international. Pourtant, l'investigation national indique que ces pratiques ne sont pas toujours réalisées dans les prestations des services de l'IP.

L'étude actuelle a pour objectif d'examiner les *tendances* et les *fonctions* relatifent à l'implication de la famille et du travail en équipe, de professionnels de IP et des équipes locales d'intervention. Afin d'atteindre cet objectif, l'étude recourra à l'analyse de discours: une méthodologie innovatrice et peu connue dans la littérature portugaise sur l'IP. L'analyse de discours, une théorie constructiviste social ainsi qu'une méthode, défend que la parole n'est pas un pur réflexe de la réalité, mais consiste, en-soi, à une subjective réalité psychologique.

Les résultats de l'étude indiquent que les professionnels de l'IP au Portugal utilisent différents discours pour construire différentes versions de concepts de l'implication des familles et du travail en équipe. En ce qui concerne la famille, l'étude identifie un discours *centré professionnel* mettant l'accent sur la participation passive du responsable, contrôlée par l'autorité professionnelle, ainsi qu'un discours *centrée sur la famille* qui souligne la participation active de responsables selon un partenariat entre la famille et le professionnel. En ce qui concerne l'équipe, l'étude identifie un discours *professionnel distinct* relevant la différenciation entre rôles et compétences des professionnels dans différents domaines, ainsi que des discours *interventionnistes* qui mettent l'accent sur la similarité entre des tâches et des objectifs de tous les professionnels de l'IP.

L'étude examinera encore les potentielles fonctions des différentes tendances identifiées, à savoir l'affirmation d'identité, compétence et pouvoir dans le cas de discours *centré professionnel* et *professionnels distincts*. Les résultats de l'étude indiquent que les professionnels de l'IP utilisent des discours *centré sur la famille* et *interventionniste* quand ils se sentent en sécurité dans leur rôle dans leur travail avec la famille et avec l'équipe. Plusieurs recherches se concentrent sur l'implication sociale des discours, en particulier la

maintenance des pouvoirs hiérarchiques traditionnels et des potentielles alternatives. L'argumentation se focalisera sur les domaines-clé de formation professionnelle résultant de cette étude.

Mots-clés: IP; implication de la famille; travail en équipe; analyse de discours

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Abbreviations

DA	Discourse analysis <i>(Análise de discurso)</i>
ECI	Early childhood intervention <i>(Intervenção precoce na infância)</i>
ELI	Local intervention team <i>(Equipa local de intervenção)</i>
FPCEUP	Faculty of Psychology and Educational Sciences of the University of Porto <i>(Faculdade de Psicologia e de Ciências de Educação da Universidade do Porto)</i>
PIIP	Individualized early intervention plan <i>(Plano individualizado de intervenção precoce)</i>
SNIPI	National Early Childhood Intervention System <i>(Sistema Nacional de Intervenção Precoce na Infância)</i>
UN	United Nations <i>(Nações Unidas)</i>
UNESCO	United Nations Educational, Scientific, and Cultural Organization <i>(Organização das Nações Unidas para a Educação, a Ciência e a Cultura)</i>
USA	United States of America <i>(Estados Unidos da América)</i>

Introduction

Early childhood intervention (ECI) has been a practical construction in Portugal since the 1980s when the innovative projects, the Portage Program for Parents in the District of Lisbon and the Integrated Early Childhood Intervention Project in the District of Coimbra, were developed, followed by the Early Childhood Intervention Program in the District of Porto in the mid 1990s. The proclamation of the Salamanca Statement in 1994 marked a change in the conceptualization of ECI, as the international community recognized the need to move away from child-centred, segregated services and towards inclusive, community based practices.

ECI has been a legal construction in Portugal since 1999 when the first legislative initiative pertaining to the construct was passed. The year 2009 was decisive for the identity of ECI in the country as it marked the creation of a national ECI service and the formation of local, community-based teams. Portugal is, in fact, one of few countries to have a specific policy stipulating ECI services for young children with disabilities, or at risk for developmental delay, and their families.

However, practices and conceptualizations (i.e., *discourses*) of ECI in Portugal remain variable. It is our belief that an examination of the discourses apparent in ECI service providers' everyday talk will aid in understanding why some best practices are easily implemented whereas some poor practices are resistant to change. Although a great deal of research to this date has shown that best practices, such as family-centeredness and transdisciplinary team work, are not as frequent as we would like both in Portugal and around the world, research providing us with potential explanations is less frequent. In this research study we will use discourse analysis (DA) to examine the talk of ECI service providers working and living in the Metropolitan Area of Porto, Portugal in an attempt to examine the *patterns* and *functions* of the variable constructions of ECI in this country.

As Lerner (2002) reminds us, however, investigation is impacted by research assumptions about the nature of the subject matter as well as preferences for the topic of study and the use of appropriate methodologies. In order to give meaning to a theory, a method and the results of a study, we must integrate them within a philosophy or perspective; thus, it is critical that we understand and are aware of the theoretical perspectives that guide our ways of seeing the world (Lerner, 2002). Therefore, we begin this study by focusing our attention on a theoretical and conceptual discussion of ECI.

1. Early Childhood Intervention: A Conceptual Framework

At the core of ECI is the desire to enhance the quality of life of children and their families (Buysse & Wesley, 2005). Current ECI practices assume that community and family based early intervention programs reduce, or even prevent, less than favourable development in children with developmental delays during the first few years of life (Guralnick, 1998, Guralnick & Bricker, 1987, as cited in Guralnick, 2000). On the other hand, the absence of high-quality ECI programs can put at risk the health and optimal development of vulnerable children as well as pose challenges to the ability of families to function effectively (Guralnick, 2005). However, before we proceed to discuss contemporary conceptualizations of ECI as well as the corresponding internationally recommended practices, it is necessary that we examine the construct of development.

1.1 Theoretical and Philosophical Perspectives of Development

Development is a theoretical, not an empirical, concept; all research on development begins with some implicit or explicit understanding of what development is (Lerner, 2002). Indeed, the specific assumptions we make are influenced by the philosophical views we hold about the nature of human development, described by Lerner (2002) as our “conceptual template” or our way of seeing the world. The theoretical models we use to understand human development have increased in complexity over time: from linear to interactive and finally to multi-level dynamic systems (Sameroff, 2010). Unidirectional views advocating either the influence of nature or nurture have been replaced by transactive, multidirectional views in which the individual’s behavior both *modifies* and *is modified by* biological and social circumstances (Sameroff, 2010). In other words, and according to *developmental contextualism*, human development derives from the dynamic, bidirectional interactions between biological characteristics and environmental context; thus the individual acts on the environment and the environment acts on the individual (Lerner, 2002). However, before we proceed to discuss specific contemporary developmental models we will first outline the various perspectives that have been highlighted in scientific literature over the years.

1.1.1 Altman and Rogoff's four world views

According to Altman and Rogoff (1987), the study of psychology can be described in terms of four approaches or world views: *trait*, *interactional*, *organismic* and *transactional* perspectives (see Figure 1 and Table 1). These different points of view reflect the evolution of thinking and reasoning revealed in the study of developmental psychology and human behaviour over time (Altman & Rogoff, 1987). Nevertheless, no research study, theory or theorist can be assigned to merely one or another worldview; theories in psychology usually contain ideas from more than one of these perspectives (Altman & Rogoff, 1987). Furthermore, according to the authors, no world view is in and of itself better than any other; they are instead different means of investigating psychological phenomena with value in different circumstances. Altman and Rogoff (1987) encourage, however, the use of organismic and transactional worldviews which they argue have the potential to enhance our understanding of psychological phenomena.

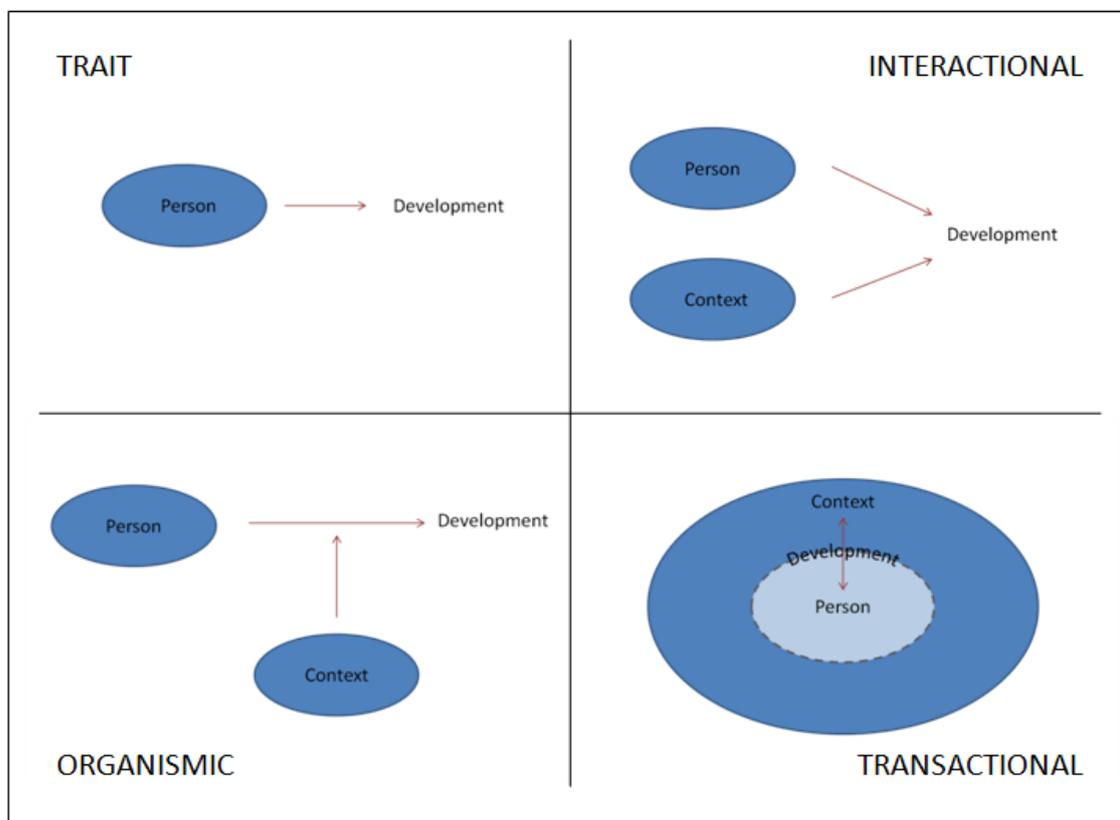


Figure 1 Visual representation of the four world views

According to the *trait* world view, intrinsic and stable person characteristics are considered the major determinants of human development which follows a pre-established path independent of the situational and temporal context within which the person is embedded (Altman & Rogoff, 1987). Pure trait approaches are rare in contemporary

psychology; however, historical examples include classical personality theory as well as Freudian and Eriksonian theories of social development (Altman & Rogoff, 1987). According to the authors, time has a minor role in these theories since personal characteristics are assumed to be either unaffected by situational factors or to follow a pre-established course of development.

The *interactional* world view treats psychological processes and contextual settings as independent, static entities which interact according to certain laws or principles (Altman & Rogoff, 1987). Thus, according to this perspective, the individual and the social world although in interaction are in fact separable (Altman & Rogoff, 1987). Furthermore, context and time may be included in interactional notions of human development; however, these aspects are viewed as external and merely serve to mark the state of a psychological process (Altman & Rogoff, 1987). The interactional world view dominates contemporary psychology in which most research and theory treats psychological functioning as a joint and interactive product of (*independent* and *static*) situational and personal factors, including, to name but a few, behaviourism, cognitive dissonance, social comparison and altruism theories (Altman & Rogoff, 1987).

The *organismic* world view emphasizes the overall pattern (i.e., *system*) of relationships between elements as opposed to focusing on the characteristics of, or relationships among, elements considered in isolation (Altman & Rogoff, 1987). This approach typically assumes that systems strive to maintain or move toward ideal states, normally through progression through pre-established developmental stages, for example, Piaget's stage model of children's cognitive development (Altman & Rogoff, 1987). The authors emphasize that, despite the holistic orientation, the organismic world view maintains that systems are composed of *independent* person and environment components. Piaget's developmental theory, for example, assumes that development precedes learning, that is, it assumes that within the child there exists a biological base subject to maturation necessary for posterior knowledge acquisition (Altman & Rogoff, 1987). According to the authors, this fundamental assumption places the point of interaction *within* the individual. In fact, although the environment is seen as important, its effect is secondary in comparison with nature or hereditary factors; in other words, contextual variables are seen only as facilitating or inhibiting intrinsically determined trajectories, not as having the power to change the direction, sequence or quality of development (Altman & Rogoff, 1987).

Worldview	Definition of Psychology	Unit of Analysis	Time and Change	Observers	Focus
TRAIT	Study of the individual, mind, or mental and psychological processes	Person, or psychological qualities of persons	Assumes stability, change infrequent or occurs according to pre-established trajectory	Observers are separate, objective and detached from phenomena; Equivalent observations by different observers	Focus on <i>trait</i> and seeks universal laws of psychological functioning
INTERACTIONAL	Study of the prediction and control of behavioural and psychological processes	Psychological qualities of person and environment treated as separate entities	Change results from interaction of person and environment entities	Same as above	Focus on <i>elements</i> and <i>relations</i> , seeks laws of relations between variables
ORGANISMIC	Study of dynamic and holistic psychological systems	Holistic entities made up of separate person and environment components	Change results from interaction of person and environment components	Same as above	Focus on <i>principles</i> that govern the <i>whole</i>
TRANSACTIONAL	Study of the changing relations among psychological and environmental aspects of holistic entities	Holistic entities composed of mutually defining and inseparable aspects of person and environment	Stability and change are intrinsic to phenomena, change occurs continuously	Observers are aspects of phenomena; Observers in different “locations” yield different information	Focus on <i>event</i> , primary interest in describing and understanding events

Table 1 World views in psychology (Source: Altman & Rogoff, 1987)

The *transactional* world view considers human development as inseparable from the context in which it occurs; that is, person and context coexist and jointly define one another (Altman & Rogoff, 1987). According to the authors, the fundamental assumption is that the roles of the individual and the social context are inseparably linked and responsible for development. Psychological events are seen, thus, as transactions between the individual and the environment which involve psychological, temporal and environmental aspects (Altman & Rogoff, 1987). The goal of transactional approaches, which emphasize change in person and context configurations, is to understand the pattern and flow of events; in other words, “patterns of behavior become understandable only when viewed in the context of the places, things, and times that constitute the whole setting” (Altman & Rogoff, 1987, p. 29). Examples of transactional world views include Piaget’s work on assimilation and accommodation, in which the environment and the organism are seen as inseparable entities, as well as Vygotsky’s developmental theory, which stresses the mutual involvement of the individual and social context (Altman & Rogoff, 1987). In the following sections we will discuss two other models of human development which encompass a transactional worldview: Bronfenbrenner’s bioecological model and Sameroff’s transactional model.

Bronfenbrenner’s bioecological model of development

As early as 1977, Urie Bronfenbrenner argued that the understanding of human development requires analysis of multiperson systems of interaction as well as aspects of the person’s environment, from most proximal to most distal. Bronfenbrenner (1977) describes this ecological environment as consisting of a *microsystem*, *mesosystem*, *exosystem* and *macrosystem*: *microsystem* is the arrangement of interactions between the developing human and his/her environment in an immediate setting (e.g., home or preschool); *mesosystem* consists of the relationships between settings containing the developing person; *exosystem* comprises formal and informal social structures that, although do not contain the developing person, impact his/her immediate settings (e.g., government agencies and the mass media); and finally, *macrosystem* refers to the overarching institutional patterns of the culture or subculture, both explicit (e.g., laws) and implicit (e.g., customs).

According to the bioecological model, a revision of the original model which now more adequately emphasizes person characteristics, human development is defined as the “*phenomenon of continuity and change in the biopsychological characteristics of human*

beings both as individuals and as groups. The phenomenon extends over the life course across successive generations and through historical time, both past and present” (Bronfenbrenner, 2005, p.3). In other words, development occurs through processes of increasingly complex interaction which take place on a regular basis and over extended periods of time between an active, dynamic human and the persons, objects and symbols in his/her environment (Bronfenbrenner, 2005). According to Bronfenbrenner and Morris (1998), these aspects represent the four defining components of the model: *Person, Process, Context, and Time*. Proximal processes, or *process*, are the core of the model and are assumed to be the driving force behind human development; however, the influence of the proximal processes varies according to the *person*, the proximal and distal environmental *context* and the *time* periods in which the proximal processes occur (Bronfenbrenner & Morris, 1998).

Sameroff’s transactional model of development

According to Sameroff’s (2009) transactional model (see Figure 2), child development is the result of the interplay between person and contextual factors over time, or in other words the “*continuous dynamic interactions of the child and the experience provided by his or her social settings*” (p.6). Indeed, development occurs neither within the individual nor within the context but instead within the *relationship* between the two (Sameroff, 2009). Furthermore, the author distinguishes interaction, in which an individual’s schema continues stable, from transaction, in which the schema is modified by an experience.

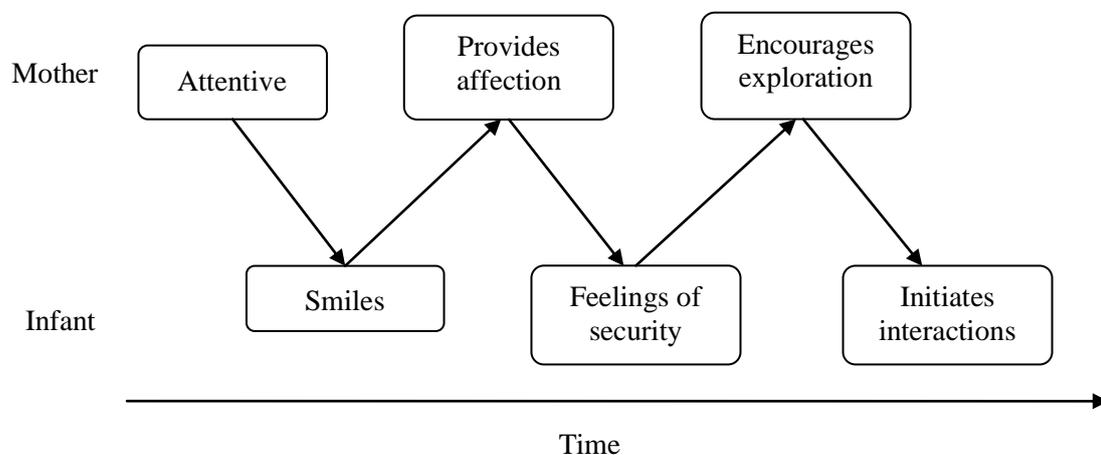


Figure 2 Hypothetical development of an infant according to the transactional model

Sameroff (2009) postulates that the behaviour of a child, at any point, is the product of transactions between three sources of regulation of human development. The author describes the *genotype* as the biological organization which regulates the physical outcome of the individual over time, the *phenotype* as the developing person, and the *enviromtype* as the source of external experience which regulates the way individuals develop into adult members of society.

A transactional world view encompassing both Sameroff's transactional model of development and Bronfenbrenner's bioecological model of development is useful for contemporary conceptualizations of ECI that focus on the day to day interactions of children in their natural context, embedded within the family system of which they are a part: a topic which we will turn to next. However, we will first proceed to describe the evolution of ECI models, closely intertwined with the evolution of theoretical conceptualizations of developmental discussed above.

1.2 Evolution of Early Childhood Intervention Models

ECI programs were first implemented in the 1960s in the form of compensatory education programs, such as Head Start in the USA (Pinto et al., 2009). According to the authors, this traditional *first-generation* model of ECI was typically child-centered and monodisciplinary, often reflecting a biomedical paradigm. In the 1970s ECI services took a large step forward in that parent participation became a concern (Pinto et al., 2009). Nevertheless, parents were typically viewed as helpers or assistants to service providers, as opposed to partners (Guralnick, 2000). Furthermore, ECI services lacked both well-trained professionals and an interdisciplinary framework; instead, a repetitive and ambiguous diagnostic/assessment model resulted in a multitude of unhelpful labels, and segregated services lead to the increased isolation of children and their families (Guralnick, 2000).

A new *second-generation* model, founded on the principles of family and child strengths, family control and collaboration between service providers and caregivers, was proposed in the 1980s (Dunst, 2000). In the 1985 article "*Rethinking Early Intervention*", Dunst defined ECI as the "provision of support to families of infants and young children from members of informal and formal social support network that impact both *directly* and *indirectly* upon parent, family, and child functioning" (Dunst, 2000, p.179). This

innovative definition highlighted the mobilization and empowerment of the family and of informal support, such as neighbours, as opposed to sole reliance on service providers and other formal support (Dunst, 2000). In Table 2 we present the principles of the new versus traditional paradigm in ECI.

According to Dunst (2000), research over the past several decades has in fact indicated that informal rather than formal support shows the strongest relationship to many child and family outcomes. A revised conceptualization of ECI, referred to by Dunst as the *third-generation* of ECI programs, proposes that child learning and development involves parenting supports, family-community supports and resources, as well as child learning opportunities, all within the scope of family-centred practices (Dunst, 2000).

New paradigm	Traditional paradigm
Promotion	Treatment
Empowerment	Expertise
Strengths	Deficits
Resources	Services
Family-centred	Professional-centered

Table 2 Principles of the new versus traditional paradigm in ECI (Source: Dunst, 2000)

In response to contemporary recommendations as well as to the need to integrate these into one coherent framework capable of guiding actual practice, the developmental systems model was put forth (Guralnick, 2001, see Figure 3). The model proposes that the task of ECI is to minimize or prevent stressors on families, due to both child and family characteristics, from creating less than ideal family patterns of interaction and concomitantly maintaining family strengths (Guralnick, 2005).

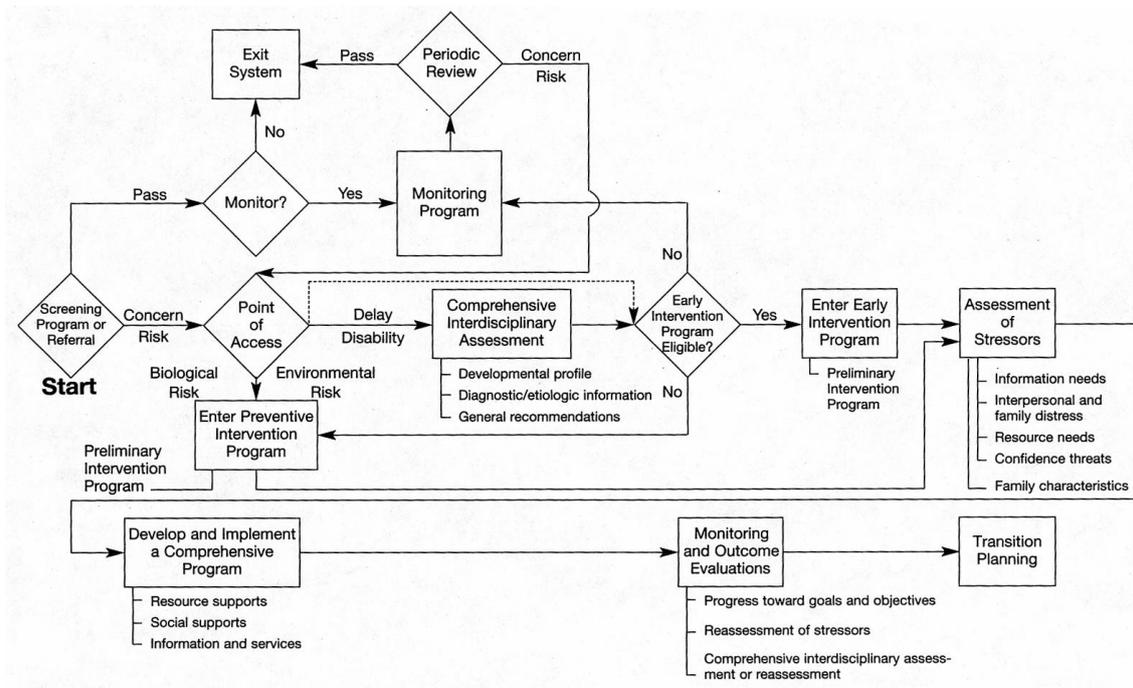


Figure 3 A developmental system's model for ECI (Source: Guralnick, 2005)

1.2.1 Current recommended practices

It is now apparent that intervention programs will not be successful if efforts are targeted only at the child (Sameroff & Fiese, 2000). In order to fully understand development and intervene in the early years we must pay attention to the vast array of ecological factors in which children and families are embedded and make changes that will enhance existing competencies (Sameroff & Fiese, 2000). According to these authors, universal treatments are not the solution; instead, success will be found in individualized programs targeting a specific child in a specific family in a specific social context. This ecological and holistic approach to ECI is apparent in current internationally recommended best practice which includes family-centred and routines-based service delivery, transdisciplinary team work, consultation and service coordination. These practices uphold an integrated and holistic view of development, calling attention to the natural day to day contexts of the child and family while at the same time advocating an active and equal role for caregivers and promoting new roles for service providers. We will now examine each practice in more detail.

Family-centred practice

Family centeredness is a fundamental aspect of ECI services and involves sensitive and respectful interactions as well as the enhancement of family capabilities and confidence (McWilliam, Snyder, Harbin, Porter, & Munn, 2000). According to McWilliam (2003), the traditional home-based ECI model is a professionally driven and therapeutically oriented approach in which an expert model dominates; the alternative is a truly family-driven and support-oriented approach in which family needs are attended to in an atmosphere of respect and encouragement. McWilliam (2003) justifies family-centred practice based on the rationale that: (a) service providers, through home visits or periodic support sessions, can have more impact on adult family members than on children; and (b) caregivers, in their daily interactions with the child, can have a more profound impact on the child than can service providers. In other words, direct intervention by service providers with a child (e.g., periodic therapy sessions) can have only modest effects on child outcomes, whereas intervention can have considerable influence on caregiver characteristics (e.g., confidence and competence) which in turn has a strong impact on the child (McWilliam, 2003). Thus, according to the author, home-based services should be directed at supporting caregivers.

Bruder and Dunst (2008) emphasize that effective family-centred help-giving includes both a relational and a participatory component. *Relational* practices involve behaviours frequently associated with good practice such as empathy and compassion, as well as conceptualizations of family competence and capabilities; whereas, *participatory* practices include family decision making and empowerment (Bruder & Dunst, 2008). According to Dunst (2000), relational practices are necessary but not sufficient for strengthening family competence and promoting new capabilities. For these to occur, the family must play an active role in achieving desired outcomes, that is, participatory practices must be in place (Dunst, 2000).

Trivette, Dunst and Hamby (2010) propose that family-centred practice influences child development in an indirect fashion: family-centred help giving influences parent self-efficacy beliefs which in turn influence parent well-being; both self-efficacy beliefs and parent well-being influence parent-child interactions which in turn influence child development (see Figure 4). Interestingly, the authors emphasize that it is not *what* is done but *how* services are provided which determines family empowerment.

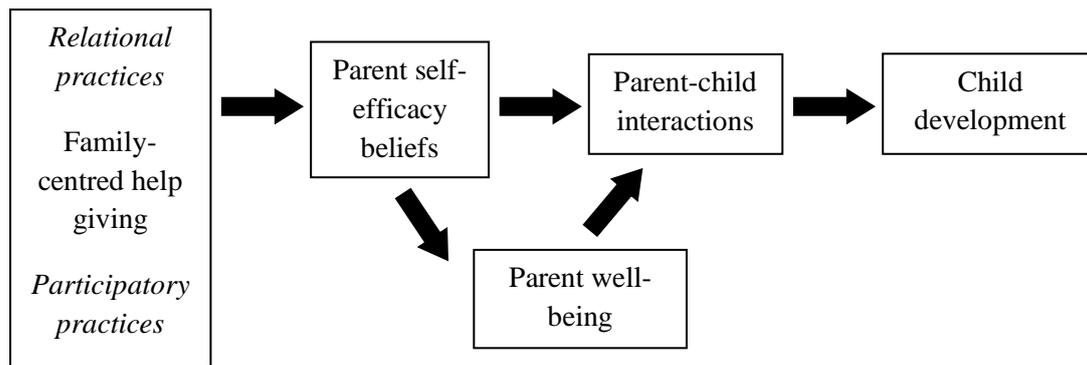


Figure 4 How family-centred practice influences child development
(Source: Trivette et al., 2010; Bruder & Dunst, 2008)

Routines-based practice

The provision of therapeutic services by specialists in clinical settings is often duplicative and inefficient (Guralnick, 2001). However, alternatives exist which merge discipline-specific resources in the context of naturalist routines (McWilliam, 1996, as cited in Guralnick, 2001). According to McWilliam, Casey and Sims (2009), functional *routines-based* assessments of child development are more helpful for intervention purposes than traditional assessments. The Routines-Based Interview (RBI) is one such assessment which, in addition to developing a list of functional goals, also seeks to examine child and family functioning in their daily environments as well as to establish a positive relationship with the family (McWilliam et al., 2009). The authors explain that the RBI focuses on routines in order to identify family strengths, needs and priorities, as well as family satisfaction in regards to its day-to-day functioning. Routines-based practice, however, applies not only to assessment but to the entire assessment-intervention process. According to McWilliam (2003), young children learn through repeated interactions with their environments dispersed over time; therefore, what happens *between* intervention sessions with caregivers is more important for learning than what happens *during* sessions. It follows then that the context of intervention should be daily, family routines, allowing the child to learn to use behaviour appropriately given that learning occurs in the context of naturally occurring stimuli (McWilliam, 2003).

This perspective is consistent with the support-based primary service provider model in which a sole professional visits adult family members, talks about intervention with the family and demonstrates interventions with the child at a place where the family would naturally be if the child was not receiving services, for example the home or a community setting (McWilliam, 2003). According to McWilliam (2003), child level

intervention may still be a part of home visits; however, the service provider's direct intervention with the child is not as important as the service provider's intervention with caregivers who spend enough time with the child to make a difference.

Consultation and the role of the service provider

It comes as no surprise that the role of ECI service providers has changed dramatically in response to policies and practices which support services in natural contexts (Buisse & Wesley, 2005). According to Guralnick (2000), a consultant model carried out in a larger naturalistic context, as opposed to a specialist model involving a one-on-one approach in a clinical context, is in all likelihood the model of the future. The roles of service providers have expanded to include indirect services (e.g., collaboration and consultation with parents, educators and other professionals) in addition to the more traditional role of direct therapy and instruction (Buisse & Wesley, 2005).

Consultation can be defined as "an indirect, triadic service delivery model" in which a consultant and a consultee work together to address concerns and common goals for change (Buisse & Wesley, 2005, p.10). According to the authors, the consultee is viewed as an equal partner and the consultant-consultee relationship is characterized by mutual decision-making. For ECI services this means that a consultant (e.g., early childhood special educator, therapist) helps a consultee (e.g., regular classroom educator, parent, service provider) by means of problem solving and professional support; in turn, the consultee helps the child in order to address immediate concerns as well as prevent future difficulties (Buisse & Wesley, 2005). Consultation can be distinguished from collaboration due to the indirect nature of service provision (Buisse & Wesley, 2005), in other words, the consultant does not directly support the child whereas in collaboration both service providers generally do intervene directly. However, the authors point out that the distinction between the two concepts is by no means clear cut. Nonetheless, in order to more fully appreciate the practice of consultation in ECI it is useful to compare it to both collaboration between service providers and the traditional parent participation model (see Figure 5).

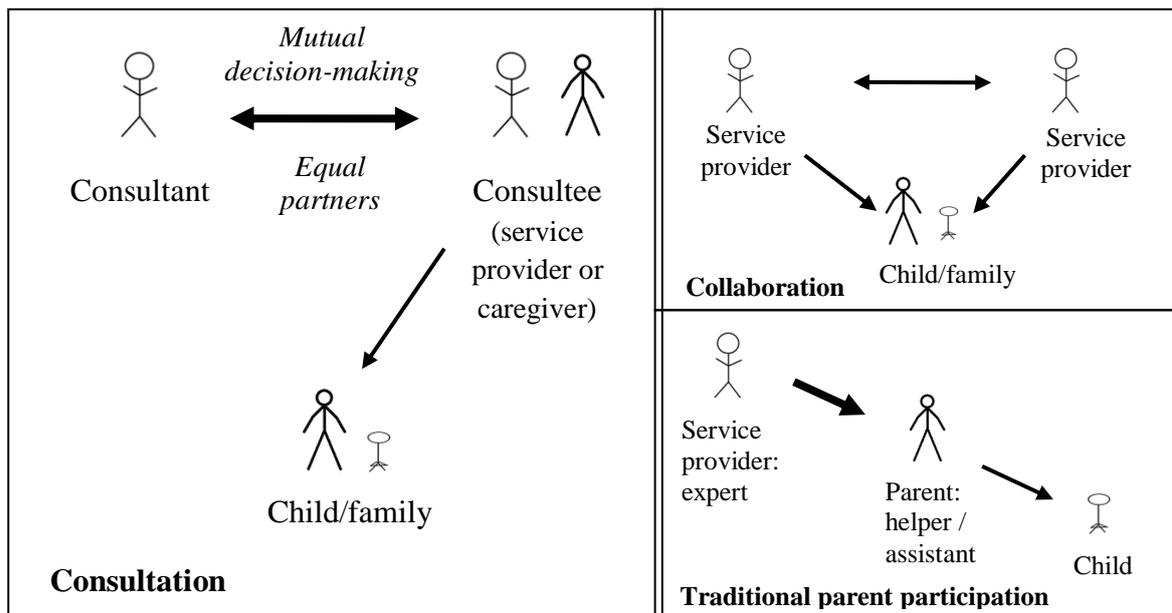


Figure 5 Consultation: An indirect, triadic service delivery model

Transdisciplinary team work

An emphasis on consultation and collaboration signifies the importance of team work in ECI. In fact, ECI programs are increasingly being designed using a team approach which acknowledges and addresses the multi-level nature of childhood development (Sameroff & Fiese, 2000). This team approach views human development as holistic, integrated and interactive (McGonigel, Woodruff, & Roszmann-Millican, 1994). According to McGonigel and colleagues (1994), three types of team-based early intervention models have been identified in the literature: *multidisciplinary*, *interdisciplinary* and *transdisciplinary*.

The *multidisciplinary* model, considered the historical foundation of the team models, arose from the recognition that the needs of children and families are best met by services provided by professionals from a variety of disciplines (McGonigel et al., 1994). However, Bruder (1996) explains that in a multidisciplinary team, professionals represent their own disciplines and provide isolated assessment and intervention. There is minimal interaction and collaboration between disciplines due to the fact that members of the team focus on their own roles and areas of expertise (Bruder, 1996). Furthermore, according to the author, in a multidisciplinary team the family is viewed as a mere recipient of services.

The lack of communication between team members is overcome in the *interdisciplinary* model due to a formal commitment to sharing information (Bruder,

1996). As described by Bruder (1996), multiple team member perspectives are integrated into a holistic intervention plan; however, the provision of discipline-specific services is maintained. Furthermore, family members may or may not be a part of the team and challenges in communication and interaction between members often remain an issue (McGonigel et al., 1994).

The *transdisciplinary* team is composed of service providers from various disciplines who share responsibility and accountability, and the family which is considered a valued and respected team member (McGonigel et al., 1994). The transdisciplinary team approach is a high quality and efficient family-centred model consistent with best practices in the field (McGonigel et al., 1994). According to the authors, the transdisciplinary model views child development as holistic and best served within the context of the family; furthermore, it recognizes the central role of parents as active decision makers with important concerns, priorities and resources. McGonigel and colleagues (1994) emphasize that in a transdisciplinary team all members are involved in a single assessment (e.g., an arena assessment) and jointly develop intervention plans; in addition, one member is designated the primary service provider and works directly with the family to implement the plan in the context of daily routines.

An essential feature of the transdisciplinary team is collaboration, an activity which requires a common philosophy and common goals as well as shared responsibility (Bruder, 1996). The purpose of collaboration is to pool and integrate expertise so that more efficient and competent service delivery occurs and, as a result, the number of professionals interacting with the child on a daily basis decreases (Bruder, 1996). The evaluation of team functioning is another essential component of transdisciplinary team development which should be accomplished in an atmosphere of mutual trust and support (McGonigel et al., 1994). As described by McGonigel and colleagues (1994), the stages of transdisciplinary team development and practice have been termed *role release* and include: *role extension* in which team members are responsible for keeping up to date in their own fields; *role enrichment* in which members develop an understanding of other fields; *role expansion* in which members begin teaching each other to observe and make recommendations outside their own fields; *role exchange* in which team members begin implementing techniques from other disciplines, and finally *role release* in which members liberate intervention strategies from their own fields to one another. *Role support* is an essential stage of the

process and involves backup support when the primary service provider is unable to provide a complex or new intervention (McGonigel et al., 1994).

While supporting the belief that service providers retain their areas of expertise, the transdisciplinary approach assumes that the goal of team members is to support families and implement interventions designed by and under the supervision of the team (McWilliam, 2003). According to the author, the myths surrounding this perspective include service providers' fear of losing their jobs and the belief that children get insufficient help. In reality, families form a relationship with the primary service provider, team members see the child as a whole and learn strategies from outside their area, resources are based on needs, programming is unified and families have more time (McWilliam, 2003).

Service coordination

Moving beyond the team and focusing on the ECI system as a whole, it becomes clear that numerous professional disciplines representing different administrative structures and agencies are involved at nearly all levels of ECI. This service structure may result in a tendency to view child development as the product of independent areas, instead of as an interacting and organized set of developmental processes (Guralnick, 2001). According to Guralnick (2001) integration is necessary at all levels of the system and calls for the involvement of health care, child development, special education and social work services, among others. An integrated approach requires that services and service providers reconceptualise their own ECI models and develop new ways of administrating activities (Guralnick, 2000). Yet, the coordination and integration of services is often overwhelming. Service providers may represent different disciplines or practice under conflicting philosophical models (Bruder, 2005). A lack of organizational structure for coordination may also stem from several other issues, namely: definition of independent goals; technical factors, such as resources and logistics; and, personnel factors, such as resistance to change, poor attitudes, competitiveness and discipline specific jargon (Bruder, 2005).

Despite the challenges, the benefits of a coordinated approach include maximizing the quality of inclusive practices, helping to individualize intervention strategies, emphasizing and reinforcing the family's central role, and addressing both teacher and parent concerns (Guralnick, 2000).

1.2.2 Early childhood intervention in Portugal

After having discussed the evolution of ECI models as well as current internationally recommended practices, we will now focus in on ECI in this country. ECI programs are, in fact, a relatively recent development in Portugal (Pinto et al., 2012). Up until the pronouncement of the Salamanca Statement (UNESCO, 1994) infant and young children with special needs were supported by a traditional model (Pinto et al., 2012). Typical of the first-generation paradigm, services were often child-centred, deficit-focused, segregated and fragmented (Bairrão, 2001, 2003, as cited in Pinto et al., 2012).

According to Pinto and colleagues (2009), several projects were decisive in stimulating ECI programs in Portugal in the 1980s. The *Portage Program for Parents*, developed in the District of Lisbon in the early part of the decade, was innovative due to the individualized planning of objectives and intervention strategies, an emphasis on service coordination and interdisciplinary collaboration, home-based interventions developed in collaboration with parents, as well as in-service training and supervision (Pinto et al., 2012). The emphasis on parental involvement helped to spark a major shift in the conceptualization of ECI in Portugal (Bairrão, 2003, as cited in Pinto et al., 2012).

The *Integrated Early Childhood Intervention Project*, developed in 1989 in the District of Coimbra, provided individualized, comprehensive and family-centred support to children and their families (Pinto et al., 2012). This project stressed the importance of high-quality in-service training and ongoing team supervision (Boavida & Borges, 1994, Boavida, Carvalho & Espe-Sherwindt, 2009, as cited in Pinto et al., 2012).

In the 1990s the *Early Childhood Intervention Project*, based at the FPCEUP and overseen by Joaquim Bairrão, was created in Matosinhos in the District of Porto (Pinto et al., 2012). The project was founded on family and community centred practice and sought to promote new ways of providing evidence-based and internationally recommended intervention in collaboration with local services (Pinto et al., 2009).

Despite the innovative projects developed in the 1980s and 1990s, service delivery continued to be characterized by monodisciplinary assessment, child-centred intervention as well as scarce supervision and program evaluation; furthermore, services were rarely provided to children under the age of 3 (Bairrão and Almeida, 2002, 2003, as cited in Pinto et al., 2012). During the 1990s the influence of systemic and developmental perspectives as well as family-centred models began to infiltrate ECI in Portugal; however, individualized plans for families continued to be scant and professionals experienced difficulty in

expanding their traditional roles (Pinto et al., 2009). The evolution of ECI in Portugal is closely tied to the interplay between contemporary developmental theory and research, innovative ECI projects as well as national and international policies and declarations. National legislation is the subject we turn to next.

Legislation

We will focus our discussion on an examination of legislation in this country; however, a summary of both national and international legislative and governmental initiatives as well as international declarations and conventions pertinent to a discussion of ECI are presented in the table that follows (see Table 3). The first legislative initiative pertaining directly to ECI in Portugal, Order Set 891/99, was passed in 1999. The legislation highlights the importance of coordination between health, education, social welfare and community services and emphasizes team work and family involvement; it specifies as the targets of intervention children between the age of 0 and 6 years with disabilities or at risk for serious developmental delay as well as their families (DC 891-99). The publication of this policy was an important first step towards the recognition and identity of ECI in Portugal and resulted in the development of many ECI projects (Pinto et al., 2009).

In 2008, Decree-Law 3/2008 defined the specialized support provided in educational settings, including preschool, and thus has been of critical importance to ECI services. According to Article 1, the law aims to create the conditions necessary for the adaptation of the educational process to the special educational needs of students with significant and permanent limitations (at the level of activity and participation) due to functional *and* structural limitations, resulting in continual difficulties in communication, learning, mobility, autonomy, interpersonal relations and social participation (DL 3/2008).

The most recent policy, Decree-Law 281/2009, mandates universal access to ECI services, defined as the set of integrated support measures including prevention and rehabilitation, for children between 0 and 6 years of age who either demonstrate functional *or* structural body alterations, which limit participation in developmentally and contextually appropriate activities, or are at *risk* for developmental delay as well as their families (DL 281/2009). The law defines collaboration between the Ministries of Health, Social Services and Education and establishes the National Early Childhood Intervention System (SNIPI) comprised of a National Coordination Commission, five Regional Coordination Committees, and 149 local intervention teams (ELI) (DL 281/2009).

Year	Country or Organization	Initiative, Declaration or Convention	Functions or Fundamental Propositions
1948	UN	Universal Declaration of Human Rights	All persons have the right to education
1975	USA	Public Law 94-142 “Education of All Handicapped Children Act”	Integrated education of disabled children
1986	USA	Public Law 99-457 “Education of the Handicapped Act Amendments”	Expands services for infants and young children who have disabilities or are at risk and their families as well as outlines services for young children 0-5 years of age
1989	UN	Convention on the Rights of the Child	Recognizes the right of physically and mentally disabled children to a full and decent life
1990	Portugal		
1990	USA	Public Law 101-476 “Individuals with Disabilities Education Act” (IDEA)	Substitutes PL 94-142 Defines rights of children with disabilities and their parents, emphasizing parents’ right to participate in decision making
1994	UNESCO	Salamanca Statement	Advocates inclusion
1997	USA	Public Law 105-17	Revises PL 101-476 (IDEA) Definition of children with disabilities includes children with developmental delay
1997	Portugal	Portaria 52/97 (Ordinance 52/97)	Action of special education teams includes children between 0-6 years of age in a normative educational context
1997	Portugal	Lei-Quadro da Educação Especial (Framework Law for Special Education)	National preschool network integrating public and private services with an emphasis on families’ right to participation in the development of educational plans
1999	Portugal	Despacho-Conjunto 891/99 (Order set 891/99)	Regulates practice of ECI
2004	USA	Public Law 108-446 “Individuals with Disabilities Improvement Act”	Revises IDEA, including the requirements for assessing children with disabilities and implementation of Individual Education Plans
2008	Portugal	Decreto-Lei 3/2008 (Decree-Law 3/2008)	Defines specialized support provided in special education including preschool
2009	Portugal	Decreto-Lei 281/2009 (Decree-Law 281/2009)	Formation of a national ECI service (SNIPI)

Table 3 History of national and international initiatives pertaining to ECI

According to Article 3 of the policy, ECI services are to be family and child-centred with individual programs defined according to the needs of families. In addition, the policy mandates the formation of local, multidisciplinary teams comprised of professionals representing a variety of disciplines. Responsibilities of these teams are extensive and include: identifying children and families immediately eligible for ECI services; ensuring the monitoring of children and families not immediately eligible; referring children and families who are not eligible but in need of social support; defining and putting into practice individualized early intervention plans (PIIP); identifying community needs and resources and creating social support networks; collaborating with other services when necessary; ensuring adequate transition processes; and lastly, collaborating with early childhood educators (DL 281/2009).

Despite several positive features, this policy does not take into account evidence-based recommendations presented in recent research or the need to ensure the implementation of these recommendations (Pinto et al., 2012). Furthermore, DL 281/2009 was published one year after the law pertaining to special education (DL 3/2008) which also encompasses children between 3 and 6 years of age; nevertheless, no specific guidelines have been put forth to address this overlap, resulting in inconsistencies in service provision (Pinto et al., 2012).

It is with this contextual framework as a backdrop, in terms of a theoretical perspective on development, a conceptual model of ECI and an appreciation of the history and current state of ECI both internationally as well as in this country, that we now turn to the empirical section of this study.

2. Method

In addition to examining the theoretical aspects of trait, interactional, organismic and transactional world views, Altman and Rogoff (1987) also discuss the methodological implications of these four approaches. Here, however, we are most concerned with the principles of methodology that stem from a transactional perspective.

Transactional research takes settings and contexts into account (Altman & Rogoff, 1987). According to the authors, *any* situation is a real setting; thus all research environments have value (laboratory or otherwise) as long as the psychological processes under study are treated as occurring within the contextual aspects of the setting.

Transactional research attempts to understand both participant perspective of an event as well as researcher role as an observer of the event (Altman & Rogoff, 1987). Whereas most contemporary research strives to eliminate “observer bias” - indeed trait, interactional and organismic world views all assume that observers are separate, objective and detached from phenomena, capable of making equivalent observations - transactional approaches consider the observer as *part of* the event (Altman & Rogoff, 1987). Consequently, the authors argue that different observers may provide different but equally legitimate descriptions of the same events depending on location, role and perspective.

According to Altman and Rogoff (1987), transactional research emphasizes the study of process and change, often evidenced by the use of active verbs such as “doing” and “feeling” as opposed to mere measures of states and conditions. The authors emphasize that a transactional perspective requires sensitivity to the research situation and an ability to identify the indicators embedded in it, without a rigid reliance on standardized procedures, as well as consideration of the functions of the acts of participants.

As described by Altman and Rogoff (1987), sole reliance on a single method or the belief that one method is better than another is incompatible with a transactional approach; instead the approach promotes methodological eclecticism and is receptive to a wide range of strategies with choice dependent on research questions and goals. After all, it is not the measure, procedure or technique that generalizes from one study to another, but instead, the construct and theory which guide the research (Altman & Rogoff, 1987). It is with these principles in mind that we now embark on a discussion of the methodological framework drawn upon for our empirical study: discourse analysis.

2.1 Discourse Analysis as Theory and Method

According to Nikander (2008), discourse analysis (DA) is an umbrella term for a rapidly growing research field encompassing a range of approaches across a number of disciplines. In general, DA investigates the nature of social action by examining, by means of a qualitative analysis, how actions, knowledge and meanings are constructed through text and talk (Rapley, 2007; Nikander, 2008). The assumption of DA that transcends the various approaches is the view that through discourse we create representations of our world that are not reflections of a pre-existing reality but contribute to actually *constructing* a version of that reality (Phillips & Jørgensen, 2002; Potter & Wetherell, 1987). Talk is not just about actions and events it also does actions and events, that is, talk is both constructed and constructive, referred to as *reflexivity* (Potter & Wetherell, 1987). Discourse is seen, in its broadest sense, as “all forms of spoken interaction, formal and informal and written texts of all kinds” (Potter & Wetherell, 1987, p. 7)

In their book “*Discourse Analysis as Theory and Method*” Phillips and Jørgensen (2002) describe three general approaches to DA: a predominantly abstract approach developed by Lacau and Mouffe; a highly political approach known as critical discourse analysis promoted by researchers such as Fairclough and van Dijk; and, discursive psychology, an approach within the field of social psychology. In this study we will focus on this last strand of DA.

Discursive psychology treats written and spoken language as constructions of the world oriented toward social action (Phillips & Jørgensen, 2002). Language is viewed as a dynamic form of social practice which shapes the social world including identities, attitudes and social relations, all of which are historically and contextually specific (Phillips & Jørgensen, 2002). Simply put, discursive psychology is the study of how psychological events, such “attitudes” and “identity” are produced, negotiated and accomplished through social interaction (Rapley, 2007).

Discursive psychology, like all other approaches in DA, is founded on a social constructivist paradigm which assumes that language is not merely a *means* of expressing experiences but, in and of itself, *constitutes* experience and the subjective, psychological reality (Nikander, 2008; Rapley, 2007; Phillips & Jørgensen, 2002; Potter & Wetherell, 1987). To truly appreciate discursive psychology in particular, and DA in general, it is helpful to clarify the nature of the methodology as a part of a greater theoretical debate.

2.1.1 Discourse analysis as theory

As Phillips and Jørgensen (2002) explain, the field of social psychology has traditionally been dominated by a *cognitivist* paradigm. In stark contrast to social constructivism, cognitivism explains social psychological functioning in terms of cognitive processes (such as thinking and perceiving) and aims to identify these processes as the causes of social action, primarily through the use of experimental, quantitative research (Phillips & Jørgensen, 2002). However, DA challenges cognitivism by demonstrating that its claims to universal truth are merely one possible version of the world (Phillips & Jørgensen, 2002). Indeed, strong debate has surged in recent years in regards to the objectivist view of science found in the *positivist* paradigm in which knowledge is seen as a *reflection* of reality (Phillips & Jørgensen, 2002). In fact, it is now common knowledge that any observation of the world, whether physical or social, is dependent on a vast array of theoretical assumptions and interpretations (Potter & Wetherell, 1987).

In addition to critiquing both the positivist view of science as well as the cognitivist views of social functioning, DA also challenges the *realistic* model of language which views discourse as a pathway to actual actions, beliefs and events (Potter & Wetherell, 1987). Researchers with a realistic perspective assume that people, in general, will describe the same action, belief or event consistently and that consistent accounts indicate that an event did happen as described (Potter & Wetherell, 1987). However, discourse analysts defend that consistency is *not* a hard and fast indicator of validity, instead it may be the result of various accounts sharing the same function, or in other words, the product of multiple people formulating their discourse in a similar fashion because they are doing the same thing with it (Potter & Wetherell, 1987).

Indeed, one of the fundamental themes of DA is the functional nature of language, that is, that people use language to *do* things such as to persuade and to blame (Potter & Wetherell, 1987). It follows then that an analysis of language over time would reveal a great deal of variation as people vary their accounts according to the purpose of the talk (Potter & Wetherell, 1987).

Potter and Wetherell (1987) argue, however, that when confronted with variability, researchers employing qualitative research typically attempt to differentiate between “accurate” accounts in talk and “rhetorical” accounts (by rhetorical we mean constructed in order to convey or consolidate a particular meaning while refuting others, as per Rapley, 2007, p.133). In order to decide which account should be taken as genuine, researchers

may employ *observation*, in which the accuracy of accounts is checked by comparing them with researcher observations with the assumption that the account of the researcher is the correct one, or *triangulation*, in which a variety of discourse is collected from different sources to clarify the matter and determine the correct version of events. However, according to Potter and Wetherell (1987), the difficulty with these procedures is the failure to account for the *semiological* nature of talk and action, that is, they claim that the connection between action and meaning is not inherent to movements or sounds but instead socially and culturally bound. The authors advocate for qualitative methodologies that work with texts and talk themselves, not those that have been reduced to numbers.

According to Potter and Wetherell (1987), the goal of DA is not to resolve variability but to make variability the focus of analysis. Instead of assuming that one version of reality is correct and attempting to sort out which one it is, DA researchers seek to demonstrate that different versions of accounts serve different functions. Orderliness or consistency in talk is seen as a result of order or consistency in the *functions* to which talk is put (Potter & Wetherell, 1987). Indeed, DA researchers look for patterns and order in how text and talk are organized and for how intersubjective understanding and practices are accomplished, constructed and reproduced in the process (Nikander, 2008).

One concept in discursive psychology that has been developed by Potter and Wetherell (1987) is the interpretive repertoire: a system of terms used recurrently for “characterizing and evaluating actions, events and other phenomena” (p. 149). Interpretive repertoires are composed of a limited range of terms used in particular stylistic and grammatical constructions often organized around specific metaphors and figures of speech (Potter & Wetherell, 1987). The authors caution, however, that in DA it is not sufficient to merely identify interpretive repertoires but also to examine their functions and implications. Since different interpretive repertoires are used for different purposes it is expected that not only will different people use different repertoires at any particular moment but also that the *same* person will employ a wide range of repertoires according to the situation at hand (Potter & Wetherell, 1987).

Potter and Wetherell (1987) argue that it is only when we look at the functions of talk that we begin to more clearly understand the social world. The authors describe the “sheer flexibility” of discourse as a resource in that it can be used to blame, excuse, praise, condemn etc. (p. 114). As has been previously mentioned, our talk does not simply and neutrally describe reality but constructs a version of that reality which has real social

implications. The authors explain that by highlighting the function of talk we can understand why, for example, a category of people can be described in one way on one occasion and in another way on a different occasion (it is important to note that the action of categorizing, like all other social phenomena, is seen as an active social accomplishment). According to Potter and Wetherell (1987), research has shown that categories are used and produced in such a way as to help accomplish certain goals.

Despite stressing the active and constructive nature of talk, Potter and Wetherell (1987) emphasize that the process of constructing talk is not necessarily deliberate or intentional. That being the case, however, whether intentionally constructive or not, talk has social implications and consequences (Potter & Wetherell, 1987). For example, different constructions of the self and of others have important consequences for the positioning of people in society; these different versions are not neutral but rather they produce identities that may be oppressive or liberating (Potter & Wetherell, 1987). A particular discourse with a particular formulation of one's own self or the self of others allows one to justify one's actions, thereby maintaining patterns and power relations (Potter & Wetherell, 1987).

2.1.2 Discourse analysis as method

According to Potter and Wetherell (1987), DA provides the researcher with a workable and relevant qualitative methodology for the study of social texts. The authors describe ten stages in the analysis of discourse. These stages, however, are by no means linear; in fact there is a tendency for stages to meld together throughout the research process, for example, a researcher might cycle between coding and analysis (Potter & Wetherell, 1987) or research questions may be further specified and refined after transcription (Nikander, 2008). Nevertheless, the stages outlined by Potter and Wetherell (1987) serve as a useful and practical framework for structuring a research procedure using DA as a methodology. We will now turn to a more detailed discussion of these stages.

Stage one: research questions

Research questions in DA are many and varied; however, the one coherent theme that transcends these questions is the treatment of text and talk as a focus of analysis in and of itself and not as reflection of an underlying process that lies beyond the text (Potter & Wetherell, 1987). According to the authors, research questions should be broadly related to the construction and function of talk: How is discourse organized? What is gained by this

construction? Similarly, Phillips and Jørgensen (2002) explain that the questions leading up to a research study should centre on how people, through text and talk, produce constructions of the world, such as groups and identities. Thus, perhaps the first step in DA is suspending belief in what we normally take for granted and beginning to examine how practices are constructed and what they assume (Potter & Wetherell, 1987).

Stage two: sample selection

Contrary to traditional views in psychology, DA does not assume that a larger sample size will yield a more successful study; indeed more interviews can lead to more effort expended without adding to the analysis (Potter & Wetherell, 1987). Since DA is interested in language use and because a large variety of patterns is likely to emerge from a few people, small samples are generally adequate for examining a wide range of phenomena (Potter & Wetherell, 1987). In fact, the authors point out that several classic studies in the field have focused on a *single* text; what is most important, however, is providing a clear and detailed description of the material under analysis as well as its origins.

Stage three: collection of records and documents

Potter and Wetherell (1987) explain that researchers using DA frequently choose to analyze records or documents along with, or instead of, interviews or other participant interactions. Potential data sets in DA include all forms of talk transcribed into written format (Nikander, 2006), ranging from naturally occurring conversations in everyday and institutional settings to interviews and focus groups, the analysis of documents, records, and newspaper items, as well as media products such as political gatherings, speeches or interviews (Scollon & Scollon 2004, as cited in Nikander, 2006). The use of transcripts, observational data, documents and interviews do not rule each other out and in practice researchers are encouraged to combine different materials (Nikander, 2006). By collecting documents from many sources the researcher is able to capture a wide variation in text and talk as well as obtain a great deal of contextual information (Potter & Wetherell, 1987).

Stage four: interviews

Despite the advantages of more naturalistic data sources, interviews allow the researcher room for active intervention, for example the possibility of questioning a sample of participants on the same issue (Potter & Wetherell, 1987). It is important to note that interviews in DA differ from conventional interviews in several important ways: variation and consistency are both important; techniques which promote diversity are emphasized

leading to a more informal and natural interaction; and lastly interviewers have an active role and are not reduced to verbal questionnaires (Potter & Wetherell, 1987). As Phillips and Jørgensen (2002) explain, in qualitative methodologies that reject the positivist paradigm, the interview is seen as a form of interaction in and of itself which both the interviewer and interviewee contribute to shape.

When employing interviews, Potter and Wetherell (1987) recommend developing an interview script or guide which specifies the questions to be asked as well as any follow-up or probe questions to be produced if a particular response is given. Furthermore, the authors suggest that pilot interviews be conducted and transcribed in order to assess the adequacy of the guide and make any necessary alterations.

Stage five: transcription

As Potter and Wetherell (1987) explain, the importance and difficulty of transcription is often underestimated. A good transcript is essential for the repeated readings required in a detailed analysis (Potter & Wetherell, 1987). In addition, transcripts bring immediacy and transparency to the phenomena under study, allowing the reader to also inspect the data (Nikander, 2008). The time needed to transcribe material depends significantly on the transcription system used; nevertheless, even the simplest of transcriptions is an incredibly time-consuming endeavour (Potter & Wetherell, 1987). The authors recommend that the detail of a transcription notation be based on the research questions being studied; for most research questions fine details are not crucial and can even interfere with the readability of the text, especially for researchers or readers unfamiliar with the notation.

Stage six: coding

Potter and Wetherell (1987) emphasize that coding is quite distinct from analysis; the goal of coding is to turn a large body of discourse into manageable groups of data. No precise procedural guidelines exist; however, the sorting of material is typically based on research interests (Nikander, 2006; Phillips & Jørgensen, 2002; Potter & Wetherell, 1987). At this point it is important to be as inclusive as possible given that we are interested in producing a large variety of discursive instances (Potter & Wetherell, 1987).

Stage seven: analysis

The process of analysis involves, quite necessarily, a great deal of reading and rereading (Potter & Wetherell, 1987). It can be described as encompassing two major phases: a search for pattern in the data followed by an examination of function and

consequence; and, the formation of hypotheses regarding these functions and consequences followed by a search for linguistic evidence (Potter & Wetherell, 1987). Nikander (2008) explains that during the process of analysis the researcher may notice variation in the text or particularly striking moments in the interaction, which is then followed by a search for recurrent patterns and the gathering of these into collections that become a data set. Thus, rather than an analytic method, DA provides a theoretical framework which focuses on the constructive and functional nature of discourse (Potter & Wetherell, 1987).

Stage eight: validation

According to Potter and Wetherell (1987), four analytic techniques can be used to address the validity of research in DA. The first, *coherence*, signifies that an analysis should demonstrate how specific discourses fit together and how this structure produces effects and functions. Analytic claims should explain both the broad patterns found as well as many of the micro-sequences. Furthermore, apparent exceptions to the claims are of relevance to an assessment of coherence in that if some special feature of the exception can be found that determines it as an exception then the analytic claim is supported. The second technique, *participants' orientation*, stresses that it is not sufficient for an analyst to see consistency or variability in discourse, the participants themselves must orient to these features of consistency and variability. In micro-sequences, for example, if a participant treats a question as an accusation by, say, providing an excuse, then the researcher is also justified in treating the talk as an accusation. *New problems*, a third analytic technique, suggests that linguistic resources not only resolve difficulties for participants but also create new problems of their own. The existence of new problems and solutions provide additional confirmation that these resources are being employed as claimed. *Fruitfulness*, the fourth and final technique described by Potter and Wetherell (1987), refers to the ability of analytic claims to make sense of discourse and provide novel explanations. In other words, claims are given further credit if they can be used to generate new solutions to relevant problems in the research field (Potter & Wetherell, 1987). The authors argue that these four techniques allow for a stringent examination of any analytic claim.

Stage nine: the report

As Potter and Wetherell (1987) explain, the research report is also a critical part of the confirmation and validation procedure in DA in that it allows the reader to assess the researcher's conclusion. Here transparency is of utmost importance (Phillips & Jørgensen, 2002); representative examples from the data must be included along with a detailed

description linking claims with specific aspects of the discourse (Potter & Wetherell, 1987). For these reasons, the analysis section of a research report using DA methodology will be considerably longer than traditional reports, given the importance of including extracts from the transcripts and detailed interpretations (Potter & Wetherell, 1987). Thus, as the authors explain, DA can be described as an exceptionally rigorous methodology in that the reader has access to the entire reasoning process, from data to conclusions, opening up the possibility for agreement or disagreement. Simply put, Rapley (2007) argues that researchers must convince the reader that their claims and interpretations are both credible and plausible as well as based on the discursive material collected. This can be achieved by describing how one generated, worked with, and analyzed data; by checking one's claims against the material and searching for instances that may refute one's argument; by giving the reader detailed access to the material that led to one's claims; by checking one's claims against the work of other authors; and, finally by presenting or discussing one's findings with the people under study.

Stage ten: application

Potter and Wetherell (1987) encourage researchers to pay more attention to the practical uses of their work, arguing that application should not be considered as an "optional extra" (p. 175). Research in DA has the potential to make people more aware of the constructive nature of talk and text, thus promoting an informed, critical attitude to discourse (Potter & Wetherell, 1987). Similarly to Rapley (2007), one possibility that the authors suggest is opening up a dialogue with the participants of the research study.

With these stages in mind we are ready to describe the procedure of our study.

2.2 Procedure

Now that we have set the stage for our research study by providing a detailed analysis of the context of ECI, both internationally as well as in Portugal, and by outlining the principal theoretical assumptions and methodological procedures of DA, we can move on to describing the research procedure of this study.

2.2.1 Research questions and objectives

How do we construct ECI in our talk? Are we, and if so, how are we building a new discourse encompassing contemporary best practices such as family-centeredness and transdisciplinary team work? On the other hand, how are we maintaining traditional conceptualizations of ECI and what social consequences does this have? If a distinction between traditional and contemporary constructions of ECI is in fact a part of the reality we co-construct on a day to day basis, when and for what purpose do we use these different discourses? These are the critical questions we wish to address in this research study.

It is our goal to highlight the active nature of discourse in constructing conceptualizations of ECI in Portugal. Discourse is not merely a reflection of our ideas or even an indicator of our practices (Potter & Wetherell, 1987), it is *a part of* the active construction of ECI. In other words, it is through discourse that we develop and maintain practices in ECI. Specifically then, we seek to examine the *patterns* and *functions* of service providers' constructions of ECI.

The themes that will guide this research in all of its components centre on the family and on team work. At the level of the family, we seek to examine how relationships between the family and service providers are produced. Specifically, we are interested in the construction of relational and participatory practices, including the family's role as a member of the team, as a decision maker and as a participant in the implementation of the assessment-intervention process. At the level of the team, we aim to explore constructions of team work, especially transdisciplinary team work and practices of role release.

We anticipate that this research study will spark discussion, particularly in regards to the challenges of constructing a family-centred and transdisciplinary approach to ECI services. Given the changes enacted by relatively recent legislation which created an official national ECI system and mandated an abrupt change in service provider roles we expect to expose the variability of discourse surrounding ECI in Portugal.

2.2.2 Participants

The participants of this study are service providers on an ELI in the Metropolitan Area of Porto, Portugal. We selected this particular team due to the fact that the primary researcher would simultaneously be completing a practicum placement on this intervention team. In addition to convenience, this selection had the added benefit of providing a great deal of contextual information in regards to team functioning as well as the day to day

workings of the ECI system. The team consists of 11 members: a sample size in line with literature recommendations (Potter & Wetherell, 1987).

Like all other ELI in Portugal, this team serves children ages 0 - 6 with, or at risk for, developmental delays and their families, whose educational setting or residence falls within the team's jurisdiction. The team was formed in 2011, less than two years after the publication of Decree-Law 281/2009. The team is based at a community health centre and is comprised of a pediatrician (also team coordinator) and a pediatric nurse from the Ministry of Health, a psychologist, a social assistant, an occupational therapist and a physiotherapist from the Ministry of Social Services, and five specialized early childhood educators from the Ministry of Education. In addition to representing three different ministries the team members are also employees of different organizations, some governmental and others not-for-profit, on "loan" to SNIPI. Several members fulfill their duties on a fulltime basis while others carry out their functions on a part time basis.

According to the team's ECI process document, the assessment-intervention process for children and families begins with admission. More specifically, this phase consists of: a referral addressed to the team coordinator and subsequent analysis by the coordinator of whether the case meets SNIPI eligibility requirements; an initial meeting with the family carried out by the team's psychologist and social assistant; an interdisciplinary assessment using the arena approach, where the primary service provider is chosen; a verification procedure to confirm eligibility; and finally, admission.

The second phase, intervention, involves: the development of the individualized early intervention plan (PIIP) by the primary service provider in collaboration with the family and the team; direct support provided by the primary service provider at the level of the child, the family and the community; periodic re-assessments when necessary as well as continual progress monitoring; referral and transition to other services when appropriate; and finally, archiving. Regular team meetings are held weekly in order to analyze referrals as well as discuss cases and the functioning of services.

2.2.3 Construction of research materials

Prior to the construction of an interview for conducting with ECI service providers we chose to develop a conceptual framework which depicts internationally recommended practices in ECI and also forms the basis of the categories used for coding. The development of this framework is similar to the phase in *deductive* content analysis of

developing a categorization matrix given that an analytic structure based on previous knowledge is created prior to analysis (Elo & Kyngäs, 2007). The conceptual framework is presented in table format and is based on the recommended practices outlined in the first section of this paper (see Attachment 1 Conceptual framework). The framework is organized according to 3 major themes: child development, family involvement and team work. However, it is important to note that these themes are not mutually exclusive and often overlap.

The conceptual framework formed the basis for the construction of a semi-structured interview guide, targeted for use with ECI service providers working on an ELI. This interview guide underwent several revisions, as well as peer review, before being pilot tested, as per Potter and Wetherell (1987), on two ECI service providers from a different team during the month of January, 2013. The initial interview comprised 21 primary questions and several follow-up questions to be used if the target topics were not touched on, as suggested by Potter and Wetherell (1987). We transcribed the two pilot interviews and the resulting simple verbatim transcriptions were reviewed.

The pilot testing of the interview guide resulted in a revision of multiple questions in order to improve clarity. We also removed several questions of less relevance to the research questions with the aim of making concise a rather lengthy interview. A short questionnaire included in the interview guide was also removed for the same reasons. However, we wrote up a small introduction to situate the participant and explain, in general terms, the goals of the research study as well as set the tone for an informal conversation. Additionally, we revised the order of the questions according to the natural flow of talk experienced during the pilot runs and eliminated many of the secondary questions given that both interviewees brought up the topics of interest without prompting (for more details regarding the pilot interview guide as well as the subsequent analysis see Attachment 2 Pilot interview guide and analysis). These revisions resulted in a final guide, as recommended by Potter and Wetherell (1987), consisting of 14 open-ended questions and several follow-up questions for use with our sample of ECI service providers (see Attachment 3 Final interview guide).

2.2.4 Interviews

I conducted interviews with team members using the final interview guide during the months of March through July, 2013. All interviews took place at the local community

health centre where the team is based. Prior to starting each interview I obtained informed consent from the participant (see Attachment 4 Informed consent). All interviews were audio-recorded. The interview moments can be described as formal yet natural conversations where I took on a fairly active role in the interview process (Phillips & Jørgensen, 2002; Potter and Wetherell, 1987), straying from the guide by occasionally reformulating the discourse of the participant and posing additional questions relevant to the topic at hand. Due to scheduling difficulties one team member was not able to participate in the study, resulting in a total of 10 interviews. The duration of the interviews ranged from 20 minutes to 66 minutes, with a mean of 43 minutes.

2.2.5 Transcription and coding

The transcription notation used throughout this study is based on a simplified version of a Jeffersonian transcription notation adapted from Potter and Wetherell (1987) and Rapley (2007) which includes words spoken as well as other features of talk such as pauses, overlaps and intonation. We developed an initial transcription notation of 12 features which appeared of most relevance to the research goals, based on 16 features of talk included in these authors' simplified notations (see Attachment 5 Initial transcription notation). Due to the labour-intensive transcription process (Potter & Wetherell, 1987), we chose to have 3 transcribers. After requesting the assistance of two colleagues we held a meeting to briefly review and discuss the methodological principles of discourse analysis as well as examples of transcribed text using varying degrees of Jeffersonian notation. All three transcribers used the initial transcription notation, comprising 12 features, for the transcription of one interview in order to examine which aspects appeared both relevant and practical for inclusion in the transcription of the remaining interviews. Nevertheless, collaborators were provided with all 16 features and given the option of using any of the additional aspects to capture the discourse of the interview. I also asked each colleague to note the duration of the transcription process. As expected transcription was a lengthy process, taking between 10-12 hours for each collaborator (the duration of this interview was 40 minutes). This is not surprising given the detail required in any Jeffersonian-based notation as well as our relative unfamiliarity with the system. We proceeded to revise the transcription notation based on both practical constraints (i.e., collaborator availability and study deadlines) as well as relevance given the research questions under study (Potter & Wetherell, 1987). The aspects chosen for inclusion were those: deemed useful for

capturing the features of talk present in the interview; used relatively consistently by all 3 collaborators; and, that did not appear to interfere with reading the text. The only exception was feature number 9 (*transcript deliberately omitted*) which was not used by any of the three collaborators in the first interview but was included in the final transcription notation due to the need for a means of dealing with situations in which participants name children and private institutions (see Attachment 6 Final transcription notation). We presented the final transcription notation to the collaborators and clarified all questions and concerns before proceeding to transcribe the remaining 9 interviews (3 interviews or about 130 minutes of interview tape per collaborator). The transcription process began in August 2013 and took about 4 weeks to complete. As estimated, after factoring in increased experience and familiarity with the transcription procedure, each hour of audio took about 6-10 hours to transcribe.

After transcriptions were completed we then moved to the stage of coding. Three coloured highlighter pens were used to code any talk that could be included in any of the three categories of the conceptual framework: child development; family involvement; and team work. At this point we attempted to be as inclusive as possible, as recommended by Potter and Wetherell (1987). When relevant, talk pertaining to a model, dimension or feature of any of the categories was also labelled with a code according to the conceptual framework. For example, if the interviewer and participant were discussing an end of the year reflection of team functioning, the segment of text would be highlighted yellow (for the category Team Work) and we would attribute the code III. 1. A. B. (i.e., III for the theme *team work*, 1 for the model *transdisciplinary team work*, A for the dimensions of a *transdisciplinary program*, and b for the feature *team accountability*; see again Attachment 1 Conceptual framework).

After having discussed the underlining assumption of DA as well as the methodological procedure undertaken in this study we are now ready to move to a detailed analysis of the results. Due to space restrictions for this paper, we will limit the presentation of results to the themes of family involvement and team work.

3 Results and Analysis

We will now present results and analysis in regards to the family and the team. It is important to note the sheer amount and diversity of discourse covering many different issues within the themes of family involvement and team work collected over the course of our 10 interviews with ECI service providers.

3.1 The Family in ECI

Our interviews constructed several different versions of the family in ECI, representing the different *patterns* of discourse identified in our analysis. Despite the fact that all participants described family involvement as an important component of ECI, the way in which this involvement is described resulted in very different identities and roles for families and service providers. The first construction we will discuss is a professional-centred discourse of family involvement.

3.1.1 Professional-centred discourse

The most frequent discourse concerning the family, which we have termed the *professional-centred discourse* (for reasons which will become quite clear), constructs family involvement as involving caregivers sharing concerns and priorities at an initial meeting with ECI service providers, observing and to some extent actively participating in interaction with the child during interdisciplinary assessments, agreeing to and if desired altering some details of the intervention plan during formal meetings, and implementing strategies to achieve plan goals in the home. Let's have a closer look at some of the finer details of this professional-centred discourse, namely: decision making; model of family-service provider relationship; family competence; and communication.

Decision making

The construction of the decision making process in ECI was one of the particularly striking ways in which service providers' discourse created very different roles for families and for themselves in the assessment-intervention process. Despite taking into account the opinions of the family and recognizing the family as an important source of information,

most participants described *decision making as essentially the role of the service provider*. Consider the following interview extracts which describe decision-making moments in the assessment-intervention process (for the originals, see Attachment 7 Original interview extracts in Portuguese):

B: first there´s an initial reception meeting

Z: mhmm

B: in which two service providers are normally present uhh along with the family

Z: along with family ok

B: and after that moment uh they are they are during the team meeting the interventionists that will be in the intervention are selected (.) in the assessment

Z: assessment

B: and they´re selected based on what the family shared during the reception meeting and on what the service providers think given the clinical information that we´ve received or the information provided by the educators who are referencing you know?

At this moment in the interview participant B and the interviewer are discussing how the decision is made regarding which service providers will be present in the interdisciplinary assessment. According to this extract, service providers from the team meet with the family and in a moment that follows, that is, when the family is *not* present, the service providers choose which team members will participate, based on information from the family as well as from educators and clinicians when applicable. Interestingly, and as was typical for participant discourse which depicted the service provider as the decision maker, the use of the passive voice is frequent. For example, service providers “are selected” meaning that the agent of the verb, that is the person(s) doing the selecting, is conveniently left out.

C: it´s important that they understand that in a second meeting there´ll actually be an assessment (.) but that it has to do with their concerns and we´re going to be attentive to their concerns (1) theirs (.) identified by them (.) at the end of the assessment (.) the team meets for a few minutes and then comes back to talk with the parents and here it´s extremely important because (.) really the parents have to understand that we´re being sincere in the information that we are providing

In this extract participant C describes the interdisciplinary assessment as a moment in which service providers are attentive to parent concerns. However, what is interesting in participant C´s construction of family involvement is that the moment of decision making takes places *away* from the family. Team members decide on the primary service provider and type of intervention during those “few minutes” when the team members meet together *without* the caregivers.

E: then there´s a meeting that´s held to fill in the PIIP in which the uh goals that have been outlined are shared with the mom (.) whether she agrees whether she wants to make a change whether it´s that that she wants

In this segment, participant E is discussing the PIIP meeting. Again, family involvement is constructed as encompassing parent *presence*. Program goals are developed by service providers and are *shared* with the family. Family participation amounts to agreeing with, or at best making a change to, the plan decided upon by service providers.

H: in order to construct the PIIP (.) the parents the interventionists and::: we're going to develop the PIIPs (1) we're going to listen to the frustrations of the parents you know?

Z: of the parents

H: and we're going to share strategies

Z: mhmm

H: and so we're going to tell them uh:: in order for the child to actually achieve said objective

Z: mhmm

H: what they have to do uh::: right (1) so periodically (.) starting from that point (.) our PIIP is constructed

E: the most important thing is that they get involved and th:::at they follow the strategies

Z: uhm uhm

E: and tha:::t they come to the conclusion (.) because sometimes they're a bit reluctant to (.) to do what we propose

In the two previous interview extracts the participants are, once again, discussing the PIIP meeting; however, here we will focus on the construction of strategies used for achieving plan goals. According to both participants the development of strategies is something that is a part of the service provider's role and is *transmitted* to families; thus families do not collaborate in the creation of strategies.

I: in the meetings we hold when it's primarily when it's to assess PIIP goals

Z: yes

I: uh (.) the families are the first to share their opinions

Z: mhmm

I: obviously if they're really inappropriate you know? they'll have to be oriented in order

Z: right

I: towards an attitude that's more within expected or normal parameters

Z: of course

I: but uh right from the start they're the first to talk

This extract from the interview with participant I is a particularly interesting construction of family involvement in the decision making process. Despite the fact that families are the *first* to assess the progress towards intervention goals, it is in fact the *service provider* that is depicted as having the *last word*. If the family's opinion is deemed by the service provider as not falling within an expected or appropriate range of responses (i.e., as not corresponding to the assessment of the service provider), the service provider will "orient" the family's response accordingly.

- B: uhh uhh for example sometimes the family might identify the need to reassess before the expected date
 Z: expected date
 B: and that doesn't mean that it'll happen but I try to meet those expectations uh (.) I mean I try to figure out the motive you know?
 Z: right
 B: I'll share it with the team and we'll see whether or not it's possible
 Z: if it's possible

In this segment, the interviewer and participant B are discussing the ways in which families participate in team functioning. The participant describes a hypothetical situation in which a family requests that a reassessment occur before the scheduled date. Like the previous interview extract with participant I, service providers are described as having the final word in the decision-making process, that is, the suggestion is taken to the team and it is the team which decides whether or not to accept the suggestion.

- C: but at this moment (.) on this team there's actually little participation
 Z: participation mhmm
 C: the parents aren't (actively) sought out
 Z: right ok
 C: that doesn't mean that if they were to present a: uh uh if they were to remember (1) I can't really think of any concrete example (.) but let's say that a family made a suggestion (1) let's say even in regards to team functioning (.) maybe we might think about it but really (.) it doesn't come from us (.) at least it hasn't been a concern for us

Like the previous extract, in this segment participant C and the interviewer are discussing ways in which the family participates in team functioning. The participant describes a hypothetical situation in which a family makes a suggestion, in this case directly related to team functioning, and depicts the team of service providers as having the role of deciding whether or not to act upon the suggestion. Notice also the hesitancy of the participant's hypothetical team response to the family's suggestion: "*maybe we might think about it*".

- Z: and how do families participate in the decision-making process?
 H: uh:::
 Z: or to what extent do they participate?
 H: it's like this (.) uh::: whenever there's an important decision to make (.) uh::: normally we hold a meeting right?
 Z: yes mhmm
 H: and::: we talk to the family
 Z: mhmm
 Z: and we say look actually we think we should do this or do that (.) because it's not working

In the previous segment, the interviewer directly questions the participant about family involvement in the decision making process. The participant constructs this involvement as occurring during conversations between service providers and the family

and as limited to *accepting* the decisions and justifications of the service provider. Notice also the first four lines of the extract, namely the hedging (uh::) and pauses in the participant's responses as well as the alteration of the interviewer's initial question.

Model of family-service provider relationship

The model of family-service provider relationship in ECI was another interesting way in which service providers' discourse created a particular construction of family involvement. The following interview segments portray a model in which the family serves as a *tool* for the implementation of a professionally-developed, child-centred intervention. Consider the following:

- E: and charts are supplied for the mom to take home (.) and then the mom is asked to put them on her fridge door because it's one of those places where you put the things that you shouldn't forget
 Z: right
 E: the goals that the mom has agreed to work on at home

In this segment participant E and the interviewer are discussing the documentation of case progress. According to the participant, the mother is asked to put plan information on the family's refrigerator so she does not forget about the PIIP goals that she has *committed to work on at home*. This portrayal implies that the mother is an assistant to the service provider; she is responsible for implementing and documenting the plan at home. However, the person in the position of authority, the person asking for her compliance, is the service provider.

- H: or because well through dialogue (3) i don't know (1) strategies as well
 Z: as well
 H: we're (.) at least with me it's worked very well
 Z: well
 H: and people have::: uh:: everything that we propose uh:: families accept because really they think that it's for the best for their child

In this interview extract with participant H, the interviewer and the participant are discussing the role of families in decision making. The segment portrays decision-making as the responsibility of the service provider ("we propose") and the role of the family is limited to *accepting and enacting* the proposed intervention because it is in "the best interest of the child".

Family competence

The construction, or contestation, of family competence in ECI was another way in which service providers' discourse constructed different versions of the family in the

assessment-intervention process. Participants frequently constructed the *family as lacking in some desirable quality*, thus the aim of the service provider was to *assess, alter* or *monitor* the family. This contestation of family competence was characterized by some type of judgement or evaluation of the family by a more knowledgeable or competent service provider. Consider the following interview extracts which portray this image of competence:

D: share strategies with the family (.) ok (.) but this is difficult not only for us but for the family too

Z: (the family)

D: families come here with one goal which is speech therapy

Z: right

D: you see? and we try to involve them and even I as a [service provider from D's discipline] right?

Z: yes

D: all of the family dynamics (.) that are necessary to provide what the child needs you know?

H: and it's also one of our battles (.) because the time they spend with their families is really important

Z: exactly

H: and we try to make that time quality time

In both of the previous two interview segments the participants are depicting an image of the *service provider as knowledgeable* about the family dynamics that are important for child development. The aim of the service provider is to *improve* those family dynamics; there seems to be an underlying judgement about the lack of appropriateness of the current family dynamics that must be *fixed*. Notice also how “we” and “our” in these segments do not include the family. The family is constructed as an entity with which service providers have to “do battle” in order for children to get the care they need, in other words, the family's competence is not recognized.

A: I'm going to be more concerned about whether the family is negligent or whether or not they go to doctor's appointments or to therapy

Z: mhmm

A: if if if to what extent routines are well implemented at home to what extent the family has (.) really to see whether or not the family has skills in terms of parenting

A: it depends but I think that families are starting to participate more now

Z: (it's interesting)

A: I think so

Z: mhmm

A: I think so and it also has to do with the monitoring that we do

Z: right

A: supervising asking how things are going

The previous two extracts from the interview with participant A clearly demonstrate the role of the service provider as evaluating and supervising the family (and centering on negative aspects) for example monitoring whether caregivers take their children to doctor's appointments and therapy sessions. Like the previous examples, the service provider is depicted as *knowledgeable*, for example she knows what well implemented routines look like as well as what parenting skills caregivers should have, and consequently limits her position to making judgments about the family.

F: he just doesn't walk uh (2) but this is frequent (.) now he doesn't walk because he hasn't learned to walk but after he learns to walk now it's he just doesn't talk (1) and then because he hasn't learned to talk yet (.) he just needs to talk (.) i think that at this moment after a year and a half (1) looking at this mom i think we were able (1) we were able to change her and even in the way she participates (.) she's taken an interest

F: initially the mom didn't collaborate much (.) she didn't participate (.) at this moment (2) this mom is much more interested (1) and really there's been a very good evolution

Z: really good mmmm mmmm

F: () the woman evolved a lot (.) she's on the right track

In the first of the two segments from the interview with participant F, the mother is portrayed as erroneously thinking that her son only has one specific difficulty, which is presented as a problematic family attribute. The role of the service provider is to *modify* this erroneous belief and improve parent involvement. In the second extract the mother is initially assessed as uncooperative and uninterested in the assessment-intervention process. Note that at the end of each extract the service provider positively evaluates the mothers in question. However, these evaluations are attributed to the expertise of the service providers ("we were able to change her") and are based on the service provider's *ability* to make a *judgment* about what is good, or not, for the mothers and families in question.

Communication

E: they just don't understand that the child doesn't have communicative intent yet (.) that a few things have to be developed

Z: right

E: we have to (.) get the child to stay more time on task (.) to be more attentive to the adult in front of him

Z: of course (.) right

E: to want to communicate (.) develop in the child the need to communicate

Z: to communicate

E: and only after he's got those minimums can we yes (.) send him to speech therapy

In this segment of the interview with participant E, the participant and interviewer are discussing families' and service providers' difference of opinion in regards to children's need for speech therapy. In addition to the participant directly contesting family

competence (“they just don’t understand”), she is also using professional jargon that would likely be confusing to someone not trained in the profession (“communicative intent”, “time on task”) in her justification for the claim that the child is not ready for speech therapy. Being this the discourse of the service provider, how would it be useful to the family in the co-construction of a different view of the child’s development in general and the child’s needs in particular?

The construction of the family outlined in the previous pages has serious social implications for ECI. Yes, service providers construct family involvement as an opportunity they give to caregivers to communicate to them a range of information, from concerns and priorities to opinions about goal achievement and requests regarding team functioning. However, what is critical about this construction of family involvement is that it is in fact the *service provider*, not the family, who is in a *position to evaluate and make decisions* regarding all aspects of the assessment-intervention process, including the adequacy of the family in providing an appropriate environment for the child, *controlling and directing the process* accordingly. It is for these reasons that we have termed this discourse professional-centred.

The construction depicts the service provider as the expert and the family as, at best, an assistant in the implementation of a child-centred assessment-intervention program; it asserts the authority of the service provider and consequently contests family competence. The service provider is constructed as knowing what is best for child and family development and assumes responsibility for decision making. From a broader social perspective this construction of family involvement maintains a traditional, paternalistic service provider-family relationship and the corresponding positions of power with the service provider having power *over* the family.

3.1.2 Family-centred discourse

We will now contrast the previous discourse with an alternative which constructs the family in a radically different fashion. Consider the following interview extracts regarding the aspects of: equality and respect; availability; collaboration; and, empathy and accountability.

Equality and respect

B: for me the most important thing is (2) team work

Z: mhmm

B: and by team i mean the family too

B: uh uh i try to involve the family like this (.) by trying to go in the direction primarily by listening (.) listening I think is fundamental (.) listening to the family uhmm respecting their their beliefs and their culture because a lot of the times these are important aspects right?

Z: yes

B: uh uh (.) uh respecting their needs at that moment (.) uh in order for uhh uhh them to feel that we're here uhh with (.) together with them (.) we're not uhh ok we're not imposing anything (.) nor are they imposing anything on us therefore we're in it together at the same level

The previous two extracts were taken from the interview with participant B. In the first segment, the participant and the interviewer are discussing important aspects of ECI. In the second extract, the discussion centres specifically on family involvement. What is particularly interesting about these segments is participant B's construction of the family as an *equal* partner in the assessment-intervention process. The construction of "team" includes the family; it is not limited to the service providers as was the case in the previous discourse. The second extract with participant B, in addition to constructing equality ("we're in it together", "we're on the same level"), also depicts a different role for the service provider. Not only does this role include listening to the family (as it did in the previous discourse), it also includes *respect* for the family's beliefs, even if they are different from those of the service provider.

Availability

G: now it would no doubt make sense to be with the parents during all of their free time

Z: right

G: here there wherever (.) wherever they are and whenever they have the time

D: and those hours are on my time you know?

Z: right of course that's hard really hard

D: it is (.) nobody pays me for it nor nor nor does anyone recognize it you know?

Z: right

D: but ok if there's a need I'm at the family's house or I'm here with them (.) of course I'm not going to say ok time's up we're finished let's go

In both of the previous extracts participants G and D are depicting the service provider as available and accommodating of family needs. Family involvement is constructed as encompassing the *prioritization* of the needs of the family, even if it means added work for the service provider, for example, in terms of commuting or extra hours. This prioritization is portrayed as a part of the service provider's responsibility as any other behaviour would be unacceptable ("of course I'm not going to say ok time's up let's go").

Collaboration

Z: how does the family participate in decision-making?

D: (1) right it's like this we try uh ok or I try you know? for example in regards to toilet training

Z: yes

D: what concerns are there? is it a priority? is it a concern for the family? toilet training? ok and I go in that direction

Z: mhmm

D: if it is ok then uh (.) therefore (.) we'll think about (.) strategies ok (.) there's a concern then we're going to have to resolve it

Z: right

D: how are we going to resolve it? right the family says oh uh for example this case he actually get's home and takes of his diaper (.) right then we're going to going to create strategies here so that she's able to get home and take of his diaper so that he goes the day without a diaper you know?

Z: right problem solving

D: exactly it's kind of like that you know?

Z: yes yes

D: kind of like that talking and seeing what's best

In the previous segment with participant D, the interviewer and the participant are discussing family involvement in decision making. Participant D's example constructs a *collaborative* relationship between the family and the service provider. Notice the use of "we" which includes the service provider *and* the family. Both are the agents of the actions of considering strategies and resolving concerns. Additionally, the participant is depicting the role of the service provider as *following the lead of the family*, for example, if toilet training is a concern for the family then the service provider will go in that direction. Towards the end of the segment, the interviewer describes this construction of family involvement in decision making as "problem solving" and participant B agrees; simply put the family and service provider just naturally "talk and see what's best".

Empathy and accountability

F: she's really young (.) she's a teen mom (.) but (.) she has a child that doesn't correspond to expectations

Z: the expectations that she had

F: that she had and that all mothers have

Z: right

F: uh:: she doesn't have support (2) from the child's father (.) the father of the child doesn't provide any support at all

Z: right

F: it's a disappointment (.) a huge disappointment in her life you know? (.) for her to not want to help (.) because I thought that this (1) mother was depressed (1) and if she was depressed she wouldn't have enough energy to put into [the child]

G: the feelings of threat that parents often feel (.) and not the support that they should feel

Z: right (.) right (.) that's () right so often they feel (.) criticized or (.) judged

G: judged meaning that as much as (.) even uh the attitudes don't go in that direction

Z: uhm uhm

G: the first interpretation (.) the first reaction is exactly that

Z: right

G: you know?

Z: it is

G: ok more of the same (.) I already feel guilty (.) don't come here and make it worse

In these extracts from the interviews with participants F and G, both participants are providing an explanation for the sometimes challenging and frustrating attitudes and behaviour encountered in interactions with parents. Participant F and the interviewer are discussing a situation of a mother who was not particularly involved in the assessment-intervention process; however, participant F does not judge the mother as responsible for a lack of interest but instead *empathizes* with her by attempting to understand the situation from the mother's point of view and thus recognizing her needs as legitimate.

In a similar fashion participant G is empathizing with caregivers and providing an explanation for parents' defensive reaction to the intervention of service providers. However, what is particularly interesting about this participant's construction is that not only is she not holding parents responsible for this behaviour but instead she is constructing *service providers as partially responsible* for challenging parent behaviour. By voicing their discourse "ok more of the same, I already feel guilty, don't come here and make it worse", she is claiming that service providers in their interaction with families are failing to take into account the feelings and perspective of parents

Just like the previous professional-centred construction, this alternative *family centred* construction of ECI has undeniable social implications. Family involvement is portrayed not only as involving the discussion of caregiver concerns and priorities but also *active* participation in a *collaborative* relationship with the service provider founded on *equality* and mutual *respect*. It is, in fact, not the service provider but the *family that directs the assessment-intervention process*. The service provider seeks to accommodate family needs not battle against them as well as understand caregivers as opposed to making judgements; thus, service providers work *with* families not *on* them.

Contrary to the professional-centred discourse, this alternative discourse depicts the service provider and family as partners in the implementation of a family-centred program. Questions of authority and submission disappear and family competence is depicted as a fundamental assumption; it is the family that is constructed as knowing what is best for child and family development. From a broader social perspective this construction of

family involvement challenges paternalistic service provider-family relationships and power hierarchies, with families and service providers having power *together*.

3.1.3 Functions of family discourses

One of the key goals of research employing DA as a methodology is the question of function. DA researchers analyze the pattern apparent in text and talk but as Potter and Wetherell (1987) suggest, researchers should also attempt to explain the function of these patterns. What then is the goal of service providers when they utilize a professional-centred versus a family-centred discourse? Although we have no sure explanations our interviews certainly suggest some apparent functions. Participants frequently employed a professional-centred discourse when they were orienting to a *threat* to their professional identity, power or role. A professional-centred discourse was often evident in segments of interviews in which participant talk was highly *defensive and judgemental*, for example, when participants were blaming poor caregiver attitudes as the cause of a lack of family involvement. In these cases, participants were defending their own opinions or behaviours by holding someone or something else responsible for a less than ideal situation, such as poor family involvement. Consider, for example, the following extract:

A: I have my own life too I already try (.) to adapt my schedule (.) uh to start at half past eight with half an hour for lunch and sometimes I work late (.) in order to be more flexible but the feeling I get is that (.) families if it was up to them the weekend would be ideal

Z: right ideal

A: or at 8 o'clock at night or at 9 or half past 9 that would be ideal except that for me that's not involvement (.) involvement is coordinating the service provider's schedule with the family's schedule and being flexible I give up another half hour of my lunch to arrange another half hour

Z: right both sides

A: both sides but the feeling I get is that (.) even in terms of (.) sometimes in supervision meetings the feeling I get is that us service providers have to be more flexible and I think we need to (.) and I'm very flexible (.) be flexible just enough otherwise parents don't get involved

Z: right

A: and therefore if I left my family on the weekend to go to that family's house to what extent am I making that family get involved or not?

In this interview segment with participant A, the participant is orienting to an explicit threat, defending her professional behaviour by holding caregivers responsible for a lack of family involvement. What is particularly interesting about this segment is that it is the *family's behaviour* that is constructed as *problematic*, thus impeding a joint resolution.

Nevertheless, a defensive tone was not always evident when participants employed a professional-centred discourse and this, according to DA methodology, must be

accounted for if our claims are to be supported. A professional-centred discourse was also evident when participants were merely *describing* the assessment-intervention process (however, a judgemental tone was often still evident). We argue that, whereas in the previously described situation in which participants were orienting to an *explicit* threat to their professional identity or role, in this case service providers have developed a pattern of discourse that is used out of habit and maintains professional power over the family. Such discourse may have resulted from the imposition of family-centred practice by government and international guidelines as it seems to reflect a *politically correct discourse* that only includes the aspects of family centred practice which do not threaten service providers' prior professional identity.

This is consistent with Potter and Wetherell's (1987) assertion that some acts of discourse are *intentionally* constructed whereas others are the results of habit (however *all* discourse is constructive as it has social implications) as well as with Almeida's (2008) assertion that service providers are not always consciously aware of how they are conducting the decision-making process *for* instead of *with* families. A family-centred discourse, on the other hand, was used in our interviews by service providers when participants were *not* reacting to any perceived obvious or implied threat but instead conveyed security in their role with the family. Consider the following example:

B: right uh first I think it's important uhmm to make the family understand that they are more capable than they think because (.) families sometimes uh usually they come to us with the idea that they're coming to meet with the specialists those who know everything

Z: who know everything

B: we're familiar with techniques that (.) but who knows the child best is the family

Z: the family

B: therefore I try (.) I try to involve them in that way (.) in that way you know?

Z: in that way

B: therefore understand that (.) get them to understand that they know the child best (.) and that they are going to continue with the child and they are responsible for the child (.) and decision making also involves them a:nd and then I try to figure out uh identify the the main problems the main concerns and see in what way I can be of help in regards to those concerns those day to day concerns

In this family-centred discourse participant B is constructing family competence whilst portraying security in her role in interactions with the family. The participant argues that service providers have certain techniques or skills but it is the family that knows the child best, liberating power to the family.

3.2 The Team in ECI

The team in ECI was constructed in different ways in participant interviews. The manners in which participants constructed professional identity and role were a distinguishing factor in these discourses. At times, the interviews depicted *differences* in ability, in importance or in functions attributed to service providers from different professional areas whereas in other instances the discourse highlighted the *similarities* among the professional disciplines and of the roles and objectives of all team members.

3.2.1 Distinct professionals discourse

The first team construction we will discuss is that of a *hierarchy* of service providers from *distinct* professional disciplines who have varying levels of skills and thus perform different roles on the ECI team. Consider the following interview extracts:

A: I even know how but to work in the area of another professional not a chance (.) therefore for me transdisciplinary team work doesn't work (.) in my area

Z: mhmm in your area mhmm

A: why? because (.) let's say an educators tells me (.) oh that child's at risk ok then I'll write up the report (.) but the educator should write the report because she's the case manager but she doesn't have the skills on the other hand to write the report

In this segment from the interview with participant A, the interviewer has just asked the participant about her opinions in regards to transdisciplinary team work as well as the difficulties that result from the implementation of this model. Interestingly, the participant makes the claim that transdisciplinary team work does not work for *her* field because service providers from other fields do not have the *skills* necessary to perform the duties required, in this case writing a specific type of report.

Z: right (.) uh:: (3) how do you see your role as a member of the team?

C: my role? I think that my role on this team is important

Z: mhmm

C: uh:: I think since I'm involved in many different aspects that actually makes makes my role (.) important

Z: mhmm

C: not just because [C's discipline] is a very important discipline in early intervention (.) it's a very broad area (.) there are others that are more focused on one aspect and I think that [professionals of C's discipline] are able to see the child from a more global perspective

Z: right

C: therefore I think it's essential (.) I can't imagine an early intervention team without a [professional of C's discipline] I know they exist but I just can't see it

In this segment from the interview with participant C, the participant is claiming that her role on the team is essential; her professional field is of utmost *importance* to ECI.

By claiming that her field is very important it follows then that other fields are *not as* important. In fact, the participant directly makes this comparison when she claims that her area is able to view the child in a more global fashion whereas other fields are more focused on one aspect of child development. Both this extract and the previous extract are constructing a *hierarchy* of professions on the ECI team. By claiming that practice requires knowledge from particular fields and demands specialized skills or is of more or less importance, these extracts are *ranking* professional disciplines.

A: it has to do with the different areas (.) I mean I as a [professional of A's discipline] I'm going to be more concerned about whether the family is negligent or whether or not they go to doctor's appointments or to therapy

Z: mhmm

A: if if if to what extent routines are well implemented at home to what extent the family has (.) really to see whether or not the family has skills in terms of parenting

Z: right

A: you know? ok (.) uhh even in terms of attachment (.) it's logical that an educator due to the training she has probably doesn't have this range

Z: right

A: a psychologist probably does have the same

Z: yes right

A: or even (.) the same scope as the [professional A's discipline] a therapist might or might not

In this extract with participant A, also discussed in the previous section regarding the family, the participant is manifesting the idea that other team members may be focused on child-centred intervention and are not able to “monitor” family behaviours and activities. The participant in this case is explicitly constructing a *hierarchy* of professions: psychologists and social workers have a broader perspective of child and family development; therapists may or may not have such a broad perspective; and, educators likely do not have this broad perspective.

E: normally education is only called upon for interdisciplinary assessments (.) a:::::nd then really all of our work is in the context of intervention

Z: context of intervention

E: a:::::nd there's the meeting

Z: the team meeting

E: the team meeting (.) because in terms of team work we're not sought out for much more than that

In this extract, in which the interviewer and participant E are discussing team member roles, the participant is portraying a difference in roles attributed to the various professional disciplines. The participant makes the claim that there is an *unjust* division of roles on the team (“education is *only* called upon for interdisciplinary assessments”, “we're

not sought out for much more than that”). Interestingly, in her discourse the participant uses “we” to refer to the sub-group of educators on the team and does not refer to the team of service providers in its entirety. By doing this she is constructing a distinct group within the team which, in this segment, is depicted as a victim of unjust treatment as it has restricted participation in team functioning. Note also the use of the passive voice (“education *is only called upon*”, “we *are not sought out*”), meaning that the agent of the actions, the person(s) responsible for the unjust treatment, is (are) left out.

E: since there are more educators than therapists

Z: ah

E: education ends up with more instead of the therapists

Z: right

E: and there are some cases in which I feel that the child doesn’t need me (.) that child actually needs the occupational therapist and the educator in the role of back up support

Z: uhm uhm

E: and if you have a look at the files there are never educators in the role of back up support

Z: right (.) that’s frustrating

E: the educators always intervene directly

Z: uhm uhm (.) uhm uhm

E: in the role of back-up it’s always the therapists (.) the social assistant (.) the the psychologist

Z: the psychologist

E: whereas in many cases it’s the psychologist who should be intervening directly (.) and us providing support

Z: uhm uhm

E: but that never happens

In this extract of the interview with participant E, the interviewer and the participant are discussing transdisciplinary team work. The participant has just made the claim that transdisciplinary team work is difficult because the most appropriate service provider is not always attributed to the case. The participant provides a justification for this less than ideal attribution (“there are more educators than therapists”) but goes on to claim that there exists a division of roles within the team and that the division is in fact unjust. What is particularly interesting about this construction is the professional hierarchy that the participant is orienting to. Yes, there may be more educators than therapists but the division is constructed as unfair and demeaning because the role of back-up support (i.e., consultation) is attributed to a certain group of service providers who are assumed to have certain skills which other groups do not possess. Those who do not need to perform back-up support and consultation are depicted as considered *less skilled* by other team members.

3.2.2 Early interventionists discourse

As previously mentioned, an alternative team discourse apparent in our interviews with ECI service providers constructs the *similarity* of the roles and identities of all service providers within the team. Consider the following interview extracts:

- Z: uh:: how do you see your role as a professional of early intervention?
 F: as a professional of early intervention uh:: I think there (2) (are) limitations imposed by the system (.) I mean (.) the [pertaining to F's discipline] system
 Z: right
 F: that don't allow me (2) to take on the much more active role that I would like and probably much more () the part time that doesn't exist (.) that's the major problem (.) because I'd really like to have the time
 Z: full time
 F: full time (.) for early intervention uh:: I'd like to go to the day cares (.) I'd like to go (.) to be with families more often (.) I'd like to participate in the arena assessments (.) I'd like to participate much more as an early interventionist

In this interview segment, participant F is constructing the identity of an *early interventionist* as well as the corresponding roles and work environments of this type of service provider: an early interventionist works in day cares and preschools, interacts with families and participates in arena assessments.

- Z: to what extent do you feel that specific training in early intervention has an impact on results achieved?
 G: it has an immense effect obviously (.) it's clear we actually should have started with that
 Z: right (.) right (.)
 G: we should have started with that (.) and furthermore I think the point that was brought up by by by [] in the last meeting is extremely relevant
 Z: yes
 G: from the start we're not A nor B nor C nor D
 Z: right (.) right
 G: we are early interventionists and that changes (.) it changes everything
 Z: right (.) of course
 G: completely

In the previous interview segment, participant G is claiming that professional training specific to ECI should have been the starting point for teams. She provides justification for her claim by arguing that the construction of a similar identity for all service providers on the team ("early interventionists"), as opposed to distinct identities for professionals from separate disciplines ("A, B, C, or D"), would have a significant effect on team functioning.

- H: I think we all have all have an::: identical role
 Z: really everyone has an identical role?
 H: exactly (.) it's::: the way it is we all have (.) each one of us has our specific area
 Z: yes

H: of training uh:: therefore (.) my work is within my area (.) uh:: which is respected by the other team members (.) uh:: just like I respect the work of my colleagues (1) accept (.) therefore I feel we all have the same role

Z: yes

H: active you know?

Z: right

H: all of the team members have the same role

Z: mhmm

H: everyone works within their field (.) everyone shares their knowledge

In the previous interview extract, participant H and the interviewer are discussing the participant's role as a team member. Participant H has just made the claim that all team members have the same role. She justifies this claim by suggesting that all team members work within their own professional discipline but also *share* their knowledge with the other team members. In addition to orienting to the theme of similarity between team members, participant H is also depicting *respect* as an essential component of the team.

Z: yes (.) yes it's interesting because we can I remember a team meeting we had with the supervision committee (.) and they said that we could start thinking of team members as early interventionists instead of as (.) for example

I: as being an educator an an occupational therapist or

Z: and I thought that was interesting because uhh there may be there are are (.) we all have our own areas ()

I: (because we're all yes but we're all we're all) in actual fact that's true by intervening directly we are working for early intervention right? for the child regardless of whether it's the direct interventionists' field that is most compromised in the child right? the major problem area is within that field

Z: right

I: the direct interventionist is selected

Z: the case manager right right

I: in that in that according to uh (.) that parameter but in actual fact we are all early interventionists working for early intervention

A: early intervention

I: you know?

Z: right

I (.) each one of us with our area of expertise right?

Z: mhmm

I: but all of us have the same goal

Z: everyone has the same goal

In the previous interview extract, participant I and the interviewer are constructing the identity of early interventionists on an ECI team: service providers with specific areas of training all working towards the *same goal*.

B: and (.) and I don't I don't see my role as exclusively [] but that doesn't mean I see myself as an occupational therapist

Z: right of course of course ((laughter))

B: ((laughter)) or as an educator but uhh I think when we talk about development uh it's also important that uh we all have a common trunk like the trunk of a tree (.) we are aware that we're all working for that common trunk

Z: right

B: and then we have our little leaves each one of us has our branches and our leaves but there is that common trunk that we can't forget about

Z: right

B: therefore my role is a bit similar to everyone else's in regards to certain areas and certain aspects

Z: aspects

B: and then it's also a bit specific

Z: right in other aspects

B: I don't know if I'm responding to your question?

Z: no (.) you are ((laughter))

B: ((laughter))

Z: really good I think it's a really good image (.) everyone has early intervention in common and then each person also has a specific identity right?

B: specific exactly that contributes to the tree in general

Z: and by working on a team it doesn't mean that people give up what

B: what they are

Z: right

B: exactly

In this metaphorical extract from the interview with participant B, the participant and interviewer are constructing the *identity of an ECI team*. In addition to the inspired image of the ECI team as a tree, this extract is interesting in that it illustrates a delicate *balance* between the *differentiation* of professional disciplines, that is, service providers maintain their professional identities despite working on a team, and the *similarity* between them, that is, all team members have the same objective which is ECI.

3.2.3 Functions of team discourses

Why, at times, might a discourse highlighting differences and a hierarchy amongst team members be favoured over a discourse emphasizing equality and similarity? What purpose might these two different discourses serve? Again, we have no sure answers but in this case our interviews certainly provide us with clear suggestions. Participants employed a *distinct professional* discourse when they were orienting to an explicit or implicit *threat* to their professional identity or competence. Similar to the professional-centred discourse of family involvement, the distinct professional discourse was evident in segments of interviews in which participant talk was *defensive*, for example, when participants were justifying less than ideal team practices or when they were asserting their own professional ability, importance or role. Again, participants often asserted their professional competence by either holding another entity responsible for less than ideal practice or by comparing their competence to that of others. Consider the following interview extract:

A: and I said yes I'm at the reception meetings of all of the children

Z: mhmm

A: for that reason i already heard some people some criticism including from [university professor] i don't know if it was criticism or if it was in any case (.) saying that she thinks that the reception meeting should actually be run by the service provider who is going to follow the child

Z: right mhmm

A: it's really good the fact that I'm at the reception meetings because I have an awareness I end up having uh uhh since my area is [] I end up being in contact with all of the families

Z: the families right

A: and I end up being a reference that the families have ()

Z: right

A: therefore that service provider might be intervening but I've actually already been in contact with [A] because she was present at the reception meeting therefore I end of being a strong link

This interview segment with participant A is a clear example of the participant orienting to, in this case, a direct threat to her traditional professional role while employing a distinct professional discourse. The talk is certainly defensive as the participant provides a series of justifications for why her role in the reception of families is so pertinent. This is a distinct professionals discourse in that the participant is asserting her professional competence by emphasizing her specific skills and roles as a professional from a specific discipline.

In the following extracts from segments of interviews in which participants are asked to reflect on the issue of team work, the participants themselves provide some potential functions of the distinct professionals discourse:

C: it's still really a lot of that (.) this is what's important (.) we're going to call upon this we're not going to call upon that (.) why? there's still a bit of (1) insecurity

Z: insecurity right

C: each professional by feeling that the other might be more important or might be seen as more important

Z: they feel a bit threatened

C: I think so I think so (.) and that is reflected in the way in which people then react (.) always a bit defensive

Z: defensive (.) right

C: therefore do I think that it has to do with a bit of insecurity even professional insecurity and even in terms of professional area? probably

In this interview segment with participant C, the participant highlights the role of professional insecurity in conflicts experienced by the team members. The talk between participant C and the interviewer construct feelings of threat and defensive reactions as explanatory of this distinct professionals discourse.

B: uhh now my idea about transdisciplinary team work is that uh i think that in many situations when we identify one person as the case manager the person responsible for the case who will be the link the person responsible for articulating therefore the person (.) that

has the most contact with the family and that's the person who would do the transdisciplinary work (.) you know (.) that task is more complex than keeping our own knowledge isn't it? sharing our knowledge

In this extract of the interview with participant B, the participant claims that transdisciplinary team work is more difficult than working individually because it requires service providers to *share* their knowledge and skills. These aspects appear to be critical to service providers' professional identity and the obligation to share them with other service providers causes fear and resistance.

G: in order to actually work (.) it demands a great deal of maturity on part of all of the service providers

Z: uhm uhm

G: in the sense of uh:: (1) not cooperation (.) (true) collaboration

Z: collaboration

G: collaboration and collaboration which implies a great deal of effort (.) therefore it's just that this type of of of of of of model demands an enormous amount of growth (.) both in terms of the individual service providers (.) and in terms of of of the formation of the team itself

Z: the team

G: and therefore uh:: it's an extraordinarily demanding task

Z: demanding

C: it's an extraordinarily demanding task that demands that everyone ceases to focus inward (.) that they cast aside a number of things in order to create a new identity because that's what's beneficial for practice

Z: right

G: and to me this doesn't seem easy for a a a community ((laughter)) that doesn't even ((laughter)) have uh:: (.) doesn't even have really uh:: any tradition of team work

In this interview extract with participant G, the participant argues that transdisciplinary team work is incredibly demanding due to the fact that it requires service providers to centre on the *team* and not on *themselves* in order to achieve collaboration. On the other hand, it appears that service providers use the *early interventionist* discourse when they feel secure and satisfied with their role on the team. Consider for example the following interview segment:

G: I think it's a bit uh:: like that (.) ok by having some (.) I can have my my my opinion my ideas but on top of everything else I think I retain the whole and therefore because of that I don't have to retreat from the whole because really uh I'm an integral part of it

Z: right

G: and I've grown with it

In this interview extract, participant G is constructing her role on the team in a fashion that depicts security: she is able to have her own opinion (and thus her own personal and professional identity) while still being an integral and valued team member; hence, she does not feel the need to differentiate herself from the rest of the team.

4 Discussion

Interviews with ECI service providers constructed several different pictures of family involvement as well as several different pictures of team work and professional role. As described, participants, at times, depicted family involvement as professional-*dictated* caregiver participation in selected aspects of the assessment-intervention process. At other times participants portrayed family involvement as professional-*facilitated* caregiver collaboration in diverse aspects of the assessment-intervention process. We chose to term these two apparently distinct discourses *professional-centred* involvement and *family-centred* involvement due to similarity to the professional-centred and family-centred ECI practices described in the literature.

In fact, Turnbull, Turbiville and Turnbull (2000) describe several constructions of the family-service provider relationship that might best coincide with our research findings. The *parent training/involvement* model corresponds very clearly with what we termed the professional-centred discourse of family involvement whereas the *family-centred* model encompasses our family-centred discourse.

According to Turnbull and colleagues (2000) the *parent training/involvement* model of the family-service provider relationship is a *deficit* model in that it portrays the caregivers as not having the skills necessary to adequately promote the development of their children and thus need to be taught skills by service providers. It is in this sense that our interview participants often used the phrase “transmit strategies to parents” (“*passar estratégias aos pais*”). The authors argue that in this model, service providers have power *over* the family in that it is the service provider who controls the assessment-intervention process, deciding on the most appropriate intervention and developing a plan. Furthermore, progress is predominantly assessed in terms of an increase in child skills.

These features are consistent with our professional-centred discourse which was also primarily child-centred. When participants used the professional-centred discourse, they constructed ECI as involving the assessment of the child and the development of a child-centred intervention plan. In fact, when intervention was described as occurring in the educational context, family involvement was depicted as limited to participation in periodic reassessment meetings (which occur on average every three months) and informal communication at the educational setting if the service provider so happened to run into the

caregivers of the child. Thus, the majority of the intervention process is constructed as *child-centred*. It is unfortunate and slightly ironic that, in an attempt to move ECI out of clinics and into *natural environments*, we have still found a way to disregard the family. Of course, in these situations in which intervention is focused on the educational setting, we must also analyze the service provider-classroom educator relationship as this relationship is also subject to being constructed as hierarchical, with the service provider having power *over* the regular classroom educator: a task for future research.

According to Almeida (2008), the *parent training/involvement* model has been criticized as paternalistic in that it devalues family competence and constructs caregivers as mere “tools” in the assessment-intervention process. Other authors second this conception of a traditional family involvement model. Pinto and colleagues (2009) suggest that in this model, although caregiver participation is a concern for ECI service providers, parents are typically viewed as mere helpers or assistants to the “professionals”. According to Guralnick (2000), this model was predominant in North America in the 1970s when parents were not partners with professionals and had to be *unusually assertive* to be heard. This situation was coupled with a child-centred assessment model that was unsatisfactory and ambiguous. In a Portuguese context this situation is likely to exist to a large degree even today, as traditional roles continue to be resistant to change.

On the other hand, Turnbull and colleagues (2000) describe a *family-centred* model in which the service provider-family relationship is characterized by a *partnership* between the two parties. In this model caregivers and service providers have power *together* and the family is ultimately responsible for decision making; the goal of intervention in this model is the promotion of the well-being of the family unit (Turnbull et al., 2000).

According to these authors, the transition from a *parent training/involvement* model to a *family-centred* model has been difficult for service providers and caregivers alike. For example, some caregivers might prefer to have the service provider take the lead in planning the assessment-intervention program and this preference should be respected (Almeida, 2008). However, we must be certain that it was the *family that made this decision* and not the service provider who, from the outset, expected to control the process and did not give the family the opportunity to do so (Turnbull et al., 2000). This, of course, is no easy task for service providers who often are not consciously aware of the way they are constructing the decision making process (Almeida, 2008). This may be particularly

relevant for service providers who have many years of experience, especially those who have practiced under a traditional model of family involvement.

Authors such as Guralnick (2005) also promote a family-centred construction of ECI. The Developmental Systems Model recognizes that *true partnerships* with families require sensitivity to and an understanding of the developmental implications of cultural differences (Guralnick, 2005), suggesting that conceptualizations of family *competence* and *respect* for family beliefs are essential for a collaborative relationship. According to Guralnick (2005), during screening and referral the role of parents is highlighted and parental concerns are valued and seen as informative. The tasks of the point of access are to gather information and create a record for the child and family, as well as organize a comprehensive interdisciplinary assessment; thus communities must ensure the availability of interdisciplinary assessment teams for this purpose (Guralnick, 2005). Given that relationships are the key to success in this model, families and service providers agree jointly on the details of a comprehensive intervention plan following an assessment of stressors; thus a pattern of partnership and collaboration is initiated (Guralnick, 2005). Accordingly, the service coordinator (or primary service provider) must display outstanding listening skills and ensure that the family is well-informed about their options and that services are integrated throughout the assessment-intervention process (Guralnick, 2005).

The family-centred discourse constructed by our study participants incorporated many of the aspects described in the models presented by Turnbull and colleagues (2000) and Guralnick (2005). When employing a family-centred discourse, participants constructed the ECI assessment-intervention process as an act of collaboration between families and service providers in which family needs and choices were not only accommodated but also prioritized. The family was portrayed as a whole not as isolated units of child and parent; assessment and intervention targeted the child in the context of the family and emphasized the importance of assessing caregiver needs (in regards to *themselves* not just in regards to their child). This last point is similar to Guralnick's (2005) assessment of family stressors which is thoroughly neglected in the professional-centred discourse.

Our analysis of the *functions* of professional-centred and family-centred discourses have clear implications for ECI professional development in Portugal. Training in family-centred practice must deal with issues of professional identity and role as well as power

relationships with the family. We would suggest that examples of service provider discourse employing both professional-centred and family-centred discourse be used to introduce discussion of these topics and facilitate a *conscious* reflection of family-service provider interaction. We also believe that service providers should be *recognized* for excellent family-centred practice and perhaps could be encouraged to develop training programs to deliver to other service providers, which might help enhance professional security and competence as well as reduce the tendency to pass on responsibility for less than ideal practices to an external factor (e.g., lack of training, parent attitudes etc.). It is not that these factors are not necessarily responsible in part but they do not exclude our *own discourse* as also partially *responsible* for current practices in ECI. Of course, service providers should also be acknowledged as responsible when practices positively contribute to ECI.

Another issue that should be targeted in professional development initiatives on family-centred practice is the *assessment of stressors*. As we mentioned previously, this process was virtually non-apparent in the professional-centred discourse throughout the interviews. This is not surprising given that an assessment of family stressors occurs within a collaborative relationship between caregivers and service providers in which family competence is assumed. It is important that training focus on the conceptualization of the family as a *unit* and thus values assessing the situation of caregivers not only as caregivers but also as spouses, sibling, neighbours etc. A non-evaluative assessment of family stressors (family centred-discourse) as opposed to a judgemental assessment of family skills (professional-centre discourse), however, requires mutual respect and collaboration between service providers and the family. Thus as per our research findings, issues of professional identity and power must be dealt with previously or in conjunction with any other relevant training goals, such as conducting an assessment of family stressors.

Although research on family involvement and family-centred practice abound in the ECI literature, discussion of team work is not so frequent. This is unfortunate given the relevance of team work to ECI. Our research findings, however, are in line with the team work models described by McGonigel and colleagues (1994). Our *distinct professionals* discourse corresponds to the interdisciplinary team model described by the authors. In their construction of team work our participants described the roles of service providers as being limited to the skills, training and materials specific to each discipline. Some service providers describe themselves as having skills that others *do not* have and *cannot* acquire

which makes role release, an essential component of the transdisciplinary team, virtually impossible.

When employing a *distinct professionals* discourse, participants did, however, construct team work as involving communication between team members, such as coordinated assessments, weekly team meetings and the development of intervention plans with some input from other team members. In addition, challenges in regards to the interdisciplinary model, as described by McGonigel and colleagues (1994) were similar to the ones found in the present study: the provision of discipline specific, child-centred services as well as continued difficulties in the interaction between team members. Although participants' portrayal of the assessment process was coordinated, intervention was depicted as child-centred and specific to the primary service provider's professional discipline. When participants discussed situations in which multiple service providers were involved in the same case they performed different roles, for example an educator provides support for the child in the classroom and a social worker mediates parent contact.

Despite a commitment to communication, participants sometimes constructed interaction between team members as conflictual. Even when no direct conflict was described, participants employing the distinct professional discourse constructed their own role by comparing it to that of other service providers on the team (e.g., I have an important role on the team because I have a broad perspective of child development, other team members have a narrower perspective of development). These situations of conflict or comparison very often involved issues of professional role, importance, or competence.

On the other hand, the use of the *early interventionist* discourse, although apparent, was quite infrequent and often mediated by the interviewer. This discourse corresponds to the transdisciplinary model of team work described by McGonigel and colleagues (1994). According to the authors, in a transdisciplinary team the family is an *equal partner*. Thus, the early interventionist discourse was compatible only with the family-centred discourse and not with the professional-centred discourse.

As we have previously mentioned, another essential component of the transdisciplinary model is role release (McGonigel et al., 1994); however, this was a practice hardly discussed in the interviews. Often participants depicted the sharing of strategies with caregivers but the sharing of strategies amongst one another was rare. When asked about the manners in which team work had contributed to their professional development, participants often referred to the knowledge they had gained from observing

others or from team discussions (e.g., medical terminology, structure of formal assessments) and not from the active instruction and acquisition of skills. On the occasions when participants did employ an early interventionist discourse, the ECI team was constructed as composed of service providers with distinct training but who embrace an identity that transcends professional boundaries.

The potential functions discussed in our analysis of the distinct professionals and early interventionist discourses are in line with the literature on team work. As McWilliam (2003) describes, in a transdisciplinary model each service provider has an area of expertise; however, there exists a common goal amongst team members – supporting families and implementing interventions plans under the supervision of the team. Similarly, McGonigel and colleagues (1994) argue that the concept of interdependence is inherent to the definition of a team; to be effective, members of a team must share common goals. Both the importance of retaining their professional identity and sharing common goals with team members were issues oriented to by participants when using the early interventionist discourse.

On the other hand, as McWilliam (2003) suggests, service providers often fear that the implementation of a transdisciplinary model might result in the loss of jobs. This claim is consistent with participants' talk when employing the distinct professional discourse in that this discourse was characterized by the assertion of professional competence. Perhaps service providers fear not only that they might lose their jobs in the long term but that in the short term they might lose their professional identity and their role. If my team members can learn to implement services from my professional discipline then what do *I* contribute? What is it that makes *me* important in this team?

Our findings in combination with the literature on team work suggest that in order to truly implement a transdisciplinary model ECI services and training initiatives need to address issues of professional identity, role and competence as well as support teams in identifying common goals. After all, according to Garland and Frank (1997), changing the way in which ECI service providers work together is prone to anxiety, frustration and fear; however, resistance to the adoption of a team work paradigm is diminished when service providers understand their roles and feel competent to perform the tasks expected of them, when they receive administrative support and when they are given sufficient time to acquire new skills.

Now that we have discussed the relevance of our findings in light of previous research as well as presented implications for professional training, we will proceed to reflect upon the construction of the present research study. If we consider once again the steps of DA described by Potter and Wetherell (1987), we have already discussed the stages of defining research questions, selecting a sample, collecting data by conducting interviews as well as the processes of transcription and coding in the method section of this paper. We will now turn to a discussion of the final stages: analysis, validation, reporting and application.

In regards to analysis we sought, as Potter and Wetherell (1987) recommend, to examine both the constructive and functional nature of discourse. Not only did we identify patterns in participant talk, namely the professional-centred, family-centred, distinct professional and early interventionist discourses, but we also attempted to explore the functions of these different discourses. Not surprisingly, the task of analyzing function was particularly challenging and it is our hope that future research may seek to further explore these questions using DA as a methodology. Nonetheless, our findings on this respect are particularly relevant for addressing features of discourse that are often taken for granted (Potter & Wetherell, 1987), in the sense that they are such an *ingrained part of the functioning of a particular cultural* that they are generally overlooked, such as linguistic features of talk that maintain traditional power relationships between groups in the society (e.g., caregivers and service providers, educators and therapists).

Of course we do not expect that the reader will accept our conclusions on trust and DA, like all research methodologies, stipulates procedures for addressing the question of validity. It is important to note that, although we are aware of other techniques for assessing the validity of qualitative research, in this research study we chose to employ the techniques recommended by literature specific to DA. Our decision was based on the realization that DA is not only a methodology but also a *theory* and with it come assumptions that may not be compatible with the validity techniques used in qualitative research employing methodologies quite different from DA (e.g., content analysis).

As recommended by Potter and Wetherell (1987), we attempted to use the techniques of coherence, participant orientation and fruitfulness to assess the validity of our conclusions. The technique *new problems* was not used given a lack of clarity concerning its implementation.

We believe that our analysis demonstrated *coherence*, that is, it demonstrated how specific discourses fitted together and how this structure produced effects and functions. Our claims explain the functions of the different discourses examined (e.g., assertion of power or competence) which were applicable both to the broad patterns apparent in participant talk and to a large number of the micro-sequences. Potter and Wetherell (1987) suggest that apparent exceptions are of relevance to the assessment of coherence. We found that some participant talk employing a professional-centred discourse was not orienting to any explicit threat to professional power or competence. These segments seemed to challenge our initial argument that participants use this discourse when orienting to threats to their professional power in interactions with the family. However, upon further analysis, we realized that participants seemed to be orienting not to an explicit threat but to an implicit threat maintained in cultural discourse. Thus, we argue that these exceptions, instead of detracting from our claims, add credit to them.

In regards to *participant orientation*, we argue that the participants themselves oriented to the consistency and variability in their use of the different discourses. For example, the different discourses rarely overlapped and transitions between discourses were often marked by specific features of talk which sparked a different construction, such as a provocative research question (e.g., What is your opinion in regards to transdisciplinary team work?). Additionally, the different discourses were also distinguished by the tone of participant talk (e.g., defensive vs. reflective), suggesting that these discourses were, in fact, serving different purposes for the participants.

Fruitfulness, we believe, is one of the major strengths of this research study. Our claims in regards to power relationships as well as professional identity, role and competence make sense of otherwise complicated and seemingly contradictory discourse of ECI service providers. Why is that knowledge of best practice does not always lead to the application of these same practices? How is that we can talk at length about the importance of family-centred practice and transdisciplinary team work, when relationships between service-providers and families continue to be less than ideal and pose real challenges for those involved in ECI? Our claims provide new explanations for these pertinent problems currently being faced by ECI services and service providers in Portugal.

In regards to the research report itself, a critical part of the confirmation and validation process in DA (Phillips & Jørgensen, 2002), we have included numerous examples from our interview data and carefully explained our interpretations. We hope that

we have been able to balance the need for a *transparent* report with the need for a *concise* report. A final note concerning the research report is that we have translated interview extracts from Portuguese to English. We have included, however, the originals so that readers familiar with the Portuguese language can refer to either version. Nikander (2006) points out that although a great deal of research in discourse analysis is done in languages other than English, literature discussions of the additional complications that stem from producing and translating transcripts for an English speaking and reading audience are rare. We do not expect, however, that this procedure will pose any problems for our study

As described by Potter and Wetherell (1987), the final stage in DA is application. We believe that this is another strength of our research study. The practical uses of our work are *not* an optional extra and it is our intent that the findings will be used to inform professional development in the field of ECI in the manners previously described. On the other hand, in regards to study limitations, we must emphasize our near complete lack of familiarity with DA as a methodology previous to embarking on this empirical venture. We have attempted, to the best of our understanding, to stay true to the theoretical and methodological principles of discourse analysis. In this regard we leave the last word to the reader.

Conclusion

According to Guralnick (2005), the thoughtful development of an ECI system should be a high priority for every community. However, after reviewing graduate research investigating national ECI practices conducted during the first decade of the 21st century, Pinto and colleagues (2009) conclude that there is still much to be done before services in Portugal are coordinated, integrated and transdisciplinary, and families are seen as true partners. More specifically, we need to address family participation, transdisciplinary team work and the organization of services and resources at the community level (Pinto et al., 2009). In regards to the family, Almeida (2008) suggests that the relational component of help giving practices is in place; however, the participation component of these same practices is not. In general, those involved in ECI appear to have adopted the theoretical concepts pertaining to recommended practice but have difficulty in fully enacting them (Almeida, 2008). Evidence from the present study supports such conclusions.

In regards to both the team and the family, Mendes (2010) suggests that team work is predominantly interdisciplinary. Team members representing different disciplines share information, make decisions as a team and identify common objectives for work with the family and yet the family is not an integral part of these processes; furthermore, the transfer of skills between service providers is infrequent (Mendes, 2010). The author points out the need to form cooperative teams that not only share information but also work together within a transdisciplinary model.

From an ECI perspective, it is our hope that the findings of this study using DA as a methodology will not only *illustrate* the different discourses available in ECI but also, and most importantly, help clarify both *why* the family, in many instances, is still not a true partner in the assessment-intervention process and *why* transdisciplinary team work continues to pose challenges to all those involved in ECI.

From a broader empirical perspective, we hope that we have achieved our goal of enacting transactional research. We believe that our constant consideration of context, our acknowledgment of the active role of the researcher, our focus on the perspective of participants and our emphasis on the function of participant actions, truly embody the transactional research methodology put forth by Altman and Rogoff (1987). It is our hope that future research will continue to attempt this challenging but gratifying endeavour.

References

- Almeida, I. C. (2008). *Estudos sobre a intervenção precoce em Portugal: Ideias dos especialistas, dos profissionais e das famílias [Studies of early intervention in Portugal: Ideas of specialists, professionals and families]*. Lisbon: National Institute of Rehabilitation.
- Altman, I., & Rogoff, B. (1987). World views in psychology: Trait, interactional, organismic and transactional perspectives. In D. Stokols, & I. Altman (Eds.), *Handbook of environmental psychology* (pp. 7-40). New York, USA: Wiley.
- Bailey, D. B., & McWilliam, R. A. (1991). Family focus: Family version of the family orientation of community and agency services. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, USA.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, July, 513-531.
- Bronfenbrenner, U. (2005). The bioecological theory of human development. In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development* (pp. 3-15). California, USA: Sage.
- Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes. In W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology* (pp. 993-1028). Hoboken, NJ, USA: John Wiley & Sons.
- Bruder, M. B. (1996). Interdisciplinary collaboration in service delivery. In R. A. McWilliam (Ed.), *Rethinking pull-out services in early intervention: A professional resource* (pp. 27-48). Baltimore, USA: Paul H. Brooks.
- Bruder, M. B. (2005). Service coordination and integration in a developmental systems approach to early intervention. In M. J. Guralnick (Ed.), *The developmental systems approach to early intervention* (pp. 29-58). Baltimore, USA: Paul H. Brooks.
- Bruder, M. B., & Dunst, C. J. (2008). Factors related to the scope of early intervention service coordination practices. *Infants and Young Children*, 21(3), 176-185.
- Buyse, V., & Wesley, P. W. (2005). *Consultation in early childhood settings*. Baltimore, Maryland, USA: Paul H. Brooks.
- Despacho Conjunto no. 891/99 of Oct. 19, 1999 [Joint Order No. 891/99]. *Diário da República*, 2.^a série, N.º 244. Ministries of Education, Health, and Work and Solidarity.

- Decreto-Lei no. 3/2008 of Jan. 7, 2008 [Decree-Law No. 3/2008]. *Diário da República*, 1.^a série, N.º 4. Ministry of Education.
- Decreto-Lei no. 281/2009 of Oct. 6, 2009 [Decree-Law No. 281/2009]. *Diário da República*, 1.^a série, N.º 193. Ministries of Health, Education, and Social Welfare.
- Dunst, C. J. (2000). Revisiting "Rethinking early intervention". *Topics in Early Childhood Special Education*, 20(2), 95-104.
- Elo, S., & Kyngäs, H. (2007). The qualitative content analysis process. *Jan: Research Methodology*, 107-115.
- Garland, C. W., & Frank, A. (1997). Building effective early intervention team work. In P. J. Winton (Ed.), *Reforming personnel preparation in early intervention: Issues, models, and practical strategies* (pp. 363-391). Baltimore, USA: Paul H. Brooks.
- Guralnick, M. J. (2000). Early childhood intervention: Evolution of a system. *Focus on Autism and other Developmental Disabilities*, 15(2), 68-79.
- Guralnick, M. J. (2001). A developmental systems model for early intervention. *Infants and Young Children*, 14(2), 1-18.
- Guralnick, M. J. (2005). An overview of the developmental systems model for early intervention. In M. J. Guralnick (Ed.), *The developmental systems approach to early intervention* (pp. 3-28). Baltimore, USA: Paul H. Brooks.
- Lei no. 5/1997 of Feb. 10, 1997 [Law No. 5/1997]. *Diário da República – 1.^a Série, A, N.º 34*. Ministry of Education.
- Lerner, R. M. (2002). *Concepts and theories of human development* (3rd ed.). New Jersey, USA: Lawrence Erlbaum Associates.
- McGonigel, M. J., Woodruff, G., & Roszmann-Millican, M. (1994). The transdisciplinary team: A model for family-centered early intervention. In L. J. Johnson, R. J. Gallagher, M. J. Zamontagne, J. B. Jordan, B. June, J. Gallagher, & M. B. Karnes (Eds.), *Meeting early intervention challenges: Issues from birth to three*. Baltimore, USA: Paul H. Brooks.
- McWilliam, P. J., & McWilliam, R. A. (1993). Brass tacks: A self-rating of family-centered practices in early intervention. Evaluation Version. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, USA.
- McWilliam, R. A. (2003). The primary-service provider model for home- and community-based services. *Psicologia*, 7(1), 115-135.

- McWilliam, R. A., Casey, A. M., & Sims, J. (2009). The routines-based interview: A method for gathering information and assessing needs. *Infants and Young Children*, 22(3), 224-233.
- McWilliam, R. A., Snyder, P., Harbin, G. H., Porter, P., & Munn, D. (2000). Professionals' and families' perceptions of family-centered practices in infant-toddler services. *Early Education & Development*, 11(4), 519-538.
- Mendes, M. E. (2010). *Avaliação da qualidade em intervenção precoce: Práticas no distrito de Portalegre [Quality assessment in early intervention: Practices in the district of Portalegre]*. Porto: University of Porto.
- Nikander, P. (2008). Constructionism and discourse analysis. In J. A. Holstein, & F. J. Gubrium (Eds.), *Handbook of constructionist research* (pp. 413-428). New York, USA: Guilidford Press.
- Phillips, L., & Jørgensen, M. W. (2002). *Discourse analysis as theory and method*. London, UK: Sage.
- Pinto, A. I., Grande, C., Aguiar, C., Almeida, I. C., Felgueiras, I., Pimentel, J. S., ... Santos, P. L. (2012). Early childhood intervention in Portugal: An overview based on the developmental systems model. *Infants and Young Children*, 25(4), 310-322.
- Pinto, A. I., Grande, C., Felgueiras, I., Almeida, I. C., Pimentel, J. S., & Novais, N. (2009). Intervenção e investigação em idades precoces: O legado de Joaquim Bairrão [Intervention and research in early ages: The legacy of Joaquim Bairrão]. *Psicologia*, XXIII(2), 21-42.
- Portaria no. 52/97 of Jan. 21, 1997 [Ordinance No. 52/97]. *Diário da República – 1.ª Série, B, N.º 17*. Ministry of Education.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London, UK: Sage.
- Public Law 94-142 of Nov. 29, 1975. *Education of All Handicapped Children Act*. Retrieved from <http://www.gpo.gov/fdsys/pkg/STATUTE-89/pdf/STATUTE-89-Pg773.pdf>
- Public Law 99-457 of Oct, 8, 1986. *Education of the Handicapped Act Amendments of 1986*. Retrieved from <http://uscode.house.gov/statutes/1986/1986-099-0457.pdf>
- Public Law 101-476 of Oct. 30, 1990. *Education of the Handicapped Act Amendments of 1990*. Retrieved from <http://uscode.house.gov/statutes/1990/1990-101-0476.pdf>

- Public Law 105-17 of June 4, 1997. *Individuals with Disabilities Education Act Amendments of 1997*. Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-105publ17/pdf/PLAW-105publ17.pdf>
- Public Law 108-446 of Dec. 3, 2004. *Individuals with Disabilities Education Improvement Act of 2004*. Retrieved from <http://www.copyright.gov/legislation/pl108-446.pdf>
- Rapley, T. (2007). *Doing conversation, discourse and document analysis*. London, UK: Sage.
- Sameroff, A. (2009). The transactional model. In A. Sameroff (Ed.), *The transactional model of development: How children and contexts shape each other* (pp. 3-21). USA: American Psychological Association.
- Sameroff, A. (2010). A unified theory of development. *Child Development*, 81(1), 6-22.
- Sameroff, A. J., & Fiese, B. H. (2000). Transactional regulations: The developmental ecology of early intervention. In J. P. Shonkoff, & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 135-159). Cambridge, UK: Cambridge University Press.
- Trivette, C. M., Dunst, C. J., & Hamby, D. W. (2010). Influences of family-systems intervention practices on parent-child interactions and child development. *Topics in Early Childhood Special Education*, 30(1), 3-19.
- Turnbull, A. P., Turbiville, V., & Turnbull, H. R. (2000). Evolution of family-professional partnerships: Collective empowerment as the model for the early twenty-first century. In J. P. Shonkoff & J. Meisels (Eds.), *Handbook of early intervention* (2nd ed., pp. 630-650). Cambridge, UK: Cambridge University Press.
- UN General Assembly (1948). *Universal Declaration of Human Rights*. Retrieved from http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf
- UN General Assembly (1990). *Convention on the Rights of the Child*. Retrieved from http://www.unicef.org/lac/spbarbados/Legal/global/General/declaration_child1959.pdf
- UNESCO. (1994). *Salamanca statement and framework for action on special needs education*. Salamanca, Spain: UNESCO.

ATTACHMENTS

Attachment 1 Conceptual framework

THEME I: CHILD DEVELOPMENT	
Construct/Model 1: BIOECOLOGICAL MODEL (Bronfenbrenner & Morris, 1998)	
Feature/ Description	Indicators/ Examples
<p>a. Development varies as a function of <i>person</i> characteristics, <i>proximal processes</i>, environmental <i>context</i>, and <i>time</i> (Bronfenbrenner & Morris, 1998)</p>	<p>Focus on person in context:</p> <ul style="list-style-type: none"> • Microsystem (e.g., educator attitudes; educator’s interaction style/ degree of responsiveness) • Mesosystem (e.g., parent-service provider meetings – frequency and quality in terms of power balance and joint decision-making) • Exosystem (e.g., health and education services - basic and specialized in-service training for teachers; teacher knowledge about legislation and concepts regarding ECI) • Macrosystem (e.g., ECI legislation; ministry requirements)
<p>b. Development requires participation in progressively more complex activities on a regular basis and over an extended period of time with significant persons (Bronfenbrenner, 2005)</p>	<p>Focal points:</p> <ul style="list-style-type: none"> • Interaction in context (e.g., assessing language and communication by looking for instances of child talking to other children) • Activities (e.g., how activities are planned and approached as well as the role played by the adult and by the child; child <i>participates</i> in an activity) • Contexts and significant persons, i.e., family and community life as the source and context of natural learning experiences (Dunst, 2000)

THEME I: CHILD DEVELOPMENT

Construct/Model 2: TRANSACTIONAL MODEL (Sameroff, 2009)

Feature/ Description	Indicators/ Examples
<p>a. Development influenced by the interplay between the <i>individual</i> and the <i>environment/context</i> (Sameroff, 2009)</p> <p>b. <i>Bidirectional</i>, interdependent effects of the child and the environment (Sameroff, 2009)</p> <p>c. Individual and environment as <i>dynamic</i> entities (Sameroff, 2009)</p> <p>d. <i>Microregulations</i> as nearly automatic patterns of momentary interactions which come into play at the individual level (Sameroff & Fiese, 2000)</p>	<p>Intervention efforts target:</p> <ul style="list-style-type: none"> • Changing the child (<i>Remediation</i>) (e.g., professional provides massage therapy to low birth weight infant); • Changing the way parents interpret the child’s behavior (<i>Redefinition</i>) (e.g., parents identify areas of normal functioning); • Teaching parents child raising skills (<i>Reeducation</i>) (e.g., provision of instructional support to parents) (Sameroff & Fiese, 2000) <p>Task of ECI is to assess and minimize stressors which create environmental risk:</p> <ul style="list-style-type: none"> • family patterns of interaction (e.g., socioemotional connectedness, stimulation); • family resources (e.g., parental coping style, financial resources); • child development (e.g., social and cognitive competence) (Guralnick, 2001)

THEME II: FAMILY	
Construct/Model 1: <i>FAMILY-CENTERED PRACTICE</i> (Bruder & Dunst, 2008)	
Dimension A: <i>RELATIONAL PRACTICES</i> (Bruder & Dunst, 2008)	
Feature/ Description	Indicators/ Examples
a. Empathy and compassion (Bruder & Dunst, 2008) / Respectful and sensitive interactions (McWilliam et al., 2003) / Listening skills (Guralnick, 2005)	<ul style="list-style-type: none"> • Service providers listen more to families than ask questions or give advice; • Service providers avoid personal questions unrelated to family concerns (McWilliam & McWilliam, 1993) • Service providers listen attentively to caregivers (Bruder & Dunst, 2008)
b. Sensitivity to and understanding of cultural differences (Guralnick, 2005)	<ul style="list-style-type: none"> • Service providers accept without critique beliefs and practices different from their own (e.g., forms of raising children)
c. Conceptualization of family as competent and capable (Bruder & Dunst, 2008)	<ul style="list-style-type: none"> • Seeking and listening to the perspective of the family • Providing information about development as well as general knowledge from service provider's own discipline
d. Focus on family concerns and priorities (Trivette et al., 2010)	<ul style="list-style-type: none"> • Family concerns, priorities and expectations are acknowledged and discussed before and after assessment (McGonigel et al., 1994) • Family needs, including those not directly related to the child, are attended to (e.g., help for other children; Bailey & McWilliam, 1991)

THEME II: FAMILY

Construct/Model 1: FAMILY-CENTERED PRACTICE (Bruder & Dunst, 2008)

Dimension B: PARTICIPATORY PRACTICES (Bruder & Dunst, 2008) / **CAPACITY-BUILDING HELP-GIVING PRACTICES** (Trivette et al., 2010)

Feature/ Description	Indicators/ Examples
<p>a. Empowerment:</p> <ul style="list-style-type: none"> – Mobilization of formal and informal social/community support and resources (Trivette et al., 2010; Guralnick, 2005; Dunst, 2000) – Family capabilities and confidence enhanced (McWilliam et al., 2000) – True partnership and collaboration (Guralnick, 2005) – Focus on family strengths vs. deficits (Trivette et al., 2010; Dunst, 2000) – Family control vs. dependence (Dunst, 2000) 	<ul style="list-style-type: none"> • Family members learn to use intervention strategies they can use at home or in other natural environments; • Service providers connect family with other services in the community; • Joint decision making regarding assessment-intervention program (Guralnick, 2005) • Caregivers have decision-making power in regards to goals and means of achieving those goals; • Assessment of stressors that impact family-child transactions and thus child development (Guralnick, 2005)
<p>b. Involvement (Guralnick, 2005)</p>	<ul style="list-style-type: none"> • Service providers give explanations and options, seek agreement (Guralnick, 2005) • Caregivers participate in/organize assessment (Bailey & McWilliam, 1991) • Information and ideas presented by caregivers are used in the development of intervention plans (McWilliam & McWilliam, 1993) • Caregivers have a say in date, time and location of assessments

THEME III: TEAM WORK

Construct/Model 1: *TRANSDISCIPLINARY TEAM WORK*

Dimension A: *TRANSDISCIPLINARY PROGRAM COMPONENTS* (McGonigel et al., 1994)

Feature/ Description	Indicators/ Examples
a. Child development as an integrated and interactive process (McGonigel et al., 1994)	<ul style="list-style-type: none"> • Single arena assessment (McGonigel et al., 1994) • Success measured by child progress <i>as well as</i> parent satisfaction and empowerment, and child participation in integrated settings (Kjerland, 1986, as cited in McGonigel et al., 1994) • Common philosophy and goals; collaboration (McGonigel et al., 1994)
b. Team accountability (McGonigel et al., 1994)	<ul style="list-style-type: none"> • Team members monitor implementation of intervention plans and provide role support; • Evaluation of team functioning; • Team members share information and concerns (McGonigel et al., 1994)
c. Supporting families as equal team members (McGonigel et al., 1994)	<ul style="list-style-type: none"> • Caregivers can organize assessment if they choose (Bailey & McWilliam, 1991) • Intervention plan developed jointly by team members and family (McGonigel et al., 1994)

Dimension B: *CONFLICT/ OVERCOMING RESISTANCE TO CHANGE* (Garland & Frank, 1997)

Feature/ Description	Indicators/ Examples
– Reasons for conflict / forms of expression/ strategies for resolution	<ul style="list-style-type: none"> • Service providers understand their roles, feel competent, receive administrative support and are given sufficient time to learn skills (Garland & Frank, 1997)

Dimension C: *PRIMARY SERVICE PROVIDER MODEL* (McWilliam, 2003; McGonigel et al., 1994)

Feature/ Description	Indicators/ Examples
– Child best served in context of the	<ul style="list-style-type: none"> • Service provider visits caregivers at home/educational setting, and talks about and demonstrates interventions;

family/educational setting and daily routines; PSP supports family/teachers in the implementation of the plan with team supervision (McWilliam, 2003; McGonigel et al., 1994)	<ul style="list-style-type: none"> Number of professionals working directly with child decreases and family has more time (McWilliam, 2003)
Dimension D: ROLE RELEASE: STAGES OF TRANSDISCIPLINARY TEAM DEVELOPMENT AND PRACTICE (UCP National Collaborative Infant Project, 1976, as cited in McGonigel et al., 1994)	
Feature/ Description	Indicators/ Examples
<i>a. Extension:</i> team members keep up to date in their own fields (McGonigel et al., 1994)	<ul style="list-style-type: none"> Team members read new academic articles or books; participate in conferences or seminars; join organizations or networks (Woodruff et al., 1990, as cited in McGonigel et al., 1994)
<i>b. Enrichment:</i> team members develop a general understanding of other fields (McGonigel et al., 1994)	<ul style="list-style-type: none"> Team members ask for explanations regarding unfamiliar technical language, define terminology and share information about basic practices (Woodruff et al., 1990, as cited in McGonigel et al., 1994)
<i>c. Expansion:</i> team members teach each other to observe and make recommendations outside their own fields (McGonigel et al., 1994)	<ul style="list-style-type: none"> Team members observe members from other fields working with the child or attend workshops in other fields; role of facilitator is rotated among members (Woodruff et al., 1990, as cited in McGonigel et al., 1994)
<i>d. Exchange:</i> after learning the theory and methods team members begin to implement techniques from other disciplines (McGonigel et al., 1994)	<ul style="list-style-type: none"> Team members practice techniques from another discipline and ask for others to observe and critique; team members suggest strategies from outside their area and check with others for accuracy (Woodruff et al., 1990, as cited in McGonigel et al., 1994)
<i>e. Release:</i> team members liberate strategies from their own fields to one another (McGonigel et al., 1994)	<ul style="list-style-type: none"> Team members implement entire intervention plans; team members monitor performance of other members (Woodruff et al., 1990 as cited in McGonigel et al., 1994)
<i>f. Support:</i> team members provide back up support to the primary service provider when needed (McGonigel et al., 1994)	<ul style="list-style-type: none"> Team members seek help when they are struggling and offer assistance to others who are struggling (Woodruff et al., 1990, as cited in McGonigel et al., 1994)

THEME III: TEAM WORK

Construct/Model 2: *ROLE OF THE PROFESSIONAL*

Dimension A: *CONSULTATION* (Buysse & Wesley, 2005)

Feature/ Description	Indicators/ Examples
<ul style="list-style-type: none"> – Indirect, triadic service delivery model involving joint problem-solving, social influence and professional support (Buysse & Wesley, 2005) – Collaborative partnerships; Mutual decision making; Rapport building and relationships; Common goals (Buysse & Wesley, 2005) 	<ul style="list-style-type: none"> • Service provider suggests a new strategy such as embedding interventions into daily routines to caregiver; • Service provider encourages educator to implement strategies during center time; • Service provider coaches colleague to help him/her learn a specific technique (Buysse & Wesley, 2005) • Consultant and consultee discuss concerns and goals; • Consensus regarding goals and intervention plan; • Consultee executes plan with support from consultant (Buysse & Wesley, 2005)

Dimension B: *PROFESSIONAL DEVELOPMENT* (Guralnick, 2000)

Feature/ Description	Indicators/ Examples
<ul style="list-style-type: none"> – In-service training (Guralnick, 2000) 	<ul style="list-style-type: none"> • Links with local universities; • Participation in continued education; • Involvement in knowledge networks; • Observation of model programs (Guralnick, 2000)

Attachment 2 Pilot interview guide and analysis

GUIÃO DE ENTREVISTA – PILOTAGEM	Resultados das pilotagens	Revisão
(Impressões gerais)	Uma entrevista demorou mais do que uma hora e as questões não foram todas feitas. Algumas questões não funcionaram bem.	<ul style="list-style-type: none"> ➤ Eliminar o conteúdo não necessário. ➤ Clarificar as questões que foram menos claras.
1. O que é para si a intervenção precoce? <ul style="list-style-type: none"> • Qual a população? • Qual o foco/ alvo de avaliação-intervenção? • Quais os objetivos? • Quais os intervenientes? 	Entrevistadas relataram que a entrevista parecia um teste. Entrevistadas não necessitaram das questões adicionais para elaborar uma resposta.	<ul style="list-style-type: none"> ➤ Elaborar uma introdução para clarificar o objetivo da entrevista ➤ Reformular a primeira questão para não parecer um “teste”. ➤ 3 questões secundárias mantêm-se caso o entrevistado não faça uma resposta elaborada.
2. Como vê o desenvolvimento? Como as crianças desenvolvem/evoluem? Quais são os conceitos fundamentais ao abordar o desenvolvimento? <ul style="list-style-type: none"> • Até que ponto outros fatores afetam o desenvolvimento da criança? • Como profissional que lida com a promoção do desenvolvimento quais as dificuldades/preocupações que surgem? 	Entrevistadora colocou apenas as primeiras duas partes da questão principal. As respostas mostraram que a pergunta foi clara. As questões secundárias não foram feitas nas entrevistas.	<ul style="list-style-type: none"> ➤ Eliminar a terceira parte da questão principal. ➤ Eliminar as questões secundárias.
3. Nesta perspectiva de desenvolvimento, quais os aspectos que considera mais relevantes focar no processo de avaliação-intervenção?	Ambas as entrevistadas tiveram dificuldades em perceber esta questão.	<ul style="list-style-type: none"> ➤ Alterar a questão para ficar mais clara.
4. Como ocorre, na sua equipa, o processo de avaliação – intervenção?	Uma entrevistada conceptualiza o processo de avaliação-intervenão como dois processos distintos. No seu entender a questão formulada desta forma não está clara.	<ul style="list-style-type: none"> ➤ Manter a questão como está formulada uma vez que achamos importante realçar a continuidade do processo de avaliação – intervenção.
5. Como e que é o seu envolvimento desde o início do processo de avaliação-intervenção? E os outros elementos?	Entrevistadas acabaram por referir a maior parte das questões 6-9 quando responderam à questão 4.	<ul style="list-style-type: none"> ➤ Manter questões como perguntas secundárias ➤ Alterar questão 5 ligeiramente no sentido de clarificar. ➤ Alterar ordem das questões.
6. Fale-me um pouco acerca da forma como a família é envolvida no processo de IP. O que pensa sobre este envolvimento?		
7. E na sua equipa, como caracterizaria o envolvimento da família e da		

comunidade? Pode dar-me um exemplo/descrever?		➤ Eliminar pergunta 7 uma vez que é muito semelhante à questão 6.
8. Descreva a forma como a família participa nas tomadas de decisão.		
9. Descreva a forma como a família participa nas dinâmicas da equipa.		
10. Quais as dificuldades que surgem aos profissionais de IP na articulação com a família?	Estas questões funcionaram bem.	(Manter)
11. Na sua opinião quais devem ser as linhas orientadoras de uma equipa IP?		
12. Pode descrever as linhas orientadoras da sua equipa?		
13. Como está prevista a articulação com as estruturas da comunidade? Exemplos?	Questão não tem grande relevância para os objetivos do estudo.	➤ Eliminar
14. Está previsto uma auto-avaliação do funcionamento da equipa? Se sim como se processa?	Esta questão funcionou bem.	(Manter)
15. Quais os aspectos que são focados para documentar os progressos de um caso?	Esta questão funcionou bem.	➤ Alterar para ficar ainda mais clara.
16. Situações de conflito são normais nas equipas. Como lida a sua equipa quando ocorrem essas situações?	Estas questões funcionaram bem.	(Manter)
17. Em que medida considera que a sua participação no trabalho de equipa tem contribuído para o seu desenvolvimento/ conhecimento pessoal ou profissional?		
18. Até que ponto se sente à vontade com a transdisciplinaridade? Quais as dificuldades?	Esta questão funcionou bem mas achamos que o comentário que a entrevista parecia um teste também se refere a esta questão.	➤ Alterar esta questão para ficar menos avaliativa.
19. Como é que vê o seu papel enquanto elemento da equipa? Enquanto profissional de IP?	Esta questão funcionou bem.	(Manter)
20. Em que medida considera que formação específica em IP tem um impacte nos resultados do trabalho nesta área? No desenvolvimento da criança e no bem estar da família?	A segunda parte da questão não foi necessária uma vez que a primeira parte obteve boas respostas.	➤ Eliminar a segunda parte da questão.
21. Até que ponto gostaria que houvesse mais formação ou apoio para profissionais de IP? De que tipo?	Esta questão funcionou bem.	(Manter)
QUESTIONÁRIO Como a equipa é constituída? Porquê? Quando a equipa iniciou o seu trabalho? Quantos casos tem a ELI? Quantos casos tem você em apoio direto? Em vigilância? Como é distribuído o seu tempo na ELI?	Além de não serem de grande relevância para os objetivos do estudo, apenas uma equipa será entrevistada e estes dados estão disponíveis à entrevistadora	➤ Eliminar

Attachment 3 Final interview guide

GUIÃO DE ENTREVISTA: PROFISSIONAIS

No âmbito do meu mestrado estou a desenvolver um trabalho na área de intervenção precoce. O objetivo é levantar opiniões junto de profissionais desta área. Gostaria de começar por perguntar...

1. Para si, o que é mais importante em intervenção precoce? O que se pretende?
(Qual o foco/ alvo de avaliação-intervenção? Quais os objetivos? Quais os intervenientes?)
2. Como vê o desenvolvimento? Como é que as crianças se desenvolvem/evoluem?
3. Pensando no desenvolvimento, o que acha importante fazer para que a avaliação seja útil e a intervenção eficaz?
4. Como ocorre na sua equipa o processo de avaliação – intervenção?
 - Quer dizer mais alguma coisa sobre o seu envolvimento ou o envolvimento dos outros elementos da equipa?
 - Fale-me um pouco acerca da forma como a família é envolvida no processo de IP na sua equipa.
 - Descreva a forma como a família participa nas tomadas de decisão. (Pode dar-me um exemplo/descrever?)
 - Descreva a forma como a família participa nas dinâmicas da equipa. (Pode dar-me um exemplo/descrever?)
 - O que pensa sobre este envolvimento?
5. Quais as dificuldades que surgem aos profissionais de IP na articulação com a família?
6. Como são documentados os progressos de um caso?
7. Na sua opinião quais devem ser as linhas orientadoras de uma equipa IP? Pode descrever as linhas orientadoras da sua equipa?
8. Está prevista uma auto-avaliação do funcionamento da equipa? Como se processa?
9. Situações de conflito são normais nas equipas. Como lida a sua equipa quando ocorrem essas situações?
10. Em que medida considera que a sua participação no trabalho de equipa tem contribuído para o seu desenvolvimento/ conhecimento pessoal ou profissional?
11. Qual a sua opinião acerca da transdisciplinaridade? Quais as dificuldades que sente surgirem na aplicação desta abordagem?
12. Como é que vê o seu papel enquanto elemento da equipa? Enquanto profissional de IP?
13. Em que medida considera que formação específica em IP tem um impacte nos resultados do trabalho nesta área?
14. Até que ponto gostaria que houvesse mais formação ou apoio para profissionais de IP? De que tipo?

Attachment 4 Informed Consent

Porto, 26 de Fevereiro de 2013

Assunto: Pedido de autorização/colaboração no estudo *Intervenção Precoce em Portugal – o discurso dos profissionais* a realizar no âmbito do Mestrado Integrado em Psicologia da Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto (FPCEUP)

Caro profissional de Intervenção Precoce

No âmbito do 5º ano do Mestrado acima referido, a aluna Natalie Almeida Sandamil da Costa, está a realizar um estudo que tem como objecto contribuir para a compreensão do estado da arte da Intervenção Precoce no nosso país.

Assim, para a concretização desta investigação, vimos solicitar a V. Exa., a sua colaboração numa entrevista de cerca de uma hora, com data e local a combinar.

Informamos ainda que a docente responsável por este trabalho é a Prof. Doutora Ana Isabel Pinto, professora auxiliar na Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto (FPCEUP).

Garantimos a confidencialidade das informações obtidas e manifestamos a nossa disponibilidade para os esclarecimentos entendidos como necessários.

Agradecendo a colaboração, enviamos os melhores cumprimentos.

A docente responsável



(Prof. Doutora Ana Isabel Pinto)

Concordo participar como entrevistada no âmbito do estudo *Intervenção Precoce em Portugal – o discurso dos profissionais*

Assinatura do profissional de Intervenção Precoce

Attachment 5 Initial transcription notation

Sistema de Transcrição

Versão simplificada do sistema de transcrição desenvolvido por Gail Jefferson, adaptada de Potter e Wetherell (1987) e de Rapley (2007).

Quadro de Indicadores:

Aspeto	Explicação	Símbolo	Exemplos
1. Sobreposição da fala*	Parênteses retos do lado esquerdo indicam o ponto em que inicia a sobreposição da fala	[A: Certo [então tu B: [Não sei
2. Ausência de um intervalo de tempo	Sinal de igual indica a ausência de um intervalo de tempo entre palavras	=	A: Sabes=estou bem A: Qualquer forma= B: =Está bem
3. Pausa ou silêncio*	Número entre parênteses curvos, indica o tempo da pausa na fala, em segundos	(x)	A: É (2) estranho
4. Micro-pausa	Ponto final entre parênteses curvos indica uma breve pausa	(.)	A: Sim (.) claro
5. Prolongamento de um som	Dois pontos indicam prolongamento do som anterior O número de dois pontos indica o comprimento do som que foi prolongado.	:	A: Eu:::: não sei
6. Entoação ascendente*	Ponto de interrogação indica entoação ascendente e portanto uma interrogação	?	A: Ai sim?
7. Entoação descendente*	Ponto final indica entoação descendente	.	A: Sim.
8. Ênfase *	Texto sublinhado indica palavras ditas com mais ênfase	<u>abc</u>	A: Não está <u>certo</u>
9. Tom de voz mais elevado*	Letras maiúsculas indicam fala em tom mais elevado do que a fala envolvente	ABC	A: Não está NADA bem
10. Tom de voz mais baixo*	Símbolo de graus antes e depois de texto indica fala em tom mais baixo do que a fala envolvente	°	A: °Pois°
11. Fala mais rápida*	Sinal de maior antes e sinal de menor depois indicam fala mais rápida do que a fala envolvente	>abc<	A: >Não está nada bem<
12. Fala mais lenta*	Sinal de menor antes e sinal de maior depois indicam fala mais lenta do que a fala envolvente	<abc>	A: <Não acho>
13. Inspiração e expiração perceptível	Ponto final seguido da letra h indica inspiração perceptível Apenas letra h indica expiração perceptível Número de letras h indica a comprimento do som da respiração	.h h	A: Acho que .hhh preciso de mais A: Sei que hh tu

14. Fala inaudível ou pouco clara*	Parênteses curvos sem texto ou texto entre parênteses curvos indicam fala que é inaudível ou fala pouco clara	() (abc)	A: Que coisa tão () A: Não te (podia dizer)
15. Atividade não verbal*	Palavras entre duplo parênteses curvos indicam atividade não verbal tal como tossir ou rir	((abc))	A: Não sei ((tosse))
16. Fala omitida deliberadamente*	Parênteses retos sem texto indicam fala omitida deliberadamente, e.g., nomes Texto entre parênteses retos adiciona informação relevante	[] [abc]	A: [] que estava bem A: [O irmão do entrevistado] disse-me

* Aspectos incluídos no quadro inicial de indicadores

Attachment 6 Final transcription notation

SISTEMA DE TRANSCRIÇÃO

Versão simplificada do sistema de transcrição desenvolvido por Gail Jefferson, adaptada de Potter e Wetherell (1987) e de Rapley (2007)

Aspeto	Explicação	Símbolo	Exemplo
1. Pausa ou silêncio	Número entre parênteses curvos indica o tempo de uma pausa na fala em segundos	(x)	Y: tentamos seguir o modelo arena (2) e ...
2. Micro-pausa	Ponto final entre parênteses curvos indica uma breve pausa	(.)	Y: ficaram dois técnicos (.) a terapeuta não fica responsável
3. Prolongamento de um som	Dois pontos indicam prolongamento do som anterior; o número de dois pontos indica o comprimento do som que foi prolongado	:	Y: do desenvolvimento da:: criança
4. Entoação ascendente	Ponto de interrogação indica entoação ascendente e portanto uma interrogação	?	Y: como é que são documentados os progressos dos casos?
5. Entoação descendente	Ponto final indica entoação descendente	.	Y: exatamente. nem em todas as situações isso acontece
6. Ênfase	Texto sublinhado indica palavras ditas com mais ênfase	<u>Abc</u>	Y: ora bem isso é uma questão <u>muito</u> complexa
7. Fala inaudível ou pouco clara	Parênteses curvos sem texto ou texto entre parênteses curvos indicam fala que é inaudível ou fala pouco clara	() (abc)	Y: avaliar nos contextos porque (não chegou) portanto
8. Atividade não verbal	Palavras entre duplo parênteses curvos indicam atividade não verbal tal como tossir ou rir	((abc))	Y: basicamente é isso que se tenta fazer ((risos))
9. Fala omitida deliberadamente	Parênteses retos indicam fala omitida deliberadamente (e.g., nomes); texto entre parênteses retos adiciona informação relevante	[] [abc]	Y: [a coordenadora] disse que estava bem

Attachment 7 Original interview extracts in Portuguese

B: após um momento de acolhimento que é feito o primeiro momento de acolhimento

Z: mhmm

B: que normalmente estão dois técnicos uhh com a família

Z: com a família sim

B: e após esse momento uh são é (em reunião) da equipa são identificados os técnicos que vão estar na intervenção (.) na avaliação

Z: avaliação

B: e são identificados com base na (.) no que a família partilhou no momento de acolhimento e no que os técnicos consideram perante as informações clínicas que muitas vezes temos ou informações das educadoras que encaminham não é?

C: é importante eles perceberem que no segundo momento vai haver realmente uma avaliação (.) mas que tem a ver com as preocupações e que vamos estar atentos às preocupações (1) neles (.) identificadas por eles (.) no final dessa avaliação (.) a equipa reúne durante uns momentos e volta a estar com os pais e mais aí é importantíssimo porque (.) no fundo os pais tem que perceber que nós estamos a ser sinceros na informação que estamos a dar

E: há depois uma reunião que se faz para o preenchimento do PIIP em que também se partilha com a mãe uh os objetivos delineados (.) se a mãe concorda se quer alterar se é aquilo que ela quer

H: para ser elaborado o PIIP (.) os pais os técnicos e::: nós vamos elaborar os PIIP (1) vamos::: ouvir as angústias dos pais não é?

Z: dos pais

H: e vamos passando estratégias

Z: mhmm

H: e::: portanto vamos dizendo uh::: para que realmente a criança consiga atingir determinado objetivo

Z: mhmm

H: o que lhe devem fazer uh::: pronto (1) então periodicamente (.) a partir daí (.) é elaborado o PIIP

E: o mais importante é conseguir que eles se envolvam e que::: sigam as estratégias

Z: uhm uhm

E: e que::: cheguem à conclusão (.) porque às vezes eles são um bocadinho reticentes em (.) em fazer aquilo que a gente propõe

I: nas reuniões que fazemos quando é principalmente quando é para avaliar os objetivos do PIIP

Z: sim

I: uh (.) as famílias é que têm a primeira palavra uh a dizer

Z: mhmm

I: claro que se forem muito desadequadas não é? terão sempre que ser orientadas de forma

Z: pois

I: e para uma atitude mais dentro dos parâmetros esperados ou normais

Z: claro

I: mas uh desde sempre têm a primeira palavra

B: uhh uh por exemplo às vezes a família identifica como sendo necessário fazer uma reavaliação uh antes do que era previsto

Z: previsto

B: e não quer dizer que isso aconteça mas eu tento que isso vá de encontro uh (.) quer dizer tento averiguar o porquê não é no fundo

Z: pois

B: partilho com a equipa e vê-se no fundo se é possível ou não

Z: se é possível

C: mas neste momento (.) nesta equipa realmente há pouca participação

Z: participação mhmm

C: os pais não são chamados (ativamente)

Z: pois pois

C: não quer dizer que se eles derem alguma:: uh uh alguma se lembrarem (1) não me estou a lembrar assim de nenhum caso concreto (.) mas vamos imaginar uma família dava alguma sugestão (1) mesmo em termos de funcionamento da equipa (.) nós se calhar poderíamos ponderar mas efetivamente (3) não parte de nós (.) pelo menos não tem sido uma preocupação nossa

Z: e como é que as famílias participam nos processos de tomada de decisão?

H: uh:::

Z: ou em que medida participam?

H: é assim (1) uh:: quando há qualquer decisão importante a tomar (.) uh:: normalmente reunimos não é?

Z: sim mhmm

H: e::: conversamos com a família

Z: mhmm

H: e dizemos olhe realmente achamos que devemos tomar esta atitude ou aquela (.) porque não está a resultar

E: facilita-se tabelas de registo para a mãe levar para casa (.) depois pede-se à mãe para colocar na porta do frigorífico que é daqueles sítios onde se poem as coisas de que não nos devemos esquecer

Z: pois

E: os objetivos que a mãe se compromete a trabalhar em casa

H: ou porque pronto através de diálogo de::: (3) sei lá (1) de estratégias também

Z: também

H: vamos (.) comigo pelo menos tem resultado muitíssimo bem

Z: bem

H: e as pessoas têm::: uh:: tudo aquilo que nós propomos uh:: as famílias aceitam porque realmente acham que é para o bem da sua criança

D: passar estratégias à família (.) pronto (.) mas isto está difícil não só da nossa parte mas também da família

Z: (da família)

D: as famílias vêm cá com um objetivo que é a terapia de fala

Z: pois é

D: percebe? e nós tentamos envolver e mesmo eu falo por mim como [] não é?

Z: sim

D: toda a dinâmica familiar (.) que seja adequada para proporcionar aquilo que a criança precisa não é?

H: e::: também é uma nossa batalha (.) porque é muito importante o tempo que passam com as famílias

Z: exatamente

H: e procuramos que esse tempo seja de qualidade

A: vou-me preocupar mais se a família é negligente ou não se vai às consultas se vai à terapia

Z: mhmm

A: se se se até que ponto as rotinas estão bem implementadas em casa até que ponto a família está com (.) no fundo ver até que ponto a família tem competências em termos de parentalidade ou não

A: depende mas acho que as famílias no geral já se estão a envolver mais

Z: (é interessante)

A: penso que sim

Z: mhmm

A: penso que sim e também tem a ver com o trabalho de retaguarda que se vai fazendo

Z: pois

A: da supervisão de ir perguntando como é que as coisas estão a correr

F: ele só não anda uh (2) mas isto é frequente (.) ele agora não anda porque não adquiriu a marcha mas depois que adquiriu a marcha ele agora só não fala (1) e depois como não adquiriu a fala ainda (.) ele só precisa de falar (.) neste momento penso que no final de ano e meio (1) olhar para esta mãe acho que conseguimos (1) conseguimos modificar e até na forma como ela se interessa e participa (1) muito interessada

F: inicialmente a mãe também não colaborava muito (.) não participava (.) neste momento (2) esta mãe está muito mais interessada (1) e realmente houve uma evolução muito boa

Z: muito boa mhmm mhmm

F: () a senhora evoluiu muito (.) está no bom caminho

E: não conseguem perceber que a criança ainda não tem intenção comunicativa (.) que têm que ser ali criadas algumas coisas

Z: pois

E: temos que (.) criar com que a criança fique mais tempo na tarefa (.) que esteja mais atenta ao adulto que está à frente dela

Z: claro (.) claro

E: que queira comunicar (2) criar a necessidade na criança de comunicar

Z: de comunicar

E: e só depois de de ter esses esses mínimos é que sim (.) já se pode mandar para uma terapia da fala

B: para mim o mais importante é (2) o trabalho de equipa

Z: mhmm

B: e de equipa incluindo a família

B: eh uh eu tento envolver a família uh da seguinte forma (.) indo de encontro principalmente ouvi-la (.) ouvi-la acho que é um ponto fundamental (.) ouvir a família uhmm respeitando as suas as suas crenças as suas culturas porque muitas das vezes existem essas questões implicadas não é?

Z: sim

B: uh uh (.) uh respeitando as suas necessidades naquele momento (1) uh de forma a que uhh uhh ela sinta que nós estamos ali uhh em (.) em conjunto com eles (.) não uhh portanto não estamos a impor (.) nem eles nos estão a impor nada portanto estamos em conjunto ao mesmo nível

G: agora faria sentido sem dúvida estar com os pais nas horas todas disponíveis deles

Z: pois

G: aqui ali acolá onde eles tivessem onde eles estivessem e tivessem disponibilidade

D: e essas horas são mesmo por minha conta não é?

Z: pois claro isso é difícil é difícil

D: é mesmo (.) ninguém me paga nem nem nem ninguém reconhece não é?

Z: pois

D: mas pronto há uma necessidade eu também estou no domicílio ou estou aqui com a família (.) também não vou dizer ok chega a hora acabamos vamos embora

Z: como é que a família participa nas tomadas de decisão?

D: (1) ora bem é assim nós tentamos uh pronto ou tento não é? por exemplo a nível da fralda

Z: sim

D: quais são as preocupações? é uma necessidade? é uma preocupação para a família? o retirar a fralda? portanto e vou nesse nesse sentido

Z: mhmm

D: se é ok então uh (.) portanto (.) vamos ver (.) estratégias ok a preocupação então vamos ter que a resolver

Z: pois

D: como é que vamos resolver? portanto a família diz ai uh por exemplo este caso ele até chega a casa e tira a fralda (.) pronto então vamos vamos criar daqui (.) estratégias de forma que ela chegue a casa e tire a fralda para se ficar o dia sem a fralda não é?

Z: sim resolução de problemas

D: exatamente um bocado assim não é?

Z: sim sim

D: um bocado assim conversando e ver o que é que é melhor

F: é muito jovem (.) foi mãe adolescente (.) mais (.) tem uma criança que não corresponde às expectativas

Z: que ela tinha

F: tinha e que todas as mães têm

Z: pois

F: uh:: não tem apoio (2) do pai da criança (1) o pai da criança não dá apoio nenhum

Z: pois

F: é uma desilusão (1) muito grande e uma desesperança na vida dela não é? (3) mesmo para ela não querer ajuda (.) porque eu achei que esta (1) a mãe estaria deprimida (1) e se já está deprimida não teria energia suficiente para recarregar para [a criança]

G: as situações de ameaça que muitas vezes os pais sentem (.) e não o apoio que deviam sentir

Z: pois (.) pois (.) isso é muito () pois muitas das vezes sentem-se (.) criticados ou (.) julgados

G: julgados quer dizer por muito que (.) até uh as atitudes não vão nesse sentido

Z: uhm uhm

G: a primeira interpretação (.) a primeira reação é exatamente essa

Z: pois

G: não é?

Z: é

G: portanto mais do mesmo (.) culpa já eu sinto (.) não me venham para aqui acentuá-la

A: também tenho a minha vida já tento (.) fazer o meu horário (.) uh iniciar às 8 e meia com meia hora de almoço e às vezes prolongo o meu dia ao fim do dia (.) para dar alguma flexibilidade mas a sensação que eu tenho é que (.) as famílias se pudessem ao fim de semana é que seria o ideal

Z: pois o ideal

A: ou às 8 da noite é que seria ou às 9 ou às 9 e meia é que seria o ideal só que isso para mim isso não é envolvimento (.) envolvimento é adequar o horário do técnico com o horário da família e uma flexibilizar eu dou mais meia hora do meu almoço para dar mais meia hora

Z: pois dos dois lados

A: dos dois lados e a sensação que eu tenho é que (.) mesmo em termos de (.) às vezes nas reuniões de supervisão aquilo que eu entendo é que nós técnicos temos que flexibilizar (tudo) e eu acho que é preciso (.) e sou muito flexível (.) flexibilizar q b senão os pais não se envolvem

Z: pois

A: e portanto eu ir ao fim de semana deixar a minha família para ir para casa daquela família até que ponto é que estou a fazer a família se envolver ou não?

B: pronto uh primeiro acho que é importante uhmm fazer entender a família que ela é muito mais capaz do que aquilo que pensa porque (.) a família às vezes uh normalmente vem com a perspetiva que vem uh ter com os especialistas e aqueles que sabem fazer tudo

Z: sabem tudo

B: nós sabemos técnicas que (.) mas quem conhece melhor a criança é a família

Z: a família

B: e portanto eu tento (.) tento uh envolvê-la da seguinte forma (.) dessa forma não é?

Z: dessa forma

B: portanto perceber que (.) fazê-la perceber que é ela que conhece melhor a criança (.) é ela que vai continuar com a criança é ela responsável pela criança (.) e as tomadas de decisão também se passam por ela e:: e depois tentar arranjar uh identificar os os principais problemas as principais preocupações e ver de que forma é que eu posso ser uma mais-valia uma ajuda nessas principais preocupações do dia-a-dia

A: até sei como é que é mas aí a a trabalhar na área doutro profissional nem pouco mais ou menos (.) portanto a transdisciplinaridade para mim não funciona (.) na minha área

Z: mhmm na sua área mhmm

A: porquê? porque (.) uma educadora diz (.) ai aquela criança está em risco pronto ok eu então vai fazer o relatório (.) (faça) a educadora o relatório porque é gestora de caso ela não tem competências por outro lado para fazer o relatório

Z: pois (.) uh:: (3) como é que vê o seu papel como elemento da equipa?

C: o meu papel? eu acho que o meu papel é um papel importante nesta equipa

Z: mhmm

C: uh:: acho que pelo facto de eu estar envolvida em vários momentos isso torna realmente o meu papel (.) importante

Z: mhmm

C: não só porque a área da [] é uma área muito importante em intervenção precoce (.) é uma área muito abrangente (.) há outras áreas que estão muito mais direcionadas para um aspeto e eu acho que os [] conseguem ver a criança de uma forma muito mais global

Z: pois

C: portanto eu acho que é essencial (.) não vejo uma equipa de intervenção precoce sem [] sei que existe mas não vejo

A: tem a ver com as áreas (.) quer dizer eu enquanto [] vou-me preocupar mais se a família é negligente ou não se vai às consultas se vai à terapia

Z: mhmm

A: se se se até que ponto as rotinas estão bem implementadas em casa até que ponto a família está com (.) no fundo ver até que ponto a família tem competências em termos de parentalidade ou não

Z: pois

A: não é? pronto (.) uhh mesmo em termos de vinculação (.) é lógico que uma educadora pela própria formação que tem não não tem se calhar esta abrangência

Z: pois

A: um psicólogo se calhar já tem a:: a mesma

Z: sim sim

A: ou até (.) a mesma abrangência que o [] um terapeuta pode ter ou pode não ter

E: normalmente a educação só é chamada para as avaliações conjuntas (.) e::: depois o nosso trabalho é todo nos contextos

Z: nos contextos

E: e::: temos a reunião

Z: a reunião de equipa

E: a reunião de equipa (.) porque assim em equipa não somos solicitadas para muito mais que isto

E: como há mais educadoras do que terapeutas

Z: ah

E: acaba-se por (.) dar mais na educação e não nas terapeutas

Z: pois

E: e há certos casos que eu sinto que aquela criança não estava a precisar de mim (.) está a precisar mais da terapeuta ocupacional e da educadora em retaguarda

Z: uhm uhm
E: e se forem ver os processos nunca há educadoras de retaguarda
Z: pois (.) isso é chato
E: as educadoras estão sempre de intervenção direta
Z: uhm uhm (.) uhm uhm
E: de retaguarda estão sempre as terapeutas (.) a assistente social (.) a a psicóloga
Z: a psicóloga
E: como como muitos casos em que quem deveria estar em intervenção direta era a psicóloga (.) e nós de retaguarda
Z: uhm uhm
E: e isso nunca acontece

Z: uh:: como é que vê o seu papel como profissional de intervenção precoce?
F: enquanto profissional de intervenção precoce uh: acho que (2) (existem) limitações impostas pelo sistema (.) ou seja (.) o sistema de []
Z: pois
F: não me permite que eu (2) me torne um elemento como gostaria muito mais ativo e se calhar muito mais () o tempo parcial que não existe (1) isso é o grande problema (.) porque eu gostaria muito de ter o tempo
Z: todo
F: todo (.) para a intervenção precoce uh:: gostaria de ir aos infantários (.) gostaria de ir (.) de estar mais vezes com as famílias (.) gostaria de estar nas avaliações em arena (.) gostaria de participar muito mais como técnica de intervenção precoce

Z: em que medida considera que a formação específica em intervenção precoce tem impacto nos resultados do trabalho?
G: tem imensa claro (.) é evidente até devíamos ter começado por aí
Z: pois (.) pois (.)
G: devíamos ter começado por aí (.) e para além do mais a questão que foi aflorada pela pela pela [] na última reunião e que eu acho que é extraordinariamente pertinente
Z: sim
G: é que à partida nós não somos A nem B nem C nem D
Z: pois (.) pois
G: somos técnicos da intervenção precoce e isso roda e muda tudo
Z: pois (.) claro
G: mas completamente

H: acho que todas nós temos um papel::: idêntico ou igual
Z: sim todas têm um papel idêntico?
H: exato (1) porque é assim:: nós temos (1) cada uma tem a sua área específica
Z: sim
H: de formação uh:: portanto (1) o meu trabalho será dentro da minha área (.) uh:: que será respeitado pelos outros elementos (1) uh:: como eu também respeito o trabalho da colega (1) aceite (.) portanto eu acho que todas nós temos o mesmo papel
Z: sim
H: ativo não é
Z: pois
H: todos os elementos da equipa têm o mesmo papel
Z: mhmm
H: cada um trabalha dentro da sua área (.) partilha os seus saberes

Z: sim (.) sim é interessante porque podemos eu lembro-me de uma reunião que tivemos com o núcleo de supervisão (.) e disseram que podíamos começar a pensar nos elementos como profissionais de intervenção precoce em vez de (.) por exemplo

I: a ser a educadora a a terapeuta ocupacional ou

Z: e achei isso interessante porque uhh pode há há (.) temos as nossas áreas ()

I: (porque somos todos sim mas somos mas somos) realmente isso é verdade estando em intervenção direta estamos a trabalhar para intervenção precoce não é? da criança independentemente de ser se calhar o interveniente direto aquela área que estará mais uh prejudicada na criança não é? será a maior lacuna será dentro daquela área então

Z: pois

I: é definido o o interveniente direto

Z: o gestor de caso claro claro

I: nesse nesse segundo esse uh (1) esse parâmetro mas realmente somos todos intervenientes de de IP

Z: intervenção precoce

I: não é?

Z: pois

I: (.) cada um na na sua especialidade não é?

Z: mhmm

I: mas todos com o mesmo objetivo

Z: todos com o mesmo objetivo

B: e (.) e não não vejo unicamente o meu papel como [] mas não quer dizer que me veja como terapeuta ocupacional

Z: claro pois pois ((risos))

B: ((risos)) ou educadora mas uhh eu acho que quando falamos do desenvolvimento uh também é importante uh todos nós termos um tronco comum (.) temos noção que trabalhamos todos esse tronco comum

Z: pois

B: depois temos as nossas folhinhas cada um de nós temos os nossos ramos e as nossas folhinhas mas há aquele tronco comum que não podemos esquecer

Z: pois

B: e portanto uh o meu papel é um bocadinho igual ao dos outros elementos em determinadas áreas e determinadas questões

Z: áreas

B: depois acaba por ser um bocadinho específico

Z: pois noutras áreas mhmm

B: não sei se estou a responder a tua pergunta?

Z: não (.) está ((risos))

B: ((risos))

Z: muito bem eu acho é uma boa imagem (.) as pessoas têm em comum a intervenção precoce e depois cada um também tem uma identidade específica não é?

B: específica exatamente que contribui para a árvore no geral

Z: e por trabalhar em equipa não quer dizer que as pessoas deixam se ser

B: aquilo que são

Z: pois

B: exatamente

A: e eu disse que sim faço o acolhimento de todas as crianças

Z: mhmm

A: por isso já tenho ouvido algumas pessoas alguma crítica inclusivamente da [professor universitário] não sei se é crítica ou se foi um pronto (.) a dizer que acha que o acolhimento devia ser feito até pelo próprio técnico que vai seguir depois a criança

Z: pois mhmm

A: o facto de eu estar no acolhimento é muito bom porque tenho um conhecimento acabo por por ter uh uhh sendo a minha área [] acabo por ter contacto com todas as famílias

Z: as famílias pois

A: e acabo por ser uma referência que as famílias têm ()

Z: pois

A: portanto pode aquele técnico estar a intervir mas eu até já estive com a [] porque até estive no acolhimento portanto acabo por ser um elo de comunicação forte

C: ainda está muito este aquele (.) isto é que é importante (.) vamos chamar isto não vamos chamar aquilo (.) porquê? ainda há ali um bocadinho (1) de insegurança

Z: insegurança pois

C: cada um dos profissionais por achar que o outro pode ser mais importante ou pode ser visto como o mais importante

Z: sentem-se um pouco ameaçadas

C: eu acho eu acho (.) que isso se ressentem na forma como as pessoas depois reagem (.) sempre numa situação um bocadinho defensiva

Z: defensiva (.) pois

C: portanto que eu acredito que tenha a ver com alguma insegurança até profissional e até de áreas profissionais se calhar

B: uhh agora a minha ideia da transdisciplinaridade é que uh eu acho que em muitas das situações quando nós identificamos uma pessoa que seja o gestor de caso o responsável de caso e que será a pessoa de vínculo que será a pessoa de articulação portanto a pessoa (.) que tem mais contacto com a família e aí seria a pessoa que fazia um trabalho transdisciplinar (.) não é (.) é o trabalho mais complexo do que ficar só com o nosso conhecimento não é? partilhar o nosso conhecimento

G: para funcionar realmente (.) exige um amadurecimento de todos os técnicos muito grande

Z: uhm uhm

G: um sentido uh::: (1) não é de cooperação (.) é de colaboração (real)

Z: de colaboração

G: de colaboração e de colaboração que implica um trabalho também muito grande (.) por isso é que este tipo de de de de de de modelo exige um crescimento muito grande (.) quer em termos individuais dos técnicos (.) quer em termos de de de construção da própria equipa

Z: da equipa

G: e portanto uh::: é um é um trabalho extraordinariamente exigente

Z: exigente

G: é um trabalho extraordinariamente exigente que exige que as pessoas se descentrem por completo (.) se dispam de uma série de coisas para conseguir criar uma terceira que essa é que é a útil para a atividade

Z: pois

G: e isto não me parece fácil numa numa numa comunidade ((risos)) que nem se quer ((risos)) tem uh::: (.) nem se quer tem no fundo uh::: nenhum hábito de trabalho em equipa

G: acho que é um bocado uh::: por aí (.) pronto tendo algum (.) posso ter a minha a a minha opinião a minha ideia mas acima de tudo tal e qual eu acho que preservo o::: conjunto e portanto como tal não acho que que tenha que fugir do conjunto porque efetivamente uh sou parte integrante dele

Z: pois

G: e tenho crescido com ele