

Review

Research Foundations for Evidence-Informed Early Childhood Intervention Performance Checklists

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Abstract: The research evidence for early childhood intervention practices performance checklists is described. Performance checklists include lists of the tasks or steps required to complete a practice competently. The checklists were developed using a conceptualization-operationalization-measurement framework where findings from research syntheses and empirical studies informed the selection or development of checklist indicators. This paper includes a meta-review of empirical evidence demonstrating practice-outcome relationships consistent with the purposes and goals of each of the performance checklists. Findings from more than 200 narrative reviews, meta-analyses, integrative reviews, and other types of research syntheses were the sources of evidence and foundations for 26 early childhood intervention performance checklists. The research evidence, taken together, indicates that the checklist indicators have a substantial evidence base for each of the performance checklist practices. Strengths and limitations of the meta-review are described.

Keywords: early childhood intervention; performance checklists; checklist practice indicators; practice-outcome relationships; research evidence

1. Introduction

1.1. Background

Performance excellence is an explicit goal in most if not all professions [1,2]. According to Gawande [3], excellence is achieved by attending to the steps required to complete a task successfully, ensuring that the knowledge and skills needed to complete a task are aligned with operationally defined performance standards, and that there is intentional and deliberate monitoring of actual performance against expected performance. As also noted by Gawande [4], all of this can be accomplished by using checklists for specifying the most important steps or elements of a practice.

Checklists are now widely used in a number of fields and professions for planning, monitoring, and evaluating performance, products, and procedures [5–10]. Procedural or performance checklists include lists of the tasks, steps, or behavior indicators required to complete different practices in a competent manner [7]. Evidence-informed performance checklists include indicators based on research findings establishing an empirical relationship between the checklist practice indicators and intended or expected outcomes [11]. The reader is referred elsewhere for descriptions of the different methods and procedures for developing checklists, for example, [4,7,11,12].

Gawande [4], in his book *The Checklist Manifesto: How to Get Things Right*, describes two types of checklists: *Do-confirm* and *Read-do*. *Do-confirm* checklists are used on a *post-hoc* basis to determine if the checklist indicators were used as intended. *Read-do* checklists are used on an *a priori* basis to review expectant performance and which serve as mnemonic devices for increasing the likelihood that actual performance mirrors expected performance. Evidence-informed performance checklists are best described as *Review-Do-Confirm* tools. Checklist indicators operationally define a set of interrelated practice characteristics that “serve as *concrete reminders* of the tasks that need to be performed” [7] (p. 4,

emphasis added) and then are used to do a self-evaluation or coach-facilitated evaluation of how well one was able to complete the tasks as operationally defined.

This paper includes (1) an overview of the procedures used to develop evidence-informed early childhood intervention performance checklists; (2) brief descriptions of 26 early childhood intervention checklists; and (3) a meta-review of the sources of research evidence for the checklist practices and practice indicators. Early childhood intervention includes the experiences and opportunities afforded young children between birth and 8 years of age and their parents or other primary caregivers to promote and enhance child, parent, and family competence and confidence [13–15]. The checklists were developed at the Early Childhood Technical Assistance (ECTA) Center at the University of North Carolina—Chapel Hill. The author and his colleagues at the ECTA Center developed the checklists using early childhood intervention recommended practices [16] as the foundations for (1) unpacking the recommended practices to identify internally consistent sets of practice indicators where (2) findings from research syntheses and empirical studies were used to select or develop practice indicators which research indicates are empirically related to outcomes of interest [11].

1.2. Procedure for Developing Evidence-Informed Performance Checklists

Figure 1 shows the framework used to develop the performance checklists. The framework is based on Babbie's [17] interrelated steps of conceptualization, operationalization, and measurement. In terms of checklist development, conceptualization refers to the characteristics that define an early childhood intervention practice, operationalization refers to behavior indicators that are the key characteristics of a practice, and measurement refers to the procedures used for knowing if the practice characteristics were used as intended [18].

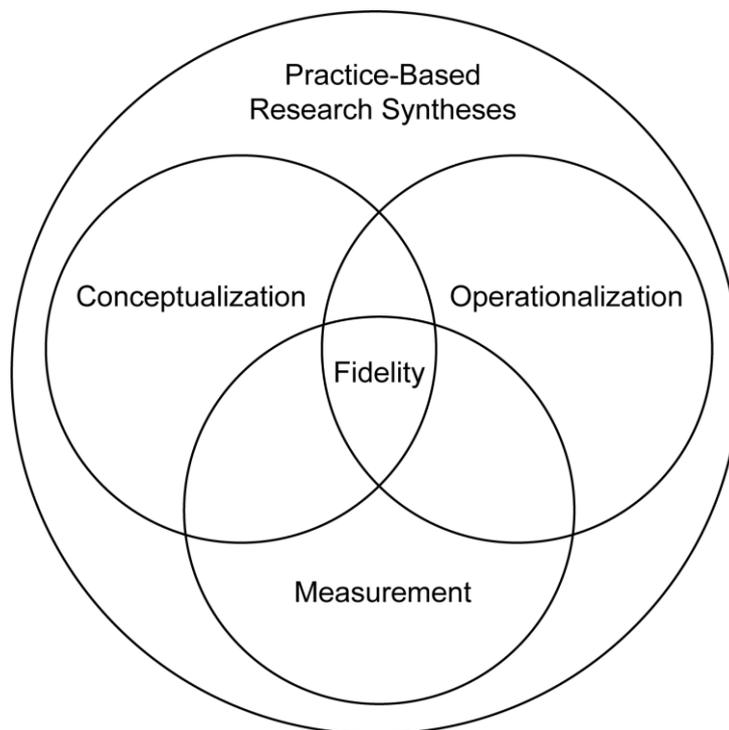


Figure 1. Framework for developing evidence-informed and operationally defined performance checklist indicators. (Reprinted from Dunst et al. [11] (p. 3), with permission from the author).

The performance checklist characteristics were first informed by the Council for Exceptional Children, Division for Early Childhood Early Intervention/Early Childhood Special Education Recommended Practices [16]. The Division for Early Childhood recommended practices includes

seven assessment and intervention practice areas. Twenty-six checklists were developed for the seven practice areas (assessment practices, environment practices, family practices, instruction practices, interaction practices, teaming and collaboration practices, and transition practices). (An eighth practice area, leadership, has three checklists but they include neither child nor family assessment or intervention practices.)

The checklists are all formatted (organized) in the same way to facilitate practitioner understanding and use of the checklist practice indicators. As noted by Schwartz [19], “Applying organization to new learning causes the learner to focus on the meaning of the material and thus increases the depth of processing . . . [where] organizing what we learn into [similarly formatted] categories and meaning-based [categories and] connections . . . improves encoding” (p. 107).

Each checklist includes a brief description of an early childhood intervention practice and the intended outcome or benefit of the practice. The brief description also includes a statement of the intended context(s) for using the practice and how a practitioner can use the checklist indicators to prepare to implement the practice (Review-do) and to evaluate how well the practice characteristics were able to be used (Do-confirm). Each checklist includes a list of practice indicators (key elements, active ingredients, procedural steps, etc.) that, taken together, operationally define the key characteristics of a particular intervention practice. The checklists all include a 4-point Likert scale for a practitioner to do a self-evaluation of “how well” the practice characteristics were used with a child or family or for a coach or supervisor to do a coach-facilitated practitioner self-evaluation for promoting learner mastery [20]. Two options are included to accommodate individual practitioner preferences. One option permits the assessment of frequency of use (*Seldom or Never* to *Most of the Time*) whereas the other option permits the assessment of percent of time a practice was used (0–25% to 75–100%).

The practices on each checklist (e.g., naturalistic instruction) are conceptualized as a particular type of early childhood intervention practice; for example, [21]. The evidence for the checklist indicators was used to operationalize the key characteristics of the practice (e.g., following a child’s lead, sensitivity to child behavioral cues, responding promptly and positively to child behavior, and providing natural consequences to reinforce child behavior initiations as indicators of naturalistic instruction); for example, Dunst et al. [22] (p. 5). Figure 2 (p. 4) illustrates the checklist formatting for the *Naturalistic Instructional Practices Checklist*. The checklist includes seven key characteristics of this particular teaching strategy. The checklist also includes a description of the purpose of the practice, where and how the practice is used to facilitate and reinforce child learning, and guidelines for using the checklist to plan interventions (Read-do) and evaluate how well the practice was used with a child (Do-confirm) [4]. All of the performance checklists are formatted in an identical manner.

1.3. Evidence-Informed Performance Checklists

The following are brief descriptions of each of the evidence-informed performance checklists. The 26 checklists are listed in Table 1 (p. 5) for each early childhood intervention practice area. The complete set of checklists can be found at www.ectacenter.org/decrp/type-checklists.asp.

1.3.1. Assessment Practices Checklists

The *Authentic Child Assessment Practices Checklist* includes methods and strategies for observing child participation in everyday activities, the learning opportunities afforded a child in the activities, and identifying the person and environmental factors influencing child engagement and learning in the activities [23]. A main focus of authentic child assessment practices is identification of the child, adult, and setting factors that influence child engagement and learning in everyday activities [24] and the use of this information for planning and implementing interventions for promoting child learning and development [25].

Naturalistic Instructional Practices Checklist

This checklist includes the characteristics of naturalistic instructional practices that can be used by a practitioner, parent, or other family member to support and strengthen child learning and development while a child is engaged in everyday home, community, or classroom activities. The instructional practice is used when a child is already participating in an activity and adult (practitioner or parent) behavior are used to sustain engagement, provide opportunities for child learning, and to encourage child behavior elaborations in the activities.

The checklist indicators can be used by a practitioner to develop a plan to use the practices with a child or to promote a parent's use of the practices. The checklist rating scale can be used to do a self-evaluation to determine whether the different practice characteristics were part of using the practices with a child or promoting a parent's use of the practices.

Practitioner: _____ Child: _____ Date: _____

Please indicate which practice characteristics you were able to use as part of a child's engagement in everyday activities:	Seldom or Never	Some of the Time	As Often As I Can	Most of the Time	Notes
	(0-25%)	(25-50%)	(50-75%)	(75-100%)	
1. Follow the child's lead while he or she is engaged in everyday activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Pay particular attention to the child behavior maintaining child engagement in the everyday activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Provide natural (reinforcing) consequences in response to child-initiated behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Respond promptly and positively to the child's attempts to repeat or practice the same behaviors or to try something new or different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provide any necessary supports, accommodations, or adaptations to maintain child engagement in the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Encourage continued child engagement in adult-child interactions by engaging in turn taking and other joint attention activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Encourage child behavior elaborations by modeling new ways of doing things during the child's everyday activities, asking inferential questions (e.g., open-ended questions), or by prompting child behavior competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Figure 2. Example of an early childhood intervention practices performance checklist.

The *Building on Child Strengths Practices Checklist* includes practice characteristics for identifying child behavior propensities that encourage and sustain child engagement in everyday learning activities and child competencies while involved in the activities [26,27]. The focus on child strengths (interests, preferences, abilities, etc.) is based on the fact that these particular behavior propensities influence child participation and engagement in everyday activities and contribute to functional child learning and development [28–30].

The *Informed Clinical Reasoning Checklist* includes methods and strategies for gathering information about child functioning in everyday activities and interactions with different people and materials for eligibility determination [31,32] or to determine which types of early childhood interventions are needed to promote child learning and development [23,33,34]. The terms clinical reasoning, informed opinion, and clinical judgment are often used interchangeably to describe either or both purposes [35–37].

Table 1. Early Childhood Assessment and Intervention Performance Checklists.

Practice Areas	Practice Areas
Assessment Checklists	Instruction Checklists
1. Authentic Child Assessment Practices	1. Embedded Instruction Practices
2. Building on Child Strengths Practices	2. Naturalistic Instruction Practices
3. Engaging Families as Partners	3. Systematic Instruction Practices
4. Informed Clinical Reasoning	Interaction Checklists
Environment Checklists	1. Adult-Child Interaction Practices
1. Assistive Technology	2. Child-Child Interaction Practices
2. Child Physical Activity	3. Child Social-Communication Interactions
3. Environmental Adaptations	4. Child Social-Emotional Competence
4. Environmental Arrangements	Teaming and Collaboration Checklists
5. Natural Learning Opportunities	1. Collaboration to Learn and Grow
Family Checklists	2. Communication for Teaming
1. Family Capacity-Building Practices	3. Families as Full Team Members
2. Family-Centered Practices	Transition Checklists
3. Family Engagement Practices	1. Hospital to Early Intervention
4. Informed Family Decision-Making	2. Early Intervention to Preschool
	3. Preschool to Kindergarten

The *Engaging Families as Partners Assessment Checklist* includes methods and strategies for involving parents and other family members in a child's behavioral and developmental assessment and for planning functional interventions [38–40]. The checklist indicators focus on family members as unique and important sources of information for identifying which types of intervention practices are best suited for promoting child participation, engagement, and learning in everyday activities [41].

1.3.2. Environmental Practices Checklists

The *Natural Learning Opportunities Checklist* include practice indicators for using everyday activities as sources of child learning opportunities [42] and the adult behavior to both engage a child in the activities and to support and strengthen child learning while engaged in the activities [43]. The focus of the intervention practice is naturally occurring child learning opportunities [44] and responsive caregiving practices as an instructional strategy for supporting child learning [45].

The *Child Physical Activity Checklist* includes different kinds of activities for engaging children in physical movement and exercise [46]. The *Environmental Arrangements Checklist* includes practice indicators for ensuring indoor and outdoor spaces, equipment, and materials provide opportunities for active child play and physical movement [47]. The focus of both types of practices is promoting and improving child physical fitness and well-being [48].

The *Assistive Technology Checklist* includes practices for using different types of low tech (e.g., switch activated toys) and high tech (e.g., iPad) devices for promoting child participation in everyday learning activities [49]. The *Environmental Adaptations Checklist* includes practices for modifying or arranging the physical environment, scheduling, everyday activities, learning materials, instruction, etc. to support and promote child participation in social and nonsocial activities [50]. Both checklist practices are intended to reduce or eliminate barriers to participation in activities for promoting child learning and development [51,52].

1.3.3. Family-Focused Practices Checklists

The *Family-Centered Practices Checklist* includes the types of practitioner help giving practices for collaborating and interacting with family members in a competency-enhancing and strengths-based manner [53]. Family-centered practices include, but are not limited to, help giving behavior that treats family members with dignity and respect, informed family decision-making, nonjudgmental practitioner advice and guidance, recognizing and building on family strengths, and providing family members support and guidance as part of obtaining family-identified resources and supports.

The *Informed Family Decision-Making Checklist* includes methods and strategies for ensuring intervention plans and practices are responsive to family choices and priorities [54]. The *Family Engagement Practices Checklist* includes methods and strategies for both supporting and strengthening family capacity to be actively involved in obtaining family-identified supports and resources [55] or engaging parents and other family members in different kinds of intervention practices [53]. The two checklists include, respectively, relational and participatory help giving practices that, taken together, are the key characteristics of capacity-building family-centered practices [56,57].

The *Family Capacity-Building Practices Checklist* includes practice indicators for promoting, supporting, and strengthening parents' use of everyday activities as sources of naturally occurring child learning opportunities in ways that facilitate not only child competence but also strengthen parenting competence and confidence [57,58]. The checklist practices are a particular type of participatory help giving specifically focusing on supporting and strengthening parents' use of everyday activities for promoting child learning and development [53].

1.3.4. Instructional Practices Checklists

The three instructional practices checklists (*Naturalistic Instruction*, *Embedded Instruction*, *Systematic Instruction*) each include methods and strategies that practitioners, parents, and other primary caregivers can use to support and strengthen child acquisition of functional behavior in naturally occurring everyday activities or as part of planned instructional episodes; for example, [21,59,60]. The checklist practices include a number of instructional options for tailoring teaching strategies to the individual goals for and needs of different children [61–63]. The checklist indicators include, but are not limited to, the key characteristics of incidental teaching [64,65], milieu teaching [66], responsive teaching [67], and direct instruction [68].

1.3.5. Interactional Practices Checklists

The *Adult-Child Interaction Checklist* includes practice indicators for strengthening adult-child interactions [45,69] whereas the *Child-Child Interaction Checklist* includes practice indicators for promoting mutually interesting child interactions with friends or peers [70,71]. Both checklists emphasize adult contingent responsiveness [72,73] to child interactional behavior, the use of naturally occurring consequences for reinforcing child interactional behavior, and strategies for encouraging child behavior elaborations using modeling, imitation, expansions, scaffolding, and other instructional supports [22].

The *Child Social-Emotional Competence Checklist* and the *Child Social-Communication Interaction Checklist* both include adult interactional behavior indicators for supporting and strengthening, respectively, child social behavior in interactions with others [74,75] and a child's ability to communicate effectively with others [72,76]. The practice indicators, however, are also applicable for promoting child play, cognitive, motor, and other behavioral and developmental outcomes [77–80].

1.3.6. Teaming and Collaboration Practices Checklists

These checklists include methods and strategies for improving team member communication and team functioning (*Communication for Teaming and Collaboration Checklist*), building effective teaming practices (*Collaboration to Learn and Grow Checklist*), and meaningfully involving family members on assessment and intervention teams (*Families as Full Team Members Checklist*). The checklist practices emphasize the knowledge and expertise of both practitioners and parents [38,81,82] and how sharing that knowledge and expertise can improve team functioning and intervention practices and outcomes [39,83,84].

1.3.7. Transition Practices Checklists

Young children with and without disabilities, medical conditions, or other "special needs" experience many different transitions between birth and elementary school [85,86]. The three transition

checklists (*Hospital to Early Intervention, Early Intervention to Preschool, Preschool to Kindergarten*) each include methods and strategies for practitioners from both transitioning and receiving programs and agencies to use with children and families to ensure transitions are smooth and effective [86,87]. The checklists also include practices for ensuring transitions between programs and settings are done in ways that facilitate positive child and family adjustments and adaptations before, during, and after transitions; for example, [88–90].

2. Methodological Approach

2.1. Sources of Research Evidence

Findings from different types of research syntheses were the primary sources of evidence for the checklist practices. The meta-review described in this paper included the integration of findings in research syntheses of studies where results informed the selection or development of performance checklist indicators. Findings from individual empirical studies were used as evidence for checklist indicators when the results elucidated the relationship between practice indicators and outcomes of interest. Both the research syntheses and empirical studies were sourced from an EndNote library maintained by the author's research institute identified through previously conducted controlled vocabulary, key word, and natural language search of multiple electronic databases (e.g., PSYCHInfo, ProQuest Central, Google Scholar).

Research findings were considered the foundations for checklist practices *when and only when* an intervention practice or one or more practice characteristics have been found to be empirically related to the intended outcomes of the practices. Accordingly, there needed to be a *functional* or *statistical* relationship between an independent or intervention variable and a dependent or outcome variable to claim that the checklist practice indicators were evidence-informed [91].

A functional relationship between an intervention practice and outcomes of interest is established by demonstrating that a change (improvement) on an outcome of interest is reliably associated with the introduction and continued use of an intervention practice; for example, [92]. A statistical relationship between an intervention practice and outcomes of interest is established by demonstrating that variations in the use of an intervention practice are reliably related to variations in the outcomes the intervention [93]. Both types of relationships are considered reliable when the practice-outcome relationships in different studies of the same or similar intervention practices have been replicated.

2.2. Types of Research Evidence

Two types of practice-outcome relationships were the focus of review and analysis. The first, which makes up the bulk of the evidence, was research on practitioner, parent, or other primary caregiver use of an intervention practice to affect changes in child, parent, parent-child, or family functioning. The second was research on instructor, trainer, coach, or others use of an implementation practice to promote practitioner, parent, or other primary caregiver use of an intervention practice. Figure 3 shows the relationships between these two types of practices; see especially [94] and different categories of outcomes. Intervention practices would be expected to be directly related to outcomes of interest, and implementation practices would be expected to be directly related to intervention practices. Implementation practices would also be expected to be indirectly related to outcomes of interest mediated by intervention practices. Mediated relationships were evaluated in research syntheses of studies investigating pathways of influence between different implementation and intervention practices and outcomes of interest using structural equation modeling or other type of path analysis; for example, [95–100].

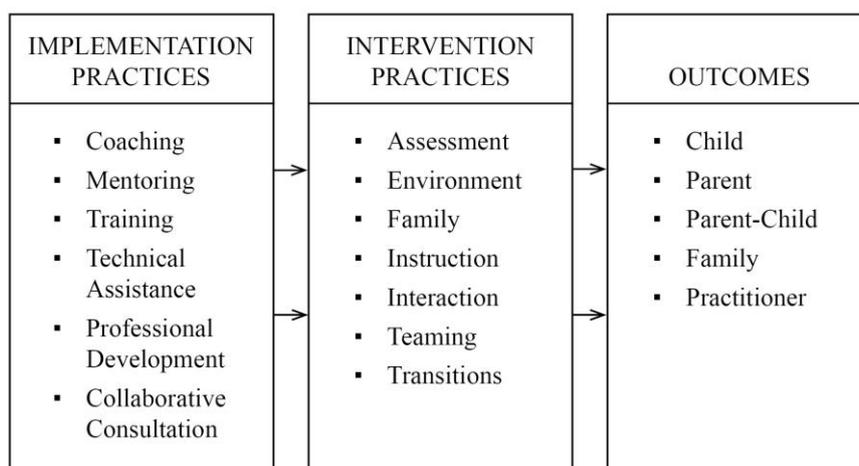


Figure 3. Relationships between implementation and intervention practices and the outcomes of these practices.

2.3. Focus of the Meta-Review

The meta-review combines key features of both scoping reviews [101] and realist reviews [102]. Scoping reviews include broad-brushed compilations and analysis of research in one or more practice areas [103] that “aim to map the existing literature in a field of interest in terms of the volume, nature, and characteristics of primary research” [104] (p. 371). Realist reviews include a focus on explanatory analysis of practice-outcome relationships and the conditions under which those relationships have been replicated [105]. A meta-review extends the focus and goal of both scoping and realist reviews by examining the evidence for different kinds of practices reported primarily in research syntheses rather than in individual studies. Accordingly, a meta-review constitutes a synthesis of research syntheses with a focus on whether different types of integrative reviews provide reliable evidence for practice-outcome relationships.

Research syntheses include narrative reviews, best evidence reviews, critical reviews, systematic reviews, meta-analyses, and other types of integrative literature reviews that include an explicit focus on the relationships between an implementation or intervention practice and the intended outcome or benefit of a practice [106–108]. Practice-based research syntheses, when available for particular checklist practices, were the preferred sources of evidence because these types of research syntheses focus on *unpacking* and *disentangling* an implementation or intervention practice to identify the particular practice characteristics that “matter most” in terms of explaining outcomes of interest [109]. Those characteristics, in turn, are used as evidence-informed indicators for a checklist practice.

2.4. Scope of Evidence

The seven early childhood intervention practice areas each include a table with the sources of evidence for the checklist practices. The tables are included in Appendix A to Appendix G. Each source of evidence is coded as either a research synthesis (RS) or an efficacy or effectiveness study (ES). Each appendix also includes a column showing which sources of evidence are the research foundations for which particular checklist(s) (see Table 1). Research syntheses and empirical studies cited in the text are ones considered the best evidence for the checklist practices.

More than 200 research syntheses included evidence for the relationships between the checklist practices and the practice outcomes. Seventy-two percent of the syntheses were published in peer reviewed journals, 15% were published in books or book chapters, 6% were published as web-based publications pursuant to cooperative agreements with the U.S. Department of Education, and 7% were available through a number of other sources. Figure 4 shows the number of research syntheses for each practice area. The average number of syntheses for the seven practice areas was 32.29 (SD = 7.43). The

number of syntheses per practice area ranged between 23 (transition practices) and 45 (environment practices). The average number of research syntheses for each of the 26 performance checklist practice areas was 8.74 (SD = 1.49). The average number of research syntheses for the performance checklists in each practice area ranged between 8 (transitions) and 12 (teaming).

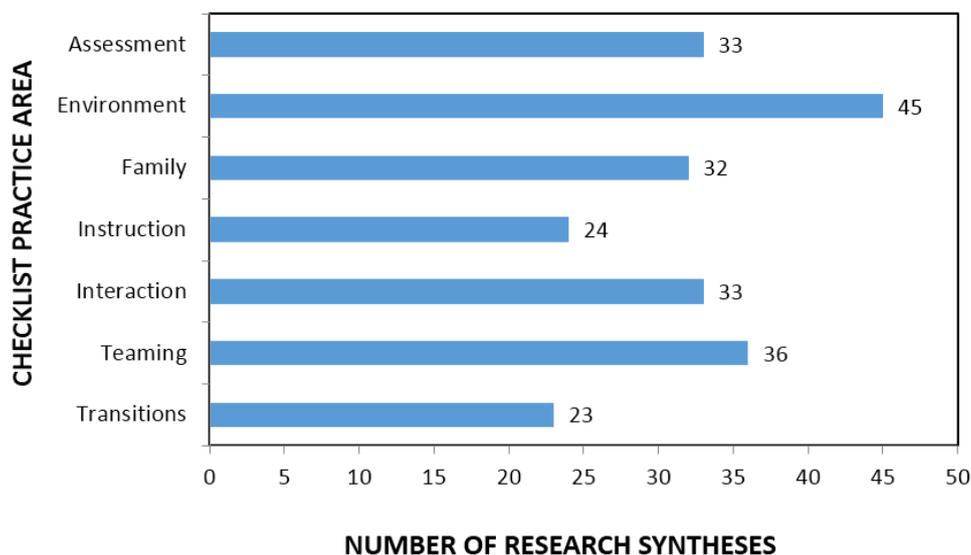


Figure 4. Number of research syntheses including evidence for the relationships between the performance checklist practices and practice outcomes.

2.5. Caveats

A number of caveats are mentioned to place the research evidence in empirical and practical context. First, the research evidence is illustrative and not exhaustive of the research foundations for the checklist practices. The particular research syntheses cited in the text are ones most germane to the purpose of this meta-review although all of the research syntheses and studies listed in the appendices include analyses of practice-outcome relationships. Second, certain seminal or other primary studies may not be listed on the tables because they are included in one or more research syntheses. Those studies include, but are not limited to, ones that have shaped and influenced our understanding of early childhood intervention practices. Third, some research syntheses included a mix of studies, some of which were investigations of practice-outcome relationships and some of which were descriptive or qualitative in nature. Descriptive or qualitative information that did not include examination of practice-outcome relationships were disregarded in this meta-review. Fourth, research syntheses published since the checklists were first developed and subsequently revised are not included on the tables but cited in the text when they include new evidence for the relationship between the checklist practices and intended practice outcomes. These research syntheses all contain analyses of implementation or intervention practices-outcome relationships. Fifth, quite a few research syntheses include evidence for two or more performance checklists and are listed in multiple tables in the appendices. This was not unexpected given the fact that so many performance checklists include interrelated characteristics of different early childhood implementation or intervention practices.

3. Findings

3.1. Assessment Practices

Appendix A includes the sources of evidence for the four assessment checklist practices (see Table 1). The majority of evidence is performance checklist specific or includes evidence for only two compatible checklists (e.g., authentic assessment practices and building on child strengths; authentic

assessment practices and informed clinical opinion). The sources of evidence include findings primarily in research syntheses of studies investigating the relationships between the checklist practices and the intended outcomes of the practices. The types of evidence come from studies investigating the conditions under which the assessment practices are most effective; for example, [38,110,111], the differential effects of contrasting types of assessment-related practices; for example, [112–114], and the person and environmental factors associated with variations in assessment outcomes; for example, [30,115,116].

3.1.1. Authentic Child Assessment Practices

Macy and Bagnato [117] describe authentic assessment as the systematic observation and recording of child behavior in everyday activities by persons familiar with and knowledgeable about a child's life. Dunst [24] added that authentic or ecological assessment practices should include identification of the person and setting factors that influence variations in child behavior and functioning in different everyday activities.

The research foundations for authentic child assessment practices include knowledge of the everyday activities, routines, and rituals that are the contexts for children to learn functional and culturally meaningful behavior [42,44,118,119] and the social and nonsocial factors that shape and influence acquisition of and variations in child behavior in those activities [100,119–123]. Everyday family, community, and preschool/child care life is made up of literally hundreds of different kinds of activities that are associated with context specific child behavior [42,119,124]. Participation in everyday activities, and its effects on child behavior, has been found to be associated with both naturally occurring events [115,125] and the intentional use of different types of activities to influence acquisition of child behavior [126–128].

Three sets of factors influence variations in child behavior in everyday activities: The characteristics of everyday activities experienced by a developing person, the behavior of other people in the settings, and the characteristics of the developing person himself or herself [129]. The characteristics of everyday activities that influence child behavior include, but are not limited to, activity type; for example, [127], material available to a child in the activities [130], activity organization [131], environmental arrangements [132,133], and adaptations to everyday activities (see Appendix B). The person factors that influence child participation in and behavior in everyday activities include the behavior of adults interacting with a child in everyday activities [134–137]. The person factors influencing child behavior also include, but are not limited to, the instructional practices (see Appendix D) and interactional behavior (see Appendix E) used by early childhood practitioners, parents, and other primary caregivers to shape and influence child acquisition of functional behavior.

The setting (activity) factors that influence child behavior in addition to those listed above include environmental arrangements (see Appendix B) that promote child participation in everyday activities and sustain engagement and learning in the activities; for example, [116,138–141]. The characteristics of everyday activities that invite and encourage child participation in interactions with the social and nonsocial environment are described as development-instigating factors whereas the behavioral consequences of these factors are described as development-enhancing factors [142,143]. Wachs' [144] review of social and nonsocial factors influencing child learning indicates that multiple factors are related to variations in child behavior and development and that they affect child functioning in complex ways [145].

The child characteristics that influence behavior in everyday activities include, but are not limited to, the effects of children's temperaments, etiologies, and severity of delays on learning and development; for example, [146–150] and children's behavior propensities that encourage participation and sustained engagement in the activities (see *Child Strengths-Based Practices* below). The child characteristics that are the primary focus of authentic assessment practices are ones that can be manipulated as interventions or incorporated into interventions [151,152] whereas child factors such as type of disability or gender are examined in terms of their moderating effects; for example, [153,154].

The latter type of assessment practice has been found effective in terms of which intervention practices are most appropriate for children with different diagnoses and etiologies [155].

Authentic child assessment practices that focus on all of these different person and setting factors have been found to result in a better understanding of child behavior and functioning and the conditions under which child learning is most likely to be optimized [30,32,141,156,157]. Knowledge of the conditions under which child learning is optimized has proven especially informative for identifying child-specific everyday learning opportunities for promoting and strengthening child development [124,158,159] as well as the confidence and competence of persons engaging children in those activities [159,160].

3.1.2. Child Strengths-Based Practices

Two child-related factors that influence child engagement in everyday activities are children's behavioral propensities and the social and nonsocial environmental factors that encourage and sustain child participation in the activities [120,161–163]. The research foundations for child strengths-based assessment and intervention practices include studies of either or both child-related factors influencing child learning and development.

The child-related factors that have been found to be particularly important are situational interests and child personal interests [27,164]. Situational interests include the interestingness of social and nonsocial environmental (setting) factors that evoke and sustain child engagement in everyday activities [165]. Personal interests include a child's preferences, likes, favorites, etc. that motivate him or her to engage in desired activities or actions [166]. Both types of interests, and their effects on learning and development, are the research foundations for the child strengths-based practices checklist [121,167].

Findings in research syntheses of young children with and without disabilities indicate that both personal and situational interests are associated with a host of positive child behavior consequences [121,161,162,167,168]. Personal interests included child preferences, choices, and other individual characteristics that were indicators of things children liked, enjoyed doing, and positive affective responses (e.g., smiling, laughter, and general excitement). Situational interests included the novel and salient features of the social and nonsocial environment that evoked sustained attention and engagement. Comparative analyses of the two types of interests indicate that there are value-added benefits of personal interest-based child learning opportunities beyond those associated with situationally-interesting activities [162,168]. Both personal and situation interests are two factors influencing participation in everyday activities [120,136,169] and child learning while engaged in the activities; for example, [161,167,170,171].

A basic principle of strengths-based assessment and intervention practices is identifying and using existing and emerging child behavior as the building blocks for promoting child learning and development [26,163]. For example, this type of assessment and intervention has been used successfully to promote the response-contingent learning of young children with multiple disabilities and significant developmental delays; for example, [155,172,173]. As noted by Lancioni et al. [174], strengths-based practices are more likely to be effective because these practices do “not require excessive effort” (p. 271) on the part of a child to control environmental consequences compared to deficit-based practices that “require excessively high levels of effort” (p. 271) to produce environmental consequences.

In recently published papers in this particular type of research and practice, a strengths-based approach to early child contingency learning was found to have value-added benefits beyond those associated with a deficit-based approach to early child contingency learning [175,176]. The strengths-based intervention was found to be more efficient in terms of promoting child acquisition of response-contingent behavior compared to a deficit-based approach to intervention. Differences between two types of interventions favoring strengths-based practices were found on 5 out of 6 child learning measures. Findings from this line of research and practice also indicated that child contingency detection and awareness was associated with positive child social-emotional responding

as an indication of a child's recognition of the relationship between his or her behavior and the consequences of that behavior [75,177,178].

3.1.3. Informed Clinical Opinion Practices

Studies of informed clinical opinion include evidence for the conditions under which this assessment practice is most likely to be effective. Informed clinical opinions or judgments have been found to be effective for both early identification and eligibility determination [31,32,110,111,169] when the procedure (a) is guided by a formal set of assessment practices; (b) includes multiple sources of information from multiple informants; and (c) is guided by a consensus decision-making process [110,179]. Research syntheses for the teaming and collaboration practice (see Appendix F) also include evidence for the particular collaborative practices that contribute to accurate and reliable clinical decision-making [110,180].

Findings from a number of studies indicate that the use of available information about a child's behavior based on observations, existing records, family member input, and other information results in decisions about eligibility for early intervention as ages earlier than those based on traditional, multidisciplinary assessment results [110,112,114]. Mott and Dunst [114], for example, found that informed opinion based on available information at the time of referral would have resulted in more than 75% of children being enrolled in early intervention at younger ages compared to using results from traditional, multidisciplinary assessments. Similar results were reported by Shernoff et al. [110] using an integrative consensus process for eligibility determination. These investigators found "that clinical judgment that is guided by well-articulated principles for distinguishing normative from problematic [child] behavior . . . holds promise as a systematic method for clinicians to collectively integrate different sources of data" for informed clinical decision making (p. 107).

An often overlooked characteristic of informed clinical opinion is the knowledge and expertise of the persons involved in using the assessment practice [181,182]. This includes the knowledge and skills of practitioners from different disciplines who use the practice [182–186] and the contributions of parents and other family members' for informing assessment decisions [38,39,187]. Practitioners' knowledge and skills include, but are not limited to, an understanding of normal and typical child development, atypical development and its effects on child behavior and learning, and the conditions under which early childhood intervention is needed and warranted [183–185]. These types of knowledge and skills are learned both in high quality professional development programs [188,189] and as a result of extensive experience that involves self-reflection or supervisor/peer facilitated practitioner reflection on assessment decisions and their consequences; for example, [190,191].

3.1.4. Engaging Families as Partner Practices

The research foundations for engaging parents and other family members in their child's assessment include findings from research syntheses where meaningful family participation on assessment and evaluation teams is associated with better team decision-making and outcomes [39,111,180,187] as well as from studies demonstrating the value-added benefits of family participation on assessment teams [38,184]. Findings in these syntheses and studies add to our understanding of the methods and strategies for increasing family participation on assessment and intervention teams [39,184,187].

Meaningfully engaging family members on assessment teams has been found to be facilitated by a team member (e.g., service coordinator) who serves as a family advocate [84,192,193]. Engaging families as partners has also been found to be more effective when family-centered practices are used by the advocate and other team members to engage family members in their children's assessments and interventions [187,194,195]. This is especially the case when a family advocate uses family-centered practices to support and engage parents and other family members in child and family assessment and intervention activities [193,196] (see Appendix C for other sources of evidence).

3.2. Environmental Practices

The research foundations for the five environmental practices are listed in Appendix B. The majority of evidence is from research syntheses; for example, [197–200] where findings from individual studies add to the knowledge base about which practice characteristics under which conditions are associated with intended practice outcomes; for example, [201–203]. Most of the evidence is specific to particular checklist practices whereas several research syntheses include evidence for two checklist practices [204–206].

3.2.1. Assistive Technology Practices

The types of assistive technology used with individuals with disabilities, including infants, toddlers, and preschoolers, continues to rapidly expand; compare, for example, Edyburn [207] vs. Edyburn [208]. Assistive technology for young children with disabilities includes devices such as switch operated toys, supported seating, powered wheelchairs, synthetic speech devices, adapted eating utensils, adapted computer keyboards, and other enabling devices [209–211]. Newer types of assistive technology include smart phones, tablet computers, and a host of different apps for facilitating child participation and learning [212–216].

There is a considerable amount of evidence that assistive technology can have a host of positive child outcomes [205,211,217–221] as well as have positive family benefits; for example, [198,222]. The child benefits include, but are not limited to, increased child participation in everyday social and nonsocial activities and improved child learning in the activities. The assistive technology-child benefit relationship has been reported in a number of research syntheses of studies of infants, toddlers, and preschoolers with different types of disabilities [211,216,217,220,221,223–225] as well as in research syntheses of studies including individuals with disabilities both younger and older than six years of age [220,221,226].

Despite the fact that different types of assistive technology have been found to be effective with young children with disabilities, there is evidence of non-use or abandonment of the devices by both parents and practitioners [203,227]. One factor often cited for nonuse or abandonment is the lack of adequate training in adults' use of assistive technology devices with young children with disabilities [228,229]. Several reviews of assistive technology studies include reference to the fact that most investigators do not describe or even mention the provision of any type of training or professional development for using assistive technology [220,230,231].

Dunst and Hamby [205], in their meta-analysis of assistive technology studies of young children with disabilities, analyzed the relationship between type of training and parent and practitioner use of assistive technology devices as well as the relationship between type of training and child outcomes using Cohen's *d* effect sizes as the metric for assessing the effects of the training on the study outcomes. Findings from a meta-analysis of adult learning practices were used to code and analyze six evidence-based characteristics of the training afforded the parents and practitioners in the technology studies [20]. Results showed that trainer use of a combination of 5 or 6 of the evidence-based adult learning characteristics were associated with the largest effects for the relationship between parent and practitioner use of assistive technology as well as child benefits. The majority of studies in the meta-analysis, however, employed less than half of the adult learning characteristics. This is at least one factor contributing to non-use or abandonment of assistive technology. The finding highlights the fact that there needs to be explicit attention to and use of evidence-based implementation (training) practices to ensure parent and practitioner use of assistive technology interventions with young children with disabilities or delays (see Figure 4).

3.2.2. Environmental Adaptation Practices

Adaptations involve modifications and changes to different aspects of the physical and social environment to enable child participation in the everyday activities and child learning while engaged

in the activities [49,50,232]. This includes, but is not limited to, adaptations to everyday activities, environmental arrangements, activity flow and organization, materials available in the activities, and what adults do to promote and support child participation and learning in the activities [51,233,234]. Østensjø et al. [203], in a study of 95 young children with cerebral palsy, the investigators found that the children's parents made over 1000 environmental modifications to enable child participation in everyday activities where the different modifications had differential effects in terms of child participation and learning.

The research evidence for the effects of adaptations on child participation in everyday activities and child behavioral competence while engaged in the activities comes primarily from research syntheses of the effects of different types of adaptations on child participation and learning [200,205] and findings from studies investigating the effects of different types of training or coaching for promoting parents' and practitioners' use of the adaptations [203,235]. Findings reported in Trivette et al. [200] showed that adaptations to the environment, intervention activities, and intervention materials were associated with better child outcomes. Results reported in Dunst and Hamby [205] indicated that the use of evidence-based training procedures was related to parent and practitioner use of adaptations as well as positive child and adult outcomes.

3.2.3. Natural Learning Opportunity Practices

The sources of evidence for the natural learning environment practices include findings from research syntheses and studies of the relationships between participation in everyday activities and child learning [44,100,119,148,170,236–240] and research syntheses of the methods and strategies for increasing child participation in everyday activities [128,141,241]. The research foundations also include the sources of evidence for the instructional (see Appendix D) and interactional (see Appendix E) practices used to engage and reinforce child engagement and learning in everyday activities and the methods and strategies for promoting child participation in and acquisition of functional behavior and skills in those settings [59,242–246].

Findings from a number of studies indicate that different approaches to everyday child learning are associated with a different number of learning opportunities [118,247] and that contrasting approaches to intervention are differentially related to child and parent outcomes [237,238]. Results from these studies indicate that using everyday activities as sources of child learning opportunities results in more child learning opportunities compared to embedding traditional intervention practices in everyday activities. In addition, the child and parent benefits of using everyday activities as sources of child learning opportunities are far superior to those associated with implementing traditional intervention practices in everyday activities.

3.2.4. Physical Activity Practices

The research foundations for the two physical activity practices checklists (*Child Physical Activity Checklist* and *Environmental Arrangements Checklist*) include evidence about the types of interventions that have been found effective for engaging young children in active play, movement, exercise, and other physical activity; for example, [248–254] and both the naturally occurring; for example, [197,202,255] and planned; for example, Tremblay et al. [256] environmental arrangements that encourage children's physical activity. Jansson [202] and Sugiyama et al. [255], for example, found that different features of indoor and outdoor spaces were associated with variations in child participation and engagement in everyday activities. Findings from research syntheses of the relationships between child physical activity and child behavioral outcomes; for example, Bower et al. [250], Ward et al. [254], Ahn and Fedews [257], Hinkley et al. [258] and interventions to increase child engagement in physical activity and exercise; for example, Brown et al. [204], Campbell and Hesketh [248], Kreichauf et al. [252] also include the research evidence for the child physical activity practices.

The sources of evidence for the two checklist practices include research evidence for how to arrange environments to encourage child engagement in physical activity; for example, Østensjo et al. [235], Bower et al. [250], Fox [259], Schilmoeller and Amundrud [260] and establish the effects of and benefits from interventions to promote increased participation in activities; for example, [248,252,254]. The research evidence, taken together, indicates that different types of intervention practices have been found effective in terms of promoting child play, movement, exercise, and other physical activity; for example, Brown et al. [204], Gordon et al. [249], Bower et al. [250], Boldemann et al. [261] and that participation has a number of other kinds of positive child benefits; for example, Christian [197], Campbell et al. [248], Morgan et al. [253], Ahn and Fedewa [257], Hinkley et al. [258], Godbey [262].

A number of research syntheses include findings from studies of family-implemented interventions to engage young children in physical activity [204,263]. Results indicate that a number of different types of family activities are associated with positive physical exercise and movement. For example, parent and child engagement in mutually enjoyable physical activity was found to be a simple yet effective strategy for promoting child physical movement and exercise [204].

3.3. Family-Focused Practices

Appendix C includes the research evidence for the four family-focused intervention practices. The majority of evidence is from research syntheses of the relationships between different types of interrelated family-focused practices and child, parent-child, parent, and family outcomes; for example, [195,264–268]. The sources of evidence include results primarily from studies that have used measures of the key characteristics of the four checklist practices and outcomes of interest [53,57,195,265,269–271]. Findings from studies of the factor structure of the checklist practices indicate that each set of checklist characteristics measures separate but interrelated types of family-focused practices [53,270,271]. As a result, most research syntheses include evidence for 2 or 3 performance checklists and a few syntheses include evidence for all four checklist practices [56,267,272].

3.3.1. Family-Centered Practices

The foundations for family-centered practices include evidence for the relationships between relational and participatory family-centered help giving practices and a number of different child, parent-child, parent, and family outcomes [265,266,269]. Relational practices include, but are not limited to, complete and unbiased practitioner information sharing so that family members can make informed choices and decisions [53]. Participatory practices include, but are not limited to, methods and strategies for actively engaging family members in obtaining family-identified resources and supports [54] and for promoting parents' use of different kinds of early childhood intervention practices for promoting child learning and development [53]. The two types of practices both include characteristics that operationally define a particular way of interacting with, treating, and involving parents and other family members in assessment and intervention practices that have capacity-building consequences [57,273].

Findings reported in a number of research syntheses indicate that the use of both relational and participatory practices are associated with more positive parent, parent-child, family, and child outcomes; see for example, [53]. Dunst et al. [266,267], for example, found in their research syntheses of family-centered practices studies that both types of practices are associated with parent satisfaction with practitioner help giving; parents' self-efficacy beliefs; types and sources of family supports and resources; parent and family well-being; parenting competence, confidence, and enjoyment; parent and child interactions; and child behavior and functioning. Dempsey and Keen [269], in their recent review of the family-centered practices literature, identified five types of outcomes (parent satisfaction with a child's development, parent stress and well-being, parenting capabilities, parent empowerment, and child development) that are associated with use of family-centered help giving practices.

Advances in our understanding of the effects of family-centered practices on child, parent, parent-child, and family outcomes indicate that in many cases the influences of these practices are indirect and mediated by other variables [53,269]. This was found to be the case in a number of structural equation and path analysis studies [97,99], meta-analyses [267,272] and meta-analytic structural equation modeling syntheses [274,275] of family-centered practices where the relationships between family-centered practices and parent well-being, parent-child interactions, and child behavior and development were indirect and mediated by parent personal beliefs and appraisals [276,277]. Results from the meta-analyses showed that family-centered practices were directly related to parents' belief appraisals in terms of their abilities to influence practitioner and program responsiveness to their concerns and requests, and that family-centered practices were indirectly related to parent well-being, parenting confidence and competence, and child-functioning mediated by those belief appraisals. Results from the meta-analytic structural equation modeling research syntheses indicated that the effects of family-centered practices could be traced to variations in the parent-child interactions and child development mediated by both parents' self-efficacy beliefs and well-being. The results from all the research syntheses and studies, taken together, indicate that family-centered practices are both directly and indirectly related to a number of outcomes germane to the goals of early childhood intervention.

3.3.2. Family Decision-Making and Engagement Practices

The evidence for both the informed decision making and family engagement practices include findings from research syntheses of the relationships between different kinds of informal and formal social support practices and child, parent, and family outcomes [187,195,278–283]. The social support practices constituting the focus of investigation include key characteristics of family systems [273] and family-centered intervention practices [280,284] and their relationships with parent and family functioning [195,264,281,283,285,286]. These include a focus of interventions on family identified sources and supports [279,287,288] and active family involvement in providing those sources of support and resources [57,187,278].

Findings from structural equation modeling and path analysis studies of the relationship between different types of family-focused practices and outcomes of interest indicate that the availability of social support and other resources are indirectly related to a number of child, parent, and family outcomes mediated by other variables [96,97,99,285,289,290]. In each of these studies investigators either reported mediated effects or some simple calculations of those effects indicated that the relationships between family-focused practices and outcomes of interest were indirect rather than direct. The mediated variables include, but were not limited to, parents' belief appraisals (e.g., self-efficacy, optimism), parenting sense of confidence, and parent well-being depending on the particular outcomes that were the focus of analysis.

Findings reported in a meta-analytic structural equation modeling research synthesis indicated that effects of family-centered and family-systems intervention practices can be traced to variations in parents' interactional styles and child development mediated by parents' self-efficacy beliefs [275]. The family-systems practices included both informed family decision making and active family member engagement in obtaining both informal and formal sources of support and resources. The pattern of results was consistent with findings in other sources showing that the effects of family-focused practices on outcomes not the direct focus of family decision making and engagement are indirect rather than direct; see especially [53,269].

3.3.3. Family Capacity-Building Practices

The evidence for family capacity-building practices include findings from research syntheses of the relationships between different kinds of family-centered participatory practices and parenting confidence and competence [267,275] and research syntheses of relationship-based interventions specifically focused on supporting and strengthening parent-child interactions [291,292]. The research

foundations for family capacity-building practices also include findings from studies of different kinds of practitioner intervention practices used to support and strengthen positive parenting practices [293–295].

As part of an applied research study using family capacity-building help giving practice to promote parents' use of interest-based everyday activities for child language learning, the use of capacity-building practices by early childhood practitioners were related to both parents' fidelity of use of the practices [296] and indirectly related to child language learning mediated by parents' use of the interventions practices with fidelity [95]. Results from a number of research syntheses include evidence for similar pathways of influence [55,134,292,297]. The results, taken together, indicate that family capacity-building practices that support and reinforce parenting confidence and competence are important for parents' use of practices strengthening parent-child relationships and promoting child learning and development [292,298].

3.4. Instructional Practices

The sources of evidence for the three instructional practices (embedded, naturalistic, and systematic) are listed in Appendix D. The three practices share common features and elements as well as have instructional practice specific characteristics. As a result, many of the research syntheses of the different instructional practices studies include evidence for two and even all three practices. This is especially the case for the naturalistic and embedded instructional practices which share quite a few key characteristics [21,299,300].

The three instructional practices each include explicit efforts to influence and reinforce child acquisition of functional behavior; for example, [301–303]. Each practice includes the use of verbal and nonverbal prompting strategies, contingent reinforcement of child behavioral competence, behavior shaping and elaboration strategies, modeling, prompt fading strategies, and other instructional techniques; for example, [63,304]. The practices differ primarily in terms of whether the teaching strategies are used to reinforce child-initiated behavior (naturalistic instruction) or promote child acquisition of adult selected behavior (systematic instruction).

The research foundations for the three instructional practices include the effects of different methods and strategies that parents or practitioners use to reinforce child behavior and facilitate acquisition of new competencies; for example, [21,59,63,242,303,305–307]. The research foundations also include evidence for the effects of arranging or manipulating antecedent events as conditions for instructional practices to have optimal benefits [132,308,309]. Nearly all research synthesis investigators concluded that use of the key characteristics of the instructional practices is associated with discernible child benefits [239,300,306,307]. The outcomes that are influenced by the instructional practices include, but are not limited to, child literacy, language, interaction, play, and social competencies.

The evidence for the instructional practices is primarily from research syntheses of studies investigating the effects of responsive teaching, embedded instruction, incidental teaching, milieu teaching, enhanced milieu teaching, and other related teaching methods, or the characteristics of the methods, associated with positive child effects [63]. The instructional practices, taken together, have been described as naturalistic instructional teaching or behavioral strategies [21,300].

A number of research synthesis investigators focused specifically on the effectiveness of teaching parents to use the instructional practices with their children; for example, [242,310–313]. Findings indicate that with practitioner support and guidance, parents learn to use the instructional practices with their children in ways having a host of positive child behavioral benefits. The same has been found to be the case for promoting preschool teacher and child care staff use of the different instructional practices [132,314].

The types of training afforded parents and practitioners to learn to use the instructional practices (as well as other practices) matters a great deal if the practices are used with fidelity and there is sustained use of the practices [314,315]. Dunst et al. [95,296], for example, found that practitioner use of an evidence-based adult learning procedure [316] was associated with parents' use of intervention

practices to increase child participation in interest-based everyday child language learning activities where responsive teaching was used to reinforce child language learning in the activities. Similar results were reported by Woods et al. [313] for using family-centered capacity-building practices for strengthening parents use of naturalistic instructional practices. Coaching and collaborative consultation are two implementation practices that have been found effective for promoting practitioner and parents' use of different instructional practices; for example, [296,310,313,317,318].

3.5. Interactional Practices

Appendix E includes the research evidence for the interactional practices. Findings from studies in more than two dozen research syntheses indicate that an interrelated set of caregiver behaviors are related to variations in child competence; for example, [45,245,319–325]. These behaviors include sensitivity to child behavioral cues, contingent social responsiveness to child behavior initiations, caregiver and child reciprocity and joint attention, and mutually enjoyable caregiver-child interactions [291,323,326]. The key characteristics of these practices, taken together, have been described as responsive parenting [45], responsive caregiving [327], developmental parenting [79], positive parenting [328], and relationship-based caregiving practices [292].

Caregiver use of the interactional behavior has been found to be nearly universal [320] although children from different cultural and ethnic backgrounds experience different amounts of the interactional behaviors [329]. The effects of the caregiving behaviors on child development, however, are similar regardless of cultural or ethnic backgrounds [329]. The effects of the interactional behaviors are also similar for children with or without disabilities or delays [239,326,328,330].

The particular behavioral and developmental consequences of the caregiver interactional behavior include, but are not limited to, child social-emotional competence [331], prelinguistic vocalizations [330] language development [239], cognitive development [291], and secure child attachment [323,325]. Although the bulk of evidence for the relationships between interactional practices and child outcomes are from studies of parents of young children, practitioner use of the practices are related in the same way to child outcomes; for example, [332–334].

Similar types of responsive caregiving behavior have been found effective for facilitating peer interactions of young children with and without disabilities or delays [132,308,335]. Bowman et al. [332], for example, found in their review of preschool teachers use of responsive caregiving practices that responsive caregiving was among a number of teaching strategies that enhanced positive peer interactions.

A number of different methods and strategies have been found effective for promoting caregivers' use of responsive interactional practices [246,315,336–338]. Methods and strategies that focus specifically on facilitating adults' awareness of children's behavioral cues, accurate interpretation of those behaviors, and sensitive and contingent social responsiveness to children's behavior initiations, have been found to be most effective in terms of influencing child behavior; see especially [321,337].

These types of implementation practices have been found to be effective in terms of promoting practitioner and parents' use of development-enhancing interactional practices; for example, [246,297,315,317,318,336,339,340]. The methods and strategies all include the use of capacity-building practices that have competency-enhancing characteristics and consequences [294,341].

3.6. Teaming Practices

Appendix F includes the research foundations for the teaming and collaboration practices. Most of the research evidence for the *Collaboration to Learn and Grow Checklist* practices and the *Communication for Teaming and Collaboration Checklist* practices are from the same research syntheses. The evidence includes findings from research syntheses of factors influencing team functioning and its consequences on team performance and effectiveness; for example, [342–347]. The research evidence also includes

findings from research syntheses of studies of team leadership and how different types of leadership influence team collaboration, cohesion, and effectiveness; for example, [343,346,348–351].

The research evidence for family participation on assessment and intervention teams includes findings from studies demonstrating the benefits of meaningful family member involvement on teams; for example, [39,180,268,352,353] and the value-added benefits of using family-centered practices for promoting and supporting family-practitioner collaboration; for example, [268,354].

3.6.1. Team Communication and Collaboration Practices

Two of the most informative research syntheses specifically focused on identifying the key characteristics of effective teaming and collaboration [180,352]. Despite the fact that the research syntheses involved analyses of non-overlapping studies, there were remarkable similarities in terms of the particular characteristics of effective teaming. Nijhuis et al. [180] identified six key characteristics of effective teaming and collaboration, five of which had multiple salient elements. These included, but were not limited to, effective communication, shared problem-solving, collective goal setting, and shared team member responsibilities for intervention planning and implementation. The salient elements identified by Nijhuis et al. [180] as the key characteristics of effective teams were described by Mickan and Rodger [352] as the organizational and team processing characteristics contributing to team functioning and effectiveness.

Several key characteristics of effective teaming and collaboration stand out as particularly important as evidenced from the findings reported in research syntheses of teaming studies. The first is the role shared leadership plays in team functioning and how these leaders facilitate shared responsibility among team members [98,343,349,351,355]. A second key characteristic is the importance of team member knowledge and skills needed to make meaningful contributions to team processing and functioning [183,185,186,352]. Strauss et al. [184], for example, found the practitioner knowledge and skills not only contributed to improved shared team functioning, but also contributed to meaningful family member involvement in team processing and team decision making; see also [111].

Shared leadership stands out as particularly important for team cohesion, functioning, and performance; for example, [98,343,344,346,347,349–352,355]. Findings reported in these research syntheses indicate that shared leadership not only improves team cohesion and functioning but also improves shared responsibility and team effectiveness. Hoch [356], in her research syntheses of shared leadership, found that teams emphasizing information sharing as a focus of team functioning mediated the relationship between shared leadership and team performance and effectiveness. Team leadership that focused specifically on team member empowerment has been found to have the largest effect on team learning and effectiveness [355,357].

Both the *Collaboration to Learn and Grow Checklist* and *Communication for Teaming and Collaboration Checklist* include practices that focus on either or both interagency and intrateam collaboration as ways of improving team functioning and effectiveness; for example, [111,348,358–362]. Findings in a number of research syntheses indicate that interagency collaboration has positive benefits for programs, families, and children [348,359–361]. Foster-Fishman et al. [359] and Herlihy [360] found that effective interagency collaboration included shared values and goals; effective communication among interagency team members; and agency support for interagency collaboration, see also [358]. Similar types of characteristics have been identified as important for effective intrateam collaboration and functioning [111,347,362].

Team member training and team building have been the focus of a number of research syntheses and include evidence that different types of training can positively affect team building, cohesion, and communication [361,363–366]. Salas et al. [363], for example, found that different types of training improved team member performance when training focused on team member communication and shared decision-making. Klein et al. [364] found that team building that focused on improving interpersonal relationships, role clarification, shared goal setting, and shared problem solving were related to better team performance.

The use of adult learning methods and strategies for improving team functioning and performance has been found to be an important characteristic of the *Collaboration to Learn and Grow Checklist* practices. Results reported in the number of research syntheses indicate that team training that uses adult learning methods and strategies has value added benefits in terms of improving team performance and effectiveness [365–367].

Many of the characteristics of the two teaming and collaboration practices checklists have been found to be associated with positive learner outcomes in research syntheses of adult learning studies [20,368]. These include, but are not limited to, authentic team building experiences, multiple opportunities to engage in discussions and problem solving, peer coaching and mentoring, reflection on team processing, and shared decision making. The effects of the adult learning methods and strategies on learner outcomes have been found to be optimal when training is provided to a small number of adult learners [369]. Klein et al. [364], in a research synthesis of team building studies, also found that team building and training were more effective when done with a small number of team members.

3.6.2. Family Involvement Practices

Meaningful family member involvement on teams is a particularly important characteristic of effective teaming and collaboration [38,180,338,345]. Nijhuis et al. [180], as part of their research synthesis of teaming and collaboration, identified different dimensions of parent and family involvement as essential for optimal team functioning. These included, but were not limited to, family concerns and priorities as a focus of team functioning, explicit and intentional efforts to engage family members in team processing, use of family-centered practices to facilitate family involvement, and practitioner responsiveness to each family's unique circumstances. All of this has been found to be accomplished by a team member serving as a family advocate who represents the best interest of the family and individual family members participating in team decision making [38,39].

A number of research syntheses include evidence indicating that practitioners who engage family members on teams in a family-centered manner results in more active family member participation in both assessment and intervention practices; for example, [39,194,268,353]. The characteristics of family-centered practices that support family member involvement include, but are not limited to, sensitivity and responsiveness to family concerns and priorities, complete and unbiased information sharing so family members can make informed decisions, active family member participation in teaming activities, and explicit and authentic practitioner efforts to treat family members as equal partners in all aspects of teaming practices [53,370].

In a recent review of the family-centered practices literature, Rodger and Keen [371] noted that shared decision-making between families and practitioners improved both the provision of child and family services and the outcomes of those services; see also [372]. Family member participation in shared decision-making on assessment and intervention teams includes, but is not limited to, complete and unbiased information sharing so families can make informed decisions [111,180,184,360].

3.7. Transition Practices

Research evidence for smooth and effective transitions from hospital to home/early intervention, early intervention to preschool/preschool special education, and preschool to kindergarten/elementary school are listed in Appendix G. The same or similar types of practices for different types of child and family transitions have been found to be important for ensuring smooth and effective transitions although most research has focused on particular transition periods (e.g., hospital to home).

Converging evidence from research syntheses of transition studies point to a number of conditions that contribute to successful transitions. These conditions include transition planning between both transitioning and receiving program practitioners, parent and family involvement in transition planning and implementation, explicit attention to the types of transition experiences promoting continuity in children's learning and development, and use of family-centered practices to reduce

parent stress and promote positive child and family adaptations and adjustment prior to, during, and following a transition; for example, [373–382].

There is evidence that transitions are best understood and facilitated in the context of an ecological framework [87,374,383] that explicitly considers the interrelationships between individuals and programs/agencies involved in transitions and how those relationships promote or impede successful transitions [374,377,380]. As noted by Odom and Wolery [384], attention to these relationships and ecological influences are “enhanced by a developmentally instigative adult” (p. 166) who “promotes the continuity of experiences across settings [to] ideally create a seamless service system” transition (p. 169). The complexity of these relationships was reported by both Affleck et al. [88,378] and Williams and Williams [385] in studies of variables associated with effective and ineffective transition practices. Affleck et al. [88], for example, found in a hospital to home transition study that support provided by home visitors in response to mothers indicating a need for assistance had positive effects on mothers’ adaptations and adjustments to home care of high risk infants. In contrast, unsolicited assistance (help) had negative effects on these same outcomes; see also [386–388].

A number of research syntheses and studies include evidence for the use of family-centered transition practices to increase the likelihood that transitions are smooth and effective [192,379,382]. Family-centered practices have been found to be related not only to smoother transitions between transitioning and receiving programs but are also related to more positive child and family outcomes and especially less stress and better adaptations and adjustments before, during, and following transitions.

Findings in a number of research syntheses of outreach practices to facilitate referrals to receiving programs indicate that more frequent outreach that is brief and highly focused improves referrals from transitioning programs and practitioners [389,390]. The particular outreach practices that have been found to be most effective were used by Dunst et al. [391] to increase referrals from neonatal intensive care units to early intervention. Results showed that brief, repeated contacts with hospital staff were more effective in terms of increased referrals compared to less frequent contacts.

Interagency agreements have been found to be at least one way to facilitate smooth transitions between programs and agencies [392–394]. Herlihy [360], in a review of the characteristics of effective interagency collaboration, identified open and effective communication, positive interpersonal relationships, and shared goals as important for collaboration to have positive consequences. Results reported in a study by Hadden [392] found that these characteristics as well as several others (e.g., review and monitoring of interagency agreements) were related to successful transitions from early intervention to preschool programs.

4. Discussion and Conclusions

4.1. Summary of the Findings

Early childhood intervention has a relatively short but rich history [395,396]. Contemporary interest in early childhood intervention can be traced to the 1960s and 1970s [397]. In the 50+ years since early childhood intervention was recognized as a factor that could be used to alter the course of development of young children with disabilities or delays, considerable advances have been made in terms of our understanding of the kinds of experiences having optimal developmental benefits and the research evidence for those practice-outcome relationships [14,397–399].

This paper included a description of 26 early childhood intervention performance checklists and the research evidence for the checklist practices. Findings reported in more than 200 research syntheses informed the selection or development of the checklist practice indicators based on the empirical relationships between the checklist indicators and the intended outcomes and benefits of the practices. The meta-review constitutes one of the most comprehensive analyses of the early childhood intervention research literature focusing on the performance checklist practices.

The performance checklists were initially developed using the Division for Early Childhood [16] early intervention/early childhood special education recommended practices as the sources of practice indicators [11]. It was determined, however, that the DEC recommended practices differed considerably in their formatting, coverage, specificity, and internal coherence, and that the ways in which many of the practices are written, essentially made attempts to infer intent futile. This, to a large degree, was the basis for developing the performance checklists.

There was one other factor influencing the development of the performance checklists and compilation of the evidence for the checklist practices. As part of the development of the DEC recommended practices, a Recommended Practices Commission (2015) submitted sources of information as evidence for the practices despite the fact that “Given the accelerated timelines for producing a revised set of recommended practices . . . , the commission determined it would not be feasible to conduct comprehensive literature reviews to gather information about the status of best-available evidence” [400] (p. 21). A review of the source of evidence provided by the commission for the recommended practices found that in many cases the sources did not include the kind of information to claim the practices were evidence-based. A review of that information by the author found most of the literature did not include practice-outcome data, many of the studies cited as evidence for the recommended practices actually included evidence for other types of intervention practices, and literature was often cited with no rhyme or reason for why it was included as sources of evidence for the recommended practices.

Claims that any intervention practice is evidence-based or evidence-informed necessitates that there is research cited for practice-outcome relationships. Comparatively speaking, the evidence base for the performance checklists is substantial in scope and content, whereas the evidence for the DEC recommended practices at the time the practices were released, at least as compiled for some practice areas, is weak at best.

The type of analysis described in this paper is best described as a meta-review of practice-outcome evidence for a collection of early childhood intervention practices. Haneef [107] described this type of synthesis as “empirical research consolidation” (p. 383) where the focus of analyses are studies of the functional or statistical relationships between different independent or intervention variables and different dependent or outcome variables in order to aggregate evidence from diverse sources, to draw conclusions, and make interpretive statements about the strength of the empirical evidence. For each and every performance checklist, multiple research syntheses included different sets of research evidence where practice-outcome relationships were the same or very similar, providing converging evidence indicating that the checklist indicators have substantial evidence bases.

4.2. Strengths and Limitations

The meta-review has both strengths and limitations. One strength is the fact that different bodies of evidence for different early childhood intervention practices have for the first time been compiled in one place. This should prove useful for practitioners to be able to cite relevant findings for different practices, and especially in the current era of calls for the use of only evidence-based interventions; for example, [401]. A second strength is the breadth of evidence that was compiled for each performance checklist practice. Even a cursory search for additional evidence for the practices unearthed more recently published research syntheses and studies for the checklist practice indicators. Yet another strength is the categorization of the research evidence for individual checklist practices (Appendix A–Appendix G). This permits easy identification of which sources of evidence are the foundations for which practices.

The meta-review also has a number of limitations. One limitation is the fact that the meta-review did not permit in-depth analysis of the studies in each research synthesis given the number of syntheses and the number of performance checklists. If the necessary fiscal and human resources were available, either a systematic review [106] or meta-analysis [402] of the individual studies in the research syntheses might have yielded more specific information about practice-outcome relationships.

A second limitation is the fact that research syntheses for individual checklist practices varied in terms of the depth of analysis in the synthesis reports. This was addressed in the meta-review by highlighting particular syntheses that included the best evidence for the checklist practices. A third limitation is the fact that certain practice areas, and checklist practices in the different areas, had substantial amounts of evidence (e.g., interactional practices) while other areas had considerably less evidence (e.g., transitions). This was most likely the case simply because certain practices are more likely to be viewed as worthy of research attention.

Both the strengths and limitations of the meta-review place the research evidence for the performance checklists in empirical and practical context. The strengths highlight the breadth of the research foundations for the performance checklists. The limitations highlight gaps in the knowledge base for the practices.

4.3. Conclusions

Early childhood intervention that is evidence-informed is more likely to have positive child, parent, and family outcomes and benefits. Performance checklists (as well as other intervention tools) informed by research evidence hold special promise for improving early childhood intervention practices. The checklists that were the focus of this paper were found to have a substantial evidence base. The evidence base included the particular practices and indicators that are associated with outcomes of interest. The practices and indicators in turn informed the selection and development of the checklist items. The extent to which the items are used with fidelity should therefore ensure or at least increase the likelihood that the checklist practices mirror their research foundations and have expected benefits and outcomes; for example, [94,403,404].

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Conflicts of Interest: The author declares no conflict of interest.

Appendix A

Table A1. Research Foundations for the Assessment Practices Checklists.

Type of Evidence	Checklist ^a	Sources of Evidence
ES	4	Bagnato, S. J. (2007). <i>Authentic assessment for early childhood intervention: Best practices</i> . New York, NY: Guilford Press.
RS	4	Bagnato, S.J., McKeating-Esterle, E., Fevola, A., Bortolamasi, P., & Neisworth, J.T. (2008). Valid use of clinical judgment (informed opinion) for early intervention eligibility: Evidence base and practice characteristics. <i>Infants & Young Children</i> , 21(4), 334–349, doi:10.1097/01.IYC.0000336545.90744.b0.
RS	3, 4	Bagnato, S.J., Smith-Jones, J., Matesa, M., & McKeating-Esterle, E. (2006). Research foundations for using clinical judgment (informed opinion) for early intervention eligibility determination. <i>Cornerstones</i> , 2(3). Retrieved from http://www.puckett.org/Trace/cornerstones/cornerstones_vol2_no3.pdf .
RS	4	Bosch, M., Faber, M.J., Cruisjbery, J., Voerman, G.E., Leatherman, S., Grol, R.P.T.M., . . . , Wensing, M. (2009). Effectiveness of patient care teams and the role of clinical expertise and coordination. <i>Medical Care Research and Review</i> , 66(6_suppl), 5S–35S, doi:10.1177/1077558709343295.
RS	1, 4	Bryce, G.Y. (2010). <i>The Use of Authentic Assessment in Eligibility Determination for Early Childhood Intervention Programs</i> . Ann Arbor, MI, USA: ProQuest.
RS	1, 2	Bult, M.K., Verschuren, O., Jongmans, M.J., Lindeman, E., & Ketelaar, M. (2011). What influences participation in leisure activities of children and youth with physical disabilities? A systematic review. <i>Research in Developmental Disabilities</i> , 32, 1521–1529, doi:10.1016/j.ridd.2011.01.045.

Table A1. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 2	Bult, M. (2012). <i>Participation in Leisure Activities of Children and Adolescents with Physical Disabilities</i> . Ridderberk, Netherlands: Ridderprint. Retrieved from https://dspace.library.uu.nl/bitstream/1874/255243/1/bult.pdf .
ES	1	Chiarello, L.A., Banlett, D.I., Palisano, R.J., McCoy, S.W., Fiss, A.L., Jeffries, L., & Wilk, P. (2016). Determinants of participation in family and recreational activities of young children with cerebral palsy. <i>Disability and Rehabilitation</i> , 28(25), 2455–2468, doi:10.3109/09638288.2016.1138548.
RS	1, 4	Coulthard, N. (2009). Service trends and practitioner competencies in early childhood intervention: A review of the literature. Retrieved from https://www.eciavic.org.au/documents/item/26 .
RS	3	Dunst, C.J. (2002). Family-centered practices: Birth through high school. <i>Journal of Special Education</i> , 36, 139–147, doi:10.1177/00224669020360030401.
ES	1	Dunst, C.J., Hamby, D., Trivette, C.M., Raab, M., & Bruder, M.B. (2002). Young children's participation in everyday family and community activity. <i>Psychological Reports</i> , 91, 875–897, doi:10.2466/PR.91.7.875–897.
RS	2	Dunst, C.J., Jones, T., Johnson, M., Raab, M., & Hamby, D.W. (2011). Role of children's interests in early literacy and language development. <i>CELLreviews</i> , 4(5), 1–18. Retrieved from http://www.earlyliteracylearning.org/cellreviews/cellreviews_v4_n5.pdf .
RS	1	Dunst, C.J., Raab, M., & Trivette, C.M. (2013). Methods for increasing child participation in interest-based language learning activities. <i>Everyday Child Language Learning Tools</i> , Number 4, 1–6. Retrieved from http://www.puckett.org/CECLL/ECLLReport_7_LearnOps.pdf .
RS	2	Dunst, C.J., Trivette, C.M., & Hamby, D.W. (2012). Effect of interest-based interventions on the social-communicative behavior of young children with autism spectrum disorders. <i>CELLreviews</i> , 5(6), 1–10. Retrieved from http://www.earlyliteracylearning.org/cellreviews/cellreviews_v5_n6.pdf .
RS	2	Dunst, C.J., Trivette, C.M., & Hamby, D.W. (2012). Meta-analysis of studies incorporating the interests of young children with autism spectrum disorders into early intervention practices. <i>Autism Research and Treatment</i> , 2012, 1–10, doi:10.1155/2012/462531.
RS	4	Ericsson, K.A., & Charness, N. (1994). Expert performance: Its structure and acquisition. <i>American Psychologist</i> , 49, 725–747.
RS	4	Ericsson, K.A., Krampe, R.T., & Tesch-Romer, C. (1993). The role of deliberate practice in the acquisition of expert performance. <i>Psychological Review</i> , 100, 363–406.
RS	1, 2	Fiese, B.H., Tomcho, T.J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? <i>Journal of Family Psychology</i> , 16(4), 381–390, doi:10.1037//0893-3200.16.4.381.
RS	1, 3, 4	Finello, K.M. (2011). Collaboration in the assessment and diagnosis of preschoolers: Challenges and opportunities. <i>Psychology in Schools</i> , 48(5), 442–253, doi:10.1002/pits.20566.
RS	4	Guralnick, S., Ludwig, S., & Englander, R. (2014). Domain of competence: Systems-based practice. <i>Academic Pediatrics</i> , 14, S70–S79. Retrieved from https://www.acgme.org/Portals/0/PDFs/Milestones/Systems-basedPracticePediatrics.pdf doi:10.1016/j.acap.2013.11.015.
ES	1	Haney, M., & Cavallaro, C.C. (1996). Using ecological assessment in daily program planning for children with disabilities in typical preschool settings. <i>Topics in Early Childhood Special Education</i> , 16, 66–81.
RS	1, 2	Kern, L., Maher Choutka, C., & Sokol, N.G. (2002). Assessment-based antecedent interventions used in natural settings to reduce challenging behavior: An analysis of the literature. <i>Education and Treatment of Children</i> , 25(1), 113–130. Retrieved from http://www.jstor.org/stable/42900519 .
ES	1, 2	Kemp, C., Kishida, Y., Carter, M., & Sweller, N. (2013). The effect of activity type on the engagement and interaction of young children with disabilities in inclusive childcare. <i>Early Childhood Research Quarterly</i> , 28, 134–143.
ES	3	Knopf, H.T., & Swick, K.J. (2008). Using our understanding of families to strengthen family involvement. <i>Early Childhood Education Journal</i> , 35, 419–427, doi:10.1007/s10643-007-0198-z

Table A1. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
ES	3	Kyzar, K.B., Turnbull, A.P., Summers, J.A., & Gómez, V.A. (2012). The relationship of family support to family outcomes: A synthesis of key findings from research on severe disability. <i>Research and Practice for Persons with Severe Disabilities</i> , 37(1), 31–44, doi:10.2511/027494812800903247.
ES	1	Kim, A.-H., Vaughn, S., Elbaum, B., Hughes, M.T., Sloan, C.V.M., & Sridhar, D. (2003). Effects of toys or group composition for children with disabilities: A synthesis. <i>Journal of Early Intervention</i> , 25, 189–205, doi:10.1177/105381510302500304.
ES	3	Larsson, M. (2000). Organising habilitation services: Team structures and family participation. <i>Child: Care, Health and Development</i> , 26(6), 501–514, doi:10.1046/j.1365-2214.2000.00169.x.
ES	1	Lequia, J., Machalick, W., & Rispoli, M.J. (2012). Effects of activity schedules on challenging behavior exhibited in children with autism spectrum disorders: A systematic review. <i>Research in Autism Spectrum Disorders</i> , 6, 480–492, doi:10.1016/j.rasd.2011.07.008.
ES	1	Lobo, M.A., Paul, D.A., Mackley, A., Maher, J., & Galloway, J.C. (2014). Instability of delay classification and determination of early intervention eligibility in the first two years of life. <i>Research in Developmental Disabilities</i> , 35(1), 117–126, doi:10.1016/j.ridd.2013.10.017.
ES	1, 2	Mårtensson, F., Boldemann, C., Söderström, M., Blennow, M., Englund, J.-E., & Grahn, P. (2009). Outdoor environmental assessment of attention promoting settings for preschool children. <i>Health and Place</i> , 15, 1149–1157, doi:10.1016/j.healthplace.2009.07.002.
ES	1	Mihaylov, S.I., Jarvis, S.N., Colver, A.F., & Beresford, B. (2004). Identification and description of environmental factors that influence participation of children with cerebral palsy. <i>Developmental Medicine and Child Neurology</i> , 46, 299–304.
ES	1	Morgan, C., Novak, I., & Badawi, N. (2013). Enriched environments and motor outcomes in cerebral palsy: Systematic review and meta-analysis. <i>Pediatrics</i> , 132(3), e735–e746, doi:10.1542/peds.2012-3985.
ES	1, 4	Moore, T.G. (2008). <i>Early Childhood Intervention: Core Knowledge and Skills. CCH Working Paper 3</i> . Parkville, Victoria, Australia: Centre for Community Child Health.
ES	4	Mott, D.W., & Dunst, C.J. (2006). Use of presumptive eligibility for enrolling children in Part C early intervention. <i>Journal of Early Intervention</i> , 29, 22–31, doi:10.1177/105381510602900102.
ES	3	Nash, J.K. (1990). Public Law 99-457: Facilitating family participation on the multidisciplinary team. <i>Journal of Early Intervention</i> , 14(4), 318–326, doi:10.1177/105381519001400403.
ES	3	Nijhuis, B.J.G., Reinders-Messelink, H.A., de Blécourt, A.C.E., Olijve, C.V.G., Groothoff, J.W., Nakken, H., & Postema, K. (2007). A review of salient elements defining team collaboration in paediatric rehabilitation. <i>Clinical Rehabilitation</i> , 21(3), 195–211, doi:10.1177/0269215506070674.
ES	1	Odom, S.L., Vitztum, J., Wolery, R., Lieber, J., Sandall, S., Hanson, M.J., . . . , Horn, E. (2004). Preschool inclusion in the United States: A review of research from an ecological systems perspective. <i>Journal of Research in Special Educational Needs</i> , 4, 17–49, doi:10.1111/J.1471-3802.2004.00016.x.
ES	1	Palisano, R.J., Chiarello, L.A., King, G.A., Novak, I., Stoner, T., & Fiss, A. (2012). Participation-based therapy for children with physical disabilities. <i>Disability and Rehabilitation</i> , 34, 1041–1052, doi:10.3109/09638288.2011.628740.
ES	1, 2	Petrenchik, T.M., & King, G.A. (2011). Pathways to positive development: Childhood participation in everyday places and activities. In S. Bazyk (Ed.), <i>Mental Health Promotion, Prevention, and Intervention with Children and Youth: A Guiding Framework for Occupational Therapy</i> (pp. 71–94). Bethesda, MD: AOTA Press.
ES	2	Raab, M., & Dunst, C.J. (2007). <i>Influence of Child Interests on Variations in Child Behavior and Functioning</i> . Asheville, NC, USA: Winterberry Press.
ES	2	Raab, M., Dunst, C.J., & Hamby, D.W. (2013). Relationships between young children's interests and early language learning. <i>Everyday Child Language Learning Reports, Number 5</i> , 1–14. Retrieved from http://www.cecll.org/download/ECLLReport_5_Interests.pdf .

Table A1. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
ES	1	Rosenberg, L., Bart, O., Ratzon, N.Z., & Jarus, T. (2013). Personal and environmental factors predict participation of children with and without mild developmental disabilities. <i>Journal of Child and Family Studies</i> , 22(5), 658–671, doi:10.1007/s10826-012-9619-8.
ES	1, 4	Shernoff, E.S., Hill, C., Danis, B., Leventhal, B.L., & Wakschlag, L.S. (2014). Integrative consensus: A systematic approach to integrating comprehensive assessment data for young children with behavior problems. <i>Infants & Young Children</i> , 27(2), 92–110, doi:10.1097/IYC.0000000000000008.
ES	1	Spagnola, M., & Fiese, B.H. (2007). Family routines and rituals: A context for development in the lives of young children. <i>Infants and Young Children</i> , 20(4), 284–299, doi:10.1097/01.IYC.0000290352.32170.5a.
ES	3	Strauss, K., Benvenuto, A., Battan, B., Siracusano, M., Terribili, M., Curatolo, P., & Fava, L. (2015). Promoting shared decision making to strengthen outcome of young children with autism spectrum disorders: The role of staff competence. <i>Research in Developmental Disabilities</i> , 38, 48–63, doi:10.1016/j.ridd.2014.11.016.
ES	1	Trivette, C.M., Dunst, C.J., Simkus, A., & Hamby, D.W. (2013). Methods for increasing child participation in everyday learning opportunities. <i>Everyday Child Language Learning Reports</i> , Number 7, 1–7. Retrieved from http://www.cecll.org/download/ECLLReport_7_LearnOps.pdf .
ES	1	Van keer, I., & Maes, B. (2016). Contextual factors influencing the developmental characteristics of young children with severe to profound intellectual disability: A critical review. <i>Journal of Intellectual & Developmental Disability</i> , 1–19, doi:10.3109/13668250.2016.1252458.
ES	1	Wachs, T.D. (1999). Celebrating complexity: Conceptualization and assessment of the environment. In S.L. Friedman & T.D. Wachs (Eds.), <i>Measuring environment across the life span: Emerging methods and concepts</i> (pp. 357–392). Washington, DC, USA: American Psychological Association.
ES	1	Wachs, T.D. (2000). <i>Necessary but not Sufficient: The Respective Roles of Single and Multiple Influences on Individual Development</i> . Washington, DC, USA: American Psychological Association.
ES	1, 2	Weisner, T.S. (2002). Ecocultural understanding of children's developmental pathways. <i>Human Development</i> , 45, 275–281, doi:10.1177/1529100615569721.

Note: ^a See Table 1 for the checklist codes. RS = Research syntheses and ES = Empirical study.

Appendix B

Table A2. Research Foundations for the Environment Practices Checklists.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	2	Ahn, S., & Fedewa, A.L. (2011). A meta-analysis of the relationship between children's physical activity and mental health. <i>Journal of Pediatric Psychology</i> , doi:10.1093/jpepsy/jsq107.
RS	1	Alper, S., & Raharirina, S. (2006). Assistive technology for individuals with disabilities: A review and synthesis of the literature. <i>Journal of Special Education Technology</i> , 21(2), 47–64, doi:10.1080/10400435.2012.723298.
RS	1	Billington, C. (2016). <i>How Digital Technology can Support Early Language and Literacy Outcomes in Early Years Settings: A Review of the Literature</i> Retrieved from http://www.literacytrust.org.uk/assets/0003/3409/How_digital_technology_can_support_early_language_and_literacy_outcomes_in_early_years_settings.pdf .
ES	4	Boldemann, C., Blennow, M., Dal, H., Martensson, F., Raustorp, A., Yuen, K., & Wester, U. (2006). Impact of preschool environment upon children's physical activity and sun exposure. <i>Preventive Medicine</i> , 42, 301–308, doi:10.1016/j.ypmed.2005.12.006.

Table A2. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
ES	2, 4	Bower, J.K., Hales, D.P., Tate, D.F., Rubin, D.A., Benjamin, S.E., & Ward, D.S. (2008). The childcare environment and children's physical activity. <i>American Journal of Preventive Medicine</i> , 34(1), 23–29, doi:10.1016/j.amepre.2007.09.022.
RS	1	Branson, D., & Demchak, M. (2009). The use of augmentative and alternative communication methods with infants and toddlers with disabilities: A research review. <i>AAC: Augmentative and Alternative Communication</i> , 25(4), 274–286, doi:10.3109/07434610903384529.
RS	2, 4	Brown, H.E., Atkin, A.J., Panter, J., Wong, G., Chinapaw, M.J.M., & van Sluijs, E.M.F. (2016). Family-based interventions to increase physical activity in children: A systematic review, meta-analysis and realist synthesis. <i>Obesity Reviews</i> , 17(4), 345–360, doi:10.1111/obr.12362.
RS	1	Burnett, C. (2010). Technology and literacy in early childhood educational settings: A review of research. <i>Journal of Early Childhood Literacy</i> , 10, 247–270, doi:10.1177/1468798410372154.
RS	2	Campbell, K.J., & Hesketh, K.D. (2007). Strategies which aim to positively impact on weight, physical activity, diet and sedentary behaviours in children from zero to five years: A systematic review of the literature. <i>Obesity Reviews</i> , 8, 327–338, doi:10.1111/j.1467-789X.2006.00305.x.
RS	1	Campbell, P.H., Milbourne, S., Dugan, L.M., & Wilcox, M.J. (2006). A review of evidence on practices for teaching young children to use assistive technology devices. <i>Topics in Early Childhood Special Education</i> , 26, 3–13, doi:10.1177/02711214060260010101.
ES	3	Campbell, P.H., Milbourne, S., & Wilcox, M. (2008). Adaptation interventions to promote participation in natural settings. <i>Infants and Young Children</i> , 21(2), 94–106, doi:10.1097/01.IYC.0000314481.16464.75.
RS	1	Chantry, J., & Dunford, C. (2010). How do computer assistive technologies enhance participation in childhood occupations for children with multiple and complex disabilities? A review of the current literature. <i>British Journal of Occupational Therapy</i> , 73, 351–365, doi:10.4276/030802210X12813483277107.
ES	5	Chiarello, L.A., Banlett, D.I., Palisano, R.J., McCoy, S.W., Fiss, A.L., Jeffries, L., & Wilk, P. (2016). Determinants of participation in family and recreational activities of young children with cerebral palsy. <i>Disability and Rehabilitation</i> , 28(25), 2455–2468, doi:10.3109/09638288.2016.1138548.
RS	4	Christian, H., Zubrick, S.R., Foster, S., Giles-Corti, B., Bull, F., Wood, L., . . . , Boruff, B. (2015). The influence of the neighborhood physical environment on early child health and development: A review and call for research. <i>Health & Place</i> , 33, 25–36, doi:10.1016/j.healthplace.2015.01.005.
RS	1	Clarke, B., & Svanaes, S. (2014). <i>Tablets for schools: An updated literature review on the use of tablets in education</i> . London: Family Kids and Youth. Retrieved from http://maneele.drealentejo.pt/site/images/Literature-Review-Use-of-Tablets-in-Education-9-4-14.pdf .
RS	1	Desideri, L., Roentgen, U., Hoogerwerf, E.-J., & de Witte, L. (2013). Recommending assistive technology (AT) for children with multiple disabilities: A systematic review and qualitative synthesis of models and instruments for AT professionals. <i>Technology and Disability</i> , 25(1), doi:10.3233/TAD-130366.
ES	5	Dunst, C.J., Bruder, M.B., Trivette, C.M., Hamby, D., Raab, M., & McLean, M. (2001). Characteristics and consequences of everyday natural learning opportunities. <i>Topics in Early Childhood Special Education</i> , 21, 68–92, doi:10.1177/027112140102100202.
ES	5	Dunst, C.J., Bruder, M.B., Trivette, C.M., & Hamby, D.W. (2005). Young children's natural learning environments: Contrasting approaches to early childhood intervention indicate differential learning opportunities. <i>Psychological Reports</i> , 96, 231–234, doi:10.2466/pr0.96.1.231-234.

Table A2. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
ES	5	Dunst, C.J., Bruder, M.B., Trivette, C.M., & Hamby, D.W. (2006). Everyday activity settings, natural learning environments, and early intervention practices. <i>Journal of Policy and Practice in Intellectual Disabilities</i> , 3, 3–10, doi:10.1111/j.1741-1130.2006.00047.x.
RS	1, 3	Dunst, C.J., & Hamby, D.W. (2015). Research synthesis of studies to promote parent and practitioner use of assistive technology and adaptations with young children with disabilities. In D.L. Edyburn (Ed.), <i>Advances in special education technology (Vol. 1): Efficacy of assistive technology interventions</i> (pp. 51–78). United Kingdom: Emerald Publishing.
RS	5	Dunst, C.J., Raab, M., & Trivette, C.M. (2013). Methods for increasing child participation in interest-based language learning activities. <i>Everyday Child Language Learning Tools</i> , Number 4, 1–6. Retrieved from http://www.puckett.org/CECLL/ECLLReport_7_LearnOps.pdf .
RS	1	Dunst, C.J., Trivette, C.M., & Hamby, D.W. (2012). Assistive technology and the communication and literacy development of young children with disabilities. <i>CELLreviews</i> , 5(7), 1–13. Retrieved from http://www.earlyliteracylearning.org/cellreviews/cellreviews_v5_n7.pdf .
ES	5	Dunst, C.J., Trivette, C.M., Hamby, D.W., & Bruder, M.B. (2006). Influences of contrasting natural learning environment experiences on child, parent, and family well-being. <i>Journal of Developmental and Physical Disabilities</i> , 18, 235–250, doi:10.1007/s10882-006-9013-9.
RS	1	Dunst, C.J., Trivette, C.M., Hamby, D.W., & Simkus, A. (2013). Systematic review of studies promoting the use of assistive technology devices by young children with disabilities. <i>Practical Evaluation Reports</i> , 5(1), 1–32. Retrieved from http://www.puckett.org/Practical%20Evaluation%20reports/CPE_Report_Vol5No1.pdf .
RS	5	Dunst, C.J., Valentine, A., Raab, M., & Hamby, D.W. (2013). Relationship between child participation in everyday activities and early literacy and language development. <i>CELLreviews</i> , 6(1), 1–16. Retrieved from http://www.earlyliteracylearning.org/cellreviews/CELLreviews_v6_n1.pdf .
RS	5	Fiese, B.H., Tomcho, T.J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? <i>Journal of Family Psychology</i> , 16(4), 381–390, doi:10.1037//0893-3200.16.4.381.
RS	1	Floyd, K.K., Canter, L.L.S., Jeffs, T., & Judge, S.A. (2008). Assistive technology and emergent literacy for preschoolers: A literature review. <i>Assistive Technology Outcomes and Benefits</i> , 5, 92–102.
RS	4	Godbey, G. (2009). <i>Outdoor Recreation, Health, and Wellness: Understanding and Enhancing the Relationship</i> . Washington, DC, USA: Resources for the Future.
RS	2	Gordon, E.S., Tucker, P., Burke, S.M., & Carron, A.V. (2013). Effectiveness of physical activity interventions for preschoolers: A meta-analysis. <i>Research Quarterly for Exercise and Sport</i> , 84, 287–294, doi:10.1080/02701367.2013.813894.
ES	4	Henderson, K.E., Grode, G.M., O'Connell, M.L., & Schwartz, M.B. (2015). Environmental factors associated with physical activity in childcare centers. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 12, 43, doi:10.1186/s12966-015-0198-0.
RS	2	Hesketh, K.D., & Campbell, K.J. (2010). Interventions to prevent obesity in 0–5 year olds: An updated systematic review of the literature. <i>Obesity</i> , 18(Suppl. 1), S27–S35.
RS	2, 4	Hinkley, T., Crawford, D., Salmon, J., Okely, A.D., & Hesketh, K. (2008). Preschool children and physical activity: A review of correlates. <i>American Journal of Preventive Medicine</i> , 34, 435–441.

Table A2. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	2, 4	Hinkley, T., Teychenne, M., Downing, K.L., Ball, K., Salmon, J., & Hesketh, K.D. (2014). Early childhood physical activity, sedentary behaviors and psychosocial well-being: A systematic review. <i>Preventive Medicine</i> , 62, 182–192, doi:10.1016/j.ypmed.2014.02.007.
RS	1, 5	Isabelle, S., Bessey, F., Lawrence-Dragas, K., Blease, P., Shepherd, J., & Lane, S. (2002). Assistive technology for children with disabilities. <i>Occupational Therapy in Health Care</i> , 16(4), 29–51, doi:10.1300/J003v16n04_03.
ES	4	Jansson, M. (2010). Attractive playgrounds: Some factors affecting user interest and visiting patterns. <i>Landscape Research</i> , 35(1), 63–81, doi:10.1080/01426390903414950.
ES	4, 5	Kemp, C., Kishida, Y., Carter, M., & Sweller, N. (2013). The effect of activity type on the engagement and interaction of young children with disabilities in inclusive childcare. <i>Early Childhood Research Quarterly</i> , 28, 134–143.
RS	2, 4	Kreichauf, S., Wildgruber, A., Krombholz, H., Gibson, E.L., Vögele, C., Nixon, C.A., . . . , Summerbell, C.D. (2012). Critical narrative review to identify educational strategies promoting physical activity in preschool. <i>Obesity Reviews</i> , 13(s1), 96–105, doi:10.1111/j.1467-789X.2011.00973.x.
RS	1	Lauricella, A.R., Blackwell, C.K., & Wartella, E. (2016). The “new” technology environment: The role of content and context on learning and development from mobile media. In R. Barr & D.N. Linebarger (Eds.), <i>Media exposure during infancy and early childhood</i> (pp. 1–23). Cham, Switzerland: Springer International Publishing.
RS	4, 5	Lequia, J., Machalicek, W., & Rispoli, M.J. (2012). Effects of activity schedules on challenging behavior exhibited in children with autism spectrum disorders: A systematic review. <i>Research in Autism Spectrum Disorders</i> , 6, 480–492, doi:10.1016/j.rasd.2011.07.008.
RS	1	Light, J., & McNaughton, D. (2012). Supporting the communication, language, and literacy development of children with complex communication needs: State of the science and future research priorities. <i>Assistive Technology</i> , 24(1), 34–44, doi:10.1080/10400435.2011.648717.
RS	1	Lovato, S., & Waxman, S.R. (2016). Young children learning from touch screens: Taking a wider view. <i>Frontiers in Psychology</i> . Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4947576/pdf/fpsyg-07-01078.pdf doi:10.3389/fpsyg.2016.01078.
RS	2, 4	Mihaylov, S.I., Jarvis, S.N., Colver, A.F., & Beresford, B. (2004). Identification and description of environmental factors that influence participation of children with cerebral palsy. <i>Developmental Medicine and Child Neurology</i> , 46, 299–304.
RS	1	Millar, D.C., Light, J.C., & Schlosser, R.W. (2006). The impact of augmentative and alternative communication intervention on the speech production of individuals with developmental disabilities: A research review. <i>Journal of Speech, Language, and Hearing Research</i> , 49, 248–264.
RS	1	Mistrett, S.G., Hale, M.M., Diamond, C.M., Ruedel, K.L.A., Gruner, A., Sunshine, C., . . . , McInerney, M. (2001). <i>Synthesis on the Use of Assistive Technology with Infants and Toddlers (Birth through Two)</i> . Retrieved from Washington, DC, USA: Retrieved from http://www.fctd.info/webboard/files/AIR_EI-AT_Report_2001.pdf .
RS	2, 4	Mitchell, J., Skouteris, H., McCabe, M., Ricciardelli, L.A., Milgrom, J., Baur, L.A., . . . , Dwyer, G. (2012). Physical activity in young children: A systematic review of parental influences. <i>Early Child Development and Care</i> , 182(11), 1411–1437, doi:10.1080/03004430.2011.619658.
RS	2, 4	Morgan, C., Novak, I., & Badawi, N. (2013). Enriched environments and motor outcomes in cerebral palsy: Systematic review and meta-analysis. <i>Pediatrics</i> , 132(3), e735–e746, doi:10.1542/peds.2012-3985.

Table A2. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1	Nicolson, A., Moir, L., & Millsteed, J. (2012). Impact of assistive technology on family caregivers of children with physical disabilities: A systematic review. <i>Disability and Rehabilitation: Assistive Technology</i> , 7(5), 345–349, doi:10.3109/17483107.2012.667194.
ES	3	Østensjø, S., Carlberg, E.B., & Vollestad, N.K. (2003). Everyday functioning in young children with cerebral palsy: Functional skills, caregiver assistance, and modifications of the environment. <i>Developmental Medicine and Child Neurology</i> , 45, 603–612, doi:10.1017/S0012162203001105.
ES	1, 3	Østensjø, S., Carlberg, E.B., & Vollestad, N.K. (2005). The use and impact of assistive devices and other environmental modifications on everyday activities and care in young children with cerebral palsy. <i>Disability and Rehabilitation</i> , 27, 849–861.
ES	1	Palaiologou, I. (2016). Children under five and digital technologies: Implications for early years pedagogy. <i>European Early Childhood Education Research Journal</i> , 24(1), 5–24, doi:10.1080/1350293X.2014.929876.
RS	5	Palisano, R.J., Chiarello, L.A., King, G.A., Novak, I., Stoner, T., & Fiss, A. (2012). Participation-based therapy for children with physical disabilities. <i>Disability and Rehabilitation</i> , 34, 1041–1052, doi:10.3109/09638288.2011.628740.
ES	4	Palisano, R.J., Tieman, B.L., Walter, S.D., Bartlett, D.J., Rosenbaum, P.L., Russell, D., & Hanna, S.E. (2003). Effect of environmental setting on mobility methods of children with cerebral palsy. <i>Developmental Medicine & Child Neurology</i> , 45(2), 113–120, doi:10.1111/j.1469-8749.2003.tb00914.x.
RS	4, 5	Petrenchik, T.M., & King, G.A. (2011). Pathways to positive development: Childhood participation in everyday places and activities. In S. Bazyk (Ed.), <i>Mental Health Promotion, Prevention, and Intervention with Children and Youth: A Guiding Framework for Occupational Therapy</i> (pp. 71–94). Bethesda, MD, USA: AOTA Press.
ES	5	Rosenberg, L., Bart, O., Ratzon, N.Z., & Jarus, T. (2013). Personal and environmental factors predict participation of children with and without mild developmental disabilities. <i>Journal of Child and Family Studies</i> , 22(5), 658–671, doi:10.1007/s10826-012-9619-8.
RS	2, 4	Sallis, J.F., Prochaska, J.J., & Taylor, W.C. (2000). A review of correlates of physical activity of children and adolescents. <i>Medicine & Science in Sports & Exercise</i> , 32(5), 963–975, doi:10.1097/00005768-200005000-00014.
RS	1	Schlosser, R.W., & Sigafos, J. (2006). Augmentative and alternative communication interventions for persons with developmental disabilities: Narrative review of comparative single-subject experimental studies. <i>Research in Developmental Disabilities</i> , 27(1), 1–29, doi:10.1016/j.ridd.2004.04.004.
RS	5	Spagnola, M., & Fiese, B.H. (2007). Family routines and rituals: A context for development in the lives of young children. <i>Infants and Young Children</i> , 20(4), 284–299, doi:10.1097/01.IYC.0000290352.32170.5a.
ES	4	Sugiyama, T., Okely, A.D., Masters, J.M., & Moore, G.T. (2012). Attributes of child care centers and outdoor play areas associated with preschoolers' physical activity and sedentary behavior. <i>Environment and Behavior</i> , 44(3), 334–339, doi:10.1177/0013916510393276.
RS	4	Tremblay, L., Boudreau-Larivière, C., & Cimon-Lambert, K. (2012). Promoting physical activity in preschoolers: A review of the guidelines, barriers, and facilitators for implementation of policies and practices. <i>Canadian Psychology/Psychologie Canadienne</i> , 53(4), 280–290, doi:10.1037/a0030210.
ES	5	Trivette, C.M., Dunst, C.J., & Hamby, D. (2004). Sources of variation in and consequences of everyday activity settings on child and parenting functioning. <i>Perspectives in Education</i> , 22(2), 17–35. Retrieved from http://search.sabinet.co.za/pie/ .

Table A2. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	3	Trivette, C.M., Dunst, C.J., Hamby, D.W., & O'Herin, C.E. (2010). Effects of different types of adaptations on the behavior of young children with disabilities. <i>Research Brief (Tots N Tech Research Institute)</i> , 4(1), 1–26. Retrieved from http://www.puckett.org/returns_investments_tots_n_tech.php .
RS	5	Trivette, C.M., Dunst, C.J., Simkus, A., & Hamby, D.W. (2013). Methods for increasing child participation in everyday learning opportunities. <i>Everyday Child Language Learning Reports, Number 7</i> , 1–7. Retrieved from http://www.cecll.org/download/ECLLReport_7_LearnOps.pdf .
RS	4, 5	Wachs, T.D. (1999). Celebrating complexity: Conceptualization and assessment of the environment. In S.L. Friedman & T.D. Wachs (Eds.), <i>Measuring environment across the life span: Emerging methods and concepts</i> (pp. 357–392). Washington, DC, USA: American Psychological Association.
RS	2	Ward, D.S., Vaughn, A., McWilliams, C., & Hales, D. (2010). Interventions for increasing physical activity at child care. <i>Medicine and Science in Sports and Exercise</i> , 42(3), 526–534, doi:10.1249/MSS.0b013e3181cea406.
RS	2	Waters, E., de Silva-Sanigorski, A., Hall, B.J., Brown, T., Campbell, K.J., Gao, Y., . . . , Summerbell, C.D. (2011). Interventions for preventing obesity in children. <i>Cochrane Reviews</i> . Retrieved from http://www.cochrane.org/CD001871/PUBHLTH_interventions-for-preventing-obesity-in-children .

Note: ^a See Table 1 for the checklist codes.. RS = Research syntheses and ES = Empirical study.

Appendix C

Table A3. Research Foundations for the Family-Focused Practices Checklists.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	3, 4	Adler, K., Salanterä, S., Leino-Kilpi, H., & Grädel, B. (2015). An integrated literature review of the knowledge needs of parents with children with special health care needs and of instruments to assess these needs. <i>Infants and Young Children</i> , 28(1), 46–71, doi:10.1097/IYC.000000000000028.
RS	1	Aikens, N., & Akers, L. (2011). <i>Background Review of Existing Literature on Coaching</i> . Washington, DC, USA: Mathematica Policy Research. Retrieved from http://www.first5la.org/files/07110_502.2CoachingLitRev_FINAL_07072011.pdf .
RS	3	Andresen, P.A., & Telleen, S.L. (1992). The relationship between social support and maternal behaviors and attitudes: A meta-analytic review. <i>American Journal of Community Psychology</i> , 20, 753–774.
ES	3, 4	Armstrong, M.I., Birnie-Lefcovitch, S., & Ungar, M.T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. <i>Journal of Child and Family Studies</i> , 14, 269–281, doi:10.1007/s10826-005-5054-4.
ES	3	Bailey, D.B., Jr., Nelson, L., Hebbler, K., & Spiker, D. (2007). Modeling the impact of formal and informal supports for young children with disabilities and their families. <i>Pediatrics</i> , 120, 992–1001, doi:10.1542/peds.2006-2775.
RS	2, 3, 4	Cunningham, B.J., & Rosenbaum, P.L. (2014). Measure of Processes of Care: A review of 20 years of research. <i>Developmental Medicine and Child Neurology</i> , 56(5), 445–452, doi:10.1111/dmcn.12347.
ES	2, 3, 4	Davis, K., & Gavidia-Payne, S. (2009). The impact of child, family, and professional support characteristics on the quality of life in families of young children with disabilities. <i>Journal of Intellectual and Developmental Disability</i> , 34(2), 153–162, doi:10.1080/13668250902874608.
RS	2, 3, 4	Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered services for children with a disability. <i>Topics in Early Childhood Special Education</i> , 28, 42–52, doi:10.1177/0271121408316699.

Table A3. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
ES	3	Diaz, P., Stahl, J., Lovis-McMahon, D., Kim, S.H.Y., & Kwan, V.S.Y. (2013). Pathways to health services utilization: Overcoming economic barriers through support mechanisms. <i>Advances in Applied Sociology</i> , 3(4), 193–198, doi:10.4236/aasoci.2013.34026.
RS	2, 3, 4	Dunst, C.J. (2002). Family-centered practices: Birth through high school. <i>Journal of Special Education</i> , 36, 139–147, doi:10.1177/00224669020360030401.
ES	2	Dunst, C.J., Hamby, D.W., & Brookfield, J. (2007). Modeling the effects of early childhood intervention variables on parent and family well-being. <i>Journal of Applied Quantitative Methods</i> , 2, 268–288.
RS	2, 3	Dunst, C.J., & Trivette, C.M. (2009a). Capacity-building family systems intervention practices. <i>Journal of Family Social Work</i> , 12(2), 119–143, doi:10.1080/10522150802713322.
RS	2, 3, 4	Dunst, C.J., & Trivette, C.M. (2009). Meta-analytic structural equation modeling of the influences of family-centered care on parent and child psychological health. <i>International Journal of Pediatrics</i> , 2009, 1–9, doi:10.1155/2009/596840.
RS	1, 2, 3, 4	Dunst, C.J., Trivette, C.M., & Hamby, D.W. (2006). <i>Family Support Program Quality and Parent, Family and Child Benefits</i> . Asheville, NC, USA: Winterberry Press.
RS	2, 3, 4	Dunst, C.J., Trivette, C.M., & Hamby, D.W. (2007). Meta-analysis of family-centered helping practices research. <i>Mental Retardation and Developmental Disabilities Research Reviews</i> , 13, 370–378, doi:10.1002/mrdd.20176.
RS	1, 2, 3, 4	Dunst, C.J., Trivette, C.M., & Hamby, D.W. (2008). <i>Research synthesis and meta-analysis of studies of family-centered practices</i> . Asheville, NC, USA: Winterberry Press.
RS	3, 4	Dunst, C.J., Trivette, C.M., & Jodry, W. (1997). Influences of social support on children with disabilities and their families. In M. Guralnick (Ed.), <i>The Effectiveness of Early Intervention</i> (pp. 499–522). Baltimore, MD, USA: Brookes.
RS	3	Guralnick, M.J. (2008). Family influences on early development: Integrating the science of normative development, risk and disability, and intervention. In K. McCartney & D. Phillips (Eds.), <i>Blackwell Handbook of Early Childhood Development</i> (pp. 44–61). Oxford, England: Blackwell.
ES	3	Guralnick, M.J., Hammond, M.A., Neville, B., & Connor, R.T. (2008). The relationship between sources and functions of social support and dimensions of child-and-parent-related stress. <i>Journal of Intellectual Disability Research</i> , 52, 1138–1154, doi:10.1111/j.1365-2788.2008.01073.x.
RS	1, 3	Halgunseth, L.C. (2009). Family engagement, diverse families and early childhood education programs: An integrated review of the literature. <i>Young Children</i> , 64(5), 56–58. Retrieved from http://search.proquest.com/libproxy.lib.unc.edu/docview/197647848/fulltextPDF/6AE90A99362645CEPQ/11?accountid+14244 .
RS	1, 3	Halgunseth, L.C., Peterson, A., Stark, D.R., & Moodie, S. (2009). <i>Family Engagement, Diverse Families, and Early Childhood Education Programs: An Integrated Review of the Literature</i> . Retrieved from http://www.buildinitiative.org/portals/0/uploads/documents/resource-center/diversity-and-equity-toolkit/halgunseth.pdf .
RS	4	Hassall, R., & Rose, J. (2005). Parental cognitions and adaptation to the demands of caring for a child with an intellectual disability: A review of the literature and implications for clinical interventions. <i>Behavioural and Cognitive Psychotherapy</i> , 33, 71–88.
RS	3	Hogan, B.E., Linden, W., & Najarian, B. (2002). Social support interventions: Do they work? <i>Clinical Psychology Review</i> , 22, 381–440.
ES	2, 3	King, G., King, S., Rosenbaum, P., & Goffin, R. (1999). Family-centered caregiving and well-being of parents of children with disabilities: Linking process with outcome. <i>Journal of Pediatric Psychology</i> , 24, 41–53.
RS	2, 3, 4	King, S.M., Teplicky, R., King, G., & Rosenbaum, P. (2004). Family-centered service for children with cerebral palsy and their families: A review of the literature. <i>Seminars in Pediatric Neurology</i> , 11, 78–86, doi:10.1016/j.spn.2004.01.009.
RS	2, 3, 4	Kitson, A., Marshall, A., Bassett, K., & Zeitz, K. (2013). What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing. <i>Journal of Advanced Nursing</i> , 69(1), 4–15, doi:10.1111/j.1365-2648.2012.06064.x.

Table A3. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 2, 3	Knopf, H.T., & Swick, K.J. (2008). Using our understanding of families to strengthen family involvement. <i>Early Childhood Education Journal</i> , 35, 419–427, doi:10.1007/s10643-007-0198-z.
RS	2, 4	Kuhlthau, K.A., Bloom, S., Van Cleave, J., Knapp, A.A., Romm, D., Klatka, K., . . . , Perrin, J.M. (2011). Evidence for family-centered care for children with special health care needs: A systematic review. <i>Academic Pediatrics</i> , 11(2), 136–143, doi:10.1016/j.acap.2010.12.014.
RS	2, 3, 4	Kyzar, K.B., Turnbull, A.P., Summers, J.A., & Gómez, V.A. (2012). The relationship of family support to family outcomes: A synthesis of key findings from research on severe disability. <i>Research and Practice for Persons with Severe Disabilities</i> , 37(1), 31–44, doi:10.2511/027494812800903247.
RS	1, 3	Mahoney, G., & Nam, S. (2011). The parenting model of developmental intervention. <i>International Review of Research in Developmental Disabilities</i> , 41, 74–118, doi:10.1016/B978-0-12-386495-6.00003-5.
ES	4	Mello, M.M., Burns, J.P., Truog, R.D., Studdert, D.M., Puopolo, A.L., & Brennan, T.A. (2004). Decision making and satisfaction with care in the pediatric intensive care unit: Findings from a controlled clinical trial. <i>Pediatric Critical Care Medicine</i> , 5(1), 40–47.
RS	1	Mortensen, J.A., & Mastergeorge, A.M. (2014). A meta-analytic review of relationship-based interventions for low-income families with infants and toddlers: Facilitating supportive parent-child interactions. <i>Infant Mental Health Journal</i> , 35(4), 336–353, doi:10.1002/imhj.21451.
RS	2, 3, 4	Rosenbaum, P., King, S., Law, M., King, G., & Evans, J. (1998). Family-centred service: A conceptual framework and research review. <i>Physical and Occupational Therapy In Pediatrics</i> , 18(1), 1–20.
ES	1, 3	Swanson, J., Raab, M., & Dunst, C.J. (2011). Strengthening family capacity to provide young children everyday natural learning opportunities. <i>Journal of Early Childhood Research</i> , 9, 66–80, doi:10.1177/1476718X10368588.
RS	1, 3	Tramonte, L., Gauthier, A.H., & Willms, J.D. (2015). Engagement and guidance: The effects of maternal parenting practices on children's development. <i>Journal of Family Issues</i> , 36(3), 396–420, doi:10.1177/0192513X13489959.
RS	1, 2, 3, 4	Trivette, C.M., & Dunst, C.J. (2007). <i>Capacity-building family-centered helping practices</i> . Asheville, NC: Winterberry Press.
RS	1, 2, 3	Trivette, C.M., Dunst, C.J., & Hamby, D.W. (2010). Influences of family-systems intervention practices on parent-child interactions and child development. <i>Topics in Early Childhood Special Education</i> , 30, 3–19, doi:10.1177/0271121410364250.
ES	1	Trivette, C.M., Raab, M., & Dunst, C.J. (2014). Factors associated with Head Start staff participation in classroom-based professional development. <i>Journal of Education and Training Studies</i> , 2(4), 32–45, doi:10.11114/jets.v2i4.449.
RS	3	Turner, J.B., & Turner, R.J. (2013). Social relations, social integration, and social support. In C.S. Aneshensel, J.C. Phelan, & A. Bierman (Eds.), <i>Handbook of the sociology of mental health</i> (2nd ed., pp. 341–356). New York, NY: Springer.
RS	3, 4	Vanegas, S.B., & Abdelrahim, R. (2016). Characterizing the systems of support for families of children with disabilities: A review of the literature. <i>Journal of Family Social Work</i> , 19(4), 286–327, doi:1080/10522158.2016.1218399.
RS	1, 3	Vu, J.A., Hustedt, J.T., Pinder, W.M., & Han, M. (2015). Building early relationships: A review of caregiver-child interaction interventions for use in community-based early childhood programmes. <i>Early Child Development and Care</i> , 185(1), 138–154, doi:10.1080/03004430.2014.908864.
RS	3	Wills, T.A., & Ainette, M.G. (2012). Social networks and social support. In A. Baum, T.A. Revenson, & J. Singer (Eds.), <i>Handbook of Health Psychology</i> (2nd ed., pp. 465–492). New York, NY, USA: Psychology Press.

Note: ^a See Table 1 for the checklist codes. RS = Research syntheses and ES = Empirical study.

Appendix D

Table A4. Research Foundations for the Instructional Practices Checklists.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 2, 3	Aikens, N., & Akers, L. (2011). <i>Background Review of Existing Literature on Coaching</i> . Washington, DC, USA: Mathematica Policy Research. Retrieved from http://www.first5la.org/files/07110_502.2CoachingLitRev_FINAL_07072011.pdf .
RS	2, 3	Camargo, S.P.H., Rispoli, M., Ganz, J., Hong, E.R., Davis, H., & Mason, R. (2014). A review of the quality of behaviorally-based intervention research to improve social interaction skills of children with ASD in inclusive settings. <i>Journal of Autism and Developmental Disorders</i> , 44, 2096–2116, doi:10.1007/s10803-014-2060-7.
RS	1	Crawford, S.K., Stafford, K.N., Phillips, S.M., Scott, K.J., & Tucker, P. (2014). Strategies for inclusion in play among children with physical disabilities in childcare centers: An integrative review. <i>Physical and Occupational Therapy In Pediatrics</i> , 34(4), 404–423 doi:10.3109/01942638.2014.904470.
RS	2	Dunst, C.J., & Kassow, D.Z. (2007). <i>Characteristics of Interventions Promoting Parental Sensitivity to Child Behavior</i> . Asheville, NC, USA: Winterberry Press.
ES	1, 3	Dunst, C.J., Raab, M., & Hamby, D.W. (2016). Interest-based everyday child language learning. <i>Revista de Logopedia, Foniatria y Audiologia</i> , 36, 153–161, doi:10.1016/j.rlfa.2016.07.003.
ES	1, 3	Dunst, C.J., Trivette, C.M., & Raab, M. (2014). Everyday child language learning early intervention practices. <i>Infants and Young Children</i> , 27(3), 207–219, doi:10.1097/IYC.000000000000015.
RS	1, 2	Fukkink, R.G., & Lont, A. (2007). Does training matter? A meta-analysis and review of caregiver training studies. <i>Early Childhood Research Quarterly</i> , 22, 294–311, doi:10.1016/j.ecresq.2007.04.005.
RS	1, 2, 3	Han, H.S. (2014). Supporting early childhood teachers to promote children's social competence: Components for best professional development practices. <i>Early Childhood Education Journal</i> , 42, 171–179, doi:10.1007/s10643-013-0584-7.
RS	1, 2	Hancock, T.B., & Kaiser, A.P. (2006). Enhanced milieu teaching. In R.J. McCauley & M.E. Fey (Eds.), <i>Treatment of Language Disorders in Children</i> (pp. 203–236). Baltimore, MD, USA: Paul H. Brookes Publishing.
RS	1, 2	Kaat-van den Os, T., Danielle, J.A., Jongmans, M.J., Volman, M.C., & Louteslager, P.E. (2017). Parent-implemented language interventions for children with a developmental delay: A systematic review. <i>Journal of Policy and Practice in Intellectual Disabilities</i> , doi:10.1111/jppi.12181.
RS	1, 2	Kaiser, A.P., & Trent, J.A. (2007). Communication intervention for young children with disabilities: Naturalistic approaches to promoting development. In S.L. Odom, R.H. Horner, M.E. Snell, & J. Blacher (Eds.), <i>Handbook of Developmental Disabilities</i> (pp. 224–245). New York, NY, USA: Guilford Press.
RS	1, 2, 3	Koegel, L.K., Koegel, R.L., Fredeen, R.M., & Gengoux, G.W. (2008). Naturalistic behavioral approaches to treatment. In K. Chawarska, A. Klin, & F.R. Volkmar (Eds.), <i>Autism spectrum disorders in infants and toddlers: Diagnosis, assessment, and treatment</i> (pp. 207–242). New York, NY: Guilford Press.
RS	1, 2	Mahoney, G., Perales, F., Wiggers, B., & Herman, B. (2006). Responsive teaching: Early intervention for children with Down Syndrome and other disabilities. <i>Down's Syndrome: Research and Practice</i> , 11, 18–28.
RS	1, 3	Marquis, J.G., Horner, R.H., Carr, E.G., Turnbull, A.P., Thompson, M., Behrens, G.A., . . . , Doolabh, A. (2000). A meta-analysis of positive behavior support. In R. Gersten, E.P. Schiller, & S. Vaughn (Eds.), <i>Contemporary Special Education Research: Syntheses of the Knowledge Base on Critical Instructional Issues</i> (Vol. 11, pp. 137–178). Mahwah, NJ, USA: Erlbaum.

Table A4. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 2	Meadan, H., Ostrosky, M.M., Zaghlawan, H.Y., & Yu, S.Y. (2009). Promoting the social and communicative behavior of young children with autism spectrum disorders: A review of parent-implemented intervention studies. <i>Topics in Early Childhood Special Education, 29</i> , 90–104, doi:10.1177/0271121409337950.
RS	2	Odom, S.L., Vitztum, J., Wolery, R., Lieber, J., Sandall, S., Hanson, M.J., . . . , Horn, E. (2004). Preschool inclusion in the United States: A review of research from an ecological systems perspective. <i>Journal of Research in Special Educational Needs, 4</i> , 17–49, doi:10.1111/J.1471-3802.2004.00016.x.
RS	1, 2	Peterson, P. (2004). Naturalistic language teaching procedures for children at risk for language delays. <i>Behavior Analyst Today, 5</i> , 404–424, doi:10.1037/h0100047.
RS	1, 2, 3	Pindiprolu, S.S. (2012). A review of naturalistic interventions with young children with autism. <i>Journal of the International Association of Special Education, 13</i> (1), 69–78.
RS	2	Raab, M., & Dunst, C.J. (2009). <i>Magic seven steps to responsive teaching: Revised and updated</i> . Asheville, NC: Winterberry Press.
RS	2	Raab, M., Dunst, C.J., Johnson, M., & Hamby, D.W. (2013). Influences of a responsive interactional style on young children's language acquisition. <i>Everyday Child Language Learning Reports, Number 4</i> , 1–23. Retrieved from http://www.cecll.org/download/ECLLReport_4_Responsive.pdf .
RS	1, 3	Rakap, S., & Parlak-Rakap, A. (2011). Effectiveness of embedded instruction in early childhood special education: A literature review. <i>European Early Childhood Education Research Journal, 19</i> , 79–96, doi:10.1080/1350293X.2011.548946.
RS	1, 2	Rakap, S., & Rakap, S. (2014). Parent-implemented naturalistic language interventions for young children with disabilities: A systematic review of single-subject experimental research studies. <i>Educational Research Review, 13</i> , 35–51, doi:10.1016/j.edurev.2014.09.001.
RS	1, 2	Roberts, M.Y., & Kaiser, A.P. (2011). The effectiveness of parent-implemented language interventions: A meta-analysis. <i>American Journal of Speech-Language Pathology, 20</i> , 180–199, doi:10.1044/1058-0360(2011/10-0055).
RS	1, 2, 3	Rous, B., Hallam, R., Grove, J., Robinson, S., & Machara, M. (2003). <i>Parent Involvement in Early Care and Education Programs: A Review of the Literature</i> . Lexington, KY: University of Kentucky, Interdisciplinary Human Development Institute. Retrieved from https://www.researchgate.net/profile/Beth_Rous/pulication/253661005_Parent_Involvement_in_Early_Care_and_Education_Programs_A_Review_of_the_Literature/links./56c26d4608ae2dc3eb8848b9.pdf .
RS	1, 2, 3	Schreibman, L., Dawson, G., Stahmer, A.C., Landa, R., Rogers, S.J., McGee, G.G., . . . , Halladay, A. (2015). Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. <i>Journal of Autism and Developmental Disorders, 45</i> , 2411–2428, doi:10.1007/s10803-015-2407-8.
RS	1, 2	Snyder, P.A., Rakap, S., Hemmeter, M.L., McLaughlin, T.W., Sandall, S., & McLean, M.E. (2015). Naturalistic instructional approaches in early learning: A systematic review. <i>Journal of Early Intervention, 37</i> (1), 69–97, doi:10.1177/1053815115595461.
RS	1, 2	Trembath, D., Mahler, N., & Hudry, K. (2016). Evidence from systematic review indicates that parents can learn to implement naturalistic interventions leading to improved language skills in their children with disabilities. <i>Evidence-Based Communication Assessment and Intervention, 10</i> (2), 101–107, doi:10.1080/17489539.2016.1231387.
ES	3	VanDerHeyden, A.M., Snyder, P., Smith, A., Sevin, B., & Longwell, J. (2005). Effects of complete learning trials on child engagement. <i>Topics in Early Childhood Special Education, 25</i> , 81–94.

Table A4. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 2, 3	Wolery, M. (1994). Instructional strategies for teaching young children with special needs. In M. Wolery & J.S. Wilbers (Eds.), <i>Including Children with Special Needs in Early Childhood Programs</i> (pp. 119–140). Washington, DC, USA: National Association for the Education of Young Children.
ES	1, 2	Woods, J., Kashinath, S., & Goldstein, H. (2004). Effects of embedding caregiver-implemented teaching strategies in daily routines on children's communication outcomes. <i>Journal of Early Intervention, 26</i> , 175–193.
RS	1	Woods, J.J., Wilcox, M.J., Friedman, M., & Murch, T. (2011). Collaborative consultation in natural environments: Strategies to enhance family-centered supports and services. <i>Language, Speech, and Hearing Services in Schools, 42</i> , 379–392, doi:10.1044/0161-1461(2011/10-0016).

Note: ^a See Table 1 for the checklist codes. RS = Research syntheses and ES = Empirical study.

Appendix E

Table A5. Research Foundations for the Interactional Practices Checklists.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1	Aikens, N., & Akers, L. (2011). <i>Background Review of Existing Literature on Coaching</i> . Washington, DC, USA: Mathematica Policy Research. Retrieved from http://www.first5la.org/files/07110_502.2CoachingLitRev_FINAL_07072011.pdf .
RS	1, 4	Bakermans-Kranenburg, M.J., van IJzendoorn, M.H., & Juffer, F. (2003). Less is more: Meta-analyses of sensitivity and attachment interventions in early childhood. <i>Psychological Bulletin, 129</i> , 195–215.
RS	2, 3	Crawford, S.K., Stafford, K.N., Phillips, S.M., Scott, K.J., & Tucker, P. (2014). Strategies for inclusion in play among children with physical disabilities in childcare centers: An integrative review. <i>Physical and Occupational Therapy In Pediatrics, 34</i> (4), 404–423, doi:10.3109/01942638.2014.904470.
RS	1, 4	de Wolff, M.S., & van IJzendoorn, M.H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. <i>Child Development, 68</i> , 571–591.
RS	1, 3, 4	Dunst, C.J. (2007). <i>Social-Emotional Consequences of Response-Contingent Learning Opportunities</i> . Asheville, NC, USA: Winterberry Press.
RS	1, 3	Dunst, C.J., Gorman, E., & Hamby, D.W. (2010). Effects of adult verbal and vocal contingent responsiveness on increases in infant vocalizations. <i>CELLreviews, 3</i> (1), 1–11. Retrieved from http://www.earlyliteracylearning.org/cellreviews/cellreviews_v3_n1.pdf .
RS	1, 4	Dunst, C.J., & Kassow, D.Z. (2008). Caregiver sensitivity, contingent social responsiveness, and secure infant attachment. <i>Journal of Early and Intensive Behavior Intervention, 5</i> , 40–56. Retrieved from http://www.jeibi.com/ .
RS	1, 3, 4	Dyches, T.T., Smith, T.B., Korth, B.B., Roper, S.O., & Mandlco, B. (2012). Positive parenting of children with developmental disabilities: A meta-analysis. <i>Research in Developmental Disabilities, 33</i> , 2213–2220, doi:10.1016/j.ridd.2012.06.015.
RS	1, 3, 4	Eshel, N., Daelmans, B., Cabral de Mello, M., & Martines, J. (2006). Responsive parenting: Interventions and outcomes. <i>Bulletin of the World Health Organization, 84</i> (12), 991–998, doi:10.1590/S0042-96862006001200016.
RS	1, 3, 4	Fukkink, R.G., & Lont, A. (2007). Does training matter? A meta-analysis and review of caregiver training studies. <i>Early Childhood Research Quarterly, 22</i> , 294–311, doi:10.1016/j.ecresq.2007.04.005.
RS	2, 3, 4	Han, H.S. (2014). Supporting early childhood teachers to promote children's social competence: Components for best professional development practices. <i>Early Childhood Education Journal, 42</i> , 171–179, doi:10.1007/s10643-013-0584-7.

Table A5. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 3, 4	Landry, S.H., Taylor, H., Guttentag, C., & Smith, K.E. (2008). Responsive parenting: Closing the learning gap for children with early developmental problems. In L.M. Glidden (Ed.), <i>International Review of Research in Mental Retardation</i> (1st ed., Vol. 36). New York, NY, USA: Academic Press.
ES	1, 3, 4	Lohaus, A., Keller, H., Ball, J., Elben, C., & Voelker, S. (2001). Maternal sensitivity: Components and relations to warmth and contingency. <i>Parenting: Science and Practice</i> , 1, 267–284.
RS	1, 3, 4	Mahoney, G., & Nam, S. (2011). The parenting model of developmental intervention. <i>International Review of Research in Developmental Disabilities</i> , 41, 74–118, doi:10.1016/B978-0-12-386495-6.00003-5.
RS	1, 3, 4	Mesman, J., Van IJzendoorn, M.H., & Bakermans-Kranenburg, M.J. (2012). Unequal in opportunity, equal in process: Parental sensitivity promotes positive child development in ethnic minority families. <i>Child Development Perspectives</i> , 6, 207–319, doi:10.1111/j.1750-8606.2011.00223.x.
RS	1, 3	Mooney-Doyle, K., Deatrack, J.A., & Horowitz, J.A. (2015). Tasks and communication as an avenue to enhance parenting of children birth-5 years: An integrative review. <i>Journal of Pediatric Nursing</i> , 30(1), 184–207, doi:10.1016/j.pedn.2014.03.002.
RS	1, 3, 4	Mortensen, J.A., & Mastergeorge, A.M. (2014). A meta-analytic review of relationship-based interventions for low-income families with infants and toddlers: Facilitating supportive parent-child interactions. <i>Infant Mental Health Journal</i> , 35(4), 336–353, doi:10.1002/imhj.21451.
RS	1, 3	Murza, K.A., Schwartz, J.B., Hahs-Vaughn, D.L., & Nye, C. (2016). Joint attention interventions for children with autism spectrum disorder: A systematic review and meta-analysis. <i>International Journal of Language and Communication Disorders</i> , 51(3), 236–251, doi:10.1111/1460-6984.12212.
RS	1, 4	Nievar, M.A., & Becker, B.J. (2008). Sensitivity as a privileged predictor of attachment: A second perspective on De Wolff and van IJzendoorn's meta-analysis. <i>Social Development</i> , 17, 102–114, doi:10.1111/j.1467-9507.2007.00417.x.
RS	1, 2, 3	Odom, S.L., & Diamond, K.E. (1998). Inclusion of young children with special needs in early childhood education: The research base. <i>Early Childhood Research Quarterly</i> , 13, 3–25.
RS	2, 3	Odom, S.L., Vitztum, J., Wolery, R., Lieber, J., Sandall, S., Hanson, M.J., . . . , Horn, E. (2004). Preschool inclusion in the United States: A review of research from an ecological systems perspective. <i>Journal of Research in Special Educational Needs</i> , 4, 17–49, doi:10.1111/J.1471-3802.2004.00016.x.
RS	1, 3, 4	Paschall, K.W., & Mastergeorge, A.M. (2016). A review of 25 years of research in bidirectionality in parent-child relationships: An examination of methodological approaches. <i>International Journal of Behavior and Development</i> , 40, 422–451, doi:10.1177/0165025415607379.
RS	1, 3	Pennington, L., Goldbart, J., & Marshall, J. (2004). Interaction training for conversational partners of children with cerebral palsy: A systematic review. <i>International Journal of Language and Communication Disorders</i> , 39, 151–170, doi:10.1080/13682820310001625598.
RS	1, 3	Raab, M., Dunst, C.J., Johnson, M., & Hamby, D.W. (2013). Influences of a responsive interactional style on young children's language acquisition. <i>Everyday Child Language Learning Reports</i> , Number 4, 1–23. Retrieved from http://www.cecll.org/download/ECLLReport_4_Responsive.pdf .
RS	1, 3, 4	Richter, L. (2004). <i>The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review</i> . Geneva, Switzerland: World Health Organization, Department of Child and Adolescent Health and Development.
RS	1, 3, 4	Roggman, L.A., Boyce, L.K., & Innocenti, M.S. (2008). <i>Developmental Parenting: A Guide for Early Childhood Practitioners</i> . Baltimore, MD, USA: Paul H. Brookes.
RS	1, 3, 4	Shonkoff, J.P., & Phillips, D.A. (Eds.). (2000). <i>From Neurons to Neighborhoods: The Science of Early Childhood Development</i> . Washington, DC, USA: National Academy Press.

Table A5. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 3, 4	Tramonte, L., Gauthier, A.H., & Willms, J.D. (2015). Engagement and guidance: The effects of maternal parenting practices on children's development. <i>Journal of Family Issues</i> , 36(3), 396–420, doi:10.1177/0192513X13489959.
RS	1, 3, 4	Vu, J.A., Hustedt, J.T., Pinder, W.M., & Han, M. (2015). Building early relationships: A review of caregiver-child interaction interventions for use in community-based early childhood programmes. <i>Early Child Development and Care</i> , 185(1), 138–154, doi:10.1080/03004430.2014.908864.
RS	1, 3, 4	Ware, J. (2016). <i>Creating a Responsive Environment for People with Profound and Multiple Learning Difficulties</i> (2nd ed.). London, UK: David Fulton Publishers.
RS	1, 3	Warren, S.F., & Brady, N.C. (2007). The role of maternal responsivity in the development of children with intellectual disabilities. <i>Mental Retardation and Developmental Disabilities Research Reviews</i> , 13, 330–338, doi:10.1002/mrdd.20177.
RS	1, 3, 4	White, P.J., O'Reilly, M., Streusand, W., Levine, A., Sigafos, J., Lancioni, G.E., . . . , Aguilar, J. (2011). Best practices for teaching joint attention: A systematic review of the intervention literature. <i>Research in Autism Spectrum Disorders</i> , 5, 1283–1295, doi:10.1016/j.rasd.2011.02.003.
RS	1, 2	Williams, K.E., Berthelsen, D., Nicholson, J.M., & Viviani, M. (2015). <i>Systematic literature review: Research on Supported Playgroups</i> . Brisbane, Australia: Queensland University of Technology.

Note: ^a See Table 1 for the checklist codes. RS = Research syntheses and ES = Empirical study.

Appendix F

Table A6. Research Foundations for the Teaming and Collaboration Practices Checklists.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 2	Abelson, M.A., & Woodman, R.W. (1983). Review of research on team effectiveness: Implications for teams in schools. <i>School Psychology Review</i> , 12(2), 125–136. Retrieved from http://psycnet.apa.org/psycinfo/1983-31253-001 .
RS	1, 2	Agote, L., Aramburu, N., & Lines, R. (2016). Authentic leadership perception, trust in the leader, and followers' emotions in organizational change processes. <i>The Journal of Applied Behavioral Science</i> , 52(1), 35–63, doi:10.1177/0021886315617531.
ES	1	Allen, N.E., Foster-Fishman, P.G., & Salem, D.A. (2002). Interagency teams: A vehicle for service delivery reform. <i>Journal of Community Psychology</i> , 30, 475–497.
RS	1, 2	Beal, D.J., Cohen, R.R., Burke, M.J., & McLendon, C.L. (2003). Cohesion and performance in groups: A meta-analytic clarification of construct relations. <i>Journal of Applied Psychology</i> , 88, 989–1004.
RS	1, 2	Bell, S.T. (2004). <i>Setting the stage for effective teams: A meta-analysis of team design variables and team effectiveness</i> (Unpublished doctoral dissertation). Retrieved from http://oaktrust.library.tamu.edu/bitstream/handle/1969.1/1110/etd-tamu-2004B-PSYC-Bell-3.pdf?sequence=1 .
RS	1, 2	Bosch, M., Faber, M.J., Cruisjbery, J., Voerman, G.E., Leatherman, S., Grol, R.P.T.M., . . . , Wensing, M. (2009). Effectiveness of patient care teams and the role of clinical expertise and coordination. <i>Medical Care Research and Review</i> , 66(6_suppl), 5S–35S, doi:10.1177/1077558709343295.
RS	1, 2	Burke, C.S., Stagl, K.C., Klein, C., Goodwin, G.F., Salas, E., & Halpin, S.M. (2006). What type of leadership behaviors are functional in teams? A meta-analysis. <i>Leadership Quarterly</i> 17, 288–307.

Table A6. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1, 2	Burke-Smalley, L.A., & Hutchins, H.M. (2007). Training transfer: An integrative literature review. <i>Human Resource Development Review</i> . Retrieved from https://www.researchgate.net/publication/249674889 doi:10.1177/1534484307303035.
ES	1, 2	Cavalier, J.C., Klein, J.D., & Cavalier, F.J. (1995). Effects of cooperative learning on performance, attitude, and group behaviors in a technical team environment. <i>Educational Technology Research and Development</i> , 43(3), 61–72. Retrieved from https://link.springer.com/article/10.1007%2FBF02300456?LI=true doi:10.1007/BF02300456.
RS	1, 2	Coulthard, N. (2009). Service trends and practitioner competencies in early childhood intervention: A review of the literature. Retrieved from https://www.eciavic.org.au/documents/item/26 .
RS	1, 2	D'Innocenzo, L., Mathieu, J.E., & Kukenberger, M.R. (2016). A meta-analysis of different forms of shared leadership: Team performance relations. <i>Journal of Management</i> , 42(7), 1964–1991, doi:10.1177/0149206314525205.
RS	3	Dunst, C.J. (2002). Family-centered practices: Birth through high school. <i>Journal of Special Education</i> , 36, 139–147, doi:10.1177/00224669020360030401.
RS	1	Dunst, C.J., Trivette, C.M., & Hamby, D.W. (2010). Meta-analysis of the effectiveness of four adult learning methods and strategies. <i>International Journal of Continuing Education and Lifelong Learning</i> , 3(1), 91–112.
RS	1, 2, 3	Finello, K.M. (2011). Collaboration in the assessment and diagnosis of preschoolers: Challenges and opportunities. <i>Psychology in Schools</i> , 48(5), 442–253, doi:10.1002/pits.20566.
RS	1, 2	Foster-Fishman, P.G., Berkowitz, S.L., Lounsbury, D.W., Jacobson, S., & Allen, N.A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. <i>American Journal of Community Psychology</i> , 29, 241–261.
RS	1, 2	Gully, S.M. (2002). A meta-analysis of team-efficacy, potency, and performance: Interdependence and level of analysis as moderators of observed relationships. <i>Journal of Applied Psychology</i> , 87, 819–832.
RS	2, 3	Guralnick, S., Ludwig, S., & Englander, R. (2014). Domain of competence: Systems-based practice. <i>Academic Pediatrics</i> , 14, S70-S79. Retrieved from https://www.acgme.org/Portals/0/PDFs/Milestones/Systems-basedPracticePediatrics.pdf doi:10.1016/j.acap.2013.11.015.
RS	1, 2	Guzzo, R.A., & Dickson, M.W. (1996). Teams in organizations: Recent research on performance and effectiveness. <i>Annual Review of Psychology</i> , 47, 307–338.
RS	1, 2	Herlihy, M. (2016). Conceptualising and facilitating success in interagency collaborations: Implications for practice from the literature. <i>Journal of Psychologists and Counsellors in Schools</i> , 26(1), 117–124, doi:10.1017/jgc.2016.11.
RS	1	Hillier, S.L., Civetta, L., & Pridham, L. (2010). A systematic review of collaborative models for health and education professionals working in school settings and implications for training. <i>Education for Health</i> , 23(3), 1–12.
RS	1, 2	Hoch, J.E. (2014). Shared leadership, diversity, and information sharing in teams. <i>Journal of Managerial Psychology</i> , 29(5), 541–564, doi:10.1108/JMP-02-2012-0053.
RS	3	King, S.M., Teplicky, R., King, G., & Rosenbaum, P. (2004). Family-centered service for children with cerebral palsy and their families: A review of the literature. <i>Seminars in Pediatric Neurology</i> , 11, 78–86, doi:10.1016/j.spn.2004.01.009.
RS	1	Klein, C., DiazGranados, D., Salas, E., Le, H., Burke, C.S., Lyons, R., & Goodwin, G.F. (2009). Does team building work? <i>Small Group Research</i> , 40(2), 181–222, doi:10.1177/1046496408328821.
ES	1, 3	Larsson, M. (2000). Organising habilitation services: Team structures and family participation. <i>Child: Care, Health and Development</i> , 26(6), 501–514, doi:10.1046/j.1365-2214.2000.00169.x.

Table A6. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1	Lemieux-Charles, L., & McGuire, W. (2006). What do we know about health care team effectiveness: A review of the literature. <i>Medical Care Research and Review</i> , 63, 263–300.
RS	1, 2	Lumsden, G., Lumsden, D., & Wiethoff, C. (2014). <i>Communicating in groups and teams: Sharing leaderships</i> (5th ed.). Boston: Wadsworth.
RS	1	Mattessich, P.W., & Monsey, B.R. (1992). <i>Collaboration: What Makes It Work. A Review of Research Literature on Factors Influencing Successful Collaboration</i> . St. Paul, MN, USA: Amherst H. Wilder Foundation. (ERIC Document Reproduction Service No. ED390758).
RS	1, 2	Mickan, S., & Rodger, S. (2000). Characteristics of effective teams: A literature review. <i>Australian Health Review</i> , 23(3), 201–208, doi:10.1071/AH000201.
RS	3	Nash, J.K. (1990). Public Law 99-457: Facilitating family participation on the multidisciplinary team. <i>Journal of Early Intervention</i> , 14(4), 318–326, doi:10.1177/105381519001400403.
RS	1, 2	Nicolaides, V.C., LaPort, K.A., Chen, T.R., Tomassetti, A.J., Weis, E.J., Zaccaro, S.J., & Cortina, J.M. (2014). The shared leadership of teams: A meta-analysis of proximal, distal, and moderating relationships. <i>The Leadership Quarterly</i> , 25, 923–942, doi:10.1016/j.leaqua.2014.06.006.
RS	1, 2, 3	Nijhuis, B.J.G., Reinders-Messelink, H.A., de Blécourt, A.C.E., Olijve, C.V.G., Groothoff, J.W., Nakken, H., & Postema, K. (2007). A review of salient elements defining team collaboration in paediatric rehabilitation. <i>Clinical Rehabilitation</i> , 21(3), 195–211, doi:10.1177/0269215506070674.
RS	1, 2	Ruddy, G., & Rhee, K. (2005). Transdisciplinary teams in primary care for the underserved: A literature review. <i>Journal of Health Care for the Poor and Underserved</i> , 16, 248–256.
RS	1, 2	Salas, E., DiazGranados, D., Klein, C., Burke, C.S., Stagl, K.C., Goodwin, G.F., & Halpin, S.M. (2008). Does team training improve team performance? A meta-analysis. <i>Human Factors</i> , 50(6), 903–933, doi:10.1518/001872008X375009.
RS	1	Salisbury, C.L., & Dunst, C.J. (1997). Home, school, and community partnerships: Building inclusive teams. In B. Rainforth & J. York-Barr (Eds.), <i>Collaborative Teams for Students with Severe Disabilities</i> (2nd ed., pp. 57–87). Baltimore, MD, USA: Brookes.
RS	1, 2	Stajkovic, A.D., Lee, D., & Nyberg, A.J. (2009). Collective efficacy, group potency, and group performance: Meta-analyses of their relationships, and test of a mediation model. <i>Journal of Applied Psychology</i> , 94(3), 814–828, doi:10.1037/a0015659.
RS	1, 2	Stewart, G.L. (2006). A meta-analytic review of relationships between team design features and team performance. <i>Journal of Management</i> 32(1), 29–55.
ES	1, 2	Strauss, K., Benvenuto, A., Battan, B., Siracusano, M., Terribili, M., Curatolo, P., & Fava, L. (2015). Promoting shared decision making to strengthen outcome of young children with autism spectrum disorders: The role of staff competence. <i>Research in Developmental Disabilities</i> , 38, 48–63, doi:10.1016/j.ridd.2014.11.016.
RS	1, 2	Wang, D., Waldman, D.A., & Zhang, Z. (2014). A meta-analysis of shared leadership and team effectiveness. <i>Journal of Applied Psychology</i> , 99(2), 181–198, doi:10.1037/a0034531.
RS	1, 2	Weaver, S.J., Rosen, M.A., Salas, E., Baum, K.D., & King, H.B. (2010). Integrating the science of team training: Guidelines for continuing education. <i>Journal of Continuing Education in the Health Professions</i> . Retrieved from https://www.researchgate.net/publication/49695589 doi:10.1002/chp.20085.
RS	2	Xyrichis, A., & Lowton, K. (2008). What fosters or prevents interprofessional teamworking in primary and community care? A literature review. <i>International Journal of Nursing Studies</i> , 45, 140–153, doi:10.1016/j.ijnurstu.2007.01.015.

Note: ^a See Table 1 for the checklist codes. RS = Research syntheses and ES = Empirical study.

Appendix G

Table A7. Research Foundations for the Transition Practices Checklists.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1	Affleck, G., Tennen, H., & Rowe, J. (1991). <i>Infants in Crisis: How Parents Cope with Newborn Intensive Care and Its Aftermath</i> . New York, NY, USA: Springer-Verlag.
ES	1	Affleck, G., Tennen, H., Rowe, J., Roscher, B., & Walker, L. (1989). Effects of formal support on mothers' adaptation to the hospital-to-home transition of high-risk infants: The benefits and costs of helping. <i>Child Development</i> , 60, 488–501.
RS	1	Auger, K.A., Kenyon, C.C., Feudtner, C., & Davis, M.M. (2014). Pediatric hospital discharge interventions to reduce subsequent utilization: A systematic review. <i>Journal of Hospital Medicine</i> , 9(4), 251–260, doi:10.1002/jhm.2134.
RS	3	Baughan, C. (2012). <i>An Examination of Predictive Factors Related to School Adjustment for Children with Disabilities Transitioning into formal School Settings</i> . Retrieved from http://tigerprints.clemson.edu/cgi/viewcontent.cgi?article=1964&context=all_dissertations .
RS	1	Boykova, M. (2016). Transition from hospital to home in parents of preterm infants: A literature review. <i>Journal of Perinatal & Neonatal Nursing</i> , 30(4), 327–348, doi:10.1097/JPN.0000000000000211.
RS	1	Clow, P., Dunst, C.J., Trivette, C.M., & Hamby, D.W. (2005). Educational outreach (academic detailing) and physician prescribing practices. <i>Cornerstones</i> , 1(1), 1–9. Retrieved from http://www.puckett.org/Trace/cornerstones/cornerstones_vol1_no1.pdf .
RS	1	Desai, A.D., Popalisky, J., Simon, T.D., & Mangione-Smith, R.M. (2015). The effectiveness of family-centered transition processes from hospital settings to home: A review of the literature. <i>Hospital Pediatrics</i> , 5(4), 219–231, doi:10.1542/hpeds.2014-0097.
ES	1, 2	Dunst, C.J., & Bruder, M.B. (2006). Early intervention service coordination models and service coordinator practices. <i>Journal of Early Intervention</i> , 28, 155–165, doi:10.1177/105381510602800301.
RS	1	Dunst, C.J., & Gorman, E. (2006). Practices for increasing referrals from primary care physicians. <i>Cornerstones</i> , 2(5), 1–10. Retrieved from http://www.puckett.org/Trace/cornerstones/cornerstones_vol2_no5.pdf .
ES	1	Dunst, C.J., Trivette, C.M., Shelden, M., & Rush, D.D. (2006). Academic detailing as an outreach strategy for increasing referrals to early intervention. <i>Snapshots</i> , 2(3), 1–9. Retrieved from http://www.tracecenter.info/snapshots/snapshots_vol2_no3.pdf .
RS	1	Goyal, N.K., Teeters, A., & Ammerman, R.T. (2013). Home visiting and outcomes of preterm infants: A systematic review. <i>Pediatrics</i> , 132, 502–516, doi:10.1542/peds.2013-0077.
ES	2	Hadden, D.S. (1998). <i>The Impact of Interagency Agreements Written to Facilitate the Transition from Early Intervention to Preschool</i> . Retrieved from http://hdl.handle.net/2142/80278 .
RS	1, 2, 3	Herlihy, M. (2016). Conceptualising and facilitating success in interagency collaborations: Implications for practice from the literature. <i>Journal of Psychologists and Counsellors in Schools</i> , 26(1), 117–124, doi:10.1017/jgc.2016.11.
ES	2	Hoover, P.J. (2001). <i>Mothers' Perceptions of the Transition Process from Early Intervention to Early Childhood Special Education: Related Stressors, Supports, and Coping Skills</i> . Retrieved from https://theses.lib.vt.edu/theses/available/etd-04242001-221132/unrestricted/Hoover.Paula.PDF .
RS	2, 3	Kagan, S.L., & Neuman, M.J. (1998). Lessons from three decades of transition research. <i>Elementary School Journal</i> , 98, 365–379.

Table A7. Cont.

Type of Evidence	Checklist ^a	Sources of Evidence
RS	1	Lopez, G.L., Anderson, K.H., & Feutchinger, J. (2012). Transition of premature infants from hospital to home life. <i>Neonatal Network</i> , 31(4), 207–214. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662297/ .
RS	2	Malone, D.G., & Gallagher, P. (2009). Transition to special education: A review of the literature. <i>Early Education and Development</i> , 20(4), 584–602, doi:10.1080/10409280802356646.
RS	3	O'Brien, M. (1991). Promoting successful transition into school: A review of current intervention practices (ERIC No. ED 374 921). Retrieved from http://files.eric.ed.gov/fulltext/ED374921.pdf .
RS	2	Pang, Y. (2010). Facilitating family involvement in early intervention to preschool transition. <i>The School Community Journal</i> , 20(2), 183–198.
RS	3	Peters, S. (2010). <i>Literature Review: Transition from Early Childhood Education to School</i> . Wellington, New Zealand: Ministry of Education, New Zealand. Retrieved from http://ece.manukau.ac.nz/__data/assets/pdf_file/0008/85841/956_ECELitReview.pdf .
ES	2	Podvey, M.C., & Hinojosa, J. (2009). Transition from early intervention to preschool special education services: Family-centered practice that promotes positive outcomes. <i>Journal of Occupational Therapy, Schools, & Early Intervention</i> , 2(2), 73–83, doi:10.1080/19411240903146111.
RS	1, 2, 3	Rice, M.L., & O'Brien, M. (1990). Transitions: Times of change and accommodation. <i>Topics in Early Childhood Special Education</i> , 9(4), 1–14, doi:10.1177/027112149000900402.
RS	2, 3	Rosenkoetter, S., Schroeder, C., Rous, B., Hains, A., Shaw, J., & McCormick, K. (2009). <i>A Review of Research in Early Childhood Transition: Child and Family Studies (Technical Report #5)</i> . Retrieved from http://www.niuseleadscape.org/docs/FINAL_PRODUCTS/LearningCarousel/ResearchReviewTransition.pdf .
RS	2, 3	Rous, B.S., & Hallam, R.A. (2012). Transition services for young children with disabilities: Research and future directions. <i>Topics in Early Childhood Special Education</i> , 31(4), 232–240, doi:10.1177/0271121411428087.
RS	2, 3	Skouteris, H., Watson, B., & Lum, J. (2012). Preschool children's transition to formal schooling: The importance of collaboration between teachers, parents and children. <i>Australasian Journal of Early Childhood</i> , 37(4), 78–85.
RS	1	Smith, V.C., Hwang, S.S., Dukhovny, D., Young, S., & Pursley, D.M. (2013). Neonatal intensive care unit discharge preparation, family readiness and infant outcomes: Connecting the dots. <i>Journal of Perinatology</i> , 33, 415–421, doi:10.1038/jp.2013.23.
RS	1, 2, 3	Vogler, P., Crivello, G., & Martin, W. (2008). Early childhood transitions research: A review of concepts, theory, and practice, Working Paper 48. <i>The Open University</i> . Retrieved from http://oro.open.ac.uk/16989/1/Vogler_et_al_Transitions_PDF.DAT.pdf .
ES	1	Williams, P.D., & Williams, A.R. (1997). Transition from hospital to home by mothers of preterm infants: Path analysis results over three time periods. <i>Families, Systems, & Health</i> , 15(4), 429–446, doi:10.1037/h0089838.
RS	3	Yeboah, D.A. (2002). Enhancing transition from early childhood phase to primary education: Evidence from the research literature. <i>Early Years</i> , 22(1), 51–68, doi:10.1080/09575140120111517.

Note: ^a See Table 1 for the checklist codes. RS = Research syntheses and ES = Empirical study.

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