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Emotional intelligence and participatory practices with the family in early intervention

intervention Inteligencia emocional y prácticas participativas con la familia en atención temprana

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Abstract

A current concern in the discipline of Early Intervention is to improve intervention and collaboration with the family, based on appropriate participatory practices. Our objective was to verify if certain emotional intelligence skills, in professionals, can be linked to a greater or lesser exercise of participatory practices with the family. Participated 420 professionals, 25 men and 387 women, from 13 Autonomous Communities of Spain. They completed two instruments: Trait Meta-MoodScale (TMMS-24) from the Salovey and Mayer research group, translated by Fernández-Berrocal and Extremera (2006); Inventory on Professional Practice in Early Intervention (IPPAT), created for this purpose. The results show that Early Care professionals perform participatory practices in their interventions and have high levels of emotional skills. However, we found significant differences in these participatory practices based on their scores on emotional intelligence traits. The results are also discussed in terms of their implications for the training of future professionals in Early Intervention.

Keywords: Early Intervention; Emotional Intelligence; Professional Development; Participatory Practices.

Resumen

Una preocupación actual en la disciplina de Atención Temprana es conseguir mejorar la intervención y colaboración con la familia, a partir de unas adecuadas prácticas participativas. El objetivo fue comprobar si determinadas habilidades de inteligencia emocional, en los profesionales, pueden estar vinculadas con un mayor o menor ejercicio de prácticas participativas con la familia. En esta investigación participaron 420 profesionales, 25 hombres y 387 mujeres, de 13 Comunidades Autónomas de España. Cumplimentaron dos instrumentos el Trait Meta-MoodScale (TMMS-24) del grupo de investigación de Salovey y Mayer, traducido por Fernández-Berrocal y Extremera (2006); Inventario sobre Práctica profesional en Atención Temprana (IPPAT), creado al efecto. Los resultados demuestran que los profesionales de Atención Temprana realizan prácticas participativas en sus intervenciones y poseen altos niveles de habilidad emocional. Con todo encontramos diferencias significativas en estas prácticas participativas en función de sus puntuaciones en las habilidades emocionales. Los resultados se discuten también en términos de sus implicaciones de cara a la formación de futuros profesionales en Atención Temprana.

Palabras clave: atención temprana; inteligencia emocional; desarrollo profesional; prácticas participativas.

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There are already many professionals and centres of Early Intervention in Spain that are backing a change of paradigm in intervention; moving from outpatient actions to family-centred practices. In 2017, only taking into account those belonging to the Confederación Plena Inclusión España (Confederation Full Inclusion Spain) there were 94 services of Early Intervention which were up for this transformation (Full Inclusion, 2018). Equally, it has been observed, in different Autonomous Communities (Castilla La Mancha, Castilla y León, La Rioja, etc.), institutional efforts to train professionals in this new paradigm. At the same time, some publications have appeared which mark out differences between these family-centred practices and the real performance of our professionals (Cañadas, 2013; Dalmau-Montala, Balcells-Balcells, Giné, Cañadas-Pérez, Casas Masjoan, Salat Cuscó, 2017; Escorcia, García-Sánchez, Sánchez-López,

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Orcajada & Hernández-Pérez, 2018), as well as their training needs (García-Sánchez, Rubio-Gómez, Orcajada, Escorcia & Cañadas, 2018; Vilaseca, Galván-Bovaira, González-del-Yerro, Baques, Oliveira, Simó-Pinatella, & Gine, 2018)

Whenever family-centred practices are conducted, as professionals we set ourselves the goal to strengthen family competences which could contribute to the development of the child (McWilliam, 2016). In Spain Early Intervention is defined as the group of actions that professionals carry out with the Early Years population 0-6 years old, with the family and with the environment, in order to give a global response to those needs, whether transitory or permanent, that children and families may have (GAT, 2000, 2005). From this definition, the work that has already taken place, has been led by a professional who, acting as an expert, has intervened directly with the child during agreed times and who has advised the family regarding recommended actions to be carried out at home. Nowadays, families and professionals demand more family implication in order to better understand the environment of the child, to get a greater advantage of contextualised learning opportunities which are offered by the natural environment of the child. In order to achieve this, a deep reflection regarding the manner in which intervention is executed is necessary. Having compiled information about how to carry out Early Intervention in other parts of the world, it can be observed that in the United States, Portugal, Australia, Canada and parts of Europe, an integral and coordinated paradigm is prevailing, based on the philosophy of some practices in which families are an active and central component alongside the intervention (Cañadas, 2013; Martínez-Moreno & Calet, 2015) and, above all, offering the family some feedback regarding their achievements (Sawyer & Campbell, 2012).

This work methodology is characterised by the strengthening and supporting of the family functioning, especially to take advantage or generate learning opportunities for the child within its natural environment, always taking care that families do not reproduce at home therapeutic intervention models (García-Sánchez, Escorcia, Sánchez-López, Orcajada, & Hernández, 2014). Intervention under this family-centred philosophy is carried out by implementing two types of practices which professionals execute carefully with the family throughout the intervention process. On one hand, relational practices, which are linked to emotional skills or listening skills, respect and empathy, among other behaviours. On the other hand, participatory practices, which, as its name indicates, involve the fostering of abilities related to the know-how, such as flexibility in intervention, work personalisation and sensitivity towards family concerns (Dunst, 2002; Dunst & Espe-Sherwindt, 2016; Espe-Sherwint, 2008).

Focusing on participatory practices, it can be highlighted that such practices are considered a key to differentiate between an intervention centred in the family and an intervention centred in the child (Dunst, 2002; Espe-Sherwint, 2008). This is the case as an outpatient intervention centred in the child will never be completely disconnected from the family, so the professional will always develop relational practices. This is why in order to carry out a family-centred intervention the professional should develop emotional intelligence skills as well as new abilities to work with the family. Emotional intelligence skills are considered as necessary for the professional in order to control his/her own emotions and, at the same time, in order to be able to help the family to manage emotionally significant events, being able to face up to them and to continue to move forward in their ability to support the development of their child.

Therefore, to carry out a family-centred intervention, the professional should develop both emotional intelligence skills and new abilities to work with the family. Emotional intelligence skills are considered necessary so that professionals can control their own emotions and at the same time, they are able to help families to manage emotionally significant events that they might be faced with, to continue to move forward in their

capacity to support the development of their children (Amini-Virmani & Ontai, 2010; Brotherson, Summers, Naig, Kyzar, Friend, Epley et al., 2010; Gilkerson & Imberger, 2016; Weigand, 2007). These new abilities that professionals will need to develop, will be directed to empowering families in their development as parents, and not as professionals. (García-Sánchez et al.; vilaseca et al., 2018). For this reason, they will facilitate to all members of the family, the necessary information to take informed and documented decisions. Furthermore, professionals must manage to actively involve families, making them competent; becoming an effective support to assist them with their concerns and priorities. All of this, exhibiting the necessary flexibility to readjust objectives and strategies in relation to the development of the child and their main carers. Thus, it can be said that within this work methodology, professionals will take over the role of "coach" in the team formed between the professional and caregiver or by the main caregivers of the family of the child. A team must consider all as necessary and essential collaborators.

Dunst (2000, 2005) states that within participatory practices, one can find ten dimensions that define the professional activity. These dimensions are supported by different authors that talk about collaboration with the family (Turnbull, Turnbull & Kyzar, 2009); participation of the family in planning objectives (Rapport, Furze, Martin, Schreiber, Dannemiller, Diblasio & Moerchen, 2014); development of family strengths (Shelden & Rush, 2013); search for resources and participation opportunities (Mahoney & Perales, 2012); family help to deal with decision making (Fordham, Gibson & Bowes, 2012); individual and flexible work; assisting the needs and priorities of the family (McWilliam, 2016) or doing positive work with the family (Hallet, 2013).

Evidence gathered by these and other authors make us realise the need to pose a change in the way Early Intervention practices are understood. Professionals are no longer the ones to set objectives with a single criterion: times, needs and priorities of child intervention. Professionals must now listen to the family, which will exhibit their concerns, and it is down to the family to reflect and search for solutions with the help of the professional. This is in line with the political and social movement prevailing nowadays in the intervention of people with disabilities, which promotes the deinstitutionalisation of the given intervention. This way, people must be valued and consulted, and they must be assisted in natural environments, that adapt to their needs and preferences and which are an alternative to the big institutional infrastructures. Furthermore, it could be said that professionals face new interaction challenges and tight collaboration with families (Blue-Banning, Summers, Frankland, Nelson & Beegle, 2004); Dalmau, Balcells, Giné, Cañadas, Casas, Salat et al., 2017; García-Sánchez et al., 2014). Henceforth, they will need a better expertise, in terms of emotional intelligence skills, that will enable them to recognise family feelings and redirect conflict situations that may arise, both at an individual and professional level (Enson & Imberger, 2017); García-Sánchez et al., 2018; Marco-Arenas, Sánchez-López & García-Sánchez, 2018).

Emotional Intelligence is increasingly gaining more importance nowadays. Various authors highlight that the greater the emotional intelligence, the greater the work success (Goleman, 2011; Mayer, Roberts & Barsade, 2008). Emotional Intelligence skills allow us to favour ties of trust, responsibility and positive relations among members of a team, such as the one from a family-centred intervention formed by the professional and the family. López-Zafra, Pulido and Augusto (2013) in their book *Emotional Intelligence at work*, point out data that confirms that cognitive ability is related or is important in order to have an understanding of feelings, tenacity is related to perception and emotional stability is the key for emotional adjustment.

Goleman (1996) already announced that emotional intelligence can reflect how people interact with the world, how they perceive their feelings and how they understand the

feelings of others. Other authors, such as Mayer and Salovery, described this emotional intelligence as the ability to perceive, to value and to express emotions, to generate feelings, to facilitate thoughts, to understand emotion and emotional knowledge with the aim of promoting emotional and intellectual growth (Fernández-Berrocal & Extremera, 2005). Thus, many companies increasingly look for professionals, not only with academic skills but also with emotional skills, essential for personal self-management and to work with others (Côté, 2014; Côté & Hideg, 2011; Goleman 1996; Lopes, 2016). Within the social, health and educational field, they search for professionals that stand out in four basic abilities: emotional perception, emotional facilitation, emotional comprehension and emotional adjustment (Cabello, Ruiz-Aranda & Fernández-Berrocal, 2010).

In Early Intervention, the emotional competence by professionals is considered necessary in the interaction with families and in the work to develop in order to achieve their training (Amini-Virmani & Ontai, 2010; Brotherson et al., 2010; Gilkerson & Imberger, 2016; Weigand, 2007). There are also authors that suggest that professionals who work with families and children must have diverse interpersonal characteristics such as empathy, self knowledge and communication skills (Blue-Banning et al., 2004; Côté, 2014; Côté & Hideg, 2011; Enson & Imberger, 2017; Fernández-Zúñiga, 2008). In the development of family-centred intervention practices, the professionals take on the role of coach and collaborator for the development of the child and its family in a natural environment. In order to achieve this, they must stimulate enthusiasm and encouragement in order to get the best out of the person, something that is not only achievable through planning and prediction, being easier to achieve by those who are able to fully manage their emotions (Goleman, Byatzis & Mckee, 2002). Despite this, only the work by Marco-Arenas et al. (2018) directly studies the relationship between emotional competence of professionals and their relational practices. This study confirmed that all professionals who took part in the research were able to carry out an important volume of relational practices with the families they worked with. Furthermore, it also established that the self-evaluation of these relational practices was influenced by the level of emotional intelligence skills.

The present study follows on the one from Marco-Arenas et al. (2018), analysing if there is a relationship between emotional skills of professionals (attention, clarity and adjustment) and the evaluation that professionals make of a higher or lower exercise of participatory practices in their intervention within the family. It was decided on a separate publication of studies conducted for relational and participatory practices as they were both, two clearly differentiated realities and independent from the professional practice. Furthermore, the aforementioned separate publication allows for a suitable explanation of the findings in the regular dimensions of a research article. In the present study, the volume of participatory practices conducted by professionals is analysed. A group of items was used for self-evaluation. On the other hand, information was gathered regarding various emotional intelligence skills by professionals (attention to own feelings, emotional clarity and emotional repair). It was analysed whether a higher or lower score in all or some of these skills influence the communication of undergoing more or fewer participatory practices. Finally, it was studied, if in this communication to carry out participatory practices there are other sociodemographic variables, such as age, years of experience in Early Intervention or professionals profile that will have an influence.

Method

Participants

This study used the same sample described in the previous work by Marco-Arenas et al. (2018), obtained through an intentional sampling, not probabilistic, among Early Intervention professionals in 250 Early Years

Development and Early Intervention settings (CDIAT) within the whole of Spain. There was a voluntary participation of 420 professionals, belonging to 91 of these settings. Taking into account that the CDIAT are usually made up of teams with an average of 4 or 5 professionals, one can understand that in the majority of the settings that took part in the study, all the professionals from the team filled in the survey. Table 1 summarises the distribution characteristics of the participant sample.

Table 1. Characteristics of the distribution of participant professionals in the study.

Autonomous Community	**f**	**%**
Andalucía	37	8.81
Aragón	24	5.71
Castilla la Mancha	36	8.57
Cataluña	64	15.24
Community of Madrid	30	7.14
Community Floral of Navarra	1	0.24
Community Valenciana	40	9.52
Extremadura	51	12.14
Galicia	24	5.71
La Rioja	42	10.0
País Vasco	12	2.86
Principado de Asturias	9	2.14
Region of Murcia	45	10.71
Not mentioned	5	1.19
Professional Discipline		
Physiotherapy	78	19
Speech therapy	97	23
Social work	36	9
Psychology	104	25
Pedagogy	55	13
Special Education teacher	19	4
Early Years teacher	9	2
Neuropediatrician	2	1
Professional Age		
21-31	128	30.48
32-41	173	41.29
42-51	73	17.38
52-62	26	6.19
Not mentioned	20	4.76
Professional Experience		
5 years or less	149	35.48
Between 6 and 10 years	126	30.0
Between 11 and 15 years	73	17.38
Between 16 and 20 years	35	8.33
Between 21 and 25 years	12	2.86
More than 26 years	14	3.33
Experience not mentioned	11	2.62

Participants ranged in age between 21 and 62 years old. 77.7% were between 21 and 41 years old (average age= 36.6, dt=8.44). There were 387 female professionals and 25 male professionals in the sample (8 participants did not mention gender). 26.2% of participants indicated that they had a Masters in Early Intervention.

Instrument

The Inventory for Professional Practice in Early Intervention (IPPAT) was used, whose structure and design is described in Marco-

Arenas et al. (2018) and Marco-Arenas (2018). This inventory includes items regarding relational and participatory practices which the professional can carry out with the family in Early Intervention. Specifically, 26 of those items refer entirely to those participatory practices, which reached a Cronbach alpha of .897. The items are evaluated by the professional using a 5 point scale (between Never and Always) in relation to their habitual professional practice with the family.

Items of participatory practices from the professional, whose findings are presented in this study, were distributed in 10 theoretical dimensions that can be inferred from the literature review (Dunst, 2002; Dunst and Trivette, 1996; Escorcia et al., 2016): *collaboration with the family* (2 items), *family inclusion in the planning of objectives* (2 items), *family participation promotion* (2 items), *search for family strengths* (5 items), *search for resources and participation opportunities* (5 items), *family help in considering solutions to the objectives set* (2 items), *support to family decisions* (3 items), *flexible and individualised work* (2 items), *assistance to family needs and priorities* (2 items) and *focus on positive work* (1 item). The item specification can be found below in Table 2.

Table 2. Items from each dimension of participatory practices.

Dimension	*Items*
Family collaboration	I consider the cultural, financial and social difficulties of the child when planning intervention. I analyse with the family the ability of the child to interact with others.
Inclusion of the family in the planning of objectives	I plan intervention objectives with the family. I accept the priority order of objectives that the family deems appropriate.
Promotion of family participation	I provide the family with material to support learning (videos, documents, intervention examples). I encourage families to mix with other people with similar problems
Search for family strengths	I help to improve family behaviour that hinders the development of the child. I guide the family to improve their abilities to support the development of the child. I reinforce family effort in collaborating to achieve objectives. I help the family to take responsibility in the intervention process. I reinforce the determination of the main carer in finding out each day the child's progress.
Search of resources and opportunities for participation	I take an interest in knowing the child's environment to suggest new intervention to improve learning. I provide the family with strategies to achieve objectives within contextualised practice. I help the family to identify and take advantage of incidental learning opportunities to achieve objectives. I analyse with the family the child's autonomy in its daily activities. I promote participation of all people that have a relationship with the child.
Family help in considering solutions for proposed objectives	I let the family know about existing social and financial help. I give advice to families to search solutions to their problems.
Support of family decisions	I offer information to the family to make informed decisions. During intervention, I include families in the making of decisions that affect the child. When following up on objectives, I accept decisions taken by the family.
Flexible and individualised work	I develop individual intervention programs based on family needs. I analyse family routines in order to add interventions that promote child development.
Assistance to the needs and priorities of the family	I start from the interests and expectations of the family to begin intervention. I take into account family priorities throughout intervention.
Focus of positive work	I share with the family achievement so far.

Emotional Intelligence skills were measured through the Trait Meta-Mood Scale (TMMS-24) (Salovery, Mayer, Goldman, Turvey and Palfai, 1995); its adaptation and validation was carried out by Fernández-Berrocal, Extremera and Ramos, (2004). The instrument uses 24 items, 8 for each of the abilities: attention to own feelings, defined as the ability to feel and express feelings; emotional clarity, defined as the ability to recognise our own feelings; and emotional repair, defined as the ability to face up to and to channel moods. The items present emotional states that are valued by people, according to their own perception, between Totally disagreed and Fully agreed.

Concerning the interpretation of results, the scale itself offers reference values for each ability. In regards to the abilities of emotional clarity and emotional repair, the scale proposes the interpretation "must improve" for scores below 23; "adequate results" for scores between 24 and 35 points; and "excellent results" for scores above 36 points. In regards to the ability attention to own feelings, it even establishes differences in regards to gender: little intervention for scores below 24 in women and 21 in men; adequate intervention for scores between 25 and 35 in women and between 22 and 32 points in men; and too much intervention for scores above 36 points in women and 33 points in men. In the study sample, the values of Cronbach alpha of .86 were obtained for the subscale attention to own feelings; .89 for emotional clarity and .87 for the subscale emotional repair.

Despite the limitations that involve the use of evaluation tools for self-report, specifically indicated for the evaluation of emotional intelligence by Extremera and Fernández-Berrocal (2004), it was decided to use these instruments because of the advantages that they offer for the descriptive study proposed: low completion time, simplicity of instructions and availability to use them in research (González, Peñalver & Bresó, 2011).

Procedure

During the (2016-2017) academic year, a list of all Early Intervention settings recognised in Spain was compiled from the information given by each of the ministries responsible for these services in the different Autonomous Communities. Once the contact details of these settings were gathered, settings were directly contacted using the addresses of each CDIAT to inform them about the research that was going to take place, the confidential treatment regarding data and the procedure to participate. After obtaining an agreement of participation, two different instruments to be filled by professionals were sent, with specific instructions for its implementation. The setting address, or person in charge of the CDIAT, took on the tasks of providing professionals with the necessary documentation (questionnaires and computer text file to register answers), ensuring individual and anonymous implementation while guaranteeing that professionals would forward the text file answers to the person responsible for the research, by electronic mail. Some settings preferred to print the inventories and to forward them later by post.

Data analysis

A descriptive analysis was carried out (means and typical deviations) as data inferential. The t-Student test was used for independent samples in the analysis of differences between means. Equally, the size of the effect was calculated through Cohen's d. All data analysis was conducted using the statistical program SPSS©, version 19.0, licensed to Murcia University.

Results

In terms of the first objective, professionals who participated in the study obtained an average score of 4.14 points (dt= .44) in the group of items proposed about participatory practices. Given the scale from 1 to 5 points in the items, this average score will equate to the option suggested of "almost always".

In Table 3, results of participatory practices are shown meeting the three dimensions of Emotional Intelligence of TMMS-24. They allow us to give an answer to the second objective.

Table 3. Descriptive statistics, Student´s t and Cohen´s d for direct scores of professionals in participatory practices, once both opposite quartiles of scores were selected in average emotional skills.

		Levels	n	M/DT	t	gl	p	d
Attention to own feelings	Q1	≤21	118	105.25 (10.62)	-3.48	242	.001	-0. 44
	Q3	≥28	126	110.26 (11.78)				
Emotional Clarity	Q1	≤27	125	104.83 (11.28)	-2.57	226	.011	-0.34
	Q3	≥34	103	108.82 (12.07)				
Emotional Repair	Q1	≤27	128	103.53 (12.35)	-4.01	252	.000	-0.50
	Q3	≥34	126	109.53 (11.44)				

As it can be appreciated in Table 3, once professionals were divided into two groups, in relation to higher average scores (third quartile) and lower (first quartile) in the three emotional intelligence skills of TMMS-24 measured (*Attention to own feelings, Emotional Clarity and Emotional Repair)*, professionals with higher scores in emotional dimensions (Q3) obtained higher scores also in the execution of participatory practices. These differences are statistically significant in the three dimensions of emotional ability contemplated. Nonetheless, the results reached by the test of estimation of size effect, indicate that these sizes have a magnitude of middle to low.

The demographic characteristics of professionals included in opposite quartiles, in the dimensions attention to own emotions, *emotional clarity and emotional repair* (Q1=lower scores; Q3=higher scores), were reported in the previous study by Marco-Arenas et al. (2018). Similar averages in age and professional experience were observed in two quartiles. In addition, a uniform distribution of professional profiles in two of the three quartiles was also observed.

In Tables 4, 5 and 6, results are shown in regards to the three abilities of emotional intelligence assessed with TMMS-24. They allow us to answer the objective of analysing possible influences of levels of *Attention to own feelings, Emotional Clarity and Emotional Repair* in the volume of participatory practices recognised by professionals for the different dimensions evaluated in these practices.

Table 4 summarises the results of the differences, in each of the ten dimensions in participatory practices, among professionals in the two opposite quartiles the skill of Attention to own feelings.

In particular 118 professionals with scores of 21 points or below in Attention to own feelings (Q1) and 126 professionals in the opposite extreme (Q3), with scores of 28 or above in Attention to own feelings.

Table 4: Differences (Student´s t test with Cohen´s d) among the average valuations of participatory practices carried out by the professional groups within opposite quartiles in the skill of Attention to own feelings.

Dimension	Q	Mean (dt)	t	gl	p	d
Collaboration with the family	Q1	4.22 (.69)	-2.07	242	.039	-0.26
	Q3	4.40 (.66)				
Inclusion of the family in planning objectives	Q1	3.48 (.64)	-3.82	242	<.000	-0.49
	Q3	3.82 (.72)				
Promotion of family participation	Q1	3.60 (.75)	-2.25	242	.025	-0.28
	Q3	3.83 (.86)				
Search for family strengths	Q1	4.38 (.44)	-1.72	242	.086	-0.21
	Q3	4.48 (.49)				
Search for resources and participation opportunities	Q1	4.16 (.53)	-1.55	242	.123	-0.20
	Q3	4.27 (.56)				
Family help in considering solutions to posed objectives	Q1	3.86 (.86)	-1.57	242	.118	-0.20
	Q3	4.03 (.84)				
Support to family decisions	Q1	4.17 (.56)	-1.83	242	.068	-0.24
	Q3	4.31 (.60)				
Flexible and individualised work	Q1	3.86 (.90)	-3.51	242	.001	-0.44
	Q3	4.24 (.80)				
Assistance to the needs and priorities of the family	Q1	3.76 (.68)	-4.50	242	<.000	-0.58
	Q3	4.17 (.71)				
Focus on positive work	Q1	4.85 (.40)	-.54	242	.591	-0.05
	Q3	4.87 (.33)				

In all dimensions of participatory practices, professionals with better scores in Attention to own feelings (Q3) obtained higher scores. Significant statistical differences were obtained in five of the ten dimensions contemplated in participatory practices, 50% of the dimensions set out. These dimensions are: collaboration with the family (p= 0.39), family inclusion in the planning of objectives (p= .000), promotion of family participation (p= .025), flexible and individualised work (p= .001) and assistance to the needs and priorities of the family (p= .000). The effect size is normally small, according to results reached by Cohen´s d test. This effect size is moderate for the dimension of assistance to the needs and priorities of the family (*d*= -0.58).

Table 5 summarises the results of differences in each of the ten participatory practices among professionals in the two opposite quartiles the skill of *Emotional Clarity*. In particular 125 professionals with scores of 27 or below in *Emotional Clarity* (Q1) and 103 professionals in the opposite extreme (Q3), with scores of 34 or higher in *Emotional Clarity*.

Table 5. Differences (Student´s t test with Cohen´s d) between the average valuations of participatory practices carried out by groups of professionals within opposite quartiles in the ability Emotional Clarity.

Dimension	Q	Mean (dt)	t	gl	p	d
Collaboration with the family	Q1	4.19 (.67)	-2.91	226	.004	-0.40
	Q3	4.45 (.63)				
Inclusion of the family in the planning of objectives	Q1	3.56 (.62)	-.45	226	.652	-0.06
	Q3	3.60 (.72)				
Promotion of family participation	Q1	3.55 (.78)	-1.60	226	.111	-0.21
	Q3	3.72 (.84)				
Search for family strengths	Q1	4.26 (.51)	-4.04	226	<.001	-0.55
	Q3	4.53 (.47)				
Search for resources and participation opportunities	Q1	4.12 (.54)	-2.33	226	.021	-0.30
	Q3	4.29 (.60)				
Family help in considering solutions to the posed objectives	Q1	3.78 (.88)	-3.28	226	.001	-0.44
	Q3	4.15 (.78)				
Support to family decisions	Q1	4.13 (.59)	-1.83	226	.069	-0.25
	Q3	4.28 (.61)				
Flexible and individualised work	Q1	3.94 (.86)	-.51	226	.608	-0.07
	Q3	4.00 (.92)				
Assistance to the needs and priorities of the family	Q1	3.92 (.60)	1.03	226	.304	-0.13
	Q3	3.83 (.82)				
Focus on positive work	Q1	4.77 (.49)	-2.04	226	.042	-0.26
	Q3	4.88 (.32)				

Professionals with higher scores i *Emotional Clarity* (Q3) score also higher in their evaluation of their own participatory practices. Once again, there are significant statistical differences in five of the ten dimensions contemplated in participatory practices, which is 50% of the set dimensions. These dimensions are: collaboration with the family (pp= .004), search for family strengths (p= .001), search of resources and participation opportunities (p= .021), help to families in considering solutions to the posed objectives (p= .001) and focus on positive work (p= .042). The effect size is normally small, according to the results reached by Cohen´s d test. This size is moderate for the dimensions of family strengths (p= -0.55).

Table 6 summarises the results of differences, in each of the ten dimensions in participatory practices, among professionals in the two opposite quartiles the skill *Emotional Repair*. In particular, 128 professionals with scores of 27 points or below in *Emotional Clarity* (Q1) and 126 professionals in the opposite extreme (Q3), with scores of 34 or above in *Emotional Repair*.

Table 6. Differences (Student´s t test with Choen´s d) between the mean valuations of participatory practices carried out by groups of professionals in the opposite quartiles in the ability of Emotional Repair.

Dimension	Q	Mean (dt)	t	gl	p	d
Collaboration with the family	Q1	4.12 (.75)	-3.46	252	.001	-0.44
	Q3	4.42 (.61)				
Inclusion of the family in the planning of objectives	Q1	3.51 (.70)	-1.60	252	.111	-0.20
	Q3	3.65 (.72)				
Promotion of family participation	Q1	3.49 (.84)	-3.75	252	<.001	-0.47
	Q3	3.87 (.77)				
Search for family strengths	Q1	4.22 (.52)	-5.63	252	<.001	-0.72
	Q3	4.56 (.41)				
Search for resources and participation opportunities	Q1	4.04 (.59)	-4.14	252	<.001	-0.52
	Q3	4.33 (.52)				
Family help in considering solutions for the posed objectives	Q1	3.76 (.93)	-3.89	252	<.001	-0.49
	Q3	4.19 (.81)				
Support to family decisions	Q1	4.16 (.59)	-1.56	252	.119	-0.20
	Q3	4.28 (.59)				
Flexible and individualised work	Q1	3.81 (.98)	-2.68	251	.008	-0.33
	Q3	4.12 (.86)				
Assistance to the needs and priorities of the family	Q1	3.87 (.73)	-.23	252	.818	-0.03
	Q3	3.89 (.77)				
Focus on positive work	Q1	4.73 (.46)	-3.55	252	<.001	-0.43
	Q3	4.90 (.32)				

For the ability *Emotional Repair*, also professionals with higher scores (Q3) scored higher in their evaluation of their own participatory practices with families. On this occasion, significant statistical differences are obtained in seven of the ten dimensions, which entails 70% of these dimensions. In particular, these dimensions are: collaboration with the family (p= .001), promotion of family participation (p= .001), search for family strengths (p= .001), search for resources and participation opportunities (p= .001), help to the family in considering solutions to the posed objectives (p≤ .000), flexible and individualised work (p= .008) and focus on positive work (p= .001). The effect size is normally moderate, according to results reached by the Cohen´s d test. This effect size is big for the dimension search for family strengths (-0.72).

The possible effect of other demographic variables of professionals was analysed in the participatory practices carried out with the family in Early Intervention. In these valuations, there were no statistical significant differences, among professionals younger than 30 and older than 42 ($t_{(209)}$= -.90, p= .370); not in professionals with less experience (less than 3 years of service) and more experienced (more than 14 years of service in Early Intervention) ($t_{(189)}$= -.97, p= .336

Discussion

This research has gathered a sample of Early Intervention Professionals sufficiently large and representative for the objective of the study. These professionals had plenty of experience and training in the work of Early Intervention; in the sample are included the

different profiles that are usually found in this discipline.

In regards to the volume of participatory practices conducted by the surveyed professionals, they are evaluated between the label Sometimes and Almost always. This result is below the one found for the valuation of relational practices conducted by the same group of professionals (Marco-Arenas et al., 2018), which was between the verbal labels Almost Always and Always. This result of a higher implementation of relational practices with families by professionals is similar to the one found in other studies conducted in Spain (Cañadas, 2013, Escorcia et al, 2016, 2018, García-Grau, 2015, Mas, Cañadas, Balcells, Giné, Serrano & Dunst, 2018) as well as in other countries (Cunningham & Rosenbaum, 2014; Rodger, Keen, Braithwaite & Cook, 2007; Trivette & Dunst, 2007). It can be understood that this result was expected as participatory practices are considered key in the paradigm of family-centred intervention (Dunst, 2002). Hence, its minor development is an indicator of a lesser implementation of the paradigm family-centred intervention (Espe-Sherwindt, 2008; García-Sánchez et al., 2014) and as we know, such a paradigm does not yet have a large implementation within the Spanish territory (Dalmau-Montala et al., 2017; García-Sánchez et al., 2014; Giné, Gràcia, Vilaseca & Balcells, 2008). Contrary to this, relational practices with families are much more embedded in our tradition for Early Intervention (Castellanos, García-Sánchez, Mendieta, Gómez & Rico., 2003; Dalmau-Montala et al., 2017; GAT, 2000, 2005; Giné et al., 2008; Mendieta, 2005; Perpiñan, 2009).

Sawyer and Campbell (2009) found that professional´s perception about their own practices does not match with the reality of Early Intervention services. As for Escorcia, García-Sánchez, Sánchez-López, Orcajada and Hernández-Pérez (2018), discrepancies were found between the evaluation from professionals of their own practices and that from the families that received such practices, with professionals overvaluing their practices and specially in regards to participative practices. This could happen, especially in those professionals that do not yet know in depth family-centred practices philosophy and its implications of some truly participatory practices. This lack of awareness could lead them to believe that they are conducting more participatory practices than what they are really implementing, as they understand these practices as an intervention that tries to direct the behaviour of the main carers of children cared for. In this sense, García-Sánchez et al. (2018) found that Spanish professionals demand more training in participatory practices (tools and strategies to encourage quality and warmth of family interactions). This greater difficulty to understand participatory practices or to generalise them in the professional tasks had already been highlighted in previous studies (Espe-Sherwindt, 2008; García-Sánchez *et al.*, 2014). However, as Dunst pointed out (2002), Early Intervention professional's work should focus on empowering families, to prepare them for decision making involving their children, as well as helping them to acquire and develop the necessary skills to promote their child's development. Within the professional tasks, it should be considered the encouragement of family collaboration and the planning of objectives alongside the family (Rapport et al., 2014). From that point, the key will be the effective development of participatory practices that would achieve the development of competences needed by main carers of the minor.

In regards to a larger or smaller presence of the three emotional intelligence skills (attention to own feelings, clarity and emotional repair) in the surveyed professionals, results indicate that Early Intervention participants in the study have good levels of emotional intelligence. These results match the ones in previous studies about educational professionals, who stated that these skills are always present in them (Day & Kington, 2008; Lasky, 2005; Yin & Lee, 2014). All teaching processes and work in favour of competence and training imply a way

of emotional practice and work (Yin, Lee, Zhang & Jin, 2013). Early Intervention, especially from the family-centred practice, is undoubtedly, a teaching and training process. In this sense, the capacity of the Early Intervention professional to think and speak about emotions, instead of ignoring them, opens the door to conversations that can deeply influence the decisions of parents (Enson & Imberger, 2017). However, the results obtained in the present study also confirmed the existence of a small group of professionals in the sample that could improve some of their emotional intelligence skills, particularly in the dimension of attention to their own feelings. Apart from this, the majority of participant professionals, have appropriate or even excellent skills in attention to their own feelings, clarity and emotional repair.

Results obtained enabled us to confirm that effective emotional intelligence skills could be a variable that influences in the larger or lesser implementation of participatory practices with the family in Early Intervention, as far as the professionals evaluation of their own practice. In the results, there were significant differences always in favour of professionals with higher emotional intelligence, in a rank from 50% of the dimensions of participatory practices suggested, in the skills of Attention to own feelings and Emotional Clarity, to 70% of these dimensions in the skills of Emotional Repair. Marco-Arenas et al. (2018) confirmed that these skills also influenced relational practices by professionals. However, in neither practices can a pattern be established of the influence exercised by these emotional intelligence skills. Having said that, in both practices, the Emotional Repair skills seems to have an influence in a greater number of dimensions of relational and participatory practices. Let us not forget that Emotional Repair is defined as the ability of a person to face and channel their own emotional moods. It is obvious that this skill is necessary for the development of family-centred intervention, for which the professional requires to know how to appropriately deal with its own emotions before being able to help the family in managing theirs (Brotherson, et al., 2010; Enson & Imberger, 2017). Nevertheless, while the importance of emotional intelligence is something usually recognised in the training and practice of professionals in the business world and increasingly also in education, it is less known in the training of professionals that will work in Early Intervention (Enson & Imberger, 2017). This is something that must be corrected. To no avail, emotional intelligence has shown to be an important element in the work of "trainers" or "coaches" (Lee & Chelladurai, 2015). Coaching has proved to be a crucially important technique to facilitate collaboration, participation and competence from the family in Early Intervention (Akamoglu & Dinnebeil, 2017; An, Cheatham & Horn, 2018; Meadan, Douglas, Kammes & Schrami-Block, 2018).

Examining the dimensions of participatory practices which were considered in the present study, only in one dimension "collaboration with the family" significant differences were found, always in favour of professionals with more emotional intelligence skills, in the three skills measured; Attention to own feelings, Clarity and Emotional Repair. This dimension of participatory practices refers to the professional sensitivity to gather information, to analyse and consider with the family the joint planning of intervention, possible difficulties and possibilities of family environment and the possibilities and capacities of child interaction. Differences were significant in both Emotional Clarity and Emotional Repair in four dimensions of the participatory practices considered. In particular the ones identified as "search for family strengths", "help to the family to consider solutions for the posed objectives" and "positive work focus". However, there were only significant in both abilities of Attention to own feelings and Emotional Repair in two dimensions of participatory practices: "encouragement of family participation" and "flexible and individualised work". In any way, as it has been indicated, the ability of Emotional Repair from the professional is the one that seems to affect

more dimensions in the participatory practices considered. These first results about the possible relation of emotional intelligence skills in participatory practices open the door to future research that might contribute to meet the demand to develop training programs of professionals in emotional intelligence (Enson & Imberger, 2018; García-Sánchez et al., 2018).

Lastly, it has been proved that other variables, such as professional age, professional training and experience or seniority in Early Intervention, do not generate differences in the evaluation that professionals make about their own participatory practices conducted with families in Early Intervention. This strengthens the findings, in which certain emotional intelligence skills can be linked, from Early Intervention professionals with a greater or lesser exercise of participatory practices in their interactions with the family.

Conclusions

The study conducted provides first empirical evidence regarding the possible influence of emotional intelligence in the work of professionals in Early Intervention with the families they assist. The analysis of the obtained findings shows that these emotional intelligence skills seem to be related to the volume of participatory practices that professionals consider conducting with families, while this volume of practices does not seem to be influenced by other variables such as the age of the professional, his/her training profile, experience or seniority in Early Intervention. Professionals who consider conducting a higher volume of participatory practices are precisely the ones that obtained higher scores in the emotional intelligence skills analysed. Therefore, it can be concluded that emotional intelligence skills from the professional are linked to the greater or lesser exercise of participatory practices with the family, as well as the greater or lesser involvement of relational practices (Marco-Arenas et al., 2018). Accordingly, it will be recommended to incorporate contents about emotional intelligence skills and its improvement, in the training of relational and participatory practices with the family, in continuous development and specialised programs in Early Intervention.

The surveyed professionals estimate to conduct a volume of participatory practices smaller than the volume of relational practices that was estimated by the same sample in the previous study from Marco-Arenas et al. (2018). This conclusion was expected, due to the current development of implementation of family-centred practices in our country. It is confirmed that participatory practices can be understood as more specific from a family-centred intervention than relational practices (Espe-Sherwindt, 2008; García-Sánchez et al., 2014). On its own, this conclusion is already interesting at this current time of change in the way Early Intervention is delivered. This should be considered in the planning of continuous development actions for practising professionals and new professionals that are accessing this discipline. Equally, this has implications for the follow up and evaluation of transformation processes of professionals that are taking place (Dalmau-Montala et al., 2017; Escorcia et al., 2016; Carcía-Grau, 2015; Vilaseca et al., 2018).

A limitation of the present study was the use of questionnaires to evaluate professional practice. Future research should contribute to design instruments and procedures more suitable to delimit relational and participatory practices which professionals are really carrying out with the family. It will be especially interesting to use instruments that unlike the mentioned questionnaire used in this study, do not rely on the evaluation of the professional. In this sense, perhaps observational registers of professional´s practice could be used, avoiding the limitations of subjectivity which entails the use of questionnaires that collect professional's metacognition regarding their own characteristics and practices.

The link between conducted or recognised practices and emotional intelligence skills is a

result which can not be discarded, especially when the current situation of transformation in Early Intervention in our country is highlighting training shortcomings in professionals. Shortcomings that demonstrate precisely the need to improve participatory practices in these professionals (García-Sánchez et al., 2018; Vilaseca et al., 2018). It is known that emotional intelligence skills can be trained, modified and improved through learning (Goleman, 1999; González, 2002; Qualter, Gardner & Whiteley, 2007; Teruel, 2000). In this sense, this research has important implications for future training in this discipline. An optimal emotional profile for Early Intervention professionals can ot yet be established. The study in greater detail of the typology and possible influence of emotional intelligence skills that might contribute to the improvement of Early Intervention professional practice is a future research challenge.

However, many authors mention characteristics these professionals should have such as empathy, self knowledge or communication skills. These skills are necessary for the professional who is going to work with families and their children (Côté, 2014; Côté & Hideg, 2011; Fernández-Zúñiga, 2008) and especially in Early Intervention. On the one hand, they must contribute to the emotional self control of the professional (Enson & Imberger, 2017). On the other hand , they entail an essential resource to help families to manage events that are emotionally severe which involve the diagnosis and characteristics of disability in the early years (Amini-Virmani & Ontai, 2010; Brotherson, Summers, Naig, Kyzar, Friend, Epley et al., 2010; Enson & Imberger, 2017; Gilkerson & Imberger, 2016; Weigand, 2007). Thus, this study opens the door to continued investigation of how the curriculum development of professionals that conduct family-centred practices should be approached. A curriculum development that should integrate training in emotional intelligence and competence. Especially when the lack of studies carried out regarding training needs expressed by the professionals themselves also highlight the need of training in emotional intelligence skills (García-Sánchez et al., 2018). Such skills can help professionals in their goals of development of competencies in the family or team work. Nonetheless, future research should contribute to delimit with greater precision the training limitations and demands presented in professionals to successfully conduct their objectives in family intervention, geared to their competency and empowerment.

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