



Pause & REFLECT

Your Guide to a
Deeper Understanding
of EARLY INTERVENTION
PRACTICE

DANA C. CHILDRESS

Pause and Reflect

Your Guide to a Deeper Understanding of Early Intervention Practice

by

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About the Author



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Dana Childress, Ph.D., is an early intervention professional development consultant with the Partnership for People with Disabilities at Virginia Commonwealth University. She has worked in the field of early intervention (EI) since 1995 as an educator, service coordinator, supervisor, trainer, author, and consultant. She is the coauthor of the book *Family-Centered Practices in Early Intervention: Supporting Infants and Toddlers in Natural Environments* (Paul H. Brookes Publishing Co., 2015), she writes the *Early Intervention Strategies for Success* blog, and she co-hosts the *EI on the Fly* podcast. Her interests include adult learning and EI service delivery, family-centered practices, supporting family implementation of intervention strategies, and finding ways to bridge the research-to-practice gap through interactive professional development for EI practitioners.

Preface



Ever had one of those visits when you got back in your car and just felt deflated? Frustrated? Or maybe puzzled about why the child is not making progress or the caregiver doesn't seem engaged? After sessions like that, it can be easy to explain away those feelings by placing the responsibility for what's happening on the family. Maybe the mother is on her phone more than she's talking with you. Maybe she says, "I don't know" when asked reflective questions. Maybe the child seems to prefer playing with you while the caregiver remains in the background. Caregivers absolutely have a primary role in early intervention (EI), but consider this: Caregivers generally do not know what they are supposed to do during visits. They often enter the system with no frame of reference for this kind of experience. A mother who stays out of the way may think this is "the expert's time" with her child. When she says, "I don't know," she might really mean it. When she is on her phone, she might be unsure of what else to do. When we see these things happening, the first thing to do is step back and reflect on what *you* are doing during the visit, because what you do and how you do it matter.

The service provider (e.g., educator, therapist, nurse) sets the tone and teaches the caregiver how EI works, and then the two of them collaborate to build the partnership. When it works well, it is a wonderful thing to see—a caregiver practicing using intervention strategies with her child during visits, with coaching and support from the service provider, and then successfully using those same strategies throughout the week. When it does not work so well, it can be frustrating for everyone. There are so many variables on any one visit that it's impossible to control them all. What we can control, however, is what *we* do during the visit. We are in charge of how we approach each session, where we focus our energy, and how we provide support. This book will focus on the *how* because how you collaborate with families affects what happens both during and between visits.

WHAT WE DO DURING VISITS AFFECTS WHAT THE CAREGIVER DOES BETWEEN VISITS

What we do during visits can significantly affect what caregivers learn and how they use intervention strategies with their children. When EI is conducted according to our field's mission and key principles (Workgroup on Principles and Practices in Natural Environments, 2008), we facilitate intervention that results in families who are confident and successful with engaging their children and using intervention strategies every day. That's not an easy task, especially when we are typically only with families for an hour or less a week, and the time we are trying to affect happens when we aren't even there. Achieving this kind of intervention requires that we consider all of the learners on a visit and how we can support their growth and development—and I'm not just talking about the children.

On every visit, you have at least two learners: the caregiver and the child (Childress, 2015). Chances are, you are already a rock star with facilitating infant and toddler learning. You've probably also thought about your role in helping caregivers use intervention strategies too, but have you really thought about how *caregivers* learn? For many of us,

information about adult learning isn't something we get in our preservice education. To meet our mission, we need to intentionally engage caregivers in ways that also facilitate their learning so they know what to do with their children to encourage development every day. This requires more than having knowledge about infant and toddler development. For many of us, it requires that we add another set of skills to our toolbox, skills that come from a deep understanding of how caregivers learn. This book will focus on how you can facilitate caregiver learning so that families are ready to practice using intervention strategies during visits (with your support) and, more important, are able to use them when you aren't there. That's the key—making sure that the time we spend with families has the greatest impact on what they do with their children between visits. To do that, we have to focus on *both* learners.

MY STORY

Let me explain why I think this is so important. I've worked in EI for more than 25 years as an educator, service coordinator, supervisor, writer, and trainer. I spent the first 15 years of my career in direct service, working in three different EI programs in Virginia and in the first Educational and Developmental Intervention Services (EDIS) program at the Royal Air Force base in Alconbury, England. For the past 10 years, I've been an EI professional development consultant with the Partnership for People with Disabilities at Virginia Commonwealth University. I am part of our state's EI training team, so I develop resources and teach others how to "do" EI. I think *a lot* about what good EI looks like. I've written about it and taught about it, but nothing ever made me reflect on it more than when my son and I were receiving it. He had torticollis, so we received physical therapy until he was about 8 months old. I knew what I was supposed to do as a mom—use intervention strategies with my son—but I really struggled. I struggled to integrate the strategies our wonderful therapist taught me into our daily schedule. The whole day could go by and although I'd successfully kept my son alive, I'd completely forgotten to stretch him. Through that struggle, I learned about the importance of all of that time between visits and how necessary it is that we help families prepare to take advantage of those learning opportunities. This was also when I really understood the concept of the caregiver (i.e., other moms like me, dads, grandparents, child care teachers) as a learner too—because boy, did I have a lot to learn. The experience made me reflect on what I wanted to do differently with the families I supported at work. I wanted to make it easier for them between visits, so I had to change what I did during visits.

As time went by and our field evolved, I did my best to absorb all I could about routines-based early intervention (McWilliam, 2010) and coaching and consultation (Friedman, et al., 2012; Rush & Shelden, 2011), and think about how I could align my work with the mission of EI. Eventually, I transitioned to my current training and writing work, which pushed me to think more about the *why* of what we do. As a trainer, we think about how adults learn so that our trainings are effective. We know that adults always compare what they are learning to their prior knowledge and experience. We know that adults learn best when what they are learning is immediately useful and relevant. We also know that adults learn and retain information best through practice that includes reflection and feedback (Trivette et al., 2009). In thinking about all of this, a big lightbulb went on for me. The adult learning principles that I used to purposefully plan training activities could apply to EI visits as well. What if our service providers understood adult

learning too? What if they applied adult learning principles and strategies to what they did during visits? As I studied adult learning and thought about how it applied to our work with families, it seemed to me to be a missing piece of the puzzle. It could help us be more effective in coaching families during visits so they are prepared for what to do between visits. I wondered, however, if we really understood more about how adults learned, would we be more effective coaches? I believe the answer is yes, and my dissertation research suggested the same.

WHAT'S COMING NEXT

As you move through this book, I invite you to take the time to pause and reflect on what you do, how you do it, and why. Reflection is an important part of professional growth and development, so on each visit ask yourself: *How am I helping this caregiver be successful using intervention strategies when I'm not here? How am I building his/her capacity? Am I supporting the caregiver's learning too?* Right now, you might not be sure of your answers, but don't worry; you have a journey ahead of you that will build your confidence. You are about to dive into adult learning theory and how it applies to your work. You'll learn about six adult learning principles and how to adapt your interactions with caregivers so they are learning right alongside their children.

In this book, I'll share practical strategies you can use during visits to prepare caregivers for intervening with their children between visits. You'll read real-world scenarios to help you compare what you are learning to what you do every day. You'll complete short self-assessments to challenge your beliefs about what you do and shine a light on what your actual practices look like. Because the hardest part of learning anything new is applying it, I'll guide you through lots of opportunities to pause and reflect on your current practice, think about new concepts, and plan for how to integrate what you are learning into what you do. The reflection activities throughout this book will give you space to dig deeper into your understanding of EI and really explore what it means to support caregivers and children. Finally, at the end of Chapters 1–5, you will find space to complete a reflection journal and a specific action plan to carry you forward.

It is my hope that as your knowledge of adult learning grows, your abilities to effectively facilitate learning for both caregivers and children will also blossom. I also hope that what you learn will help you do what you already do even better because remember, what you do and how you do it really do matter.

Acknowledgments

Writing this book has been a wonderful opportunity for my worlds to collide. I am so grateful to Paul H. Brookes Publishing for believing in my idea to combine my experience in early intervention (EI) with what I have learned from my professional development (PD) work and my doctoral research. I am especially grateful to my editor, Hudson Perigo, for her kindness, enthusiasm, and belief in my “voice.” Hudson, you made this process delightfully easy. My appreciation extends to the other Brookes staff who worked with me throughout the process, from marketing to production to the folks who are always smiling at the conference vendor tables, making me feel giddy whenever I see my book on display.

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FOR MORE, go to <https://bpub.fyi/Pause-and-Reflect>

*With love and the deepest gratitude to my family for holding my hand, making
me laugh, and frequently reminding me to pause*

FOR MORE, go to <https://bpub.fyi/Pause-and-Reflect>

“

MANY ROADS LEAD
TO THE PATH, BUT
BASICALLY THERE ARE
ONLY TWO: REASON
AND PRACTICE.

”

—Bodhidharma

CHAPTER

1

Early Intervention as a Practice

Imagine this scenario: You knock on the apartment door while listening to the scattering of feet inside and the cartoons being turned off. After a moment, the door opens and you are welcomed into the home. You sit beside the mother on the couch, greet the smiling toddler who leans against your knees, and start chatting about how their week has been. You ask about progress with the child's development and invite the mother to share updates on her efforts to use intervention strategies with her child that you practiced with her during the last visit. You ask what the mother would like to focus on today, and she says she would like help with ideas to encourage her son's communication while they play in the park across the street. It's a bright, sunny day, so the three of you head outdoors where you can observe this typical family routine. The visit is off to a great start.

Does this sound familiar? Do these types of interactions happen on most of your visits? Many of us who provide early intervention (EI) services have the privilege of supporting families with whom the interactions flow easily. When visits like this happen, you feel empowered as a professional and productive within the partnership you have established with the caregiver. There is nothing like working side by side with a caregiver who understands EI and embraces his or her roles as both an active learner and the person who is in the best position to make the biggest difference in the child's development. When the caregiver is ready and able to support the child's development through positive, responsive interactions provided in a stimulating environment, you have the perfect EI scenario.

Okay, now let's get real.

The truth is that not all intervention visits are so rosy. As you were reading the scenario, I wonder if you thought about visits where you've knocked, heard that familiar scattering of tiny feet, and kept knocking while no one came to answer the door. Or did you think about the times when a small child opened the door and told you that her mommy or daddy was sleeping? Did "turning the cartoons off" stick in your mind because of the visits during which you felt like you had to compete for attention with the television? Or

perhaps you were reminded of the time when you entered the home, sat beside the mother, and then struggled for the next hour to connect and help her engage her child. On any given day, you can have visits that look like any of these examples, the rosy visit and the visits that are more challenging—and that’s one of the things that makes this work so much fun. Every visit is different. Every family is different. Every interaction challenges you to use your knowledge and skills in a different way. Every visit is an opportunity to share your expertise, support caregiver–child interactions, and do something that could possibly have a lifelong impact for the child and family. You may not necessarily be the person who is in the best position to make the biggest difference, like the caregiver, but what you do and *how* you do it are important. The practices you use to engage families and the way you think about your work matters too.

EARLY INTERVENTION AS A PRACTICE

As service providers, we often think about our work in the context of a system of EI services and supports for infants and toddlers (ages birth to 36 months) with developmental delays or disabilities and their families. When people ask, “What do you do?” you may reply, “I work in early intervention”—which, of course you have to further explain because this field is such a specialty that most people have never heard of it.



Pause

to PRACTICE

Instructions: Jot down a sentence or two that you use to describe your work to people you meet. Underline the key ideas, which you’ll refer to later.

Is describing your work ☐ easy or ☐ difficult to do? Why?

As you read this book, I invite you to expand the way you think about your work to include the idea that EI is a *practice*. Think about how we refer to the practice of medicine, or how attorneys have a legal practice. These highly respected professionals are expected to stay current on research, precedent, and the growing evidence base for how to do their work most effectively. I would argue that early interventionists should be held to the same high standards. Regardless of whether you are a neurosurgeon or a speech-language pathologist, a lawyer or a special instructor, you have an ethical and professional responsibility to use your field’s best practices. You must stay current, participate in professional development, and use what you learn through ongoing attention to the growing evidence base to support infants, toddlers, and families. What you learned in graduate school 5, 10, or 25 years ago was great back then but is not good enough now. You probably would not want to take your loved one to a doctor who graduated medical school 15 years ago and is still basing his recommendations on medical knowledge he

learned back then. You expect your doctor to be constantly evolving his practice. The families you serve should expect no less.

Another way to think about EI as a practice is to compare it with the practices of meditation, mindfulness, and reflection. These practices focus on intentional, sustained efforts to be present and aware of your thoughts and actions. They also require you to think about what you do, how you do it, and why. Approaching professional development from these perspectives matches well with what Trivette et al. (2009) found in their research synthesis about the effectiveness of adult learning methods. They noted that *active participation* in what you are learning (intentional and sustained effort) and *reflection* on how what you learn compares to what you already do (self-awareness) are key ideas to help adult learners benefit from any kind of training opportunity. What I will be asking you to do in this book involves both intentional sustained effort and self-awareness. I won't necessarily ask you to meditate on what you learn (although there will be a guided meditation in Chapter 6), but throughout this book I will remind you to be mindful of how you think and to pay attention to what you do during visits. I will frequently ask you to be an active participant in your study of high-quality EI practices by providing opportunities to reflect on what you think and do and why you thought or did it. Let's briefly look at the practices of meditation, mindfulness, and reflection and think about how they connect to the work you will do here.

Meditation

Meditation has been referred to as the practice of training or calming the mind. According to Headspace.com (2019), meditation is “about training in awareness and getting a healthy sense of perspective.” When you practice meditation, you take time to settle your mind and notice your thoughts without judging or changing them. You might sit still or take a walk while paying attention to your breathing and focusing your awareness on what you feel, hear, and see. As thoughts flow through your mind, you notice them and let them go without getting distracted by them. The purpose of meditation is to ultimately make you more aware of yourself and how you think while fostering a calm mind. It is a focused practice and one that takes time and effort to develop. Meditation is also something that only you can do for yourself. No one else can make you meditate or benefit from its practice. You choose that. Similarly, taking time to examine your thoughts and actions can be very valuable as you grow as a professional. Focusing on your practices as an early interventionist takes time and effort beyond the day-to-day work you do as you drive between visits, partner with families, monitor children's development, write contact notes, and so forth. Evolving your skills as an early interventionist requires a similar personal commitment. Think about it this way: Your supervisor can make you go to a workshop, but no one can make you use what you learn.

Mindfulness

Like meditation, practicing mindfulness is a choice a person makes to be aware of the present moment. Leaders in mindfulness, like Thich Nhat Hanh and Jon Kabat-Zinn, have described the practice as “dwelling in awareness” and “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.” Both leaders have also combined the concepts and described “mindfulness meditation.” Situating EI as a practice in the contexts of mindfulness and meditation means that you build your awareness of what you think by purposefully attending those thoughts and what is happening inside of yourself. When you pay attention to your thoughts, feelings, and actions during

interactions with families and other team members and while managing your workload, you can gain insights about yourself that you might have otherwise missed. Mindfulness and meditation encourage us to avoid judging our thoughts, feelings, and actions as they occur, but with increased awareness and some hearty reflection, you may come to realize what you are doing well, what is aligned with best practices, what you feel comfortable or uncomfortable with, and what you would like to do differently. Understanding these things about yourself can guide your professional development.

Reflection

Meditation and mindfulness can help you calm your mind and learn about yourself, but reflection is needed to help you dig deeper to investigate both how and why. It may not be enough to recognize that you feel frustrated or notice that you are thinking that working with a particular parent is really hard; if you want to do something with these thoughts and feelings to improve the situation, you have to take the time to reflect further to find out why you feel or think that way and how you got there. Reflection, especially with the help of a supportive supervisor or colleague, can help you gain valuable insights that often lead to problem solving and idea generation. Reflection can also help you recognize patterns with how you engage others, complete your work, or take care of yourself, patterns that may contribute to your success or interfere with it. Reflecting on the good things about our personal and professional lives can sometimes lead to identification of strategies we use in one situation that could be helpful in another.

The thing about reflection is this: It may or may not come naturally, but you can improve your ability to reflect through intentional practice. You will get the most out of your work here if you take the time to complete the reflection activities to guide your learning process. You may want to share your reflections with others, or you may not; individual reflection is valuable too. I will provide you with many opportunities to reflect on your thoughts, feelings, and actions related to working in EI. It will be up to you to decide what to do with what you learn.

I believe that adopting the idea of EI as a practice is essential to your ability to grow. It can empower you as a professional and motivate you to read that journal article, reflect on that last visit, reach out to others for support, and make your own professional development a priority. Because you have made the decision to read this book and work through this process, I'd say that you are already on the path to developing your practice. The first step is always the most important—good for you!



Pause

and REFLECT

Instructions: Before moving on to the next section, take a few moments to reflect on the idea that EI is a practice. Use these guiding questions to organize your thoughts or take your own path. Discuss this idea with a colleague for additional insights.

1. What are your thoughts about viewing early intervention as a “practice”? How might this perspective change the way you work with families? Prioritize professional development? Support new staff or students?

2. What would you like to be more mindful of in your EI practice? Why?

3. What would you like to learn more about? Why?

YOUR PRESERVICE PREPARATION AND HOW IT AFFECTS YOUR PRACTICE

I mentioned that EI can be thought of as a system of services and supports. Before we begin to dig into your current practices, let's first think about your preservice preparation and how that affects your EI practice. EI operates according to guidance from the Individuals with Disabilities Education Improvement Act (IDEA) of 2004 (PL 108-446), which outlines requirements for the provision of federally funded services to infants and toddlers with developmental delays or disabilities and their families under Part C of the law. Because this is the same law that legislates special education services for older children, EI services were traditionally thought of as education or therapy for babies. There are a variety of service options available to eligible children and families, including special instruction (which is the educational service), physical therapy, occupational therapy, speech-language pathology, and so on, as well as service coordination (the only mandated service that all enrolled families receive). Over time, the work of EI service providers (such as special instructors and therapists) has evolved from child-centered sessions, during which the provider interacted primarily with the child while the caregivers passively observed, to more family-centered intervention. Now, we know from the work of experts in our field, such as Carl Dunst, Carol Trivette, Robin McWilliam, Dathan Rush, and M'Lisa Shelden, that EI is more likely to be successful when it is situated in the child's natural learning environment during daily activities and routines so that the caregiver can take the lead with the child while the EI practitioner provides coaching support. This is an important distinction that has come about as our work has evolved through research, experience, and listening to families about what works best for them. This evolution, however, means that how we provide support has had to change. You will learn more about this evolution in Chapter 2.

I often hear from practitioners that they were not trained well in family-centered intervention while in college or graduate school. Even though the concept of family-centered services has been around for a long time, helping students and new practitioners (and some of us more seasoned practitioners) understand how to implement it continues to be challenging. If you have been working in EI at all, you are probably aware that you are supposed to work with the caregiver and the child. In fact, our field's mission specifically tells us that "Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities" (Workgroup on Principles and Practices in Natural Environments, 2008). You probably know that family-centered intervention focuses on the link between a child's learning and the interactions and environments where most of that learning takes place. An infant's or toddler's family *is* the context in which he or

she learns. It is no longer considered best practice to go on an intervention visit, sit on the floor, and play with or exercise the child while talking to the parent for an hour. Don't get me wrong, this kind of intervention is not bad practice. I did EI for years that way because that was the best I knew how to do. This more traditional practice reflects how many of us were trained and honestly describes how many visits still are conducted today.



Pause

and REFLECT *Instructions:* Pause now to reflect on your two most recent intervention visits by answering the following questions:

1. What happened on my two most recent visits? What did the parent do? What did the child do? What did I do?

2. Where did I focus most of my energy—toward the child or parent or both? Why?

3. How does this match or not match with how I was trained to do my job during my university training?

Let's consider the preservice training of therapists. Physical therapists, occupational therapists, and speech-language pathologists receive training in how to work with patients across the life span. Those who focus on pediatrics still have a lot of years throughout the life span and developmental differences to learn about. Targeting preservice education to the EI population is almost impossible in these fields, so it is not uncommon for many therapy practitioners to receive little specific content or experience with how to provide EI services. It's not their fault, per se; it is just a matter of how university programs are structured and how much content can be taught in a limited amount of time. Preservice programs in these disciplines typically focus on how to work with the client—the child—while providing the caregivers (or other important adults like the child's teacher) with activities to do outside of the therapist's session (homework). This is similar to more traditional EI practice. With that said, many therapists have sought out additional training after entering the field to build their knowledge and skills related to family-centered practices and use this information to provide high-quality EI services. Where you start does not necessarily define where you end up, but those beginnings lay the foundation for your professional practice so deserve some acknowledgment and reflection.

For the professionals who provide special instruction, the challenges are both similar and quite different. If your background is in early childhood special education (like mine), you may have learned about multiple aspects of this particular field—EI and preschool special education—for children ages birth to 5 years old. Some of you may have also learned about teaching children up to age 8. Like our therapist colleagues, there is a lot to learn about children in these age ranges. Some programs focus content, practice, and student teaching experiences more heavily on the preschool (and early elementary school) age ranges, whereas others try to balance what students learn to include strategies for supporting development across the age range. These programs typically focus on how to work with the student—the infant or toddler in EI—and how to assess development, how to write goals on the child’s service plan, what teaching strategies to use to encourage the child’s development, and so forth. More and more programs are integrating family-centered practices and conveying the mission and key principles of EI, which are essential for educators (and all practitioners) to understand. When this happens, students are more likely to be better prepared to use the field’s best practices and that is important.

Here’s the rub and where we differ from the therapy disciplines.

Across the United States, there are no consistent educational, professional knowledge or experience requirements for those who provide special instruction. States define these requirements, which results in practitioners providing this service with a wide range of preparation and skills (or sometimes, lack thereof). State requirements range from a high school diploma to a graduate degree. Some states required related knowledge and skills when hiring, whereas others only require a certain degree level (meaning that you can provide special instruction with a business degree, for example). As you can imagine, this leads to vastly different practices being used (and not used) with children and families. As I noted with therapists, there are many skilled special instructors who entered the field fully prepared or who make a conscious decision to seek out in-service training to build their knowledge and skills after they begin working with children and families—and many others who do both.



Pause

to PRACTICE

Instructions: Think back to your university training. Without judging it as good or bad, add a mark on the line to indicate how much of your training focused on EI, and then complete the statements.

None

All



During my university training, the information I learned about early intervention focused on

Before starting this work, I wish I had known more about

Whether you are one of the practitioners with the high school diploma or graduate degree on your wall, or you came to the field with little or lots of experience, there is always room for you to evolve your practices. If you entered the field without preservice training, you will have to build your knowledge and skill base. If you entered the field with strong preservice training as a therapist or educator, you will still have to build your knowledge and skills. Why? Because this field is always changing and growing. We are still learning about our field's evidence-based practices. Even if you think you know tons about EI, how you use what you know is different from visit to visit. You bring your professional practices, knowledge, and skills to each visit and adapt them to what the family brings, which are their unique ways of interacting, their priorities for their child and themselves, and their hopes for the future. One of the biggest challenges with working in EI is figuring out how to take what you know and what you know how to do—your expertise—and share it with families in a way that they can understand and use every day. Your ability to face that challenge visit after visit may have been grounded in your preservice training, but how you overcome that healthy challenge and even revel in it may be linked with your beliefs about your role, your awareness of and reflections on your practices, and what you choose to do with this information when you provide EI services. Next, let's dig a little deeper and think about your role as an EI practitioner.

YOUR ROLE AS AN EARLY INTERVENTION PRACTITIONER

Your beliefs about your role as an EI practitioner or provider (I will use both labels in this book) set the tone for everything you do with families. Think back to what you wrote earlier in this chapter about how you describe your job to others. What key ideas did you underline? Add your key ideas to the Pause to Practice table that follows, and then draw a line to match them to similar ideas on either side. This will help you identify whether your beliefs about your role fall into a more traditional, child-focused way of thinking or a more family-centered way of thinking.



Family-Centered Practices	Your Key Ideas	Child-Focused Practices
I work with the caregiver and child during visits.		I play with babies.
I support child development through caregiver-child interactions as much as possible.		I work with children to help them learn to walk, talk, eat, play, etc., while the caregiver mostly watches.

I use coaching strategies to help caregivers practice using intervention strategies with the child during visits so they know what to do between visits.		I bring toys and books to visits to ensure that the child and I have appropriate materials for learning (and then take them with me so I can clean them after the visit).
I join family routines and activities, and I use what the family has in the home to promote learning.		I work with the child mostly through toy play in the living room.
I provide information so the caregiver can make informed decisions.		I provide caregivers with homework they can do between visits.

Without judgment, what did you notice about your beliefs? Did your key ideas tend to be linked more with one side of the table or the other? Or perhaps you noticed a mixture of beliefs. Now, compare your beliefs to what you described earlier when you reflected on two of your most recent visits with families. Perhaps you noticed that your beliefs and your actions line up well. Or maybe you see a conflict between your beliefs and your actions—for instance, you know that current thinking about EI practice suggests that we join family routines during visits, but most of your visits tend to “look like” toy play on the living room floor. Implementing what we believe is not always easy and is affected by many variables, such as the resources and learning opportunities available in the environment, our comfort level with doing something other than toy play, the caregiver’s own beliefs and preferences about what is supposed to happen on a visit, and even the outcomes that we are addressing on the individualized family service plan (IFSP). What is important here is to be aware of what you bring to the parent–service provider relationship because you will set the tone for the interactions that happen on your visits.

If you believe that you are the expert and it is your role to work with the child to address the IFSP outcomes, then your visits are more likely to be child focused. Yes, you did go to school for many years to gain your expertise and no, you can’t teach a parent all that you learned (I’ve heard this argument more than once). However, if only you provide the child with intervention, then the child is only receiving supportive learning opportunities once or twice a week (or even less depending on when you visit), which translates to not very often. Service providers using this model may explain to parents what they are doing with the child during visits (aka “modeling”) and hope that the parent sees and understands enough to be able to use the same strategy with the child between visits. Dathan Rush from the Family Infant and Preschool Program has called this “hopeful modeling”—we model with the hope that the parent can figure out how to do what we do. Here’s the problem with this approach: It does not align well with what we know about how adults learn.

Most of the caregivers you work with will be adults, and despite our tendency to seek out YouTube whenever we have a problem to solve, adults just do not learn best through passive observation. According to adult learning theory as described by Knowles, Holton, and Swanson (2012), we are active, self-directed learners, meaning that we prefer to drive our own learning experiences and be active participants, getting our “hands dirty” to try out what we are learning and make it our own. Watching another person has its benefits, but being able to try out what we observe is more likely to help adult learners integrate what they are learning into what they do every day. This matters with regard to how you approach your work with families.

If you believe that your role is to share your expertise by working more directly with both the caregiver and the child in the context of their interactions, then your visits are more likely to be aligned with family-centered practices. When you partner with the caregiver to facilitate the child’s learning during interactions that are similar to what happens between visits, you are more likely to expand the intervention the child receives beyond the visit. We want each child to have as many opportunities to learn and practice skills, interact with others, and use his or her abilities in as many different contexts as often as possible. You can lay the groundwork for this by supporting learning for both the caregiver and the child, joining activities that they enjoy and activities that they find challenging, problem solving together, sharing what you know about child development and intervention, and coaching the caregiver as he or she practices using strategies with the child. This is an important distinction that we will explore in Chapter 3.

YOUR PURPOSE AS EARLY INTERVENTION PRACTITIONERS



Pause

and REFLECT

Instructions: How would you describe your purpose as an EI practitioner?

Use this space to list words and phrases that are meaningful to you, or illustrate your purpose with a drawing.

I believe that our purpose as EI practitioners is to share what we know about child development and intervention in a way that builds the capacity of the caregiver to support the child's learning every day, including (most importantly) when we are not there. Sure, we could probably teach the child to walk, talk, eat, and play on our own, but we know that the child learning to do something only when the service provider is there really doesn't matter. What matters is whether children can use their skills and abilities to do things that are important to their families, like walk to the car before going on family errands, talk about what they want and need, eat dinner with their family each evening, and play and learn with their favorite toys and people. If we can build on what caregivers and children already do, help caregivers learn to think about how they engage their children and understand the impact their interactions have, and teach and practice strategies that the caregiver can use with the child, then we will be providing family-centered services that reach far beyond any single visit.

With that said, I don't think this is easy. To do the real work of EI in a way that meets our field's mission, we have to become more aware of what *we* are doing and hold this purpose in mind before we knock on each family's door. We must commit to being professional learners who are mindful of the practices we use with families and the perspectives we bring into the home. We must continually reflect on that work and our role in supporting learning for all of the learners on a visit. It's easy to take for granted that the way we choose to interact with families matches with our field's recommended practices. We all think we do great work, and we probably do. If you really want to know that you do great work, then make time for reflection to build your awareness of what you do, how you do it, and the impact your work has on others. I hope that as you move through this reflective guide, you will learn about yourself as a professional while also learning about high-quality EI service delivery. I encourage you to keep this book handy so you can use it as a reflective journal to capture your thoughts before and after visits. Take a few minutes each day to read and work through the activities. As you gain a deeper understanding of the important work you do, you will also be growing your EI practice. You've taken your first step here. Now, let's jump in.

“

YOU DON'T NEED ENDLESS TIME
AND PERFECT CONDITIONS. DO
IT NOW. DO IT TODAY. DO IT FOR
TWENTY MINUTES AND WATCH
YOUR HEART START BEATING.

”

—Barbara Sher

CHAPTER 1

Reflective Journal

Instructions: Use this space to capture your thoughts about what you learned in Chapter 1.

NEW IDEAS: _____

IDEAS THAT CHALLENGED ME: _____

THOUGHTS & FEELINGS: _____

CHAPTER 1

Action Plan

Instructions: Based on your reflections in this chapter, what do you want to do next? Make a commitment to yourself with this first action plan. When you complete your action plan, come back and celebrate it here.

By _____ (date),

I will take responsibility for growing my early intervention practice by learning more about _____
_____ (knowledge or practice)

by _____ (action).
(action examples: reading an article, watching a webinar, shadowing a colleague, etc.)

ACTION PLAN COMPLETED ☐

My key takeaway: _____

TIPS:

- Set a weekly reminder in your phone or on your calendar to check in with yourself on your progress.
- Ask a colleague to learn with you to keep you accountable.
- Once you have met your goal, share what you learned with a colleague and discuss how to use the information in practice with families and other team members.