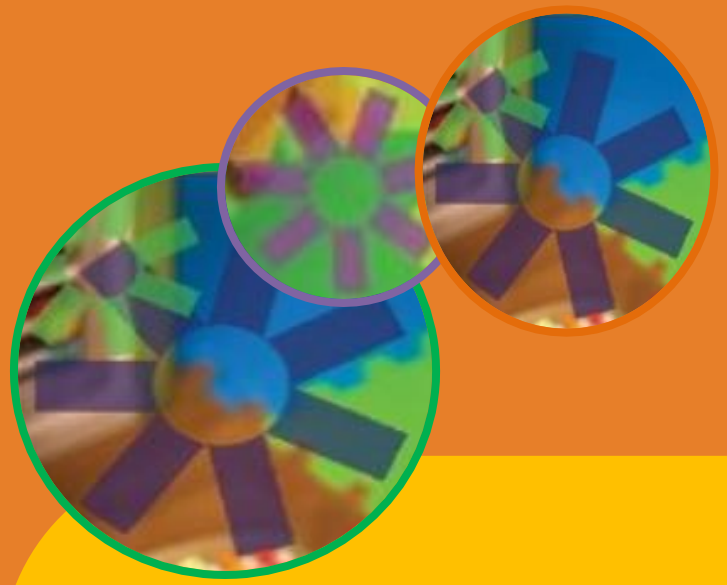
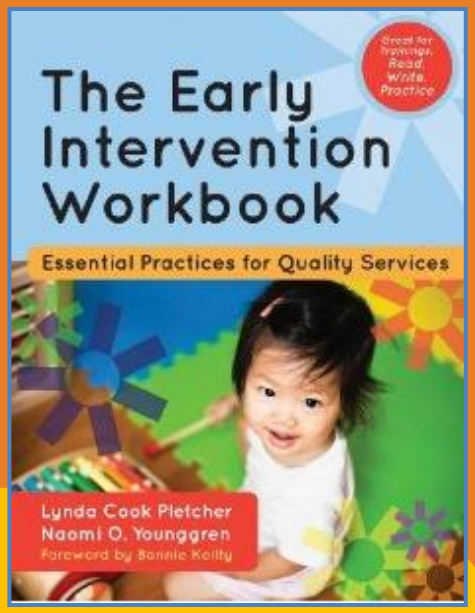





# The Early Intervention Workbook: Essential Practices for Quality Services

## A guided book study for early intervention teams

Session 1: Chapters 1, 2, & 3

**Materials prepared by Lynda Pletcher & Naomi Younggren**

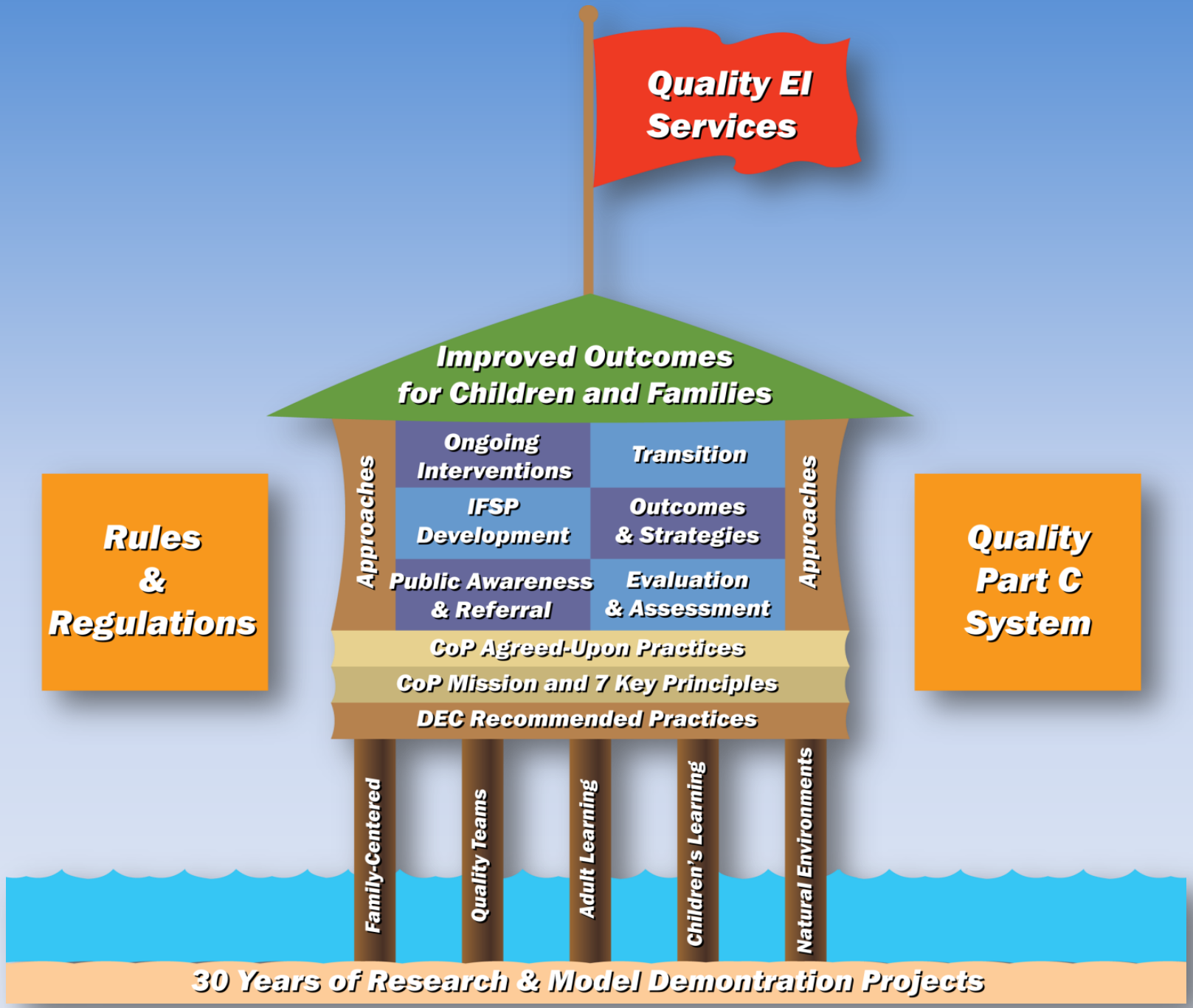
# Welcome

## Prior to this session discussion…

* Read chapters 1-3
* Complete *Give it a Go!* activity 1.1 Self Reflection
* Meet as a team to discuss similarities or differences in responses among team members
  - Why do you think that may be?
  - Were there any patterns in responses of different team members by discipline?
  - What did you learn as a team by doing this activity?
* Discuss any questions you have about the content in chapters 1-3 with your group

# Objectives

- Review the Agreed Upon Practices for early intervention as it relates to practice in your program
- Review the 7 key principles as they relate to your team's current beliefs and practices
- Describe the 5 foundational pillars and understand some impacts on practice


Quality EI Services
Improved Outcomes for Children and Families
Approaches
Ongoing Interventions
Transition
IFSP Development
Outcomes & Strategies
Public Awareness & Referral
Evaluation & Assessment
Approaches
Rules & Regulations
Quality Part C System
CoP Agreed-Upon Practices
CoP Mission and 7 Key Principles
DEC Recommended Practices
Family-Centered
Quality Teams
Adult Learning
Children's Learning
Natural Environments
30 Years of Research & Model Demontration Projects

# Meet Cyndi

- Cyndi makes home and community visits.
- While her training is in early childhood special education (providing special instruction) she is a **primary service provider.**
- Cyndi is supported by a team engaged in quality team practices.
- Any team member would have a similar day, doing similar work, no matter what their discipline.

# Reflection Question

Read about a typical day for Cyndi (pg. 7).
How similar is your day compared to Cyndi's?

A. **Very similar** – I provide services in a variety of locations (e.g., homes, restaurants, daycare, etc.); I work with families on a variety of functional outcomes and function as the primary provider but collaborate with other providers.

B. **Sort of similar** – I work in fewer locations, support less diversity of outcomes, and do not always use a primary provider approach with consultation.

C. **Not at all** – I rarely provide services in locations other than the school or home; I work on outcomes more specific to my discipline and mostly function on my own with little or no consultation.

# Agreed-Upon Mission

Cyndi works in a program that uses this statement as their "mission" to guide their program:

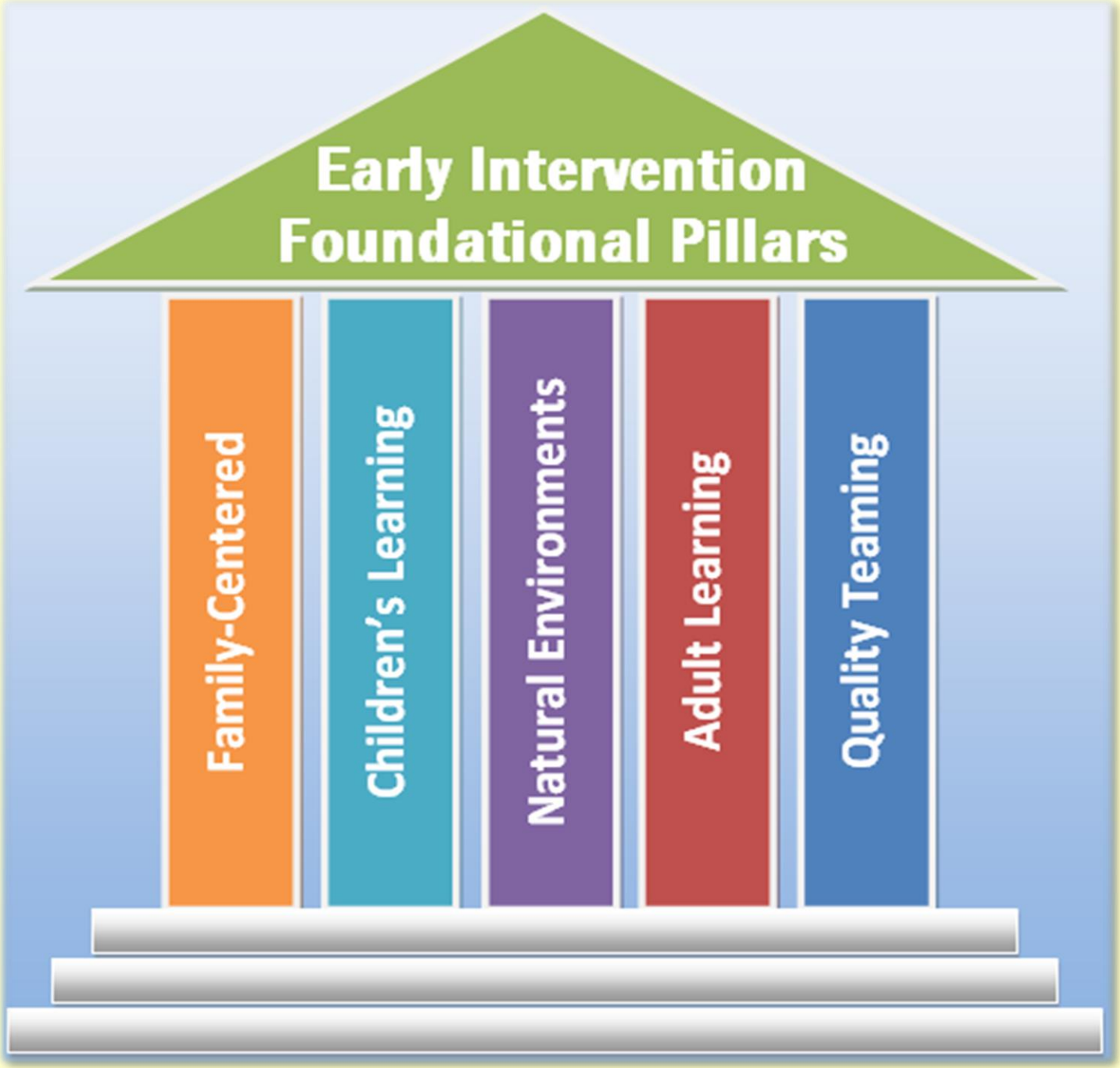
***"Part C Early Intervention builds on and provides supports and resources to assist family members and caregivers with enhancing children's learning and development through everyday learning opportunities"***

***(Community of Practice statement found on pg.38)***

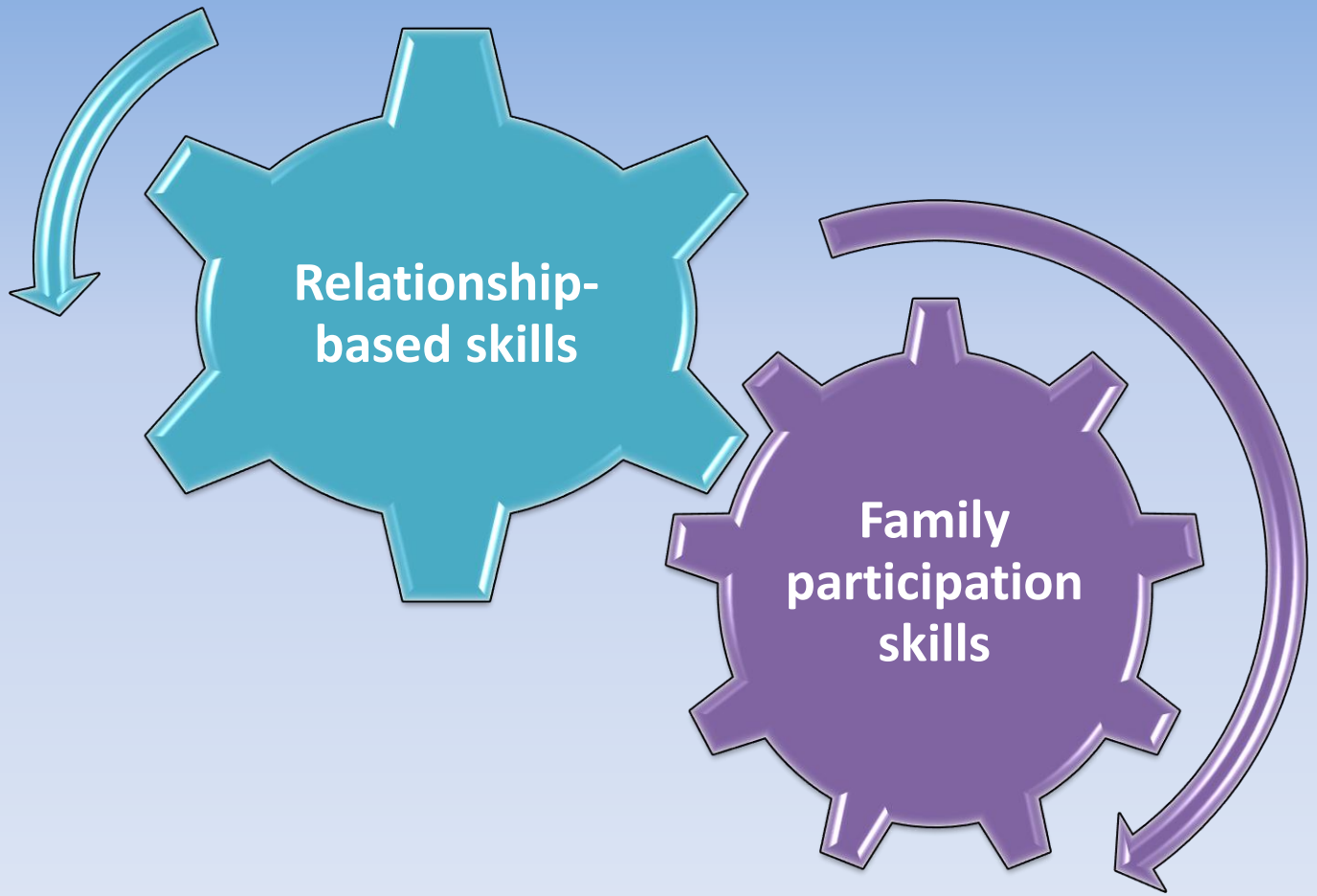
***Mission or purpose statements are important!***

# What is your mission?

* Discuss with your team what mission guides your program.


Early Intervention
Foundational Pillars
Family-Centered
Children's Learning
Natural Environments
Adult Learning
Quality Teaming

# Family-Centered



# Relational & Participatory

## *Relational*

***skills used by providers to build relationships with families***

- really listens
- sees me and my family in a positive way
- sensitive to my family's beliefs and customs
- recognizes the good things I do as a parent

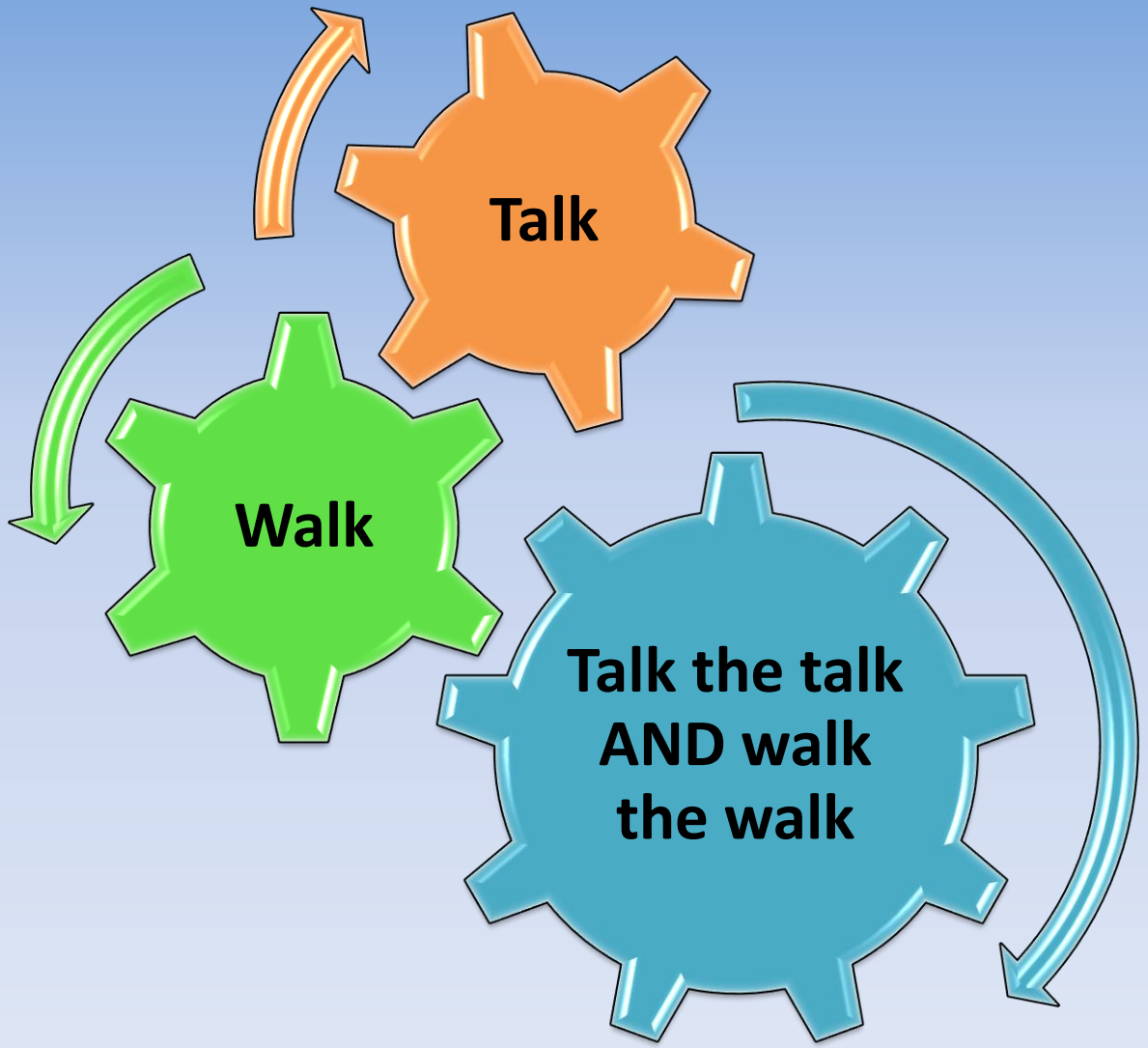
## *Participatory*

***skills used by providers to strengthen families by actively engaging them***

- shares information to make good choices
- supports my decisions
- helps me be an active part of getting resources
- is flexible when my family's situation changes

Wilson & Dunst, 2005

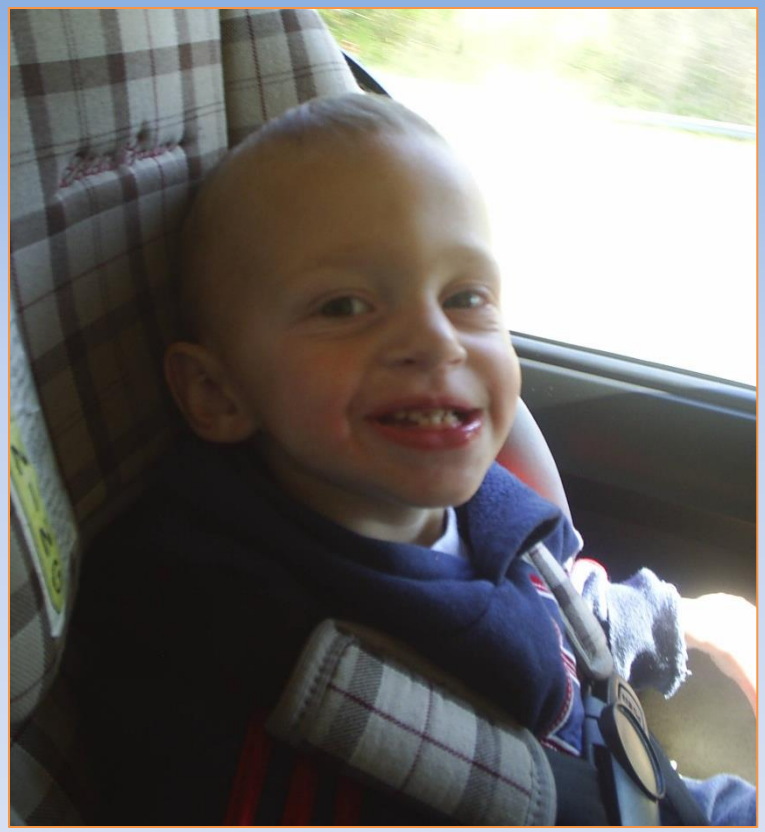
# Being Family-Centered



# Consider this

The provider continues to drive the family to the doctor's office for their regular visits, because they don't have a car.

What does this do for the family? What negative consequences might you see? What positive, help-giving actions can you think of to do instead?



# Some consequences could be:

- Fosters dependence on the help-giver
- Results in the family becoming a passive receiver of help
- Reinforces non-productive behaviors
- Creates a great sense of indebtedness

# *How* to help

- Help the family research other sources of transportation including public buses and non-profit options that offer rides to appointments.
- Ask a friend or other family member AND offer to do something for them in exchange for the ride.

# Consider this

The provider shares toys.
"I noticed you didn't have many toys to play with. Here are some you can use. Oh you can keep them it's okay."

What does this do for the family? What negative consequences might you see? What positive, help-giving actions can you think of to do instead?

# Some consequences might be:

- Undermines the parent's sense of competence & control
- Lessens the parent's self-esteem
- Reinforces negative feelings of self

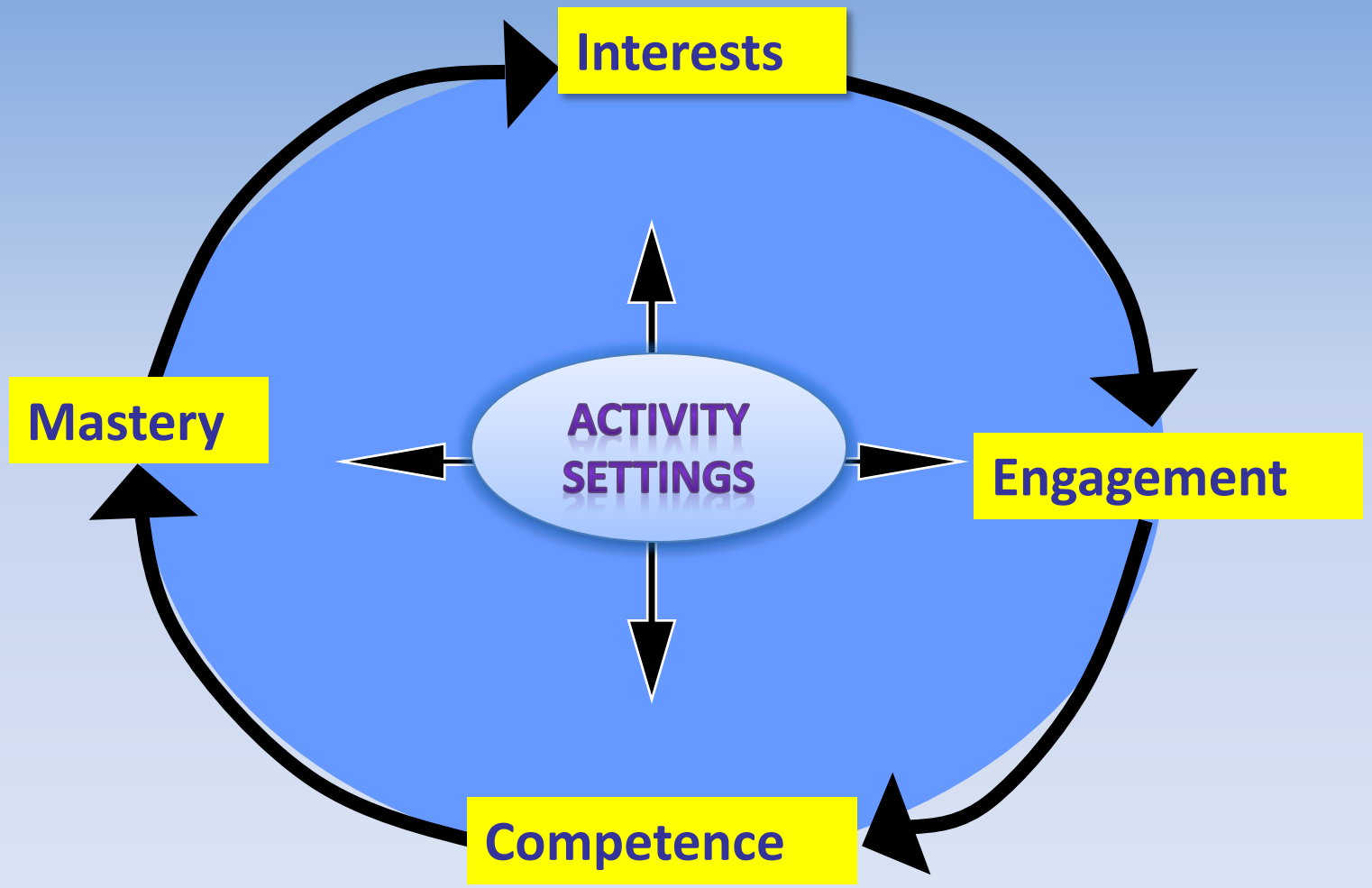
# *How* to help

- Ask “Would you like me to look around with you and see what we can find that would be fun for Johnny to play with?”
- Look for objects in the house that may not be obvious toys and use those during the visit (ex: plastic bowls, pots, pans, a wooden spoon, boxes).
- If the family has mentioned they wanted more toys better suited for their child’s age, share ideas of yard sales, or toy exchanges with other friends or family members.

# Outcomes of Family-Centered Practices

- Renewed sense of control & focus in some aspect(s) of their lives
- Increased self esteem, self worth, and competence
- Positive, hopeful outlook for the future
- Connections with their community
- Sense of belonging
- Ability to problem solve and realize goals and future dreams
- Reduced stress in daily living
- Increase in overall health and well being

# Children's learning




Dunst, Herter, & Shields, 2000

# Children's learning

*"We start with the assumption that each day, that every hour in every day, is of great importance to a child, and that when an hour is neglected, allowed to pass without reason and intent, teaching and learning go on nonetheless and the child may be the loser."*

(Hobbs, 1967, Am. Psych., p. 1109)

# Children's learning

*"Everyday activities most likely to serve as sources of children's development–enhancing learning opportunities are ones that are interest-based, engaging, provide opportunities for competence expression and child exploration, and promote children's recognition of their own abilities to influence their social and non social environments."*

(Dunst, 2000, 2001; Dunst, Bruder, Trivette, Hamby et al., 2001)

# Children's learning

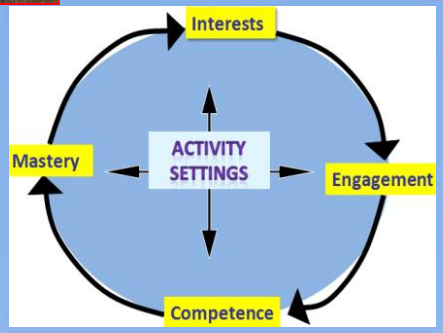
Studies show high interest activities result in high competence. *People, objects, and events that interest children* are things that get their attention and *encourage them to play, explore, and participate in interactions* with people and objects. Interest-based playing, exploring, and participation is called **engagement**. When children are engaged in everyday activities, they are able to practice existing capabilities and learn new skills.

# Children’s learning

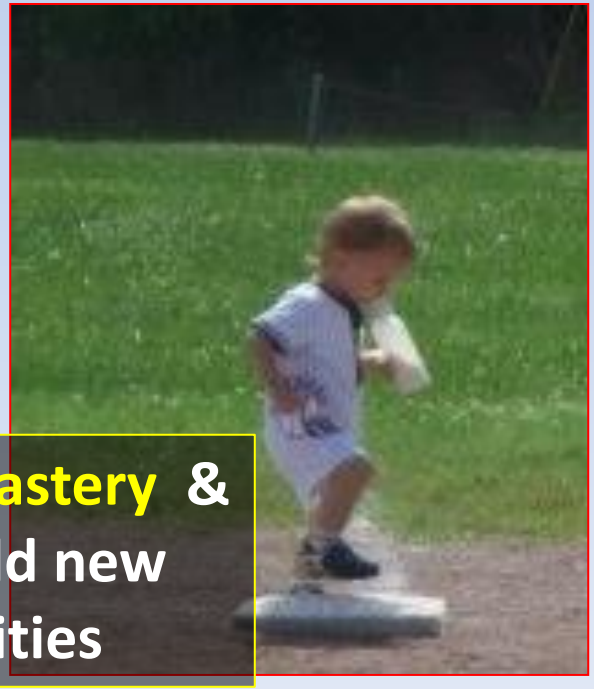
- Expression of existing and emerging competence is influenced by how parents and practitioners respond to children’s display of competence.
- As children come to understand the relationship between their behavior and its consequences, their sense of mastery is strengthened. This in turn reinforces existing interests as well as promotes new interests, setting the cycle of influence in motion again.

Understand children's **interests**

Support their **engagement** & participation



Encourage practice to achieve **competence**



Reach **mastery** & scaffold new abilities

# Young children learn best…

- through natural routine learning opportunities.

  *Roper & Dunst, 2003; Dunst, Bruder, Trivette, Raab, & McLean, 2001*

- by engaging in activities that interest them and in turn strengthen and promote their mastery of skills and behaviors.

  *Dunst, Bruder, Trivette, Raab, & McLean, 2001; Shelden & Rush, 2001*

- through authentic activities that are meaningful and developmentally appropriate for the child.

  *Bricker, 2001; Roper & Dunst, 2003*

# Natural Learning Environments

## THEY ARE NOT

* just the location or a move away from the "clinic" or special education classroom and doing the same kinds of things in the home

* bringing your toy bag and lessons into the home and showing the family (and child) things to do

## THEY ARE

* seeing the family's whole day, the activities that happen, the places they go, the things they are involved in **AND** seeing these as sources of children's learning

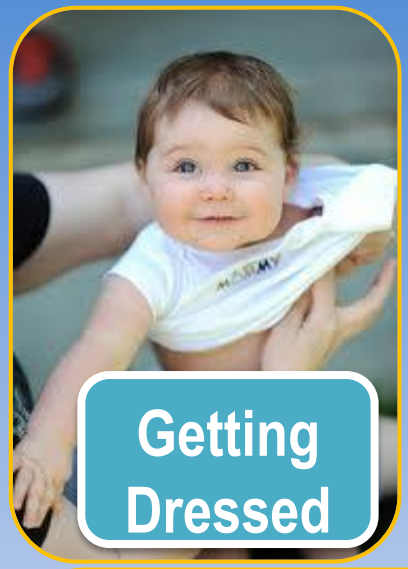
* beginning with what the family identifies as important, what they want help with, what they hope for

# Natural Environments

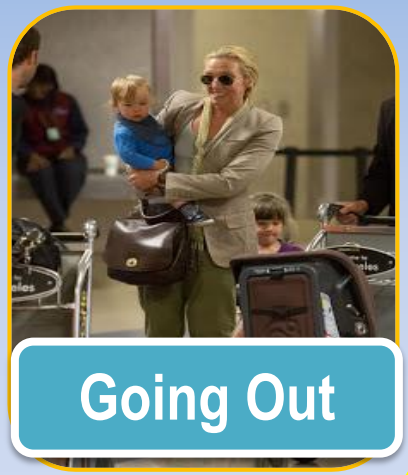
- Take a look at the pictures in the next slide…
- Notice any patterns?

Waking up

Meal Times


Getting Dressed

Toilet/Diapering


Going Out

Play with Others

Play By Self

Napping

Grocery Shopping

Outside

Hanging Out

Bath Time

Bedtime

# Natural Environments

**They are ALL natural environments!**

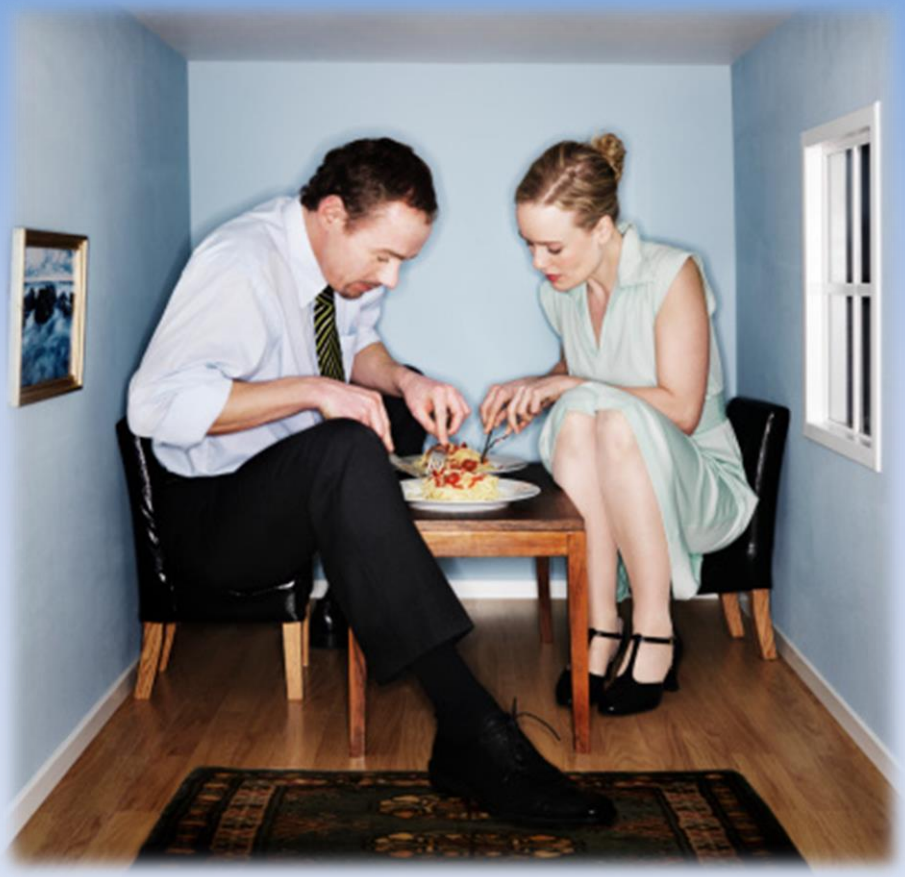
# Adult learners…

- decide for themselves what's important to learn
- need to know their perspectives are valued
- have many past experiences and knowledge
- need "REAL" practice opportunities
- should be encouraged to question
- ultimately see themselves as active change agents

**Trust + Respect = Relationship**

# Adults Learn Differently

- Adults and children are very different learners
- We need to know ***how to*** *support adults (parents/ caregivers)* in meaningful, functional, and respectful ways



# Quality teaming

"It is a MAJOR assumption of early intervention that NO ONE person, discipline, program, or agency can provide the support necessary for a family with a young child with a disability."

Michael Gamel-McCormick, 2006

# Quality teaming

Each member of the early intervention team is generally skilled in their respective area of expertise…

…however, they may require continued learning to gain the experience and proficiency to provide optimal family-centered services.

# Quality teaming

- IDEA does not dictate specific methodologies to successfully provide team-based services
- Early intervention must represent a system of services uniquely tailored to meet the diverse needs of individual families with infants or toddlers with disabilities
- The different disciplines on an EI team represent different entities of the system
- That system must fully integrate to optimally support families of children with disabilities in their natural environments

(*McCormick: Issues in Early Intervention:* Science, Intervention, Policy & Reality; *Iowa Department of Education, April 2006)*

# Reflection Question

*What type of team are you on?

A. Multidisciplinary

B. Interdisciplinary

C. Transdisciplinary

## Think about your team and review:

- Give it a Go Activity 2.7 (p. 34; answers on p. 36)
- Give it a Go Activity 2.8 (p. 35)

**A primary service provider approach will only work if the "PSP" is effectively supported by others on the team**

# Seven Key Principles

# Reflection Question

*In the Self-Reflection activity (p. 12), what did you discover?

A. My responses were very similar to my colleagues.
B. My responses were somewhat similar to my colleagues.
C. My responses didn't jive with my colleagues.
D. We were all over the map.

# Key Principle #1

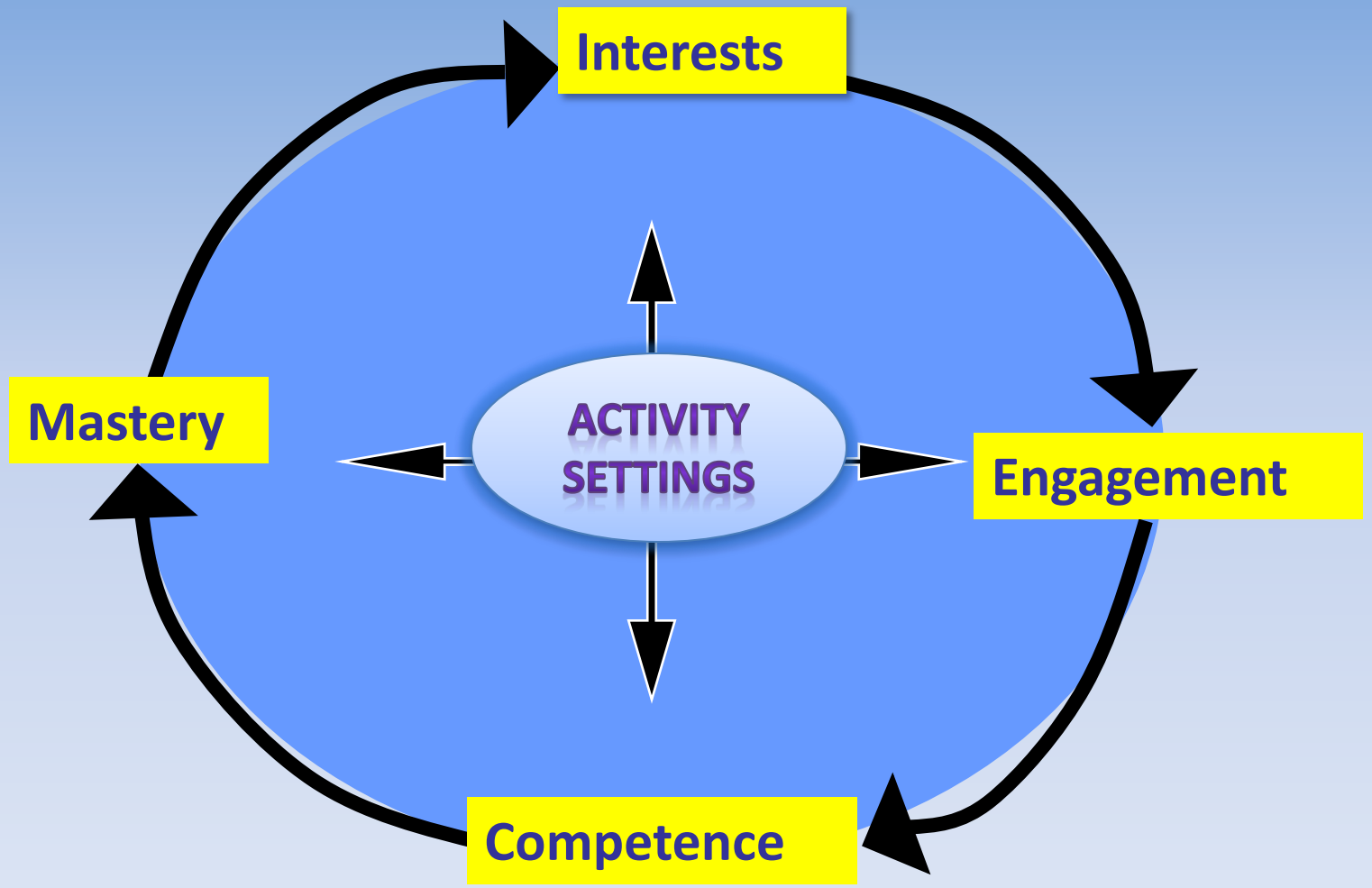
***Infants and toddlers learn best through everyday experiences and interaction with familiar people in familiar contexts.***

*3.* Providers **should** or **should not** understand that certain children, such as those with autism, do not benefit from family interactions and natural learning opportunities?

| | |
|---|---|
| **A.** | **Should** |
| **B.** | **Should not** ★ |

# Because…

- Activity settings are everyday activities
- Children master new skills and learning through practice. The longer children play with and engage in activities they enjoy, the more time and practice they get learning contextually relevant skills and abilities.




Dunst, Herter, & Shields, 2000

# Key Principle #1

***Infants and toddlers learn best through everyday experiences and interaction with familiar people in familiar contexts.***

***8.*** *Providers* ***should*** *or* ***should not*** *bring a well-equipped toy bag into the home for each visit?*

| | |
|---|---|
| **A.** | **Should** |
| **B.** | **Should not** ★ |

# Reflection Question

**Honestly, to what extent do you use a toy bag?**

A. Never - I never bring toys on a visit.

B. Infrequently - If I ever bring a toy, I discuss it with the family ahead of time. It's used toward an outcome and I plan to leave it with the family. Happens rarely (10% of visits).

C. Occasionally - I bring in toy(s) to help address outcomes. This happens on about ~30% of my visits.

D. Sometimes - (about ~50%) I plan an activity or bring in a toy. Not all families have toys and it's helpful for parents to see what they can do with toys/activities.

E. Mostly - I mostly bring toys (~70% of the time) – I use them to help guide the visit. The children often engage better when I bring in toys.

F. Always - I always bring a toy bag and use the toys/activities with the child. The toys help me organize what I'm going to do. Families expect me to bring my toy bag.

# Toy Bag Arguments (McWilliam)

| | |
|---|---|
| •Working from a toy bag implies that the **home visitor's interaction** with the child for 1 hour a week **is intervention**. | •The hour is better spent working with the parents, because **adults can benefit from 1-hour**, weekly sessions. |
| •The toy bag implies that **what the family has is inadequate**. | •The home visit should be, in part, about **reassuring families of their competence**. |
| •If the toys are **so important, why are they removed** at the end of the visit? | •The home visit should **prepare the family to intervene** during all the many hours between home visits. |
| •Toy bag people spend 80% of the home visit on something that **consumes only 5-15% of a child's time**: adult-child-toy play. | •Home visits should provide consultation to families on **interventions that can happen in all naturally occurring routines**. |
| •Toy bag play tends to be **adult-directed**. | •Intervention is most effective when it **follows a child's interest**. |

# Key Principle #2

***All families, with the necessary supports and resources, can enhance their children's learning and development.***

**5.** *Providers* ***should*** *or* ***should not*** *assume that certain types of families need more help based on family circumstances or a child's type of disability?*

| | |
|---|---|
| **A.** | **Should** |
| **B.** | **Should not** ★ |

# Reflection Question

**This is because (choose ALL that apply):**

A. ALL families have strengths and capabilities to help their child not just certain kinds of families.

B. Services are determined based upon the family's functional outcomes versus child's disability.

C. More services are better for more involved children to make progress.

D. Families have networks of informal and formal sources of support that meet many child and family needs.

E. Parents don't understand child development and what the child needs.

# Because…

- Review the At a Glance on p. 41
- Look again at pages 13-20
  - Family-Centered Practices foundational pillar
- Think again about your agreement and your team's agreement with principles 2, 3, 4, & 5

# Key Principle #3

***The primary role of service providers in early intervention is to work with and support the family members and caregivers in children's lives.***

**8.** Providers **should** or **should not** give all families activity sheets or worksheets and ask parents to chart their child's participation in assigned activities during the week?

| | |
|---|---|
| **A.** | **Should** |
| **B.** | **Should not** ★ |

# Reflection Question

**This is because (choose ALL that apply):**

A. Data collection is critical and families must collect it.

B. A few families might like to chart progress, in a way they find helpful.

C. By assigning activities for the family to do between visits, I promote their engagement.

D. Functional outcomes are addressed in the context of day to day activities versus discrete teaching trials.

E. Activity sheets are an important way to give families things to do between visits.

# Because…

- Review At a Glance on p. 43
- Review the Adult Learning foundational pillar on pgs. 27-31, and effective help-giving on pgs. 15-17
- Think again about your agreement and your team's agreement with principles 1,3,4, 5,6 , & 7

# Key Principle #4

***The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members preferences, learning styles, and cultural beliefs.***

**9.** Providers **should** or **should not** ensure that all families receive the same number of visits and information as part of EI process so that all is fair and equal.

| | |
|---|---|
| **A.** | **Should** |
| **B.** | **Should not** ★ |

# Because…

- Equal access to services does not mean that all families should get the same types and frequency of services
- Family priorities (IFSP outcomes) drive service decisions
- Family and child needs change frequently and services should be flexible to adjust to those changes

# Key Principle #5

***IFSP outcomes must be functional and based on children's and families needs and family-identified priorities.***

*This principle is covered more in-depth in discussion 2*

# Key Principle #6

***The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.***

**7.** Providers **should** or **should not** recognize that a primary service provider approach means that everyone on the team should be able to provide any service (e.g. OT or PT can do speech therapy)?

| | |
|---|---|
| **A.** | **Should** |
| **B.** | **Should not** ★ |

# Because…

- IFSP outcomes are functional and routines-based, not discipline specific
- Learning is holistic versus isolated by discipline
- The PSP is the provider best equipped to address the family's outcomes WITH support from the other team members
- Co-visits can occur as needed
- Everyone cannot know what everyone else knows – consultation and coaching is KEY

# Primary Service Provider (PSP) is not…

- ✗ a new concept
- ✗ the only person the family gets to see
- ✗ always the EI specialist out there on their own
- ✗ a watered down way of giving services
- ✗ a cheaper way of providing services
- ✗ what is used due to staff shortages
- ✗ the approach only for children with mild delays

# Advantages of a PSP

- ✓ Visits with families are more holistic and less fragmented for caregivers
- ✓ Emphasizes "joint thinking" through multiple perspectives about what is working and then problem solving what isn't working
- ✓ Supports the family/caregivers to promote the child's learning in "real" situations
- ✓ Less intrusive to families
- ✓ Transdisciplinary focus which is supported by ASHA, AOTA, APTA, DEC

(FIT fact Sheet #1- New Mexico 2010)

# Key Principle #7

***Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.***

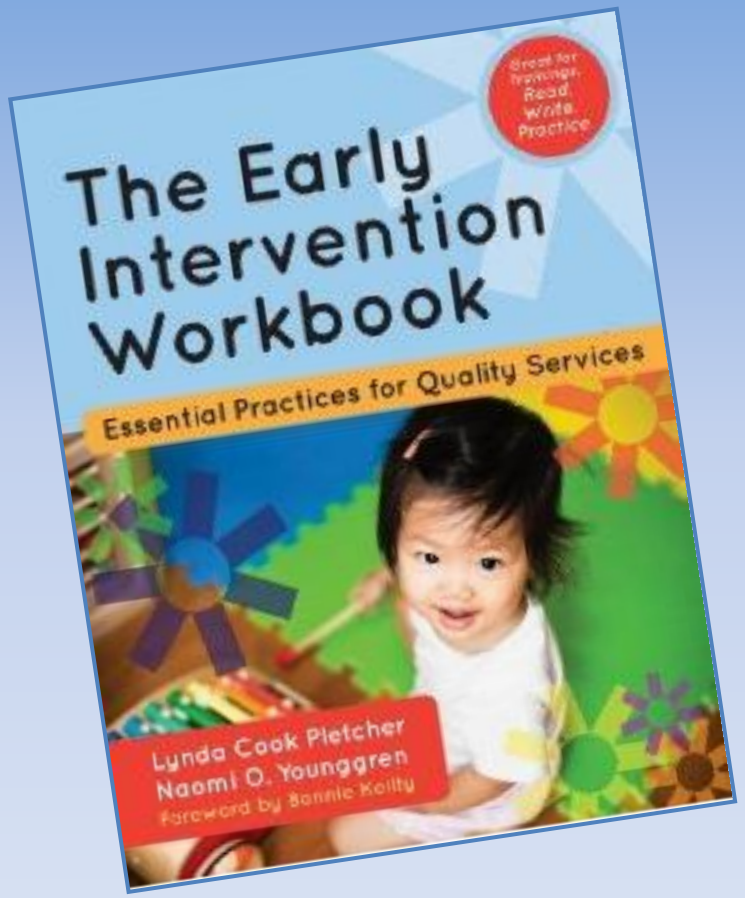
# Last thoughts….

- Reflect with your team:
  - What materials do you now share with families to explain what early intervention is all about? Does it clearly explain your role and the families role? Is there something(s) you think you could improve on?
  - What methods do you currently use to gather information from families? Is it sufficient? What would you change if you could?
  - Choose something from one of the chapters you could do differently (as a team or individually) after reading the chapter.

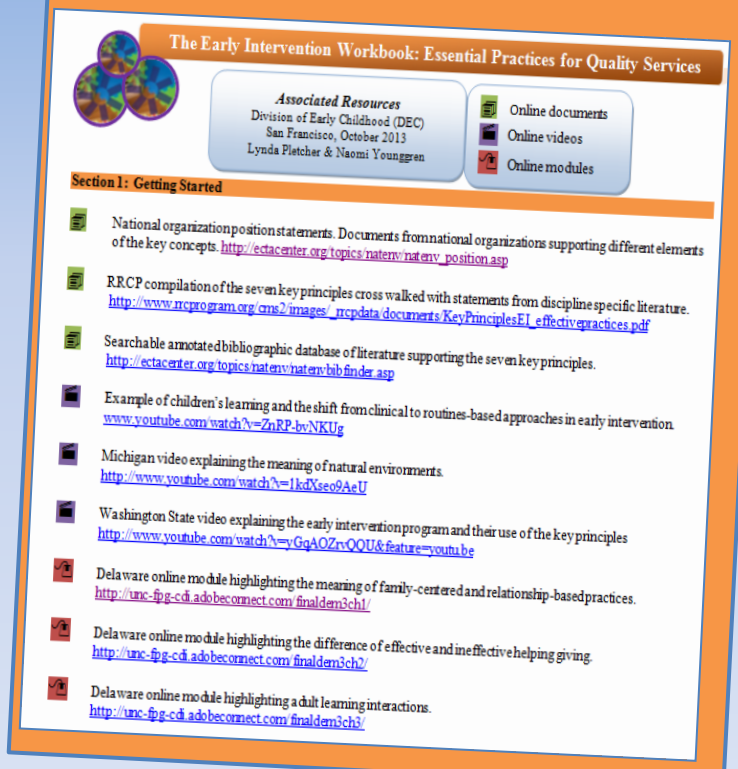
# Next steps

- Based on your readings and/or team discussion, identify one thing that you would like to try or do in your early intervention work with families
- Prepare for the next session by reading Chapter 4 (Beginning the Journey: The Referral and Initial Visits) &
  Chapter 5 (The Importance of Evaluation and Assessment)
- Have fun and be open to other team members' ideas, comments, and concerns as you practice relationship building!

# The book & additional resources




## Other Associated Resources



**The Early Intervention Workbook: Essential Practices for Quality Services**

***Associated Resources***
Division of Early Childhood (DEC)
San Francisco, October 2013
Lynda Pletcher & Naomi Younggren

- Online documents
- Online videos
- Online modules

**Section 1: Getting Started**

- National organization position statements. Documents from national organizations supporting different elements of the key concepts. http://ectacenter.org/topics/natenv/natenv_position.asp
- RRCP compilation of the seven key principles cross walked with statements from discipline specific literature. http://www.rrcprogram.org/cms2/images/_rrcpdata/documents/KeyPrinciplesEI_effectivepractices.pdf
- Searchable annotated bibliographic database of literature supporting the seven key principles. http://ectacenter.org/topics/natenv/natenvbibfinder.asp
- Example of children's learning and the shift from clinical to routines-based approaches in early intervention. www.youtube.com/watch?v=ZnRP-bvNKUg
- Michigan video explaining the meaning of natural environments. http://www.youtube.com/watch?v=1kdXseo9AeU
- Washington State video explaining the early intervention program and their use of the key principles http://www.youtube.com/watch?v=yGqAOZrvQQU&feature=youtu.be
- Delaware online module highlighting the meaning of family-centered and relationship-based practices. http://unc-fpg-cdi.adobeconnect.com/finaldem3ch1/
- Delaware online module highlighting the difference of effective and ineffective helping giving. http://unc-fpg-cdi.adobeconnect.com/finaldem3ch2/
- Delaware online module highlighting adult learning interactions. http://unc-fpg-cdi.adobeconnect.com/finaldem3ch3/

**http://bit.ly/EIworkbook**

# Thanks for participating!

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