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Getting Back to the Roots of EI . . .

“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**.

Can we return to the roots of early intervention? Does anyone even want to? Would doing so lead to better outcomes?

Early intervention was never intended to be a program to provide direct intervention to children. It was designed to support a “child’s first teachers” – parents, caregivers, teachers as a consultative adult education program that attends to the complex, interrelated needs of developing children **and their families**. How can a state’s program go back to the roots of EI? By moving from **services to support**.

When Part C programs embrace the mission of IDEA, they have caregiver **support** as the goal of **services**:

- Information/materials
- Coaching/Training
- Emotional support



EI: Incorporating Apps in Daily Routines



PART 2 continued from Part 1 (Fall 2013 issue Vol. 2 / Issue 4). Excerpted from: “More on the iPad! Integrating iPad Use into Existing Activities and Routines.” Tots-n-Tech Web [newsletter] [Arizona State University](http://tnt.asu.edu/files/March2012.pdf), Thomas Jefferson University, March 2012. <<http://tnt.asu.edu/files/March2012.pdf>>.

NOTE: iPads and iPhones are not funded under Part C and are not considered “adaptive equipment.” Apps can be useful tools for the classroom teacher or for families who already have/use this technology.

With emerging educational apps for iPhones and iPads, opportunities exist for families to incorporate interactive technology into a toddler’s day so learning can occur in the context of a routine in which the child already typically engages.

Selecting Routines: When selecting routines to embed intervention, parents/providers consider:

- 1) what is presently happening
- 2) what the family would like to happen in the future (the goal)
- 3) how to work towards that goal

Conduct periodic evaluation to see if the apps are helping the child move from the starting point to the goal. If not, caregivers can collaborate with providers to come up with a way to alter the routine or use the app more effectively. As goals are achieved, new learning opportunities may be embedded within successful routines so that even more progress can be made in different but related areas.

Example -- Bedtime Routine: Bedtime can be a difficult transition for children. However, once the child has no trouble completing the steps to get ready for bed, an opportunity for new learning opens. One suggested app to help with communication in preverbal children or children who have yet to master the facial movements necessary to speak clearly is *Smart Oral Motor* (iPad and iPhone, \$5.99). In this app, Clever the duck asks children to mimic funny faces that he makes -- puckering his beak, puffing out his cheeks, moving his tongue from side to side. The app is very simple and will not over-stimulate the child before falling asleep. Two year old Susie was unable to speak. She’d been seeing a speech pathologist for months and was making progress. At the suggestion of her speech pathologist, her parents purchased *Smart Oral Motor* and began to implement it at night just before bed. They set up a mirror in front of Susie’s bed so she could see the shapes her mouth and cheeks were making while using the app. The completion of each exercise and earning 15 stars from Clever became her signal that it was time to go to sleep. She slowly gained further control of her jaw, tongue, lips, and cheeks . . . and went to bed happy!

Helpful Web sites: Here are sites with reviews of more apps that can be integrated into routines:



- Apps for Children with Special Needs:** <http://a4cwsn.com/>
 - ☞ Reviews apps for children with different types of disabilities
 - ☞ Includes video of many of the apps
- Bridging Apps:** <http://bridgingapps.org/>
 - ☞ Includes reviews, an active community, and success stories
 - ☞ Apps for language development, reasoning, counting
- Autism Speaks:** <http://www.autismspeaks.org/family-services/autism-apps>
 - ☞ Constantly adding apps to its already expansive list
 - ☞ Links to other websites with lists of top apps for disabilities of all types

BOOK REVIEW: THE HOME VISITOR'S GUIDEBOOK

Carol Klass' updated bestseller *Home Visitor's Guidebook* for the next generation of practitioners is the ultimate professional development resource for early interventionists, social workers, therapists, and other home visitors. This research-based guidebook is enhanced with up-to-date references and new material on today's hot topics in EI:



- role of grandparents
- assessment and evaluation in the NE
- achievement motivation
- moral identity
- the secure child
- childhood illness, dental disease, nutritional deficiencies, obesity, asthma and allergies, and lead poisoning

Readers learn the basics of effective home visiting: building trust with families, communicating effectively, maintaining boundaries, working with families experiencing risk factors, and integrating professional beliefs with families' cultural beliefs to approach their important work with renewed passion and creativity.

In-depth child development information and practical guidelines give home visiting professionals the tools to help parents:

- encourage children's healthy social and emotional development
- provide developmentally appropriate guidance and discipline
- enhance children's communication and language skills
- use play to promote learning and development
- strengthen family connections through everyday rituals and celebrations
- foster positive sibling relationships

Throughout the book, the voices of veteran EI professionals reflect on successes and challenges in working with families at home to provide readers with information on creating a support network and learning new strategies through professional development. Their real-life examples throughout the book model skillful and positive interactions with families to demonstrate effective home visiting that gets parents engaged and actively involved in their child's development.

ORDERING INFORMATION:

Carol S. Klass, PhD
The Home Visitor's Guidebook, Promoting Optimal Parent and Child Development, 3rd Edition
Copyright, 2008. ISBN: 978-1-55766-903-2

BROOKS PUBLISHING: <http://products.brookespublishing.com/The-Home-Visitors-Guidebook-P213.aspx>

AMAZON: <http://www.amazon.com/The-Home-Visitors-Guidebook-Development/dp/1557669031>

The Vanderbilt Home Visit Script

The Vanderbilt Home Visit Script gives therapists a meaningful way to collaborate with families to get a progress update on each functional outcome on which they've been working with the child.

The provider would begin by asking general questions to get family feedback:

- ✓ How have things been going?
- ✓ Is there a time of day that's not going well for you?
- ✓ Do you have anything new you want to ask me about?

Next, the provider would check "how it's going" with each outcome (in priority order). If the child has achieved the outcome to the family's satisfaction, the provider would ask the family about "next steps" to build on the skill/ increase difficulty.

If the family reported no progress, then the provider would ask questions to find out why the intervention strategy isn't working. The provider and family would brainstorm together to either revise the strategy or select a different routine or the provider would watch the caregiver and provide feedback/support on how to make it more effective.

Providers would end the family session with questions like:

Do you have enough or too much to do with [your child]?

and adjust the intervention up or down based on the family's response.

http://www.siskin.org/downloads/Vanderbilt_Home_Visit_Script.pdf



Introduction to RBEI

Routines-Based Early Intervention

Routines are functional events of daily living that offer opportunities to teach and practice meaningful skills in settings and situations as they are needed. By definition, they occur on a regular basis and are repeated frequently, offering multiple opportunities for teaching and learning. Routines-based intervention is a systematic approach to embed intervention into regularly occurring activities (routines) in the child's typical day (at home and at daycare). The functional interventions are then carried out consistently by everyone involved (family members, daycare providers, and service providers) throughout the day rather than isolated intervention strategies performed in individual, isolated therapy sessions.

Family-guided routines are those functional and predictable activities that match the interests and individual schedules of the child and family. The family selects the functional outcomes for the IFSP and guides the selection of appropriate targets and contexts for intervention. Routines which are selected for intervention are predictable and positive for both the child and care providers to enhance the ease of use and the potential for positive outcomes.

Yet many service providers are concerned about the family's "follow through" in incorporating intervention strategies to enhance their child's development, preferring to continue seeing children at their clinic or center so that professionals can work with the child and monitor the child's progress. How can dedicated providers shift their practices to train caregivers to consistently carry out intervention strategies?

1. Identify the general schedule of the child's and family's day including typical routines. Identify the family's priorities and concerns relating to the child's skills within these daily activities. Identify outcomes the family wants their child to accomplish.
2. Select preferred daily routines that work for the family. Consider the child's strengths and needs as well as the family's strengths and needs.
3. Select intervention techniques to meet the outcomes. Build intervention techniques and activities upon natural strategies already used by care providers.
4. Work as a team with the child's service providers to collaborate so that all providers are implementing strategies across environments and activities. Try using a schedule matrix which identifies the routines selected for embedding intervention, the outcomes to be targeted, and the strategies to use to support the child's learning when the opportunity occurs (developed with the family and all providers on the IFSP team).
5. Teach new strategies to the family and other caregivers (model when appropriate).
6. Monitor progress, gather feedback from caregivers. Revise and adjust strategies, as needed. Remember, poor follow-through usually indicates a "bad fit" for caregivers.

For more information, try this online self-guided training:
www.nectac.org/~ppts/topics/natenv/ny92010.ppt



Early Intervention vs. Service Provision

Intervention: *What the child receives.*

Service: *What the parents receive.*

– Dr. Robin McWilliam

Did YOU Know?

TRANSITION and EXIT from PART C in CDS:

Transition planning in CDS begins about nine months before the child's third birthday and involves estimating the date of the transition conference (which must be held more than 90 days before the third birthday) and scheduling that conference at the estimated time and place (this can be changed when the conference actually occurs). Once scheduled, the transition plan in CDS can be accessed and steps can be entered in real time as service coordinators plan with families.

Arkansas does not have an opt out policy around Transition. LEA Notification must be sent for all children approaching three with an active IFSP and a transition plan with steps to exit Part C must be completed for every child. Parents can "not authorize" sending the child's EI file (referral packet) to the LEA and parents can refuse the transition conference (service coordinator must get this in writing and document as such).

Part of planning includes printing and sending the LEA report for all children with an active IFSP approaching the third birthday **in that quarter**. Don't forget to record notice as sent by clicking the yellow button in CDS.

Quarter	Service Coordinator	Parent/Child
January 1, 2014	[REDACTED]	[REDACTED]

Reporting Dates	To:	Co-ops/Contact
January 1 (April, May, June birthdays)	[REDACTED]	[REDACTED]
April 1 (July, August, September birthdays)	From: Amy Cassey	Service Coordinator
July 1 (October, November, December birthdays)	Arkansas Department of Human Services	Program / Region
	(870) 659-4567	Contact Number

All children who have been receiving EI services for 6 months or more who exit Part C (for any reason: transition, moving, no longer eligible) must have the COS (Child Outcomes Summary) completed and recorded in CDS. This data is not only how our state measures child progress but is also a requirement of all states receiving federal funds for Part C programs. In 2013, 3,125 children exited the program, but only 1,463 of them had outcomes data recorded. This is an area in which service coordinators and the IFSP team must work together to capture accurate exit data for federal reporting purposes. Even if a child is not transitioning to Part B, or exiting Part C at the third birthday, COS must be completed by accessing Outcomes on the Transition Tab in CDS. The Age Anchor and Decision Tree tools to help teams more accurately rank a child's functional skills will soon be available in CDS linked in the transition section. Or, e-mail ravyn.denton@arkansas.gov for copies.

Part B Eligibility Requirements:

Children 3-5 are eligible with evaluation scores -2 standard deviations in one area of development or -1.5 in two areas of development, if the developmental delay significantly affects the child's ability to learn/function. More information on IDEA categories of disability can be found at: <http://nichcy.org/disability/categories>

5 Steps to Address Maternal Depression

Excerpted from "5 Action Steps to Address Maternal Depression in Head Start Programs" *Georgetown University*.
<<http://www.ecmhc.org/maternal-depression/index.html>>.

In a 2002 study, the Administration for Children and Families discovered that approximately 15% of new mothers suffer from postpartum depression. However, rates of maternal depression are much higher in lower-income families. In their study, "52% of mothers in the Early Head Start research study reported high levels of depressive symptoms."

Depression interferes with a mother's ability to be responsive to her infant, which has been shown to negatively affect her infant's social-emotional and language development. Depression additionally reduces maternal energy and ambition, making parenting older children more difficult and negatively impacting the family. The Early Childhood Mental Health Consultation (ECMHC) suggests:

- **Reduce stigma** by promoting awareness of depression as a common and treatable condition
- **Train staff** about depression warning signs and how to talk with families
- **Identify families** in need of support through validated screening tools
- **Connect families** with community-based treatment services
- **Provide reflective supervision** for staff working with families who have mental health challenges

For each of the five action steps, the ECMHC Web site offers resources and specific steps EI professionals can use to reduce the impact of depression in the families they serve. For information, tips, and resources, visit: <http://www.ecmhc.org/maternal-depression/index.html>.

