

Connections



FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS






(800) 643-8258

<http://humanservices.arkansas.gov/ddds/Pages/FirstConnectionsProgram.aspx>

Summer 2014 July, August, September

Volume 3 / Issue 3

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Medicaid Recipients'
Connection to
Medical Home,
Dental Care,
Transportation

The ConnectCare Helpline Call Center

6:00 am - 10:00 pm, Mon--Fri.
1-800-275-1131 or
501-614-4689
TDD: 1-800-285-1131

- Assigning a PCP
- Changing PCP to a different doctor
- Providing information and contacts for other programs / organizations.

The ConnectCare Dental Helpline Call Center

8:00 am-4:30 pm, Mon - Fri.
1-800-322-5580 or
501-614-5933
TDD: 1-800-285-1131

- Finding a dentist
- Scheduling/rescheduling appointments
- Appointment reminder calls
- Answering dental benefit questions
- Arranging Medicaid transportation for dental appointments (ARKids A only)
- Providing information and contacts for other programs / organizations.

ConnectCare Outreach Program

promotes ConnectCare services by attending community events, providing brochures and materials at events, and publishing a newsletter three (3) times per year. Contact Misty Smith at 501-280-4179 Misty.D.Smith@arkansas.gov Or visit the site at www.seeyourdoc.org.

Spanish Bilingual Services are available.

Dual Purpose of Early Intervention

Section 1431(a) of IDEA (2004 statute) points out the dual focus of services and supports for infants and toddlers with disabilities and their families:

Congress finds there is an urgent and substantial need: to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delays and to recognize the significant brain development that occurs during the child's first three years; AND to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities.

IDEA and early intervention best practices view infants and toddlers as part of a family unit. Therefore, the development of infants and toddlers can best be understood and promoted within the context of family environments and typical daily activities and childcare routines. Early intervention is most effective when parents are respected and empowered as consumers and as active team members collaborating with EI professionals. (RRCP-NECTAC-ITCA-OSEP Orientation Committee, 2009).

Children learn and develop most effectively when:

- ✓ The activity is meaningful to the child or serves a purpose
- ✓ They are engaged and interested in an activity
- ✓ Skills can be mastered through frequent, natural repetitions
- ✓ Participating in natural learning opportunities in typical activities
- ✓ Participating in routine activities as part of daily life

(Dunst, Bruder, Trivette, Raab & McLean, 2001; Shelden & Rush, 2001)

Families play a critical role in early intervention. Early intervention services support families to help their child's healthy development. Research shows that when family outcomes improve, child outcomes improve as well.

Home Visiting: HOW we support families is as important as WHERE

Developmental researchers know that responsive, sensitive, warm parent-child interactions and appropriate levels of stimulation nurture positive global child outcomes (Bornstein & Tamis-LeMonda, 1989; Clarke-Stewart, 1979). Since the mid-1980's enhancing family capacity is a stated goal for both the Early Head Start and Part C programs as are increasing parental knowledge and enhancing positive family interactions to maximize the child's active participation in home and community settings.

A study conducted through Iowa State University and published in the 2007 Journal of Early Intervention looked at intervention strategies used by EHS and Part C in rural Iowa. 28 families parenting a child with a disability and receiving Part C services and 92 families receiving Early Head Start services participated. The report reveals that minimal time was focused on facilitating parent-child interactions; when these strategies were used, however, mothers were more likely to be engaged in the intervention activities.

The study reveals that while many interventionists meet IDEA natural environment guidelines and embrace the mission of enhancing parent's capacity, less than 1% of home visit time is devoted to coaching parent-child interactions and modeling for parents. Families' actual intervention experiences often did not match stated program goals.

Part C interventionists spent 66% of their time during the home visit interacting **with the child directly**:

- ✿ interventionist-child interactions (26% of the time)
- ✿ interventionist and another adult (parent or another professional) interacting jointly with the child (40% of the time)

Even during interactions where the interventionist and parent interacted with the child, the interventionist was usually initiating activities and controlling materials, acting as the child's teacher rather than facilitating parent-child interaction or modeling by focusing attention on the parent to provide information or guidance during the interaction.

Researchers viewing recorded intervention sessions noted that mothers were more likely to be highly

engaged when interventionists addressed child development using strategies that involved them in direct interactions with the child rather than via conversation – indicating that coaching and modeling are strategies most likely to result in family participation/engagement. Maternal engagement has been linked to a number of important outcomes including maternal supportiveness during play, a more stimulating home environment, and better child cognitive development.

A key element of effective home visits is facilitating parent-child interactions during developmentally appropriate activities and daily routines to coach parents during the parent's interactions with their child.

Still, home visitors used interactive coaching and modeling strategies only about one-third of the time, despite the fact that these strategies were associated with increased rates of mothers' engagement.

Unfortunately, several commonly used intervention strategies associated with decreased parent engagement were used during much of the home visits:

- ✿ paperwork (child assessment or goal setting)
- ✿ providing positive affirmation
- ✿ providing information
- ✿ efforts to engage others in the interaction
- ✿ listening
- ✿ asking for information
- ✿ self-disclosure

The study's examination of home visiting practices revealed that in these community-based programs, very little intervention time was focused directly on enhancing parenting behaviors via coaching parent-child interactions or modeling.

What actually happens during service delivery does not necessarily match what program designers and coordinators intended.

The study suggests that EHS and Part C programs train intervention providers in best practices and set specific policies and standards requiring the use of effective home visiting methods to increase parental engagement and to improve child outcomes.

Unresponsive Care Affects Social Emotional Development: Spectrum of Neglect

Unresponsive care disrupts the child’s developing brain and affects the child’s social-emotional development. Using science as a guide, the National Scientific Council on the Developing Child has developed a chart outlining the four types of diminished responsiveness, their consequences on early childhood development, and tips for developing strategies to protect vulnerable children.

OCCASIONAL INATTENTION	CHRONIC UNDER-STIMULATION	SEVERE NEGLECT IN FAMILY CONTEXT	SEVERE NEGLECT IN INSTITUTIONAL SETTING	
Intermittent, diminished attention in an otherwise responsive environment	Ongoing, diminished level of child-focused responsiveness and developmental enrichment	Significant, ongoing absence of serve and return interaction, often associated with failure to provide for basic needs	"Warehouse-like" conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive	← features
Can be growth-promoting under caring conditions	Often leads to developmental delays and may be caused by a variety of factors	Wide range of adverse impacts, from significant developmental impairments to immediate threat to health or survival	Basic survival needs may be met, but lack of individualized adult responsiveness can lead to severe impairments in cognitive, physical, and psychosocial development	← effects on development
No intervention needed	Interventions that address the needs of caregivers combined with access to high-quality early care and education for children can be effective	Intervention to address the developmental needs of the child and assure caregiver responsiveness required as soon as possible	Intervention and removal to a stable, caring, and socially responsive environment required as soon as possible	← Interventions needed

The Web site’s chart also includes short video clips demonstrating an example of each level at: http://developingchild.harvard.edu/resources/multimedia/interactive_features/four_types_of_unresponsive_care/

Risk Factors

Risk factors are challenges that a child and his family face that could contribute to impaired development. However, that families and children also have “protective factors” that reduce risks and buffer the negative effects of risk factors. One or two risk factors don’t necessarily lead to “issues” for the child. A combination of risk factors and few or no protective factors make a child vulnerable. Children with 3-4 risk factors are at risk of developmental delay. Children with more than 4 risk factors are at risk for health, cognitive, and social impairments.

Family risk factors:

- Poverty, unemployment of parents
- Parental education (where low education of the mother can be of particular impact)
- Teen parent(s) and/or single parent
- Poor health of parents
- Maternal depression and/or mental illness
- Family size (the larger the family, the less attention and goods might be available for each child)
- Inadequate parenting skills or knowledge regarding basic hygiene, health, nutrition issues and development milestones
- High stress environment and/or high parental stress
- Lack of cognitive stimulation: singing, playing, reading with the child
- Physical environment of the home (absence of potable water and sanitation, absence of a stimulating environment such as toys, books; safety for children of the home; way of cooking, etc.)
- Marriage instability, substance abuse, and/or violence
- Incarcerated parent and/or criminal activity of parent or parents
- English is not the family’s first language



Did YOU Know?

School readiness and success for dual language learners are tied directly to mastery of the home language. The Office of Head Start, National Center on Cultural and Linguistic Responsiveness published a series of briefs, the *Importance of Home Language Series* (February 2013), to provide staff and families with basic, easy-to-read information on topics related to children learning two or more languages. Briefs emphasize the benefits of being bilingual, the importance of maintaining the home language, and the value of becoming fully bilingual.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/center/home-language.html>

Perkins School for the Blind Expands eLearning Portal

Online resources for educators who teach students with learning impairments can be found at the Perkins E Learning Institute's Web site. The portal features webinars, tutorials, and seminars on Braille instruction, common types of vision impairments, literacy issues, and assistive technology. Resources are also available for families!

<http://www.perkinselearning.org/>



What You Need To Know About Babies, Toddlers & Screen Time

Children learn by doing, so actively exploring their environment is an important part of whole child development. The American Academy of Pediatrics do not recommend TV or other forms of "screen time" for children under two years of age.

The research on touch-screen apps is unclear. Apps and games labeled "educational" may not necessarily help children learn.

"The concern for risk is that some kids who watch a lot of media actually have poor language skills, so there's a deficit in their language development. We also have concerns about other developmental issues because they're basically missing out on other developmentally appropriate activities," says Dr. Ari Brown, the lead author on the American Academy of Pediatrics policy statement discouraging screen time for babies under 2.

For toddlers and preschool-aged children, the AAP recommends limiting TV/Screen Time to two hours or less of educational material per day. However, the study notes, that:

There's a key difference between passive screen time and active screen time.

Active screen time involves the child interacting with a live adult (Skyping or FaceTime) or manipulating devices on an app. Passive screen viewing, that is, plopping the baby in front of a TV or film, or having media on in the background can actually disrupt children's typical learning.

ENTERING CHILD DATA IN CDS -- REMINDERS:

- **REFERRALS** are entered into CDS within 2 days after receiving them.
- **REFERRALS -- when entering referrals, make sure all necessary information is entered – child's date of birth, name, gender, parent name, phone number, and address. Any additional information available should be entered.**
- **EVALUATIONS** must be entered into CDS before the initial IFSP. This properly notifies the service coordinator that the IFSP is ready to be completed.
- **CHILD OBJECTIVES** must be individualized for the child, functional, tied to family goals and priorities, and written in language understandable to the family.
- **CHILD OBJECTIVES** must be updated quarterly by the EI service provider.
- **FAMILY OUTCOMES (GOALS FOR THE FAMILY)** are entered in CDS as part of intake. "Mom wants speech therapy" is not a family goal; keep talking to the family about what they hope to accomplish with their child and set a family-level goal the adults will work on!