

# Connections



FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

(800) 643-8258

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

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## Criteria for Defining High Quality, Participation-Based Outcomes

The term “functional” is often used to describe what outcomes ought to be, yet many struggle to define what makes a goal “functional.” Still others struggle with making outcomes meet criteria set forth in regulations, as well as have meaning for families.

The key to supporting the development of high quality, participation-based outcomes is the understanding and belief that children learn best through their participation in everyday activities and routines with familiar people. Also critical to this process are three important skills for providers:

- The ability to understand how to gather information from families throughout the process,
- The ability to conduct a functional assessment that gives a clear picture of the child’s abilities and needs in the child’s natural, everyday settings, activities and routines, and
- The ability to use the information to develop goals and outcomes.

EI professionals create a clear and deliberate link between every step of the IFSP process, beginning with initial contacts at referral through assessment and the development of the IFSP and beyond. Throughout the process of gathering information from families, special attention is paid to information the family shares about what’s working well for them, as well as what’s challenging. When paired with the provider’s knowledge of early development and functional assessment occurring in multiple situations and settings, and over time,

information from families provides all that is needed to develop high quality, participation-based outcomes and goals during IFSP reviews.

The National Early Childhood Technical Assistance Center reviewed expert-generated resources and identified six key criteria that define IFSP Outcomes as high quality and participation-based (functional):

- ✓ The outcome statement is necessary and functional for the child’s and family’s life.
- ✓ The statement reflects real-life contextualized settings (e.g., not test items).
- ✓ The wording of the statement is jargon-free, clear and simple.
- ✓ The outcome is discipline-free.
- ✓ The statement avoids the use of passive words (e.g., tolerate, receive, improve, maintain).
- ✓ The wording emphasizes the positive.

When the child’s contextual information is available (e.g., assessment information, the child’s IFSP) the following IFSP outcome criteria should also be evaluated:

- ✓ The outcome is based on the family’s priorities and concerns, and
- ✓ The outcome describes both the child’s strengths and needs based on the information from ongoing assessment.

## The Evolution of EI under Part C

A new Video Series available through EI Excellence shows the shift in Part C approaches and practices from a provider-directed clinical/medical model in the 1980's-90's to a family-directed home visiting model in the 2000's. The videos feature three current early intervention service providers sharing their insights into providing supports and services using a routines-based approach.

The series of three short videos produced by the Virginia Early Intervention Professional Development program are available for viewing at no cost or subscription fee and could be useful for staff meetings/staff development and to spark discussions on ways to better support caregivers in helping their child develop and learn.

### Early Intervention: A Routines Based Approach

Part 1: Traditional vs.  
Routine

Part 2: What  
Intervention  
Can and  
Should Look  
Like

Part 3: Changing the  
Mindset

<http://www.eiexcellence.org/resources/video-library/#lightbox/0/>

# Trauma in Early Childhood

By Karin Vanderzee, Ph.D. and Benjamin Sigel, Ph.D.

Child maltreatment is an alarming problem in the United States. According to the National Child Abuse and Neglect Data System, during the fiscal year 2013, 47% of all substantiated cases of child abuse and neglect occur among children ages 5 and under.

Often times, people mistakenly believe that very young children will not be affected by the trauma they have experienced, that they are naturally resilient, or that they will not remember as they get older. Unfortunately, infants, toddlers, and preschoolers may be profoundly affected by abuse, neglect, and other forms of trauma. They are at risk for a variety of poor outcomes such as poor relationships with caregivers and others, mental health problems such as depression, disruptive behavior disorders, anxiety disorders, and posttraumatic stress disorder, developmental delays, lower cognitive functioning, and trauma symptoms such as increased crying, difficulty regulating, posttraumatic play, restrictive play or exploration in the environment, sleep disturbance, high levels of fussiness, temper tantrums, clinginess and separation anxiety, and regression of previously acquired developmental milestones or skills.

*The more traumas a young child has experienced,  
the greater risk for poor outcomes.*

The good news is that research suggests that these poor outcomes may be effectively addressed by evidence-based treatments geared toward reducing trauma symptoms and getting development back on track.

Three evidence-based treatments, Parent-Child interaction Therapy (PCIT), Child-Parent Psychotherapy (CPP), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), have been shown to be effective with very young children.

The UAMS Psychiatric Research Institute and Child Study Center located on the Arkansas Children's Hospital, have received a grant from the Substance Abuse and Mental Health Services Administration to form the Arkansas Network for Early Stress and Trauma (AR NEST).

AR NEST trains mental health providers in various communities throughout the state in the use of PCIT and CPP. Simultaneously, the *Arkansas Building Effective Services for Trauma Program*, funded by the Arkansas Legislature, has been successfully disseminating TF-CBT to providers around the state as well.

To identify a trained provider, contact Arkansas NEST at (501) 400-5865. Providers of TF-CBT are available statewide and a searchable map is available on the AR BEST website (<http://arbest.uams.edu/cliniciansmap/>).

# Results-Driven Accountability Raises the Bar for EI under IDEA, Part C

**With new criteria focusing on student outcomes, the U.S. Department of Education said its latest evaluations found most states are falling short in meeting their responsibilities under the Individuals with Disabilities Education Act (IDEA).**

Federal education officials are dramatically altering the way they evaluate compliance with special education law and the change means far fewer states are living up to expectations. For the first time, test scores and other outcome measures for students with disabilities are a central focus in state assessments conducted under the Individuals with Disabilities Education Act, reports the U.S. Department of Education.

Under the law, the Education Department determines each year how well states provide special education and early intervention services and assigns one of four labels: “*meets requirements*,” “*needs assistance*,” “*needs intervention*” or “*needs substantial intervention*.”

**The move marks a significant shift.** Previously, the IDEA evaluations focused on compliance -- whether or not states met procedural requirements like completing evaluations, due process hearings, or transitioning children into preschool services within an appropriate timeframe. To help states boost their performance under the updated results-driven accountability framework, the Education Department said it will fund a new multi-million technical assistance center.

**For states, the stakes are high.** If a state ranks “needs assistance” for two years in a row, IDEA requires the Department of Education to take action, such as requiring the state to obtain technical assistance or identifying the state as a high-risk grant recipient. Should a state need intervention for three years in a row, IDEA mandates that the Department take specific actions which can include requiring the state to enter into a compliance agreement or, ultimately, withholding a portion of the state’s funding.

IDEA requires the primary focus of federal and state monitoring to be on improving educational results and functional outcomes for all children with disabilities and ensuring that each state meets the program requirements under IDEA. In particular, the law places an emphasis on those requirements that are the most closely related to improving educational and early intervention results for children with disabilities.

Michael Yudin, acting assistant secretary for special education and rehabilitative services, explains that “RDA is about using the accountability framework to provide states with incentives and support to implement evidence-based strategies to improve results and outcomes for students with disabilities.”

As part of the move to RDA, the Office of Special Education and Rehabilitative Services (OSERS) is funding a new national technical assistance center – the Center on Systemic Improvement – to help states leverage the federal special education funds currently received to improve outcomes for students with disabilities. In addition, OSERS will be working with each state to support them in developing comprehensive plans designed to improve results for children with disabilities.

Excerpted from an article by The US Dept of Education, “New Accountability Framework Raises the Bar for State Special Education Programs.” June 2014.  
<<http://www.ed.gov/news/press-releases/new-accountability-framework-raises-bar-state-special-education-programs>>.



YES

NO

## Using the Transition Options Form, Yes or No?

The Quality Assurance and Monitoring team has observed many files containing forms not approved or used by First Connections. Some were created by individual organizations, and others are from The Arkansas Department of Education (ADE) and are essentially "Part B" forms. In response, the QA team has issued clarification on the use of the Transition Options Form and other use of ADE forms by FC Service Coordinators.

Recently the Transition Options Form used by some First Connections service coordinators has come under review. This form *is not* a First Connections Program form, and it is not in the Policy and Procedures for Arkansas First Connections dated 2015. Those who have been using the form within the First Connections Program must discontinue use of the form. Everything the IFSP team needs to complete transition and meet requirements is contained in CDS and may be printed off for transition planning and conferences.

ADE forms such as *Documentation of the Receipt of Rights under IDEA* and the *Early Childhood Special Education Parental Decision for Nonparticipation in Preschool Special Education Services* are not Part C forms and are only used by the DDS Licensed Preschools serving children ages 3-5, Education Coop EC Special Education Programs and Public School Early Childhood Special Education Programs. EI Service coordinators (0-3) contracted with First Connections should not be using any ADE forms.

Service coordinators rely on the forms linked in CDS when in doubt. Those with questions about approved forms should contact their monitor for clarification.

# Did YOU Know?

## Free 90-minute Webinars on Early Intervention and Social Emotional Development:

\* **Social Emotional Development in the Early Years: Promoting Positive Relationships** Thursday, August 13 at 11:00 am EDT  
(Kimberly Hile, Amy Santos)

\* **Social Emotional Development in the Early Years: Creating Supportive and Inclusive Environments** Thursday, November 12 at 10:00 am EST (Amy Santos, Michaeline Ostrosky)

\* **Social Emotional Development in the Early Years: Enriching Social Emotional Literacy** Thursday, December 3 at 11:00 am EST  
(Michaeline Ostrosky, Jenna Weglarz-Ward)

**For more information and or to register visit:**

<https://learn.extension.org/events/2085>

Now Available: **FREE**

## Foundations of Inclusion Online Course

This course is intended to introduce the basics of inclusion and the rights and supports for children and teachers in early childhood education.

Who Should Participate? Professionals who work with or support young children and their families in a variety of learning environments and inclusive settings, and want to meet the needs of each and every child.

**This course also aligns with the following 2014 DEC Recommended Practices:**

- F9. Practitioners help families understand their rights
- L10. Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision

**This is a FREE course worth 1 clock hour of training. No CEUs are provided.** <http://connect.fpg.unc.edu/connect-course-foundations-inclusion>

