

Connections



FIRST CONNECTIONS — EARLY INTERVENTION IN ARKANSAS
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Selecting Effective Interventions

Before writing outcomes and planning objectives to begin an intervention, it is important to follow some planning steps:

- 🌸 **Identifying the behavior**
- 🌸 **Defining the extent of the behavior (collecting information)**
- 🌸 **Establishing an observable and measurable goal or outcome**
- 🌸 **Choosing an Evidence-Based Practice (EBP) or intervention strategy**

Step 1: Identify the behavior or skill

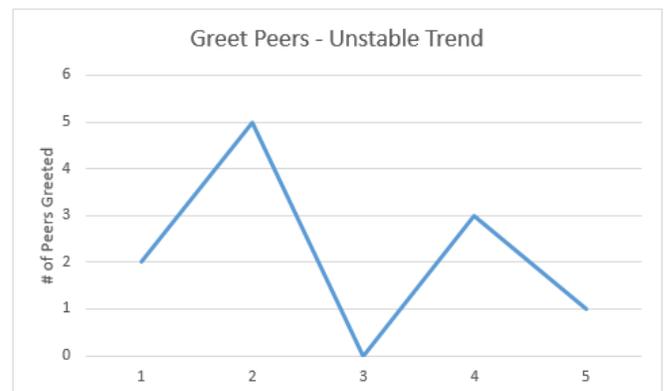
To develop an outcome and to select strategies (EBPs) to use with a learner, it is important to identify the target behavior. The target behavior must be observable and clearly defined in the setting(s) where the behavior occurs. All team members should be able to identify the behavior (including its frequency and duration) based on the clarity of the definition of the behavior. The table below outlines behaviors that are observable and those that are difficult to define:

Observable behaviors	Difficult to define behaviors
Requesting help	Shy
Walking up stairs	Afraid
Completing a specific task	Angry
Greeting friends at daycare	Social skills

Step 2: Define Extent of Behavior (collecting information)

When the behavior has been clearly defined and is observable, members of the team determine where the

behavior occurs, who is present, and how often the behavior occurs (and other factors) behavior putting an intervention strategy in place -- an important step for establishing an IFSP outcome that is measurable.



This “baseline data” can be informal and based on observation, parent or other caregiver information, etc. to provide the team with information upon which to base performance expectations. The information collected, the “baseline data” can be used at IFSP review to help the team compare initial data to new data to determine if the chosen evidence-based practice produced a change in the learner’s behavior and/or use of a skill.

Step 3: Establish observable and measurable outcome statement

The team will then need to review the original goal or outcome to revise or update it. If a goal or outcome is stated in broad terms, it will need smaller and more defined “action steps” or objectives. These smaller steps or objectives will help the team monitor progress toward achieving the broader outcome.

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Selecting Effective Interventions, *continued*

Check each goal or outcome statement to make sure each one describes:

- 🌸 when? the context and the antecedent(what happens right before)
- 🌸 the target skill/behavior that the learner will perform (what? or the behavior), and
- 🌸 how the team will know when the skill is mastered (how? or the criterion).

Unobservable Outcome Statement	Observable Outcome Statement
Max will increase his social skills with peers.	Max will initiate interactions with peers by saying, "Hi," on the playground and when joining a small group without prompting from adults in 4/5 opportunities.

Team members need to be able to evaluate the child's results to determine if the intervention strategy was successful in meeting the goal or if a different strategy needs to be selected.

Step 4: Choose the strategy (evidence-based practice)

Consider each category's key questions to select a strategy or strategies that meet the needs of the child and family:

<p>Child & Family Characteristics:</p> <ul style="list-style-type: none"> * What are the strengths of the child? * What is the child's learning style, temperament, interests and motivators? * What has and has not worked in the past at home and in other locations? * What is particularly challenging for the learner? 	<p>Clues found in Goal or Outcome:</p> <ul style="list-style-type: none"> * What is the goal trying to accomplish? * In which of the 3 OSEP Child Outcomes Areas?
<p>Teacher/Team Characteristics:</p> <ul style="list-style-type: none"> * What is the knowledge and skill level of the interventionist(s)? * What EBPs have been used successfully by the team members? 	<p>Other Resources Available:</p> <ul style="list-style-type: none"> * What supports are being used effectively with the child already? * What toys or items are already available to support implementation of the strategy so the child can practice in context? * What people and resources can be identified to assist with implementation (peers, siblings or other family members, nearby park, related service providers)? * What additional learning experiences exist at home, daycare, or in the community that would be beneficial in achieving the goal?

Information obtained by considering these four categories will assist the IFSP team in selecting the appropriate strategy or strategies to reach each functional child outcome.

Making it happen: Train the team

Once strategies have been selected to reach functional child outcomes, the team identifies who will implement the strategies (and when, where, and how) with the learner. Start by:

- (1) deciding where the behavior or skill is most often demonstrated or needed
- (2) identify which adults are present at those times/places

With time and success in the use of the intervention, others with whom the child engages (like family friends, neighbors, grandparents) could be trained to use the intervention effectively so that consistency across a variety of settings is maximized.



Exercise has been shown to increase desired behaviors (time on task, correct responding) and decrease inappropriate behaviors (aggression, self-injury) for individuals with autism.

The module is divided into four lessons that facilitate basic knowledge about the approach and how to apply the approach in activity-based scenarios to promote real-world application.

AFIRM Team. (2015). *Exercise*. Chapel Hill, NC: National Professional Development Center on Autism Spectrum Disorders, FPG Child Development Center, University of North Carolina. Retrieved from <http://afirm.fpg.unc.edu/exercise>



Cross-State Family Outcomes Learning Collaborative

“All the paperwork was too much . . . like mortgage paperwork.”

- Parent

And if you’ve ever bought a house, you know how intimidating and cumbersome all that “important paperwork” is – and how rarely you actually look at it. The comment sparked discussions and ideas about streamlining processes, what “family friendly” might look like, and how to use more modern methods of sharing information with a new generation of parents while still meeting program guidelines. As we strive as a program to improve family outcomes, this is NOT how any of us want parents to feel!

The Part C Coordinator and managers from Data, QA/Monitoring and CSPD attended the NCSI Cross-State Family Outcomes Learning Collaborative in Houston, TX November 15-17. Other partners attending included IHE representation (Carolyn Dyer and Glenda Hyer of Henderson State University’s Teachers College) and a parent of a child formerly served by First Connections (Melanie Beard).



The November meeting was the first of several Family Outcome Learning Collaboratives the team will participate in to learn with and from other states as the team considers improvement strategies specifically aimed at building family capacity. The Learning Collaborative provided team members foundational information to use in ongoing work to reach Arkansas’ State-Identified Measureable Result (SiMR) “to increase the percentage of parents who report that early intervention helped them help their child develop and learn” (Family Outcome 4c).

Questions from the field . . .

And answers from Arkansas Medicaid Therapy Provider Manual

Q: How does a child qualify in subtests, for example, on PLS 4 a 76 in auditory comp and a 76 on receptive one word does that meet receptive language or is one considered auditory comp and the other receptive voc?

A: We have to drop the idea of “areas.” These scores would represent a delay/disorder in LANGUAGE. Receptive. . . expressive . . . it’s all still language. (p. 6)

Q: Do I adjust for prematurity only when/if the testing instrument says to do so?

A: No. Adjust for prematurity, regardless of tool used, up to 12 months of age unless the test you’re administering recommends adjusting beyond 12 months. (p. 4)

Q: The Functional Profile has been removed from the supplemental list for PT but is still on the OT list. Is it acceptable for both?

A: The Functional Profile is not a standardized test and cannot be used to qualify a child – it is just supplemental and can be used by all disciplines for additional information. (p. 7)

Q: For the 2 composite scores – can an expressive score from the PLS support a receptive score from the PLS?

A: Cannot use 2 scores from one measure as corroborating scores. A supporting (second) test would be used. (p. 6)

Q: Medicaid guidelines require -1.5 SD below the mean or greater to qualify. The testing instrument does not provide Standard Scores – only percentile and severity rating. How can I qualify a child according to the guidelines?

A: A percentile rant that indicates a moderate deficit is acceptable in lieu of a standard score. (p. 4)





Did You Know?



Congress established the Early Intervention (EI) program in 1986, as part of The Individuals with Disabilities Education Act (Part C) in recognition of "an urgent and substantial need" to:

- ☼ enhance the development of infants and toddlers with disabilities
- ☼ reduce educational costs by minimizing the need for special education (when the child reaches school age)
- ☼ minimize the likelihood of institutionalization and maximize independent living
- ☼ **enhance the capacity of families to meet their child's needs**

One focus of EI has always been to *train, equip and support parents/caregivers* in being the first and best teachers for their child.

Core Values of Early Intervention under IDEA, Part C

☼ **Family Centered:** Research indicates that a child's most effective teachers are those with whom they have a nurturing relationship and with whom they spend the most time, such as a mother or father, grandparent, or childcare provider. How these individuals interact with a young child while feeding, diapering, playing, and cuddling has the greatest impact on how the child develops and learns. EI services are aimed at helping caregivers support the child's development to promote active participation in typical activities, which enhances child learning.

☼ **Developmentally Appropriate:** EI professionals help caregivers understand the child's special learning needs and how to support the child's learning. The EI team assists caregivers in understanding typical development and how the child is likely to develop based their special learning needs. The EI team assists families with the functional and developmental needs they are experiencing "today." Intervention strategies on the IFSP are activities designed to support the child's development through active participation.

☼ **Individualized:** For eligible children, the service coordinator assists the family in developing an Individualized Family Service Plan (IFSP) with

individualized, functional child and family outcomes (goals) based on family priorities. From the plan's functional outcomes, the family and their EI team identifies who can help them help their child reach IFSP goals. The team may include siblings or other family members and caregivers and/or friends and EI or other professionals. As children learn, grow, and make progress toward meeting functional outcomes, the IFSP and services on the IFSP change.

☼ **Provided in natural environment:** Intervention is provided where the child and family typically are (where they would be if the child did not have a disability). *Natural environment* is more than a place, it includes typical daily activities. Intervention is only provided outside of a child's natural environment when the child has failed to make progress in reaching his/her IFSP goals in the natural environment. Then, the service aligned with those goals is provided outside the natural environment until the child meets those IFSP goals with a plan developed by the team to transition the child back to typical activities and settings in 3-6 months.

☼ **Trains/Equips the Parent/Caregiver:** EI under Part C is a program that supports and trains families and caregivers, teaching caregivers the skills they need to implement intervention strategies on their IFSP to meet the child's developmental needs. With coaching from EI professionals, parents and other caregivers practice these activities on a daily basis so that the infant or toddler can meet functional child outcomes.

☼ **Collaborative:** EI professionals on the IFSP team work closely with each other and the family to reach outcomes. The team also works with other service providers like the child's physician(s), therapists from other agencies, child care providers and community partners. When a family or the PCP feels more services outside the scope of EI are needed, the service coordinator assists the family in identifying resources to supplement EI services, using either public or private insurance or through other state organizations, programs, or agencies.

Excerpted from the *AEIS PAR Handbook* (revised: October 1, 2015)
www.rehab.alabama.gov/ei

Professional organizations support the delivery of EI services in the natural environment (and typical routines). For more information, see the cross-walk for each organization related to key principles of early intervention:

- ☼ http://ectacenter.org/~pdfs/topics/eiservices/KeyPrinciplesMatrix_01_30_15.pdf
- ☼ http://ectacenter.org/topics/eiservices/natenv_position.asp

