

# Connections



FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

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Summer 2017 July, August, September

Volume 6 / Issue 3

## Inside this issue:

- ❖ Families Have Options for EI. . . cover story
- ❖ Professional Organizations' Statements Regarding Service Provision in the Natural Environment. . . p. 2
- ❖ Disruptions in Child Care Negatively Affect Children's Social Development. . . p.3
- ❖ Quarterly Highlight: One DEC Recommended Practice for Instruction. . . p. 4 / sidebar
- ❖ Arkansas' Part C Determination. . . p. 4

## Families Have Options for EI

Every early intervention professional on a family's IFSP team has the responsibility for improving outcomes for parents of children with disabilities. Two of the three family outcomes that the Office of Special Education Programs (OSEP) has set for families involve increasing the parents' capacity to be an advocate for their child, so it is important that all EI professionals can clearly explain options to families so that parents can make informed choices for their child's early learning and development.

The three results or outcomes that OSEP has identified that families must get out of their time working with EI professionals are:

- ✓ Early intervention helps parents know their rights
- ✓ Early intervention helps parents communicate their child's abilities and needs
- ✓ Early intervention helps parents help their child develop and learn



### Overview of Arkansas' Early Intervention Network

*The child may have been referred by a medical professional for "early intervention," but did you know that families have options?*

First Connections Early Intervention under IDEA, Part C	Early Learning Centers DDTC / CHMS	Private Therapy Provider
<p><i>Our approach is to help you know how to help your child develop and learn.</i> The developmental approach "Part C Programs" use emphasizes parent involvement every step of the way. Parents work with their EI team to set goals that align with your family's priorities, concerns, and interests. Professionals coach parents and other caregivers to incorporate intervention strategies into typical activities so your child has meaningful opportunities to develop functional skills in context. "Part C Programs" maximize the many hours of the day between "therapy sessions" as opportunities for working on movement, speech, social skills, etc. As a result, there may be a difference between what a physician prescribes or a therapist recommends and services on the Individualized Family Service Plan (IFSP) your EI team develops with you. If there is a difference, it does not necessarily mean we have different goals for your child, only a different approach to achieving them. Your IFSP is reviewed quarterly with you to assess progress.</p>	<p><i>Our approach is to surround your child with intensive support in a high-quality early learning environment designed primarily for children with disabilities or special health needs.</i></p> <p>Using a developmental rehabilitative/medical model, professionals develop a plan of care to address your child's special needs identified through a comprehensive evaluation process. Results of evaluations are shared and discussed with the family.</p> <p>While family involvement is required to review and approve the plan, the parent generally is not present or actively involved in implementing the plan at the center your child attends. These early learning centers support your child's early learning in a classroom setting while professionals on your child's team work closely with your child in direct child therapy services provided on site. Child progress is assessed both formally and informally and updates on child progress are regularly shared with parents.</p>	<p><i>Our approach is to provide your child with high-quality therapy that remediates developmental deficits and builds skills that support your child's development.</i></p> <p>Using a therapeutic model, professionals with experience in using play-based therapy techniques make learning fun. Based on your child's special needs identified through both general and specialized evaluations, the therapists on your evaluation team develop a plan of care to address your child's special needs. While family involvement is required to review and approve the plan, many services are delivered in state of the art outpatient clinic settings. The parent may be present in therapy sessions. Parents, however, generally are not required to be present or actively involved in implementing the plan or participating in sessions.</p> <p>Child progress is assessed both formally and informally and updates on the child's ongoing progress are shared with parents.</p>

# Professional Organizations' Statements Regarding Service Provision in the Natural Environment

"Natural environments" is the term used in the Individuals with Disabilities Education Improvement Act, Part C (IDEA, 2004) to refer to settings that are typical for infants and toddlers without disabilities or delays. Natural environment practices contrast more traditional treatment settings—such as clinical or medical-based programs—and include families' homes, early care and education programs, and other community settings where families spend time with their children.

*“ . . . a partnership develops between the SLP and . . . caregivers [who] offer information about their typical day, the child's communication opportunities and expectations, the child's and family's preferred activities, and any challenges. In turn, the SLP shares information and resources, and coaches the parents about including communication activities throughout the child's day, with content individualized to meet the specific needs of the child. In this intervention model, typical routines such as getting dressed, walking the dog, picking up toys, getting the mail, eating a snack, or going to the store, serve as meaningful and functional opportunities for learning communication, social interaction, and other developmental skills. Children practice skills throughout the day as they communicate what they want, see, do, and enjoy during those common and repeatable exchanges.” -- ASHA: “Providing Services in the Natural Environment” (2008)*

As States' Part C programs work to ensure that early intervention is provided in accordance with federal mandates outlined in IDEA, it is exciting to see education and clinical practices merging to support the early learning and development of infants and toddlers as professional organizations publish professional position papers outlining how

specialty services can meet the needs of caregivers and children within typical daily activities.

*“What occupational therapy practitioners actually do in early intervention settings depends on the goals the family has for the child. . . . ‘Very young children learn skills within the context that they will be used on a daily or frequent basis. [They] do not generalize a skill from one setting to another well,’ says Rhodes. Rather, ‘they need to learn and practice a skill in the routine that they will use it in.’ For example, parents might be concerned that their child cannot pick up her food to finger feed. . . . Together, the practitioner and parents might develop strategies to adapt meal times with larger bits of food for easier grasping, opportunities to press buttons on the TV remote, and work on pointing to pictures during the bedtime story routine at night. Incorporating therapy into regular occupations is a central tenet of occupational therapy.*

– AOTA: “Occupational Therapy in Early Intervention: Helping Children Succeed”

*“Exception to the use of natural environments should be short term, and alternate options for providing services in natural learning environments should be explored. Justification should include a plan with criteria for outcomes and a timeline for further exploration of service deliver in natural learning environments.”*

– Practice Committee / Section on Pediatrics, APTA (2008)

- ASHA: “Providing Services in the Natural Environment” <http://cdd.unm.edu/ecln/FIT/pdfs/ASHA%20Provide%20EI%20in%20Natural%20Environ.pdf>
- AOTA: “Occupational Therapy in Early Intervention: Helping Children Succeed” <https://www.aota.org/About-Occupational-Therapy/Professionals/CY/Articles/Early-Intervention.aspx>
- APTA: “Natural Environments in Early Intervention Services Fact Sheet” <http://www.pediatricapta.org/consumer-patient-information/pdfs/Natural%20Env%20Fact%20Sheet.pdf>



# Disruptions in Child Care Negatively Affect Children's Social Development

Research from UNC's Frank Porter Graham Child Development Institute (FPG) reveals that disruptions in child care negatively affect children's social development as early as age 4.

**Mary Bratsch-Hines explained many experts believe forming stable and secure early relationships with parents and caregivers serves as a working model for children as they form social connections later.**



“It follows that higher levels of instability and disruption in establishing strong relationships with caregivers during children's earliest years could lead to difficulties forming trusting relationships down the road,” said Bratsch-Hines. “However, we have to recognize that changing child care settings and providers may be inevitable for a majority of families.” Bratsch-Hines said that ups and downs in income, availability of transportation, secure employment, and other factors can result in children moving into and out of different child care settings. But understanding the effects of such transitions on children has remained elusive.

Bratsch-Hines and her team examined the experiences of nearly 1,300 young children living in high-poverty rural areas, focusing on changes in child care both within and across settings—an approach few prior studies had attempted.

**The study determined that a history of changes in child care across settings negatively impacted children's lives.**

“Not unexpectedly, children who experienced more changes in child care settings received lower ratings from their pre-kindergarten teachers on social adjustment,” said Bratsch-Hines. “This may be because changing child care locations meant

children had to adjust to new physical environments in terms of the buildings, playgrounds, and toys—as well as new routines—in addition to disruptions in relationships with peers, primary caregivers, and other adults.”

According to Bratsch-Hines, although there was a clear negative impact on social adjustment for children who experienced child care instability across settings, the effect was small. For example, young children who moved between childcare settings, were more negatively impacted than children who only experienced changes in providers within settings.

**“This could be good news for parents who worry about high teacher turnover and other changes in staff at their chosen child care setting.”**

Bratsch-Hines said the practical implications of her team's findings suggest that programs can make additional efforts to integrate children—regardless of their child care history—into their care but also called for more research in order to better understand the role of child care instability—and other factors—on child development. “It may be that child care instability is another indicator of chaos in families' lives,” she said. “We want to be able to best prepare children for the challenges of schooling, and we have to understand all the factors that stand in their way.”



## Quarterly Highlight: One DEC Recommended Practice for Instruction

**E1:** Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

### "Looks Like:"

- ❖ An occupational therapist visits a family during meal time in their home to help the parents problem-solve positioning and feeding strategies so their child can eat and socialize with the entire family instead of eating before or after the rest of the family.
- ❖ A physical therapist goes on a shopping trip to assist a parent of a child who uses an assistive device for communication to develop a new routine for the child's participation in running errands.

<https://divisionearlychildhood.egnyte.com/dl/NRAghl7roM>

# Arkansas' Part C Determination

Annually, the Office of Special Education Programs (OSEP) provides a determination to each State's Part C program based on an evaluation of State-reported data. In the past two years, OSEP has moved from strictly compliance monitoring to use a Results-Driven Accountability (RDA) Matrix.

### The RDA Matrix consists of:

- ❖ Compliance Matrix that includes scoring on SPP/APR Compliance Indicators and other compliance factors
- ❖ Results Components and scoring on Results Elements
- ❖ Compliance Score and a Results Score
- ❖ RDA Percentage based on both the Compliance Score and the Results Score

For this year's Determination, Arkansas earned high ratings on compliance (13 out of 14 possible points), which is an improvement from previous years' ratings that the lead agency is very proud of and wants to thank Part C providers and service coordinators for their diligence in meeting these program requirements.

When the compliance rating was averaged with the results rating, however, Arkansas slipped from "Meets Requirements" to "Needs Assistance." Results data is the data on OSEP Child Outcomes that IFSP teams gather at entrance to the program, at annual IFSP review, and at every child's exit from Part C. The results are determined by comparing children's entrance rating scores on the COSF to their exit rating scores. The results score was 62.5% with the State earning only 5 out of 8 possible points.

Providers in the network met in Little Rock to discuss the annual determination and to provide ideas for workable solutions around improving child outcomes. Some immediate suggestions included making modifications to the State-approved tools (Age Anchor and Decision Tree) that teams use to obtain these numeric ratings, which the program will unveil in the near future.

Providers are encouraged to submit ideas to the Part C Coordinator, Tracy Turner through September 1, 2017 at [tracy.turner@dhs.arkansas.gov](mailto:tracy.turner@dhs.arkansas.gov). The ideas will be put into a plan to be submitted to the Office of Special Education Programs (OSEP).

Look for more information about the State's plan in upcoming issues!

