

Connections



FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

(800) 643-8258

<https://dhs.arkansas.gov/dds/firstconnectionsweb>

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Changes in the State's Early Intervention Network

After the merging of the Developmental Day Treatment Centers (DDTCs) and the Children's Health Management Systems (CHMSs) to form Early Intervention Day Treatment (EIDT) centers, other changes in operations for the EIDTs ensure that the children with the most profound needs for specialized, intensive services have access to EIDT services. Children referred for EIDT services will be screened and results of that screening will determine whether or not more comprehensive evaluations will be conducted to determine eligibility for center-based services at the EIDT. Only children who require therapy services (OT, PT, SLP) will be able to enroll in an EIDT program.

These changes to eligibility criteria for center-based services could result in additional referrals to the State's Part C program, providing Part C professionals with the opportunity to support parents of infants and toddlers in locating and accessing other State and community resources to enhance their child's early learning and development.

With the added support of an early intervention professional on their team, infants and toddlers determined ineligible for more intensive intervention services are ideal candidates for inclusive learning environments where interaction with their typically developing peers can help them develop their social skills, adaptive skills, and communication skills.

Part C professionals can best support these families by preparing the parent to participate in early intervention. Parents are prepared to participate in early intervention in a Part C program when:

- The program is explained accurately and thoroughly to the parent at the initial contact(s) so that the parent can make an informed choice in their selection of an early intervention program to meet their goals for their child's early learning
- The family's active role in early intervention is explained as well as next steps in the process (intake)
- The family's EI team partners with the family to identify the family's needs (not just the child being referred)
- The family's EI team provides support to the family outside of early intervention, such as referrals to related programs that meet the family's identified goals for their child, such as Early Head Start, ABC program, Mother's Morning Out Program, etc.
- The family's EI team works with the parents and other caregivers to help the adults in the child's life develop a family-centered, functional IFSP that supports the child's active participation in typical child and family activities
- The family's EI team helps the family identify what services would be necessary to reach the functional goals on the child's IFSP and provides the family with choice of provider in the area in which the family lives
- The family's EI team helps the family (or other caregivers) prepare for early intervention services by selecting times and locations for service sessions that work for the child's caregivers so that they are not only present but able to participate

Supporting Parents in Developing their IFSP

While the parent is an expert on his/her child and family and the dreams and goal the family has for the child, when parents enter the world of early intervention, they often rely on the EI experts to guide them. It is important to remember, however, that the work of all EI professionals must help families to reach the Family Outcomes established by the Office of Special Education Programs (OSEP). Parents who participate in early intervention under IDEA, Part C:

- Learn their rights under IDEA from their EI team
- Learn how to communicate their child's strengths and needs to advocate for their child
- Learn how to help their child learn and develop

Parents know what's working and not working. They know what they'd like for their child to be able to do. They know where the child goes and who is involved. They know what the child likes and doesn't like – but they may not know how to develop an IFSP and most will need support in order to participate as an equal partner on the IFSP team:

- Informing families of their options in an unbiased way
- Explaining the process and next steps
- Preparing families for each step by explaining what will happen and what that might look like and talking with the family in advance about how they can prepare
- Talking things through with families and asking open-ended questions to learn about the family's priorities, goals, resources, wants, and needs
- Determining eligibility to participate in the program together as a team at a face to face meeting to go over the results of the evaluation report(s) instead of determining "eligibility for certain services" using other programs' guidelines
- Walking families through the process of IFSP development step by step

Helping Families Prepare for an Initial IFSP Meeting:

Once a child has been determined eligible to participate in early intervention under IDEA, Part C, members of the family's EI team help the family prepare for an initial IFSP meeting by describing what this meeting is for (the purpose), what the meeting will be like (the process), and what the family can do to arrive prepared. Rather than telling a parent, "think of some goals you want for your IFSP," try telling the parent to:

- Jot down things that you'd like your child to be able to do and any things that are challenging for your child and/or family
- Jot down some of your child's favorite toys, activities, places, people
- Be ready to describe typical activities you and your child have to do and any things that you want to be able to do

Helping the Family Develop Functional IFSP Goals and Objectives:

"Functional goals" help a child function in his/her typical daily life – these are the things the child needs to be able to do to participate in his/her routine activities. With information provided by the family about what they do, where they go, and what they would like the child to be able to do, the IFSP team has the material to begin working together with the family to develop functional goals (outcomes) for the family's IFSP.

Functional goals (outcome statements) clearly state an observable child action that is measurable in a "real-world" way so that all members of the IFSP team (including parents and other caregivers) can tell when the child has mastered the goal.

Statements like, "*Bryen will improve his FMS by two standard deviations by annual IFSP review*" is **not** a functional goal and it is also not an observable child action. This statement is not measurable in a real-world way.

"*Bryen will pick up small pieces of food like Cheerios, raisins, and peas at meal and snack times with his thumb and forefinger and eat them*" is an example of a functional goal that states an observable child action. This statement is measurable by all members of the IFSP team.

A well-developed IFSP has 5-7 functional goals that are clearly linked to information gained from the parent and other caregivers the parent has included on the family's IFSP team.

Each goal has objectives linked to it. Objectives are the "action steps" to get the child from where he/she is "at" (functionally/developmentally) to where he/she would need to be to reach the goal. These are the strategies the caregivers will incorporate into the things they already do with the child each day.

The therapists on a family’s IFSP team are experts on child development. They’re also experts on techniques to promote learning, development, and skill acquisition. The direct service providers on the team have to be able to work with parents to help them develop objectives to reach the goals on the family’s plan – which is why their presence and active participation at the IFSP meeting is so critical.

Helping Families Determine What Services are Necessary to Implement their Plan to Reach Functional IFSP Goals and Help Their Child Develop and Learn:

Early childhood educators and early intervention professionals have long recognized that children learn best through interactions with familiar people, places, and things and that learning occurs throughout the day. Dr. Robin McWilliam puts it like this, “*all intervention for children occurs between professional’s visits.*” Familiar caregivers have the greatest influence on child learning, not professionals. Dr. Robin Mc William writes, “children with disabilities need maximal intervention and learning opportunities -- not maximal services.” Are the EI professionals on the family’s IFSP team explaining this to families? Do the EI professionals believe this themselves?

Everyone agrees that young children with disabilities need support and “maximum intervention.” Not everyone agrees what that looks like.

How the early intervention professionals explain early intervention in a Part C program makes a big difference in how parents understand service selection, so be sure that all members of a family’s IFSP team are aware of the 17 federally-mandated Part C services and are not offering “OT, PT, SLP, and DT” as the only services available. Other services determined necessary to reach the IFSP goals for the child and family can be added to the IFSP – even services outside of the Part C program like a family counseling, TEA to support a parent in re-entering the workforce, or a GED preparation course to support a parent in reaching his/her goal to obtain the GED to get a better job.

Equally important is for the EI professionals on the team to be aware of federal requirements for early intervention in a Part C program outlined in IDEA:

34 CFR §303.12(b)(3) providers of early intervention services “...are responsible for consulting with and training parents and others concerning the provision of early intervention services described in the IFSP. . . . This consultation and training will provide caregivers with the tools to facilitate a child’s development even when a teacher or therapist is not present.”

When EI professionals explain that early intervention services support the child’s caregivers in helping their child develop and learn, the question is “*what services do we (adults) need to help our child reach the goals on this IFSP?*” And the next question is, “*how often do we adults need coaching, consultation, and training in order to do these things on the plan (the objectives or action steps) with our child?*”

Part C programs operating under IDEA guidelines don’t use a clinical/medical model approach, so services are not selected based on other programs’ guidelines of “what children qualify for.” Services on the IFSP are selected based on what is needed to reach the functional goals on the IFSP and support the child’s caregivers in implementing the intervention strategies on their IFSP within their typically occurring activities.

When selecting a service or services for the IFSP, the IFSP team, which includes the family, considers which EI professionals can best support the child’s caregivers implement the plan to help their child develop and learn (the IFSP service) and how much coaching, training, and consultation these caregivers will need to implement the IFSP strategies (frequency/intensity of that service). The IFSP team considers “what places and times are the child and caregiver together?” and “within which activities do these goals and objectives occur?” to determine the time and place for the service (setting or location).

First Connections provides support for the EI professionals on a family’s IFSP team is available in the form of pre-recorded Webinars on the Provider page of the First Connections’ Website. Tools, self-study guides, live “Lunch and Learn” TA Webinars, and workshops are provided by the First Connections’ Training Unit (contact Heather.Preston@dhs.arkansas.gov). One online tool from the Early Childhood Technical Assistance Center (ECTA) can be found at: http://ectacenter.org/~pdfs/topics/families/famctr_eval_info.pdf.

Goal of Arkansas’ Early Intervention Program under IDEA, Part C:

To increase the percentage of parents who report that early intervention helped them help their child learn and develop.

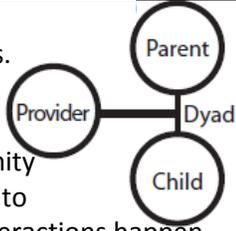


Key Indicators of FGRBI “Looks Like / Doesn’t Look Like”

Principle 1 of 10 (below) is excerpted from: **Key Indicators of Family-Guided Routines-based Intervention**, Training a Collaborative Team for Infant-Toddler Community Services (TaCTICS), Florida State University: http://dmm.cci.fsu.edu/pdf/Key_Indicators_Looks_Like_Doesnt_Look_Like.pdf

Each of the ten principles in the document lists key concepts underlying the brief statement.

The *Looks Like / Doesn't Look Like* statements are simply examples. Many others could be added in each column.

<p>KEY INDICATOR 1: Interact with the parent and child together (as a dyad) rather than individuals.</p> <p>KEY CONCEPTS:</p> <ul style="list-style-type: none"> ✓ <i>Teaching and learning opportunities occur between the caregiver and child throughout the day.</i> ✓ <i>The role of the service provider is to support the learning that occurs between the parent-child dyad.</i> 	
This principle DOES look like this	This principle DOES NOT look like this
<p>Attention is focused on child-caregiver interactions. Therapist positions him/herself for triadic interaction (in close proximity to the caregiver-child duo) to easily offer feedback as interactions happen.</p> 	<ul style="list-style-type: none"> ▪ Therapist positions him/herself to interact with child only. ▪ Therapist positions him/herself and interacts with caregiver only (or taking turns one on one with the child and with the caregiver).
Therapists support the natural teaching and learning relationship between the child and caregiver by offering information, materials, or suggestions related to the activity the 2 are engaged in.	Providing feedback only on child skills and behaviors.
Shifting the child’s attention from the therapist back to the caregiver when the child engages with the therapist in an activity.	Play or practice with the child while the caregiver observes.
Using multiple coaching strategies, including caregiver practice with feedback and problem solving to support the child and caregivers in different routine activities.	Spending the majority of the session in conversation and information sharing with the caregiver while the child is not present or is playing alone/not engaged with caregiver.
Using problem solving and planning for caregiver-child interactions between visits, that use the caregiver’s ideas particularly in challenging activities.	Telling caregivers what they should do, how to do it, for how long and how often or providing families with “home work” or “home plans” that someone else created.

Each key indicator of Family-Guided Routines-Based Intervention (or, FGRBI) includes descriptive statements illustrating what that indicator would “*look like*” when practiced. There are also descriptions of what it “*doesn’t look like*” because often these techniques that do not align with best practices of early intervention are still being used by practitioners.

