

# Connections



FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

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## The FGRBI Approach

FGRBI or Family-Guided, Routines-Based Intervention uses an approach that incorporates parent/caregiver coaching, natural environment practices, routines-based early intervention and best practices in family and child engagement. The FGRBI approach is individualized and culturally responsive, to meet the spirit of natural environments legislation set forth in the Individuals with Disabilities Education Act (IDEA).

The Family Guided Routines Intervention Model (FGRBI) integrates published literature on embedded interventions (Bricker & Woods Cripe, 1992; Bruder, 1998; Dunst, Bruder, Trivette, Raab, & MacLean, 2001; Hanft & Pilkington, 2000; McWilliam, 1996; 2001; Woods, Kashinath & Goldstein, 2004; Friedman, Woods & Salisbury, 2012; Marturana & Woods, 2012) with the day-to-day resources and checklists that support early intervention practitioners in implementing interventions through coaching parents and other caregivers, which is at the heart of the model. This approach aligns with Arkansas' Part C program's State-identified Measureable Result, *to help parents help their child learn and develop*.



The four components of the FGRBI model that lead to appropriate parent/caregiver coaching are:

- **Family-centered**  
*Family members are often unfamiliar with the process of embedding intervention in the child and family's natural environments. Sharing information with family members and caregivers about daily routines, and the embedded intervention strategies sets the stage for active family participation in their child's early intervention program. Time spent discussing and demonstrating how young children learn throughout the day illustrates how parents and caregivers support their children's development in meaningful and functional interactions.*
- **Typical activities (routines)**  
*Assessment in natural environments occurs in a variety of naturally occurring daily routines. The process accommodates the priorities and concerns of families by encouraging families to share information about routines and activities most appropriate for and preferred by the child and family.*
- **Functional child outcomes that increase child participation in typical activities**  
*The quality of intervention depends on creating a meaningful and functional intervention plan with the family. The child's outcomes should reflect the learning targets necessary to participate in the routines and activities identified as important to the family and provide sufficient opportunity to practice throughout the day.*
- **Evidence-based intervention practices embedded within typical child/family activities**  
*Natural environment is more than a place, it is involving the caregiver in the teaching and learning process with the child.*

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.

# OSEP Issues Memo on Learners with Visual Impairment

In response to requests for policy clarifications, the Office of Special Education Programs (OSEP) which oversees State's Part C early intervention programs and State's Part B/619 early childhood special education programs issued a memorandum to support states in examining their procedures related to the identification and evaluation of children suspected of having a visual impairment including blindness.

States are given some flexibility in determining their program eligibility criteria for early intervention and for early childhood special education programs. However, a State cannot create policy or procedures that narrow definitions set forth in IDEA even though States don't have to use the precise definition of a disability or the specific modifying terms. For example 34 CFR §300.8(c)(6) uses the term "intellectual disability" to refer to "significantly subaverage general intellectual functioning." Along the same lines, 34 CFR §300.8(c)(8) defines "orthopedic impairment" as "a severe orthopedic impairment that adversely affects a child's educational performance" (for Part B programs). The IDEA does not specifically define what "significantly," "severe," or "adversely" looks like, so States in their own policies must define these terms to determine the level of impairment that qualifies as significant or severe so that the family and their IFSP team can use the State's guidelines to determine if a child meets program eligibility requirements when meeting to review the results of evaluations and determine eligibility for the Part C or Part B programs.

. . . in the definition of 'visual impairment including blindness,' the regulations do not contain a modifier; therefore, *any* impairment in vision, regardless of significance or severity, must be included in a State's definition, provided that such impairment, even with correction, adversely affects a child's educational performance. States may not use criteria or other definitions for 'visual impairment including blindness' that result in the exclusion of children who otherwise meet the definition in 34 CFR §300.8(c)(13).

Based on the guidance set forth in the OSEP Memorandum dated May 22, 2017 a State can ensure compliance with the IDEA requirements by adding a general criterion stating that the definition of "visual impairment including blindness" includes, in addition to other specific State-established criteria, *any other impairment in vision that, even with correction, adversely affects a child's participation in typical activities (Part C) or educational performance (Part B).*

To view the whole memorandum:

[https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/letter-on-visual-impairment-5-22-17.pdf?utm\\_content=&utm\\_medium=email&utm\\_name=&utm\\_source=govdelivery&utm\\_term=](https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/letter-on-visual-impairment-5-22-17.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=)

Early intervention and early childhood special education professionals can consult the following outside resources that address assessments for children who have, or are suspected of having a "visual impairment including blindness:"

- **American Foundation for the Blind.** Assessments for students who are blind or visually impaired.  
<http://www.familyconnect.org/info/education/assessments/13>
- **American Printing House for the Blind, Inc.** Accessible tests resource center.  
<http://www.aph.org/accessible-tests/>
- **Perkins eLearning Center.** Assessment of students who are blind or visually impaired.  
<http://www.perkinselearning.org/scout/assessment-students-who-are-blind-or-visually-impaired>



## Early Interventionists Help Parents Create a Need for Communication

*Many families have figured out that their lives go along more smoothly if they anticipate their child's every need and meet that need before the child fusses or becomes frustrated. If the parent or other caregivers meet all the child's needs automatically, without letting the child "tell" them what he/she wants, they're unknowingly taking away the child's need to talk. If a child doesn't have a need to talk, he won't.*

- **Define it for families:** "Creating a need to talk refers to the practice of allowing your child to talk for himself to 'tell you' what he wants. For a baby or younger child, this may not be actual words. It can be many forms of early pre-verbal language.
- **Coach families so they understand wait time:** "Okay, now pause for just a minute and wait....., wait....., wait....., (said slowly) to see what he will do. Look, he's waving his arms and kicking his feet happily as if to say, 'I liked that. Do it again.' Now before you do it again, model for him, 'Do it again, Daddy.' Does that make sense?"
- **Coach parents in the moment:** A coach wants to be out of the way so she can fully view the play situation and quietly make suggestions to the parent of things to do and/or suggestions for what to say. A coach always sits behind the child and the parent or sibling sits in front of the child so the child has full view of the play partner.

## Documenting Delivered Services

Services on the IFSP are documented in the child's electronic record (CDS) within thirty (30) days of the date of the service session. The data system where delivered services notes are keyed in (not uploaded to case notes) ensures that the basic requirements are included (date, time, location, duration, etc) but also provides space to enter in a session description/note.

Documenting what IFSP goals and objectives were worked on in each session is critical, but direct service providers must also document the progress made by the child and his/her caregivers in their delivered services notes (AR#5100). Information to include in delivered services notes includes:

- \* Activities conducted
- \* Progress made by child
- \* Progress made by the caregiver(s)
- \* How the child's caregiver(s) participated in the session (not just present/observing)
- \* What the team (caregiver and provider) decided through joint problem solving and/or joint planning (recommendations)
- \* Verification of Training for parent/guardian (which includes the signature of family/guardian and or caregiver, as appropriate)

The most common reasons therapists cite for not getting session notes entered into CDS on time is that they were "locked out" of that part of the child record or that they were unable to find the child's record in CDS or access it. When these situations occur, contacting the child's service coordinator is an important first step to getting information to resolve the issue. When a therapist can access the child record but is "shut out" of the section where session notes are entered, it is often because an IFSP review meeting is past due (the service coordinator can assist with this) or that a service has "ended" in the system (the service coordinator will need to verify that service dates on the IFSP are accurate). When a therapist can no longer "find" a child in CDS, the service coordinator can verify whether or not the family has elected to change service providers (which would make the child record inaccessible to providers not on the family's IFSP team).



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

Principle 2 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](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.

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 used by practitioners.

<p><b>KEY INDICATOR 2:</b> Observe the parent and child interacting together in their typical or preferred routines.</p> <p><b>KEY CONCEPTS:</b></p> <ul style="list-style-type: none"> <li>✓ <i>Caregivers can provide more opportunities for practice when they embed intervention into familiar routines and activities as compared to prescribed activities in a home plan or that a therapist designs.</i></li> <li>✓ <i>Providers need to know how the parent and child participate in a routine to problem-solve the most effective strategies for priority goals.</i></li> <li>✓ <i>Parents and children do not generalize from training or therapy without support. Parents and children learn best in the context of their everyday experiences.</i></li> </ul>	
This principle DOES look like this	This principle DOES NOT look like this
Therapist sets the stage by discussing your role in observing routines (ie: why you are observing) and gaining caregiver input on what you observe.	Observing the caregiver and child at play without supportive or explanatory comments (could be perceived as “judging” and “testing”).
Caregiver and parent jointly identify current routines and activities, special activities and events, preferences, play and problem routines to observe.	Telling the caregiver you want to watch the routine in which the behavior happens (watch snack, dressing, etc.) so you can make recommendations about how the routine could be improved.
Therapist talks with parent/caregiver about how the child participates in an activity, the caregiver’s expectations, and the strategies used in typical routines while caregiver demonstrates.	Activities/discussion led by the provider that focus solely on child skills or therapeutic interventions that do not occur in the context of a routine.
Systematically observing naturally occurring routine, making note of key components such as the beginning and ending of the activity, opportunities for repetition, opportunities for joint attention, and the outcome/purpose of routine and sharing the information with the caregiver.	Observing without connection child and family behaviors to goals/outcomes (ie: just watching the family) or family strengths and child interests.
Providing feedback to the caregiver after the observation about the sequence and strategies that were effective and planning how to use these strategies for additional practice.	Following-up observations by telling caregivers what they should do based on the provider’s concerns.

