



KIT

"Keeping In Touch"

June 2009



A Publication of the Army Educational & Developmental Intervention Services CSPD

Resource Article



In this month's article "A Relationship-Based Approach to Early Intervention" author Larry Edelman reviews grounding literature reinforcing the critical need for a relationship-based approach to early intervention. Extending beyond the importance of a trusting parent-child and parent-practitioner relationship is the need for respectful practitioner-practitioner and practitioner-supervisor relationships as well as quality relationships with community supports. Essentially, the relationship-based focus of early intervention reaches across integrated system levels from child and family to community and other augmenting support systems.

The parent-child level relationship creates the context in which children learn. A primary focus of intervention should be supporting parent's competence and confidence to establish and maintain parent-child relationships that promote children's development. This replaces the now archaic focus on the child alone and his/her disability or areas of delay.

The parent-practitioner level relationship creates the context in which shared information and intervention effectively enhances the capacity of parents and caregivers to meet the needs of the child with a disability or developmental delay. Maintaining a focus on primary caregivers by meeting them where they are and supporting their efforts to address outcomes that are functional and meaningful is essential. In addition to having a breadth and depth of knowledge about child development, being respectful, responsive, and empathetic are key practitioner skills needed to foster successful parent-practitioner relationships.

The practitioner-practitioner level relationship creates the context in which practitioners share resources and expertise to most effectively and holistically support children and families. Through supportive collaboration and consultation, practitioners can optimally pool their wealth of knowledge and expertise to support families. By drawing upon the expertise of team members, practitioners can prevent the delivery of fragmented services that leaves the family in the difficult position of deciphering the various bits of information they receive.

The practitioner-supervisor level relationship creates the context for continued learning and reflection on the implementation of relationship-based practices. Supportive leadership and time for reflection are critical for the continued development of quality relationship-based work. The supportive relationships practitioners experience positively influence the relationships they build with parents and caregivers.

The organizational support level relationship creates the context in which teamwork, communication, and positive approaches to problem solving are most effectively practiced and reinforced. Recognizing the constraints and requirements of other organizations and working together to understand each other's organizational elements is vital for effective interagency work in support of children with disabilities and their families.

Relationships are foundational to the work of early intervention at all levels. A relationship-based focus in early intervention is elemental.

Edelman, L. (2004). A relationship-based approach to early intervention. *Resources and Connections*, Vol. 3, Number 2. Retrieved from http://www.earlychildhoodconnections.org/files/relationship_based_approach.pdf

On the WWW

The web resource this month is from www.MilitaryOneSource.com, which includes numerous resources for military members, spouses, and families. If you have not visited this site, it is a must for EDIS early intervention service coordinators. To access the materials you will have to register using "service provider" as your identifier. EDIS service providers are authorized Military One Source access and are encouraged to share the available resources.

The Military One Source resources specifically highlighted this month are geared toward the first few months with the new baby. Included at the link below are articles and helpful tips, including booklets, CDs and useful parent links.

<https://www.militaryonesource.com/MOS/Tools/SurvivingtheFirstThreeMonths.aspx>

Topics covered include:

- [Babies, Toddlers, and Coping with Military Deployment](#)
- [Books and Resources on Children's Sleep and Bedtime Routines](#)
- [Breastfeeding Resources](#)
- [Financial Tips for New Parents](#)
- [Helping Your Young Baby \(Birth to 6 Months\) Grow Through Play](#)
- [Returning to Work as a Nursing Mother](#)
- [Sleep and Bedtime Routines for Infants](#)
- [Staying Close to Your Baby When You're Deployed](#)
- [Staying Strong as a Couple After Having a Baby](#)
- [The Joys and Challenges of Being a New Father](#)
- [The New Parent Support Program](#)
- [Understanding Infant Crying](#)

CDs available include:

- [Baby Wheel](#)
- [Being a Dad CD](#)
- [Becoming a Mom CD](#)
- [Becoming a Parent: Combining work and family](#)
- [Questions Parents of Infants Ask](#)
- [Safety for Children from Birth to Age Three](#)

What Do the Data Say?

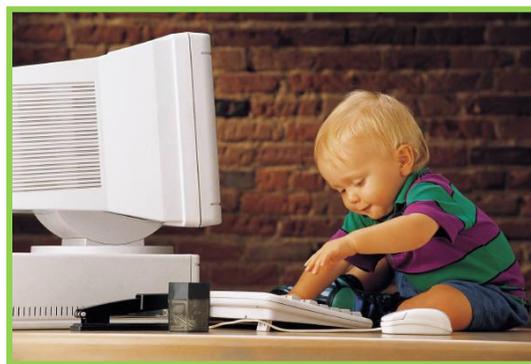


How many children receive early intervention services from Army EDIS?

First, we have to define services. In addition to the ongoing intervention support and services eligible children and families receive in accord with their Individualized Family Service Plan (IFSP), EDIS early intervention services include referral, screening, and evaluation. Clearly, not all children referred are found eligible and receive ongoing services and support. Some children are referred, screened and subsequently discharged because they do not have a significant delay in development. In some instances children may be referred again as they get a bit older. Accordingly, some children may enter and be discharged from EDIS early intervention more than once during a year.

To answer this month's question "How many children receive EDIS early intervention services" we look at services received in the broadest sense. That is all children referred, screened, and/or evaluated, including those with active IFSPs.

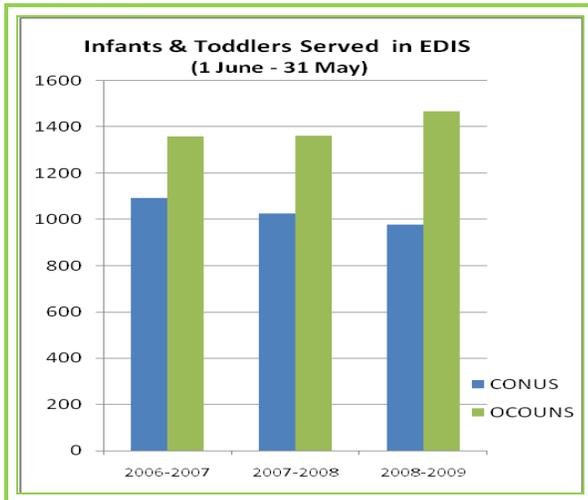
From 1 June 2008 to 31 May 2009, Army EDIS programs provided services to 2448 children. This number has remained relatively consistent over the past three years as 2391 received services during this same period in 2007-2008 and 2454 received services during the same period in 2006-2007.



Looking comparatively at EDIS programs in the continental United States (CONUS) and those outside the continental United States (OCONUS), the OCONUS programs served

more children. Table one illustrates the differences in the number of children receiving services.

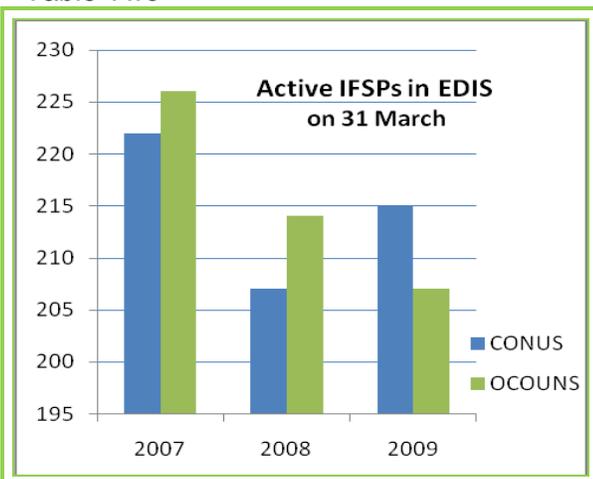
Table One



While one might conclude that there are more children receiving early intervention services in overseas locations that is in fact not the case when one examines the number of active IFSPs.

Table two below illustrates that the number of active IFSPs at a point in time (31 March) is relatively consistent across CONUS and OCONUS programs. On March 31, 2007 CONUS had 222 IFSPs while OCONUS had 226. This is only a difference of four. In 2008 and 2009 CONUS had 207 and 215 active IFSPs on this date, while OCONUS had 214 and 207.

Table Two



So what might be contributing to the higher number of children 'served' in EDIS programs overseas?

One possibility may be troop relocation associated with base realignment in overseas locations. Another factor might be the possibility that there are more children overseas with boarder line delays that are re-referred rather than initially found eligible and receiving services on an IFSP.

What might be other contributing factors?

Consultation Corner

From March through July 2009 the consultation corner topic is:



Best Practices in Early Intervention Home/Community Based Support and Services

Lee Ann Jung, PhD from the University of Kentucky is the consultation corner specialist sharing her knowledge and expertise on providing early intervention in home and community settings.

Toy Bag Questions

Is it ever okay to bring toys on a home visit? What if the family wants me to bring toys? What if the family doesn't have any toys? What if I leave the toys? Are there any other special circumstances when it would be considered good practice? What if everyone else on the team is bringing in toys?

The Up Side

In theory, going on a home visit without a toy bag, using the materials in the child's home seems like a good idea. But this can be difficult, especially if there do not seem to be a lot of materials in the home from which to choose.

The reason many providers take toys with them on a home visit presumably is to give children the chance to engage in a particular activity to promote a skill. Usually, the child is easily engaged in the novel materials with the interventionist, and the interventionists can

efficiently implement the strategies they've designed. The immediate positive, then, of bringing toys on a home visit is that the home visit may go more smoothly. The child is engaged, the interventionist can predict with some certainty how it will look, and the family may be happy to see such good work happen during intervention time.

The Down Side

As positive as that may feel, though, two other, not so positive things can happen when interventionists take materials in on a home visit.

1) This can prevent our giving families support they need to use *natural learning opportunities*, 2) this can send the message that *our stuff* is better, and 3) this can send the message that *we* can do it better. Let's consider how bringing in materials can have these effects:

1. Toy bags can prevent our giving families support they need to use *natural learning opportunities*.

In the Consultation Corners from April and May, we have talked about how we need to support families' use of natural learning opportunities as a source for learning with their children. The idea is that children need to be engaged in activities that promote that skill throughout their days and weeks—not only when interventionists are there. Because children's learning occurs *between* early intervention visits (McWilliam, 2000), taking toys in on a home visit and taking them out doesn't really promote learning at all. Families don't need to know how to use interventionists' materials. Just as they need to know how to use their own routines and activities, families need our support in knowing how to use their own materials. When interventionists' materials are used instead of what families have, there is no opportunity for families to get this information. In a way, we can think of home visits as natural learning opportunities—but not for children, instead for the adults! Home visits are a time to learn about what is happening with the family and the child during daily life and, and it is a time for families to learn about things they've asked the interventionists to help with.

2. Toy bags can send the message that our stuff is better.

When we take materials in, not only are we unable to support families in how to use their materials, but we also send the message that our materials are *better* than anything they have. After all, if their materials were as effective, why would we need to bring anything? Families need to know that the opportunities and materials they have are completely sufficient to promote their children's learning.

Although the literature is clear that all children have opportunities for learning, it seems counterintuitive that children who have less materially can still have ample opportunities for learning. It was my younger child, Maisie, who convinced me that this was true. When Maisie was about 4-years-old, she developed an interest in art. No, actually "obsession" would be more accurate. We couldn't throw away anything in our house! She is now 8-years-old, and for the past 4 years we have had art from cereal boxes, junk mail, magazines, newspapers, cans, plastic bottles—really, any trash that you can think of that is relatively clean or can be cleaned has become art in our house. And I can say with confidence that the way that Maisie has engaged with the trash in our house has been far more sophisticated than the way she engaged with any toy we purchased. In fact, she spends probably 80% of her indoor play time in this type of activity, rarely using bought toys. Now I understand that this is not the type of activity we expect of infants and toddlers, but the principle is the same: children have what they need to learn (Dunst, 2001). It is our job to find the creative ways for families and childcare providers to use what is already in their environment to promote the skills that they want their children to have.

It may be helpful for teams to think about materials and intervention opportunities together. We can even develop a matrix for this. Teams can place common items in a house down the first column, outcomes the family has identified across the top row, and then fill in the blanks with creative ways to use common materials as sources of learning.

Maybe Another Down Side

A third possible risk of bringing toys on a home visit is that we may send the message that not only is our stuff better, but also that we can do it better. Earlier, I mentioned that one potential

positive of bringing materials on a home visit is that the visit may go more smoothly. But maybe that isn't so positive after all. Maybe that's actually a negative... Let's revisit the idea of a smoother home visit when we bring toys, but instead of thinking of it from our perspective, this time let's consider one possible parent scenario:

I've tried to do a few things the interventionist taught me today, but this was a rotten morning, and I'm just glad it's over. Now the interventionist has arrived at my house, brings in this great toy that we don't have. My child immediately runs to the interventionist, excited to see her then sits on the floor with us and does all of the things for the interventionist that I couldn't seem to make happen this morning.

I am sure we have all heard a family member say, "She does things for you that she won't do for me" or "He does that so much better for you." So we may bring toys to help things go differently and more smoothly than they normally would, but *because* things go differently and more smoothly than they normally would, families may infer that you are better at engaging their child.

Leaving Toys

Sometimes children are so fully engaged that they even become upset to see the exciting new materials packed and taken away. We have all seen that! And, yes, families need support in using intervention strategies with materials they have. So, does leaving the toys solve the problem?

Leaving the toys does solve the problem of allowing multiple opportunities between intervention visits, but we have to be careful about this. Before deciding to do this, we need to again think about what messages this sends to the family, particularly message #2 above. Remember in the last Consultation Corner we talked about how children in all environments have an abundance of learning opportunities? When we bring in new toys, though, we send a completely contrary message. We are saying, "Your child can learn better with my things than with what you have." Even if we leave materials (and maybe especially if we leave materials) we are sending this message. We want to show all families, but

especially those who have less, that they have many wonderful opportunities to enhance learning with what is available to them. Given what we know about empowering families in poverty, when asked, "If a family doesn't have much, is it okay then to bring a toy bag," I would have to respond that it isn't okay, *especially* for that family.

Is it EVER okay?

As with every firm rule, there are exceptions. I have a hard time coming up with many, but I can think of a few possible exceptions to the rule of not bringing toys. Maybe you can think of some as well. In each of these cases I would want to revisit the possible negatives to make sure they were not at all a risk.

1. If a family has asked for support in helping them choose toys, they may like to try something you have before buying it. Again, we want to be careful about #2 above. We would want to make sure the family understood that no toy has magic powers, and that sometimes no/low cost options are as good (or Maisie would say, better)! But if a family wants to see how a toy works out, and you have something they are considering, bringing it could be a good way to assess that.
2. If assistive technology is needed to support an outcome, providers may bring in several options and try things out. Certainly many of these pieces of equipment, especially the expensive ones, are purchased after careful consideration of the choices. In this case, assessing how each works is clearly appropriate.
3. Linking a family to material support is different from bringing in toys for intervention. If a family has identified a need in obtaining toys or materials for their child, your connecting the family to a resource that can meet that material need would be an exception. The difference is that the family has identified a general material need, rather than a toy or material being suggested by the provider as the way to promote learning.

4. Finally, if the providers need to have a conversation with the other adult(s), need something to engage the child to help with that conversation, and think that a novel material might do the trick, this *could* be an appropriate time to bring in a toy. So, we might bring something novel to and IFSP meeting that we can then leave. Again, we would have to be careful about #2 above.

But Everyone Else is Doing It

The question of “is it ever okay” can also arise when some members of the team are bringing in materials, and others are not. This does, indeed, send mixed messages to families, and they could quite possibly interpret the visits in which the interventionists bring in special materials and do special things with their child as more valuable. They may see those visits in which the interventionists work primarily with adults to identify natural learning opportunities as, well, not intervention. This is a good example of why early intervention teams need to discuss these issues together and present support that is complementary, never contradictory. In the early intervention program where I was administrator, I can remember many discussions over lunch in which we debated, and sometimes even argued, over the best way to do something. But this team agreed first and foremost that it was important to support families, not to confuse them, and to come to consensus and present as a unified team. They kept those scholarly debates in house and continued to grow and learn from one another. Yes, there was even a debate or two over a toy bag. I’m pretty sure I remember how that one ended...

Dunst, C.J., Bruder, M.B., Trivette, C.M., Raab, M., & McLean, M. (2001). Natural learning opportunities for infants, toddlers, and preschoolers. *Young Exceptional Children*, 4(3), 18-25.

McWilliam, R. A. (2000). It's only natural! To have early intervention in the environments where it's needed. In S. Sandall & M. Ostrosky (Eds.), *Young Exceptional Children Monograph Series No. 2: Natural Environments and Inclusion* (pp. 17-26). Denver, CO: The Division for Early Childhood of the Council for Exceptional Children.

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for EDIS KIT readers.

In line with the focus on Early Intervention Home/Community Based Support and Services, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (March – July 2009) and completing a multiple choice exam about the content covered in these KITs.

If you are interested, complete the exam online at www.edis.army.mil and upon successful completion, you will receive a certificate of non-discipline specific continuing education contact hours.

Please share you KIT ideas and questions via email to Naomi.younggren2@us.army.mil

