



KIT “Keeping In Touch” June 2012



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Resource Article

This month’s KIT resource article, “Between research and practice: Provider perspectives on early intervention”, provides poignant insight into the views of those working in the field of early intervention. Campbell and Halbert set out to discover how the attitudes of providers compared to established best practices, such as family-centeredness and provision of services in the natural environments.



Information was collected from 241 multi-discipline early intervention providers. Participants initially completed a training project on, IFSP meetings, evaluations, or intervention sessions. Subsequently, participants completed a survey addressing behavior changes that might occur because of their recent training, provider perspectives about the family’s role in early intervention, and early intervention practices. One interesting question included was “Your fairy godmother has granted you three wishes and you can choose three ways in which you would change or make the early intervention system of high quality. What three wished do you want granted?”

Six broad themes emerged from the responses: (1) About 20% indicated a desire

for improvements in personal employment via direct and indirect compensation; (2) 15% listed an increase in the provision of services; (3) roughly 15% noted the desire for teaming (e.g., well established communication among disciplines); (4) 10% of responses related to training; (5) approximately 7% pertained to Family participation; and (6) about 7% included ideas such as “desire to return to previously used models, particularly center-based service provision” and “one agency for all services for a child”.

In terms of differences among disciplines, Occupational Therapists (OTs), Physical Therapists (PTs) and Speech-Language Pathologists (SLPs) made fewer statements about increased services than Special Instructors, Service Coordinators and Family Support Coordinators. OTs, PTs, and SLPs also made more statements about teaming than the other groups. When experience was considered, practitioners with more than ten years of early intervention experience were most likely to support returning to center-based model. As caseload size increased, so did the statements about teaming, while statements about training decreased.

The results of this survey suggest a disconnect between the views and attitudes of early interventionists and best practices within the field of early intervention. They also suggest

the continued need to bridge the gap between research and practice, enhance training opportunities, refine our understanding of IDEA Part C service requirements, and gain a better understanding of professional attitudes. The authors propose this task is best addressed through a comprehensive approach including families, early intervention providers, trainers, developers, researchers, policy makers, state and local policy makers.

Campbell, P. & Halbert, J. (2002). Between research and practice: Provider perspectives on early intervention. *Topics in Early Childhood Special Education*, 22 (4), 213-226.

On the WWW



The feature website this month is Family Voices. The website link is: www.familyvoices.org

The mission of Family Voices is to “achieve family-centered care for all children and youth with special health care needs and/or disabilities.” To help meet this important mission, the organization provides families a variety of tools and resources to help families make informed decisions, advocate for their child and family, become a resource to others, and build partnerships with families and providers. While the site provides a great amount of resources for parents the materials can also be helpful for providers. Providers are also encouraged to share the resources and website with the families they support. At the tools and reports tab you will find a variety of downloadable brochures that you might find helpful in your work with families of young children with disabilities.

What do the Data Say?

How often to families have meals together?



To answer this question we look to the 2007-2008 National Survey of Children’s Health (NSCH). The NSCH was a random telephone survey to households with one or more children under 18 years old. Over 90,000 surveys were completed across the United States and between 1,725 and 1,932 were collected per state. The survey addressed various aspects of child, family, neighborhood, and social connections. An earlier version of the NSCH was published in 2003. Information about both reports are available online at www.childhealthdata.org This site includes a wealth of interesting facts as well as a system for comparing these data.

Now back to our question. The response options to the question (During the past week, on how many days did all the family members who live in the household eat a meal together?) were none, 1-3 days, 4-7 days, and every day. The results of the 2007 NSCH revealed that 45.8% of families ate a meal together each day. This figure is slightly down from the 2003 report (47.2%). Looking closer at the 2007 report, 31.1% ate meals together 4-6 days, 19.1% ate meals together 1-3 days, and 4.1% ate meals together no days during the week. When comparing urban and rural areas across the states 45.1% of families living in urban areas and 48.8% of families in rural areas shared a meal together everyday.

Positive family meals can provide benefits to the entire family. Family meal times are also heavily influenced by the family’s social, cultural, and economic context and while a family may value family meal time they may not be able to make it happen in spite of the

benefits. Some obstacles to having family meal times include conflicting schedules, no time to cook, not knowing how to cook, preference to watching television (Marino & Butkus). As early interventionists it is helpful to learn about a family's meal times to understand the possible learning opportunities that may be a natural part of what a family already has in place, and on the flip side, to consider the possibility of enhancing learning opportunities. When learning from families about their meal times remember that they will be as individual as each family.

Martha, M. & Butkus, S. Background: Research on Family Meals. Accessed May, 2012 from <http://nutrition.wsu.edu/ebet/background.html>

Consultation Corner



From February through July 2012, we are excited and honored to have the Early Intervention Family Alliance's (EIFA) Kim Travers serve as the consultation expert addressing the topic *Early Intervention A Family Perspective*. For additional information about EIFA see: www.eifamilyalliance.org/membership.htm

What words of wisdom would you share with families

just getting started with early intervention?

The journey into early intervention is a very individualized experience and varies greatly for each family and child that seeks those services and supports. It is also the first experience that many families have with entering the specialized services and supports world. Learning to navigate complex systems, where each has their own rules, can be very daunting for even the most seasoned parent.

However, there are many lessons learned from our collective experiences. Here are our suggestions to you in the beginning of this journey we call parenting.

Take care of yourself!

- Get the support that you need. Some parents share their grief and challenges with family members and friends to help guide them through this unexpected experience of raising a child with disabilities. Don't be afraid to ask to talk with another parent who has a child with diverse abilities as their personal experience may be a helpful guide too.
- Ask about support groups (they can be general to special needs or diagnosis specific) that may be available within your community if that is something you feel may be helpful. There are national organizations that may also be helpful.
- Keep your dreams for your child alive. Don't be afraid to share your vision with those who are there to support you and your child. No one holds the crystal ball to what the future holds for any of us.
- Take some time for yourself. Even a 30 minute walk or a quick read can do wonders for your mental and physical health. Caring for a child with special needs can be exhausting and you can become overwhelmed.

Become informed

- Learn about what types of services are available for you and your child. Expect the different systems that support you to work together and don't be afraid to ask them to communicate and help you coordinate care for your child. There are many great resources on the internet, but be careful that the information is accurate.
- We use:
 - www.oneplaceforspecialneeds.com

- www.familyvoices.org (this is the national link – every state has their own chapter)
- <http://www.parentcenternetwork.org/> National and Regional Parent Technical Assistance Centers
- <http://nichcy.org/> National Dissemination Center for Children with Disabilities
- <http://nectac.org/> National Early Childhood Technical Assistance Center
- Search out the national center for your child’s diagnosis

Become a partner in learning

- Always remember that you are the expert on your family and your child’s needs. That information combined with the expertise and skills of the professionals that work with you make up the best possible team for your child. Together you can brainstorm how to help your child best grow and develop. Don’t be afraid to try new strategies as you never know what will work.
- Always ask questions if you do not understand something. Early Intervention is the beginning of the “alphabet soup” world. If you don’t know what I mean, you soon will with abbreviations such as I.F.S.P. (Individualized Family Service Plan), O.T., P.T., S.L.P or I.D.E.A (Individuals with Disabilities Education Act)... the list goes on and on.

Enjoy raising your child

- Enjoy spending time together and don’t rush too much. Kids deserve to be a kid.
- Don’t forget to just play and let your child guide your activities. We all can get stuck in working towards specific skills that our child needs to develop, but if we approach the development of that skill through all of the typical routines and opportunities to learn in a day, it will be a lot more fun for everyone.

- Remember all children learn best in familiar places, with familiar people, using familiar objects, and in the course of their day.

Trust your instincts

- Each child is a gift with unique strengths and weaknesses. Never forget that you are the one who truly knows your child best. Even if you are given information by an experienced doctor or therapist, if it doesn't feel right for your child, don’t be afraid to say so. When it comes to your child - you are the expert!

Follow EIFA at

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Continuing Education for KIT Readers



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

In line with the focus on *Early Intervention A Family Perspective*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (February through June 2012) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in July 2012. If you are interested simply complete the exam online at www.edis.army.mil. Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

*Please share your KIT questions/ideas via
email to
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