



KIT

“Keeping In Touch”

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Resource Article

This month’s KIT resource article, *Family-Centered Early Intervention: Clarifying Our Values for the New Millennium*, by Mary Beth Bruder, PhD, promotes the understanding and application of family-centered services in early intervention.



In 1986, when Part H of the Education of the Handicapped Act Amendments-P.L. 99-457 (now Part C) established early intervention services and stipulated that services were to be family-centered (i.e., the family is the focus of intervention services), there was little consensus on what *family-centered* was or what it entailed. As a result, the understanding and application of family-centered services was unclear and inconsistent on a variety of levels (e.g., state, program, and provider). Studies in the 1990s found the following patterns: IFSPs were not incorporating family-based outcomes; providers had difficulty involving parents in the delivery of services; researchers and providers struggled with ways to provide education-focused intervention using a family-centered framework; and in general, there were conflicting views about whether or not early intervention services should be child- or family-focused.

During this same time, three values of family-centered early intervention emerged:

- Emphasis should be on families’ strengths rather than deficits;

- Family empowerment is key and family choice and control over desired resources should be promoted;
- Essential to quality intervention is development of a collaborative partnership relationship between parents and providers.

Dr. Bruder identified four obstacles that discourage the application of family-centered practice, and she offered suggestions for addressing them.

1. Research-to-practice gap. A lack of research in the field of family-centered services in early intervention and inconsistent use of evidence-based practices in service delivery creates an obstacle. The following are needed to address this: increased communication about research (and its application); use of research to shape early intervention programs; increased research on family-centered practices; and greater willingness to change practices accordingly.

2. Personnel Preparation/Training. Gaps in effective training modules (undergraduate, graduate and on-the-job) as well as limited professional standards for infants and toddlers present a challenge. Possible responses to this challenge are enhancement of specific skill training in infancy/early childhood development, family-centered practices, interdisciplinary proficiency, teamwork, and effective collaboration with all team members within and outside of the early intervention agencies and with families.

3. Complexity of Part C service requirements and program administration. A notable challenge embedded in the implementation of Part C is that administrators require particular professional values, knowledge, skills and creativity, which not all administrators possess. Administrators have reported feeling the need for increased training to fully understand and interpret Part C and all of its nuances including billing, breaking the traditional mold of child-centered services, incorporating family-centered practices, and implementing a parent education focus. Effective training and support on the regulatory requirements as well as ongoing training on best practice in early intervention are needed to support administrators and facilitate development and implementation of family-centered practices in early intervention.

4. Service delivery. Not all early intervention providers have embraced the family-centered philosophy. This is evidenced by some providers viewing themselves as experts and families and children as clients, and overlooking opportunities to promote family-specific learning opportunities. This is difficult to address, as it requires, to some degree, a shift in philosophy. It requires truly seeing families as equal partners, genuinely working to establish and maintain a collaborative relationship, authentically respecting the family as the expert of their child, and upholding the family-centered philosophy throughout families' early intervention journeys.

While great strides in understanding and implementing family-centered early intervention services have been made since the publication of this seminal article, there remains a need for training, support, and program improvement. In addition to carefully considering the obstacles and recommendations highlighted by Dr. Bruder, it is also critical that early intervention providers make an concerted effort to learn from the families they partner with and that family voices are not forgotten in ongoing early intervention training and program development initiatives.

Bruder, M. B. (2000). Family-centered early intervention: clarifying our values for the new millennium. *Topics in Early Childhood Special Education, 20*, 2, 105–115.

The full article is also available online at:

http://www.cms-kids.com/providers/early_steps/training/documents/family_intervention.pdf

On the WWW



The web resource for this month is a link to the Pew Center on the States, January 2011, policy brief entitled, 'Paying Later The High Costs of Failing to Invest in Young Children', written by Elaine Weiss. The brief summarizes a study by economist Mark Cohen and criminologists Alex Piquero and Wesley Jennings. They were interested in the costs associated with negative outcomes resulting from state and federal funding decisions. They came up with interesting, although not surprising, tabulations: preventive care or early treatment can reduce or eliminate negative outcomes. For example, nutritional support during pregnancy from Women, Infants and Children (WIC) can prevent costs associated with a low birth weight baby. They conclude with "...investing now in evidence-based policies amounts to smart budgeting in any economy." To read more about this, visit the link below:

http://www.partnershipforsuccess.org/uploads/20110124_02311PAESCrimeBriefweb3.pdf

What do the Data Say?

On average, 8.2% of children born in the United States have low birth weight (Zero To Three). Factors contributing to low birth weight include poor early prenatal care. Babies underweight at birth are 166% more likely to be at developmental risk compared to normal weight babies (Children's Health Watch).

http://www.childrenshealthwatch.org/upload/resource/nourishing_development_2_08.pdf

What percentage of babies born in your home state have low birthweight?



The states with the lowest percentage of low birthweight babies (between 6 and 7 percent) are Alaska, Oregon, Washington, Minnesota, Idaho, New Hampshire, South Dakota, Iowa, Maine California, North Dakota, and Utah. At the other end of the continuum are Alabama, Louisiana, and Mississippi with between 10 and 11 percent of babies born with low birthweight.

To answer this question and more about baby health, early learning, and family characteristics for your state and to learn how infants and toddlers are doing across the states visit the Zero To Three State Baby Facts. Click on the link below then click on the state you are interested in to see the associated baby facts.

<http://www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.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 do families want from early intervention providers?

The type of services and supports that a family wants from their early intervention provider is as varied as the types of families we have the

privilege of serving. I believe that there are some commonalities in the needs and wants of families and their young children who receive IDEA Part C services. These include (in no particular order):

Who- Who are you and what is your role in the process? Inform me about the individual expertise of each team member in the early intervention system (i.e., what disciplines are involved, special expertise/training with a specific diagnosis or disorder, experience working with different types of child/family needs, etc.).

What- What is the process, tell me about early intervention (you do this every day but this is all new for me). What is the process for eligibility determination and IFSP development in the program? What are my rights under IDEA, etc.? What do I need to know about the best available research or explicit principles so that I may make informed decisions about options and services for my child?

When- Since I am concerned about my child's development or condition, what is the timeline for services, scheduling, what should I expect. When will things happen, IFSP meetings, renewals, etc.

Where- Where will services occur, in what settings? Are my primary concerns regarding my child likely to be remediated (e.g., if I can't take him/her out of the house, go grocery shopping etc. because he has a meltdown). What are my options for service locations?

How- How will we work together? What are the ground rules? Let's discuss setting and cancelling appointments so we are on the same page. Inform me about communication opportunities. Think broadly about all the caregivers and special care providers as well as modes of communication; how are we going to collaborate with ALL of the people and professionals in my family's life? We need to form a partnership in order for our relationship to flourish the underlying theme has to be mutual respect.

You respect me as the expert about my child,
regardless of my formal education,

I respect that you have a skill to share to help my
child grow and develop.

Ask and Listen- Ask me what is important to my family and me and really listen to my answers. Please don't talk **at me** and give me handouts/activities to do with my child. I don't need homework! I live with my child 24/7; you come and go. Listen to what we have already tried and then brainstorm with me about what we can do differently when a strategy isn't getting the desired results. Another key piece is to **work with me, not on my child.**

Don't judge me- Learn about and respect my family's choices, cultural or religious preferences. Rather than comparing my actions and behaviors with your own, take the time to be curious about who I am and how I make decisions about my family and my life. Use the information that you've learned to know how to best help me help my child to grow and learn. Let's focus on how we can work together to support child growth and learning within my family's set of values.

For information on key mission and principles of providing early intervention services in natural environments, please refer to the following site:
<http://www.nectac.org/topics/families/famctrprin.asp>

What do you want early intervention providers to know?

Families, for the most part, want early intervention providers to know that they really want to do whatever it takes to help their children learn. However, we may not always have all the needed information to make informed decisions. Every family is also on their individual journey for accepting and understanding their child's specialized needs and some days are easier than others. Every family is dynamic and ever changing. Please realize that families are all at different places. I didn't sign up for this journey, so walk beside me and guide me.

It was very important for me to find strategies that will enhance my relationship with my family and friends that I had before I had children with disabilities. These relationships are critical to the long-term journey that we are facing as we raise our children, both with and without, disabilities. It is also helpful for me to have the opportunity to talk with other families who are also on a similar journey or who have already blazed the trail so that I can have the opportunity to learn from their successes and failures.

Families also want early intervention providers to know that we appreciate your dedication to my child and family. Your willingness to work with and for me makes a big difference in my confidence and competence. Your expertise and guidance helps me become a more knowledgeable parent and advocate for my child. We appreciate all that you do every day for all children.

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.

If you are interested, take 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
ediscpd@amedd.army.mil***