KIT "Keeping In Touch" April 2009

A Publication of the Army Educational & Developmental Intervention Services CSPD

Resource Article

The KIT article this month, "Supporting Learning Opportunities in Natural Settings Through Participation-Based Services" by Campbell and Swayer presents an interesting and useful study of *participation-based* and *traditional interventions.*

Recognized as the best practice approach, interventionists providing participation-based services capitalize on day-to-day routines and activities as natural learning opportunities. Quite the opposite, interventionists delivering traditional services design activities to present specific learning opportunities.

Included in the article is a comparison table of participation-based versus traditional intervention services. The table provides descriptors and examples of six key dimensions (i.e., location, focus, purpose, activity, interventionist's role and caregiver role). These specific features represent a delineation of integrated activities and interactions that make up an intervention visit. This table alone serves as a useful self-reflection tool for interventionists to consider their own practices and interactions with children and families during intervention visits.

The Natural Environments Rating Scale (NERS) described in the article also serves as a valuable tool for examining key features of intervention visits. In turn, information from the NERS can be used to help interventionists hone skills critical for providing intervention in accord with recommended practices.

As concluded by the authors, a transfer in focus from the general characteristics of quality intervention to more explicit features of participation-based services would facilitate interventionists and supervisors abilities to more systematically examine and ultimately optimize intervention practices.

Campbell, P. H., & Sawyer, L. B. (2007). Supporting learning opportunities in natural settings through participation-based services. *Journal of Early Intervention, 23*(4), 287-305.

On the WWW

The web resource this month is an online training opportunity from the Nebraska Department of Education titled "Early Childhood Care for Infants and Toddlers."

The five online training modules include:

1. Safe and Supportive Environments - to establish and maintain a safe, healthy learning environment;
2. Relationships and Responsive Interaction - to support social and emotional development and provide positive guidance;
3. Learning and Development - to advance physical and intellectual competence;
4. Relationships with Families - to establish positive and productive relationships with families;
5. Professionalism and Program Management - to maintain a commitment to professionalism.

The modules include video clips and interactive content. They are designed to be completed sequentially, but can be stopped and started again from any point in the series. Registration to view the modules is free and interested participants can receive Continuing Education

Units (CEU's) or college credit for completing the modules.

www.firstconnections.nde.state.ne.us/project.htm

What Do the Data Say?

What is the DoD Annual Compliance Report ?

Guidance for implementation of IDEA is contained in DoD Instruction 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents." The Instruction requires an annual report on the status of compliance with IDEA. The reporting period for the annual submissions is 1 July through 30 June, with a census (point in time) date of 31 March. The annual report includes program descriptions, results of compliance monitoring activities, and analysis of operational program data.

The Annual Compliance Report provide a means to aggregate data across each Service's EDIS program and provide a DoD perspective of IDEA support provided by the Military Medical Departments. The report serves a practical reporting requirement. Having one official report eliminates the need to respond to multiple data requests on program operations.

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.

Follow-Through Questions

What can I do if I'm concerned about the family's follow through from the beginning of intervention? What can I do if the parent does not want to try the strategies brainstormed/ suggested during the home visit? What can I do if the family has not tried the things suggested from the prior home visit?

All of these challenges of supporting caregiver follow through with intervention have no doubt been faced by every provider of early intervention services. We've all experienced families who seem less than engaged in the intervention experience. This can be frustrating for those in the field who realize that in order for intervention to be effective, it has to be implemented frequently! In fact, it matters little whether the intervention is implemented during our home and childcare visits--what matters is what happens every day. In order to answer questions on *what to do* about follow through, we have to ask *why* is there a difficulty with follow through. The following are three questions we can consider as we seek to improve our ability to support follow through. After a discussion of each question is sample conversation starters that providers might consider when encountering follow through questions such as those above.

1. *Does the family understand how early intervention works?*

The way early intervention works is not necessarily intuitive for families. Consider this from their perspective: They have been told their child has a developmental delay or a diagnosed condition that probably will result in developmental delay. They understand their child needs therapy or intervention. Logic would tell us that the more of that intervention or therapy their child gets, the better the outcome for the child. Right? Early intervention providers know that isn't the case, but it is counterintuitive. And if a family believes that the therapy or intervention time is what makes the difference in their child's development, they may not engage fully in intervention. Why would they?

In order to address this issue, we can explain to families how early intervention works in very clear terms *up front*. In professional discussions on this topic, oftentimes the conversation goes in the direction of distinguishing the medical model from the educational model. But this may not be the

most productive or accurate way to describe early intervention. In fact, our focus on consultative service delivery, or supporting families to implement intervention was a practice started in the medical field.

Many years ago, children born with disabilities that required medical interventions and equipment were institutionalized. About 20 years ago, however, things changed. Parents were taught to care for their children who needed feeding tubes or tracheotomies. And how did medical professionals determine the frequency and duration of those services to train families? They gave them a lot of support up front and trained them to *fidelity*. That is, they supported them until they were competent and confident in implementing intervention.

Similarly, when an adult is injured and needs some type of therapy such as physical therapy, the adult does a lot more than visit the therapist each week. What does the therapist say must happen in order for the therapy to work? Follow through. Every day. It isn't the 1 hour each week with the therapist that makes the difference; it is the patient's follow through with intervention. Young children depend on the adults who are in their lives every day to be able to get the kind of practice they need. Not only do young children need lots of practice, but they also need it to happen in relevant, meaningful ways. In other words, their "practice" should not look like a therapy session with their parents, but rather should look and feel like everyday life. By giving families examples like this *before* intervention starts, we can help them understand how early intervention works for very young children.

Sample Conversation Starter:

"I've thought about the priorities we talked about last time, and I have some ideas for what might work. I'm going to need your help today thinking through the options, though, because it has to work well for you. So many people think that it's what the providers do that makes a difference, but it isn't. It's really what *you* do that matters. Our short time with your child isn't enough to make any change at all. But what you do every day makes all the difference in the world."

2. *Who's goal are we addressing?*

About 15 years ago, I learned from my major professor, Samera Baird, about Malcomb Knowles' adult learning theory. I studied it and understood it and wrote about it in class. But I remember vividly the day I really got it. I had been working with a young child in rural Alabama who was about two-years-old and had a significant communication delay. He wasn't using any words. I am a special instructor and was added to the IFSP after he had received some months of speech therapy only. He had not made a lot of progress, so what did we do? Add another service… In any case, I went each week using all of the strategies I had learned in school to encourage development in his communication. I talked to his parents about how things had been going and showed them ways of following his lead, joining in his play with his favorite trucks, imitating his sounds, talking about what he was doing, and so forth. And each week, they sat on the couch and looked straight through me to the television. I was so frustrated! I mean, I was working hard to help their little boy learn to talk, and they weren't engaged in what I was doing at all.

One morning on my way to their house, I began to think about what I might try to support the family better. That's when I remembered Dr. Baird and the learning theory she had presented in class. What we learned from Knowles' theory is that adults decide when they are going to engage in a learning experience and they do so when they feel a need to know something, or they think the learning experience will help them with a task. I realized, I had never asked the family if this is something they *wanted* to address. Maybe no one on the IFSP team had. Quite possibly, we were working on outcomes that had come straight from a developmental assessment, with little input from the family. So I asked the family when I arrived, "Are you concerned about Spencer's talking?" And do you know how they replied? "Nope. His granddaddy talked when he was four. His daddy talked when he was four. He'll talk when he's ready." Well no wonder they weren't interested in what I had to share!

To make a long story short, we talked about their priorities and concerns and reframed our objectives to match their priorities. They wanted to work on toileting. So we did. And you know what? The first step in toileting is being able to communicate. It wasn't that the strategies I was suggesting were so different from what was needed, but I hadn't taken the time to make that very important connection. Once I did, the family and I had a new relationship that was

collaborative and effective. Before long, the family was showing me what they had tried and learned and how they had adapted my suggestions to fit their child, and their life.

Sample Conversation Starter:
"When we planned the IFSP you all felt that ______ was going to be a priority for you. A lot of times, parents' priorities change, though. Is this still one of your main priorities? Has anything else come up that has taken a top place in your priorities?"

3. *Does the intervention fit everyday life?*

In preservice programs, early intervention providers learn about the interventions that have been demonstrated effective in our field. We know that we must prepare caregivers to implement these effective interventions. But many providers don't learn in preservice programs *how* to prepare caregivers to implement intervention. We know that when intervention is shared in a way that makes effective use of family ideas and the great things families are already doing, implementing intervention becomes much more feasible for families as it builds on their interests. Simply sharing intervention strategies with families is rarely sufficient to support their ability to implement the intervention. In fact, suggesting new intervention strategies to a family can actually *add* stress, and doesn't necessarily increase their ability to implement them.

Instead, it is the job of the providers to think about how intervention needs to look, not only for this skill that we are trying to teach, but for the *context* in which it will be taught. There are thousands of ways to teach the individual skills children need as they develop. Similarly, there are many skills that can be taught in the context of day-to-day activities and routines in which children participate. Providers can help families select the way to teach skills that work for them, in their daily routines. Also, providers can work collaboratively to integrate their strategies. When outcomes and strategies are organized by family activities or routines, we end up with IFSP outcomes and strategies that belong to the *child and family*, not each discipline. So, for example, rather than having an OT outcome, a PT outcome and a special instruction outcome, we end up with an outcome that is related to play time in the family room in the morning. Within that outcome, many family and providers' ideas can contribute to an integrated set of strategies that support a skill or multiple skills at that time. When we integrate our strategies and make sure they stay in existing routines, we can support families by making their lives *easier*, not more overwhelming, making follow through of intervention a natural part of what they do each day.

Sample Conversation Starter:
"Like we've talked about, it's my job to make sure the intervention strategies work for you. There are lots of ways to work on_______. Did the strategies that we talked about last time work out for you this week? If anything is ever overwhelming or feels like it doesn't fit what you are doing each day, we can talk about it and find a different way that would work better for you. Would you like to talk about other ways to work on ____?"

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for Educational and Developmental Intervention Services (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 send your Consultation Corner questions and KIT ideas via email to ediscspd@amedd.army.mil