Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

NOVEMBER 2018

Inside this edition

"Engaging Families - Helping Families Use Intervention Strategies"

Resource Article

Collaboration and family engagement are central to high quality family-centered early intervention practices. But what makes collaboration work when the parent is an adolescent? Early intervention is dynamic and so too are the partnership relationships that are essential for empowering and building the parents' capacity to meet the needs of their children and family. Having a child with a disability and navigating support systems can be a lot for families and for an adolescent parent, rushed into parenthood, this can be particularly overwhelming.

To understand the success of collaborative relationships between adolescent mothers and service providers Davenia Lea examined facilitating and impeding factors by gathering information from six adolescent mothers and their early intervention service providers. The six mothers in the study were all participating in early intervention and were between the ages of 14 and 17. Typical practices for the early intervention programs in which these families participated included service provision in a natural environment by a primary service provider with a designated service coordinator. Additionally, some of these parents participated in other support services. The mean age of the early intervention service providers was 44, with a range of 27-59 years of age. Data collection included interviews, observations, and document reviews. The mothers were interviewed over a nine month timeframe, each participating in an average of five interviews. The service providers were also interviewed, although less frequently than the mothers. Observations of the mothers and their service providers provided another source of information. The observations for each parent included an IDEA related meeting (e.g., assessment, IFSP development, IFSP review, transition, IEP development) and at least two early intervention visits. Additionally, each child's assessment report, family IFSP, and service provider notes were reviewed.

Findings from the study revealed that the parents and service providers regarded the importance of respect, empathy, trust, and shared decision making (i.e. power). Yet, in spite of each parent wanting assistance for

Resource Article (continued)

their child they all shared negative experiences with early intervention as well. With regard to respect, each of the six mothers reported "that they felt ignored and that their concerns were insignificant" (p. 271). For example, one mother shared that her goal for her child to walk was discounted and not included on her IFSP. Another parent shared that her providers were often late without taking ownership of that or apologizing for their lateness. As for empathy the mothers' perspectives were that the service providers were not understanding of their situation and circumstances nor did they effectively take the time to really get to know the parents. Rather it seemed that judgement was cast because of their young age. Trust was also compromised from the mothers' perspectives. The parents' general distrust for social service type systems likely contributed to their lack of trust toward their early intervention service providers. Some of the parents reported feeling spied upon and feared being reported if they did not do certain things. Trust was however more evident when the parent felt their provider did what they said they would do. In fact, over the course of the study some parents became less guarded with their service providers when the provider followed through or acted in ways that benefited the parent (e.g., writing a support letter to DSS, calling and checking in).

Regarding shared power, the study revealed that the mothers perceived they had little power, especially with regard to decision making. The providers also shared that the adolescent mothers lacked parenting expertise and knowledge. And interestingly, the mothers shared this perspective as well. Accordingly, the alignment of decision-making power seemed to tilt toward the providers rather than the mothers. This was particularly evident at IFSP meetings where the provider's recommendations prevailed.

Although these findings seem somewhat discouraging, they also reinforce the importance of starting early intervention with a focus on relationship building, regardless of the family circumstances. Relationships take time to develop and providers must stay true to the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (2008). Key principle number 2 states that "all families, with the necessary supports and resources, can enhance their children's learning and development." This means exercising empathy by working to understand family strengths and circumstances, suspending judgement by getting to know the family, sharing information and regarding the family as the key decision maker, and meeting the family where they are at so that the team can work together for the best benefit for the child and family.

It is also important to acknowledge the limitations of this study. The study included the perspectives of only six adolescent mothers, which is too small to make generalizations or conclusions. Yet, the study did give these parents a voice and their shared insight and stories are important to consider in future practice and relationship building with young mothers participating in early intervention services.

Lea, D. (2006). You don't know me like that: Patterns of disconnect between adolescent mothers of children with disabilities and their early interventionists. Journal of Early Intervention, 28(4), p. 264-282.

Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like / doesn't look like. Retrieved from http://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

What do the data say?

What is the teen pregnancy rate and how has it changed over time?

Considering Lea's (2006) article featured in this KIT, you might be interested in knowing how teen pregnancy rates have changed over time. According to the National Center for Health Statistics, from 2000—2016 there was a 57% decline in teen mothers (ages 15-19) giving birth and the birth rate for very young mothers (aged 10-14) declined 67% from 2008 to 2016 (Mathews & Hamilton, 2018). The reason for this decline is not exactly known, however the Center for Disease Control and Prevention noted the decline in teen sexual activity and an increase is use of birth control are likely driving this trend (Division of Reproductive Health). While the decline in teen pregnancy is regarded as progress there are still many children being born to teen mothers. In 2016 the birth rate for teen mothers was 20.3 births per 1000 women (age 15-19) (Martin, Hamilton, Osterman, Driscoll, & Drake, 2018). And in New York alone 17,000 teen girls gave birth in 2006 (Schuyler, 2008, p. 6).

Children born to teen mothers also face numerous risks associated with possible disabilities and developmental delays. These risks include low birth weight, delivery complications, prenatal health problems, and complications such as hearing or visual impairments, cerebral palsy, respiratory problems, and other disabilities; additionally, these children are at a greater risk of social-emotional problems, lower IQ and academic achievement, and more likely to start their own family at an early age (Hofferth, 1987).

Furthermore, there are connections to poverty and education. Suellentrop (2010) noted that "a child born to a teen mother who has not finished high school and is not married is nine times more likely to be poor than a child born to an adult who has finished high school and is married." (p. 5). Regarding education, "children of teen mothers are 50% more likely to repeat a grade, less likely to complete high school, and have lower performance on standardized tests than those born to older parents" (Schuyler, 2008, p. 3).

The risks and challenges go on and on and there is no quick fix. Yet, the family-centered and relationship-focused intervention you provide through early intervention can help empower parents, build family capacity, and promote children's learning opportunities. Being responsive and meeting the parents and family where they are at in their lives is an important first step in the many types of early intervention journeys you make with all different types of families young and old.

Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. About teen pregnancy: Teen pregnancy in the United States. Retrieved from: https://www.cdc.gov/teenpregnancy/about/index.htm

Hofferth, S. L. (1987). The children of teen childbearers. In National Research Council. 1987. *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing, Volume II: Working Papers and Statistical Appendices*. Washington, DC: The National Academies Press. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK219236/

Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2018, January 31). Births: Final data for 2016. National Vital Statistics Reports, 67(1). Hyattsville, MD: National Center for Health Statistics. Retrieved from: https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf

Mathews, T. J., Hamilton, B. E. (2018, April). Declines in births to females aged 10-14 in the United States, 2000-2016. NCHS Data Brief, no 308. Hyattsville, MD: National Center for Health Statistics. Retrieved from: https://www.cdc.gov/nchs/data/databriefs/db308.pdf

Schuyler Center for Analysis and Advocacy. (2008, December). Teenage births: Outcomes for young parents and their children. Albany, NY. Retrieved from: http://www.scaany.org/documents/teen_pregnancy_dec08.pdf

Suellentrop, K. (2010, August 17). The costs and consequences of teen childbearing. The National Campaign to Prevent Teen and Unplanned pregnancy. Retrieved from: https://www.cdc.gov/nchs/ppt/nchs2010/29_suellentrop.pdf

Consultation Corner

3 Strategies to Facilitate the Caregiver's Use of Intervention Strategies Between Visits

Dana C. Childress, PhD
Early Intervention Professional Development Consultant
Partnership for People with Disabilities at Virginia Commonwealth University

So far in this series, we have explored six strategies you can use to facilitate caregiver learning before and during early intervention (EI) visits. These strategies included: 1) reflecting on your own beliefs, 2) embracing your role as a facilitator of adult learning, 3) helping families understand how EI works, 4) staying in your lane to facilitate caregiver-child interaction, 5) engaging in reflective conversation, and 6) facilitating caregiver practice and feedback. The truth is that you can implement all of these strategies, have a wonderful visit, and still leave the caregiver to struggle during the week. It's so easy to assume that what happens during a visit will automatically transfer to what happens between visits, but that's not necessarily true. Instead of assuming, you can add three more strategies to your toolbox that will increase the likelihood of families successfully implementing intervention when you aren't in the home.

Strategy #1: Facilitate Collaborative Problem-Solving

We spend a great deal of our time problem-solving with families. In fact, families have reported that problem-solving is one of the most valuable learning activities that happens during intervention (Woods & Lindeman, 2008). Let's think back to our scenario to envision what collaborative problem-solving looks like. You're working with a mother who wants her son, Sam, to follow simple instructions and respond to his name. You're joining their morning clean-up routine after breakfast. As she tries to help Sam put his dishes in the sink, he pulls away and tries to run. Here is a golden opportunity for problem-solving because this is probably what happens between visits too.

You have two choices here. You could: a) tell Sam's mother what you think she should do, or b) pause for collaborative problem-solving. If you choose option A, you will most likely be guessing, throwing "Have you tried…?" ideas against the wall to see what will stick. Sure, you could have a great idea she has never thought of before that works wonders. That might solve the immediate problem, but what Sam's mother has also learned is that you have the answers. You could introduce a new strategy this way, but on a deeper level, you have not really built her capacity to solve the problem next time, when you aren't there to provide the solution.

If you choose option B, you will help Sam's mother think about how to deal with the challenge based on her prior knowledge and experience. You ask, "What have you tried in similar situations when Sam ran away?" Give her the space to think and wait for her answer. It's a risk because she might say she doesn't know or it's never happened before - answers that can bring the discussion to a standstill. If that happens, ask her what other ideas she has. Talk about how she motivates Sam to do other things. Offer to share an idea if

Consultation Corner (continued)

needed. Model a new strategy, then ask if she'd like to try. Keep the problem-solving exchange going until you get past the standstill.

With option B, there's a greater chance that Sam's mother will share a strategy that could be applied in this situation. Let's imagine that Sam's mother says that she sings to him to get him buckled into his car seat. You ask about the song and find out that she likes to make them up to suit the situation. You ask how she feels about trying to sing to Sam now, and she sheepishly agrees. She says, "Sam, let's clean up!" then puts the spoon in his hand and starts singing. They stomp together to the sink and drop the spoon in as she sings. You both praise Sam's efforts, and then you provide feedback to Sam's mother, noting that he was much happier following the direction this time. You tell her you liked how she said his name and gave the instruction first, then used the song to help Sam follow through (specific feedback). Eventually, she can fade out her song when Sam follows the direction without it, but for now, it's a great way to make cleaning up a fun learning opportunity for him.

When problem-solving a challenging situation that you are not able to observe (such as a weekend routine), you may have to dig a little deeper. Collaborative problem-solving also involves asking more open-ended questions to find out what happens before, during, and after a challenging situation. You'll want to find out what each participant does - what does the child do, what does the caregiver do, what does the sibling do. You are asking the caregiver to paint a picture of what happens so you can understand the situation as clearly as possible. You might ask the caregiver, "What would you like to change?" or "If you could have this situation work out perfectly, what would that look like?" You could also encourage reflection by asking, "What could you do differently next time?" You are collaborating as you gather information, think about possible solutions, and plan with the caregiver for what she will do next time. Always end a collaborative problem-solving session with practice (if possible) and planning for what the parent will do next time, because with infants and toddlers, there will almost always be a "next time."

To learn more about this strategy:

- Blog Post: The Value of Collaborative Problem-Solving (EI Strategies for Success)
- Handout: Facilitating a Problem-Solving Approach with Families (Family Guided Routines Based Intervention)

Strategy #2: Use Joint Planning

Planning for what happens the rest of the week is a collaborative process too. This has been called "joint planning" by Rush and Shelden (2011) and "reflect and review" under the Family Guided Routines Based Intervention approach and SS-OO-PP-RR Home Visiting (Distance Mentoring Model, n.d.). At the end of the visit, ask the caregiver what she would like to try during the week. I recently discussed coaching at a meeting with parents of older children who had been through EI, and they found the idea of letting the parent choose incredibly valuable. It's been my experience that caregivers will choose one or two strategies, even if you have discussed or practiced many more. Adults typically attend to what is relevant to them, so inviting the caregiver's choice encourages her to think about what is most meaningful. Adults are also self-directed learners, so inviting choice helps the caregiver feel like some control, which is important too. Finally, don't forget to plan for what to do on the next visit too.

Consultation Corner (continued)

I'm a big fan of writing down both plans (for between visits and for the next visit) and leaving a copy with the family. Be sure the written plan includes the steps involved with implementing the strategy so the caregiver can refer back to them later on. Start the next visit by revisiting the plans and the family's experience during the past week. This cycle of planning begins and ends each visit and establishes accountability – for both you and the caregiver. Most of a child's learning will occur between visits, so be intentional about how you support that important time.

A few more resources:

- Video: A Home Visit with Brandon's Family (Family Guided Routines Based Intervention)
- Blog post: 6 Key Ideas for Joint Planning with Parents (EI Strategies Blog)
- Handout: SS-OO-PP-RR Home Visiting (Distance Mentoring Model, Family Guided Routines Based Intervention)

Strategy #3: Check in with Yourself Often

As you try to implement these strategies, be sure to check in with yourself. Be mindful about how you prepare yourself for visits, how you engage with families during visits, and how you grow your practices outside of your visits. As you drive away from the home, ask yourself: "What went well today? What could be improved? Did the visit result in the parent feeling comfortable with using an intervention strategy? How do I know?"

Self-assessment is an important aspect of your experience as an adult learner too, so take the time to reflect on your practices using these tools:

- Coaching Practices Rating Scale for Assessing Adherence to Evidence-Based Early Childhood Intervention Practices (FIPP)
- DEC Recommended Practices - Performance Checklists
- Family Capacity-Building Checklist (ECTA Center)
- FGRBI and SS-OO-PP-RR Key Indicator Checklist (FGRBI)

Be kind to yourself too. There are many variables that affect the success of any visit. Do the best you can, and try to do better next time. On one visit, you may find yourself sliding to the floor and playing with the child even when you want to do something different. The next visit, you may find that you are up and moving, joining family routines, problem-solving, practicing, and planning fluidly with the caregiver. Be patient with yourself and embrace your roles as both an adult learner and a facilitator of learning for the caregiver and the child. When you stumble, bounce back. Learn from both kinds of visits. Reflect on and review your own progress and make plans for how to develop the skills you need to be the best early interventionist you can be. Keep learning and growing, because what you do – and how you do it – really does matter.

Distance Mentoring Model. (n.d.). *SS-OO-PP-RR Home Visiting.* Retrieved from http://fgrbi.fsu.edu/handouts/approach5/SSOOPPRR_HV.pdf

Rush, D. D., & Shelden, M. L. (2011). *The early childhood coaching handbook*. Baltimore, MD: Paul H. Brookes.

Woods, J. J., & Lindeman, D. P. (2008). Gathering and giving information with families. *Infants & Young Children, 21*(4), 272-284.

On the WWW

The web resource this month is another insightful article from Dana Childress, our KIT consultation corner expert for this series. It is posted on the Early Intervention Strategies for Success Blog, which is filled with valuable and practical strategies to support your work with infants and toddlers and their families as part of early intervention. If you haven't visited this blog it is well worth your time and effort. The blog home page is http://veipd.org/earlyintervention/

The blog highlighted here is from August 2014 titled "Supporting Teen Parents by Understanding THEIR development." This blog further reinforces the points Dana made in the consultation corner article as well as the information shared about working with teen parents. The direct link to this article is: https://veipd.org/earlyintervention/2014/08/21/supporting-teen-parents-by-understanding-their-development/

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 **Engaging Families—Helping Families to Use Intervention Strategies**, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (August through November) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam for this series in December 2018. There is no need to register for the CEUs.

Rather, if you are interested, 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.

KIT Newsletters are available online at www.edis.army.mil

Thank you for your continued interest in the KIT.