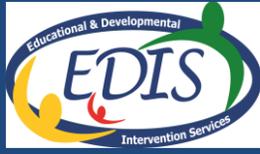


Quality Components of Early Intervention Visits

EDIS Comprehensive System of Personnel Development

Reference:

Younggren, N. (2014). Quality components of early intervention visits. Army Educational and Developmental Intervention Services (EDIS) Comprehensive System of Personnel Development (CSPD). U.S. Army Medical Command (MEDCOM), San Antonio, TX.



Quality Components of Early Intervention Visits

The Educational and Developmental Intervention Services (EDIS) early intervention process is made up of different steps, including referral, intake, evaluation and assessment, eligibility, Individualized Family Service Plan (IFSP) development, service delivery, IFSP reviews, and transition. The steps in the process require different types of visits. Previous EDIS Comprehensive System of Personnel Development (CSPD) publications address referral to IFSP development (see the IFSP handbook) and service coordination (see the service coordination handbook). In this publication we narrow the focus specifically to the ongoing implementation of IFSP service delivery visits in natural environments and the documents required for documenting those visits. Intervention in natural environments may include home and community settings, such as grocery stores, libraries, parks, and many more. However, for the sake of simplicity this publication will collectively refer to all visits in natural environments as home visits.

This handbook and its accompanying resources are aimed at promoting and maintaining effective partnerships with families to address the priorities they have set for their child and family in the form of IFSP outcomes. To ensure the implementation of quality home visits, several components must be in place. These components cannot be thought of as separate entities or linear steps in the process, as it is the convergence of these components that facilitates quality home visiting. The illustration presented below, highlights the components addressed in this publication.





RBI Generated Functional Outcomes

Functional outcomes are an essential component of quality home visiting and outcomes derived from the Routines-Based Interview (RBI), as developed by Dr. Robin McWilliam, are truly functional. Understanding family routines promotes identification of functional outcomes and assures intervention that makes sense in the life of the family. Bernheimer and Keogh (1995) remarked that “the content of interventions is based on the needs of the child, but the feasibility of the intervention is related to the daily routines of the family” (p. 425). RBI generated outcomes are based upon family priorities and are meaningful in the context of the family’s day to day life.

Outcomes that are functional are meaningful in the context of everyday living and represent an integrated series of behaviors or skills that allow a child to achieve important everyday goals. Think about how the child uses skills in action across settings and situations to accomplish something meaningful to the child, not just the child’s ability to show a skill in a specific or isolated situation. Functional outcomes based on family priorities are bedrock to quality home visiting.

Consider the following outcomes (criteria are not included) and think about how the focus of intervention could vary depending just upon the type of outcome written on the IFSP.

Skill Based Outcome	Functional Routines-Based Outcomes
1. Jamie will increase his vocabulary to 10 words so he can say more words and so he can talk to his mother.	6. Jamie will participate in mealtimes and family together time by using words to tell family members what he wants, so he can learn to talk and be understood.
2. Abby will produce 7 developmentally appropriate sounds in the initial position of words so she can be understood by others besides her parents.	7. Abby will participate in play times and outings by speaking more clearly using words and phrases that others besides her parents understand.
3. Katelyn will sit up independently when placed in a sitting position.	8. Katelyn will participate in floor play by sitting up independently so she can play with more toys and her sister.
4. Gordon will identify pictures in a book when asked so he learns new words.	9. Gordon will participate in bedtime book reading by identifying pictures in his books so that he can be more interactive during book reading time.
5. Darla will tolerate sitting in her highchair so she can sit still.	10. Darla will participate in meal time by sitting in her high chair so that her parents don’t have to hold her, and so she can be more independent.

In the first column you see skill based outcomes. While the skills may be important, the caution is that functionality is lost as there is no reference to how or why the skill is needed in day to day life. Another problem with isolated skill based outcomes is that they can be vague or broadly stated and are often tied to a discipline, for example the speech outcome, the physical therapy outcome and so on. Yet another caution, is that skill based outcomes derived from developmental tests do not account for functional real life priorities of the family, such as, sleeping through the night, being able to brush teeth, riding in the car seat safely, playing with the new puppy, being able to stay with grandma for the weekend, etc. Furthermore, they do not account for family outcomes such as finding a day care, having a parent's night out, learning more about a diagnosis, and moving into a different home.

Functional outcomes define what the family would like to see happen, include where, when or with whom it should occur; and describe why it's important by stating what will be better. Look at the functional routines-based outcome below and answer these three questions: 1) what will happen, 2) when, and 3) why. Notice also how the criteria included with this outcome define accomplishment in measurable terms.

Kyle will participate in dinner time by coming to the table and staying there for at least part of the meal, so that the family can have a family meal time. We will know this is accomplished when Kyle comes to the dinner table and stays there for at least 15 minutes before being excused, three nights a week for three consecutive weeks.

- | |
|--|
| <ol style="list-style-type: none">1) What will happen?2) When?3) Why?4) How will we know it is accomplished (criteria)? |
|--|

The focus of functional outcomes is on active participation in family routines, not passive types of activities or drills that might only happen during a service delivery session. After all, learning opportunities facilitated within the context of family and community life have a greater impact on a child's progress than intervention sessions (Hanft, Rush & Shelden, 2004; Jung, 2003) and interventions that fit the daily routines and are compatible with family priorities are more likely to be sustained (Bernheimer & Keogh, 1995).

Remember though that quality home visits that focus on helping families achieve their priorities are only possible if the IFSP outcomes are truly based on family priorities, and are functional, specific, and include active participation in contextually relevant circumstances. Review the following examples to see what these outcome indicators should and shouldn't look like.

Function vs. Isolated Skill	
This	Not This
<p>Focus on function – how skills will be used in meaningful contexts</p> <ul style="list-style-type: none"> • Sitting independently in high chair to eat • Eat independently by chewing food without choking • Can call to us by saying mama & dada to get our attention 	<p>Avoid focus on isolated skills outside of meaningful contexts</p> <ul style="list-style-type: none"> • Improving muscle strength and tone • Masticating food to form food bolus before swallowing • Produces a variety of CVCV sounds • Do deep pressure and heavy work activities
Specific vs. Vague or Compound	
This	Not This
<p>Focus on routines-based function</p> <ul style="list-style-type: none"> • Will eat by mouth during family outings • Use words to tell parents what he wants to eat/play with at meal and play time • Will walk on his own across the living room floor to get desired toys 	<p>Avoid broad domain specific skills or compound skills lumped into one outcome</p> <ul style="list-style-type: none"> • Improve her eating skills • Improve his expressive language skills; or say 10 words • Walk at 12-16 month level, go up stairs, climb on low furniture, and say mom
Participatory vs. Passive	
This	Not This
<p>Focus on active participation as engagement, enjoyment, involvement, participation, action</p> <ul style="list-style-type: none"> • Greet others by hugging or handshake • Get into crawling position & move to get toys • Engage in play with parents by looking at them 	<p>Avoid using words like tolerate, receive, increase, decrease, improve, maintain</p> <ul style="list-style-type: none"> • Tolerate being on his tummy • Decrease muscle spasticity in lower extremities • Maintain eye contact

As outcomes are developed in partnership with the family, it is wise to keep these indicators in mind as it will make subsequent service delivery more germane to all involved.

Following are some additional resources on IFSP outcome and criteria writing. First are the IFSP outcome and criteria portions of the IFSP Rubric which provide further guidance on writing quality IFSP outcomes and criteria. Second is a table with samples of quality written IFSP outcomes and criteria that were derived from family stated concerns. It is important to note that functional outcomes must be generated from family expressed concerns and desires. The family concern is included in the first column of the following sample outcomes.

Child OUTCOME: Outcome is understandable, observable, functional, & linked to family concern. Child outcomes are developmentally appropriate.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Outcome is vague, too broadly stated, or includes jargon. <input type="checkbox"/> Not developmentally appropriate /realistically achievable. <input type="checkbox"/> Has little or no relationship to present levels of development or family concerns & priorities. <input type="checkbox"/> Outcome is to tolerate or only extinguish a behavior.		<input type="checkbox"/> Outcome is written in family-friendly language. <input type="checkbox"/> It is clearly linked to family desire stated on section 8 of IFSP. <input type="checkbox"/> Outcome answers 2 of the 3 following: <ul style="list-style-type: none"> • What would the family like to see happen? • Where, when, &/or with whom should it occur (i.e., routines-based)? • What will be better (so that, in order to, to...)? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Outcome is specific & functional; it is necessary for successful functioning in routines. <input type="checkbox"/> It clearly contains only one outcome. <input type="checkbox"/> Outcome answers all of the following questions: <ul style="list-style-type: none"> • What would the family like to see happen? • Where, when, &/or with whom should it occur (i.e., routines-based)? • What will be better (so that, in order to, to...)?

Child CRITERIA: Criteria represent functional measures of progress toward the outcome.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Criteria are vague or not understandable. <input type="checkbox"/> Appears to be a direct repeat of the outcome. <input type="checkbox"/> Is not functional. <input type="checkbox"/> It is not measurable.		<input type="checkbox"/> Criteria are functional. <input type="checkbox"/> Criteria are the measure of achievement of the outcome. <input type="checkbox"/> Criteria answers 2 of the following: <ul style="list-style-type: none"> • Can <i>it</i> (i.e., behavior, skill, event) be observed (seen or heard)? • Where or with whom will it occur? • When or how often will <i>it</i> occur (conditions, frequency, duration, distance, measure)? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Criteria are obviously linked to the outcome, but are not a direct repeat of the outcome. <input type="checkbox"/> Criteria answers all of the following: <ul style="list-style-type: none"> • Can <i>it</i> (i.e., behavior, skill, event) be observed (seen or heard)? • Where or with whom will it occur? • When or how often will <i>it</i> occur (conditions - by frequency, duration, distance, measure)?

Family OUTCOME: Outcome is understandable, observable, functional & linked to family concern.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Outcome is vague or too broadly stated. <input type="checkbox"/> Outcome includes jargon. <input type="checkbox"/> It is not linked to family concern.		<input type="checkbox"/> Outcome is written in family-friendly language. <input type="checkbox"/> It is linked to family desire stated on section 8 of the IFSP. <input type="checkbox"/> Outcome answers the following: <ul style="list-style-type: none"> • What would the family like to see happen? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Outcome is specific. <input type="checkbox"/> The outcome is not compound

Family CRITERIA: Criteria represent functional measures of progress toward the outcome.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Criteria are vague or not understandable. <input type="checkbox"/> Appears to be a direct repeat of the outcome. <input type="checkbox"/> Is not realistic.		<input type="checkbox"/> Criteria is a measure of achievement of the outcome. <input type="checkbox"/> Criteria answer 1 of the following: <ul style="list-style-type: none"> • Is the timeframe, date or family satisfaction measurement included? • Can <i>it</i> (i.e., event, receipt of information) be observed/reported? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Criteria are obviously linked to the outcome, but is not a direct repeat of the outcome. <input type="checkbox"/> Criteria answer all of the following: <ul style="list-style-type: none"> • Is the timeframe, date or family satisfaction measurement included? • Can <i>it</i> (i.e., event, receipt of information) be observed/reported?

Sample Child Outcomes

Family Concern	Outcome	Criteria
Nessa does not sit independently. She lies on her back mostly or we have to hold her up. It'd be better if she could sit so she can play with toys.	Nessa will participate in floor play times by sitting independently so that she can play with her toys.	Nessa sits independently playing with toys for 5 minutes during 3 floor play times each day for a week.
Hunter holds his hands tight. He can't get toys. We'd like him to get his toys when he's playing.	Hunter will participate in play times by opening his hands to reach for and get a toy so he can play with things.	Hunter opens his hands, reaches, and gets 3 toys during 3 play times each day for a week.
Randy pitches a fit and hits his head. We'd like him to move from something he likes appropriately without pitching a fit.	Randy participates in transitions by following directions to the next activity without fussing or hitting his head so it's easier to stop and start other activities.	Randy transitions, without a fuss, from an enjoyable activity (TV to dinner; playground to inside, TV to bedtime) at least 3 times a day for 2 consecutive weeks.
Gunter does not go down for a nap without a huge fuss. He does not need to sleep, but does need a quiet time. We'd like for him to take a nap without a struggle.	Gunter will participate in nap time by going down for nap easier, without hitting and screaming so it is not so stressful.	Gunter goes in his room when directed by his parents and takes no more than 15 minutes to lie down and he remains quiet (does not need to sleep) for the duration of the nap each day for 2 weeks.
Tura lays on her back mostly and has no hair on the back of her head. She needs to sit to be able to play with more toys and grow her hair.	Tura will participate in play time and hanging out time by sitting up, rather than laying on her back, so she can play with toys and grow her hair.	Tura sits independently playing with toys for at least 5 minutes once put in position during 2 play times each day for 2 weeks.
Nate is not able to get to his toys when he's hanging out or playing. His arms are so tight and stiff that he can't reach out to get things. He needs to reach out and get things.	Nate will participate in play time and hanging out time by reaching for desired toys so he can be independent.	Nate reaches for and successfully gets 3 toys during play time 2 times a day for a week.
Dharma does not follow simple requests like get diaper, put it in the trash, get shoes... when we are getting dressed. It would be easier if she could help out with dressing.	Dharma will participate in diapering and getting dressed by following simple requests like get shoes, put diaper in bin, bring me socks) so these times can be easier.	Dharma successfully follows 3 simple requests (such as: get diaper, put diaper in trash, get your shoes) each morning for 2 weeks.

Thomas does not use words, only some gestures. This is a hassle at meals and outings we have to guess what he wants and if we guess wrong he gets frustrated.	Thomas will participate in meal times and outings by using words or signs to say what he wants so we can understand him and so he is less frustrated.	Thomas uses words or signs to request what he wants during 2 meals and 1 outing five days in a week for 2 consecutive weeks.
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Sample Family Outcomes		
Family Concern	Outcome	Criteria
Parents want information about extreme prematurity to have some basic understanding of what to expect with their Meghan.	Devon and Sandra have information about the basics of prematurity to their satisfaction.	Devon and Sandra have information about extreme prematurity to understand Meghan's condition.
Parents want information about getting Bianca into child care so that she can play with other kids and so that Tamara can have more time with the newborn twins.	Parents have information to select a child care facility for Bianca to play with other kids and give Tamara more time with the newborn twins.	Parents have selected a childcare facility for Bianca by the time the twins are 3 months old.
Family has just moved to Germany, and they are on a budget, but do want to travel with the kids.	Camlin and Pedro have information about inexpensive outings they can participate in locally that will be fun for all.	Camlin and Pedro know of six outings they can go on over the next six months.
Mrs. Swanskin is exhausted and wonders if this takes away from the quality of attention she gives to her children.	Mrs. Swanskin would like some down time from the kids so she can recoup some of her energy.	Mrs. Swanskin has two baby-sitting resources that she can call on to get a break.
Mrs. Johansson has a number of personal medical appointments each month and needs child care. She has not had luck getting her children into the child development center.	Parents would like to find a dependable resource for childcare so that the children can be in childcare when Mrs. Johansson has appointments.	The Johansson's find a regular childcare option for children by October.



IFSP Outcome-Guided Home Visits



The IFSP and its functional outcomes define a family's individualized curriculum for early intervention. When the IFSP outcomes are truly meaningful, they should be at the core of every home visit and used to guide the discussion and activities that happen during the course of the visit. By explicitly using the outcomes to focus the home visit you ensure that the family's priorities are being addressed and changes are made as needed. There will be times when outcomes need revision or new ones need to be added. By addressing IFSP outcomes regularly as part of each visit the team is able to stay abreast of needed changes, which yields a dynamic IFSP that transforms with the family as changes occur in their life. It is likely that there is not enough time in a home visit to address every outcome at each visit. Sometimes an entire visit might be spent on just one outcome, while at other visits more outcomes may

be addressed and on other occasions the family may need to address something else that has come up. Of course if the latter happens too frequently you'll want to revisit the IFSP to be sure that the outcomes included are still the family's priorities. Using the IFSP outcomes to guide the visit also helps interventionists and families keep track of the outcomes and progress toward them. The early intervention home visit framework handbook, illustrated at the beginning of this paragraph, provides examples of using outcomes to guide intervention. It is available online at www.edis.army.mil.

Years ago (one hopes) a toy bag was used to steer what would happen during an early intervention home visit. The interventionist would direct the visit and conduct planned activities with the child, sometimes involving family members as passive observers. Use of a toy bag sends the message that the family's toys and materials are not good enough and reinforces the belief that intervention occurs during the visit.

It is not what the service provider does during the home visit that will make the difference in the child's development; it is what the family learns during the visits and uses during their activities and routines throughout the week that facilitates the child's learning and development.

McWilliam, 2000

As a replacement to the toy bag interventionists should use the IFSP outcomes to guide the visit and address the IFSP outcomes with the family by discussing, trying, and following up on previously tried interventions. Use of outcomes to guide the home visit shifts the focus from working with the child, to partnering with the family to address their priorities. The EDIS Early Intervention Home Visit Framework provides further information about the flow of home visits and how outcomes should be used to guide the visit and facilitate support-based visits.



Explicit Focus on Intervention & Caregiver Engagement

Home and community visits in early intervention provide unique opportunities to work in partnership with families and caregivers to address the family's priorities as expressed in the form of IFSP outcomes. Thinking about the three universal family outcomes measured across early intervention programs (1. Know their rights, 2. Effectively communicate their child's needs, and 3. Help their child develop and learn) we are reminded that early intervention should result in families' enhanced confidence and competence. To reach this, intervention and caregiver engagement should be at the heart of each home visit. Let's first address intervention including what it is and what it is not. Then we'll focus on caregiver engagement.

Focus on Intervention

In early intervention we can think of intervention as the strategies and activities that are applied toward achieving the outcomes set forth in the IFSP. Considering the two broad types of IFSP outcomes (child and family) the intervention may be geared toward the child and what is needed for the child to effectively participate in meaningful routines and activities or toward the greater family and what they desire for their family.

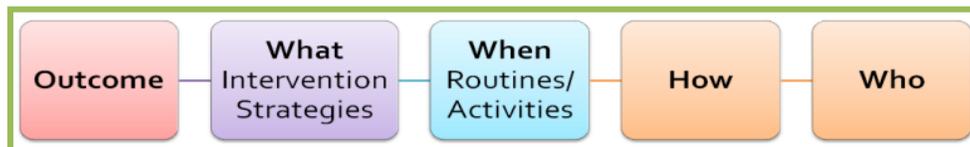
When thinking of intervention it is important to think about the use of actual intervention strategies that may be applied to a particular outcome. When we recognize that all children are individual and part of unique families we see that there are countless different types of intervention strategies and activities. The box to the right includes a sampling of evidence-based intervention strategies. These represent only a miniscule example of intervention strategies and each one has an array of ways it could be applied depending on the actual outcome, the individual child, the family, and their resources and routines.

Intervention Strategies

- Environmental modifications
- Wait time
- Forward and backward chaining
- Offering choices
- Balanced turn taking
- Modeling
- Following the child's lead
- Visual schedules
- Positive reinforcement
- Hand over hand assistance

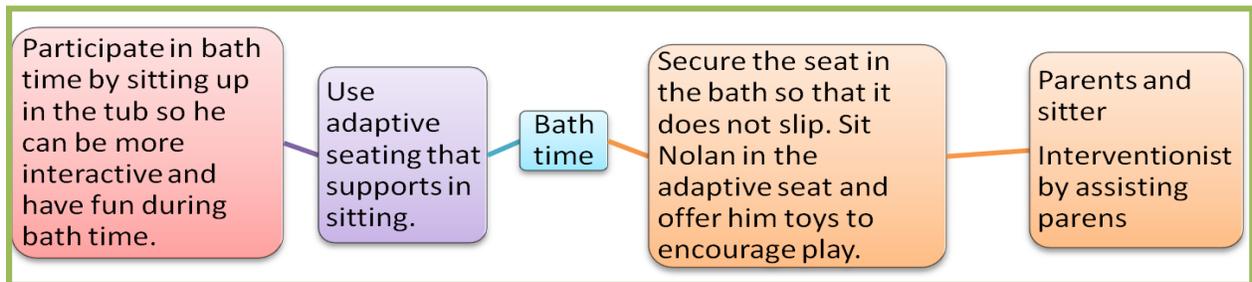
It is important to note that as providers you are not expected to be an individual encyclopedia of intervention strategies, although you should have a great repertoire. It is, however, expected that based upon your knowledge and experiences, augmented with team input and crafted with family ideas, you will be able to identify and collaborate with families to implement specific intervention strategies. The emphasis here is on the importance of being able to specifically and effectively communicate about strategies, rather than vaguely modeling or distantly talking about strategies. It is equally important to collaboratively identify and define intervention strategies with families if they are going to understand, contribute to, and ultimately use them in their day to day routines.

Consider the diagram below as a framework for identifying outcome specific strategies and applying intervention strategies to meaningful routines. Providing this type of explicit detail helps ensure team understanding of the strategies, including when, how, and who will apply the strategies. This degree of detail also helps to guide regular intervention visits. Note though that this framework is best applied to child outcomes and may not always be applicable with family outcomes. Remember also that it is not always the provider that generates the intervention strategy. Families have great ideas too and together you should be able to come up with the strategies that are the best fit for the child and the family in the context of their everyday life.

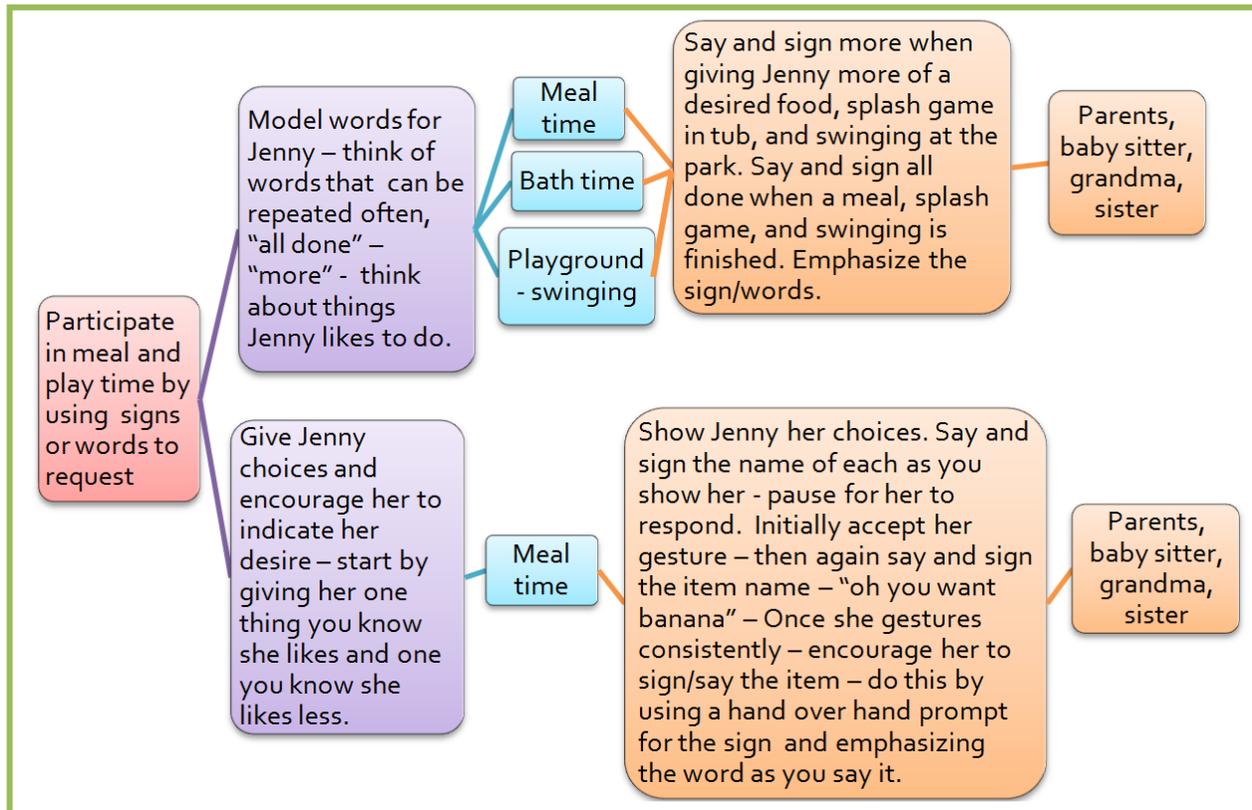


With the outcome in the forefront, the child’s skills and abilities and the family routines and resources should guide the types of routines-based strategies that are implemented. Remember too, it is important that strategies are collaboratively identified and explicitly defined if they are to be understood by all and ultimately integrated into routines that are meaningful and doable for the family. The following examples illustrate how the framework may be applied to address functional outcomes. In the first example one intervention strategy is applied. In the second example two strategies are applied.

Example 1:



Example 2:



Caregiver Engagement

Caregiver engagement is a critical component of early intervention. It is about parents being actively involved and interventionists promoting their involvement as well as their confidence and competence in identifying and applying strategies to assist with achievement of their priorities, IFSP outcomes. It is also important to note that caregiver engagement is not a measure of parents following through with strategies we've suggested.

Before getting started with home visits it is important to discuss what a typical home visit will involve. Remember that prior to the finalizing the IFSP the family has had many different kinds of contacts with early intervention, including evaluation, assessment, and IFSP development. While their involvement was encouraged they may have seen interventionists coming in and bringing toys and interacting directly with their child as part of evaluation. It is important that the family understands that intervention visits are not organized around the interventionist bringing in toys and interacting directly with the child. Intervention visits are organized around the

The family seems to be the most effective and economical system for fostering and sustaining the child's development. Without family involvement, intervention is likely to be unsuccessful, and what few effects are achieved are likely to disappear once the intervention is discontinued.

Urie Bronfenbrenner, 1974

family's IFSP outcomes and involve interactive discussion, problem solving, and collaboratively generating ideas, trying them and figuring out if they are meaningful and doable for the family. The focus of intervention is the parent- child dyad and parent-interventionist interaction rather than interventionist-child activities. It is important that interventionists coordinate their home visits to reinforce that caregiver engagement is not only essential it is expected. This is done by actively involving the family and actively seeking and building upon their insight and ideas.

Wagner, Spiker, Linn, Gerlach-Downie, and Hernandez (2003) defined five dimensions of caregiver engagement and reinforced that parents may or may not demonstrate positive engagement on all aspects, depending upon their unique situations and circumstances. The five dimensions consisted of 1) deciding they want early intervention support, 2) keeping most appointments, 3) talking rather than just listening during visits, 4) seeing how intervention occurs between visits and contributing to future intervention ideas and discussions, and 5) being proactive by identifying other learning opportunities and supports needed or desired by the family. It is helpful to think of these five dimensions when working with families and striving to encourage active engagement.

What you do as an interventionist is key to promoting optimal caregiver engagement. This starts with understanding family expectations for early intervention and helping families understand what early intervention is and what it is not. From the initial referral and including every subsequent contact interventionists must help families understand their critical role in early intervention and make every effort to actively engage families in all discussions and decisions. Think of intervention as a partnership that blends the wealth of knowledge and experience of the parents and the interventionists. When working together on a particular outcome start by understanding what's happening and what the family has already tried. Beginning where the family is at, is a good way to ensure starting in the same place. For example, if an interventionist starts with a variety of suggestions the family has already tried they may lose interest. Alternately, if the interventionist starts with new strategies that are complex or don't fit the family routine the family may also lose interest. Yet, if the interventionist begins by understanding what the family has tried and together they build upon those ideas to come up with workable strategies the family's contributions add to their investment in the strategy and together they can identify ways to apply the strategies over the days before the next visit. Ultimately, the interventionist and family are engaged in the following discussion points, highlighted earlier.



Beyond discussing routines and working together to identify strategies it is essential that there are opportunities for practice and reflection. As you have likely experienced initial ideas and strategies might not work as planned. It is therefore important to give them a try, talk about what worked or didn't and make necessary modifications while you are with the family. During this process it is important to engage parents in the reflection rather than just giving feedback. Ask them their impressions about how the strategy worked, what went well, what was challenging, is it doable, how can the strategy be used, in what routines, and so on. You'll be problem solving together and coming up with strategies that are doable for the family in **their** routines and activities. Then during subsequent visits discuss how things went and continue to build upon strategies, tweak, and engage in joint problem solving, practice and reflection to discover further ways to work toward achieving the family's priorities/IFSP outcomes.

From a family perspective, let's consider what families want from early intervention providers. This question was posed to the Early Intervention Family Alliance (EIFA) and the response was provided by Kim Travers and published in the March 2012 EDIS Keeping In Touch (KIT) Newsletter (www.edis.army.mil).

What do families want from early intervention providers?

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. 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 learn.

What do families 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.



Adult Learning Approaches

A focus of early intervention is enhancing the family's capacity to help their child develop and learn. This means that early intervention is not just about working with children; it's about helping families and doing so requires understanding adult learning principles and using those principles to support the parent, caregivers and team members.

As a backdrop to andragogy (adult learning) let's look at Brookfield's (1986) six principles of adult learning.

Principles of Adult Learning

Voluntary Participation

- Learners decide for themselves what is important for them to learn.
- Facilitators guide rather than force learning.

Reciprocal Respect

- Learners have their own perspectives and they need to feel respected and valued in order to comfortably share their impressions, ideas, viewpoints, and more.
- Facilitators respect learners' perspectives.

Collaborative Exchange

- Learners have a wealth of past experiences and accumulated knowledge that they use as a base for new learning.
- Facilitators acknowledge learners' knowledge and past experiences as valuable learning resources.

Praxis

- Learners need opportunities to practice what they are learning in meaningful contexts.
- Facilitators encourage practice opportunities.

Critical Reflection

- Learners need opportunities and encouragement to question and reflect.
- Facilitators stimulate new ways of considering various aspects of the subject matter being discussed.

Self-Direction

- Learners ultimately gain the ability to establish and maintain personal learning goals.
- Facilitators promote learners' abilities to see themselves as change agents.

These principles are important to keep in mind when facilitating adult learning. They also provide a valuable foundation for understanding nuances of adult learning and what is needed to facilitate adult learning. The trick now is translating what is known about adult learning into what early intervention providers actually do or should do with families and caregivers in the context of early intervention service delivery.

While consultation and coaching are encouraged and regarded as best practice in early intervention (McWilliam, 2010; Rush & Shelden, 2011) the challenge of helping early intervention providers understand what this looks like in the context of early intervention service delivery remains (Friedman, Woods, & Salisbury, 2012). More specifically what is the mix of behaviors that providers actually engage in to facilitate adult learning? And what would be considered opposing practices? To assist with this daunting task we look to the work of Friedman, Woods, and Salisbury (2012) and their Caregiver Coaching Definitions. Their definitions were bundled and organized into the following adult learning intervention interactions.

Adult Learning - Intervention Interactions	
Interactions	Definition what the provider does
Information Exchange	Information sharing, discussion of topics related to the IFSP outcomes and intervention, checking the status of progress toward outcomes (e.g., child's development of specific skills needed for outcome achievement, and talking about how the application of intervention strategies related to outcome achievement is going). The topic of conversation hinges on the IFSP outcomes.
Problem Solving	Working through an issue. Provider and caregiver/s collaboratively discuss options for addressing an outcome. Ideas to enhance strategies are encouraged as is reflection. Provider uses good dialog skills that encourage and value caregiver contributions.
Indirect Teaching	Following the parent/caregiver's lead and commenting on their actions. May include comments from the child's perspective. There is indirect involvement from the provider and hands-on interaction by the caregiver. Can include praise and may include prompting the caregiver to think about ways to expand upon the action.
Direct Teaching	Suggesting/recommending an intervention strategy and using demonstration or modeling WITH feedback and caregiver as an engaged participant. The provider's focus is on increasing caregiver skills. Explicit effort is on helping the caregiver see/learn alternative methods of doing a strategy and followed with reflection from caregiver and provider.
Practice with Feedback	Focused observation or trying something together and giving feedback, e.g., you try it or let's give it a try. Generally, this can be linked to or follow problem solving dialog, direct teaching, or indirect teaching. The provider and parent discuss the intervention so that the focus of the practice is apparent. The caregiver knows what they are trying.

To illustrate how each of these interactions might be included in the context of early intervention read the following excerpt of an intervention visit. On this visit one of the outcomes addressed was, "Dylan will participate in park outings by understanding signed directions so that he can be safe and outings are enjoyable."

As Nina and Gloria began talking about the outcome, Gloria stated that one of the biggest problems was not having a way to tell Dylan how to be good and behave at the park. Dylan has a hearing impairment and has trouble hearing directions given. Gloria always has to grab him to make him mind. She can't call to him or give verbal reminders like the other Moms can do with their children. Nina then asked Gloria to think about her last visit to the park with Dylan and during what activities did she have to physically grab him. Gloria described how he threw sand at a child, took another child's toy, and wouldn't come off the slide. Nina and Gloria began problem solving to identify specific signed directions that would be helpful to teach Dylan and that could be used in these situations. Gloria chose the sign for stop and come here. Nina showed Gloria the two signs and they talked about how to use them in the situations Gloria described at the park. Nina demonstrated and Gloria practiced the signs with Nina's feedback and encouragement. They discussed the importance of using them consistently and following through with a gentle physical prompt in order for Dylan to gain an understanding of the new sign and linking the sign and the verbal word. While they were talking in the living room, Dylan started playing with the dog food in the kitchen which presented an immediate opportunity to practice the strategies they were discussing. Nina asked Gloria if she'd like to try the sign now. Gloria said she'd give it a try. Nina prompted her to move in front of Dylan, get down to his level to get his attention and use the sign stop before physically removing his hand from the dog food. Dylan watched her but immediately went around her and returned to the dog food. Nina prompted Gloria to use the same strategy again. Dylan pushed her hand away and went back to the dog food. Nina suggested that Gloria make a serious face while using the signing stop. On the third attempt, although unhappy, Dylan left the dog food alone and Gloria took him by his hand over to his toy box and helped him choose a puzzle to do together with her. They had not discussed re-direction and Nina was excited to see Gloria come up with that addition on her own. Nina and Gloria discussed how it went and Nina commented on what a great idea it was to redirect Dylan to something that was okay to play with; it showed him what he could do in place of the thing they did not want him to do. Gloria said she could see lots of times at home with Dylan she could practice the signs and show him what he can do, but she wasn't ready to go to the park alone with Dylan. Nina and Gloria planned for their next visit to be at the park. Nina would meet Gloria and Dylan at their home and together they would walk over to the park. (Adapted from Pletcher & Younggren, 2013)

In this example you can see elements of information exchange, problem solving, practice with feedback, indirect and direct teaching, as well as making a plan for what will happen between now and the next visit around this outcome. Depending upon the outcome being addressed and the visit you might find yourself using one, a few or all adult learning interactions. In this example you saw all applied. In the following table you will see individual examples of each adult learning interaction.

Note: The following examples are not written progress notes, rather they are examples of the various adult learning approaches.

Adult Learning Interactions with Examples	
Information Exchange	Information sharing, discussion of topics related to the IFSP outcomes and intervention, checking the status of progress toward outcomes (e.g., child’s development of specific skills needed for outcome achievement, and talking about how the application of intervention strategies related to outcome achievement is going). The topic of conversation hinges on the IFSP outcomes.
Examples of Information Exchange	
<p><u>Outcome:</u> Junior to participate in meal and play times by making a choice of what he wants. <u>Provider:</u> Do you think Junior is ready to have pictures right there and handy? <u>Jenna:</u> No, not yet he continues to play with them if I’m not there helping him or offering him the choice. <u>Provider:</u> Last week we talked about using more picture choices at meal and play times. How did that go? <u>Jenna:</u> Well actually I had forgotten about that. I’ve just been using the two picture options – but he seems to really get it. I’ll try adding a few more like we talked about – I have all the pictures ready.</p> <p><u>Outcome:</u> Henry will participate in play by crawling to get his toys so that Ms. A. doesn’t need to be next to him all the time and Henry can be more independent. <u>Provider:</u> Please tell me how Henry is doing with getting about. <u>Danita:</u> Well I’ve been putting the toys in front of Henry, about six feet away, and when he starts to move, and I am right there, I move him into that crawling position we tried last week. He doesn’t always like it, but I try to make a game of it by swinging him in the air and then putting him on the floor on all fours. <u>Provider:</u> And how is that working? <u>Danita:</u> He likes the swinging and when I put him down into the crawl he mostly crawls either all the way to the toy or at least part of the way. So yes, it seems to work pretty well. I want to keep working on his crawling.</p>	
Problem Solving	Working through an issue. Provider and caregiver/s collaboratively discuss options for addressing an outcome. Ideas to enhance strategies are encouraged as is reflection. Provider uses good dialog skills that encourage and value caregiver contributions.
Examples of Problem Solving Dialog	
<p><u>Outcome:</u> Cameron will participate in play and meal/snack time by using words spontaneously to ask for what he wants instead of fussing/pointing <u>Provider:</u> When Cameron says “cookie” do you get the idea that he is really asking for cookie? <u>Beth:</u> Yes, well sometimes I think it is a catch all word he says to request something else like banana or drink. He just did that this morning. <u>Provider:</u> So let’s think about all we did to help him learn cookie. What are some other favorite things that he may be ready to learn the word for?</p> <p><u>Outcome:</u> Henry to participate in play by walking about to get what he wants. <u>Provider:</u> That’s hard work for Henry to stand! Let’s let him rest and then we’ll try it again if</p>	

<p>you like. Does he have other favorite toys or should we stick with this one? [Ms. G gets a different toy and makes sure Henry sees her put it on the couch. When Henry looks down, Ms. G pushes the toy further to the back of the couch. Henry is still seated on the floor. He looks up, bounces, and then looks to his mother as though, "Where'd it go?"]</p> <p><u>Ms. G.:</u> See, he won't do it for me.</p> <p><u>Provider:</u> Hmm, I wonder why he lost interest / I wonder if he can see it back there.</p> <p><u>Ms. G.:</u> Well, I waited till he looked down so he wouldn't see me move the toy because I thought maybe he'd be motivated to pull himself up and look for it, but maybe he doesn't know it's still there. I guess I'll move it so he can see it. [Ms G moves toy to front of couch and wiggles it to catch Henry's attention. Henry looks up and smiles and starts to reach up toward the toy.]</p>	
Indirect Teaching	<p>Following the parent/caregiver's lead and commenting on their actions. May include comments from the child's perspective. There is indirect involvement from the provider and hands-on interaction by the caregiver. Can include praise and may include prompting the caregiver to think about ways to expand upon the action.</p>
Examples of Indirect Teaching	
<p><u>Outcome:</u> To participate in bedtime book reading.</p> <p><u>Provider:</u> He seems to like it when you let him hold the book and turn the pages. He looked up at you, smiled and bounced.</p> <p><u>Outcome:</u> Participate in hang out times by following mother's directions.</p> <p><u>Provider:</u> You know, when he grabbed the ball, started to throw it, and you smiled and told him he could roll the ball, he sat right down and did it.</p>	
Direct Teaching	<p>Suggesting/recommending an intervention strategy and using demonstration or modeling WITH feedback and caregiver as an engaged participant. The providers focus is on increasing caregiver skills. Explicit effort is on helping the caregiver see/learn alternative methods of doing a strategy and followed with reflection from caregiver and provider.</p>
Examples of Direct Teaching	
<p><u>Outcome:</u> Damien will participate in play time by using words to talk about what is happening so that Hunter doesn't have to keep asking him questions.</p> <p><u>Provider:</u> It seems that Damien isn't much interested in the color of the cars, but likes their movement. I have a suggestion if you like.</p> <p><u>Hunter:</u> Sure – I want him to learn the colors, but really what I want is for him to say more words.</p> <p><u>Provider:</u> Since Damien appears more interested in the movement it might be more reinforcing to label and name the actions – like up, down, go, fast, slow. Remember when we talked about focusing on Damien's interest?</p> <p><u>Hunter:</u> Yes, I sure do – that is why we play with cars so much and ride the swing every day – and it seems to be working.</p> <p><u>Provider:</u> Exactly, by modeling the words with the actions that interest him we can build on his interest and give him the words for those actions. You provide a great language and play model for Damien. What do you think about this suggestion?</p>	

Hunter: I can probably do that when we swing in the back yard too – Damien loves the swings.

Outcome: Henry to participate in play by walking about to get his own toys.

Provider: One way to encourage Henry to pull himself to standing and play is to put a favorite toy on the couch, just out of reach. That way he might be more motivated to try to use the couch to help himself up into standing and then to stay and play. [Provider puts pop up toy on couch. Henry tries to get up to the couch]. We may need to help him get into position to pull himself up, as well as support him through his hips at first. [Provider talks through what she's doing and why]. With assistance, Henry pulls himself to stand, plays for about ten seconds, then plops down. See by just helping him a little by giving him a boost from his bottom he can get up. What do you think?

Practice with Feedback

Focused observation or trying something together and giving feedback, e.g., you try it or let's give it a try. Generally, this can be linked to or follow problem solving dialog, direct teaching, or indirect teaching. The provider and parent discuss the intervention so that the focus of the practice is apparent. The caregiver knows what they are trying.

Examples of **Practice with Feedback**

Outcome: Communicating needs with words/gestures/signs. Strategy: Choice Making.

August: I give him choices between two things, but he always reaches for both things.

Provider: Can you give it a try?

August: Sure. " Jason, you want the crackers or the cookies?" [Jason reaches for both]

Provider: You're right. He reaches for both. Have you tried holding the objects farther apart so he must look to each item? What if we tried that?

August: Sure. [Mom gives a choice and Jason continues to reach for both items.]

Provider: Maybe he really wants both items. Have you considered giving him a choice between something he likes and doesn't like? That might be a better way to go about this until he learns how to make a choice more consistently. Let's give it a try.

Outcome: Henry participates in play time by reaching out to his toys to get them on his own.

When Henry reaches for the toy, Ms. G asks provider whether she should start helping or whether she would wait for Henry to start on his own.

Provider: This is pretty new for him so I'm thinking we might need to help him a little still. Do you want to give it a try?

Ms G: Well, okay, but I don't know what to do.

Provider: I can talk you through it or I can talk through it while I help Henry, and then if you feel ready, you can try it.

Ms. G: Um, why don't you talk through it again and then I'll try it.

[Provider helps Henry, talking through helping him reach for his toy.]

Ms G: okay, I think I see what to do. [as Ms. G helps Henry, she talks herself through it; provider gives verbal guidance about what to do when she sees Ms G. hesitate or put her hands in an awkward position to help Henry; provider answers questions about positioning along the way]

Provider: Do you mind if I help you help Henry ?

Ms G: Yes, that'd be great! [Provider gives hand-over-hand assistance with positioning explaining what she is doing.]

In addition to defining adult learning practices that are known to facilitate adult learning, it is important to highlight practices that are considered opposing or conflicting. While the following is not an exhaustive list, the table provides a sampling of behaviors that are not supported by the foundations of adult learning.

Opposing Adult Learning Practices	
Practices	Definition
Provider Directed Child Focused	Provider working directly with the child. The caregiver may or may not be present. If present the caregiver is not engaged or is in a passive watching mode. The provider's focus is on his/her interactions with the child. No commentary of what is being done occurs. The provider may say something to the parent, but it is mostly a one way telling manner not an interactive dialog.
Different Channels	This could occur with or without dialog. The provider observes the child, but there is nothing being said to help the caregiver know what or why the provider is observing. This too is prolonged and does not include any type of data collection. The provider does not follow the parent's lead, and is not in tune with the parent. The parent and provider are out of synch.

Examples of Opposing Adult Learning Practices	
Provider Directed - Child Focused	Provider working directly with the child. The caregiver may or may not be present. If present the caregiver is not engaged or is in a passive watching mode. The provider's focus is on his/her hands-on interactions with the child. No commentary of what is being done occurs. The provider may say something to the parent, but it is mostly a one way telling manner not an interactive dialog.
Examples of Provider Directed - Child Focused	
<p><u>Outcome:</u> Johnny will participate in playtime by standing at the couch to reach toys that have been put up, out of reach of the dog, so that he can continue to play when the dog is in the living room. Provider places toys on the couch. She keeps wiggling the toy until Johnny looks up and notices. As Johnny tries to pull to stand, provider supports him as needed. She tell Ms. L what is being done and why. Ms. L watches. Provider does not invite Ms L to come down and try this herself.</p> <p><u>Outcome:</u> Susie Q will participate in playtime by playing with toys for longer periods so that Ms. Q can check her email without distractions. Provider is sitting on the floor and pulls a puzzle out of her toy bag. Ms Q is in the arm chair. Provider asks Susie to "Put the cow in." She continues in the same way with the remaining puzzle pieces. Provider says puzzles are a good activity to use with Susie because Susie can learn that things have a beginning and an end. Puzzles also help keep her attention throughout an activity.</p>	

Different Channels	This could occur with or without dialog. The provider observes the child, but there is nothing being said to help the caregiver know what or why the provider is observing. This too is prolonged and does not include any type of data collection. The provider does not follow the parent's lead, and is not in tune with the parent. The parent and provider are out of synch.
Examples of Different Channels	
<p><u>Outcome:</u> Bill will participate in play time by using words to let his mother know what he wants to play with so that she doesn't have to guess.</p> <p>Ms. D and Bill are playing with trains. Provider observes their interactions and sees Bill point to a train out of reach and then look at his mother. Provider continues observing for a couple more minutes. She then says, "okay" and joins in the activity, picking up with the previous week's plan regarding parallel talk.</p> <p><u>Outcome:</u> Bobby will participate in bed time book reading by pointing to pictures that are talked about so that he is more engaged in the activity.</p> <p>Bobby brings a book to his mother and provider as they are sitting on the floor. Ms. A starts to read the story; provider points to and names pictures. Neither one changes her behavior.</p>	

While it is impossible to prescribe the rate at which the quality adult learning interactions should be used during an early intervention visit, it is reasonable to assert that the frequency of quality adult learning interactions should vastly outnumber the occurrence of opposing practices.

An important point to reinforce is the interactions between adult learners should focus on a balance of sharing information and inquiring about the other persons' thinking to collaboratively blend the expertise of both parties to apply strategies toward accomplishing the desired goal (Garmston & Wellman, 1999). This is ultimately embedded in each of the above stated adult learning approaches to intervention.

The following observation tracker is a tool developed to help providers understand the mix of adult learning approaches they use in home visits. The first column lists the different adult learning approaches, both positive and opposing. The second column is for the observer to make notes of what was observed, being careful to document objectively. The third column is for noting the frequency of use of the different approaches and the last column is for the observer to make constructive feedback notes. In addition to being completed during a home visit, providers may also elect to video tape sessions and complete the observation tracker on their own, as a self-reflection exercise.



Observation Tracker
Adult Learning – Intervention Interactions

Adult Learning Interactions	Observation	IFSP Outcome	Comment/Coaching
Information Exchange			
Problem Solving			
Indirect Teaching			
Direct Teaching			
Practice with Feedback			
Opposing Practices	Observation	IFSP Outcome	Comment/Coaching
Provider Directed Child Focused			
Different Channels			



Good Conversation Skills

To help facilitate family input it's essential to practice good listening and ask good questions (i.e., conversation skills). First let's look at some pointers on listening from Jeffrey Berman of Salem State College (2006).

Listening Pointers Berman, 2006	
Practice	Definition
Don't confuse hearing with listening	It is possible to hear everything someone is saying and still miss the meaning. We think a lot faster than others can speak and are therefore prone to distraction when someone is speaking. Our mind can wander. We may even start thinking of the next question to ask or how to respond. This all interferes with our ability to listen. Try instead to hear the message, not every word that is spoken, but message being conveyed. If it is helpful create a mental image of what the speaker is saying.
Listen with intensity	Concentrate on the speaker and the message being shared. Remember listening is an active process.
Listen with empathy	Listen to understand the emotions and depth of what the other person is saying. This means putting yourself in their shoes. Don't taint what the speaker is saying by running it through your belief system. Try instead to understand what the speaker wants to communicate rather than what you may want to believe.
Acceptance	Listen with an open mind. Practice acceptance of what you're hearing. If you're not being impartial you may cut off the speaker (stop listening) and miss what is actually being conveyed. Listen objectively without judging what is being said – you may judge later, but hear it first.
Take responsibility for completeness	Make sure you understand the message being communicated. Listen for feelings as well as content. Ask questions as necessary to understand.

Asking good questions and high quality interviewing skills are another important aspect. Following are interviewing pointers from Westby, Burda, and Mentha (2003).

Conversation Pointers Westby, Burda, & Mentha, 2003	
Practice	Definition
Use open-ended questions.	For example, How does he let you know when he wants something? Tell me more about that. Think about the last time he did that and describe it for me please.

Use restating by repeating the exact words.	Repeating the parent's exact words without paraphrasing or interpreting invites further conversation and clarification (e.g., the parent says "at play time she watches TV" – You respond "she watches TV" – parent goes on saying "yes she likes...")."
Summarize and invite opportunity to correct.	Summarize the parent's statements and give them the opportunity to correct you if you have misinterpreted something they have said (e.g., So he mostly plays by himself when you go to the park and that is worrisome for you.).
Cautiously use "why" questions.	These questions can sound judgmental. It's ok to ask for what a parent is thinking (e.g., why do you think he does that?). But avoid asking questions about why they don't do (e.g., Why don't you get rid of the pacifier?).

In addition to defining dialog skills that are known to facilitate conversation, it is important to highlight practices that are considered opposing or conflicting. While it is clearly not an exhaustive list, the following table provides a review of common traps that can negatively affect conversations.

Conversation Traps		
Practice	Definition	Example
Back-to-back and compound questions.	Asking a string of questions in a row without allowing time for the parent to respond?	Does Dormy drink from a sippy cup? Has she used a regular cup? Does she spill when using a regular cup?
Leading questions.	Asking questions that have an implied "correct" answer or that lead the parent to respond in a particular way.	Does Carmen eat at the table with you?
Judgmental "why" questions.	Asking why in a way that questions the parent's choice of why they did something in a particular way.	Why don't you have him wear his hearing aids?

The following observation tracker is a tool developed to help providers understand the mix of conversation skills they use in home visits. The first column lists the conversation skills, both positive and opposing. The second column is for the observer to make notes of what was observed, being careful to document objectively. Documenting actual quotes can be helpful. The third column is to note the frequency in which the different practices are used, and the last column is for the observer to make constructive feedback notes. In addition to being completed during a home visit, providers may also elect to video tape sessions and complete the observation tracker on their own, as a self-reflection exercise.



Observation Tracker Conversation Skills

Quality Dialog Practices	Observation	Frequency	Comment/Coaching
Use open-ended questions.			
Restating by repeating back exact words.			
Summarize and invite opportunity to correct.			
Opposing Dialog Practices	Observation	Frequency	Comment/Coaching
Back-to-back and compound questions.			
Leading questions.			
Judgmental "why" questions.			



Progress Monitoring and Documentation

Documentation of early intervention visits is an important and critical part of early intervention services. Documentation verifies services provided, assists team members with keeping abreast of intervention, provides a record to assist with progress monitoring, and provides team members a record for reflecting on prior activities to guide future intervention.

Intervention sessions have been documented in a variety of ways, and now there is a standardized way that EDIS early intervention providers will document their session notes. Drawing upon the key components of quality home visiting, highlighted earlier in this document, early intervention progress notes will address three functions for each IFSP outcome covered during a home visit. First is the status (S) of progress toward the IFSP outcomes addressed, next is the intervention (I), and third is the plan (P) relative to each outcome addressed. Embedded in the intervention you will also have the opportunity to highlight the adult intervention interactions used. Each of these three components is defined below, followed by actual examples for both child and family outcomes.

Outcome (state IFSP outcomes and enter SIP separately for each outcome)

Status	State the status toward the outcome (e.g., making progress, not making progress, met) and a brief description of the status.
Intervention	What was the intervention? It may be a newly planned activity or intervention strategy, a review of a prior planned and implemented intervention, or an intervention that was planned and not implemented. Explicitly identify the intervention strategy and its application. In describing the intervention think also about the adult learning intervention interaction used to discuss/address the outcome.
Plan	Consider this from the parent perspective and what <i>they</i> plan to do. Briefly identify who will do what.

Child Outcome Examples SIP Notes

Outcome: Gabby will use the potty so she can get out of diapers.

Status	Making progress. Gabby is starting to hide when she goes poo in her diaper, but not when it is just pee.
Intervention	Marcie said she wasn't able to put Gabby on the potty at regular intervals (before/after meals/bath/bed) this week as she was too busy with appointments. She still likes the strategy and plans to use it this week, now that she doesn't have to rush around so much. Marcie shared that morning time may be easier since school is out and she doesn't have to rush to get them ready for school.
Plan	Marcie wants to put Gabby on the potty in the morning after breakfast.

Outcome: Cameron will participate in play and meal/snack time by using words spontaneously to ask for what he wants instead of fussing/pointing.

Status	Making progress. Cameron says cookie to request cookie – and sometimes says cookie as a catch all word.
Intervention	We brainstormed a list of five additional favorite food/toys that Cameron really enjoys. Ms. B. will use the same strategy used with teaching Cameron the word for cookie (saying the word with the object and repeating it).
Plan	Ms. B. plans to reinforce the new key words with Cameron at meal and play times.

Outcome: To participate in bedtime book reading.

Status	Some progress . Parents found a book he seems to like – it’s about trains.
Intervention	Observed Ms. G. and Grady read the book. Commented that Grady likes it when Ms. G. lets him hold the book. This seems to work better than holding it for him. We also talked about “reading” the pictures of the book rather than the words.
Plan	Family plans to continue book reading and letting Grady hold the book.

Outcome: Darnell will participate in play time by playing with toys for longer periods of time and doing more than dumping and filling.

Status	Slow progress. Darnell continues to prefer dumping and filling containers – he is starting to imitate actions like driving the car to put it into something.
Intervention	We continued to explore ways to expand Darnell’s play by building on his interests. We thought of using a ramp for rolling toys down. Darnell Sr. tried it with Darnell Jr. and as they played I encouraged Darnell Sr. to use the “follow his lead” strategy we discussed the last few weeks. After a few tries with prompting Darnell Jr. imitated rolling toys and then did it on his own.
Plan	Darnell Sr. wants to use the “follow his lead” strategy more when he has time to play with Darnell Jr.

Outcome: Damien will participate in play time by using words to talk about what is happening so that Mr. D doesn't have to keep asking him questions.

Status	Making progress. Repeats more words that have been modeled for him.
Intervention	Suggested modeling action words, and discussed how children need to hear words several times before they understand and use them. Modeled how this could be done with Damien’s books. Invited Mr. D. to try and encouraged him to talk about the action and try not to ask questions. Mr. D. reflected that it was hard, but after trying for a bit it became easier. We also discussed how this strategy (talk about versus asking questions) could be used during TV time.
Plan	Mr. D. plans to try talking about what is happening in books at bed time and when he and Damien watch TV rather than just asking questions.

Outcome: Daniel will participate in meal time, play time and hanging out time by learning to wait and to be more patient when he wants something so he isn't becoming so upset when he can't immediately have something he wants.

Status	Making some progress, but is still demanding, especially at meal time.
Intervention	Discussed being consistent and what are reasonable "wait times" for Daniel. Addressed that waiting 10 minutes is a long time for Daniel. Discussed the situations where Daniel needs to wait and brainstormed ways to make wait times shorter (e.g., letting him play on the floor rather than waiting at the table for the meal). Also introduced using the sign for wait to give him a visual cue too. It was lunch time so we tried encouraging him to play on the floor with his toys then have him sit at the table when lunch was ready. Louise tried the sign for wait when Daniel was getting upset as Louise went to get him more milk. I encouraged her to say the word wait whenever she uses the sign.
Plan	Louise plans to try having Daniel come to the table closer to when the meal is ready. The next visit will also be at lunch time.

Family Outcome Examples SIP Notes

Outcome: Parents would like to have some time for just them – a break from all that is going on at home with the 4 children.

Status	No change, but now that Carol knows more about respite; she is comfortable using it.
Intervention	Showed Carol the forms she'll need to complete to sign up for respite.
Plan	Carol hopes to complete the forms and turn them in next week.

Outcome: Family would like to learn ways to help Trevor follow directions better when they are shopping or out in the community.

Status	Little change. Parents report that they still don't have a good handle on this.
Intervention	Discussed and demonstrated how verbal and visual cues could help him understand directions. Also discussed how using two or three words when giving directions may be easier for him to understand. Mrs. Jones tried this when asking Trevor to throw his pretzel baggie in the trash. Encouraged following through with the direction like she had done. Mrs. Jones reflected that she needs to "choose her battles" so she only asks him to do things she really wants him to and when she can help him rather than repeatedly asking him and ending up frustrated because he didn't do it. This came up as she asked him to pick up his toys several times.
Plan	Mrs. Jones plans to think about "choosing her battles" and give directions when she can help Trevor follow the direction.

Outcome: Thana would like to take three classes toward her degree so she is able to finish before her husband retires.

Status	Making progress. Last night of class for this semester. That's one more class finished. Auntie Nikki will visit this summer and help with the boys so Thana can take two more classes during summer term.
Intervention	Applauded Thana's diligence! Talked about Thana's plan for taking the summer classes.
Plan	Thana is all set to complete more classes.

Outcome: Dean and Katchi want to learn ways to keep Danielle connected with her father during his upcoming deployment.

Status	Making progress. Katchi finished the video taping of Dean reading stories and playing with Danielle. The picture for the teddy bear is also ready.
Intervention	Katchi shared some of the video clips and we talked about how they could be used. Katchi wanted to use the book reading video at bed time. We brainstormed how the play videos could be used when Danielle is playing with her toys. Katchi also thought of taking more videos – of Dean and Danielle playing outside, singing in the car, and sharing a snack.
Plan	Katchi plans to make more videos before Dean leaves in two weeks.



SIP Note Review

Complete one review page for each session note reviewed. Use the three point scale to rate the SIP components for each outcome reviewed in the session note. Use the first column to identify the outcome number or a brief tag for the outcome. Rate up to five outcomes for each session note reviewed.

Provider:			Program:	
Date of Session:			Child Identifier:	
Outcome #	Met (3)	Almost (2)	Not Yet (1)	Comments
<i>Status</i>	<i>Status is clearly stated and includes a brief descriptive statement about the status or progress toward the outcome.</i>			
<i>Intervention</i>	<i>The intervention strategy and its application are clearly stated. Application of adult learning approaches is evident.</i>			
<i>Plan</i>	<i>Plan defines who will do what.</i>			

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