

It's Only Natural...

to Have Early Intervention in the Environments
Where It's Needed

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What Are Natural Environments?

In 1997, Congress reauthorized the federal law governing early intervention services with a new twist. Early intervention services are now to be provided in settings where children would be if they were not in early intervention (Individuals with Disabilities Education Amendments, 1997). Simply, this means services should be provided in the home and the community, including child care settings. The purpose of the law is to discourage settings that separate children with disabilities and their families from places and activities that they use if the children did not have disabilities.

Why Are Early Intervention Programs Paying Attention to Natural Environments?

Early intervention programs are paying attention to natural environments, not only because they're in the law, but also because research points out the benefits of doing things "naturalistically" (Hart, 1985; Hepting & Goldstein, 1996; Santos & Lugnugaris-Kraft, 1997; Weisner, Bausano, & Kornfein, 1983). For example, studies have shown that a focus on informal support rather than "parent training" produces successful results in children and families (Allen & Petr, 1996; Cohen & Wills, 1985; Powell, 1987); working with children in their classroom settings (like day care) is better than pulling them out into a therapy or instruction room (McWilliam, 1996); and following children's cues is more effective than is the use of structured drill work (Hemmeter & Kaiser, 1994; Kaiser, Hendrickson, & Alpert, 1991; Warren, 1991).

Note that the research supporting naturalistic interventions has not always studied "natural" versus "unnatural," but has shown that natural interventions can work. Furthermore, there is a large body of evidence that direct instruction works, but this research has involved teachers spending time working directly with children in classrooms. The focus of this paper is on home visits and community interventions, where a teacher or therapist has about an hour of contact with a child per week.

Even though the early intervention field is moving rapidly towards natural environments, many professionals are struggling with the change. They have been used to working with children in self-contained settings, or having families come in for their therapy or instruction sessions, or believing that their hands-on work with children is what makes children improve. The good news is that many states have been using natural environments for a long time; this is not some radical new idea forced upon us by the bureaucrats in Washington. In fact, the bureaucrats adopted the policy because the field told them it was the right way to go.

How Will Services Change?

Many families might be concerned about any changes in their services. Throughout the U.S., the use of natural environments results in certain predictable changes, although each state makes its own decisions about how to interpret the law. If programs follow the intent of the law, the following list shows 10 changes they should probably make.

New Ways of Providing Services

1. At intake, professionals will seek to understand the family's "ecology" (who's involved and what the relationships are like) (Bronfenbrenner, 1986), more than on medical information and providing information about the program.
2. IFSP^a meetings will focus on routines more than on test results (McWilliam, 1992).

^a Individualized Family Service Plan

3. IFSP outcomes will be developed from needs occurring in the family's routines rather than on tests used for determining current level of functioning (McWilliam, Ferguson, et al., 1998).
4. Services will be decided after outcomes (goals) are decided rather than before.
5. The IFSP team rather than evaluators and referral sources will decide on what services and intensity are needed.
6. Early intervention professionals will work primarily with regular caregivers (parents and child care teachers) rather than children.
7. Families will get at least one home visit a week from one primary service provider (Kochanek & Buka, 1998) rather than home visits from different professionals.
8. Professionals will understand that daily interactions with the child during regular routines are more important for child progress (Gallimore, Weisner, Bernheimer, Guthrie, & Nihira, 1992) than are their sessions with the child.
9. Professionals will coordinate their services through consultation with each other and joint visits (McCormick & Goldman, 1979; Raver, 1991) rather than do their own thing and not learn from each other.
10. Professionals will provide emotional, informational, and material support rather than only instructional support to the child (Davis & Rushton, 1991; Dunst, 1990; Dunst, Trivette, & Hamby, 1996).

What Can Families Do?

The responsibility for making sure early intervention occurs in natural environments belongs to the professional, but there are six things families can do to make sure their early intervention experience is as effective as possible.

1. Examine Their Routines

Functional intervention and the planning that precedes it is based on families' everyday activities (McWilliam, 1992). It also includes those activities that don't happen every day but that are important rituals for

families, such as going to religious activities, visiting Grandma, or going to the grocery store. Families can ask themselves whether each of these routines is satisfactory. If not, they can examine what the family does, and then specifically what the child with disabilities does. About the child, they can ask themselves, "How much does he participate in the routine?" "How independent is she?" "How does he get along with other people at this time of day?" Ultimately, the question is "Is this routine working for my family (Bernheimer & Keogh, 1995)? If not, what might make it easier or less stressful?"

2. Do the Math

Families are often tempted to get any service available and to ask for as much of it as possible (McWilliam, Young, & Harville, 1996). It's important to remember that the amount of a service is not what's important, because *all the child's learning occurs between sessions* (McWilliam, 1996). The sessions themselves are only useful for getting information to regular caregivers like family members and child care providers. Unlike special education, where the direct instruction to an older child might have some learning benefit, children under the age of 36 months are not going to generalize to noninstructional time. The benefits of direct instruction with infants and young children is not entirely clear, but—even if it were—it would be the caregivers not the itinerant professionals who would be providing such instruction. So the point remains that the purpose of the home visit should not be seen as direct instruction of the child but consultation to the parent. Nick Hobbs (Hobbs et al., 1984) recognized this a long time ago when he exhorted special educators to be consultants to families.

How many sessions a week does it take to give a caregiver suggestions for eating, dressing, playing with toys, sitting independently, or whatever the outcomes for the child are? Unfortunately, some families have been misled into believing that the hands-on time with a specialist (therapist or teacher) is what makes the child progress. It's not. It's the work the family and other people who work with the child do that makes for progress. When parents think the hands-on sessions are effective, however, they of course want as much time as possible. They therefore want 60 minutes of therapy rather than 30 minutes a week.

Wait a minute, though! Remember that the learning occurs between visits. Let's say a therapist is working on independent sitting, holding toys in each hand, and making eye contact with a parent (presumably because the parent wanted the child to be able to play with her). Two sessions of therapy might come to 60 minutes a week. Now let's assume

that the caregivers can work on sitting, toy holding, and eye contact during the day. Realistically, they can probably work on these three skills a total of about 10 minutes an hour, on average—some hours more, some hours less. Now let's assume the child is awake from 8:00 until 11:00 A.M. (3 hours), 1:00 until 4:00 P.M. (3 hours), and 6:00 until 10:00 P.M. (4 hours). At 10 minutes of "intervention" an hour, the child is getting a total of 100 minutes a day. Compare this to 60 minutes of therapy a week. Again, consider how often caregivers need specialists to help them implement interventions during natural routines. *The most important lesson for families to remember is that all the learning occurs between sessions.*



3. Make Sure They Get Emotional Support

It's not easy being a parent, especially a parent in early intervention. Parents often get emotional support from their own family, but they also want support from people who are knowledgeable about child development, disabilities, and services (Tocci, McWilliam, & Harbin, 1998; National Association of State Boards of Education, 1991). When families find a family member, friend, or professional who makes them feel competent, confident, and safe, they should treasure that relationship (Crnic, Greenberg, & Slough, 1986).

4. Make Sure They Get Information

Most families want as much information as they can get about their child's disability, services, and what they can do to help their child (Gowen, Christy, & Sparling, 1993). It's important to remember that *not every need requires a service*^b. Just because the child is delayed in talking, for example, it doesn't mean he needs speech therapy (McWilliam et al., 1996). It's possible that the regular home visitor (who might be a "teacher") and the parents can figure out how to help the child with his talking. Certainly, *parents should be very wary about*

^b P. J. McWilliam (personal communication; date unknown—she said it for years)

having to take their child to therapy or instruction sessions at a clinic, office, or hospital (McWilliam & Strain, 1993). Almost everything that needs to be done with a young child and family can be done in the family's natural environments—and clinics, offices, and hospitals are not natural!

Because the home visit is one of the most critical parts of natural environments, families will need to understand that their role in home visits is to get information. They therefore need to be talking to the home visitor throughout the visit. So they need to stay in the room! (See item 6 under following section, Professionals Will Focus on Support During Home Visits).

5. Make Sure They Get Material Support

It is very hard for a family to do the things they want to do for their child if their basic needs are not being met. If families are suffering from inadequate housing, clothing, food, and so on, they need to ask their service coordinator for help. Service coordinators in early intervention are supposed to be able to direct families to the community resources that can help with these basic needs (Trivette, Dunst, & Deal, 1997).

6. Develop a Relationship With One Primary Service Provider

An important reason not to have too many professionals to deal with is that the greatest strength in early intervention is the relationship between families and their primary service provider (McWilliam et al., 1995). Nurturing a relationship takes energy, although the responsibility in early intervention for doing this belongs to the professional. Nevertheless, if families have to divide their time and emotional energy among too many professionals, it makes it harder to develop one strong bond.

What Should Families Expect From Professionals?

Families can do a lot to take advantage of early intervention occurring in natural environments. But, ultimately, professionals are responsible for making it work. Parents already have a lot to do with their primary responsibility of caring for their child and the rest of the family. Families can therefore have the following six expectations about what professionals will do.

1. Professionals Will Work in the Home and Community

Research and the law encourages services to occur where children and their families would spend time if the child did not have a disability.

2. Professionals Will Find Out About the Family's "Ecology"

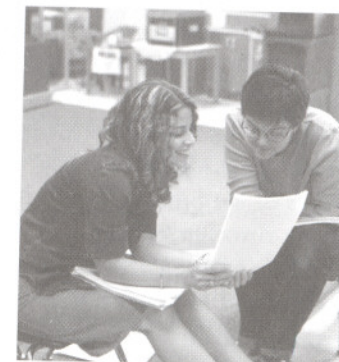
To take advantage of families' "natural resources," professionals will want to know about the immediate family, extended family and friends, services, and community resources the family currently uses. Families can give this information at their own discretion.

3. Professionals Will Find Out About the Family's Routines

To help develop a functional IFSP, professionals will want to know about the family's day-to-day life. They will have conversations with families about what the family does in each of their routines. Again, families can tell only as much as they want professionals to know.

4. Professionals Will Support Families to Make Decisions About Services

Even though it might seem scary for families at first, they can make the major decisions about what to work on and how that will happen. But they are not alone; a team of professionals is in place to help. Professionals will help families make decisions about the outcomes on the IFSP and the resources needed to meet those outcomes.



5. Professionals Will Explain How Sometimes Less Is More

Unfortunately, society—including professionals in early intervention—often dupe parents into thinking that more is better. Families are led to believe that (1) every need requires a service and (2) the more sessions or time you get of that service the more effective it will be. We have already explained that needs don't necessarily require formal services. It is true that children need lots of stimulation and, more important, feedback ("reinforcement") that teaches them. But this does not come

from instructional or therapy sessions (McWilliam, 1995). This comes from daily interactions with caregivers. So then the questions about services become:

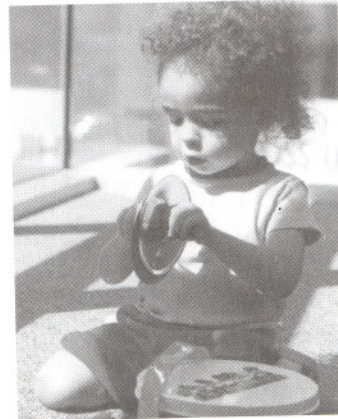
- What service do I really *need* to help other people looking after my child or me accomplish the goals we decided upon?
- If I need a service for this right now, how often do I *need* this consultation?

I believe most families understand that it's best not to use up valuable resources like therapists' time when it's not actually needed. This time is then available to families who do actually need it (McWilliam & Bailey, 1994).

6. Professionals Will Focus on Support During Home Visits

Home visits used to look like little home-school or play-therapy sessions. No more. The child does not learn from home visits—the family does. The purpose of home visits is to ensure that the family has all the support they need to meet their priorities the rest of the week. So, home visitors will encourage family members, listen to them, make sure their basic needs are met, and provide them with information. One way to provide information might be to show them things to do with the child. But such a demonstration or “model” is only one of many ways of supporting families. Most of it is done through talking.

I have described natural environments and explained why early intervention programs are paying attention to them. This will involve some change in the way some programs have done business, and change is difficult. But it's an exciting direction: It makes sense to families, it is backed up by good research, and it should result in better outcomes for children and families. Many states are doing the things described here. Families and professionals can begin this journey hand in hand. They have to.



Note

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