Assessment for IDEA Part C:
Lesson Three: Recommended Practice from the Professional Literature

Continued

Slide 1:
No Narration

Slide 2:
The professional literature from all fields, including early childhood special education, speech-language pathology, occupational therapy, and physical therapy, social work, and others, recommend similar practices when assessing infants and toddlers and their families. The previous lesson began the review of recommended practices with information from early childhood special education. This lesson contains some of the practice recommendations and resources from the fields of Speech-Language Pathology, Occupational Therapy, and Physical Therapy.

It is important to note that all recommendations in this lesson may be applied to all team members who work with young children 0-3 years of age with special needs and their families. As explained earlier, future lessons will include additional information from these fields and other disciplines involved in early intervention.

Slide 3:
No Narration

Slide 4:
This section begins with some practices recommended from the field of speech-language pathology. In a survey of the literature conducted by Crais, the author differentiates the term “assessment” from the way it has been used in the past. The author points out that for early intervention services, assessment identifies the needs and priorities of the child and family, and helps determine the services that they need, as described in this slide.

Slide 5:
Also from the author’s survey, Crais found that therapists typically spend assessment time gathering information from normative and non-normative measures, which they report to be more useful for intervention planning. The author summarizes reports from other authors that most standardized tests alone do not, and were not designed to provide information that is easily used to guide intervention planning. Specifically, an overall view of the child’s needs and abilities are “…not available when isolated test items, disconnected from real communication, have been used.”

Crais recommends that therapists take an ecological approach to assessment, focusing on the child’s and family’s environments (such as home, daycare, grandparent’s home,)...and the child’s interactions, facilitators, and constraints in those settings.

Slide 6:
Some of the suggestions discussed in this report elaborate on the use of nondiscriminatory and naturalistic practices during assessment that all therapists learn about in pre-service education. Some of these suggestions include:

- Gathering input from team members including families about their views of the child and his/her strengths and needs as well as the socio-cultural beliefs, values, and needs of families and other caregivers,
- Involving others in the child’s life in the assessment to help guide assessment and planning of intervention activities,
- Considering caregivers’ and other team members styles of communicating and learning
- Asking family and other team members to assist in developing plans for assessment and
- Using toys and materials that are familiar and culturally appropriate.

Slide 7:
ASHA documents describe, in detail, assessment and service recommendations for therapists working with infants and toddlers and their families.

The 2004 document on preferred practice patterns in early intervention assessment states that “Assessment may be static (that is, using procedures designed to describe current levels of functioning within relevant domains) and/or dynamic (that is, using procedures to identify potentially successful intervention and support procedures)…” ASHA guidelines note that assessment should include a variety of measures, qualities, and documentation as further described in this slide.

**Slide 8:**
Polmanteer & Turbiville (2000) note that IDEA legislation “…challenged the service delivery system to move from a focus on the child who had a disability to a focus on the child within a family unit.” The authors state that this change in focus caused “…a process of identifying recommended practices for early childhood services…,” conducted by the DEC (Division for Early Childhood) of the Council for Exceptional Children and reviewed in Lesson 2. The author states that DEC recommendations should guide all professionals providing early intervention services. Polmanteer & Turbiville provide recommended practices for early intervention including that:

- services should begin with assessment that is “family-centered” (such as by “…parent descriptions of child behaviors” and “parent-completed assessments”),
- that the family should guide team membership (and at a minimum should include the family, service coordinator and one or more representatives from programs providing services),
- and that both child and family goals and objectives should be developed for the IFSP and treatment plans.

These are continued on the next slide.

**Slide 9:**
the IFSP should be based on assessment and reflect the collaboration of team members including the

- family (such as in the description of the child’s levels of functioning)
- IFSP goals and treatment plans should reflect the family’s concerns, priorities, and resources; and parent-identified concerns and priorities should correspond to IFSP goals and treatment plans
- collaboration should take place with parents and other team members on “next steps” in assessment and intervention, and
- interventionists should work with the service coordinator in his/her role of helping to identify, implement, and coordinate early intervention services for the child and family.

**Slide 10:**
The Report on Early Intervention by the AOTASB Early Intervention Panel presents a review of the literature describing the role of Occupational Therapists with infants/toddlers and their families as follows:

- Occupational therapists provide assessment across all developmental domains, and focus on child and family occupations *in the context of their everyday situations*.
- Assessment for intervention planning should address the child’s and family’s “…individualized everyday routines, selected developmental activities, expectations, objects, devices, and interests” in order to “bring about meaningful changes and participation to improve the child’s and family’s successful involvement in their own daily lives.”
- All services for young children should be family-centered and consider the families’ needs, concerns, and cultural expectations.
- In order to address the “most meaningful occupations for the child and family,” assessment should not rely solely on standardized tools, and
- Assessment should benefit the child, family and others in the child’s life, as they facilitate development of their child.
Slide 11:
Hanft and Rhodes (2004), describe the primary goal of early intervention Occupational Therapy for very young children as promoting their participation in their natural environments. The authors provide a literature review that supports five core family-centered principles to guide occupational therapists in providing services as a member of an early intervention team. These recommended principles include that

1. “The family is the core of an early intervention team. Specifically, a family-centered philosophy is used in all aspects of service provision.” This supports the IDEA Part C concept that families can be as involved as they choose in all aspects of their child’s intervention, including planning and conducting assessments, and developing and implementing an intervention plan.
2. “Families function as unique systems within social and cultural systems.” Therapists should consider each family’s unique social and cultural systems, at home and in the community, that affect the natural learning opportunities and activities that will be meaningful to the child and family.

Slide 12:
3. “All team members should support one another’s roles and select outcomes (or goals) and strategies together.” Families should be considered active team members who, like other team members, provide assessment information for intervention planning; for example, affecting where assessments and interventions will take place, activities to target, and strategies and perspectives to help family’s facilitate their child’s learning and development.
4. “Team members must understand each family’s story and expectations for early intervention.” This allows team members to learn “…what family members are already doing to help their child and what they would like to be able to do…” so that assessment helps select intervention strategies that are meaningful.

Slide 13:
5. “Team members must foster positive relationships between children and their primary caregivers.” Therapists are in a unique position to educate and encourage family members to understand and use strategies that facilitate a relationship with their child--a relationship that is “…responsive, nurturing, and interactive…” and that promotes effective child development and participation. It is important to discuss with the family the type of information and skills that would be helpful to them, to explore how family members learn new information and skills, and to always consider linking family members to other families and community resources.

Slide 14:
Hanft and Rhodes also specify four interrelated aspects that are important to address in assessments as they affect the child’s “…participation on goal-directed activities, or occupations….”. These include assessment of:

- client or child factors, that is, the body functions and structures that affect successful performance in key occupational areas for very young children – these include each child’s unique physical, sensory, neurological, emotional, and mental factors (that affect such activities as activities of daily living, social participation, education, and play)
- performance skills and patterns such as motor, process, and communication/interaction-- these are observable skills/patterns that take place during a child’s everyday activities

Slide 15:
- context (that is, the physical, cultural, and social environments) that impact how a child performs a given task or role— This involves collaboration with the family as the key to providing quality family-centered treatment plans, as opposed to establishing a clinical model within a child’s home or child care setting.
- activity demands, that is, properties of objects, use of space, timing, interactions, and other features that affect how well a child performs throughout the day.

Giuffrida and Kaufmann in their study with university students in occupational therapy, special education, and nursing found that in order to accomplish meaningful assessments that address a child’s and family’s needs from various perspectives, it is important for all team members to develop knowledge and skills related to participation in team assessments, including actively listening, positive problem-solving, and sharing information.
Slide 16:
From Physical Therapy, the American Physical Therapy Association states that pediatric physical therapists help children reach their maximum potential for functional independence in everyday activities, through evaluation and assessment, the promotion of health and wellness and a wide variety of interventions and supports.

Specifically, through individualized assessment and intervention developed collaboratively with families, therapists promote a child’s participation, motor development and function, strength, self-care, and learning opportunities, and ease care giving, with examples listed in this slide.

Slide 17:
- Articles and literature reviews, such as from APTA and authors such as Randall & McEwen, have discussed the need to focus on meaningful or functional goals. In early intervention, it has been well established that goals should address areas of need that are important to the child and family; this is accomplished by actively facilitating their participation, with special attention given to their everyday environments, as discussed in previous slides.

- The APTA’s Guide to Physical Therapist Practice in Pediatric Settings includes preferred practice patterns for pediatrics-
- This document describes the overall framework for decision-making in physical therapy as one that is collaborative: In collaboration with the child, family, and other health and educational team members, therapists should make decisions regarding all services, including evaluation, assessment, and intervention, and the intensity of service delivery, goals, and criteria for discharge. An interview with the child, family and other professionals, is described as a central component of assessment and promotes a family-centered philosophy.

Slide 18:
-When assessing young children, therapists address the child’s functioning across various developmental domains, including cognition; language and communication; social/emotional development; adaptive function; physical development, including vision and hearing; and play.

- This document also points out the importance of various methods of assessment that can be used to gather meaningful information, such as related to children’s participation at home and community settings; their ability to perform activities, and their body structure and functional status.

Slide 19:
No Narration

Slide 20:
No Narration

Slide 21:
The APTA document on “Early Intervention Services: Natural Learning Environments” summarizes and expands on some of the specific information and activities therapists can consider in order to provide meaningful assessment and address a child’s and family’s everyday environments. These are listed here and in the next slide, with some clarifications related to ongoing assessment.

Slide 22:
No Narration
Lesson Three:
Recommended Practices from the Professional Literature continued

OBJECTIVE: Participants will be able to describe recommended practices for assessment with infants and toddlers and their families, from professional literature sources including:
- Speech-Language Pathology
- Occupational Therapy, and
- Physical Therapy

Emerging sources:
- Internal evidence, such as surveys
- External evidence, such as peer-reviewed journals

Recommended Practices for Implementing Assessment for IDEA Part C from Speech-Language Pathology, Occupational Therapy, and Physical Therapy

For early intervention services, assessment is:
- The process for identifying
  - the child’s unique needs;
  - the family’s resources, priorities, and concerns regarding the child’s development; and
  - the nature and extent of early intervention services needed by the child and family
- Typically less formal in structure, using multiple tools and methods (e.g., standardized, observational, and non-standardized), lasting over a longer time frame, and involving more caregivers more actively

The outcome for ongoing assessment with young children 0-3 years of age and their families should be:
- To create a complete picture of the child and family in order to help plan effective intervention

During assessments, therapists gather non-standardized assessment information useful for intervention planning. Recommendations:
- Use an ecological approach to assessment which includes all caregivers, avoids cultural bias, focuses on naturalistic observation of play and daily activities, and targets the skills necessary for the child to function in immediate and future environments

In using an ecological assessment approach, therapists can:
- Gather input from families/caregivers and other team members
- Actively involve them during the assessment
- Consider families/caregivers’ styles of communicating and learning
- Ask family members’ assistance to develop and validate assessment
- Use toys and materials that are familiar and culturally appropriate

Assessment in early intervention—

- May include “standardized and/or non-standardized methods,” using a variety of measures that include ICO
- Should be “family-centered,” “culturally responsive,” & “developmentally appropriate”
- Should be “comprehensive, coordinated, & team-based”

Assessment documentation should include—

- Pertinent background information, assessment results & interpretations, prognosis, & recommendations
- Information concerning frequency, estimated duration, & type of intervention service when services are recommended
- Type & severity of communication impairment or delay
- Risks of impaired communication development

Recommended practices from: Polmanteer & Turbiville, 2000

Service delivery has changed from “a focus on the child who had a disability to a focus on the child within a family unit.”

Recommended practices for developing IFSPs for speech-language pathology include having:

- Services that are “family-centered”
- Selection of team membership that is guided by the family
- Goals and objectives for both child and family

Continued recommended practices for developing IFSPs include having:

- Collaboration with parents and other team members throughout assessment and intervention
- Good communication and working relationships with service coordinators to identify, implement, and coordinate services for the child and family


To “improve the child’s & family’s successful involvement in their own daily lives”

That considers the families’ needs & concerns, & the “context of the cultural expectations of the family”

That does not rely solely on standardized tools

Across all developmental domains, in context

That benefits the “child as well as the family, caregiver or educator”

Recommended practices from: Hanft & Rhodes, 2004

Five core family-centered principles to guide service provision:

1. “The family is the core of an early intervention team”— a family-centered philosophy is used in all services
2. “Families function as unique systems within social and cultural systems”— natural learning opportunities and activities meaningful to the child and family are selected

Recommended practices from: Hanft & Rhodes, 2004 continued

Five core family-centered principles to guide service provision, continued:

3. “All team members should support one another’s roles and should select goals and strategies together”— family and other team members provide assessment input that affect IFSP services
4. “Team members must understand each family’s story and expectations for early intervention”— therapists learn “what family members are already doing to help their child and what they would like to be able to do”
**Recommended practices from: Hanft & Rhodes, 2004; Giuffrida & Kaufmann, 1997 continued**

Five core family-centered principles to guide service provision, continued:

5. “Team members must foster positive relationships between children and their primary caregivers.” Therapists educate and encourage family members to understand and use facilitative strategies.


Goals and recommendations for physical therapy service delivery for assessment and intervention:

- Therapists collaborate with families to develop individualized plans for assessment and programs for their child.
- Therapists gather assessment information that will help families enhance the development of their child, through:
  - Positioning during daily routines and activities.
  - Adapting toys for play.
  - Expanding mobility options.
  - Using equipment effectively.
  - Teaching safety for the home and community.
  - Providing information on the child’s physical and health care needs, and
  - Easing transitions from early childhood to school and into adult life.

**Recommended practices from: Randall & McEwen, 2000; American Physical Therapy Association (APTA), 2001**

Recommendations for decision-making in physical therapy services:

- Assessment and intervention should focus on meaningful goals, and should consider such aspects as the child’s and family’s everyday environments.
- All decision-making is collaborative.

**Recommended practices from: Randall & McEwen, 2000; American Physical Therapy Association (APTA), 2001 continued**

- Assessment addresses the child’s function across various developmental domains.
- Assessment involves various methods for gathering information.
SUMMARY

From Speech-Language Pathology, Occupational Therapy, and Physical Therapy, assessment should:

- Be family-centered, with a focus on the child within a family unit, and developmentally supportive.
- Identify the child’s and family’s needs, priorities, and resources.
- Include multiple sources of information, using formal and informal methods for gathering this.
- Be collaborative, involving input from all team members.
- Use an ecological approach, targeting input from caregivers, naturalistic observations of daily activities, and meaningful skills (such as those necessary for the child to function in immediate and future settings).

SUMMARY continued

From Speech-Language Pathology, Occupational Therapy, and Physical Therapy, assessment should specifically:

- Address children’s functioning across all developmental domains, providing information about how their skills impact everyday participation.
- Look at the child’s and family’s environments—social partners, activity demands, learning opportunities, social and cultural values, preferences, concerns, etc.
- Solicit input and information from team members, including the family, such as with interviews, observations, checklists, validation, records and other assessment and intervention reports, that will help service providers work with other team members, families, and their child with special needs.
- Collect information to develop both child and family goals and objectives.

Recommended practices from Physical Therapy Association (APTA), 2001, adapted for assessment

To ensure that natural learning environments are being addressed in ongoing assessment:

- Invite and encourage families and care providers to identify their priorities and goals.
- Ask families and care providers what activities and routines are part of their daily life.
- Identify the important people in the children’s and families’ lives.
- Observe children in real-life activities with families and care providers across natural settings.
- Gather assessment data that will help coach families and others in everyday places during real life activities and routines.

Recommended practices from Physical Therapy Association (APTA), 2001, adapted for assessment, continued

- Be a resource for families to network with other families in the community.
- Learn about the community, especially formal and informal activities for young children.
- Provide families with emotional, informational, and material resources, as needed to support achievement of IFSP goals.
- Seek out the networks needed from local, state, and national resources.