A special thanks to agencies on the Planning Committee:

Center for Disability Resources
SC Department of Disabilities and Special Needs
SC Department of Health and Environmental Control
SC Department Social Services
South Carolina School for the Deaf and the Blind
Family Connection of SC, Inc.
Early Head Start
Head Start

2008 South Carolina Early Intervention Conference for Families and Providers

May 22, 2008
9:00 am—4:45 pm
Registration 7:30 am—9:00 am

Building a stronger future...
Connecting families, early intervention providers and communities

White Oak Conference Center
633 Mobley Highway
Winnsboro, SC 29180

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Project Director:
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Christina Kasprzak, M.A., is a Technical Assistant Specialist for the National Early Childhood Technical Assistance Center (NECTAC) and for the Early Childhood Outcomes (ECO) Center at the Frank Porter Graham Child Development Institute, University of North Carolina - Chapel Hill. Through these national TA projects, she provides training and support to Early Intervention (Part C) and Preschool Special Education (Section 619) programs across the country. Her expertise is in program evaluation, and she has been supporting programs for more than 10 years to develop and implement systems for evaluating the effectiveness of Early Intervention and Preschool programs, with the last 4 years focusing on systems for measuring child outcomes.

Bonnie Kelly, Ph.D., has conducted numerous classes and presentations, and provided technical assistance and consultation to multidisciplinary teams and Part C systems in various states. She has published several articles related to providing services by supporting families through collaboration and consultation.

Dr. Debra Leach, Ph.D., is an Assistant Professor of Special Education at Winthrop University. She previously served as the Associate Director for the Florida Atlantic University Center for Autism and Related Disabilities. She has been an early intervention provider, classroom teacher, and consultant. Dr. Leach has been working with children with autism, their families, and team members for over thirteen years.

Gerald Mahoney, Ph.D., is the Verna Houck Motto Professor of Families and Community at the Mandel School of Applied Social Sciences at Case Western Reserve University. He has been involved in research and higher education for 30 years. He received his doctoral degree from Peabody College of Vanderbilt University in child development and mental retardation research. Since that time, he has held faculty positions at UCLA, University of Michigan, University Of Connecticut, Winthrop University and Kent State University. From 1991 until 2001, Dr. Mahoney was the director of the Family Child Learning Center, an early intervention research and training center that is sponsored by Children's Hospital of Akron and Kent State University. Dr. Mahoney's research has focused primarily on parent and family influences on children's development and social emotional functioning. He has published numerous studies on parent influences on the development of children at-risk or with disabilities, as well as on the application of research findings from the parent-child literature to early intervention practice. Dr. Mahoney has co-authored two early intervention curricula: the Transactional Intervention Program and Responsive Teaching. Dr Mahoney is currently conducting several clinical intervention research projects focused on evaluating the effectiveness of Responsive Teaching with various populations of children and families, including children with autism who are younger than three years of age and children with Down syndrome, as well as young adopted children and their families.

Robin Rooney, Ph.D., is a Technical Assistant Specialist for the National Early Childhood Technical Assistance Center (NECTAC) and for the Early Childhood Outcomes (ECO) Center at the Frank Porter Graham Child Development Institute, University of North Carolina - Chapel Hill. Dr. Rooney has provided extensive training and TA in the use of the Child Outcomes Summary Form (COSF) across 20 states. She is a speech-language pathologist by training and firmly believes that speech and language skills cross all three outcome areas.

Jeri Ross-Hayes, M.S.W., is a Program Specialist for Spartanburg County First Steps Early Head Start. She received her MSW from the University of Georgia and her other work experiences include mental health, health care, hospice, and adoption settings. She has also worked as a member of collaborative teams.

Brenda Hussey-Gardner, Ph.D., is an Assistant Professor with the division of Neonatology, Department of Pediatrics at the University of Maryland School of Medicine where she is the coordinator of the NICU Follow-Up Program and the Director of the Maryland's PRIDE (PRemature Infant Development Enrichment) Program. She has over 20 years experience working with infants/toddlers born prematurely and their families and teaches graduate courses related to prematurity.

Suzanne English, M.A., Suzanne English has her Master's degree in counseling. She currently serves as an early intervention supervisor, service coordinator, and special instructor with Bright Start.
2.2 Fostering the Development of Infants and Toddlers Born Prematurely—Important Ways that Early Interventionists Can Make a Difference
Brenda Hussey-Gardner, Ph.D.

Early intervention providers can help families make a difference in the lives of infants born prematurely in several important ways. This presentation will provide an overview of these strategies; including signals, infant massage, positioning, developmental monitoring, and general anticipatory guidance.

Objectives:
1. Participants will be able to identify physiological and behavioral signals used by young infants born prematurely, basic massage techniques to foster positive touch and relaxation, and strategies for facilitating appropriate positioning.
2. Participants will be able to describe the importance of developmental monitoring and anticipatory guidance when working with infants/toddlers born prematurely and their families.

2.3 The Critical Role of Practice for Repetition in the Early Intervention Curriculum
Gerald Mahoney, Ph.D.

One of the key considerations for early intervention curricula is to identify the activities and procedures that will be used to assure that children receive the amount of practice that is necessary to master and internalize developmental behaviors and competencies. Information will be presented regarding the critical role of practice and repetition in developmental learning, and curriculum modifications that can be made to support this.

Objectives:
1. Participants will be able to describe the role that practice and repetition play in developmental learning during intervention.
2. Participants will be able to describe how group activities and routines can be used to support practice and repetition.
3. Participants will be able to explain the critical role that parents and other caregivers play in promoting the practice and repetition that is necessary for developmental learning.

2.4 Using the Child Outcomes Summary Form (COSF) to Measure Child Outcomes
Robin Rooney, Ph.D. and Cristina Kasprzak, M.A.

BabyNet is using the Child Outcomes Summary Form (COSF) to collect and report data on children birth to three years of age receiving early intervention services to meet the accountability requirements of the Office of Special Education Programs (OSEP). Participants will have an opportunity to discuss issues and challenges related to this new requirement as well as strategies for improving implementation. The session will feature new learning and activities, resources, and practice using the COSF with a real child example.

Objectives:
1. Participants will be able to discuss issues and challenges with implementing the COSF data collection requirement.
2. Participants will be able to practice using the COSF for reporting on the three functional child outcomes.

3.1 Strategies to Enhance the Social Reciprocity of Young Children with Autism
Debra Leach, Ph.D.

This session will provide instruction related to a variety of strategies that can be used to enhance the social reciprocity of young children with autism. Format will include lecture, group discussion, and video analysis.

Objectives:
1. Participants will be able to identify a variety of strategies to enhance the social reciprocity of young children with autism.
2. Participants will be able to list the uses of the strategies in video clips and discuss how routines can be further improved.

3.2 Physical Therapy for Premies: Involving Families and Other Team Members
Ms. Ann Barton, P.T., M.S., PCS, Suzanne English, Service Coordinator and Special Instructor

This session will include a brief review of late fetal musculoskeletal development and atypical signs that physical therapists look for in preemies in the first few months. A brief discussion of how various assessment tools may aid in working with infants will be included. The presentation will include an emphasis on motor development in the first year and will also address potential challenges that preemies may face later in their early intervention years that other team members may help to address. Collaboration with team members will be stressed.

Objectives:
1. Participants will be able to identify key points of the last 12 weeks of fetal musculoskeletal development.
2. Participants will be able to identify at least one advantage and one disadvantage of two commonly used early intervention assessment tools.
3. Participants will be able to state three benefits of “tummy time”.
4. Participants will be able to offer intervention strategies based on the team member’s role in early intervention.

3.3 Home Visiting—Early Intervention Principles
Bonnie Keilty, Ph.D.

This session describes practices that involve service provision through collaboration and consultation so that a child’s learning can be promoted with the use of identified intervention strategies in everyday activities. Specifically, four overarching home visiting components to facilitate child development will be discussed that should be considered by all early interventionists providing services to young children, 0-3 years of age, with special needs across domains of development. This session includes recommended strategies that can be incorporated during assessment and intervention with young children with multiple disabilities/delays and needs, by therapists, special instructors, service coordinators, and others.

Objective:
1. Participants will be able to identify the main home visiting components that should be included in service provision to facilitate child learning across domains of development.

3.4 Service Coordination in the Early Head Start Environment
Jeri Ross-Hayes, M.S.W. and Anna Green, B.A.

Early Head Start (EHS) enrolls children ages 0 – 3 years of age and at least 10% of the program’s enrollment slots are expected to be filled by children who receive Part C services. Early Head Start serves as the natural environment and Part C intervention services are provided within this environment. Key ingredients that ensure service coordination and service delivery for EHS children are an Interagency Agreement, educating parents and BabyNet providers on EHS services, developing relationships with these providers, maintaining ongoing communication with parents and providers, identifying roles and recognizing the expertise of all who serve the child and family. The session will provide information and experiences of the Service Coordinator/Special Instructor, Early Head Start staff and a family in developing and maintaining a collaborative partnership with all team members to ensure that children receive the services deemed necessary to promote their development.

Objectives:
1. Participants will be able to discuss issues and challenges with implementing the COSF data collection requirement.
2. Participants will be able to describe how EHS and Part C Providers collaborate to provide family-centered principles in service delivery.
3. Participants will be able to identify two benefits of providing Part C services in the EHS environment.

3.5 Using the Child Outcomes Summary Form (COSF) to Measure Child Outcomes
Robin Rooney, Ph.D. and Cristina Kasprzak, M.A.

BabyNet is using the Child Outcomes Summary Form (COSF) to collect and report data on children birth to three years of age receiving early intervention services to meet the accountability requirements of the Office of Special Education Programs (OSEP). Participants will have an opportunity to discuss issues and challenges related to this new requirement as well as strategies for improving implementation. The session will feature new learning and activities, resources, and practice using the COSF with a real child example.

Objectives:
1. Participants will be able to discuss issues and challenges with implementing the COSF data collection requirement.
2. Participants will be able to practice using the COSF for reporting on the three functional child outcomes.

4.1 Physical Therapy for Premies: Involving Families and Other Team Members
Ms. Ann Barton, P.T., M.S., PCS, Suzanne English, Service Coordinator and Special Instructor

This session will include a brief review of late fetal musculoskeletal development and atypical signs that physical therapists look for in preemies in the first few months. A brief discussion of how various assessment tools may aid in working with infants will be included. The presentation will include an emphasis on motor development in the first year and will also address potential challenges that preemies may face later in their early intervention years that other team members may help to address. Collaboration with team members will be stressed.

Objectives:
1. Participants will be able to identify key points of the last 12 weeks of fetal musculoskeletal development.
2. Participants will be able to identify at least one advantage and one disadvantage of two commonly used early intervention assessment tools.
3. Participants will be able to state three benefits of “tummy time”.
4. Participants will be able to offer intervention strategies based on the team member’s role in early intervention.

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This session describes practices that involve service provision through collaboration and consultation so that a child’s learning can be promoted with the use of identified intervention strategies in everyday activities. Specifically, four overarching home visiting components to facilitate child development will be discussed that should be considered by all early interventionists providing services to young children, 0-3 years of age, with special needs across domains of development. This session includes recommended strategies that can be incorporated during assessment and intervention with young children with multiple disabilities/delays and needs, by therapists, special instructors, service coordinators, and others.

Objective:
1. Participants will be able to identify the main home visiting components that should be included in service provision to facilitate child learning across domains of development.

4.4 Service Coordination in the Early Head Start Environment
Jeri Ross-Hayes, M.S.W. and Anna Green, B.A.

Early Head Start (EHS) enrolls children ages 0 – 3 years of age and at least 10% of the program’s enrollment slots are expected to be filled by children who receive Part C services. Early Head Start serves as the natural environment and Part C intervention services are provided within this environment. Key ingredients that ensure service coordination and service delivery for EHS children are an Interagency Agreement, educating parents and BabyNet providers on EHS services, developing relationships with these providers, maintaining ongoing communication with parents and providers, identifying roles and recognizing the expertise of all who serve the child and family. The session will provide information and experiences of the Service Coordinator/Special Instructor, Early Head Start staff and a family in developing and maintaining a collaborative partnership with all team members to ensure that children receive the services deemed necessary to promote their development.

Objectives:
1. Participants will be able to discuss issues and challenges with implementing the COSF data collection requirement.
2. Participants will be able to describe how EHS and Part C Providers collaborate to provide family-centered principles in service delivery.
3. Participants will be able to identify two benefits of providing Part C services in the EHS environment.

Application for continuing education credit is in process at the time of printing.
This session describes the basic curriculum components needed to provide evidence-based developmental intervention services by team members working with young children with special needs. These components include theoretical model, intervention goals, objectives, and strategies and activities that can be carried out by parents and other caregivers as well as professionals. This presentation will also discuss why empirical evidence should be an important consideration in choosing a curriculum.

Objectives:
1. Participants will be able to identify the basic components that should be present in early intervention curricula.
2. Participants will be able to state the role that theory plays related to the objectives and strategies of a curriculum.
3. Participants will be able to describe what "evidence-based practice" means and how this applies to different curricula.

Evidence-based Practices in Service Coordination
Joicey Hurth, Ph.D.
A national workgroup of researchers, state leaders, family members and technical assistance providers has been working to reach consensus and describe recommended principles and practice for service coordination and service delivery in natural environments. Three documents will be shared at the session and participants will interact around the “fit” with current ideas and practice.

Objectives:
1. Participants will be able to identify a national consensus building activity that has synthesized principles and effective practices across validated models of service delivery.
2. Participants will be able to identify examples of practice that reflect each principle (“Looks Like This”), as well as practices that may be common, but do not “fit” with each principle (Doesn’t Look Like This).