IDEA Part C in the 21st Century: BabyNet Takes Its *First Steps*!

ASHA PRACTICE RECOMMENDATIONS

From the ASHA Committee on the Role of SLPs in Early Intervention

Significant changes in roles and responsibilities (ASHA, 2008)

- Prevention
- Screening
- Evaluation (establishing eligibility)
- Assessment (to determine intervention programming)
- Intervention planning, implementation, and monitoring
- Consultation with and education for team members, including families and other professionals
- Service coordination
- Transition planning
- Advocacy
- Awareness and advancement of the knowledge base in early intervention

www.asha.org/policy

reflecting significant changes in how we provide EI services

- ✓ Roles and Responsibilities of Speech-Language Pathologists in Early Intervention **(Technical Report)**

- ✓ Roles and Responsibilities of Speech-Language Pathologists in Early Intervention **(Position Statement)**

- ✓ Roles and Responsibilities of Speech-Language Pathologists in Early Intervention **(Guidelines)**

- ✓ Core Knowledge and Skills in Early Intervention Speech-Language Pathology Practice

- ✓ Providing Early Intervention Services in Natural Environments (ASHA Leader, March 2008)

The Public

Audiologists

Speech-Language Pathologists

Students

Academic Programs & Faculty

FEATURED PARTNER

PEARSON

Early Intervention

Infants, Toddlers and Preschoolers

ASHA Documents Related to Early Intervention

- Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Position Statement (2008)

- Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Technical Report (2008)

- Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Guidelines (2008)

- Core Knowledge and Skills in Early Intervention Speech-Language Pathology Practice (2008)
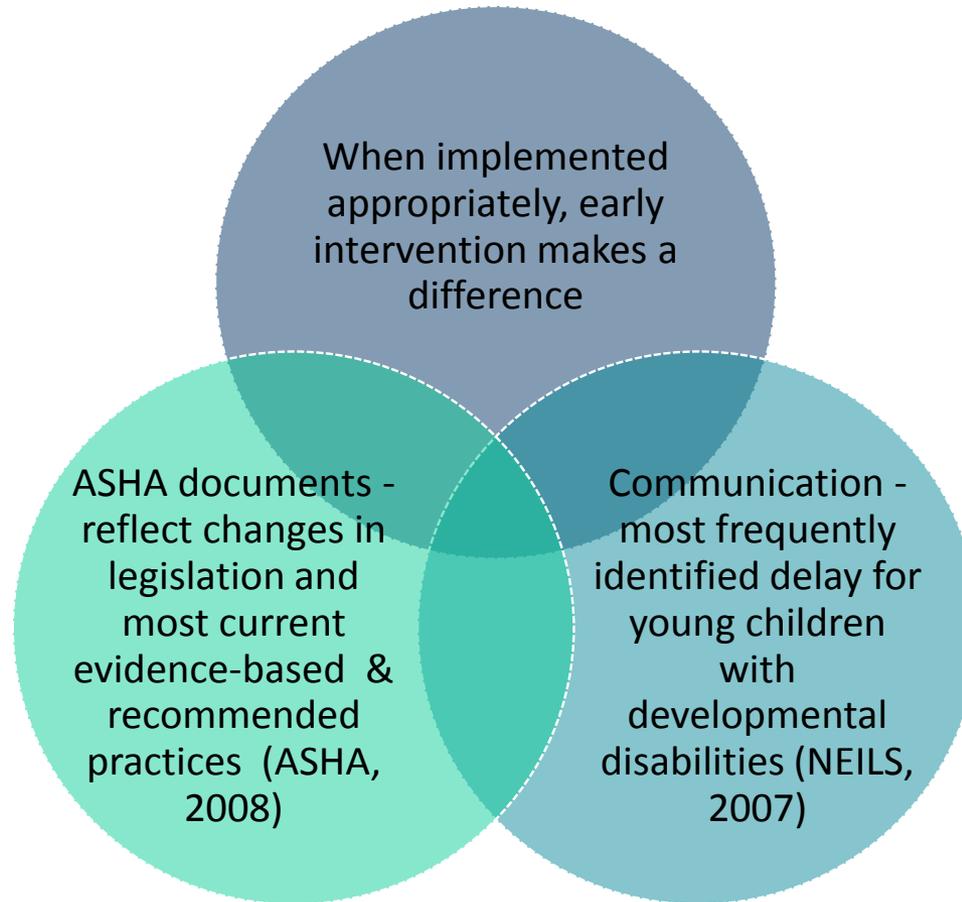
ASHA Focuses on Early Intervention

When implemented appropriately, early intervention makes a difference

ASHA documents - reflect changes in legislation and most current evidence-based & recommended practices (ASHA, 2008)

Communication - most frequently identified delay for young children with developmental disabilities (NEILS, 2007)

ASHA's Guiding Principles for Early Intervention

- Family-centered, culturally and linguistically responsive
- Developmentally supportive and promote children's participation in their natural environments
- Comprehensive, coordinated, and team-based
- Based on the highest-quality evidence available

Shift from traditional, one-to-one clinical services to more collaborative and consultative models (similar to LRE)

A primary aim of all early intervention - to "work with the parent [and other caregivers] on how to support the child's development so that optimal and/or therapeutic interactions can be incorporated into the child's daily activities" (NEILS, 2007, funded by the U.S. Department of Education Office of Special Education Programs)

S.C. primarily provided EI services with the child throughout the child's/family's stay in BabyNet vs other states who moved from a focus on the child to focus on families

EI should

• individualized for each family's situation and priorities
• "...support and strengthen the family's capacity to enhance the child's development and learning"
• in everyday social interactions
• provided by collaborative teams using a variety of service delivery models (ASHA, 2008, p. 2)

Providing Services Differently

State Policies Changing

Family-centered & culturally-responsive services involve the family as primary recipient of services (ASHA, 2008, p. 2)

- "…a set of beliefs, values, principles, and practices that support and strengthen the family's capacity to enhance the child's development and learning" (ASHA, 2008)

- Families provide a lifelong context for their child's development

  - ➤ FC practices are encouraged and explained by all personnel

  - ➤ facilitate learning for caregivers (Woods, 2008)

  - ➤ involves knowing how to teach adults, coach caregivers, and provide consultative services (Woods, 2008)

  - ➤ based on each state's service delivery model (ASHA, 2009)

The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.

From the **Workgroup on Principles and Practices in Natural Environments ,** NECTAC
http://www.nectac.org/topics/families/families.asp

This principle DOES look like this	This principle DOES NOT look like this
Using professional behaviors that build trust and rapport and establish a working "partnership" with families	Being "nice" to families and becoming their friends
Valuing and understanding the provider's role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles	Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing "to" the child
Providing information, materials and emotional support to enhance families' natural role as the people who foster their child's learning and development	Training families to be "mini" therapists or interventionists
Pointing out children's natural learning activities and discovering together the "incidental teaching" opportunities that families do naturally between the providers visits	Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done
Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child	Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines
Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen	Basing success on the child's ability to perform the professionally determined activities and parent's compliance with prescribed services and activities
Celebrating family competence and success; supporting families only as much as they need and want	Taking over or overwhelming family confidence and competence by stressing "expert" services

Natural environments is a consultation-based delivery of supports and services (Woods, 2008)

- Refers to the "context" for intervention; process is more important than location. Usual routines are opportunities for learning developmental skills (Woods, 2008)

- Typically a partnership develops

  - Parents/other caregivers maximize learning opportunities:
    - offer information about their typical day, child's communication opportunities and expectations, child's and family's preferred activities, and challenges
    - reinforce communication in preferred daily routines

  - SLP supports child & family in everyday activities:
    - shares information and resources
    - coaches parents/others on how to include communication activities throughout the child's day & individualizes to meet specific needs

Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts

This principle DOES look like this	This principle DOES NOT look like this
Using toys and materials found in the home or community setting	Using toys, materials and other equipment the professional brings to the visit
Helping the family understand how their toys and materials can be used or adapted	Implying that the professional's toys, materials or equipment are the "magic" necessary for child progress
Identifying activities the child and family like to do which build on their strengths and interests	Designing activities for a child that focus on skill deficits or are not functional or enjoyable
Observing the child in multiple natural settings, using family input on child's behavior in various routines, using formal and informal developmental measures to understand the child's strengths and developmental functioning	Using only standardized measurements to understand the child's strengths, needs and developmental levels
Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings	Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting
Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members	Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities
Assuming principles of child learning, development, and family functioning apply to all children regardless of disability label	Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring learning opportunities

Workgroup on Principles and Practices in Natural Environments
♦ OSEP TA Community of Practice- Part C Settings ♦

Services should be team-based, individualizing roles to the needs of the child and family

- Multiple team members including the family develop and work on goals and objectives, aiming for learning in everyday routines and places

- All team members focus on interactions between caregiver and child (triadic framework, http://tactics.fsu.edu/)

- Designation of roles on the team are a team decision and individualized for each child and family within states' service delivery frameworks

Are your services focused on caregivers, integrated into routines, and team-based?

Key features and examples:	yes	no
Did you and caregivers together agree on learning priorities & roles? Are you encouraging caregivers to identify their priorities and goals & to be a part of intervention planning?		

Did you observe routines & set up active learning opportunities with caregivers?
 Do you plan for collaborative & integrated v. only one-one services to the child?
    Are you asking them what activities/routines are part of their daily life ?
    Are you observing children/caregivers engaging in real-life activities?
    Are you helping families identify important people in their life? Which activities and people to target?		

Does your intervention plan focus on strategies for caregiver learning?
    Are you sharing information more than once, in a variety of formats?
    Are you individualizing information to meet specific needs – no "one-size-fits-all" handouts?
    Are you using real-life situations to coach caregivers, "join in," model, jointly problem solve, or provide emotional, informational, or material support?
    Are you building on caregivers' strengths?		

Do you continuously communicate with & develop a relationship with caregivers?
    Are you jointly planning?
    Are you inviting feedback and incorporating it?		

"The shift to providing services in everyday routines, activities, and places does not mean giving up our knowledge and expertise, but offers rich opportunities to use them creatively, in new ways and settings."

J. Edelman, JFK Partners and Early Childhood Connections, and Colorado Department of Education, (2001)

Sample strategies for caregiver learning

At each visit, **_connect or reconnect_** with the family (e.g., ask what has occurred since last meeting). Based on family's input, **_address priorities_** and specific strategies to meet these needs. Explain strategies and **_demonstrate_** with the child. Include coaching strategies to explore and together select strategies that work for the family and child. Informally **_assess_**; i.e., along with the family, identify child's skills before, during, and after implementation of the specific strategy. Also assess how the family did; this can include asking how they felt about the strategy (e.g., was it comfortable, was it helpful). At the end of the visit, **_discuss the session's activities_** and solicit feedback on the techniques used and the child's and family's reaction. Incorporate this feedback into **future plans** (Stredler Brown, 2005).

Sample strategies for caregiver learning

Woods (2004) uses several strategies to develop family competence to help their child learn throughout the day. She emphasizes **providing information** to families in a way that is meaningful within their everyday lives, including giving examples and developmental knowledge. **Observing family interactions** (of parent and child in their routines) is critical to identifying for the family what is already happening and can help their child's learning. **Modeling side-by-side strategies and providing suggestions to support interaction and child learning** are used to help families embed intervention (integrated teaching to the child's goals) within everyday activities. **Joint planning and problem solving** with families about what is working, what needs to happen next, who will do what, identifying resources, and decision making for immediate and future action are essential.

From J. Woods, 2008

Early intervention will look different:

❑ Role of SLP - primarily consultant or primary service provider

❑ Contexts of intervention - routines or natural learning opportunities

❑ Strategies for child intervention - responsive, directive/behavioral, or blended

❑ Strategies to facilitate caregiver participation – based on adult learning strategies, such as on modeling with feedback or conversations

❖ SLPs vary approaches for children and families based on disorder & other child/family needs & priorities, and available evidence

Principal Investigator

Juliann Woods

Project Staff
Internet Resources
TaCTICS Modules
Family Stories

Home

Florida State University
Department of Communication Disorders

See Also

TaCTICS Archive

(You will need Adobe Acrobat Reader which is available from Adobe)

Welcome to TaCTICS

TaCTICS (Therapists as Collaborative Team members for Infant/Toddler Community Services) was an outreach training project funded by a U.S. Department of Education Grant. This web site is being maintained to share tools useful in skillfully navigating the path toward provision of Part C Services using the child/family's daily routines, activities, and events as a context for assessment and intervention.

Modules   **FACETS**   **FGRBI**   **FACTICS**

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Early Intervention

Children at risk of a developmental delay or disorder are routinely referred to Early Intervention by their physicians. If a child qualifies, he or she may receive a range of services at no (or low) cost to the family. Early Intervention is designed to improve outcomes for children with disabilities by providing early, appropriate, and intensive interventions.

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In 1986, the U.S. Congress created the mandate for a range of services to be provided to infants and toddlers with disabilities, through what is referred to as "Early Intervention."

In Public Law 105-17, the provision of special services for the youngest members of our society was established. This was due to "an urgent and substantial need" both to "enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay."

Early Intervention - ...   Microsoft PowerPoint ...

TECS, Team for Early Childhood Solutions, University of South Carolina - Windows Internet Explorer

http://uscm.med.sc.edu/tecs/index.htm

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TECS, Team for Early Childhood Solutions, University ...

- Allied eHealth Resource Network
- Child and Family Outcomes
- Comprehensive System of Personnel Development
- Newsletters
- Technical Assistance Bulletins
- Service Coordination Connection
- Special Instruction FYI

Early Intervention Conference

- Conference Program, PDF
- Conference Handouts
- Conference Evaluation Reports

Request Technical Assistance

TECSINFO Listserv

South Carolina Part C Credential

TECS Staff

Directions to TECS

Technical Support for Early Intervention Services in South Carolina
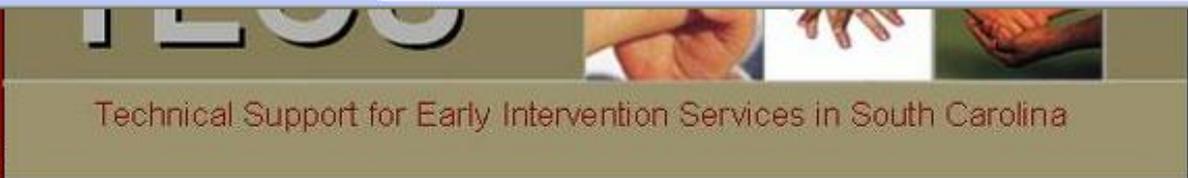
Online modules supporting BabyNet System Personnel in meeting federal and state requirements for the Comprehensive System of Personnel Development under Part C of the Individuals with Disabilities Education Act.

TECSBOOK

CLICK HERE to complete the
Family Satisfaction Survey