



TECSNews— For the Allied eHealth Resource Network

Special points of interest:

- Different ways to provide services & supports
- Information from other states
- A SC family's perspective
- Information & resources for providers
- BabyNet Updates

For All Providers Working with 0-3

Issue 7

2008

How do you implement services in natural environments—looking at other states

The Illinois early intervention system summarizes recommendations from the literature on methods for providing early intervention services and supports in natural learning environments. They note that providers already "...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...is only one of many ways of supporting families" and other caregivers in natural environments* (McWilliam, 1999).

The following are a few more strategies for providing evidence-based early intervention practices, through everyday learning opportunities, by facilitating caregivers' role (adapted with permission from the Illinois Department of Human Services Bureau of Early Intervention, Evidence-Based Practices in Natural Learning Environments, March 2005, <http://www.dhs.state.il.us/page.aspx?item=31732>):

"Joining in without taking over," or participating with caregivers and the child in a routine or activity: Woods (2004) indicates that it is important for service providers to observe the routine/activity as it occurs with the caregiver and child, and for the service provider to then "join in" the routine or activity while maintaining the integrity of the caregiver's preference and sequence. Woods (2004) also emphasizes the importance of service providers giving feedback to the family and caregivers on the "strategies" or "learning opportunities" the caregiver is using that are effective.

Continued on page 2

SAVE THE DATE!

For May 22 for the 2008 SC Early Intervention Conference for Families and Service Providers, at White Oak Conference Center, Winnsboro

About this issue

This issue spotlights *various ways to provide services and supports in natural environments, including collaborative consultation and coaching*. It includes information from other states as well as S.C., and the professional literature. Articles feature methods that promote caregivers' primary roles in Part C services from Illinois, collaborative consultation from N.C., & *more*. This issue also has information and resources for providers, including new personnel requirement activities on p. 8. Finally, *be sure to read insights from a parent of a child who participated in BabyNet services, on p. 11.*

Be sure to mark your calendars for **May 22 for the 2008 SC Early Intervention Conference**. Also, see the many new informational products on the TECS website at <http://uscm.med.sc.edu/tecs/>!

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Implementing Services in Natural Environments— Information from other states CONTINUED from page 1

Modeling: McWilliam (2003), Woods (2004), Hanft, Rush & Shelden (2004) describe the importance of modeling how to do something when the family requests or is interested in having a demonstration. "Modeling requires the parent or caregiver to be interested, watching, and if possible, practicing with feedback. Simply going through activities with the child on a . . . visit does not necessarily constitute modeling " (McWilliam, 2003).

Providing emotional, material, and informational support: Service Coordinators and providers frequently provide supports and services based on family needs, including material supports (e.g., WIC, Medicaid, SSI, housing, equipment, etc., provided by service coordinators). Providers also give the family and other caregivers information and suggestions that will help their child achieve goals such as related to eating, dressing, playing with toys, or sitting independently. In making suggestions for activities, whenever possible, service providers can assist the family/caregiver to identify what they have in the child's environment that can be used during daily routines and activities to accomplish goals (McWilliam, 2003; Woods, 2004). Woods (2004) also emphasizes the importance of sharing information and resources on learning *as it occurs for the child* within daily activities & play.

Joint problem solving: McWilliam (2003), Woods (2004), Hanft, Rush & Shelden (2004) also describe the importance of joint problem-solving (rather than expert recommendations) on adaptations or strategies to enhance child learning. Joint problem solving may include supporting families and other caregivers to identify learning opportunities that occur throughout each day or reflecting on strategies that families and caregivers have found successful in other situations that may be adapted to another challenging situation. Joint problem solving is considered important in helping caregivers develop confidence and competence.

Coaching parents and caregivers: Hanft, Rush & Shelden (2004) define coaching as an interactive process in which service providers assist caregivers in identifying —

- ✓ what they are already doing that promotes learning for their child ("current knowledge and skills—what's working"),
- ✓ identifying what new learning is desirable, and
- ✓ improving skills and resolving challenges ("what's not working").

The process of coaching in early intervention is designed to support caregivers in effectively using and creating learning opportunities in everyday routines and activities to enhance their child's learning and functional participation in family and community life. See page 6 for more information on coaching.

These strategies overlap, and each can be used alone or in combination to ensure learning in natural environments; see next page for 2 examples of strategies used in different combinations. Providers can customize these types of strategies to meet the needs of the child and caregivers so that services may appear differently from child to child, but all result in children learning through the routines and activities of family and community life.

This article was prepared based on information from Dathan Rush and M'Lisa Shelden of the Family, Infant and Preschool Program in Morganton, North Carolina; Anne Lucas and Katy McCullough of the National Early Childhood Technical Assistance Center (NECTAC), and the Illinois Department of Human Services' Bureau of Early Intervention (2005) (adapted with permission of Illinois Department of Human Services' Bureau of Early Intervention, dhsel06@dhs.state.il.us). References on page 3.

Collaborative Consultation can be thought of as the structure or umbrella for implementing joint problem solving, informational support, coaching, and more.

Read more about this on pages 3 and 4

The 2008 SC Early Intervention Conference features a concurrent session on "Integration Through Consultation in Service Provision" by Dr. Robin McWilliam

Customizing consultative strategies in natural environments— two variations that combine methods from pages 1 & 2



At each visit, **connect or reconnect** with the family (such as by asking what has occurred since last meeting). Based on the 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 the 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, etc.). 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)

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

Are you using “natural learning environments” in your early intervention services?

A checklist that can help you determine if you are incorporating strategies to facilitate learning and participation in every day activities & places...

- Are you inviting and encouraging families and other caregivers to identify their priorities and goals as an initial step in the intervention planning process?
- Are you asking families and other caregivers what activities and routines are part of their daily life?
- Are you helping families identify the important people or caregivers in the child's and family's life?
- Are you observing children engaging in real-life activities with families and other caregivers?
- Are you using these real-life situations to coach families and caregivers, “join in,” model, jointly problem solve, or provide emotional, informational, or material support?
- Are you using any other strategy that supports families/caregivers in promoting their child's development, learning, and participation in family and community life?

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More Information from other states on Early Intervention and Early Education Services

Consultation in Early Intervention and Early Education— A collaborative approach by Carla Fenson, Inclusion Specialist, North Carolina

Partnerships for Inclusion (PFI) is a statewide technical assistance project in North Carolina that provides training and consultation to support the inclusion of young children with disabilities, ages birth through five and their families, in all aspects of community life.

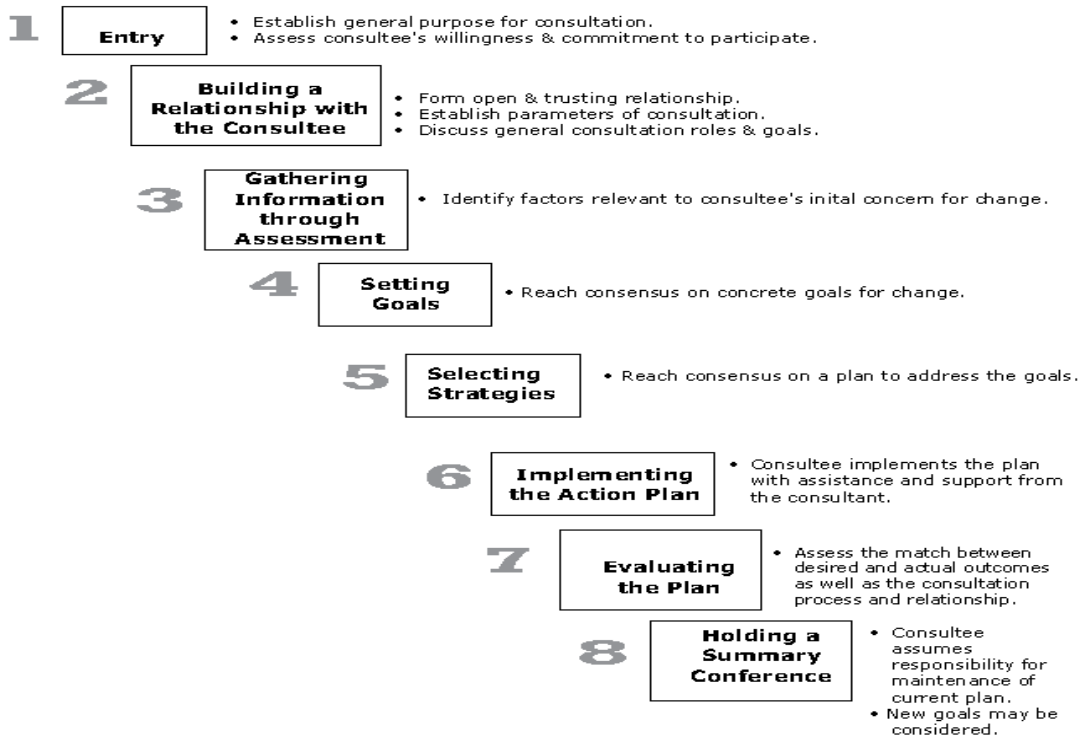
Collaborative consultation is an evidence-based interactive process that enables professionals with diverse expertise to generate solutions to problems (Brown et al, 2006; Buysse & Wesley, 2005, Caplan, 1977, Idol, 1986, Klein & Kontos, 1993; Wesley & Palsha, 1998, Wesley, 1994). Partnerships for Inclusion has been offering training to early interventionists and other early childhood professionals in North Carolina for over 15 years. To date, over 1,500 early childhood professionals have participated in this training.

Unlike some consultation models that are expert and directive-based (i.e., consultant shares their expertise and tell teachers/providers what to do), a collaborative consultation approach is one of partnership between the consultant and the consultee/s (parent, providers, teacher, teacher assistant, program administrator, etc). According to Idol (1986), the central disposition of a collaborative consultation model is that consultation should be voluntary and that participants have parity and equity. This nonhierarchical partnership is a key feature in collaborative consultation. Both the consultant and the consultee are viewed as having expertise and both are considered in solving the presented challenge, whether it is to enhance a family’s ability to address their child’s special needs, to include a child with special needs in a classroom setting or to provide quality enhancement services to a provider. Literature in the field on change supports the notion that change is most likely to occur when the person being asked to change, is an active participant in the process (Brown et al, 2006, Edelman, 1991, Klein & Kontos, 1993).

Another key feature of this collaborative consultation model is joint assessment and systematic problem-solving. There are predictable stages, and both the consultant and the consultee participate in all stages. In summary, the goal of collaborative consultation is to address the concerns at hand and to equip the consultee with skills to deal effectively with future similar problems (Buysse and Wesley, 2005, Idol et al, 1986, Palsha & Wesley, 1998, Wesley, 1994).

In the two-day training on collaborative consultation provided by Partnership for Inclusion, participants are trained in 8 stages of consultation, (below), effective communication skills, and strategies for working collaboratively with consultees. Participants engage in discussions and activities designed to reflect their experiences in the field and opportunities to incorporate new skills. Strategies to work with consultees who are resistant to change, who have competing priorities and/or lack buy-in are also discussed. The importance of the relationship between the consultant and consultee is emphasized throughout the training. *Continued on next page.*

Stages of the Consultation Process



Sources: Bergan, 1977, 1995; Bergan & Kratochwill, 1990; Caplan, 1970; Caplan & Caplan, 1999.

Continued on next page

Collaborative Consultation —one of the service delivery approaches in North Carolina Continued

After participating in the two-day training, consultants are encouraged to implement the model in their own communities and reflect on their own consultation skills. Materials are provided to support both of these follow-up activities. Consultants report that one of the major challenges with implementing this model of consultation has been the time required to develop a relationship with their consultees and ensure collaboration throughout the process, because of high caseloads and many work demands. Yet, consultants also report that this relationship based partnership is one of the greatest benefits as well. In the words of one early education consultant, “*At first I felt like this process was slowing me down, having to involve the teacher in all aspects of the consultation stages. I was impatient at times. But, it sure paid off. One provider I worked with now has 4 children with special needs in her program and is doing a great job!*”

Collaborative consultation is one approach that early interventionists and other early childhood professionals can employ to both enable and empower caregivers and families to enhance the lives of children with and without special needs.

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**Mark your
calendars!**

May 22 is the 2008 SC Early Intervention Conference for Families & Providers

- ◇ **Learn more about evidence-based recommended practices for early intervention services on topics such as consultation, autism, prematurity, curriculum, and more, & earn CE credit**
- ◇ **Learn about helpful resources and networks in South Carolina**
- ◇ **Get to know providers, families, and other personnel involved in the care of young children with special needs and their families**



What is Coaching in Early Childhood? - - a resource guide for providers

From Hanft, B.E., Rush, D.D., & Shelden, M.L. (2004). *Coaching Families and Colleagues in Early Childhood*. Baltimore: Paul Brookes Publishing Co., by Kristie Musick and Lily Nalty

Hanft, Rush, and Shelden (2004) describe coaching as a *process for collaboration in natural settings*. The short term goal of coaching families, caregivers, teachers, or other providers in early childhood, is typically the achievement of IFSP or IEP goals. The intended outcome is the “ongoing ability on the part of the child’s family and others to support the child” across activities. The authors describe the steps in the coaching process as follows:

1. **Initiation**—“Coaching” is initiated either by the “coach,” usually a provider, who identifies an opportunity for coaching and invites the learner (e.g., family member, teacher, another provider) into a coaching relationship. Or, it is initiated by the learner who is seeking information, assistance, advice, etc. The coach focuses on the learner’s goals by getting input from him (*What would help you— in your role as parent, teacher, therapist, etc.? What have you tried or thought about doing? What is working?*). The coach clarifies the relationship by stating that the goal is to assist the parent or other provider in helping their child learn and grow, *based on what is important to the parent or provider*. Determining this will involve observing and getting information (step 2).

2. **Observation and Action**— The coach then gathers information about the child’s development and behavior and the learner’s interactions, strategies, and decisions. This may involve the coach observing or interviewing to learn about learner and child interactions, self-observation by the learner, and/or coach and learner completing an ecological assessment (e.g., together looking at and discussing what is going on in a particular activity, what is working, what is not working). Based on this information, the “action” may include such strategies as: learner observing the coach *model* a skill or strategy, learner *practicing* a skill or strategy during the activity, learner *planning to practice or experience a situation to discuss next time*, or learner and coach *discussing/anticipating how to handle a future event*.

3. **Reflection**— At this point, the coach facilitates the learner’s actions or perceptions (*What happened when you....?, What did you do to influence what happened?, What changes would you make, if any, the next time?*). **This is a critical component of coaching which differentiates it from typical problem solving or information sharing.** The goal of this step is “...to promote continuous improvement by assisting the learner to analyze his or her practices and behavior through the use of a reflective discussion between the coach and learner.” The intent of this “reflective discussion is for the learner to discover what he or she may already know or be doing, to identify what he or she may need to know or do, then to make any necessary or desired changes.” The outcome is to “...build capacity of the learner to self-assess, self-correct, and generalize to other situations.” It involves the coach:
 - ▶ asking the learner questions that cause him to think about his current and/or desired knowledge, experience, or practice
 - ▶ giving feedback to the learner about his use of a targeted skill or practice
 - ▶ giving new information to the learner
 - ▶ acknowledging and affirming what the learner is doing, learning, or already knows.

4. **Evaluation**— In this step, either alone or with the learner, the coach evaluates the effectiveness of the coaching “session,” as opposed to evaluating the learner. The intent of the evaluation is to determine the strengths and weaknesses of the session, analyze the effectiveness of the coaching relationship, and to determine whether progress is being made to achieve intended goals (which would result in continuation or resolution of the coaching process).

The authors provide numerous specific strategies and examples of coaching from the combined perspectives of Occupational Therapy, Speech-Language Pathology, Physical Therapy, and Early Childhood Special Education (Special Instruction). They present coaching as a way that team members can promote “practitioner or parent adoption and utilization of evidence-based practices” that bridges the research-to-practice gap and requires a different set of skills.

The 2008 SC Early Intervention Conference features more evidence-based recommended practices for early intervention service delivery

Registration information will be placed on the TECS website (<http://uscm.med.sc.edu/tecs/>) and announced on the listserv!

TECS' Web-based Technical Support for Early Intervention Services in South Carolina, by Suzan Albright, M.Ed., TECS Technical Assistance Specialist



Where in South Carolina can you get quick access to information on a wide range of early intervention topics from eligibility to transition? TECS website <http://uscm.med.sc.edu/tecs> publishes professional development resources for BabyNet early intervention personnel. The website also includes materials of interest to families and others who are concerned with children birth to age three with special needs. TECS offers resources in a web-based format to reduce travel costs and to make searching easy, productive, and fast. The following list gives you a taste of what is currently available:

About TECS (<http://uscm.med.sc.edu/tecs>) - The website home page explains the TECS (Team for Early Childhood Solutions) role as the agency contracted with South Carolina's Part C early intervention system (BabyNet) to manage the comprehensive system of personnel development (CSPD) and to provide training & technical assistance to the early intervention system. This includes all system personnel (providers of special instruction, service coordination, therapy services -PT, OT, SP, etc.), as well as families, family support systems, and community program providers.

Allied eHealth Resources Network (<http://uscm.med.sc.edu/tecs/alliedehealthresources2.htm>) - This section of the website brings informational products to allied health providers in the BabyNet system. This site offers information for Occupational Therapists, Physical Therapists, Speech-Language Therapists, & other team members based on:

- IDEA Part C federal requirements and South Carolina's BabyNet Policies and Procedures
- Evidence based recommended practices and information from numerous fields
- Provider evaluations/surveys and input

Products include the TECSnews newsletter, technical assistance bulletins, a blog, fact sheets, and handouts to share with families.

BabyNet System Personnel Credential (<http://uscm.med.sc.edu/tecs/babynetcredential.htm>) - This credential confirms that the holder is an early intervention professional who meets the personnel standards established by South Carolina's Part C early intervention system. Information about the credential and the application process is available at the website. You can download the application form and instructions as .pdf files.

Child and Family Outcomes (<http://uscm.med.sc.edu/tecs/childandfamilyoutcomes.htm>) - Part C outcomes help to measure benefits of participation in BabyNet to families and children who have received services. This portion of the website provides information on federal reporting requirements. It also includes portals for entry of child entry data, child exit data and family outcomes survey, as well as the Child and Family Outcomes Manual and an online training on Family Outcomes and many other related products.

Comprehensive System of Personnel Development (<http://uscm.med.sc.edu/tecs/thecomprehensivesystemofpersonneldevelopment.htm>) - This webpage describes South Carolina's Comprehensive System of Personnel Development and provides downloadable files containing the BabyNet System Personnel Qualifications and BabyNet System Personnel Competencies.

Disability web links (<http://uscm.med.sc.edu/tecs/stateandnational.htm>) - From the TECS website, you can easily connect to a variety of state and national websites offering information and resources related to disability issues. Furthermore, the links across the top of each TECS webpage can quickly link you to websites of the Center for Disability Resources, Center for Disability Resources Library, the South Carolina Department of Disabilities and Special Needs, and BabyNet.

Listserv (<http://uscm.med.sc.edu/tecs/subscribe.htm>) - The TECSINFO listserv is a way to share important messages among subscribers who are interested in South Carolina's Part C early intervention system. Each posted message is sent to the e-mailbox of every subscriber. The topic of each message is identified in the subject line, so that subscribers can determine which messages are important for them to open and view.

Service Coordination Connection (<http://uscm.med.sc.edu/tecs/servicecoordinationconnection.htm>) - This page of the TECS website is devoted to the interests of service coordinators and other interested Part C service providers, families who receive service coordination through South Carolina's Part C program or who would like more information on Part C Service Coordination. The site includes a guide to BabyNet covered diagnoses, a resource guide for coordinating Part C services and other service, and a blog where South Carolina's early intervention service coordinators and technical assistance specialists can meet online to discuss relevant issues.

Special Instruction FYI (<http://uscm.med.sc.edu/tecs/specialinstructionfyi.htm>) - TECS devotes this portion of the website to the interests of professionals who *provide* special instruction within South Carolina's Part C early intervention system, and families who *receive* special instruction services as part of their Individualized Family Service Plan (IFSP). The purposes of this web page are to:

- Promote among families and professionals a *shared understanding of the meaning of "special instruction"* as a Part C early intervention service,
- Support Special Instruction providers in their work by offering *convenient access to current information* that is relevant to their work with families, and
- Encourage the use of *evidence-based and recommended educational practices* by Special Instruction providers and parents.

Products located in this section of the website include an annotated index of online resources for special instruction, and a series of TECS Messages, which are briefs on special instruction topics.


Technical Assistance Request form (http://uscm.med.sc.edu/tecs/TA_REQUEST_FORM_6_DEC_07.pdf) - Technical assistance is "a systematic process for transferring knowledge about early childhood research, practices that work, and policies to assist [professionals and the families they serve] to accomplish goals and plans for [individual and] systems change" (National Early Childhood Technical Assistance Center). Using this online form to initiate technical assistance makes it possible for TECS to respond effectively to requests from the field. You can complete the form online and submit it by e-mail, or print and mail to the TECS office.

TECS-TABS (<http://uscm.med.sc.edu/tecs/technicalassistancebulletins.htm>) - Are technical assistance bulletins on a variety of topics including evaluation, assessment, and early child education/early intervention collaboration. You can download these documents as .pdf files.

2008 S.C. Early Intervention Conference for Families & providers - Details and online registration will be announced on the TECS listserv and website.

Typical Child Development— Frequently Asked Questions

By Stephanie Hicklin, B.S., TECS, Technical Assistance Specialist


A resource
guide for families
and other care-
givers

What are developmental milestones?

Developmental milestones are a set of functional skills or age-specific tasks that most children can do at a certain age range. They are determined by the average age at which children attain each skill. As such, they are not a description of exact or required age-specific development for each age and should be used as a guide.

What is developmental delay?

A developmental delay occurs when a child has the delayed achievement of one or more of his milestones compared to other children his age. The diagnosis of developmental delay is based on assessment conducted by qualified providers who use formal (such as a test) and informal measures (such as input from families).

What are developmental red-flags?

Where developmental milestones focus on what a child can do by a certain age range, “red flags” usually warn parents, care-givers and practitioners of potential delays or disabilities when a child cannot do something by a certain age, has significant difficulty doing something that most children their age can do easily, or shows behaviors that other children do not have.

What is the difference in *Child Development* and *Growth*?

Child development refers to how a child becomes able to do more complex things as they get older. Development is different than growth. *Growth* only refers to the child getting bigger in size.

What are some of the keys to development?

- ▶ Relationships with children are the foundations of their healthy development.
- ▶ Children’s development depends on both the traits they were born with (nature), and what they experience (nurture).
- ▶ All areas of development are linked. Each depends on, and influences, the others.
- ▶ What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

Links to Online Typical Child Development Resources

Healthy Child Care

<http://www.healthychild.net/articles/sh39redflag>

Centers for Disease Control and Prevention

<http://www.cdc.gov/ncbddd/child/default.htm>

Answers for Families

<http://www.answers4families.org/information-services/developmental-milestones>

Early Intervention Canada

http://www.earlyinterventioncanada.com/pdf/Developmental_Milestones.pdf

Child Development Institute

http://www.childdevelopmentinfo.com/development/language_development.shtml

Child Development Institute

<http://www.childdevelopmentinfo.com/development/normaldevelopment.shtml>

University of Michigan/American Academy of Pediatrics

<http://www.med.umich.edu/1libr/yourchild/devmile.htm>

The Impact of Population Growth on Service Delivery

By Lesly S. Wilson, PhD, OTR/L

The 2000 census reveals the largest 10 year increase in U.S. population in American history.

The 2000 census reveals the largest 10 year increase in U.S. population in American history (Mackun & Perry, 2001). In particular, the minority populations of African-Americans and Hispanic Americans have grown significantly, and the U.S. has now become one of the most culturally, ethnically, racially, and linguistically diverse countries in the world (Council, 2001). Along with the significant increase in population, rising costs of health care and other services in America are also taking place, affecting participation in prevention of illness and health treatment services (Rowley, 2002).

With census changes, cultural issues also need to be considered. Culture has a great influence on consumer participation and outcomes, because it is known to shape behaviors and awareness. Culture is defined as “the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups” (Denboba, 2006). As a result, *culture affects an individual's ideas about prevention, expectation and acceptance of treatment, and degree of comfort with his or her provider* (Whitman & Davis, 2008).

Cultural competence in early intervention service delivery is essential to meeting the needs of multi-cultural families and children during all phases of treatment, including the development of individualized family service plans, the implementation of treatment plans, and the development of transition plans. *This is important to consider in early intervention activities because we know that culture affects everyday interactions of individuals and influences the level of engagement in and success from intervention services* (Bonder, Martin & Miracle, 2002).

Specifically, this means that early intervention providers should offer “services, supports, or other assistance conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of persons who receive services,” and in a manner that ensures the greatest likelihood of a family's maximum participation in the system (The Developmental Disabilities Assistance and Bill of Rights Act of 2000). *Studies have shown that not assuming the responsibility of becoming a culturally competent service provider often results in poor patient-provider relationships, incorrect diagnoses, lack of informed consent, a greater number of tests performed, decreased patient compliance with physician directives and follow-up care, increased costs, lower patient satisfaction, and even malpractice suits* (Whitman & Davis, 2008).

In an effort to achieve cultural competence in service delivery, the following activities should be considered by all providers of services (adapted from Bonder, Martin & Miracle, 2002):

In evaluation/assessment and treatment, ensure and consider the family's and child's—

- interest in and choice of activities/tasks
- choice of environments for engagement
- perception of the value of specific goals and outcomes
- cultural values and beliefs
- gender, racial and ethnic beliefs, customs, and/or behaviors
- need for additional supports for evaluation and treatment (i.e. translators, readers, etc.).

There are several resources available to assist providers with implementing these considerations, including the following:

- ▶ The National Center for Cultural Competency: <http://www11.georgetown.edu/research/gucchd/nccc/>
- ▶ Conceptual Frameworks/Models, Guiding Values and Principles for Cultural Competency: <http://www11.georgetown.edu/research/gucchd/nccc/> and click on Conceptual Frameworks/Models
- ▶ Checklist for Self-Assessment of Cultural Competency: <http://www11.georgetown.edu/research/gucchd/nccc/resources/publicationstype.html#ecklists>, select Publications, and then click on Promoting Cultural & Linguistic Competency, Self-Assessment Checklist for Personnel Providing services and Supports in Early Intervention and Early Childhood Settings and select checklists

As census changes take place, service providers need to be aware of and consider these and other influences on service delivery.

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Lesly S. Wilson, PhD, OTR/L, is an assistant research professor at the University of South Carolina, School of Medicine, Department of Pediatrics, Center for Disability Resources- TECS.

A Parent's Perspective— Looking back to see what we can learn

By Carrie Windham, in her own words....

My daughter, Catherine, was born at 29 weeks and spent seven weeks in the NICU. She came home on an apnea monitor and many medications. At six months old, she was diagnosed with hydrocephalus and had VP Shunt placement. She has had one shunt revision surgery and a hernia repair surgery as well.

We knew from the day she was born that she would be facing an uphill battle and wanted to get her as much help as we could. I was referred to BabyNet through our home healthcare nurse who came to our home weekly to weigh Catherine.

We had a good experience with BabyNet and I feel Catherine is a success story. She started extremely delayed at 4 months old, and was discharged as being age appropriate at 2 years 9 months old. But its what happened in between then that mattered...

Some things that stand out in my mind that were helpful to our family were:

- ★ Each week, our EI (BabyNet Service Coordinator and Special Instructor) demonstrated, then wrote out on the Home Visit Summary, specific 'exercises' or 'tasks' for me to do with Catherine daily between EI visits.
- ★ Our EI looked at our family for what our personal family system consisted of.
- ★ Our EI dropped by the hospital when she had her first shunt placement surgery. Even though the visit was short, that was very meaningful to me.
- ★ Our EI would frequently point out Catherine's progress which kept me from getting too distressed about her delays.
- ★ Me being the over protective mom, our EI encouraged me to foster independence for my child (and let go a little).
- ★ Our EI gave some very helpful behavior modification tools.

Some things that might have been done differently relate to:

- ▢ Punctuality - being on time for scheduled EI visits.
- ▢ Observations - When Catherine went for her 6 months well visit, her head circumference was off the chart and she ended up having shunt placement. Our EI commented afterwards that she noticed the head size increasing. Having a preemie baby, we were pretty secluded and didn't go around many other people. Seeing her every day, I just didn't notice it. It would have been nice to have had the EI let me in on her observations, as difficult as they might be to hear (rather than after the fact).
- ▢ Referral - to have had a referral for a Speech Evaluation during the time that we were battling feeding issues (with a child that had low tone issues). That was something I didn't know to ask for at the time.
- ▢ Referral - I had to ask the pediatrician for a PT referral (and she was 7% locomotor). I am not sure why the EI didn't pursue that route earlier.

As I write this, I realize I've written "our" EI. Yes, the Early Interventionist is there to help the child, but the effects relate to the entire family. I am forever grateful for the hard work and dedication of the EIs who served Catherine's case. She is completely age appropriate at 5 years old now and doing well in mainstream kindergarten classes.

We thank Carrie for taking the time to share her story and thoughts.



BabyNet Policy Update

by Sheila B. White, BabyNet Regional Consultant

Information for everyone!

On February 1, 2008, BabyNet Service Coordinators began using the *revised Family Hearing and Vision Questionnaire* to screen a child's hearing and vision prior to the initial IFSP meeting (as part of the intake process) and annually thereafter (as part of the IFSP annual review). This questionnaire is designed to gather information from the family about their observations and concerns regarding their child's hearing and vision and to document evaluations completed to date.

With the revised Family Hearing and Vision Questionnaire, changes in BabyNet Policy and Procedure are necessary. These procedural changes affect the referred child's curriculum based assessment, process for eligibility determination and subsequent development of the initial IFSP and provision of service coordination.

South Carolina School for the Deaf and Blind will no longer complete curriculum based assessment to assist in BabyNet eligibility determination. Children referred to BabyNet due to an *Established Risk/Qualifying Condition category* who have a confirmed vision or hearing impairment or a diagnosis listed on the Family Hearing and Vision Questionnaire, will have eligibility established by DHEC BabyNet and be referred to South Carolina School for the Deaf and Blind for completion of the curriculum based assessment, development of the IFSP, and provision of service coordination.

Children referred to BabyNet due to *Established Risk/Qualifying Condition category*, (unless there is a confirmed vision or hearing impairment or a diagnosis listed on the Family Hearing and Vision Questionnaire), will have eligibility established by DHEC BabyNet and be referred to a Department of Disabilities and Special Needs provider for completion of the curriculum based assessment and development of the IFSP and service coordination.

Children referred to BabyNet under *Suspected Developmental Delay category* will remain with DHEC BabyNet for completion of the curriculum based assessment to determine BabyNet eligibility for services. When special instruction indicators are present and the family provides consent, the child will be referred to a Department of Disabilities and Special Needs provider for development of the IFSP. If no special instruction indicators are present, or if the family does not want special instruction, the child will remain with DHEC BabyNet for development of the IFSP and subsequent service coordination.

BabyNet Policy and Procedure Manual and the Family Hearing and Vision Questionnaire are available at www.scdhec.net/babynet.

The May 22 Early Intervention Conference will include practical information and strategies based on current research and recommended practices for provision of early intervention services with young children and their families. It is for families, all providers of early intervention services, and others involved in the care of young children with special needs.

On-line Registration soon to be posted on the TECS website: <http://uscm.med.sc.edu/tecs/>

More Information and Resources!

Information to know, from
Kristie Musick, Director,
Team for Early Childhood
Solutions (TECS)

In February, 2008, the Team for Early Childhood Solutions launched a pilot of **TECSBOOK**, the online learning and credentialing management system for BabyNet System Personnel. A stratified random sample of BabyNet service coordinators and providers by role, discipline, and years of experience included occupational therapists, physical therapists, and speech-language pathologists. This pilot focuses on field-testing of one module toward meeting the requirements of the Comprehensive System of Personnel Development of the South Carolina Early Intervention System under Part C of IDEA (See BabyNet Policy and Procedure Manual, Appendix 7, at www.scdhec.net/babynet, for full requirements). Following analysis of the evaluation, a user's guide will be published and availability of modules announced online through the TECSINFO Listserv (if you have not yet subscribed to the Listserv, click here: <http://uscm.med.sc.edu/tecs/subscribe.htm>).

Special Instruction Provider Survey of TECS' Web Feature on Special Instruction

By Suzan Albright, M.Ed., TECS Technical Assistance Specialist

Why TECS surveyed special instruction providers – Feedback from consumers of technical assistance is critical to TECS' efforts to offer professional development material that is accessible, relevant, current, and evidence-based. Recently TECS surveyed BabyNet special instruction providers to evaluate the **Special Instruction – FYI** feature of our website, and to help guide our development of online resources for providers of special instruction services in South Carolina.

How TECS evaluated its work – On December 20, TECS mailed a nine-item survey to each of the 352 special instruction providers in the BabyNet credential database. A cover letter explained the special instruction website project, the purpose of the survey, the use that would be made of input from providers, and gave assurance of confidentiality. The mailing supplied a post-paid envelope for returning the survey.

The survey form consisted of five questions designed to elicit feedback on special instructors' level of satisfaction with the *accessibility, relevance, practicality, scope, and overall quality* of the Special Instruction – FYI feature of the TECS website. In addition, one open-ended item invited providers to offer suggestions for improvement and/or other comments about Special Instruction – FYI. One question tapped provider interest in participating in online discussions of special instruction topics. Two items captured the BabyNet region and employing agency of each respondent.

What special instruction providers told us – TECS received 43 completed surveys - a response rate of 12%. All eight BabyNet regions were represented among the returned surveys. Employees of both state agencies that offer special instruction services and employees of several private agencies provided feedback.

Results indicate that most providers of special instruction services are satisfied or highly satisfied with the on Special Instruction – FYI web feature in terms of *general quality* (85%). Ninety-one percent were satisfied or highly satisfied with the *ease of access* to information. With regard to the *appropriateness* of information, 86% were satisfied or highly satisfied. Eighty-one percent were satisfied or highly satisfied with the *usefulness* of the information. A blog on special instruction topics was of interest to 44% of respondents.

How survey results influence TECS' practice – Based on evidence from the survey, TECS will make several changes to Special Instruction – FYI. Look for the following changes:

- Special tags to help identify new items posted during each month.
- Additional links to information specific to working with families of children who are deaf, blind and deaf/blind.
- More links to handout materials for families.
- Continuation of TECSmessages as an irregularly published series of short briefs on various special instruction topics.
- A special instruction blog site will be established this summer.

For additional information on this and other products for Special Instructors and families who receive special instruction, please visit the special instruction page of the TECS website: <http://uscm.med.sc.edu/tecs/specialinstructionfyi.htm>.



BABYNET UPDATE From Provider Relations

Memo
 To: BN Providers
 From: Robin Morris
 BabyNet Central Office
 Re: Billing Training

 Debra McCoy and I have received numerous requests over the past year for billing training for BabyNet services. As a result of those requests, we are scheduling four regional billing trainings for the month of March, 2008. The training will consist of billing information on Private Insurance, Medicaid and BabyNet. To ensure that the training is productive and meets your needs, we would like for you to tell us what you feel would benefit you the most. Please e-mail us any recommendations you have for training content. E-mail's can be sent to morrisrh@dhec.sc.gov or mccoydm@dhec.sc.gov.
 Registration will be required because of limited space. We also need to determine if we will have overflow that will require additional training sessions. We appreciate your continued service and commitment to the BabyNet children and families.

Billing Training Registration Form

Each Individual that plans to attend the training will need to fill out a Registration form. We are limited on space, will need to make sure we have enough space for everyone that wants to attend the training. This will help us figure out if we need to add additional sessions. If you have any questions please contact Robin Morris [803-898-0781](tel:803-898-0781) /morrisrh@dhec.sc.gov or Debra McCoy [803-898-0591](tel:803-898-0591)/mccoydm@dhec.sc.gov.

Personal Information				
Full name				
Company Name				
Address				
Phone				
Mobile or cellular phone				
Fax				
E-mail address				
Natural Environment Provider	_____Yes		_____No	
Non-Natural Environment Provider	_____Yes		_____No	
Service Provided				
Locations	Charleston	Florence	Greenville	Columbia
Date	March 5, 2008	March 12, 2008	March 19, 2008	March 27, 2008
Time (Session One)	9:00 - 12:00	9:00 - 12:00	9:00 - 12:00	10:00 - 1:00
Time (Session Two)	1:00 - 4:00	N/A	N/A	N/A
Location	EQC Building	DHEC Auditorium	DHEC Auditorium	People's Auditorium
Address	1362 McMillan Avenue Suite 300 North Charleston, SC 29405	145 E. Cheves Street Florence, SC 29506	301 University Ridge Greenville, SC 29601	2600 Bull Street Columbia, SC 29201
Please check the column below to determine which location you will be attending for the training.				
Session One				
Session Two		N/A	N/A	N/A

*Send your registration to BabyNet Attention Robin Morris 1751 Calhoun Street Columbia, SC, 29201, or email it to [morrish@dheck.sc.gov](mailto:morrisrh@dhec.sc.gov).

Mark your calendars!

Upcoming Workshops

March 19, 2008 South Carolina Assistive Technology EXPO, at the Columbia metropolitan Convention Center. For updates and session descriptions, see www.sc.edu/scatp/expo/expo08.html.

March 19 (Greenville) & 27(Columbia), 2008, continuation of Billing Training for SC BabyNet. See previous page 13 for additional information.

April 4, 2008 PRO-Parents presents Keys to Success— Strategies for ADD &ADHD, Chris Zeigler Dendy, M.S., presenter, at Midlands Technical College, West Columbia, see [http://www.proparents.org/Keys to Success Strategies for ADD and ADHD.html](http://www.proparents.org/Keys_to_Success_Strategies_for_ADD_and_ADHD.html) for more information.

May 1 & 2, 2008 Life with Brain Injury— 2008 Statewide Conference, at the Columbia Conference Center. For more information, call: 1-800-290-6461.

May 22, 2008 South Carolina Early Intervention Conference for Families and Providers, at White Oak Conference Center, Winnsboro, SC, featuring Dr. Robin McWilliam, and other national and state presenters. More information and online registration will be available on the TECS listserv and website. Contact: Leah Perry at (803) 935-5227.

Check out these links...

For information related to Physical Therapy, Speech-Language Therapy, and Occupational Therapy with young children (such as developmental milestones, natural environments), visit:

<http://www.pediatricapta.org/cnsmr/index.cfm> for physical therapy

<http://www.asha.org/public/speech/> for speech and language therapy

<http://www.aota.org/search.aspx?SearchPhrase=young+children> for occupational therapy

*Please send
in*

ideas for TECS products

See <http://uscm.med.sc.edu/tecs/>



Team for Early Childhood Solutions / The Center for Disability Resources / A University Center for Excellence

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TECS is contracted by the IDEA Part C lead agency (DHEC-BabyNet) to provide a comprehensive statewide system for personnel development and technical assistance.



If you need paper copies of the newsletter, have any questions about this newsletter, or would like to submit your ideas, please notify Leah Perry at 803-935-5227 or Lily Nalty at nalty.l@gmail.com

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