TECS
Team for Early Childhood Solutions

# TECSNews

For the Allied eHealth Resource Network

August 2006

Special points of interest::

- Integrating "Natural Environments" — what our fields say about it
- News for You!— information and resources
- Provider Survey Results

## *Integrating the Natural Environments (NE) Concept — what our fields say about it*

The Individual with Disabilities Education Act (IDEA) Part C has challenged all early intervention providers and researchers to redefine services and develop recommended practices to guide service delivery for infants/toddlers and their families (Polmanteer and Turbiville, 2000). A wealth of articles and books have discussed underlying concepts and components of Part C and methods for implementing them. *This article reviews some of the literature as it relates to the natural environments concept, from fields including speech-language pathology, occupational therapy, physical therapy, early childhood special education and others.*

### *What is the natural environments (NE) concept?*

IDEA/C reauthorizations include the requirement for integrating IFSP goals and treatment plans into the child's and family's "natural environment." Children who are eligible for IDEA/C services are "…entitled to early intervention services in natural environments, where children live, learn, and play" (APTA, 2004).

The NE concept calls for services that consider not only *settings* but also the *activities and natural learning opportunities* of individual children and their families (Hanft and Rhodes, 2004). NE promotes "situated learning that takes place in the context of everyday experiences."

*Continued on Page 2.*

## About this Issue

This is the second issue of a quarterly newsletter for allied health professionals who provide Part C services to children 0-3 and their families! TECSNews for the Allied eHealth Resource Network is part of an overall effort to provide accurate and useable information, resources, and support to allied health professionals. This issue features "natural environments" according to various disciplines. There is a new section which provides more ideas, supportive information, or news you should know in *News for you! — information and resources.* Also, see what therapists have to say in *Provider Survey Results.*

In this issue:

## *Integrating the NE Concept — what our fields say about it , CONTINUED from Page 1*

"Situated learning" has been found to "promote acquisition of competence that is culturally rooted, functional and adaptive, and makes possible increased child participation in everyday family and community activity settings, both social and nonsocial" (Dunst et al, 2001). The underlying foundation for this is "interest-based learning opportunities" (Dunst et al, 2001), a concept which is not new to the intervention field.

As a result of the NE requirement in IDEA, a primary task of the service coordinator as "team leader" is to "…ensure that all services or programs for the child are provided in the child's natural environment" (Turbiville, et. Al., 1996; and Polmanteer, K. and Turbiville, V., 2000). Polmanteer and Turbiville (2000) state that the NE concept "is the equivalent to the 'least restrictive environment' (LRE) for pre-school-aged children"; both LRE and NE require that services for children with special needs and their families are provided in the same settings as for children without special needs and their families. They add that this is a legal requirement as well as "recommended practice."

***Why implement the natural environments concept?***

Chiarello, Shelden, Rapport, Barnett, Cicirello, and Kennedy (2001) summarized several reasons why services should emphasize "natural learning environments," including that when implemented appropriately, NE interventions will:

- "support families in promoting their children's development, learning, and participation in family and community life"
- "emphasize children's, families', and care providers' abilities during everyday activities"
- "promote learning (children and care providers learn better in natural contexts and settings)"
- "enable children to learn by modeling their peers and families"
- "provide children with opportunities to practice skills throughout their day"
- "recognize family members and care providers as the primary influence for nurturing growth, development, and learning."

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***Sign up for the TECS listserv*** *which is being expanded to offer additional information and links of interest to allied health providers!*

***To sign up,*** *email the following:*
Name, Position/Title, Agency/Board affiliation, Mailing address, Phone number, Email address,

*to :* perryl@cdd.sc.edu.

***Integrating the NE Concept — what our fields say about it , CONTINUED from Page 2***

## *What are some considerations and resources for implementing the NE concept?*

There are several resources that include recommended practices and strategies for implementing the NE concept. Implementation strategies and authors include the following. See Page 4 for reference/resource list.

- Identify individuals in the child's natural environment who could support the child's development in specific domains; initially visit with the family to learn about their concerns, priorities, resources, and confer with other team members (including family members) who could assist in supporting the development and implementation of the treatment plan (Polmanteer and Turbiville, 2000).
- Discuss and identify with the family what their typical and preferred settings are and together select what can be facilitated in those settings. Therapists should ensure that treatment plan activities are consistent with the typical routines and activities of the family and child (Polmanteer and Turbiville, 2000).
- Write "patient-centered functional goals" because people will be "…likely to make the greatest gains when therapy and the related goals focus on activities that are meaningful to them and that will make a difference in their lives." Include the "patient" and significant others (for IDEA, this is the child and family) in developing treatment goals and actively facilitate their participation in the overall plan of care (Randall and McEwen, 2000).
- Provide services by collaborating with team members, "…exchanging information with the family, and integrating interventions into everyday routines, activities, and locations." Team collaboration is essential for developing IFSP goals and treatment plan that guide the planning and implementation of early intervention services in natural environments (APTA, 2004). Working with other team members and people in other settings can take many forms including "coaching" others to facilitate increased participation or skills in targeted activities (Hanft & Rhodes, 2004).
- Plan interventions that consider the "performance skills and habits that both a child and his or her caregivers need in order to function in everyday life and … the personal and contextual factors affecting a child's engagement in meaningful occupations" (Hanft and Rhodes, 2004).
- Offer families choices which will help them express their preferences in meeting the needs of their child; e.g., offer choices with respect to settings and activities, and interventionists should consider strategies that accommodate these choices (Hanft and Rhodes, 2004).

***Documentation should reflect strategies used to implement IDEA concepts, such as those listed above. Future issues will include more on documentation of IDEA requirements and recommended practices.***

## *Let us know*

*Let us know what you think about any of the topics in this newsletter.*

## News for you! — Information and Resources

***References and Resources on NE from various disciplines:***

American Physical Therapy Association, Section on Pediatrics, http://www.pediatricapta.org, Practice Committee of the Section on Pediatrics (2004). Early intervention: physical therapy under IDEA, fact sheet.

American Speech-Language-Hearing Association (2004), Preferred Practice Patterns for the Profession of Speech-Language Pathology, #12 "Communication Intervention—Infants and Toddlers."

American Speech-Language Hearing Association and Council on Education of the Deaf. (2006). Fact Sheet: Natural Environments for Infants and Toddlers Who Are Deaf or Hard of Hearing and Their Families.

Chiarello, Shelden, Rapport, Barnett, Cicirello, and Kennedy (2001). APTA, Section on Pediatrics. Early Intervention Services: Natural Learning Environments.

Dunst, C.J., Bruder, M.B., Trivette, C.M., Hamb, D., Raab, M, McLean, M. (2001). Characteristics and consequences of everyday natural learning opportunities. Topics in Early Childhood Special Education 21:2.

Hanft, B. & Rhodes, D. (2004). Occupational Therapy in Community-Based Early Intervention Settings, AOTA Continuing Education Article (CE-6).

Noonan, M.J. & McCormick, L. (2006). Young Children with Disabilities in Natural Environments: Methods and Procedures. Baltimore, MD: Paul H. Brookes Publishing Co.

Polmanteer, K. &Turbiville, V. (2000). Family-Responsive Individualized Family Service Plans for Speech-Language Pathologists, Language, Speech, and Hearing Services in Schools, 31, 4-14.

Randall, KE, McEwen, IR, (2000), "Writing Patient-Centered Functional Goals," Physical Therapy, Vol. 80, Number 12, December, 2000.

Turbiville, V., Turnbull, A.P., Garland, C.W., & Lee, I.M. (1996). Development and implementation of IFSPs and IEPs: Opportunities for empowerment. In. S. Odom & M. McLean (Eds.), Early Intervention/ early childhood special education: Recommended practices (pp. 77-100), Austin, TX: PRO-ED.

## News for you! — Information and Resources

**To learn about IDEA 2004 for Part C, log on to the TECS website (http://www.sc.edu/tecs/), or www.ed.gov/offices/osers/idea.**

**To learn about the revised policies for SC, log on to www.scdhec.net/babynet (click on Policy Manual and Forms); policies are still being posted.**

# News for you — More Information and Resources!

## Family-Centered Care in Natural Environments— Considerations for Allied Health Professionals, by Dr. Lesly Wilson, Ph.D., OTR/L, Evaluation and Research Specialist

IDEA specifies three general roles of the service provider:

"consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area; training parents and others regarding the provision of those services; and participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan (IFSP)."

Occupational therapy, physical therapy, and speech-language pathology and audiology personnel are considered service providers under IDEA, Part C. These allied health services have traditionally promoted *client-centered care*, while Part C focuses on fostering functional development primarily through *family-centered care in natural environments.* Practice recommendations also call for us to implement family-centered care by supporting families in their caregiving role so that they may promote the functional development of their child in every day activities (Hanft, 1988).

From both a practice and legal standpoint, we know that it is important to consider the family and overall situations and settings in which the child develops. Parents can easily be a primary focus of service delivery. For example, therapists may develop services based on or supportive of the families' typical routines and daily activities (Bazyk, 1989). In the area of assessment, the family is also key to gathering necessary comprehensive information about how the child is performing in functional areas.

Research has shown that when we do not collaborate with parents, there is reported dissatisfaction with services (McKay and Hensey, 1990). This is important to know at a time when OSEP is requiring family outcomes surveys to be conducted by each state (more about this in a later newsletter). One study of parents indicated that "70% of parents were dissatisfied with services," and that the "dissatisfaction stemmed from a lack of explanations regarding the child's condition, a dismissal of worries, and a lack of understanding of the problems involved in handling the child" (McKay and Hensey, 1990). In another study, helpful service providers were perceived as those who "...answered questions, proffered…support to family members, provided practical support and shared information about the child's disability and appropriate services" (Thompson, 1998).

For many reasons, allied health professionals should be aware of the importance of implementing family-centered care. Most importantly, children and their families are likely to make the greatest gains when we focus on activities that are meaningful to them (Randall and McEwen, 2000).

**References:**

Hanft, B.F. (1988). The changing environment of early intervention services: implications for practice. *American Journal of Occupational Therapy 42*(11): 724-31.

Bazyk, S. (1989). Changes in attitudes and beliefs regarding parent participation and home programs: an update. *American Journal of Occupational Therapy 43*(11): 723-8.

McKay, M. and Hensey, O. (1990). From the other side: parents' views of their early contacts with health professionals. *Child: Care, Health & Development 16*: 373-81.

Thompson, K. M. (1998). Early intervention services in daily family life: mothers' perceptions deal versus actual service provision. *Occupational Therapy International 5(3): 206-222.*

Randall, KE, McEwen, IR (2000). "Writing Patient-Centered Functional Goals," Physical Therapy, 80 (12).

# News for you! — More Information and Resources
# What are other states doing related to Natural Environments?

All states are Implementing the "natural environments" concept, and it is helpful to review what other states are doing. This section includes excerpts from on-line training provided by Maryland State Department of Education related to NE (from Essential Content of Planning with Families at http://cte.jhu.edu/courses/ifsp/outline.shtml). If interested in more, you may see what other states are saying by searching each state's IDEA Part C site.

## Why identify a child's activity settings and how they influence evaluation and assessment?

Federal and Maryland regulations mandate that early intervention services be provided in natural environments - settings that are natural or normal for a child's peers who do not have a disability. The term "natural environments" does not refer solely to the places, or locations, where a child/family spends time during the course of their day. It also includes the participatory experiences that occur in those places, i.e., the typical actions and interactions that occur between a child, family members and peers throughout the day.

The planning process for evaluation and assessment should focus on clarifying, for all partners, what participatory experiences are desirable for a child, not just the location where a child spends time each day. These **participatory experiences** are called activity settings, and provide the context for individualized **learning opportunities** for each child (Roberts, Rule and Innocenti, 1998; Bruder & Dunst, 2000; Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001).An activity setting is one of many **participatory experiences** in a specific location that provide the context for a child's learning. **Activity settings** are composed of:

- the people involved, their values and beliefs, purposes and motives;
- what the involved people would like to do, and how they will go about doing it;
- relationships and interactions among participants.

Examples

| Location | Activity Setting |
|---|---|
| Home-kitchen | Eating family dinner |
| Neighborhood | Going for a walk |
| Child care center | Playing with friends |
| Home-bedroom | Reading a book before bedtime |

A **natural learning opportunity** is a planned or spontaneous situation within an activity setting that presents a chance for a child to use/learn/practice skills or behaviors in order to successfully participate in an activity. Examples include: driving a toy truck along a road with a friend at childcare, or pointing to specific objects while reading a book.

Numerous learning opportunities are available within the many activity settings a child participates in within a specific location. The focal point for evaluation and assessment is to begin to figure out how to facilitate a child's participation in family-desired home, neighborhood and community activity settings. This process will continue with the ongoing assessment that is an integral part of the services/support provided to families once a child is eligible for early intervention.

Early intervention providers should use their expertise to support families in promoting a child's participation in specific settings, rather than deliver a provider-directed session in a child's home. The differences between traditional and collaborative models of early intervention can be summarized as follows:

| Collaborative Model | Traditional Model |
|---|---|
| ◊ Support families in promoting a child's participation in specific activity settings | ◊ Improve a child's functioning in a specific developmental area |
| ◊ Coach family members to look for and use learning opportunities within family-selected activity settings | ◊ Provide a discipline related service, typically provider directed session with a child |

# News for you! — More Information and Resources

## Provider Relations Coordinator for BabyNet, by Dr. Debra M. McCoy

Greetings, my name is Dr. Debra M. McCoy and I am the new Provider Relations Coordinator for the BabyNet system. In an effort to improve provider relations and address issues and concerns unique to providers of Early Intervention Services, BabyNet has established this position to serve as liaison between Providers and the BabyNet System.

I have been employed with DHEC BabyNet for the past 2 ½ years. Prior to assuming the role of Provider Relations Coordinator, I served as the Monitoring Coordinator and Procedural Safeguards Officer, as well as Assistant Director of the program. Prior to coming to BabyNet, I served as the Medicaid Program Supervisor for School-Based Rehabilitative Therapy Services where I managed the Medicaid School-Based PT, OT, Speech, Psychological, Audiology, Orientation and Mobility and Nursing Services for Children Under 21 for the 85 school districts. My educational background consists of a Bachelors Degree in Therapeutic Recreation, a Masters Degree in Social Work and a PhD in Special Education.

I am excited about the opportunity to serve you and advocate on your behalf and welcome the opportunity to hear your questions and concerns and work with you to improve the BabyNet System of Services for South Carolina's infants, toddlers and their families. As time goes on, I will be contacting you to solicit input and feedback on system needs and suggestions for improvement. I can be reached at 803-898-0591 or emailed at mccoydm@dhec.sc.gov. I look forward to working with you.

Sincerely,

Debra M. McCoy, Ph.D., LMSW

## More Resources

**Workshops:**

- Multi-Modal Communication and Adaptive Play for Children Who Face Significant Challenges: Including Young Children and Children Functioning at Young Levels with Severe Multiple Disabilities and Children on the Severe End of the Autism Spectrum, **September 21-22, 2006**, Featuring Linda Burkhart, Sponsored by Dunamis, Inc. at Winfield Hall: 3890 Satellite Blvd., Duluth, GA 30096. Call 770-495-8099. Cost: $295 per participant. For more information and registration information, see www.dunamisinc.com/LindaBurkhart.htm
- Childhood Apraxia of Speech— Evaluation and Therapy Challenges, by David Hammer, M.A., CCC-SLP
  **October 4, 2006**: Charleston Scottish Rite Center, 1051 Sam Rittenburg Blvd.
  **October 5, 2006**: E.C. Singleton Scottish Rite Center, 7230 Garner's Ferry Rd.
  **October 6, 2006**: John I. Smith Scottish Rite Center, 817 Cleveland St.
  Cost: $100 for Speech-Language Pathologists, Educators, other professionals, and $25 for parents & students. Make checks payable to: The Scottish Rite Foundation of S.C., Inc. For more information, contact the E.C. Singleton Scottish Rite Center at 803-776-5474.
- S.C. Autism Conference, **October 6 and 7**. Pre-Conference Workshop, **October 5**. At the Columbia Conference Center, 169 Laurelhurst Avenue, Columbia, SC. For more information, call (803) 438-4790 or log on to www.scautism.org
- S.C. Early Intervention Providers Conference— Beyond the Diagnosis, by Dr. Marion O'Brien, University of North Carolina at Greensboro, **October 6**: "Beyond the Diagnosis of Autism," and **October 7**: "Feelings, Frustrations, and Fathers," Myrtle Beach, SC. Cost: $96.00 when registration postmarked by August 25, $120.00 when registration postmarked by September 25, and late/on site fee is $150.00. For more information contact Cindy Seagle at seaglepw@bellsouth.net or call 864-814-2230, ext. 25.

Please let us know of workshops that might be of interest to allied health professionals working with young children and their families!!

# News for you! — More Information and Resources

## The Comprehensive System of Personnel Development,

by Kristie Musick, Director, TECS

The Individuals with Disabilities Education Improvement Act of 2004 redefines states' requirements for a Comprehensive System of Personnel Development (CSPD), which affects all personnel in Part C systems. The following are excerpts from a presentation on CSPD and the related role TECS plays in SC. The first phase of on-line modules for the BabyNet Credential will roll out in October 2006!

### What is CSPD?

- The Comprehensive System of Personnel Development (CSPD) is a requirement of each state's early intervention system under Part C of the Individuals with Disabilities Education Act.
- CSPD includes the policies and procedures by which the state assures the U.S. Department of Education that across all early intervention disciplines, adequate numbers of qualified personnel exist to

  -Provide services identified on IFSPs, and

  -Provide services in accordance with IDEA/Part C.

### Federal Requirements for CSPD

§ 632 (4) (F)(4) EARLY INTERVENTION SERVICES.—The term 'early intervention services' means developmental services that… are provided by qualified personnel, including—

(i) special educators;

(ii) speech-language pathologists and audiologists;

(iii) occupational therapists;

(iv) physical therapists;

(v) psychologists;

(vi) social workers;

(vii) nurses;

(viii) registered dietitians;

(ix) family therapists;

(x) vision specialists, including ophthalmologists and optometrists;

(xi) orientation and mobility specialists; and

(xii) pediatricians and other physicians

### More Federal Requirements for CSPD

§ 636 (d) (4) Provision of services by qualified personnel that are based upon:

Peer-reviewed research

Evidence-based practices

Scientifically-based research

# News for you! — Information and Resources
# CSPD continued

## More Federal Requirements for CSPD

§ 635 (a)(9) Policies and procedures relating to the establishment and maintenance of qualifications to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing early intervention services, except that nothing in this part (including this paragraph) shall be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under this part to infants and toddlers with disabilities.

## Federal Requirements for CSPD

§ 635 (b) POLICY.—In implementing subsection (a)(9), a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in subsection (a)(9).

## What is TECS?

A project of the Center for Disability Resources, TECS is housed within the University of South Carolina's School of Medicine, Department of Pediatrics.

The Center for Disability Resources (CDR) is recognized as A University Center for Excellence in Developmental Disabilities, Education, Research and Services by the Association of University Centers on Disabilities and by the U.S. Department of Health and Human Services' Administration for Children and Families, Administration on Developmental Disabilities.

## What is TECS' Role in CSPD?

With funding from the U.S. Department of Education, Office of Special Education Programs (contracted through BabyNet), TECS provides technical assistance in support of the Comprehensive System of Personnel Development (CSPD) for South Carolina's system of early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA). These activities are conducted collaboratively with BabyNet, its interagency partners, and the Personnel Committee of the State Interagency Coordinating Council.

We also assist the lead agency in assuring that South Carolina's early intervention personnel meet state standards by maintaining and reviewing applications for the BabyNet Credential for Part C system personnel.
We employ a collaborative, interdisciplinary team approach in offering technical assistance through a variety of mechanisms to all constituents of South Carolina's early intervention system.

## TECS Vision Statement

Through interagency and interdisciplinary collaboration, BabyNet personnel will be able to systematically identify their professional development needs, access information, and build skills necessary to implement quality early intervention services to families of infants and toddlers with disabilities and/or developmental delays.

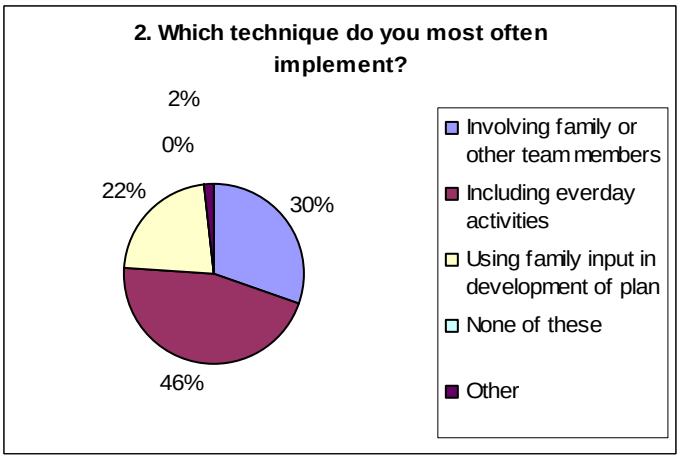
# Provider Survey Results— here' s what you reported

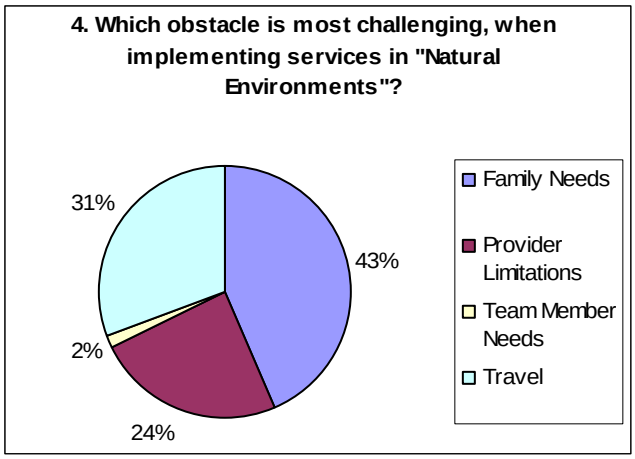
## Survey Results Summary

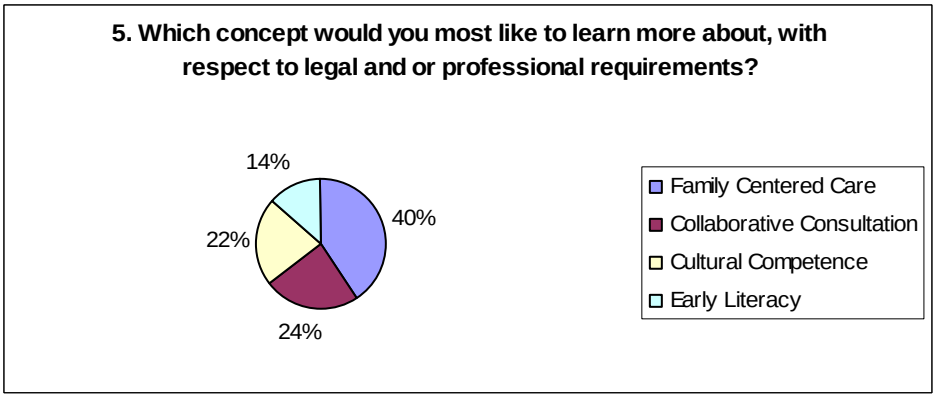
We received 63 of 220 possible responses to an informal survey of allied health professionals. The survey was available in hard copy and electronic versions; most responded electronically. The purpose of the survey was to determine allied health providers' perspectives on various service delivery issues. Results will be used to guide future newsletter content so that it may be of help to providers.

The majority of respondents (85%) felt that they implemented services in "natural environments." Respondents most often included everyday activities, routines, or materials; followed by involving family or other team members in IFSP services, and least by using family input in development of treatment plans (see chart 2). When asked which obstacle was most challenging when implementing services in "natural environments," respondents chose family needs most often, followed by travel, provider limitations, and least challenging as team member needs (see chart 4). Respondents reported that they would like to learn most about family-centered care, followed by collaborative consultation and cultural competence, and lastly early literacy (see chart 5).

Additional results will be available on the Allied eHealth Resource Network link on the TECS website (http://www.sc.edu/tecs/). Please continue to provide any input that could help with future newsletter content.




*Survey and data prepared by Dr. Lesly Wilson and Libby Horton

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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 a paper copy of the newsletter, have any questions about this newsletter, or would like to submit your ideas, please notify Leah Perry at 803-935-5227.***

Lily Nalty, M.A., CCC-SLP

*Editor, Allied eHealth Network Coordinator*



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