



# TECSNews

For the Allied eHealth Resource Network

May 2006

**Special points of interest:**

- Allied eHealth Resource Network
- “Natural Environments”
- Survey

## What is the ALLIED eHEALTH RESOURCE NETWORK?

TECS has developed an Allied eHealth Resource Network for BabyNet Service Providers. The mission of the Network is to provide accurate and supportive information and resources for providers who work with infants and toddlers and their families. TECSNews is part of this overall effort. Once the Network is in place for allied health professionals, it will expand to providers from other disciplines. Here are some more Allied eHealth Resource Network activities that you can expect in the coming months:

- ◆ dissemination of information on topics and methods of interest to allied health professionals through an expanded TECS listserv and technical assistance bulletins and links,

- ◆ ongoing survey of providers to determine needs and recommendations for assistance through this Network;
- ◆ training opportunities for continuing education and BabyNet credential credit available in multiple formats;
- ◆ technical assistance/consultation capability; and
- ◆ research activities to assist with ensuring evidence-based practice including tracking outcomes.

The initial focus of the Network will be to provide information that assists you with implementing the IDEA Part C requirement for using the child’s familiar routines, activities, materials and places as a context for intervention (the “natural environments” concept). See pages two and three for more information about the Network.

## About this Issue

This is the first 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. The newsletter will spotlight issues related to IDEA/C, evidence-based practice, professional literature, and related resources and activities, beginning with the “natural environments” concept required by IDEA/C and various disciplines.

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# Allied eHealth Resource Network

## Network Mission:

To develop an infrastructure for providers in the BabyNet system, supporting:

- Dissemination of *information & resources, training, and technical assistance,*
- Knowledge related to IDEA Part C, professional guidelines, and evidence-based recommendations for pediatric practice.

## Targeted Outcomes:

- To increase access to accurate and useable information, resources, training, and technical assistance supports for team members in the Part C system, beginning with the topic of “natural environments,”
- To provide information that assists team members to align practice with IDEA Part C, professional, and evidence-based recommendations, beginning with the natural environments requirement,
- To increase use of services that are aligned with Part C, professional, and evidence-based recommendations in delivery of services for young children and their families,
- To promote program evaluation, research, and development of evidence-based practices for young children and their families,
- To increase access to services by eligible young children and their families across all areas of the state (particularly for rural and underserved populations), by providing information to team members on such topics as alternative service delivery options (e.g., telehealth, use of paraprofessionals), and by collaborating with organizations and professionals who have similar needs, etc.

## Initial Network Activities:

- Needs Assessments and Program Evaluation
- eNewsletter
- Expanded listserv for Dissemination of Information & Technical Assistance
- Dissemination of Resources
- Conference
- Evaluation and Research related to Child/Family Participation Outcomes

*\*\*Network activities will be reviewed by the Council of Disciplines Advisory Board, a Subcommittee of the Personnel Committee of the S.C. Interagency Coordinating Council.*

## Your Needs Assessment:

We hope that the Network shares current and evidence-based information that:

- keeps you informed of legal and professional requirements and recommendations
- includes activities, strategies, materials, and resources for integrating recommended and required practices into everyday services
- shares information about the activities and thoughts of fellow service providers and from other states who are involved in providing services to infants and toddlers and their families
- is easy for you to access.

*In order to meet TECS' contracted task for Comprehensive System of Personnel Development (CSPD) while we ensure that we meet **your** needs and interests, we encourage you to complete and submit the survey (for mailed newsletters, see insert). We'll summarize responses in the next issue. To complete an electronic survey, log onto TECS website ([www.sc.edu/tecs](http://www.sc.edu/tecs)) and click Allied eHealth Network, or link to*

<http://CTLSilhouette.wsu.edu/surveys/ZS50194.html>

and enter your zip code as the "respondent ID."

## Listen Up!

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

*To sign up for TECS listserv:*

*Email the following to: [perryl@cdd.sc.edu](mailto:perryl@cdd.sc.edu) or fax to 803 935-5300*

Name:

Position title:

Agency/Board affiliation:

Mailing address:

Phone number:

Email address:

## Beginning the Spotlight on Issues related to “Natural Environments”

The Individual with Disabilities Education Act Amendments of 1997, as reinforced by the 2004 amendment, states that to the maximum extent appropriate as determined by the team (including family), early intervention services must be implemented in natural environments (NE), including the family’s home and community routines and activities in which children without disabilities participate. Services may be provided in a setting other than NE when justification can be provided that services cannot be achieved satisfactorily in a natural environment SEC. 632 (4)(G) and SEC. 635(a)(16)(B). If this requirement is not implemented, states may be determined out of compliance (as was the case in South Carolina) and may lose moneys to reimburse Part C service delivery if not corrected.

Project TACTICS, a transdisciplinary allied health project of Florida State University and Kansas University Affiliated Program, states that the concept of “natural environments” “...reflects the core mission of early intervention, which is to provide support to families to help their children develop to their fullest potential, and allows children and families to more fully participate in their communities.” They also state that there are numerous ways to move to the “next step” of providing services in natural environments.

Project TACTICS provides four modules related to methods for implementing services in the natural environments:

- Routines Based Assessment in Natural Environments
- Linking Assessment to Intervention through Team Planning
- Using Daily Routines as a Context for Intervention
- Involving Careprovider in Teaching/Learning

Below you will find a summary of the fourth module, Involving Careprovider in Teaching/Learning. Let us know what you think about this information as you continue to align professional, evidence-based, and IDEA/C requirements into your practice.

## Summary of Module 4: Involving Careprovider in Teaching/Learning

TACTICS recommends several strategies to use when integrating the natural environments concept and related requirements into IFSP outcomes-based services. One strategy is to involve the adult family and other care providers and teach them ways to facilitate their child’s learning during everyday routines. To achieve family involvement and learning within everyday routines, they highlight several strategies that providers use:

- gather and share information from families; this involves observing the strategies that careproviders already use and building from their strengths in order to increase their skills
- plan around a family’s chosen level of participation
- identify different routines or environments for various careproviders
- match child and careprovider styles and needs
- demonstrate intervention strategies to enhance adult confidence and learning of techniques that teach adults to create opportunities for child-learning within typical routines and that increase

child successes.

Additional more specific descriptions of methods to use are included in 6 sections entitled:

- Embedding Intervention in Family-guided Routines and Activities
- Monitoring Progress on Family-guided Routines
- Self Evaluation of Family-guided/Routines Based Intervention
- Intervention Principles for Family-guided Routines
- Triadic Intervention Strategies

### **Additional Information:**

The first page of Embedding Intervention in Family-guided Routines and Activities is included below. For additional information regarding this recommended method, link to <http://tactics.fsu.edu/modules/modFour.html> and click on the first module section entitled Embedding Intervention in Family-guided Routines and Activities. If you are interested in reading the information in the four modules related to implementing services in natural environments in their entirety, link to <http://tactics.fsu.edu/modules.html> *More information related to implementing IDEA Part C services in natural environments will be provided in the next issue.*

### **Embedding Intervention in Family-Guided Routines and Activities by Therapists as Collaborative Team members for Infant/Toddler Community Services (TACTICS, an allied health project of Florida State University and Kansas University Affiliated Program)**

A wide variety of empirically validated procedures and intervention strategies appropriate for use within family-guided routines exist. The key to success is for the family to guide the intervention process by identifying procedures and strategies that “match” their own and their child’s learning style within the routine. Determining that “match” can be accomplished through observation of the careprovider and child within the routine and through conversations with the careprovider. Because families generally are not familiar with procedures or strategies supportive of embedding intervention, it is the responsibility of the interventionist to:

- observe the careprovider - child interactions within the routine;
- identify and describe strategies careproviders already use successfully to enhance their feeling of competence;
- share the signals and skills the child currently uses within the routine to provide developmental information;
- problem-solve potential opportunities for training to be embedded within the routine without interfering with the routine;
- discuss and demonstrate potential strategies as choices for the careprovider to use;
- observe and synthesize the sequence and strategies used by the careprovider to support implementation.

This multi-step process is completed through observations and joint problem solving between the careprovider and interventionist in a comfortable interaction with the child. Some careproviders, as part of their usual pattern of interactions, use facial expressions that encourage responses from others, are likely to wait for responses before proceeding, or ask open-ended questions. Others may use gestures as cues, provide repetition, or model more sophisticated skills for the child.



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

Mailing Address:

*Team for Early Child Solutions  
Center for Disability Resources  
USC, School of Medicine  
Dept. of Pediatrics  
Columbia, South Carolina  
29208*

Phone: 803-935-5227

Home Page:

[www.sc.edu/tecs](http://www.sc.edu/tecs)

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

***This first issue is distributed in both paper and electronic versions via the listserv and TECS website link ([www.sc.edu/tecs](http://www.sc.edu/tecs)). Future newsletters will only be posted on-line. Look for posting announcements in the listserv or check the TECS website. If you need a paper copy, please notify Leah Perry at 803-935-5227.***

Lily Nalty, M.A., CCC-SLP  
*Allied eHealth Network Coordinator*

*TECS Staff Members:*

Kristie Musick, M.Ed.  
TECS Project Director

Suzan Albright, M.Ed.

Libby Horton

Lily Nalty, M.A., CCC- SLP

Leah Perry, B.S.

Leslie Pyper, M.S.

Lesly S. LWilson, Ph.D.,  
OTR/L

Glenda York

**Mailing Label**

