

Enhancing Services in Natural Environments

Geneva Woodruff Ph.D.

Director

The National Center for Young
Children At Risk and Their Families

March 24, 2004

P.L. 99-457: The Law

Purpose of Early Intervention

- ❑ To enhance the development of infants and toddlers with disabilities
- ❑ To enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities
- ❑ To enhance the capacity of state and local agencies ... to meet the needs of historically underrepresented populations, ... minority, low incomes inner city, and rural populations

Natural Environments: The Law

- ❑ To the maximum extent, appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.
- ❑ Natural environments are settings that are natural or normal for the child's age peers who have no disabilities.

Typical Natural Learning Environment Settings

- Home and relatives and friend's homes
- Car/train/bus/plane
- Grocery Store/malls/laundromats
- Child Care
- Library, Gym, Dance or Swim Programs
- Play Groups/Park/Play Ground
- Restaurants

Common Misunderstanding about Natural Environments

- ❑ The natural environment is understood as the most appropriate place for a young child to learn.
- ❑ Providing services however in a child's natural environment (i.e. the home) doesn't mean one is using the natural environment for learning.
- ❑ Learning in a natural environment requires that the resources of the setting (i.e. the physical environment, daily routines, interactions with people and pets etc.) are used to provide the child experiences and opportunities that lead to his increased understanding of his world, increased functional skills and greater independence.

Rationale for Natural Learning Environments for Infants and Toddlers

- ❑ Attachment (child/parent interaction)
- ❑ Congruent with young children's learning
- ❑ Practice and Motivation/functional skills/Teachable Moments
- ❑ Family Centered Philosophy
- ❑ Facilitates the occurrence of teaming, consulting, and training between the caregiver and the provider
- ❑ Facilitates the development of integrated IFSP goals and strategies
- ❑ Congruent with adult learning – hands on, problem solving, learner directed, generalization of strategies.

Role of Service Provider: The Law

- ❑ Consulting with parents, other service providers ... to ensure the effective provision of services
- ❑ Training parents and others regarding the provision of those services
- ❑ Participating in a multidisciplinary team assessment of a child and the child's family, and in the development of integrated goals and outcomes for the IFSP.

1. Service Provider's Competencies

- ❑ Sound Understanding of Infant and Toddler Development Theory and Practices (Enhance infant/toddler development/law)
- ❑ Sound Understanding of Child and Adult Learning Theory and Practices (Train parents/law)
- ❑ Strong Communication and Interpersonal Skills (Consult with parents, service providers/law)
- ❑ Sound Understanding of Family Centered Principles and Practices (Best practice/DEC)
- ❑ Belief in Family Centered Practices (Belief is core to effective work with parents)

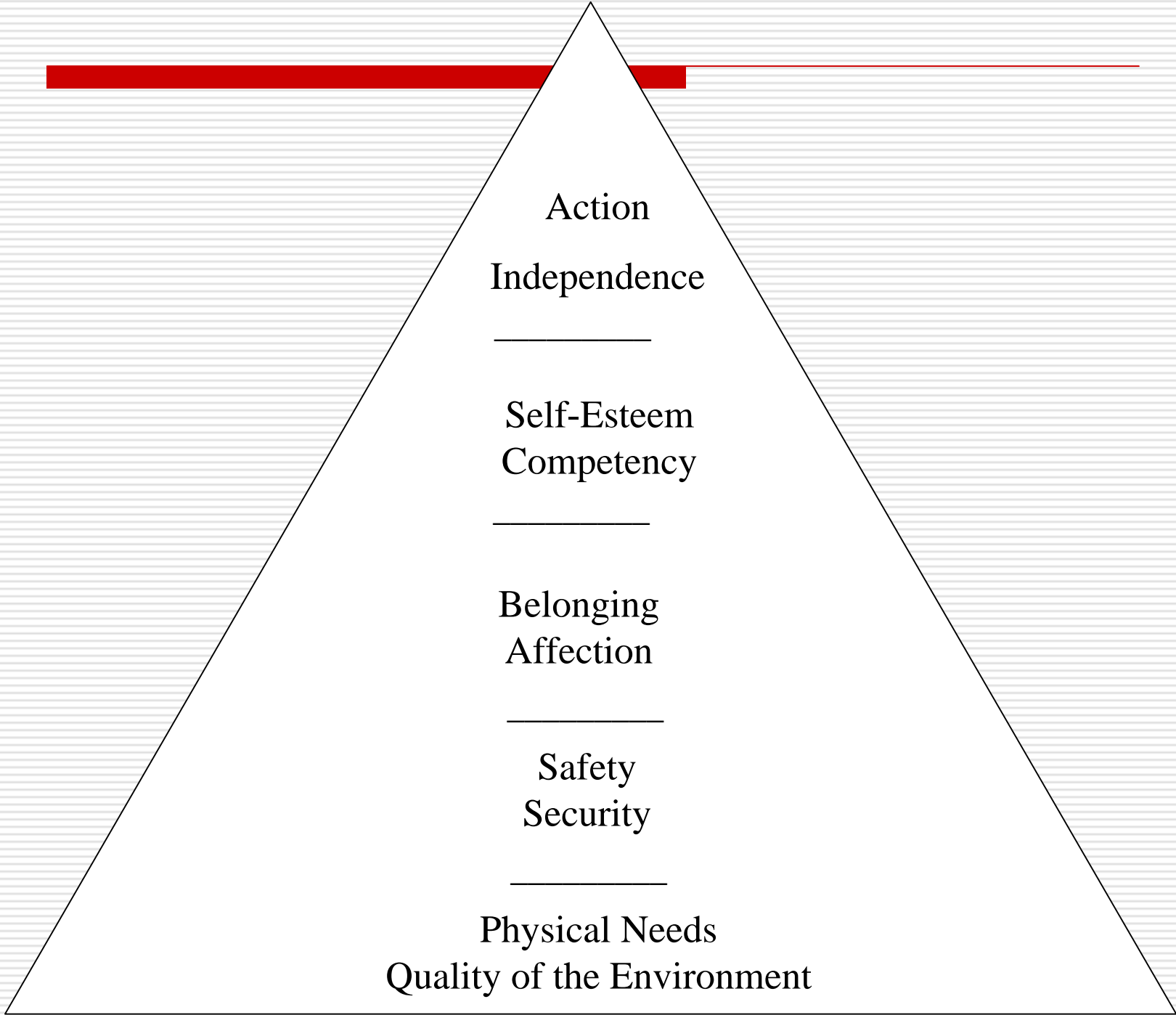
Service Provider's Competencies:

- ❑ Knowledge of community resources (Service coordination/law)
- ❑ Sound Understanding of Team Principles and Practices (Multi-disciplinary team assessment/law)
- ❑ Belief in the Merits of a Team (Belief is core to effective teaming)
- ❑ IFSP Process Skills – Assessment of child and family, development of IFSP child and family goals and strategies, implementation, evaluation of goals set and met and coordination of child and family services (IFSP Process/law)

Working with Families

- ❑ How do we address with the family their resources and concerns?
- ❑ How do we determine with the family if they would like us to address their concerns with them?
- ❑ How do we set family goals and establish strategies with the family?
- ❑ How do we encourage the family's to work on their child and family goals?

Maslow's Hierarchy of Needs



Transformation Family Centered Transagency Team Model

- 1. Provide program information** SP
- 2. Gather family information:
interview and conduct surveys** SP
- 3. Analyze and record survey
findings** SP
- 4. Discuss survey findings
with the family** PSP/family
- 5. Establish family goals and
record** PSP/family
- 6. Identify strategies to attain
goals** PSP/family
- 7. Determine who and by when
outside services and
resources will be accessed** PSP/family

Step 1: Providing Information to a Family About a Family-Centered Home-Based Service Approach

Role of the Family

- Families have the greatest impact on their child's growth and development
- Develop child's IFSP goals
- Develop family goals and program support
- Assigned a primary service provider
- Primary Service Provider's Role: consultant, advisor & educator

Families participate in:

- Their child's assessment
 - Development of family and child goals and interventions/services
 - Home visits: families are expected to *fully participate* in the home visit, legally can't work with child without the parent being present
 - Service coordination
-

Step 2: Conducting Family Surveys

Family Resource Scale (Dunst & Trivette)–

Basic Needs

■ Families describe their ability to provide basic needs :

- Food for two meals a day
- Adequate living space
- Money to pay monthly bills
- Enough clothes for your family

Inventory of Social Support (Dunst & Trivette)– *Safety*

■ Families describe their frequency of contact with individuals and groups such as:

- Spouse or partner
- Parents
- Other relatives
- Neighbors
- Friends

Family Surveys, cont.

- **My Family Characteristics (Simeonson) *Belonging & Affection***
 - **Families rate their family characteristics**
 - **I know my family will support me no matter what**
 - **My family appreciates one another**

- **Being a Parent (Johnston& Nash) Needs Satisfaction Inventory (Shelton) *Self-Esteem & Competence***
 - **Families rate their parenting skills and feelings about themselves and their skills :**
 - **The problems of taking care of a child are easy once you know how your actions affect your child.**
 - **My mother was better prepared to be a good parent than I am.**
 - **I have a good idea of what I want to do with my life**
 - **I feel respected by my peers**

Step 3. Analyzing Family Issues and Resources:

- Time
- Money
- Safety
 - Emotional
 - Social
 - Physical
- Transportation
- Social Isolation
- Housing
- Day care
- Employment
- Education
- Medical care
 - Substance abuse
 - Mental health
 - Physical health
- Dental care
- Stress

Step 4: Recording Survey Findings Form

Parent:

Child:

Service Provider:

Date:

Family Resources:


Family strengths, abilities, formal and informal supports the family identified.

Family Concerns:

Areas that family members identified as needs, issues or problems.

Parenting Issues

- Unrealistic expectations
- Neglectful
- Inappropriate discipline/
child-rearing practices
- Physically abusive
- Lack of Child Proofing
- Verbally abusive
- Poor health



The family has the greatest impact on their child's developmental outcomes.

The findings of the 30-year longitudinal study conducted by Arnold Sameroff show that high-risk family environments produce poor long-term developmental outcomes for children.

Sameroff found that there was no long-term positive impact on outcomes for children from high-risk families who attended good quality early intervention and preschool programs that addressed only the children's needs and not their families'.

Step 5: Discuss Survey Findings With the Family

- Open the discussion**
- Present the findings**
- Summarize the family's resources and concerns**
- Identify and record the family's goals**
- Discuss with the family strategies and service options available in the program and in the community.**
- Identify strategies and service options to pursue**
- Determine which strategies the family and the service provider will be responsible for working on.**

Steps 6,7- Establishing Goals & Strategies, & Accessing Services

Family Goals/Strategies in Goal Attainment Scaling Format

Family Name:
Child Name:
Date of birth:

Service Provider:
Program:
Date:

Goal: Mom will feel safer in her neighborhood.

Greater than expected level - Mom will report more than 3 ways she feels safer.

Expected level – Mom will report 3 ways she feels safer (i.e., got cell phone, found a neighbor to call).

Less than expected – Mom will report fewer than 3 ways she feels safer.

Strategies:

Parents will do the following:

- Mom will get to know the neighbors better (i.e. social groups, church, take cookies to neighbors).
- Mom will ask 4 different neighbors if she can call upon them, if she becomes frightened.
- Mom won't watch scary movies, videos, etc...at night.
- Dad will install alarm system/dead bolt/window locks/motion sensors/dog/gerbil and bird (for noise).
- Dad will install a motion sensor light by outside doors.
- Mom will study the sounds of her house.
- Mom will program cell phone with emergency numbers.
- Mom will have emergency phone numbers by the phone.

Service provider will do the following:

- SP will make a list with Mom of what she can do when she becomes fearful (i.e., make a cup of herbal tea, chew gum, call a friend, listen to pleasant music, iron or another chore, etc...).
- SP will provide Mom with information on taking a self-defense class.
- SP will find out actual crime rate in area from police department.
- SP will teach Mom relaxation techniques (i.e., visualization, muscle relaxation).

Three-Month Timeline: Sept. 15, 2003 to Dec. 15, 2003.

Repetition: Work on goal 7 times per week.

Circle level of attainment of goal: greater than / expected / less than

Explanation for level circled:

Date Goal Attained: _____

VERIFICATION OF GOAL:

Primary Service Provider: _____

Signature

Supervisor: _____

Signature

Family Goals/Strategies in Goal Attainment Scaling Format

Family Name:
Child Name:
Date of birth:

Service Provider:
Program:
Date:

Goal: Parents will have social time alone.

Greater than expected level - Parents will have more than 2 hours of social time, four times per month.

Expected level – Parents will have 2 hours of social time together, four times per month.

Less than expected – Parents will have less than 2 hours of social time, four times per month.

Strategies:

Parents will do the following:

- Mom and Dad will discuss what training the babysitter will need to care for child.
- Mom and Dad will have a special dinner together after the children go to bed.
- Mom will leave child at Friday's respite program.
- Mom will explore swapping child care with a neighbor.
- Mom will explore bartering with friends for babysitting.
- Mom and Dad will take advantage of free campus activities.
- Mom and Dad will rent a video to view together.
- Mom will borrow a book on tape from the library and listen to it with Dad.

Service Provider will do the following:

- SP will discuss with Dad the kind of jobs he could get that allow him to be home in the evenings.
- SP will find and access sporting event passes.
- SP will help Mom explore pre-school for older child, so parents have day time together.
- SP will explore availability of volunteer nurses from nursing school.
- SP will contact Jacobson Service Center for respite care.

Three-Month Timeline: Sept. 15, 2003 to Dec. 15, 2003

Repetition: Work on goal once per week

Circle level of attainment of goal: greater than / expected / less than

Explanation for level circled:

Date Goal Attained: _____

VERIFICATION OF GOAL:

Primary Service Provider: _____

Signature

Supervisor: _____

Signature

Project Transformation Family Centered Transagency Team Model

8. Conduct child arena assessment	team/family
9. Discuss observation of child's development, strengths & needs	team/family
10. Score & Analyze child assessment findings	team
11. Discuss child assessment findings with family	PSP/family
12. Establish child outcomes for IFSP in GAS format	PSP/family
13. Develop strategies to reach the child's goals in NE	PSP/family
14. Implement service plan	Family/PSP
15. Access and coordinate child and family services	PSP/family
16. Evaluate goals set and met	PSP/family/team

Project Transformation: Child Goals and Daily Routines & Activities

Child's Name:	Date of Birth:
Family Name:	Functional Age:
Date:	Program:
Primary Service Provider:	

Child's IFSP developmental goal:

Greater than expected level:

Expected level:

Less than expected level:

Three-month timeline: _____ to _____, 200_.

Circle level of attainment of goal: greater / expected / less

Explanation for level circled:

Date goal attained:

VERIFICATION OF ATTAINMENT OF GOAL:

Primary Service Provider: _____

Supervisor: _____

Parent: _____

Daily Routines	Activities
1. Waking up/greeting	-
2. Toileting	-
3. Breakfast	-

Project Transformation: Child Goals and Daily Routines & Activities

Child's Name:
Family Name:
Date:
Primary Service Provider:

Date of Birth:
Functional Age:
Program:

Expected level:

Daily Routine	Activity
Getting Dressed	- - -
Playing	- -
Napping	- - -
Riding in car/bus	- - -
Community:	-
Grocery Store	- -
Department Store	- -
Other People's Homes	- -
Lunch/snack	- - -
Watching TV or video, listening to music/ story	- -

**Project Transformation:
Child Goals and Daily Routines & Activities**

Child's Name:	Date of Birth:
Family Name:	Functional Age:
Date:	Program:
Primary Service Provider:	

Expected level:

Daily Routine	Activities
Playing with other children	- - -
Preparing meals, housework, laundry	- - -
Dinner/snack	- - -
Bath	- - -
Getting ready for bed	- - -

Project Transformation: Blended Child Goals and Daily Activities

Child's Name:

Date of Birth:

Family Name:

Date:

Program:

Primary Service Provider:

Child's IFSP developmental goals:

Goal # :

Goal # :

Goal # :

Daily Routines	Activities
1. Waking up/greeting	- - - - -
2. Toileting	- - - - -
3. Breakfast	- - - -

Project Transformation: Blended Child Goals and Daily Activities

Child's Name:
 Family Name:
 Date:
 Primary Service Provider:

Date of Birth:
 Functional Age:
 Program:

Daily Routine	Activity (list goal # for each activity)
Getting Dressed	- - -
Playing	- - -
Napping	- - -
Riding in car/bus	- - -
Community:	- -
Grocery Store	- -
Department Store	- -
Other People's Homes	- -
Lunch/snack	- - -
Watching TV or video, listening to music/ story	- -

Project Transformation: Blended Child Goals and Daily Activities

Child's Name:
 Family Name:
 Date:
 Primary Service Provider:

Date of Birth:
 Functional Age:
 Program:

Daily Routine	Activities (list goal # for each activity)
Playing with other children	- - -
Preparing meals, housework, laundry	- - -
Dinner/snack	- - -
Bath	- - -
Getting ready for bed	- - -

Child Goals Handouts

- ❑ T. will use more words
Individual goal in one routine waking up

- ❑ T. will be able to dress herself
Individual goal in one routine waking up

- ❑ T. will increase her vocabulary by 15 words and will be able to put on 3 new articles of clothing by herself
Blended goal in one routine –waking up

*For examples of Blended Child Goals and Daily Activities Worksheets, download the hand-outs on the Web page supporting this call.

Home visit Protocol

- Review Child Goals, Activities and Accomplishments
- Update on child
- Review Family Goals, Activities and Accomplishments
- Update on Family
- Practice and role play child parent routines
- Provide coaching, praise, and encouragement.
- Discuss child and family follow up

Project Transformation Participant Outcomes

Project Transformation provides in depth replication training to administrators and staff in programs that serve children ages birth to three and their families. As a result of the training the participants will be able to:

- Systematically assess the needs for services for children and families from high risk environments
- Provide interventions known to be responsive and effective for families from high risk environments
- Provide interventions in the child's natural learning environments and
- Access and coordinate community services across agencies
- Document child and family goals set and met

The goal for the project is to assist the children to reach their optimal level of development and to promote the families' ability to enhance their children's development.

The Transformation Project Service Delivery Model is based upon a family centered team approach.

Transformation Replication Training

The replication training provided will include:

- ❑ A day of training for the supervisors prior to the initial 3 days of training for supervisors and staff.
- ❑ Three (3) days of initial training for the supervisors, teaching, and related staff in the program.
- ❑ Monthly telephone support for the administrator responsible for the implementation of the model and individual telephone support for individual participants as needed.
- ❑ A day of training for the supervisors prior to the follow up training.
- ❑ Three days of follow up onsite training within three months of the initial training for the supervisors, teaching, and related staff in the program.
- ❑ Throughout the year of training, the Transformation staff will provide written feedback and support to each of the participants who work directly with children as they each develop and implement the Transformation Model and Practices with 2 children and families they serve.

Training Costs

The costs for the training are ground and air travel, porters, rental car, hotel, and per diem expenses for the trainer. Training will be provided by the Transformation Project Director.

Information about the project can be obtained by contacting the project director: Geneva Woodruff

25 Monmouth Court

Brookline, Ma 02446

Phone: 617-232-0600

Fax: 617-735-1888

Email: genevawoodruff@cs.com
