



Enhancing Services in Natural Environments

Presenter:

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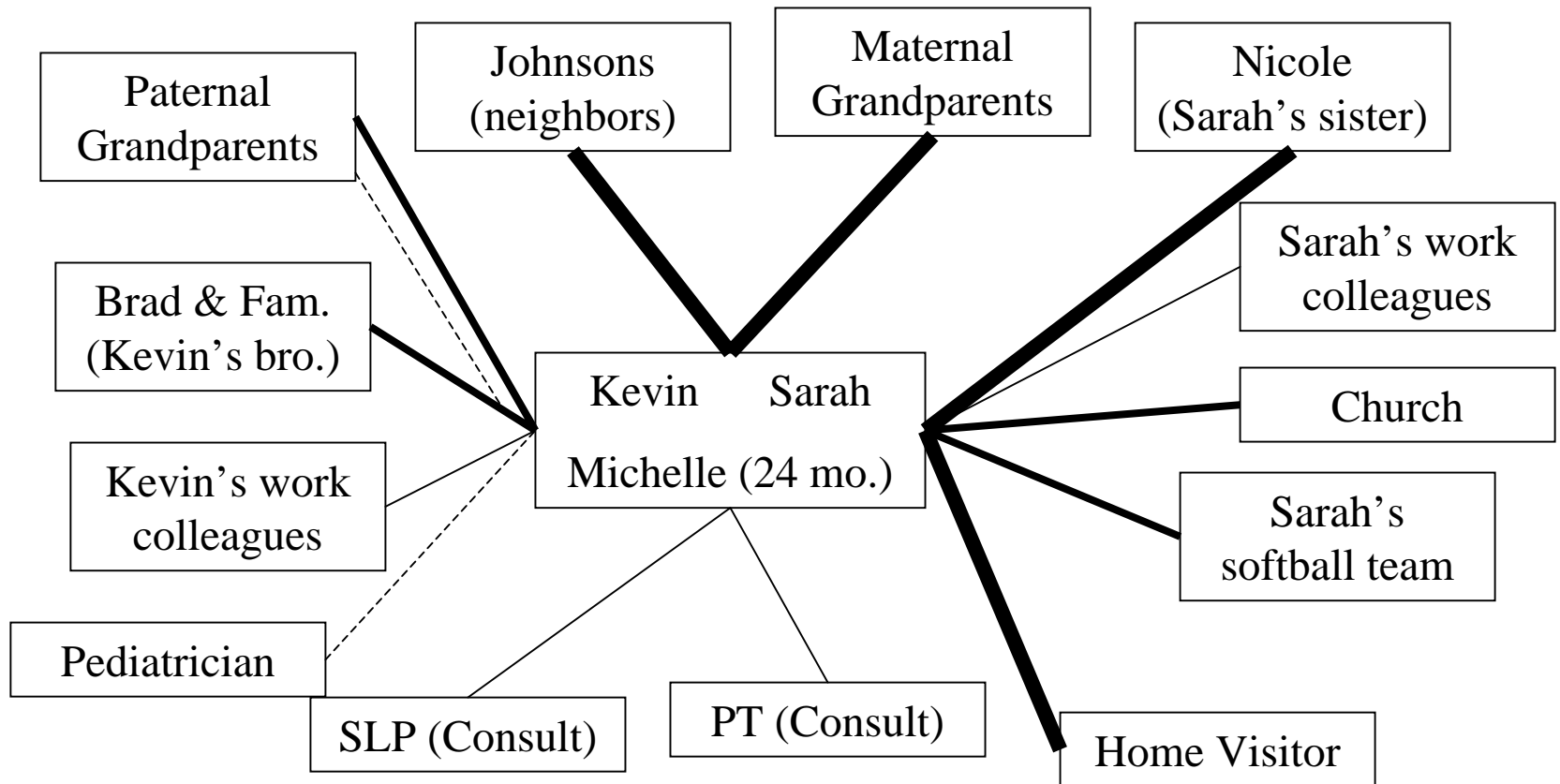
*Part of a Web-based Conference Call Series Sponsored
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Consider Key Practices in the IFSP Process

- Gathering information from families
 - The ecomap
 - The routines-based interview (McWilliam, 1992, in press)
- Evaluation & assessment
 - The RBI
- IFSP development
 - The product of the RBI
- On-going implementation in natural environments
 - Primary service provider
 - Support-based home visits
 - Integrated specialized services to classrooms
- Special considerations for working with various cultures and language backgrounds

A Quick Look at an Ecomap



Routines-Based Interview

- Families report on their routines first.
- Staff report on classroom routines second.
- Specialists ask questions and provide information during discussions of routines.
- Staff withhold giving advice.

Routines Information

- What does everyone else do?
 - Home: Other family members
 - Classroom: Other children
- What does the child do?
- How satisfied is the caregiver?
 - Instrument: SAFER (available through website: www.fpg.unc.edu/~integrate)

More Routines Information

- Engagement
 - How and how much does the child participate in the routine?
- Independence
 - How much can the child do by him- or herself?
- Social Relationships
 - How does the child communicate and get along with others?

Scale for Assessment of Family Enjoyment within Routines (SAFER)

- Stacy Scott & R. A. McWilliam (2000,
Revised 4/03)
 - Frank Porter Graham Child Development
Center
 - University of North Carolina At Chapel Hill

Ways to Use the SAFER

- Measure family quality of life
- Help with questions

Outcome Selection

- Facilitator reads aloud notes about potential problem areas.
- The family selects 4-8 outcomes (goals)
- The family put outcomes into priority order

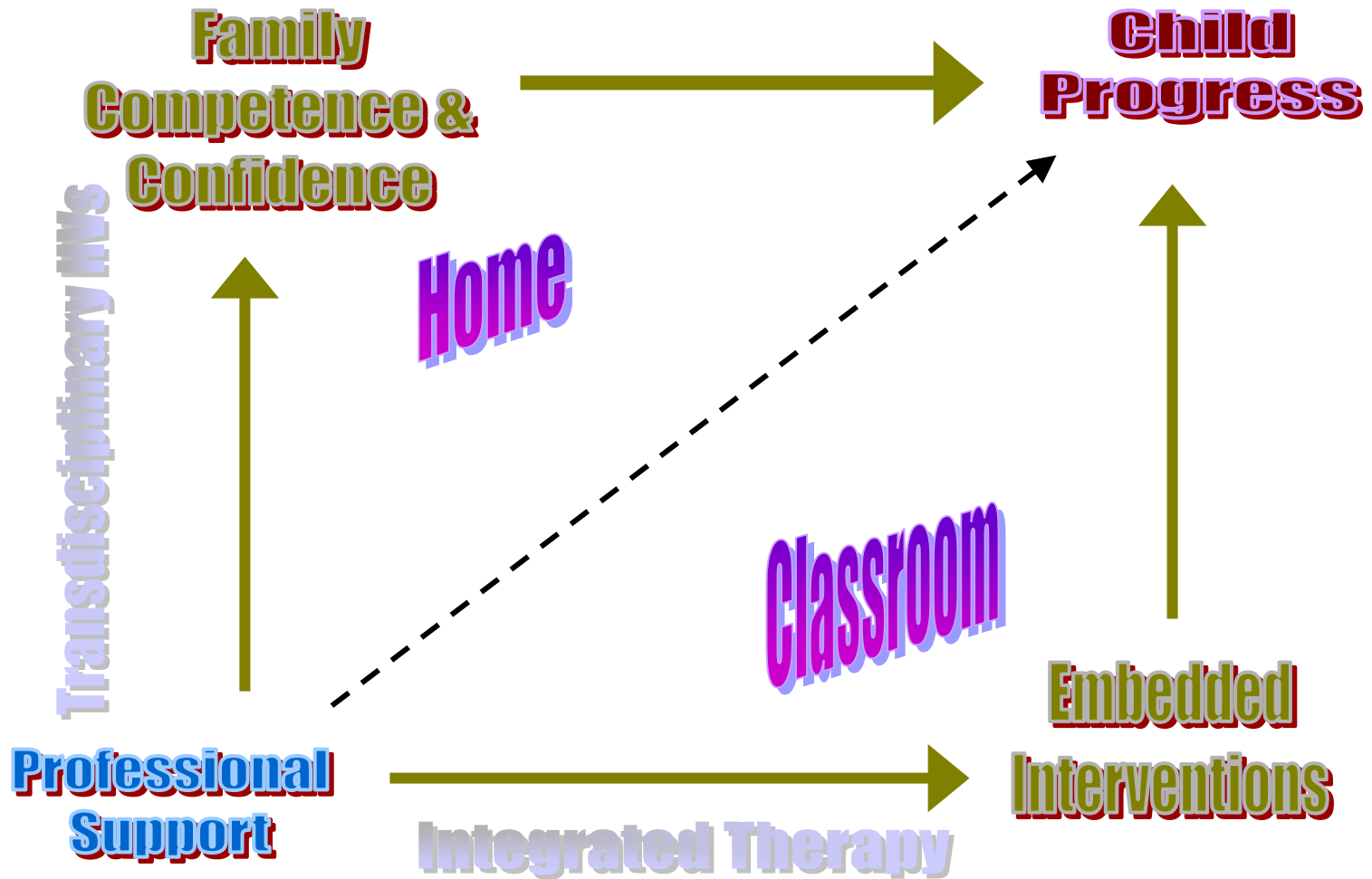
The RBI and Outcome Functionality

- The RBI does lead to more functional outcomes, meaning
 - They **specify** what the child or family will do
 - The contextual need has been identified (i.e., what makes it functional)
 - It's important to the primary caregivers

Elliott's Family's Outcomes

Original words from notes	Stated in outcome form
1. Moving on stuff outside & inside (e.g., going up stairs)	Elliott will play with movement on three pieces of equipment for 5 minutes each so he participates more
2. Textures outside	Elliott will play in the sandbox or move on the grass for 10 minutes 3 times in a row so he participates more
3. Why not eating more?	Family will find out from a qualified professional why Elliott does not eat more than he does
4. Eating variety of foods	Elliott will eat a balanced diet as determined appropriate by the family and a nutritionist so he will be healthy
5. Picking up food	Elliott will use a fine pincer grasp to finger feed so he can eat more efficiently
6. Making church easier	Mary will have 7 activities she can give Elliott or Katie to keep them occupied during church so church participation is easier for Mary
7. Making choices	Elliott will choose one of two objects presented at meals, dressing, or hanging-out time, daily for 5 days, to begin functional communication

The Model



Using Transdisciplinary Service Delivery

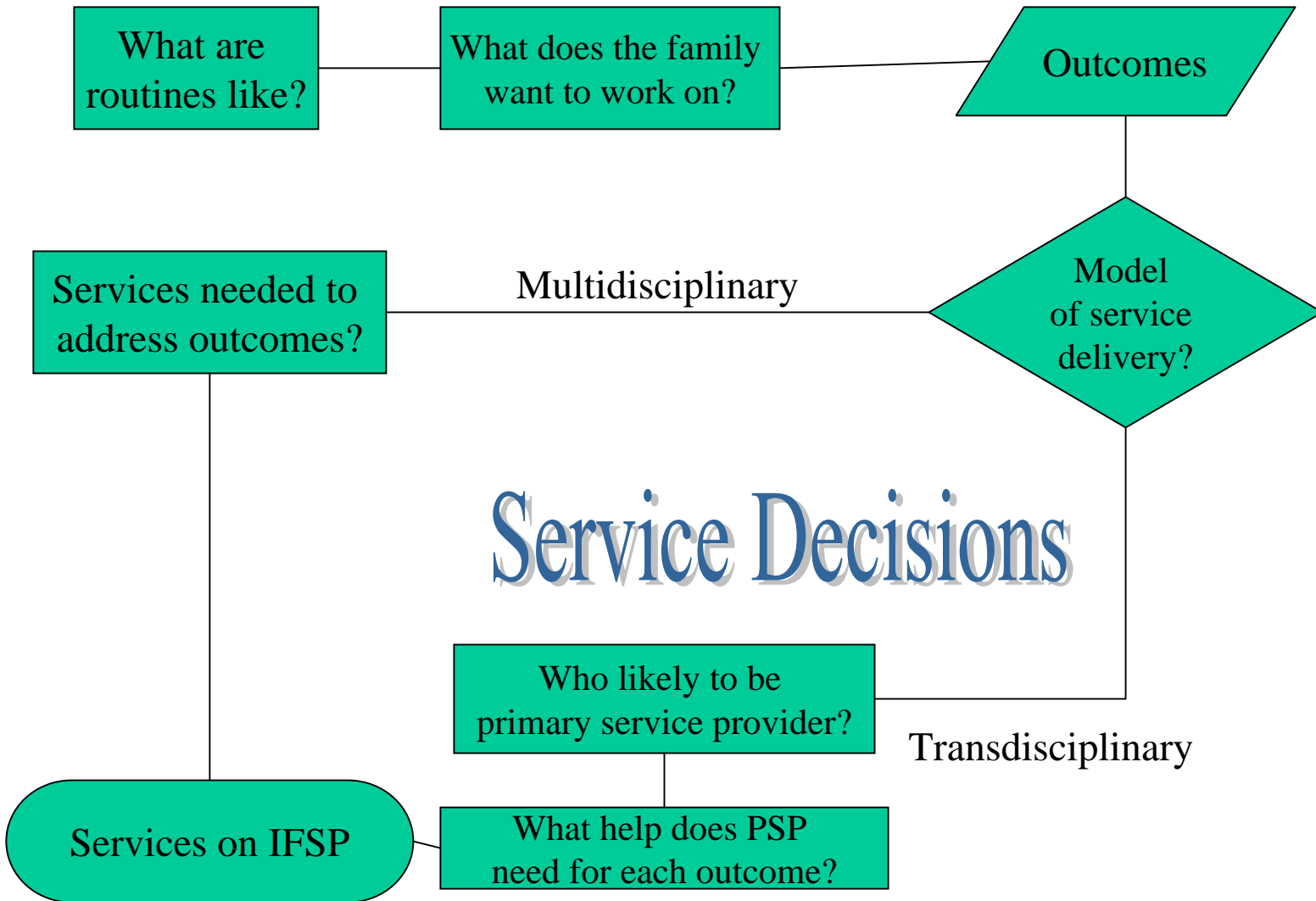
- We need a method that emphasizes how children really learn
- We need a plan that's unified around the family's functional needs
- We need to capitalize on families' forming close relationships with a primary service provider
- We need to use specialists as efficiently as possible
- We need to use our limited resources most effectively

Primary Service Provider Model

- Same as “transdisciplinary”
- One person works with family weekly
- Other professionals provide services through joint home visits with the PSP

Benefits of PSP Model

- Family receives strong support from one person, not having to get to know multiple people
- Program for child and family is coordinated, not fragmented
- Weekly, family has to host only one visit in the home, not multiple visits
- Service providers, especially therapists, can serve more families
- Cost to system is reduced, so more families can be served more flexibly and families can receive better service coordination (with \$ saved, hire more SCs)
- Expected outcomes: same for child, better for family, lower costs



Service Decisions

Home-Based Integrated Services

- We need an alternative to dumping clinic-based models on the living room floor.
- What's wrong with the toy bag?
- We need to attend to the complex, interrelated needs of developing children and their families.
- We can achieve these by having *support* as the goal of services: emotional, material, informational.

Support-Based Home Visits

- Emotional Support
 - Positiveness
 - Responsiveness
 - Orientation to the whole family
 - Friendliness
 - Sensitivity
- Material Support
 - Equipment and materials
 - Financial resources
- Informational Support
 - Child development
 - Child's disability
 - Services and resources
 - What to do with the child

Home Visit Agenda

(Help! What do we do without the toy bag?)

- General well-being: How have things been going?
- New questions or concerns: Do you have anything new you want to ask me about?
- Outcomes in priority order: How have things been going with [Priority No. 1]?
 - Child outcomes always in context of routines

Toy Bags Anonymous Continued

- Problematic routines: Is there a time of day that's not going well for you?
- Other family members: How is [family member] doing?
- Appointments: Have you had any appointments in the past week? Any coming up?
- Work load related to intervention: Do you have enough or too much to do with [your child]?

Classroom-Based Integrated Services

- Segregated models:
 - Individual pull-out
 - Small group pull-out
 - 1-on-1 in class
- Integrated models:
 - Group activities
 - Individualized within routines
 - Pure consultation

Key Ingredients of Successful Integrated Services in Classroom Programs

- Communicate with the teacher about expectations.
- Establish ground rules.
- Be humble.
- Regardless of model, communicate.
- Use routines-based assessment to have functional goals.
- Use collaborative, not expert, consultation



Definitions of Key Terms

Ecomap

- A graphic representation of the family composition, with informal, formal, and intermediate supports depicted with strength of support. This is composed with the family.

Routines-Based Assessment

- A process for characterizing (a) what happens in existing routines, (b) how this child performs during the routines, and (c) either the family's satisfaction with a home routine or the teacher's judgment of the fit between the child and the classroom routine

Routine

- At home or in the community, an activity or period of the day that often occurs
- In the classroom, an activity or period of the day that often occurs
 - Not necessarily a systematically controlled event

Routines-Based Interview

- A standardized approach (McWilliam, 1992, in press) for asking caregivers about routines, summarizing their concerns, and gathering the family's priorities for intervention.
- It is also a “clinical” experience for families

Primary Service Provider Model

- Transdisciplinary home-based service delivery by one person, usually weekly, with supporting services provided through joint home visits as needed.
- All services are listed on the IFSP

Services

- In home-based services, what professionals provide to caregivers

Interventions

- What regular caregivers provide to children, like learning opportunities

What's more important, maximum services or maximum intervention?

Does more of the former necessarily lead to more of the latter?

Support-Based Home Visits

- *Focusing on emotional,*
 - *positiveness, responsiveness, orientation to the whole family, friendliness, sensitivity*
- *material,*
 - *access to financial resources, basic needs, and equipment*
- *and informational*
 - *child development, disability, resources, what to do with the child*
- *support during home visits*

Integrated Specialized Services

- Using an individualized-within-routines approach with children in group-care settings, which involves
- joining the child in whatever the child is engaged in, during regular classroom routines,
- demonstrating for the teaching staff, and
- learning from the teaching staff.

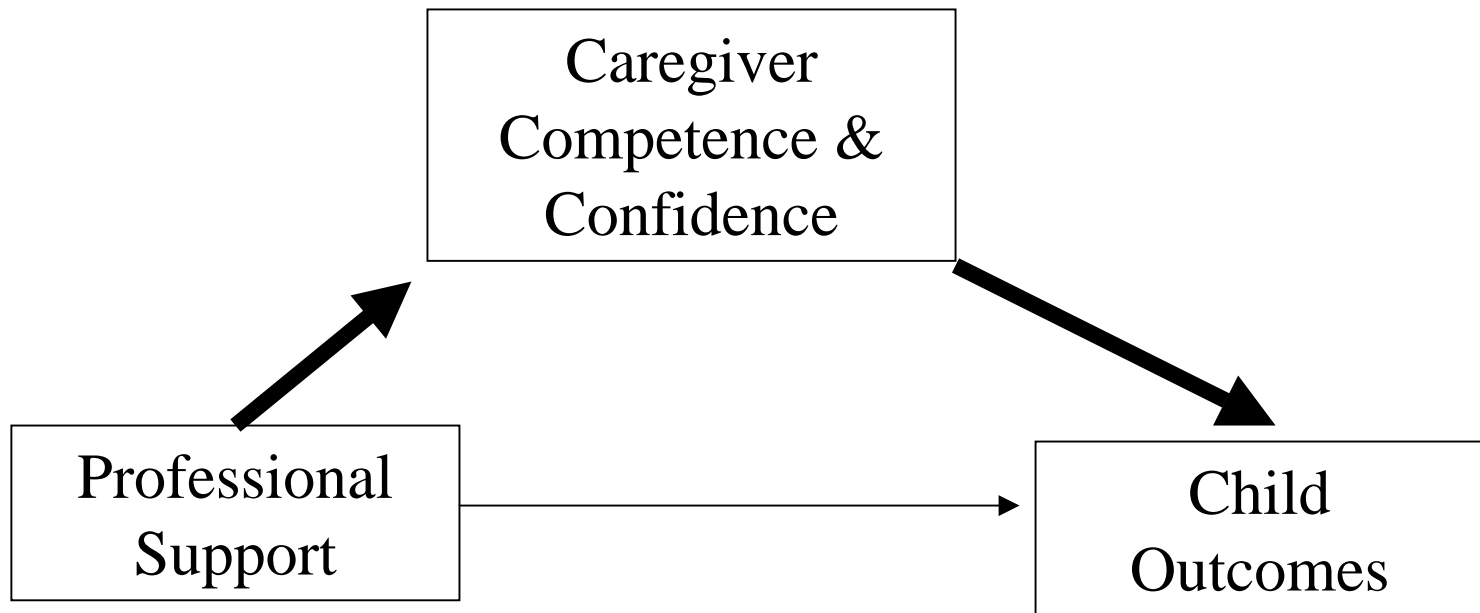
Key Principles and Supporting Research

- The purpose of early intervention
 - To provide regular caregivers with the support needed for them to provide the best learning opportunities for children
- Working with families
 - Providing emotional, material, and informational support
- How children learn
 - Through repeated interactions with their environment, usually dispersed over time
- The role and/or qualities of providers
 - To enhance the competence and confidence of caregivers

Principles

- All the intervention occurs between specialists' visits.
- Therapy and instruction are not tennis lessons.
- Regular caregivers (i.e., parents and teachers) need to own the goals.

Who Has How Much Influence on What?



How Children Learn The Environment



Through repeated interactions with the environment,
dispersed over time.

Not in massed trials.

Home Visit

Between Visits

Home Visit

Family

Family

**Family-Child Interactions
&
Other Learning Opportunities**

Child Learning

Top Ten Must Reads!

- 1. *McWilliam, R. A. (1992). The family-centered intervention plan: A guide for classroom-based early intervention. Tucson, AZ: Communication Skill Builders. (Note: Out of print. Available from www.VanderbiltChildDevelopment.us)***
- 2. *McWilliam, R. A., & Scott, S. (2001). A support approach to early intervention: A three-part framework. Infants & Young Children, 13(4), 55-66.***
- 3. *McWilliam, R. A., Tocci, L., & Harbin, G. L. (1998). Family-centered services: Service providers' discourse and behavior. Topics in Early Childhood Special Education, 18, 206-221.***

4. ***Sandall, S., McLean, M. E., & Smith, B. J. (Eds.), DEC recommended practices in early intervention/early childhood special education. (Denver, CO: DEC.***
5. ***S. Sandall & M. Ostrosky (Eds.), Young Exceptional Children Monograph Series No. 2: Natural Environments and Inclusion. Denver, CO: The Division for Early Childhood of the Council for Exceptional Children***
6. ***Harbin, G. L., McWilliam, R. A., & Gallagher, J. (2000). Services to young children with disabilities: A descriptive analysis. In S. J. Meisels, & J. P. Shonkoff (Eds.), Handbook of early childhood intervention, 2nd edition (pp. 387-415). Cambridge: Cambridge University Press***
7. ***S. Riefel (Ed.; C. J. Dunst & M. Wolery, Guest Eds.), Family policy and practice in early child care (Advances in Early Education and Day Care, Volume 7). Greenwich, CT: JAI Press.***

8. ***McKnight, J. (1996). The careless society: Community and its counterfeits. New York, NY: Basic Books.***
9. ***McWilliam, R. A. (Ed.) (1996). Rethinking pull-out services in early intervention: A professional resource. Baltimore, MD: Paul H. Brookes. (Note: Out of print. Available from www.VanderbiltChildDevelopment.us)***
10. ***McWilliam, R. A., Snyder, P., Harbin, G. L., Porter, P., & Munn, D. (2000). Professionals' and families' perceptions of family-centered practices in infant-toddler services. Early Education and Development, 11 (Special Issue: Families and Exceptionality), 519-538.***

Training, Technical Assistance and Materials

- Target audience
 - Part C providers, administrators, and State officials
- T&TA format/process, including time commitments
 - Meetings in groups, lecture, discussion—very interactive; half day-2 days
- Key topics/ content
 - Five-component model
- Available materials- especially materials describing the family's role
 - See Materials page at www.IndividualizingInclusion.us
- Follow up
 - As needed
- Costs
 - \$2,000 per day, all travel and lodging expenses