



Family-Centered
Early Intervention Services
in Natural Environments

A Closer Look for
Educational and Developmental Intervention Services (EDIS)
Early Intervention

Acknowledgements

The author of this handbook gratefully acknowledges the thoughtful input provided by all those involved with the reviewing process. I am especially appreciative of Chris Ashman and Linda Morse for their contributions during the development of this handbook.

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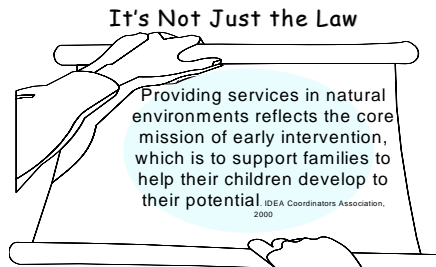
August 2002

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NATURAL LEARNING ENVIRONMENTS

Early intervention research, policy, and practice are coming together to advance the philosophy of family-centeredness and facilitate the provision of supportive services in natural learning environments; that is to assist families in capitalizing on the frequency of learning opportunities within their daily routines and activities. Through empirical study, including a tremendous amount of information sharing by families, early intervention is advancing to this functional and meaningful level of service provision for infants and toddlers with disabilities and their families.

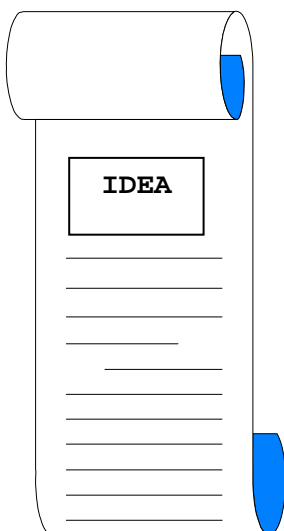


REGULATIONS

On June 4, 1997, President Clinton signed The Individuals with Disabilities Education Act (IDEA) Amendments of 1997, Public Law 105-17.

While IDEA has required infants and toddlers with disabilities receive early intervention services in natural environments since 1991, the 1997 reauthorization of IDEA placed greater emphasis on the provision of early intervention services in natural environments. IDEA '97 requires justification for services not provided in natural environments.

Part C of IDEA '97 mandates the following regarding early intervention services in natural environments:



Policies and procedures to ensure that... to the maximum extent appropriate, early intervention services are provided in natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment (20 USC § 1435 (a) (16) (A) (B)).

The individualized family service plan shall be in writing and contain... a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment (20 USC § 1436 (d) (5)).

The term "early intervention services" means developmental services that ... to the maximum extent appropriate are provided in natural environments, including the home, and community settings in which children without disabilities participate (20 USC §1432 (4) (G)).

The Department of the Army, Headquarters, United States Army Medical Command (MEDCOM) Circular 40-4, 17 January 2001, directs that policy and procedures be implemented in close collaboration with community agencies to:

...ensure that to the maximum extent possible services are provided in the child's natural environment to include the child's home and community settings in which children without disabilities participate, unless such services cannot be provided satisfactorily in these settings (MEDCOM Cir. 40-4, 2001, p. 7).

The Educational and Developmental Intervention Services (EDIS) Individualized Family Service Plan (IFSP), included in the MEDCOM Cir. 40-4, also requires written justification, in accordance with IDEA, for services not provided in the natural environment.

JUSTIFICATION

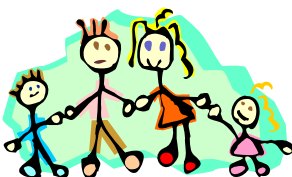
The team developing the IFSP must provide justification for any early intervention services they feel cannot be acceptably provided in the natural environment. Providing justification assures that the IFSP team, which includes the family, carefully reviewed all pertinent information and possibilities for service delivery before concluding that certain services could not be provided in a natural environment.

Such justification cannot be based solely on administrative constraints (e.g., staff shortage). Rather justification must be based on the child and family's unique needs and must include information pertaining to why the team felt that certain services needed to be provided in a setting other than a natural environment. The family or the early intervention program cannot unilaterally decide upon services or the location of services, as the team must make such decisions.

The team must also consider all available natural environment options before deciding upon clinic-based services or other non-natural environments. The duration of services provided outside of the natural environments should also be closely monitored, as it may be possible to relocate services to a natural environment before the annual anniversary of the IFSP.



NATURAL GROUPS



Playgroup opportunities considered natural are those that do not rely solely on the attendance of children with disabilities, but are sustainable with or without children with disabilities. Therefore, a clinic-based playgroup designed specifically for children receiving early intervention services does not constitute a natural group. While this requirement does not exclusively prohibit clinic-based playgroups designed for children with disabilities, it does indicate the need for valid justification on the IFSP for services provided in such a group. The justification must sufficiently defend the provision of the service outside of a natural environment. The duration of playgroups in a non-natural setting should also be closely scrutinized.

While siblings of children with disabilities may qualify as typically developing peers, the playgroup

must also meet the stipulation that it continues to exist with or without the children with disabilities, to be considered a natural group. In other words, is this a group of typically developing children that a child with disabilities is joining? Or, is this a group for children with disabilities that typically developing children join? Would you continue to hold the group if only the typically developing children came?

Community resources are sometimes limited on military installations, therefore location alone does not determine if the playgroup is a natural group. In some communities, the EDIS clinic may have ample and appropriate space to sponsor a community playgroup. This type of playgroup open to the community, or parts of the community, can meet the stipulations of a natural group.

In order for a playgroup to be considered a natural group it must meet the following two conditions:

1. typically developing peers are included, beyond siblings of children with disabilities receiving services
2. the group does not rely solely on the attendance of children and families receiving early intervention services

Every effort must be made to guarantee the provision of early intervention services in natural environments. The family's routines and activities provide valuable information about the natural settings in which they participate. Working within this framework ensures the provision of services in natural environments.

COMMUNITY BASED

EDIS early intervention is a community-based program that works collaboratively with other community agencies supporting families.



Because the needs of families are diverse, it is unlikely that EDIS early intervention alone could meet the needs of all eligible families. Therefore, interagency agreements and resource sharing across community systems is necessary to realistically ensure the creation of an ongoing network of community support for young children with disabilities and their families. Collaborative agreements are necessary to make certain there is understanding and agreement across the agencies. Respect for the strengths and limitations of community agencies is also essential to facilitate the development of operative agreements in support of children with disabilities and their families.

A significant aspect of support services provided by early intervention is connecting families with community agencies so they can access needed services, and receive desired support. Early intervention plays an instrumental role in enhancing the understanding and ability of families to identify and access community resources on their own.

Working in concert with community agencies helps to build and strengthen family support systems within the community.

NATURAL ENVIRONMENTS

Natural Environments include settings typical or common for same age children without disabilities. Additionally, natural environments involve the routines and activities of the family. Every family has

routines, even those whose lives may appear chaotic and unpredictable from the early interventionist's perspective. While family routines may be difficult for an outsider to discern it is important to remember that all families have routines and that some routines may be smaller, less elaborate, and not consistently strung together. One simple activity, such as dressing, feeding, or getting in the car, can represent a routine that occurs within the family's life. Natural environments are the day-to-day settings, routines, and activities that promote learning (Dunst & Bruder, 1999a). The concept of "natural environment" embraces not only the place of service provision, but also the methodology of using natural routines and activities.



Places are the day-to-day settings where families spend time.

Routines are the happenings that make up the family's regular schedule.

Activities are the things that occur as part of family routines.

MORE THAN LOCATION

Natural environments are about more than the location where services are provided (Bruder, 1998). The IFSP team must determine what the outcomes are and what needs to be accomplished prior to making decisions about how and where services are provided. With respect to natural environments, decisions about how the services are provided are just as important as where services are provided. (Hanft & Pilkington, 2000; IDEA Coordinator's Association, 2000).

Simulating clinic-based sessions in the family's home or community setting, using therapist selected materials, does not equate to services in natural environments (Hanft & Pilkington, 2000). Services in natural environments need to capitalize on using the materials, activities, routines, and locations in the family's repertoire.

Real life and real time represent services in natural environments. Constructed situations or routines established specifically around the early interventionist's visit and planned activities, do not fulfill natural environment requirements. Early interventionists need to assume the work of generalization by providing services in natural environments, rather than expecting families and caregivers to make time for clinical or therapeutic homework. This requires that the IFSP team value and respect the family's routines and activities and tailor services to fit the family, rather than making the family fit the services (IDEA Coordinator's Association, 2000).

The work of early intervention is providing family-centered services to support families in enhancing their child's development. Family-centeredness respects the family's unique situation and requires collaboration and teamwork with the family and caregivers. An emphasis on direct work with the child by the early interventionist, without active involvement of the parent(s) and caregiver(s), does not support and empower the parent(s) and caregiver(s) to follow through with the strategies when the early interventionist is not present. The family and caregivers have greater contact with the child and greater capacity to enhance the child's development than do early interventionists who see the child less frequently. Early interventionists must recognize and respect the family as the constant in the child's life. Identification of strategies to reach outcomes must be developed in partnership with the family and caregivers to secure their contribution and investment.



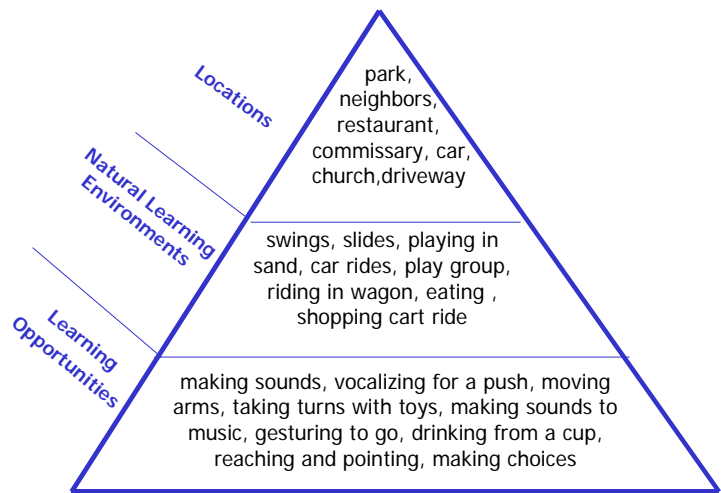
To ensure a judgment free understanding of family routines and activities, it is important for early interventionists to recognize that what may feel comfortable and familiar to the family may feel uncomfortable and unfamiliar to the interventionist (Hanft & Pilkington, 2000). Indeed, it may be difficult for the interventionist to recognize any routine at all. However, through discussion with the family and by broadening personal definitions of “routine,” a common ground of understanding can be reached.



The provision of early intervention services in natural environments capitalizes on the frequency of family routines and activities, which in turn allows for repeated practice of the skills. Carefully crafted strategies embedded into the day-to-day life of the family can help families enhance learning opportunities for the child (Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001). Families are the true change agents and early interventionists are the support personnel helping the family make the

desired changes for their child and family. Early intervention services occurring within the context of family routines and activities exemplify services in natural environments. Shopping in the commissary, going to Burger King, taking the dog for a walk, diaper changing, feeding the cat, etc., represent activities and routines that may occur naturally as part of a family’s day to day life. These examples reinforce the idea that natural environments go beyond physical location alone. Intervention that can be embedded into family routines and activities becomes functional, relevant, useful, and meaningful for families.

Dunst and Bruder (1999b) established a triangular illustration representing how locations are just part of natural environments. Within the places where families spend time are natural learning environments. These are the experiences, opportunities, and events that serve as sources of learning opportunities. Learning opportunities are the things (knowledge, concepts, skills, behaviors, problem solving, etc.) learned as a result of participation in natural learning environments (Dunst & Bruder, 1999b).

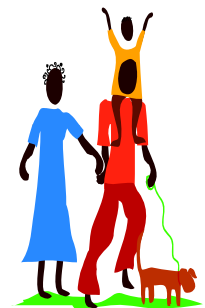


The triangle here presents a variety of locations, natural learning environments, and learning opportunities.

While all families have routines, they are not all the same. Family routines, activities, and the places where they spend time are unique to each family (Dunst, Bruder, Trivette, Raab, & McLean, 2001). Therefore, the triangle for each family will be unique. Furthermore, it will change over time as changes occur in the child’s and family’s life.

FAMILY-CENTERED

Providing services in a family-centered manner is quintessential to quality early intervention services in natural environments.



Key concepts of family-centered services are (McGonigel, Kaufman, & Johnson, 1991):



- ✓ Recognizing that families are the constant in the child's life and the experts on their child
- ✓ Facilitating parent-professional collaboration
- ✓ Honoring racial, ethnic, cultural, and socioeconomic diversity of families
- ✓ Recognizing and respecting family strengths, individuality, and coping methods
- ✓ Sharing complete unbiased information so families can make informed decisions
- ✓ Facilitating family-to-family support
- ✓ Recognizing that the system of the family is central to how services should be tailored for the family
- ✓ Respecting families as key decision makers throughout the process
- ✓ Acknowledging the strengths and interests of the family, making maximum use of family resources

Acknowledgement of, and adherence to these tenants is crucial to ensure services fit the context of the family's culture, routines, and lifestyle (Edelman, 1999).

The relevancy of early intervention services to the family's life is a gauge of effectiveness in the provision of family-centered early intervention services provided in natural environments.

DEVELOPMENTALLY APPROPRIATE PRACTICES

Developmentally appropriate practices (DAP) comprise two aspects, age appropriateness and individual appropriateness (Bredekamp, 1987). Age appropriateness represents the understanding that young children follow a general sequential pattern of development. This understanding of typical development is essential to ensure age appropriate activities for young children. Individual appropriateness represents the understanding that children learn through active engagement and interaction with the environment. This understanding is important to recognize all children are unique and individual with different strengths, interests, and abilities. It is the marriage of these two dimensions that make up the concept of DAP (Bredekamp, 1987; Bredekamp & Copple, 1997).



Daily routines provide an optimal context for young children to practice and learn new skills (Bredekamp, 1987). Children are active learners, engaged in learning throughout the day. Therefore, supporting children's learning during everyday routines and activities helps to advance their learning by providing opportunities to practice skills and build upon acquired skills (Bredekamp & Copple, 1997). Naturally occurring routines provide optimal opportunities to capitalize on the child's engagement and facilitate further learning by following the child's lead and building on their interests. Natural learning occurs as part of naturally occurring routines and activities.

Employing the principles of DAP is critical to the effective delivery of family centered early intervention services in natural environments (Kilgo, Johnson, Lamontagne, Stayton, Cook, & Cooper, 1999; Hanline, Fox, & Phelps, 1998).

CULTURAL SENSIVITY



Because services in natural environments become part of family routines, and family routines are ultimately based on their cultural beliefs and values, early interventionists must understand and respect these tenants. Ample time must be reserved for listening to the family's story, and assumptions must never be made about what the family's concerns and priorities are or should be.

A referral is only a referral, not a prescription for the family's concerns and priorities. While individuals of similar cultures may have like customs, interventionists must be cautious not to stereotype the ways of families based on cultural assumptions. On the other hand, recognizing and understanding culturally-based child-rearing and other unique cultural practices is necessary to assure interventionists do not impose strategies or activities that are in disagreement with family beliefs, values, and practices.

Relationship building begins during the very first encounter with the family. Therefore, every effort must be made to ensure the family understands the decision-making role they play and how the focus of early intervention is on supporting families, through the provision of family-centered services in natural environments (Bruder, in press).

RESEARCH ON THE BENEFITS

The following statements, based on empirical research, support the provision of services in natural environments.

- ✓ Children's learning and development occurs more rapidly when their interests engage them in interactions, which provide opportunities to practice existing abilities and build competence, thereby developing a greater sense of mastery and motivation, leading to increased interests. Figure 1 illustrates this cyclical process (Dunst, 2000).
- ✓ Learning occurs best when children learn and practice skills in the settings and within the routines where they would typically use those skills. (Edelman, 1999)
- ✓ Daily routines and activities provide an optimal context for developmentally appropriate practice in the education of young children (Bredenkamp, 1987).
- ✓ Naturally occurring routines and activities provide development-enhancing opportunities (Dunst, Bruder, Trivette, Raab, McLean, 2000)

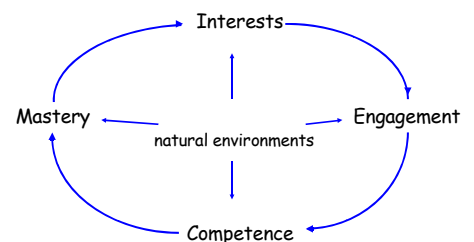


figure 1

- ✓ Intervention provided within the child's daily living routines, results in generalizable and functional skills (Bricker & Cripe, 1992).
- ✓ Parents prefer interventions they can easily fit into their daily lives, and that help their child be part of family and community life (Dunst & Bruder, 1999c).
- ✓ Most learning is not a result of targeted teaching (Campbell, 1997).
- ✓ Children's lives are made up of many different kinds of learning experiences and opportunities having development-enhancing qualities and consequences (Bronfenbrenner, 1992).

INCORPORATING NATURAL ENVIRONMENTS INTO THE EARLY INTERVENTION PROCESS

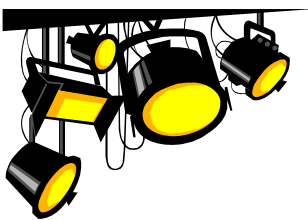


Written Documentation, Public Awareness, Child Find

Families learn about early intervention services from various sources. Those sources may or may not accurately portray how early intervention services are delivered. As a result, families may come to the program with expectations of receiving traditional therapy for their child. Therefore it is imperative that written family information is available and that it articulates how family-centered services are provided in natural environments and what "natural environments" means. If the early intervention program also helps referring agencies understand how and why early intervention services are provided in a family-centered manner through conversation, briefings, and/or the sharing of written information, the families they refer will have a better understanding about how early intervention helps families help their children.



First Encounters



First encounters set the stage for future activity between the family and early intervention. Emphasizing the importance of the family and their participation throughout the process is especially important during the early contacts.

Equally important is sharing essential concepts of early intervention with the family.

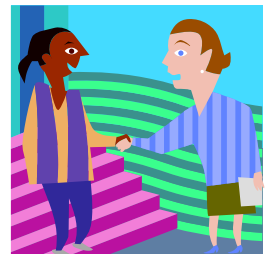
- ✓ Early intervention services are family-centered, that is families are the directors of services.
- ✓ Early intervention services are provided in natural environments as part family routines and activities. Intervention is woven into family routines. It is not direct hands-on therapy provided only by professionals who work with the child outside of the activities of daily family life.
- ✓ Early intervention services support families in enhancing their child's development, that is early intervention works in partnership with the family.

First encounters influence the future relationship between the family and early intervention. Therefore, it is important to engage in an exchange of information rather than a one-sided giving or gathering of information. Conversing naturally helps to forge the first link in relationship building with the family. Following the family's lead and using open-ended questions allows the family to bring the early interventionist to the information they choose to share. It also helps the interventionist find out more about the family's expectations of the program and their probable acceptance of the natural environments approach. Some families may desire several discussions of the essential concepts of early intervention before they are comfortable with them.

While there is a wealth of information to give and gather during early contacts with the family, it is important to find a balance between the obligatory paperwork, and listening to the family to discover what brought them to early intervention. Taking the time to hear to the family's story and helping them learn about early intervention does not happen in just one encounter. Rather, it occurs over time.

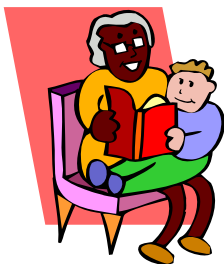
Intake Process

A focus on routines should be part of the intake process as it helps the interventionist understand the family, and it helps the family understand the natural environments approach. Discover what's working, what's not, what the typical day is like. If the parents focus on a specific developmental checklist item, find out more about why the skill is important and how it will help the child/family in day-to-day routines and activities. From the very first encounters think functionality and build on family strengths and resources.



Intake is a *PROCESS* that involves listening to the family's story and hearing about their concerns, priorities, strengths, resources, routines, and activities.

Through dialog, information is gathered about the family's:

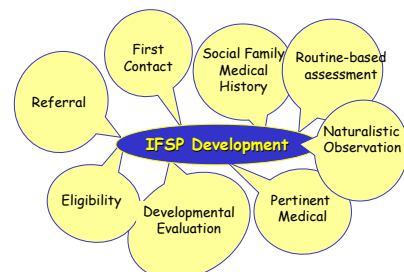


- ✓ typical routines and activities that make up their day to day life
- ✓ concerns and celebrations regarding their child and family
- ✓ perspective
- ✓ needs
- ✓ readiness to participate
- ✓ unique circumstances
- ✓ customs
- ✓ support systems
- ✓ constellation

The intake process goes beyond gathering family demographics. It rolls over into the evaluation process as information is learned about family routines and family life. This routine-based information provides a wealth of information about how the family functions.

Evaluation and Information Gathering

Information must come from various sources to see the big picture of the family. Multiple source information is essential for the development of functional and relevant IFSPs that make sense in the day-to-day lives of families.



Evaluation need not be “the science of the strange behavior of children in a strange situation with a strange adult, for the briefest possible period of time” (Bronfenbrenner, as cited in Miller & Hanft, 1998). Families want to know their child is seen from a positive perspective not simply being judged by pre-established criteria and measures. Although standardized instruments are required and have their uses, other information/instruments are necessary to discover and better understand how the child functions on a day-to-day basis within their typical routines and activities. Incorporating naturalistic observation and routine-based assessment facilitates an understanding of the child in a comfortable natural setting, and at his/her best with those who are supportive and familiar.

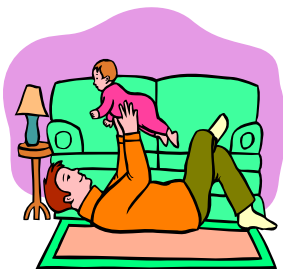


Understanding the day to day functioning of the child and family is essential to fully understand the context in which the child is growing and learning and to realistically support the family in enhancing their child’s development. Family-centered, routine-based assessment provides a foundation for planning intervention that can be woven into the fabric of the family’s everyday life (Bernheimer & Keogh, 1995).

Because a family’s values and beliefs are reflected in their ongoing daily routines and activities, early interventionists must understand family routines to effectively respect what the family believes to be important and meaningful. Routines are what families do or do not do. They also reflect the ongoing changes that occur in the family’s life. While some family routines may seem jumbled and confusing, it is not the work of early intervention to simply change family routines, as that is a professionally driven approach and may conflict with the family’s values and beliefs. Nor is it effective to impose routines upon the family. Rather family routines must be understood. Understanding family routines provides the background needed to supportively embed intervention strategies into ongoing routines, and enhance routines that are not going as well as the family would like (Bernheimer & Keogh, 1995).

The following questions are conversation starters early interventionists can use, in dialog with the family, to discover and better understand the day-to-day routines and activities of the family.

Discovering Family Routines



1. What routine things does your family do everyday or almost every day *at home*? (morning, afternoon, night, and weekend routines of the family, parenting, child, play, recreation, etc.).
2. What routine things does your family do everyday or almost every day *in the community*? (morning, afternoon, night, and weekend routines of the family, parenting, child, play, outings, church, recreation, etc.).
3. Are there any routines/activities/events or places you go to on a less than regular basis (once a week, every few days)?
4. Who are the important people participating in your child’s life; who is helpful in your child’s care?
5. What routines/activities do you/your children enjoy doing? Are there things your child/family looks forward to doing? What makes the routine enjoyable? What does your child usually do during the activity/routine? What do you or other care providers do during the routine/activity? Who else is involved in the routine/activity?

6. What routines/activities does your child dislike or not enjoy doing? What makes this routine/activity challenging/difficult/uncomfortable? What does your child usually do during the routine/activity? What do you or other care providers do during the routine/activity? Who else is involved in the routine/activity?
7. Are there routines/activities you would like to be involved in that you/your family is not involved in?
8. Are some times of the day better than other times of the day for you and your family?

Adapted from: Woods Cripe & Venn; Project INTEGRATE; FACETS; Orelena Hawks Puckett Institute

Eligibility

All information gathered through the intake and evaluation process must be considered when determining eligibility. While there are established eligibility criteria, it is not exclusively the raw test scores that determine eligibility or ineligibility. Test scores must be interpreted in light of all the information gathered. For example, standardized test scores alone may indicate a delay, but when combined with parent report, routine-based assessment, and observation, the standardized test scores may not be truly representative. During standardized testing, skills the child has not been exposed to may bring the score down. Or the child may not demonstrate a skill during testing, yet displays it as part of daily routines.

Eligibility decisions must be made by the team and incorporate all relevant and pertinent information.

IFSP Development

Making the IFSP functional means making intervention fit into the ongoing routines and activities of the family.

Making it natural means making it:

- ✓ Practical for the child and family to follow through
- ✓ Relevant to the family and what the family wants and is ready for
- ✓ Useful for all, especially from the family's perspective
- ✓ Routine to capitalize on the frequency of routine activities
- ✓ Standard to take advantage of learning opportunities that are part of regular routines
- ✓ Regular to take advantage of regular opportunities for learning (planned and incidental)
- ✓ Sensible by making it make sense in the day to day life of the family



The process guides the development of the IFSP. Based on the carefully gathered and shared information, the IFSP evolves. Without gathering information about family routines, the IFSP cannot support the naturally occurring activities in the family's day-to-day life. Making IFSPs practical and meaningful requires functional and relevant information from the family's perspective. The IFSP forms the roadmap for what the family would like to see happen for their child and family.

From a routine-based perspective, consider the following:

- ✓ what activities are going well
- ✓ which need to be enhanced
- ✓ what activities would the family like to participate in that they cannot
- ✓ what types of skills does the child need to be more functional in daily routines and activities.

Next, consider the complete information gathered through the intake and evaluation process to develop meaningful and workable strategies.



By understanding the family's routine-based concern (e.g., mealtime is difficult and hectic) and employing information about possible causal factors (e.g., utensil size, the seating arrangement, chair size, the transition to meal time, the timing of meals and the child's interest in eating, communication skills, etc.) workable strategies can be developed.

Understanding and respecting family routines is also critical to ensure that the interventions embedded into family routines are practical. For example, it may seem logical to incorporate choice making into the child's snack time, but from the family's perspective that snack time may be a very difficult time of day. Listening to the family's descriptions of their routines and activities provides valuable information about how best to ensure that intervention functional and relevant to the family's life.

For children involved in childcare it is also indispensable to take the time to learn about the caregiver routines and any routine-based concerns they may have. Involving caregivers in IFSP planning is vital for success in developing doable strategies and accomplishing outcomes, as caregivers provide valuable input and ultimately carry out many agreed upon strategies. Without the investment and involvement of caregivers it is difficult to secure implementation of strategies. Additionally, acknowledging and capitalizing on caregivers expertise is central to including caregivers as valued team members.

The following information, gathered through the intake and evaluation process, is invaluable to ensure the development of functional, relevant, and doable strategies for reaching desired outcomes (adapted from Pedersen, Arnold, & Philips, 1998).

- ✓ What child, family, resource, environmental information is known that is pertinent to the desired outcome?
- ✓ What is currently being done and what supports and resources are being employed?
- ✓ What are the existing natural supports (family, friends, neighborhood, and community) and routines and activities (home and community)?

- ✓ What is needed?
- ✓ Who can do what and how?

Below is an example of employing this information to develop functional strategies to reach Pam and Greg's desired outcome for their 10-month-old son Sam.



CONCERN: Sam is only scooting on his bottom to get around. He is not real successful with this and we feel he needs to learn to crawl so that he can learn to walk.

OUTCOME: Pam and Greg want Sam to crawl on his hands and knees rather than scoot on his bottom, so that he can move around easier.

1. What is known:

Child

- Sam has a quiet temperament; parents feel that he is becoming a little more outgoing.
- Hip flexors were a little bit tight (Sam's hip flexors had never been elongated because he had never enjoyed being on his tummy).
- Extensors were not very active (Sam still stands with some hip flexion).
- In sitting, Sam tended to elevate his shoulders.
- Fine motor skills are delayed.
- No history of any particular sensitivities.
- Sam has never enjoyed being on his tummy and has always preferred being propped in sitting. Therefore he has had limited opportunity to exercise and develop his upper body muscles.
- Sam continues to put everything in his mouth.
- Sam likes to be with his brother, Tim (4 years old).
- Sam does not seem to like being on the tile floor.
- Sam's favorite toy is a stuffed puppy that wiggles when you touch it. He also enjoys anything that Tim is doing.

Environment:

- Sam's parents feel their kitchen floor is too cold for Sam to play on. The bedrooms are the only rooms that have carpeting and are warm enough for floor play.
- There is a safe, fenced in neighborhood playground with new safety tiles.

2. What is being done:

- Pam is motivated to help Sam learn to crawl.
- Jillian, the 8-year-old neighbor girl, plays with Sam and likes to engage him in their version of a "get me" game.

3. What are the existing natural supports:

- Pam is a stay at home mom. She makes sewing crafts, which she sells at the bazaars.
- Greg works full time as an Army legal assistant. He rarely has to work on weekends.
- Greg is playful with Sam and makes time for Sam and Tim when he comes home from work. That's "the boy's time".
- Tim likes to play with his baby brother and tries to anticipate Sam's every wish.
- Jillian comes over every afternoon after school until dinnertime. She loves to play on the floor with Sam and is good at helping him move.
- On days when the weather is good, Pam takes the boys out to the playground, once in the morning and again in the afternoon, before Jillian arrives.
- Every Friday night is movie night and the family orders pizza and watches a movie.
- Pam has "craft" friends she gets together with occasionally. Sometimes they make play dates for the children.

- Before bedtime the boys (actually Tim) select a video to watch.
- After naptime, Pam sings the “dancing bears” wake up song.

4. What is needed:

- If Sam could spend more time on his tummy, it would help him to strengthen his upper body.
- If Sam could learn to get himself into and out of sitting, it would strengthen his tummy and upper body
- Encouraging Sam to pull to stand or kneeling will help build Sam’s strength needed for crawling and walking.

5. Who can do what how:

- When sewing in her sewing nook, Pam can bring a basket of toys for the boys to play with together. Pam can encourage Tim to model playing on his tummy for Sam.
- Primary service provider can model how to assist Sam in coming up to sitting through side-lying, going slowly enough that Sam has the opportunity to help push himself up with his arms.
- Parents can incorporate this sitting-up technique into the diaper changing routine.
- Family can consider getting a rug for the living room floor.
- During play activities with Jillian, the couch cushions can be used to put toys on, encouraging Sam to crawl on the cushions.
- Parents and primary service provider can explore ways to help Tim learn how he can help Sam learn to do things for himself.
- During movie times, parents can encourage Sam to lay on his tummy. Parents and Tim can model this activity for Sam.
- During “the boys” play time, Greg can encourage Sam to pull up to stand at the couch or kneel in front of the couch cushions.
- Primary service provider can share with the parents ways to help Sam pull up to standing and kneeling.

 **Service Delivery**

Intervention that is embedded into family routines promotes generalization and functional skill development. By providing services in everyday routines, activities, and places, interventionists enable family members and caregivers to maintain their ordinary lives and preserve established relationships. Capitalizing on these naturally occurring routines and activities that provide development-enhancing opportunities optimizes the child’s learning opportunities (Dunst, Bruder, Trivette, Hamby, Raab, & McLean, 2001).



Interventions that fail to be implemented and sustained are those that do not fit the family’s routine. This occurs when the intervention cannot be incorporated into daily routines, or when the intervention is not compatible with the goals, values, and beliefs of the family. (Bernheimer & Keogh, 1995)

Early interventionists must be careful not to create a mismatch between professional recommendations and family routines. For example, the early interventionist might recommend that the father spend time more time with the children, however his time is filled with working three jobs to support the family. Or, the interventionist may recommend pointing to body parts at bath time, without understanding that bath time is a horrible time of day for the family.

The primary focus of early intervention is supporting families in enhancing their child’s development. This is best accomplished by working in the context of the family’s routines and activities and being responsive to the ongoing changes that occur in the life of the family.

RESERVATIONS AND REALITIES

The natural environment logic represents a shift in thinking about how early intervention services are provided. This paradigm shift supports family-centered services and working through the family rather than child-centered services and working primarily with the child. The new approach involves abandoning the therapy agenda and working with family concerns and priorities. The following presents thoughts about erroneous beliefs and expectations for services in natural environments (New Jersey Early Intervention System CSPD, 1998).

Erroneous Beliefs and Expectations	Considerations
<p>“Natural environments” mean the child’s home.</p>	<p>Natural environments are the places and activities in which the child can be with same-aged peers who do not have disabilities. Home is frequently a natural environment for infants and toddlers, but it may not be the only environment. Natural environments and activities are unique to each family and should be discovered individually.</p>
<p>Families are often skeptical of early intervention services in their home because medical providers and other community referral sources focus on specialized, therapy-based treatment in a clinic or center.</p>	<p>A child learns best in the environment in which the skill being learned will be used. Families can be educated on the philosophy of early intervention from the moment of first contact with the system. In addition, ongoing communication with medical providers and referral sources should emphasize the early intervention philosophy.</p>
<p>Many parents do not want us in their homes.</p>	<p>From time of intake through IFSP, discussions with families should focus on daily routines. This approach leads into discussions regarding appropriate services and the location of services which will meet the family’s needs. If the family does not wish to have services in the home, another natural environment location can be sought in which the identified needs could be addressed.</p>
<p>Providing services in natural environments means children will get much less therapy than they have in clinic-based services.</p>	<p>Each child will get more opportunities to experience and practice the therapeutic interaction if parents and other caregivers have been involved in planning and have learned to incorporate the suggested activities into daily routines using available items in the natural environment.</p>
<p>Parents no longer have a choice of where services are provided since clinic-based services are not a choice.</p>	<p>Parents continue to have choices, however the bases for those choices are non-segregated community environments. Beginning with first contacts, discussions should include service provision in natural environments. Segregated services are not considered best practice for intervention. Interventionists should help families understand how children learn through involvement in daily activities and opportunities available to them.</p>
<p>Many homes are not conducive to providing early intervention.</p>	<p>It may be difficult to meet a child’s developmental needs in an unstructured or busy environment. However, it is unlikely that a few hours of services away from that environment will have much impact. The children will continue to live in that environment and need to generalize skills in order to use them there.</p>

Erroneous Beliefs and Expectations	Considerations
<p>Some communities do not have multiple options for families to involve their children in peer groups, or families do not have the resources needed to participate in those activities.</p>	<p>A community's resources are the same whether a family has a child with disabilities or without disabilities. If a community is lacking in a particular resource, this affects all the families in the community. Start where the family is, including what they have available to them, and then determine how that can be built upon.</p>
<p>Children leaving early intervention need to be prepared for the developmental preschool classroom environment. Early intervention should provide a similar situation in order to prepare the child.</p>	<p>It is the mission of early intervention to support families in enhancing the health and developmental needs of their children. It is not early intervention's role to prepare a child for segregated services at age 3. Developmentally appropriate skills should be targeted rather than the classroom specific activities expected of older children.</p>

We may frequently look for ways
 to get families involved in their child's intervention
 without understanding that families are involved
 simply by being a family.
 Dr. Juliann Woods

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