

Early Childhood Intervention

**AUCD Workshop
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Early Childhood Intervention

What Do We Know:

A history of over 50 years;

Legislation for 40 years;

Evolved from multiple disciplines;

Derived from needs of children;

Numbers of children needing intervention is growing, as are the complexity of their needs;

Research is available to guide practice;

Current practice does not reflect research.

Definition of Evidenced Based Practice

Practices that are informed by research, in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome.

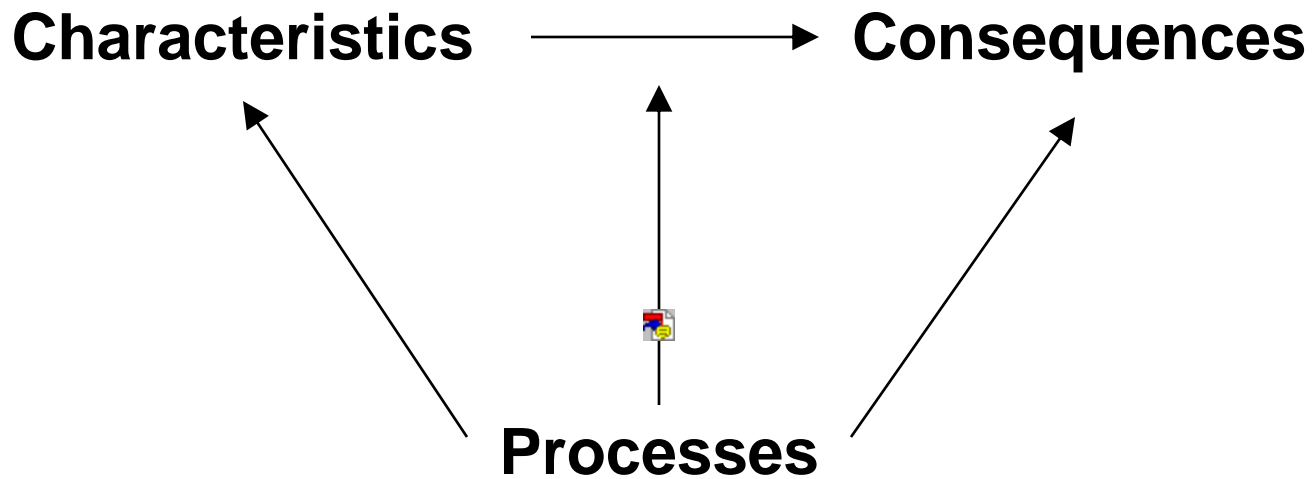


Figure 1. Framework for depicting the relationships between the characteristics and consequences of an intervention or practice and the processes operating to explain the relationship between the variables.

Foundations of Practice

- Family Centered
- Team Process
- Natural and Inclusive Environments

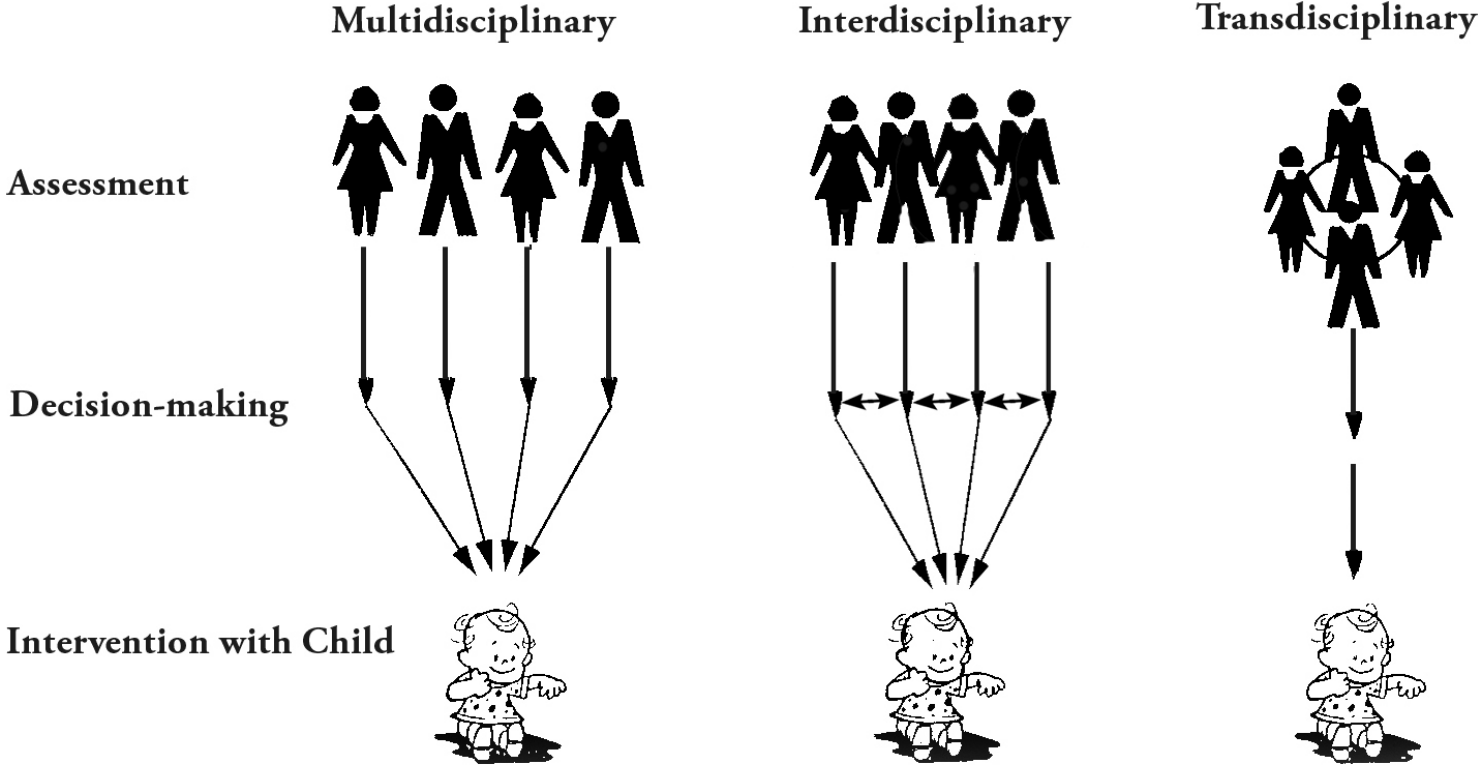
Family- Centered

Care that recognizes and respects the pivotal role of the family in the lives of children. It supports families in their natural caregiving roles, promotes normal patterns of living, and ensures family collaboration and choice in the provision of services to the child.

What Is A Team?

A group of people who are working together and share a common philosophy and common goal.

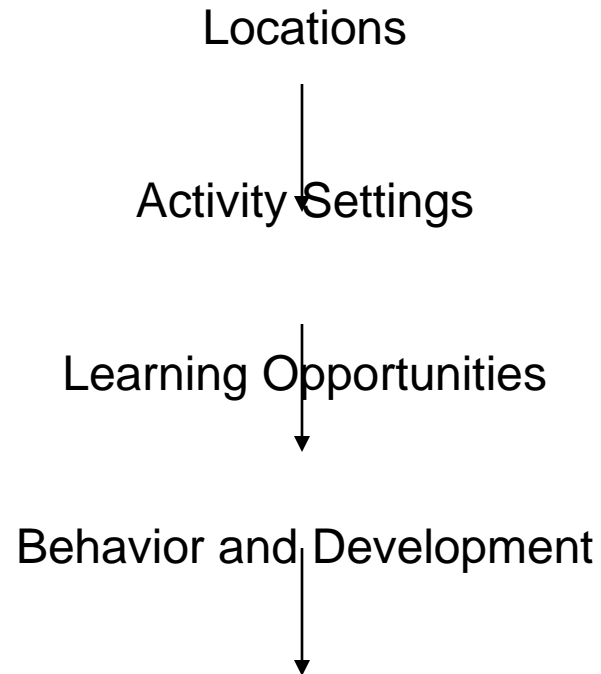
Early Intervention Team Models



Natural Environments

- 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 disability

Relationship Between Locations, Activity Settings, Learning Opportunities, and Behavior and Development



Natural Learning Environments Are:

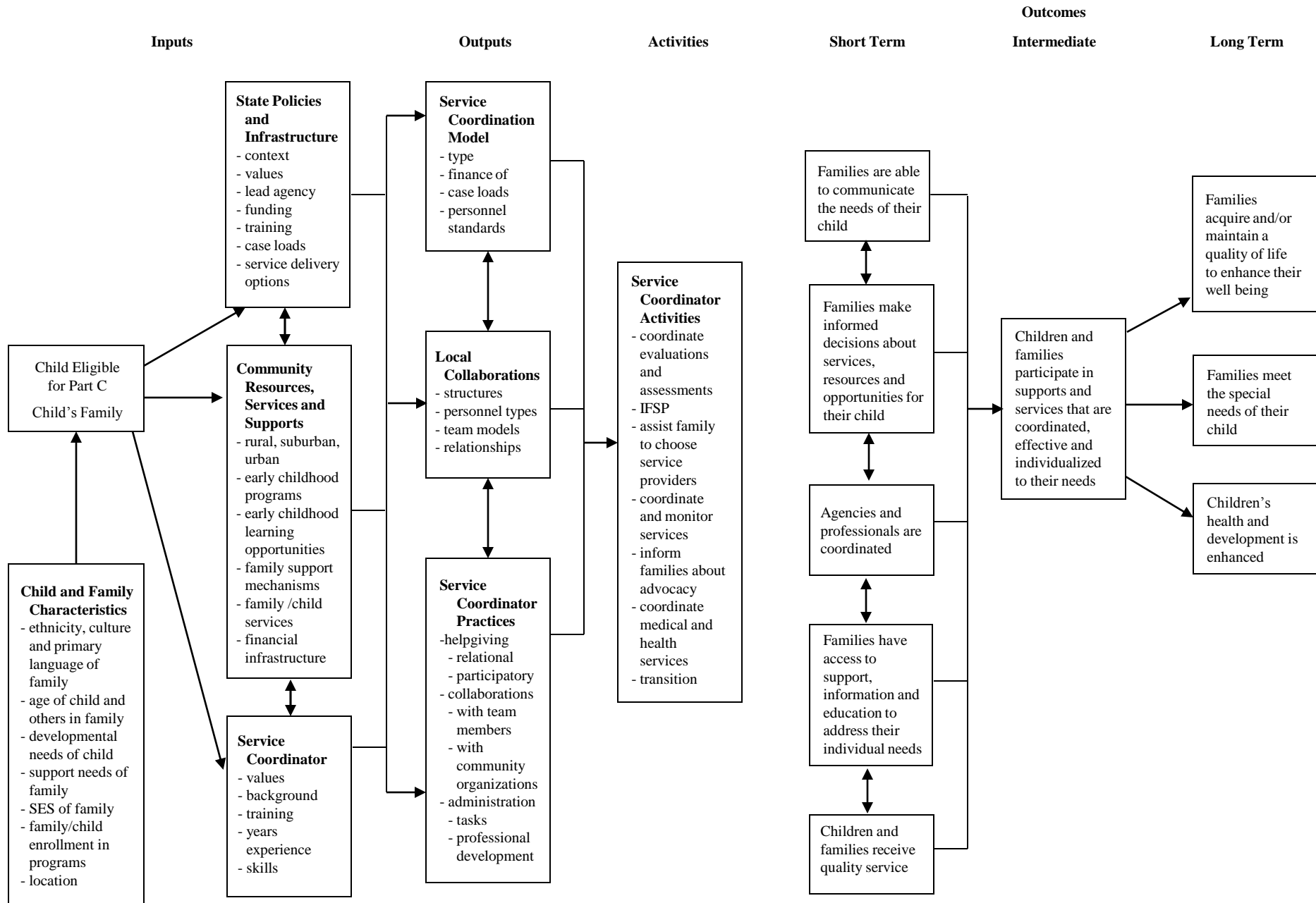
the places where children experience
everyday, typically occurring
learning opportunities that promote
and enhance behavioral and
developmental competencies.

Early Intervention Systems

- State Administered and Defined
- Infrastructure is State Determined
- Must Meet Federal Requirements under IDEA
- Not Necessarily Aligned with Other Early Childhood Initiatives
- Growing in Complexity and management issues

Services in Early Intervention

- Family training, counseling, and home visits
 - Special instruction
 - Speech pathology and audiology
 - Occupational therapy
 - Physical therapy
 - Psychological services
 - Case management services
 - Medical services only for diagnostic or evaluation purposes
 - Early intervention, screening, and assessment services
 - Health services necessary to enable the infant or toddler to benefit from the other early intervention services
 - Social work services
 - Vision services
 - Assistive technology devices and assistive technology services
 - Transportation and related costs that are necessary to enable an infant or toddler or the infant's or toddler's family to receive early intervention services
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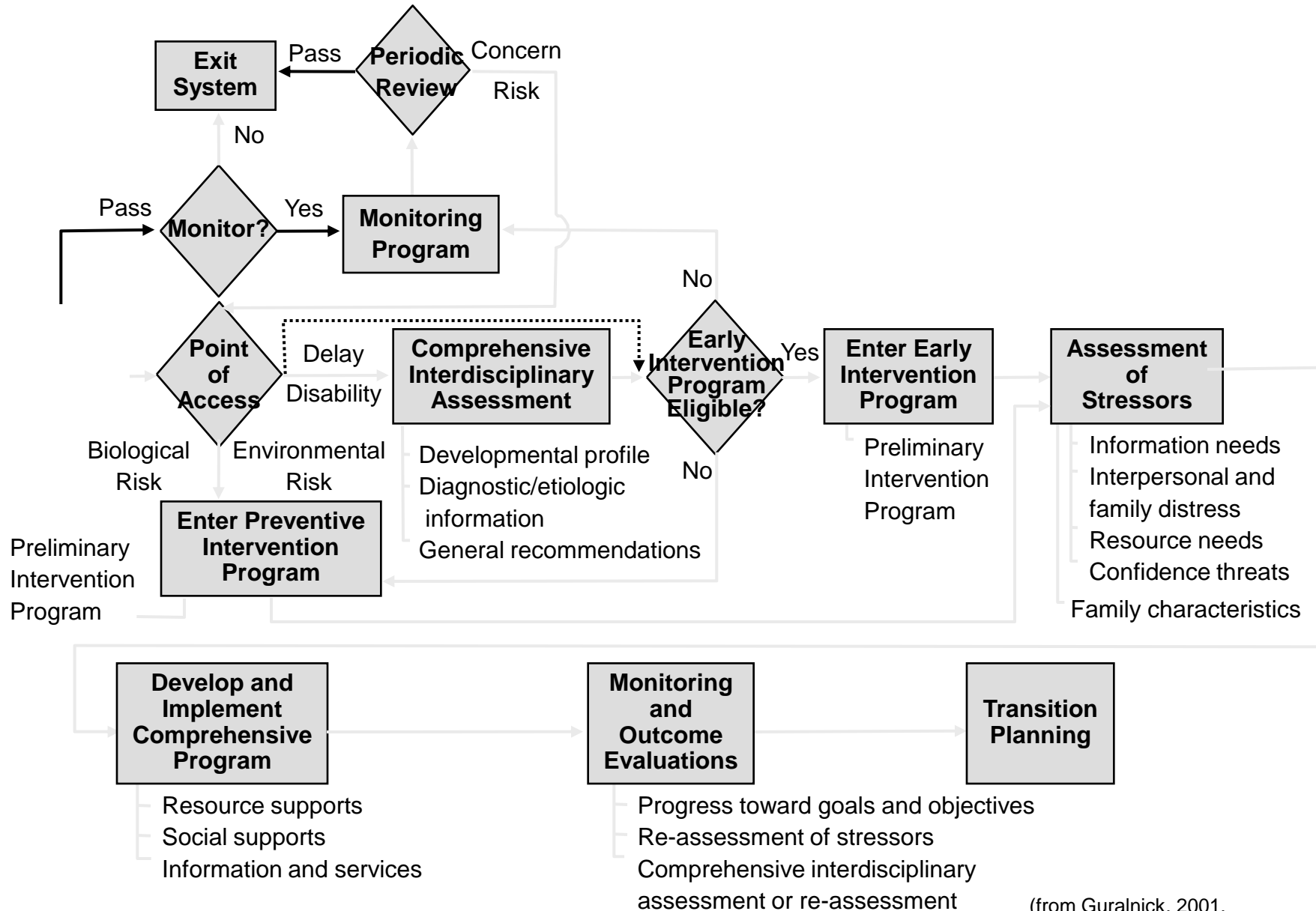


Early Childhood Intervention

Adopting a systems perspective

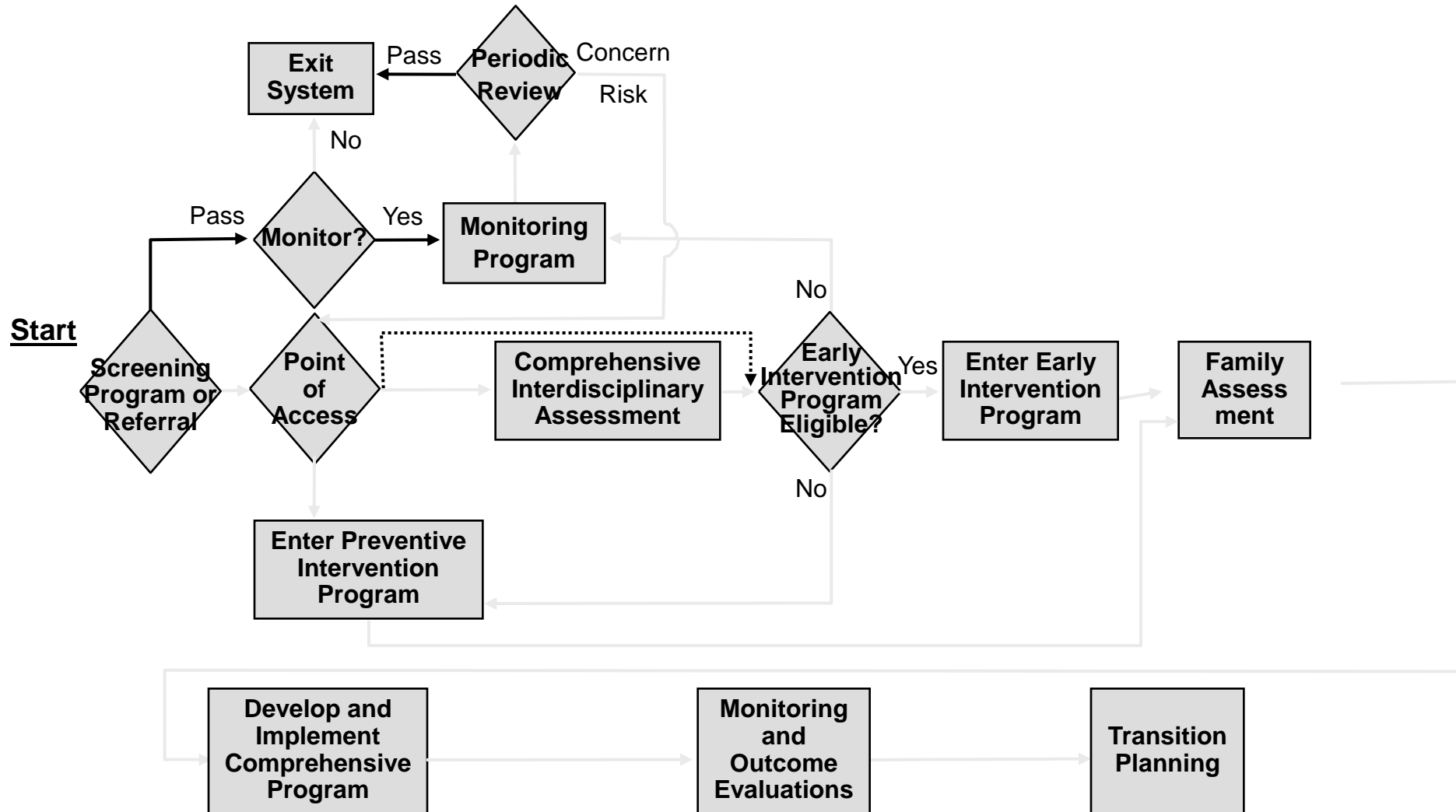
where to begin.....

Developmental Systems Model



(from Guralnick, 2001, *Infants and Young Children*)

Developmental Systems Model



Screening and Referral

Who Screens for What, When, and How?

Recommended Practice?

Reality?

Issues and Concerns in Definitions of Eligibility for Part C

Part C's Inner Conflict

- Eligibility criteria make many children eligible for Part C services
but
- There is no intention to serve most of the children who are eligible

Current Policy Makes Many More Children Eligible for Part C than the Nation Intends to Serve

- Current Part C state eligibility definitions classify more than 12% of children as delayed
- Current capacity is based on a 2% goal
- Service capacity is insufficient to serve all eligible children

Problems with 2%?

- When Part H/C early intervention began the focus of services was on infants and toddlers with moderate to severe disabilities.
- Now Part C serves a broader range of children with developmental delays.
- 2% is not a good estimate for the prevalence of delays.

States Make Eligible Many More Children than are Served

Eligibility More than 12 percent of the nations children who are under 3 years of age are Part C eligible under current state eligibility definitions.

Underenrollment Only about 15 percent of Part C eligible children receive early intervention services.

Access to Early Intervention

Underenrollment – Only about 15 percent of Part C eligible children receive early intervention services.

Racial Disparity – African-American children are half as likely to receive early intervention as white peers.

Problems with Making Far More Children Eligible than are Served

- May create inequities in access to services by failing to engage families with the fewest resources;
- Difficult to predict needs of population served because potential population may be very different than the families who are actually served.

Task

Understanding the causes for the large numbers of presumptively eligible infants and toddlers who do not receive Part C services should begin with an examination of the eligibility definitions that make more children eligible than the Part C system intends to serve.

All Eligibility Definitions are not Equally Valid

- It's important for states to adopt definitions that make eligible only the children the state intends to serve.
- Some states have adopted very broad definitions to compensate for an inability to enroll the national 2% goal.

What is a “Rigorous” Definition?

A rigorous definition of developmental delay is *reliable* and *valid*:

- Reliable – different evaluators can use the definition independently and reach high levels of agreement on who is Part C eligible, also high test-retest agreement;
- Valid – high content validity – stakeholders agree that the definition is consistent with the level of delay that should be Part C eligible.

A Rigorous Definition is Not Enough

How state Part C eligibility criteria are applied impacts enrollment:

- Eligibility criteria must be applied consistently in each community;
- Every community must have an effective process for recruiting Part C eligible children and their families.

Recommendations for Monitoring Part C Child Count

- State and federal agencies should provide more direction regarding appropriate definitions of developmental delay.
- States should be monitored for congruence between the percent expected under their definition and the percent served.

Interdisciplinary Assessment

How is it done with what personnel, what tools and to what end?

Recommended Practice?

Reality?

Assessing Family Status

Who Does What and Why?

Recommended Practice?

Reality?

Family Characteristics

Personal characteristics of parents. Characteristics not related to child's disability or biological risk status (e.g., social support, marital relationship, financial resources).



Family Patterns

Quality of parent-child transactions. Family orchestrated child experiences. Health and safety provided by family. Attitudes and beliefs of families.



Child Development Outcomes

Designing the IFSP and IEP

Who Does It in What Form?

Recommended Practice?

Reality?

IFSP/IEP Model

- Family centered practices of listening and being responsive
- Team collaboration supporting a primary provider
- Derived from, and using child participation in family identified activity settings as the context for learning
- Evaluation of outcomes

The IFSP Process

- Identifying the family's concerns, priorities and resources: beginning a partnership
- Identifying the family's activity settings: the value of home and community
- Identifying the child's developmental strengths and needs in the context of the family's activity settings: functional assessment strategies
- Identifying collaborative outcomes:
 - To enhance family capacity
 - To enhance child competence
 - To expand activity settings

The IFSP Process (cont.)

- Promoting participation in activity settings:
 - adaptations
 - supports
 - intervention strategies
- Assigning responsibilities across team members:
 - collaborative consultation and primary provider
 - building community capacity
- Evaluating progress:
 - the child
 - the family
 - the community

Implementing the Program: Personnel

Who With What Competencies, Discipline, and
Training Background?

Recommended Practice?

Reality?

General Role of Service Providers

To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for:

- 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.

Implementing the Program: Intervention Practices

What Interventions For What Children and
Families, at What Dosage, Intensity and Fidelity

Recommended Practice?

Reality?

Competence and Confidence

How Are We Preparing and Sustaining
the Workforce to Do Their Job?

Activity Setting Recording Form

Interventionist: _____ Date: _____

Parent's Name: _____ Child's Name: _____

EXISTING ACTIVITY SETTINGS	NEW ACTIVITY SETTINGS

Learning Opportunities Recording Form

Parent's Name: _____

Child's Name: _____

Interventionist: _____

Date: _____

Location	Activity Setting	Frequency	Learning Opportunity	Why is it Important?

Situated Learning

- Is embedded in everyday natural environments
- Emphasizes the acquisition of functional competence
- Makes possible increased child participation in those environments
- Is both social and nonsocial

Intervention Strategies

- Instructional Practices
 - Contingent Responsiveness
 - Response Contingent Learning
 - Incidental Teaching
 - Responsive Teaching

Rtl

Is it applicable to Infants, toddlers and families?

When and How?

Monitoring and Evaluation

Ongoing, Systematic, Useful and Valid

Recommended Practice?

Reality?

Child Outcome Indicators

- A. Positive social-emotional skills (including social relationships)
- B. Acquisition and use of knowledge and skills (including early language/communication [and early literacy for preschool])
- C. Use of appropriate behavior to meet needs

Family Outcome Indicators

Infants and Toddlers

Percent of families participating in Part C who report that early intervention services have helped the family

- know their rights
- effectively communicate their children's needs
- help their children develop and learn

Preschool Children

Percent of parents with a child received special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities

Transition

Vertical, Horizontal and Constant

Recommended Practice?

Reality?

OTHER CONSIDERATIONS

Service Coordination

Special Populations

IDEA Outlines

Service Coordination Activities

1. Coordinating the Performance of Evaluations and Assessments
2. Facilitating and Participating in the Development, Review, & Evaluation of the IFSP
3. Assisting the Family in Identifying Available Service Providers
4. Coordinating and Monitoring the Delivery of Available Services
5. Informing Families of Available Advocacy Services
6. Coordinating with Medical & Health Providers
7. Facilitating the Development of a Transition Plan

SPECIAL POPULATIONS

ASD

Complex Medical Needs

Multiple and Severe Disabilities

Capta Kids

Child Welfare and Part C

The *Child Abuse Prevention and Treatment Act* (CAPTA), and the *Individuals with Disabilities Education Act* (IDEA) require state child welfare and Part C early intervention systems to establish procedures for the referral of maltreated and drug exposed infants and toddlers to Part C early intervention services.

High rates of Part C eligibility

47% of children involved with child welfare are likely to be Part C eligible

Underenrollment in Early Intervention

Only about 15 percent of Part C eligible children who are maltreated receive early intervention services.

Serving families with maltreated infants and toddlers

- Most maltreated children who are enrolled in Part C are in out-of-home care.
- Currently Part C has little to offer maltreated children and their families.
- Most Part C service providers are not prepared to work with families that have abused or neglected their children.

Family centered

- Gaining access to the family is a key task.
- The professional walks a tightrope between parent priorities and requirement that parents' caregiving improves.

Collaboration and teaming

- The intensity of service coordination and intervention provided by Part C is often insufficient to address the needs of families in which maltreatment has occurred.
- Most providers do not have the skills needed to engage families and child welfare workers

Natural learning environments

- Parents should be provided opportunities for learning in home and group settings.
- May have to address problems in the natural environment – chaotic or unsafe environments can be important targets of intervention.

Outcomes

- Change in parents' caregiving skills is an essential precondition for child progress.
- Part C service providers should be prepared to teach parents strategies for interacting with their children.

Implications

To ensure that children are appropriately served the child welfare and Part C systems need to address:

- Coordination of referrals
- Capacity to screen and evaluate children
- Capacity to deliver ongoing services
- Quality of service coordination
- Preparation of Part C service providers

Federal Policy Update

Can This Program Be Saved?