

Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places

“By providing strategies to caregivers that allow them to maximize natural learning opportunities in their daily routines and activities, the child has multiple opportunities for intervention across the day, every day, and in contexts that are immediately meaningful to the child and family.” (p.24)

Lee Ann Jung, Ph.D. (2003)

“In developing programs that can last for longer than a treatment session, let alone a lifetime, parents must be made to believe that they know their child’s needs best and that they can work effectively with the therapist acting as consultant and coach to devise means to meet their child’s needs within the context of typical family activities and routines.” (p.8)

Suzann K. Campbell, PT, Ph.D. (1997)

“A major philosophical change that has occurred in early intervention is the shift away from a focus merely on acquisition and practice of developmental skills to functional and social competence.” (p. 18)

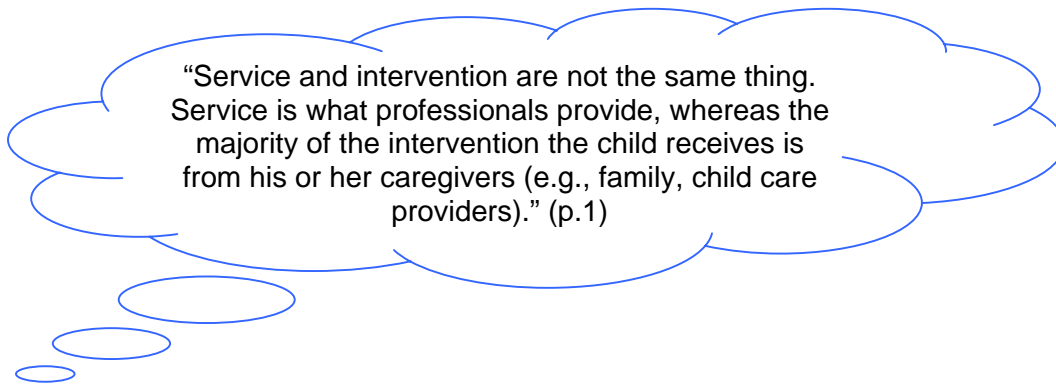
James A. Blackman, MD, MPH (2002)



September 2003

Table of Contents

I.	Introduction/Purpose.....	1
II.	General Characteristics of Virginia's Part C Early Intervention System	2
III.	Specifics About What IFSP Outcomes and Part C Supports and Services Look Like When Contextualized in Everyday Routines, Activities and Places.....	3
IV.	Specifics About The Family-Provider Partnership: Who Provides and Receives Services?	4
V.	Specifics About Where Supports and Services Are Provided	5
VI.	Specifics About Frequency and Intensity of Supports and Services	6
VII.	Summary Table of Key Questions to Begin Conversations with Families Throughout the Part C Early Intervention Process.....	8
VIII.	Additional Reading/Resources.....	9
	Appendix A - Philosophical Tenets of Part C Early Intervention Service Provision	10
	Appendix B - Terms.....	12
	References.....	14



R.A. McWilliam, Ph.D. (in press)

I. Introduction/Purpose

The service delivery considerations and underlying philosophy outlined in this document are intended to provide a basis for a consistent, family-centered, evidence-based and effective approach to Part C early intervention across Virginia. Federal Part C regulations (CFR 303.140(b)) require that a statewide system of early intervention services and state policy are in effect that ensure appropriate early intervention services are available to all infants and toddlers with disabilities and their families. Part C early intervention services are those supports and services that are (1) identified by the Individualized Family Service Plan (IFSP) team, including the parents; and (2) necessary and appropriate to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development (34 CRR 303.12(a)).

As part of the IFSP process, outcomes are identified based on information gathered through the evaluation and assessment process, which includes conversations with the family (with the family's consent) to identify current activity settings, potential child learning opportunities and areas where the family would like assistance, and on functional assessment centered around those activities. After outcomes have been identified, the IFSP team (which includes the family as an equal team member) determines the early intervention supports and services (including frequency and intensity) and the service provider(s) necessary and appropriate to address the outcomes. These necessary and appropriate Part C supports and services are then documented on the child's IFSP.

No two children or families have the same constellation of interests, needs, skills, challenges, resources, desired outcomes, etc. even when they have similar evaluation results. Therefore, a review of any group of IFSPs is expected to show a wide range of supports and services, service frequencies, service providers, service locations, and community resources being used to address individual child and family outcomes.

This document provides *guidelines* to assist IFSP teams in considering a variety of factors as they make *individualized* decisions based on the resources, priorities, needs, interests and desired outcomes for individual children and families. The guidelines are intended to be flexible, not prescriptive or limiting, and are expected to result in provision of supports and services that build on existing child and family strengths and interests and assist the family in achieving outcomes that make a meaningful difference in the life of their child and family.

Please note that this document addresses Part C services other than service coordination (i.e. discussion regarding number of services, providers, and frequency of services does not include service coordination).

The philosophical and research basis for Virginia's approach to Part C early intervention are discussed in Appendix A of this document. A list of terms and definitions is provided in Appendix B.

"If Part C service providers clearly understand their role as coach to families/caregivers, "then all interactions are for the purposes of acknowledging existing strengths of the child and care providers and offering needed, timely supports." (p. 39)
- Rush (SLP), Sheldon (PT) and Hanft (OT), 2003

II. General Characteristics of Virginia's Part C Early Intervention System

- Service coordinators and other Part C providers are responsible for ensuring that families are informed about Virginia's Part C early intervention system including how the system is implemented and the roles and responsibilities of families within that system. Key points to share with families as they enter the Part C system include, but are not limited to, the following:
 - o The focuses of Part C supports and services are on increasing the child's participation in family and community activities identified by the family and supporting the family in identifying learning opportunities and enhancing their child's development.
 - o Parents already do things to teach their children everyday – they are the primary agents of change in their child's development. Therapists, special instructors, and other Part C providers have specialized skills and knowledge and can assist parents and other caregivers to identify and use existing learning opportunities and create new ones as needed to address the outcomes that the family and Part C providers have developed together.
 - o Effective Part C early intervention requires an active parent-provider partnership that includes involvement by the family/caregiver in each early intervention session.
 - o Accommodations, adaptations, coaching with parents/caregivers, and expanding activity settings are important mechanisms for accomplishing outcomes.
 - o Every child, regardless of degree of developmental delay, should make measurable progress.
 - o Families determine whether they would like to participate in Virginia's Part C early intervention system. The Part C early intervention system is one of many options in the scope of programs and services available to young children and their families. Families may choose to supplement the frequency or type of services determined by the IFSP team to be necessary and appropriate under Part C with other services and/or providers that the IFSP team does not identify as necessary to meet the IFSP outcomes. [These non-Part C services are listed by the IFSP team in Section VII of the IFSP - Other Services (services needed but not entitled under Part C).]
- Consideration of family routines, activities and natural settings occurs throughout the early intervention process from child find, evaluation and assessment, and delivery of entitled services on through transition from services. This is the basis for provision of supports and services in natural environments, a concept described as “supports and services in everyday routines, activities and places” (Edelman, L. 1999).
- Families are already very involved in the lives of their children. As service providers, we must ask, “How can we provide supports and services in ways that make it helpful for families to involve us in their lives?” Related questions include determining what kinds of supports and services can assist parents as they enhance their child's participation in family and community life; who is the person on the team best able to assist the child and family in meeting the IFSP outcomes; and when is the best time of day to schedule Part C supports and services to support parents in enhancing the child's participation. ¹

The “daily interactions between families and children have a much greater impact on child progress than do early intervention sessions.”
(p. 23)
- Lee Ann Jung, Ph.D., 2003

¹ Quote and related questions from the 2002 New Mexico Technical Assistance document on Natural Environments

- Service delivery options, including specific supports and services, service providers, and locations of service delivery are determined *after* the desired outcomes and potential learning opportunities have been identified.
- Since Part C early intervention supports and services are determined and provided on an individualized basis, a review of IFSPs in a given locality would reflect a variety of service frequencies and of disciplines providing supports and services for the children and families in that locality.

III. Specifics About What IFSP Outcomes and Part C Supports and Services Look Like When Contextualized in Everyday Routines, Activities and Places

- Individualized outcomes are contextualized, functional and discipline-free (i.e., outcomes are relevant for the family, focus on the child’s participation in activity settings that are important to the family, and focus on the whole child rather than discreet skills). In developing desired outcomes, the IFSP team starts with activity settings in which the family participates and identifies as important and/or activity settings the family would like to pursue. As part of the IFSP process, the family identifies outcomes that are important to them through conversations that focus on child and family interests, current activity settings, successes and challenges.
- Strategies to address the IFSP outcomes focus on interest-based learning opportunities that occur throughout the child’s and family’s daily routines and activities, and recognize the family as the primary agent of change in the child’s development. The child’s family helps the IFSP team and service provider(s) understand the child’s and family’s daily routines and activities. The service provider(s) then assist the family/caregiver in recognizing and utilizing existing and creating new learning opportunities that will help the child reach the desired outcomes. The service provider works with the family/caregiver to design accommodations and adaptations that promote a child’s participation in the activities or routines that take place in natural settings (Campbell, submitted for publication 2003).
- The IFSP team considers multiple factors when identifying appropriate intervention supports and services to address IFSP outcomes, including the expertise needed to support the family, abilities and interests of the child and family, needs expressed by the family, and family and community resources.
- Whenever possible, service providers use items already present in the child’s environment when providing early intervention supports and services in order to assist the family/caregiver to identify what they have in their own environment that can be used during daily routines and activities to accomplish the outcomes.

“This is not to say that efforts should focus on turning the father into a teacher or therapist, but rather early interventionists could give him strategies to recognize and use natural learning opportunities by enhancing the many wonderful things he already does with his daughter.” (p. 23)
 - Lee Ann Jung, Ph.D., 2003

Part C early intervention supports and services occur within and are part of real life.

IV. Specifics About The Family-Provider Partnership: Who Provides and Receives Services?

- In partnering with families to address desired outcomes for their child and family, providers do not leave families on their own to figure out what they want and then “give” it to them. Instead providers join their developmental expertise with the family’s expertise about their child and family in order to establish a shared understanding about how to support the child’s ability to participate in family and community life.² The focus is on expanding the parents’/caregivers’ confidence and competence to identify opportunities to help the child learn during everyday activities.
- Families help identify other caregivers in the child’s life who may be able to assist in addressing the IFSP outcomes. The extent to which other caregivers (such as child care providers, extended family members, respite care providers, etc) are involved in addressing the IFSP outcomes depends on a number of factors including, but not limited to the following: the extent to which the family would like to have these other caregivers involved, how much time the child spends with these other caregivers, and the willingness of these other caregivers to learn and apply strategies for increasing the child’s learning opportunities and ability to participate in the everyday activities.
- Missed appointments and limited caregiver participation in early intervention sessions are cues that discussion is needed with the family to determine if/why the outcomes or supports and services are not meeting their needs and/or what barriers exist to keeping scheduled appointments or becoming involved in sessions. An IFSP review should be conducted to better align IFSP outcomes and/or supports and services with family priorities and/or daily activities and routines in order that the Part C early intervention system can be involved in their lives in a way that is helpful to them and that facilitates and supports the parent-provider partnership.
- In accordance with Federal Part C regulations (34 CFR 303.12(c)), the general role of service providers is to:
 1. Consult with parents, other service providers, and representatives of appropriate community agencies to ensure effective provision of Part C early intervention services;
 2. Train parents and others regarding the provision of these services; and
 3. Participate 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 IFSP.
- The early intervention approach used in Virginia allows for a great deal of flexibility in how the specialized skills of early intervention providers are used in partnership with families to address the desired outcomes identified by the IFSP team – through selection of a primary provider, direct intervention (including hands-on intervention and/or coaching the family as they work with the child),

“Instead of assuming that some families or caregivers will not follow through with strategies, early interventionists should consider what supports a family or caregiver will need to be able to follow through.” (p. 25)

- Lee Ann Jung, Ph.D., 2003

While there are many differences between the more traditional treatment-focused, deficit-based approach to services and the strength-based and support-focused approach described within this document, the provider’s knowledge, skills and expertise are equally important and valued.

² From the 2002 New Mexico Technical Assistance document on Natural Environments

consultation with additional providers as needed, and through the IFSP review process that allows changes to any of the above as needed to meet current IFSP outcomes.

- The IFSP team is responsible for determining the most appropriate Part C service provider(s), based on each child's and family's unique configuration of skills and interests, resources, needs, priorities, and desired outcomes.
- In most cases, one primary service provider working in partnership with the family is appropriate to address the IFSP outcomes. The use of a coordinated, integrated approach to services, with one primary service provider, supports the focus on the natural flow of the family's life within everyday routines, activities, and places and also recognizes that natural learning opportunities and activity settings belong to the child and family rather than to any one discipline.³

"Not every need requires a service."
(p.25)
- R.A. McWilliam, Ph.D., in press

Other team members support the primary provider and the child and family by providing consultation to the primary provider, participating in joint visits with the primary provider to the child and family, and/or suggesting strategies and techniques to enhance progress toward outcomes. The services provided by these other team members are listed as Part C services on the IFSP.

- The match between the IFSP outcomes and strategies and the ability of the provider to support and assist the family in accomplishing those outcomes is the most important consideration in choosing a Part C service provider to partner with that family.
- The IFSP team determines the appropriate early intervention supports and services and identifies the expertise needed to support the parents/caregivers to implement the IFSP strategies. The Part C payor of last resort requirement then may impact the selection of the specific service provider (who has the necessary expertise) who will work with the child and family.

V. Specifics About Where Supports and Services Are Provided

- Supports and services occur in the context of and are integrated into the normal daily activities, routines and environments of each child and family. Supports and services fit into the family's life and build effectively on the resources and supports already in place.
- Supports and services are provided in natural settings, as required by federal Part C regulations related to natural environments. In the rare instances when outcomes cannot be met in natural environments, justification is documented for why the outcome(s) cannot be met in natural settings (as required by Part C, 303.344); and clinic or center-based intervention is provided only after establishing a plan for transitioning intervention into natural settings. The need for services to continue outside of natural environments is monitored carefully, and IFSP reviews are held more frequently to determine whether the child's outcomes can now be met within natural settings.
- For each child and family, the choice of location for supports and services is based on the activities that are being addressed (as identified in the desired outcomes on the IFSP). While the child's home or child care center may be an appropriate setting for Part

"...'moving' noncontextual practices out of therapy rooms and into everyday activity does not make interventions natural learning opportunities." (p. 216)
- Nicole Roper, MA, and Carl J. Dunst, Ph.D., 2003

³ From the 2002 New Mexico Technical Assistance document on Natural Environments

C early intervention supports and services for many children, other natural settings such as a community center, a neighborhood park, the grocery store, etc. may be appropriate instead of, or in addition to, the home or child care center depending on the activity settings and learning opportunities the family identifies as important to them.

VI. Specifics About Frequency and Intensity of Supports and Services

With Virginia's Part C early intervention supports and services focused on enhancing the child's ability to participate in family and community life and supporting the family's ability to enhance their child's development, the questions asked by the IFSP team in determining the frequency of supports and services needed to meet the IFSP outcomes change. The two broad critical questions to ask are:

1. "How often will the child's intervention likely need to be changed?" and
2. "How often does the family need support to be comfortable in using intervention strategies?" (Jung, 2003)

In determining the answer to each of these two broad questions, the IFSP team will consider the following factors:

How often will the child's intervention likely need to be changed?

- Is the relationship between the child/family/caregiver and the provider new (e.g., because they have just begun initial Part C services or there has been a change in providers) or well established? If the family is just beginning services from their initial IFSP, there may be more frequent changes in strategies as the Part C provider continues learning about the activity settings, routines, and how the child responds to proposed strategies.
- Will the strategies used to address the outcomes need to be modified frequently or will the same strategies be used for a long period of time?
- Is attainment of an outcome(s) especially urgent and able to be resolved quickly with intensive intervention (e.g., new referral of a child with non-organic failure-to-thrive, which needs quick resolution; or a child's behavior is prohibiting the family from finding a child care provider to accept the child)?
- Are there a large number and/or wide variety of strategies involved in addressing the desired outcomes or are there relatively few or more similar strategies?
- Is the child progressing at the expected rate in meeting identified outcomes?

How often does the family/caregiver need support to be comfortable in using intervention strategies?

- The family's/caregiver's learning needs in relation to the child's developmental needs and the desired outcomes are considered when determining frequency of services. Services are provided at a frequency that matches the family's/caregivers' need for timely, additional guidance at each visit.
- Do the outcomes identified require a high level of specialized skill to address or are they more easily implemented with minimal guidance and instruction? When a higher level of skill is needed to address IFSP outcomes, then there may be a need for an increased frequency of services and supports for a period of time while the family/caregiver becomes comfortable in implementing the strategies.

- Are the outcomes or strategies new for the child and family? The need to increase frequency of services may be evident when a child enters a new developmental phase and more frequent guidance is needed by the family/caregiver.
- Will the service provider(s) be working with only the family or with other caregivers as well in addressing IFSP outcomes? If the service provider will be working with a variety of caregivers (e.g., parents, grandparents, child care, etc), more frequent services may be needed for a period of time to learn about the child's activity settings and interest-based learning opportunities at these other natural settings and with other caregivers and to teach the various caregivers strategies and skills to address desired outcomes.
- Is the parent's understanding of and/or his or her ability to assist with implementing suggested activities affected by his or her own cognitive or emotional issues? If so, the IFSP team will need to consider how other informal and formal community resources and supports, other caregivers, and direct Part C early intervention services can be combined to best address the full constellation of child and family needs. More frequent Part C early intervention services, however, are not a substitute for an active parent-provider partnership that includes involvement by the family/caregiver in each early intervention session.
- Does the child need intensive, one-on-one support to participate in his/her environment? Under these circumstances, there also may be a need for an increase in support to the family in addressing the IFSP outcomes.

It is expected that the frequency of Part C supports and services will change over time for an individual child and family, sometimes increasing and sometimes decreasing, as the variety of factors outlined above change.

"...since the goal of early intervention should be to support the families' ability to enhance their child's development, visiting too often can send a disempowering message. That is, early interventionists through frequent visits may communicate to families that they are not competent enough to make a change in their children's development and need experts implementing the intervention. On the other hand, early interventionists need to provide adequate support to families...Finding a balance between enough but not too much may be difficult for professionals." (p. 24)

- Lee Ann Jung, Ph.D., 2003

VII. Summary Table of Key Questions/Ideas⁴ to Begin Conversations Among Families and Service Providers Throughout the Part C Early Intervention Process

The purpose of the following table is to provide examples of questions and ideas for service providers to consider in beginning conversations with families and among team members during various stages of the Part C early intervention process. Much of the information can be gleaned through careful listening during conversations with families. It is not recommended that these questions be used verbatim or in a survey or questionnaire format.

Step in the Process	Questions/Ideas to Begin Conversations Among Families and Service Providers	Purpose of Questions
Intake/Assessment	<ol style="list-style-type: none"> 1. Tell me about who is in your family. 2. Who are other caregivers for your child (e.g. extended family, child care providers, etc.)? 3. Tell me about the places your child and family spend time. 4. What is a typical day like for your child and family? Tell me about your current routines and activities. 5. What routines/activities are going well? Which are not going well? 6. What other activities would you like your child and family to be able to participate in? 7. What activities really interest your child? Which interest you? 	To understand who is involved in the child's life and what the child's and family's day-to-day life is like. To gather information needed for establishing outcomes, planning for supports and services, assessing effectiveness of strategies and determining progress.
IFSP Development - Outcomes	<ol style="list-style-type: none"> 1. What activity settings that your family already participates in are most important to you? 2. What new activity settings would you like to pursue? 	To identify the outcomes most important to the family
IFSP Development - Strategies	<ol style="list-style-type: none"> 1. What do you think would help your child be able to participate in the activity settings that are important to your family? 2. What everyday routines, activities and places will we use to help the child learn and practice? 3. What are we doing or will we do to make this outcome happen? 	To identify interest-based learning opportunities that occur throughout the child's and family's daily routines and activities as well as accommodations and adaptations that can be made in order to accomplish the desired outcomes

⁴ Questions gathered from Jung (2003), Campbell (submitted for publication, 2003), McWilliam (in press), and the 2002 New Mexico Technical Assistance on Natural Environments.

Step in the Process	Questions/Ideas to Begin Conversations Among Families and Service Providers	Purpose of Questions
IFSP Development - Part C supports and services, including service provider	<ol style="list-style-type: none"> 1. Which service provider has the necessary expertise and qualifications to support the family? 2. Which other team members will provide consultation to the primary service provider and the family in order to address the desired outcomes? 	To identify the Part C supports and services needed to support the family in implementing the IFSP strategies. This will include identifying the primary service provider and support that will be necessary from other providers on the team.
IFSP Development - Frequency/Intensity of services	<ol style="list-style-type: none"> 1. How often will the child's intervention likely need to be changed? 2. How often does the family/caregiver need support to be comfortable in using intervention strategies? 	To determine the frequency with which Part C services and supports should be provided in order to ensure the child makes expected progress and the family feels appropriately supported.
Early intervention service provision	<ol style="list-style-type: none"> 1. How have things been going? 2. Tell me about how things are going with breakfast, getting people out of the house, etc. 3. Tell me about your weekend. 4. Did you have any appointments? Any coming up? 5. Tell me about any time of day that's not going well for you. 6. In the past week, what time of day has been going well (with or without the child)? 7. Do you have enough to do with your child? Too much? 8. Is there anything else I can help you with? 	To establish/maintain rapport and partnership with the family/caregiver; determine whether existing services, supports, and strategies are working; to celebrate new successes; and to identify any new challenges.

VIII. Additional Reading/Resources

For additional reading and resources on various aspects of Virginia's approach to early intervention, an extensive bibliography can be found at www.coachinginearlychildhood.org/docs/nebibibliography.doc.

Appendix A

Philosophical Tenets of Part C Early Intervention Service Provision

The philosophical approach to early intervention in Virginia (and, indeed, nationally) is continually evolving based upon research findings and experience within the field. Given the current research findings and other evidence described below, the approach to early intervention in Virginia is continuing to shift toward a focus on building on each child's strengths and interests to enhance his/her ability to participate in a way that is meaningful within his/her family and community through a carefully individualized combination of direct intervention (including coaching and when appropriate, hands-on therapy), use of interest-based natural learning opportunities and support to families. More specifically, Virginia's approach builds upon the best of what is already happening in the state's early intervention system and focuses on the following:

- Identifying and using natural learning opportunities;
- Recognizing families as the primary agents of change in their children's development;
- Using one primary service provider, as appropriate for the individual child and family, to support the family/caregivers as they implement IFSP strategies;
- Individualizing frequency of services to meet each child's and family's unique configuration of interests, abilities, needs, skills, resources, priorities, and desired outcomes; and
- Using resources efficiently.

The use of interest-based natural learning opportunities to effectively promote a child's learning and a parent's comfort level in meeting the child's needs is consistently supported in the literature and by research (McLean & Cripe, 1997; Harbin, McWilliam, & Gallagher, 2000; Trivette and Dunst, 2000). Intervention that is embedded within the context of the family's natural environment, such as using the family's regular activities, materials, resources, and places where they spend time, appears to promote positive long-term outcomes for the child and family (Dunst, Herter, & Shields, 2000). It also matters, though, *how* natural learning opportunities are used in early intervention and toward what outcome(s). Hanft and Feinberg (1997) cite studies that have concluded "that intervention to improve specific motor or communication skills without attention to their generalization in daily life skills is ineffective" (p.29). In their article on family-centered functional therapy for children with motor dysfunction, therapists Darrah, Law and Pollock (2001) suggest "that intervention focus equally on changing factors within the environment or task rather than concentrating primarily on changing the abilities of the child." (p. 80). Dunst et al. (2001) also make the following point: Findings from research indicate "that variations in child participation in everyday activity settings are related to parents' and practitioners' beliefs and values about the importance of everyday learning, and that severity of child delay or disability is not as important a factor influencing participation in everyday learning opportunities or the consequences of these experiences." (p. 55).

Virginia's approach to early intervention recognizes the family as the primary influence and change agent in their child's development. Local early intervention systems and their participating agencies and providers have a strong history of providing family support and encouraging active family participation in Part C early intervention services in Virginia. This view is consistent with the statement by Coufal (1993), a speech-language pathologist, that "Because the social environment of a child has great influence upon behavior, there is reliance upon persons within that environment to act as effective agents of change" (p. 4). Research supports this premise with evidence that parent involvement in intervention is a strong predictor of child outcomes (Hanft & Feinberg, 1997). The early intervention service provider serves as

resource, consultant and coach for the family, and this facilitates maximum impact from the provider's time. Rainforth (1997) states, "When physical therapists delegate relevant intervention strategies to family members..., children are allowed to receive more consistent and comprehensive intervention. This is delegation, not abdication, and each therapist maintains accountability for the information and skills shared..." (p.56). Dunst et al (2001) further illustrate this point with the following example: Twice-a-week hourly direct intervention without parent participation accounts for only 2% of the total waking hours of a 1-year-old. On the other hand, each routine that children experience regularly accounts for more than 2,000 everyday learning opportunities by the time the child is one year old, allowing the parent to have a huge impact on the child's development. Service providers can make the biggest difference in the lives of children and families when services focus on supporting and coaching families/caregivers so they can identify and use natural learning opportunities for the child in the course of daily life activities and routines. This is not the same as asking a parent to be a therapist for their child. During a presentation at the 2002 Virginia Early Intervention Conference, M'Lisa Shelden and Dathan Rush pointed out, "If intervention supports the child in daily life activities then intervention is viewed as parenting not therapy."

The approach to service delivery in which one primary direct service provider works with the family is consistently recommended in the literature as the preferred method for the provision of early intervention services (Hanson & Bruder, 2001; Harbin, McWilliam, & Gallagher, 2000; McWilliam, 2000; McWilliam & Scott, 2001; Shelden & Rush, 2001). Other team members consult with the primary provider and/or with the family to suggest strategies and techniques to enhance progress towards outcomes. Determination of service provider is based on a match between the family's abilities, interests, priorities, needs, concerns, and IFSP outcomes and the provider's ability to assist the family (Guralnick, 1998).

In Virginia's approach to early intervention, the frequency of services is individualized to meet each child's and family's unique configuration of skills and interests, resources, priorities, and needs, including the family's need for guidance in relation to their child's development and current desired outcomes. Hanft and Feinberg (1997) note, "Research has been equivocal, and there has been little documentation that specific frequencies of intervention yield particular results on standardized developmental measures" (p.29). The Dunst et al. (2001) example used above illustrates that more of a formal early intervention service may not necessarily lead to better outcomes for the child. In fact, frequent visiting and a focus on direct therapy by the service provider with the child can be counterproductive, leading families to believe that only early interventionists can make changes in the development of children with disabilities and that separate instructional time, outside of their daily routine is needed in order to accomplish outcomes (Jung, 2003). Believing such, families are likely to perceive little reason to follow-through with strategies suggested by the visiting professional.

A common misconception is that the approach to early intervention service delivery described above somehow means less service or poorer quality service for children and families. On the contrary, this approach IS real intervention; and research indicates that it leads to real gains in child development; improvement in the family's feeling of competence in meeting their child's developmental needs; and attainment of meaningful, functional outcomes for children in the context of their family and community.

Appendix B

Terms

Activity setting – everyday family and community experiences, events, situations, and so forth providing children learning opportunities having development-enhancing (or development-impeding) qualities and consequences.

Coaching – a reciprocal process between a coach and learner, comprised of a series of conversations focused on mutually agreed upon outcomes (Flaherty, 1999; Kinlaw, 1999)

Contextually based functional skills – discipline-free, real-life skills that allow a child to participate in activities that are important to the family

Contextually based intervention – provision of supports, resources, coaching to assist families and other caregivers help their child learn during real-life activities in which the child participates

Direct intervention/therapy – a service in which the service provider works directly with the child and family. This can include hands-on intervention and/or coaching the family as they work with the child on the specific activity.

Discipline – (Also referred to as “profession”) a specific occupational category that provides early intervention services to eligible children and families in Virginia’s Part C system

Family/caregiver – a term used to include both the child’s family and any other individual who provides care for the eligible child (e.g., child care provider, grandparents, instructor at a movement class in which the child participates weekly, etc.)

Family-centered practices - relationship-based, culturally responsive practices that focus on the strengths of each child and family. Families are the focus of the intervention; families have the power and are supported to make all important decisions about their child and family; and interventions are provided in ways that strengthen family functioning. (McBride; 1993)

Functional assessment – assessment of the child’s ability to participate in everyday learning activities within the context of family and community life; provides information needed for establishing outcomes and planning intervention, and for assessing the effectiveness of strategies and determining progress.

Hands-on intervention – a service in which the service provider works directly with the child.

IFSP – Individualized Family Service Plan – a written plan for providing early intervention services to eligible children and families that is developed jointly by the family and appropriate qualified service providers, based on evaluation and assessment, and includes services necessary to enhance the development of the child and the capacity of the family to meet the needs of the child. (34 CFR 303.340(b)(1-3)) – i.e. the process (and documentation) by which the family determines the changes they want to see for themselves and their child.

IFSP team – members must include the following: the parent(s) of the child; other family members as requested by the family (if feasible to do so); an advocate or person outside of the family if the parent requests it; the service coordinator; a person(s) involved in conducting the

evaluations and assessments; as appropriate, persons who will be providing services to the child and family. [34 CFR 303.343(a)(1)]

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

Natural learning opportunities – experiences afforded as part of daily living, child and family routines, family rituals, and family and community celebrations and traditions that promote the child's learning and development.

Part C early intervention services - those supports and services that are (1) identified by the Individualized Family Service Plan (IFSP) team, including the parents; and (2) necessary and appropriate to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development (34 CFR 303.12(a)). Supports and services fit into the family's life and build effectively on the resources and supports already in place.

Primary service model – an intervention approach in which a primary provider interacts on a regular basis with the child and family and is supported by team members who provide coaching to that provider to effectively implement the IFSP across activity settings and care providers.

References

- Blackman, J.A. (2002). Early intervention: A global perspective. *Infants & Young Children*, 15(2), 11-19.
- Campbell, P.H. (submitted for publication, 2003). Using Natural Settings as Opportunities for Teaching and Learning: Promoting Participation and Learning.
- Campbell, S.K. (1997) Therapy Programs for Children That Last a Lifetime. *Physical & Occupational Therapy in Pediatrics*. 17(1) 1-15.
- Coufal, K. (1993). Collaborative consultation for speech-language pathologists. *Topics in Language Disorders*, 14(1), 1-14.
- Darrah, J., Law, M., & Pollock, N. (2001). Family-centered functional therapy – A choice for children with motor dysfunction. *Infants & Young Children*, 13(4), 79-87.
- Dunst, C.J., Trivette, C.M., Humphries, T., Raab, M., & Roper, N. (2001). Contrasting approaches to natural learning environment interventions. *Infants & Young Children*, 14(2), 48-63.
- Dunst, C.J., Herter, S., & Shields, H. (2000). Interest-based natural learning opportunities. In S. Sandall & M. Ostrosky (eds.), *Young exceptional children monograph series no. 2: Natural environments and inclusion* (pp. 37-48). Longmont, CO: Sopris West
- Edelman, L. (Ed.). (1999). A Guidebook: Early Childhood Supports and Services in Everyday Routines, Activities, and Places. Early Childhood Connections, Colorado Department of Education.
- Flaherty, J. (1999). *Coaching: Evoking excellence in others*. Boston, MA: Butterworth-Heinemann.
- Guralnick, M.J. (1998). Effectiveness of early intervention for vulnerable children: A developmental perspective. *American Journal on Mental Retardation*, 102, 319-345.
- Hanft, B.E., & Feinberg, E. (1997). Toward the development of a framework for determining the frequency and intensity of early intervention services. *Infants & Young Children*, 10(1), 27-37.
- Hanson, M.J., & Bruder, M.B. (2001). Early intervention: Promises to keep. *Infants & Young Children*, 13(3), 47-58.
- Harbin, G.L., McWilliam, R.A., & Gallagher, J.J. (2000). Services for young children with disabilities and their families. In J.P. Shonkoff & S.J. Meisels (eds.), *Handbook of early childhood intervention* (2nd ed., pp. 387-415). Cambridge, UK: Cambridge University Press.
- Jung, L.A. (2003). More is Better: Maximizing Natural Learning Opportunities. *Young Exceptional Children*, 6(3), 21-26.

- Kinlaw, D.C. (1999). *Coaching for commitment: Interpersonal strategies for obtaining superior performance from individuals and teams*. San Francisco, CA: Jossey-Bass/Pfeiffer.
- McBride, S., Brotherson, M., Joanning, H., Whiddon, D., & Demmitt, A. (1993). Implementation of family-centered: Perceptions of families and professionals. *Journal of Early Intervention, 17*, 414-430.
- McLean, L.K. & Cripe, J.W. (1997). The effectiveness of early intervention for children with communication disorders. In M.J. Guralnick (Ed.), *The effectiveness of early intervention*. Baltimore, MD: Paul Brookes Publishing.
- McWilliam, R.A. (2000). Recommended practices in interdisciplinary models. In S. Sandall, M.E. McLean, & B.J. Smith (Eds.), *DEC recommended practices in early intervention/early childhood special education* (pp. 47-54). Longmont, CO: Sopris West.
- McWilliam, R.A. (in press). Home-Based Services. In M. Wolery, R.A. McWilliam, & D.B. Bailey, Jr., *Teaching infants and preschoolers with disabilities* (3rd ed.). Columbus, OH: Merrill.
- McWilliam, R.A., & Scott, S. (2001). A support approach to early intervention: A three-part framework. *Infants & Young Children, 13*(4), 55-66.
- New Mexico Family Infant Toddler Program (2002). Technical Assistance Document – Natural Environments. (www.health.state.nm.us/itsd/fit).
- Rainforth, B. (1997). Analysis of physical therapy practice acts: Implication for role release in educational environments. *Pediatric Physical Therapy, 9*(2), 54-61.
- Roper, N. & Dunst, C.J. (2003). Communication Intervention in Natural Learning Environments: Guidelines for Practice. *Infants and Young Children, 16*(3), 215-226.
- Rush, D.D., Shelden, L.L., & Hanft, B.E. (2003). Coaching Families and Colleagues; A Process for Collaboration in Natural Settings. *Infants & Young Children, 16* (1), 33-47.
- Shelden, M.L. & Rush, D.D. (2001). The ten myths about providing early intervention services in natural environments. *Infants & Young Children, 14*(1), 1-13.
- Trivette, C.M. & Dunst, C.J. (2000). Recommended practices in family-based practices. In S. Sandall, M.E. McLean, & B.J. Smith (Eds.), *DEC recommended practices in early intervention/early childhood special education* (pp. 39-46). Longmont, CO: Sopris West.