

First Steps

Module 8: Foundational Practices in Early Intervention

Module 8, Tab 1 – Introduction

Module 8: Foundational Practices in Early Intervention are the skills professionals use to be successful during interactions and activities with young children and families. Determining the effectiveness of those skills require careful consideration of multiple sources through evidence-based decision-making. This module identifies foundational practices within key areas of early intervention. Many resources and visual examples will be provided. Upon completion of this module, participants may find it helpful to re-visit the resources and information in this module to guide ongoing practices in early intervention.

The first topic examines key practices needed for effective teaming and collaboration within an Early Intervention Team (EIT) meeting. This includes strategies for interacting and sharing knowledge and expertise in ways that are respectful, supportive and culturally sensitive.

The second topic defines everyday practices and activities in natural environments as an essential part of early intervention. This includes ensuring the right of infants and toddlers with disabilities to participate in the same types of routines, activities, and places available to all infants and toddlers.

The third topic describes the family strengths perspective and how it influences a professional's work with families. This topic also identifies three themes of family-centered practices and describes how these practices should be used during visits and other interactions with family members in home and community settings.

The final topic of this module outlines the common characteristics and use of instructional practices within a routines-based home visit.

OBJECTIVES FOR MODULE 8

1. Define the following terms and describe how they relate to the First Steps program:

- Cultural Competency
- Family Centered Practices
- Family Strengths Perspective
- Natural Environment
- Participatory Skills
- Relational Skills

2. Identify the basic themes provided within The Individuals with Disabilities Education Act (IDEA) that help lay the foundation for early intervention services.

3. Describe the three components of Evidence-Based Decision Making.
4. Increased knowledge of the Seven Key Principles for early intervention and learn what the principles look like.
5. Explain what it means to provide early intervention in natural environments.
6. Identify examples of natural environments for families.
7. Describe three themes of family-centered practices.
8. Describe common characteristics of instructional practices.
9. Explain the phases of implementing instructional practices that are routines-based in a home visit.

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA) is the key federal statute that regulates early intervention programs. Within the legislation, IDEA sets forth a philosophical base, lists what services are to be provided, addresses funding, and spells out mandatory requirements for Part C systems. Within the federal legislation are basic themes that help lay the foundation for early intervention services.

Basic Themes of the Individuals with Disabilities Education Act

- Viewing young children from a whole child perspective
- Working together across service systems
- Promoting development within the context of the family environment
- Respecting and empowering families

These themes are supported through a common mission and guiding principles for providing effective services for young children with disabilities. Each of these themes are described in **The Mission and Key Principles for Providing Early Intervention Services in Natural Environments** document.

The Mission and Key Principles provide the framework for the skills professionals use to be successful during interactions and activities with children and families. They also serve as the guiding principles and practices for services in the natural environment.

The overall mission statement for early intervention programs states, “Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities.” This

mission statement reflects the broad over-arching purpose of family-centered early intervention services.

The Key Principles describe an approach that national experts agree is necessary to provide the best possible services and supports in early intervention. Each principle has descriptive statements illustrating what the principle should “look like” in practice, as well as, what it “doesn’t look like” because too often those practices are still being used.

As a professional working in First Steps early intervention, it is important to have the foundational understanding of federal regulation, as well as, the guiding mission and principles of early intervention before looking closer into practices.

EVIDENCE-BASED PRACTICES IN EARLY CHILDHOOD

A collective goal in early childhood is focusing on “what works,” or finding and using interventions backed by evidence to achieve desired results for children and their families. Evidence-based practices are practices that have been evaluated and proven to achieve positive outcomes for children and families. Professionals can achieve positive outcomes for children and families by implementing evidence-based practices with fidelity.

Many professionals in the field of early intervention are already knowledgeable of evidence-based practices because it was founded in the medical community. With new light being shed on its relevance in early childhood, there is now a bridge between the medical community and early intervention.

The use of evidence-based practices is reflected in **Mission and Key Principle #7 “Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.”**

This principle highlights the professional’s role in knowing the research and the evidence base behind his/her practices. Evolving brain research, research in the field of early childhood intervention, and data from ongoing assessment of children and families all provide rationale for decision making about services. Additionally, professionals keep abreast of relevant regulations and laws using evidence-based practice to amend regulations and laws.

Evidence-based practices in the field of early childhood include three components:

- 1. *Family Wisdom and Values***- The intervention being considered aligns with the experiences, concerns, priorities, and resources of the family, including how an intervention fits within and supports the family’s routines and natural environment.

2. **Professional Wisdom and Values-** As with family wisdom and values, it must also be determined the intervention aligns with professional preparation, experiences, expertise, and values related to quality delivery of services to the family. This source of evidence also provides information about the intervention’s acceptability and feasibility.
3. **The Best Available Research-** This includes review of research summaries and synthesis of existing research showing the intervention being considered will result in positive, meaningful impacts for children and families.



When the three sources of information are considered collectively, it allows for informed decisions in the determination of services, as well as, in evaluation the effectiveness of those services before they are implemented. Professionals working with children and families need to know what evidence-based practices are and how to do them effectively. Professionals can increase their knowledge and understanding of best practices through self-learning resources.

Got Evidence - An Animated Video With Some Questions and Answers about Evidence-Based Practices in Early Childhood

This video illustrates the process of Evidence-Based Practices in early childhood.

RECOMMENDED PRACTICES IN EARLY INTERVENTION

In 2014, the Division for Early Childhood (DEC) developed Recommended Practices (RP). The DEC-RP provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through age five,

who have, or are at-risk for, developmental delays or disabilities. The purpose is to help bridge the gap between research and practice by highlighting those practices that have been shown to result in better outcomes for young children with disabilities, their families, and the personnel who serve them.

The DEC-RP are based on the best-available empirical evidence as well as the wisdom and experience of the field. The practices are organized into topic areas of: Leadership, Assessment, Environment, Family, Instruction, Interaction, Teaming and Collaborating, and Transition. Professionals should view the DEC-RP holistically across all of topic areas, not individually.

The DEC-RP support children's access and participation in inclusive settings and natural environments and address cultural, linguistic, and ability diversity. They also identify key leadership responsibilities associated with the implementation of these practices.

To further support the DEC Recommended Practices, the Early Childhood Technical Assistance (ECTA) center developed and field-tested improvement tools to help professionals implement evidence-based practices. These Practice Improvement Tools guide professionals and families in supporting young children with disabilities across a variety of early childhood settings.

There are several tools to support professionals, including practice checklists, practitioner guides, illustrations of the practices, and guidance. Several practice checklists and practitioner guides will be referenced throughout this module.

TEAMING AND COLLABORATION PRACTICES

Although this module will examine several key areas of practice identified by the DEC, let us begin by looking first at teaming and collaboration practices. According to the DEC, teaming and collaboration practices help promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that services support child and family outcomes and goals.

The purpose of this section is to identify the teaming and collaboration practices needed to conduct and observe during an Early Intervention Team (EIT) meeting.

An introduction to the process and definition of EIT is provided in **Module 6: Early Intervention Teams**, which may need to be reviewed again, prior to completion of this module.

DESE First Steps has not developed an EIT Meeting Observation Tool at this time. The information contained in this section provides a foundation for expected practices and may be revised when the observation tool is complete.

Services for young children with disabilities, by nature, always involve more than one adult. The quality of the relationships and interactions among these adults affects the success of these services.



The diverse needs of young children with disabilities and their families require supports from a variety of First Steps providers representing different disciplines. This collaborative effort can help to avoid disjointed situations where each provider works in isolation and continuity of services are effected.

Through collaborative efforts of teaming, children and families can benefit from many skills and perspectives. Additionally, providers use teaming to expand services, share resources, support families with more accessible services, and promote community-wide planning.

As members of the early intervention team (EIT) strategize during meetings, the recommended practices for teaming and collaborating are especially relevant when discussing evidence-based decision-making. Teaming and collaboration practices should include strategies for **interacting** and **sharing knowledge and expertise** in ways that are respectful, supportive, and culturally sensitive.

1. Interacting

The *Communication for Teaming and Collaboration Practices Checklist* includes examples of verbal and written communication skills for building team relationships needed to work together effectively to gather and convey vital information for providing services and supports for children and families. The checklist indicators can be used by team members to assess whether quality communication is taking place during all formal and informal team interactions and to develop a plan for any improvements that may be needed.

The *Team Members Engaging in Quality Communication Practitioner Guide* suggests a few simple things can help ensure communication attempts are successful. The communication can include emails, text messages, notes, or reports. Other times the communication includes phone calls, face-to-face meetings with one person, or during group meetings. All of these communications involve verbal and non-verbal messages or actions to make sure others understand the intent of a message.

2. *Sharing Knowledge and Expertise*

The *Collaboration to Learn and Grow Practices Checklist* includes steps and actions team members can take to share and gain expertise in order to provide effective interventions that meet the unique needs of individual children and their families. A team that uses adult learning methods/teaching strategies to share knowledge and skills has a much better chance of achieving this outcome than any one-team member working alone.

The *Team Members Helping One Another to Learn and Grow Practitioner Guide* suggests there are many opportunities for team members to assist each other to expand their knowledge and learn to use new practices. This practice guide includes activities team members can do to actively and meaningfully support other members to grow and learn.

In summary, the following teaming and collaboration practices are recommended for practitioners in First Steps:

1. Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
3. Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.
4. Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.
5. Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

Source: Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Teaming and Collaboration Practices. Retrieved from: <http://www.dec-spced.org/recommendedpractices>

LOOKING AT EARLY INTERVENTION TEAM PRACTICES



As presented in this module, evidence-based practices are practices that have been evaluated and proven to achieve positive outcomes for children and families. One way professionals can achieve positive outcomes for children and families is by contributing as a collaborative member of the early intervention team (EIT).

Being an effective team member requires ongoing implementation of the process used in the Three Circles of Evidence-Based Practices, along with personal and team reflection on teaming and collaboration practices. Observations of EIT meetings provide an opportunity to examine the teaming and collaboration practices necessary to ensure effective team meetings. EIT meeting observations should look closely at logistical aspects, facilitation skills used and participant interaction styles (Shelden and Rush, 2013).

Practices expected in First Steps related to logistics include things like:

- Proper planning for the EIT meeting (e.g. meeting times and locations conducive to all team members)
- Establishing ground rules for meetings

- Participation by all team members

Practices expected in First Steps related to facilitation skills used include things like:

- Clear understanding of team member roles
- Using a meeting agenda to increase efficient use of time
- Keeping meeting minutes to document important points of discussion and the next steps for interventions

Practices expected in First Steps related to participant interaction styles include things like:

- Sharing information with all team members in a clear manner
- Using active and reflective listening skills
- Facilitating the EIT meeting to include each member equally

REFLECTIVE QUESTIONS

1. How do you demonstrate key principle #7 (i.e., using interventions based on best available research) in the work you do with children and families?
2. Where do you go for support and resources related to evidence-based practices in early intervention? How often do you need support?
3. Think about a successful team that you know or have been part of. Describe characteristics of the team, including its strengths.

Module 8, Tab 2- Natural Environment Practices

The natural environment for young children with disabilities includes places families spend time, the toys children use in playtime and the interactions children have throughout the day with people they know best.

Natural environments are an essential part of early intervention. The IDEA ensures the rights of infants and toddlers to be included and participate in the same types of routines, activities and places available to all children.

IDEA and the Natural Environment

The term natural environment was first used in the 1986 legislation and remains in the current IDEA. The definition reads “to the maximum extent appropriate services are provided in natural environments, including the home and community settings in which children without disabilities participate.”

Of course, a location for services such as the home or childcare center meets the literal interpretation of natural environment in the law; however, focusing on the location alone falls short of meeting the best practices intent of the law. The ordinary activities that make up families’ everyday lives provide young children many different kinds of learning opportunities. Young children learn best when they have many chances to participate in everyday activities they find interesting and where adults respond to children’s behavior in ways that help them develop. The more opportunities children have to actively participate in everyday learning activities, the more opportunities they have to practice existing skills and explore new ones.

Support of early intervention services in the natural environment is reflected in **Mission and Key Principle #1- “Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.”**

This principle highlights the importance of these relationships and these naturally occurring tasks and routines. Key concepts related to this principle include: (1) Learning occurs through participation in a variety of enjoyable activities and (2) learning is relationship-based. As infants and toddlers participate in a variety of enjoyable activities, they have more opportunities to build upon skills they previously mastered.

Key Principle #1

This video illustrates Key Principle One –“Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.”

NATURAL ENVIRONMENT PRACTICES

Young children with disabilities learn, play, and engage with adults and peers within a multitude of environments such as home, preschool, childcare and the neighborhood. Environmental practices refer to aspects of the space, materials (e.g., toys, books), equipment, routines, and activities that practitioners and families can intentionally alter to support each child's learning.

The purpose of this tab is to identify the natural environment practices necessary to address the concerns and priorities identified through the Family Assessment.

An introduction to the process and definition of a family assessment is provided in **Module 2: Eligibility Determination** and **Module 4: Transition**, which may need to be reviewed again, prior to completion of this module.

DESE First Steps has not developed a **Family Assessment Observation Tool** at this time. The information contained in this tab provides a foundation for expected practices and may be revised when the observation tool is complete.

Natural environment practices encompass the physical environment (e.g., space, equipment and materials), the social environment (e.g., interactions with peers, siblings, family members) and the temporal environment (e.g., sequence and length of routines and activities). They relate to not only supporting the child's access to learning opportunities but also ensuring their safety.

It is important for professionals to remember that these environmental dimensions are inextricably intertwined for young children with disabilities and their families. Through implementation of natural environment practices, professionals and families can promote responsive caregiving and learning environments that can foster each child's overall health and development.

Lets take a closer look at natural environment practices in action. Look at this picture. Does it illustrate the full intent of early intervention in natural environments? The parent is wearing the bright blue shirt and is on the couch. The professionals are on the floor with the twins.



It actually does not. Notice how the professionals are working with the children while the mother sits on the couch and observes. Granted, the intervention is in the family's home but the interactions fall short of meeting the intent of the law and the provision of services in natural environments. The parent is being regarded as a passive participant while the professionals engage the children.

Now let's see another example of intervention in natural environments. Does this illustrate the full intent of early intervention in natural environments?



It does. In this picture see how the professional is supporting the parent as she works to help her daughter learn how to get off the couch safely. The professional took the time to know the family and their daily routines and works with them to address their priorities in meaningful contexts.

To further support professionals' understanding and implementation of natural environment practices in early intervention, the DEC-RP offers improvement tools and resources (provided below) to guide professionals in supporting young children with disabilities across a variety of early childhood education settings. The tools support use of learning opportunities and adaptations needed for early intervention in the natural environment.

The *Natural Environment Learning Opportunities Practices Checklist* includes the types of environmental factors and adult (parent or professional) practices that can be used to engage children in everyday activities to encourage and sustain child learning in the activities. The checklist practices include a mix of learning opportunities based on child interest, along with, positive adult responsiveness to sustain child participation in the learning activities.

The *Adapting Children's Learning Opportunities Practitioner Guide* suggests the more opportunities children have to actively participate in everyday learning activities, the more opportunities they have to practice existing skills and explore new ones. Making sure all children

can access materials and activities within their daily environments encourages independence and enhances early intervention goals.

Early intervention in natural environments is beginning with what the family identifies as important, what they want help with, and what works in partnership with families to identify and enhance natural learning opportunities.

Natural Learning Opportunities encompass four themes:

- 1. Natural learning opportunities provide children more practice opportunities:** The incredible importance of natural environments is that they provide young children so many learning opportunities to practice the skills and behaviors needed for their successful participation in day-to-day activities. After all; children naturally spend more time with their parents and caregivers than they ever would spend with an early intervention provider.
- 2. Natural learning opportunities naturally facilitate generalization of learning:** Natural environments facilitate generalization of learning throughout all the natural learning opportunities of the day. Children are not expected to take what is learned in a clinical setting and then apply it to their home and family life. It is practiced right where it needs to happen. It also does not burden families to find ways to fit extra things into their already busy lives.

Early Intervention: A Routines-Based Approach - Part 1: Traditional vs Routines

This video demonstrates how natural environments and family day-to-day routines and activities provide natural opportunities for children's learning.

- 3. Natural learning opportunities acknowledge the natural role parents play:** Providing intervention in natural environments acknowledges the essential role parents play as the most influential people in the child's life – the natural facilitators of children's learning in the early years and beyond.

Early Intervention: A Routines-based Approach - Part 2: What Intervention Can- and Should-Look Like

This video demonstrates the value of empowering families and building their confidence and competence using family centered practices.

- 4. Service in natural environments capitalize on using the materials, activities, routines, interactions and locations already in the family's life:** By providing early intervention in natural environments, we can capitalize on using the routines, activities and things the family already does. The role of the early intervention provider is then to assist the family

to discover, use and expand on these opportunities. Doing so enhances participation, engagement and learning throughout the day.

Remember that providing services in natural environments and supporting families' priorities means that intervention visits may occur in places other than the child's home. You may meet the family at a local restaurant, the grocery store, the playground, or any other place they go and would like early intervention support to address the functional outcomes they prioritized for their family.

Scheduling visits may also look differently when providing services in natural environments. To address a particular issue or concern, the provider may need to be with the family at the time of day that this occurs rather than a pre-set weekly time. Being there with the family allows the provider to see what is or is not working, to effectively and collaboratively identify strategies and to try those strategies in the moment to see if they are workable for the family.

The way early interventionists spend their time during their visits should be somewhat organic in nature and follow the family's lead within their routines, activities and priorities. This may take some time and practice to learn how to be flexible with this process rather than focusing on your own ideas, lessons and goals for what you want to accomplish.

Natural environments go beyond the location by considering how services are provided in the context of what families naturally do, as well as where they do them and who they do them with. Additionally, the priorities of the family must always be considered as they serve as the premise of IFSP outcomes.

Supporting family priorities in the natural environment is reflected in **Mission and Key Principle #5- "IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities."** This principle highlights the way functional outcomes address the needs of the child in a meaningful way for the family. Functional outcomes are not based on test items or other criteria that have no significance to the family. Functional outcomes build on the child's natural motivations to learn and strengthen what is important and already happening in the family's daily life. The ultimate goal of a functional outcome is to have practical improvements in the child and family's life within the natural environment.

Key Principle #5

This video illustrates Principle Five – "IFSP outcomes must be functional and based on children's and families' needs and priorities."

CHALLENGES IN THE NATURAL ENVIRONMENT

Working with children and families within the natural environment can present many challenges and often requires creativity and "out of the box" thinking in how services are delivered. A common challenge professionals face is what to do when a family has limited resources. Many professionals were trained in a clinic model where the clients came to them and all materials were right there. When the natural environment does not lend itself to having many materials and toys

available, professionals can feel pressured to bring in toys and other things that are needed for intervention.

Think About This Scenario: *The professional arrives at the family's home and quickly realizes the family does not have many toys for their child to play with. When preparing for the next visit to the home, the professional wants to bring some toys and give them to the family, but how might the family respond? What does this DO for the family?*

This scenario is based upon the professional's perception that the family did not have many toys. This perception can result in possible negative consequences, including the family feeling they have not sufficiently provided for their child, the family feeling less confident about being able to provide for their child, or the family becoming more dependent on others to provide for them.

If the professional considered the **relationship** and **participatory** components of family-centered practices, there might have been alternative ways to be more helpful to the family, including:

- Finding out if having more toys is a priority for the family
- Thinking about the child's interests in order to identify activities that could promote learning with the family
- Finding out the activities the family already does and explores how those activities may be used as learning opportunities

As professional's think about how some parents do not sit and play with toys with their children every day and showing parents how to do that will not necessarily affect what happens day-to-day. However, even if parents do play with their children every day, if the professional shows them how to use toys brought into the home, then it's still up to the parent to try to replicate that play with their child when the professional and his/her toys aren't there.

Families Talk About the Toy Bag

This video demonstrates what one family says about how it made them feel when an early intervention provider brought toys to their home and what they say about the benefits of using their own toys and materials.

There are alternatives to using a toy bag in the family's home as described in the following steps.

12 Steps to Getting Rid Of Your Toy Bag

By Angela Ziehmke, MA, CCC-SLP

1. Consider why you think you need your toy bag and how families and children will benefit if you don't bring it.
2. Recognize that it is easier to take out toys one by one and conduct a session with the child, but is that the purpose of early intervention?
3. Identify how bringing in unfamiliar toys alters a child's familiar environment and disrupts the natural learning opportunities with parents, siblings, and friends.
4. Think about familiar environments, and identify opportunities for learning in each of a child's natural environments (home, neighborhood, community).
5. Look carefully for what can be used that is already in each family's home and community to illustrate a concept that you typically "teach" with a specific toy.
6. Recruit key players who are interested in being "right there" with a child. Figure out strategies with them to e-x-p-a-n-d play and participate in daily life.
7. Think about how you will talk with parents to find and use what is familiar, meaningful and accessible to them and their children.
8. Consider varying the settings for visits by exploring and adapting within a variety of family-preferred locations, both inside and outside the home.
9. Talk about the family's routines and identify with the parents what is already working for them in supporting their child's development.
10. Dialogue with parents about adapting their existing routines, celebrations and special activities to promote their child's learning and enjoyment.
11. Model an interaction or technique for a parent using a child's familiar toys, play and activity situations.
12. Take a deep breath-and leave your toy bag behind!

Source: Reprinted with permission from AAHBEI, Twelve Steps to Getting Rid of Your Toy Bag. (March 2009). News Exchange Newsletter, 14 (1), p. 3.

SAFE HOME VISITING IN THE NATURAL ENVIRONMENT

Early intervention services for children and families, including home visiting, are provided in a child's natural environment, including the home, daycare, park or library. As a home visitor, you

are an invited guest in a family's home. You may be walking into an uncertain environment with unknown obstacles, scenarios and dangers. Being aware of ones surroundings, under all circumstances, is very important to ensuring safety of the home visitor.

The following video explains key components to home visitor safety. The presenters describe strategies a home visitor should use before, during and after a visit to prepare for any situation that may arise. As you watch, think about how you could use these strategies before you conduct a home visit.

Am I As Safe As I Can Be?

This video describes strategies a home visitor should use before, during and after a visit.

As presented in this module, evidence-based practices are practices that have been evaluated and proven to achieve positive outcomes for children and families. Professionals can achieve positive outcomes for children and families by utilizing the natural environment for service delivery and using natural learning opportunities to help support the family's priorities.

In order to use natural learning opportunities to support services in the natural environment, professionals must first understand the family's concerns, priorities and resources related to their child's development and learning. Identifying the family concerns and priorities helps the Individual Family Service Plan (IFSP) team develop functional outcomes and identify the services, supports and strategies to accomplish those outcomes. The identification of family resources helps the team know what family supports are already in place to address the identified outcomes.

Because children learn best in the context of everyday activities, families are asked to describe their daily routines and activities in terms of what interests and engages their child, what is going well and what challenges they face. Sharing this information helps to identify difficulties that professionals may problem-solve with families. Moreover, professionals and parents can determine the routines in which to embed interventions and learning opportunities.

Often families would like to participate in new activities or access community resources but need help including their child with disabilities. Accompanying the family on an outing, problem solving with families, preparing and supporting community providers are examples of the ways providers can help families engage in new activities that have natural learning opportunities for their child.

The family assessment offers an opportunity to capture important information related to the family's concerns, priorities and resources. The practitioner's access to this information is critical in planning for a child's IFSP and ensuring services take place in the child's natural environment.

In summary, the following environment practices are recommended for practitioners in First Steps:

1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.
2. Practitioners consider Universal Design for Learning principles to create accessible environments.
3. Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.
4. Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences.
5. Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.
6. Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.

Source: Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Environment Practices. Retrieved from <http://www.dec-spced.org/recommendedpractices>

The focus of natural environment practices is to meet families where they are and develop early intervention strategies that make sense for their daily life. When the parent's priorities, natural environment and everyday routines are considered, early interventions are most likely to be implemented in a meaningful way.

Looking closely at early intervention practices in the natural environment, along with consideration for the family's concerns, priorities and resources, provides a direct correlation to improved outcomes for children and families.

Family Assessment observations provide an opportunity to ensure family concerns, priorities and resources are captured accurately and lead to establishment of IFSP outcomes, as well as, services in the natural environment (McWilliam, 2012).

Practices expected in First Steps related to the family assessment should center-around:

- Preparing the family for the routines-based conversation
 - Obtaining information about the child's level of functioning within routines that focus around the child's engagements, independence and social relationships
 - Determining the family's level of satisfaction within those routines
 - Determining family-level needs, not necessarily tied to routines
 - Family selection of outcomes/goals based on their concerns
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REFLECTIVE QUESTIONS

1. How does information about a family's surroundings, relationships, activities and places influence your work?
2. What are some of the considerations for services in the natural environment when the setting is a childcare program versus in the child's home?
3. Name three strategies to use in a home visit in place of using a toy bag.

Module 8, Tab 3 – Family Strengths Perspective

Utilizing a *Family Strengths Perspective* helps professionals approach families with a positive, optimistic viewpoint. This perspective does not ignore problems that arise; instead, it uses a challenge as a way to make a connection with the family and focus on their strengths. If you look only for problems when working with a family, you will see only problems. If you also look for strengths, you will find strengths.

The family strengths perspective is reflected in **Mission and Key Principle #2** – “**All families, with the necessary supports and resources, can enhance their children’s learning and development.**”

This principle highlights that all families, with the necessary supports and resources can enhance their children’s learning and development. We know that parents are their child's best teacher. Regardless of educational level, culture, socioeconomic status or any other variable, ALL families can support their child's development. Individual families, however, may need differing levels of support from the early intervention team (EIT).

Key Principle # 2

This video illustrates Principle Two – “All families, with the necessary supports and resources, can enhance their children’s learning and development.”

All families have challenges and all families have areas of potential growth. Strengths develop over time. When families and early intervention professionals start out working together, they may have some difficulty adjusting to each other due to different perspectives and beliefs. Sometimes adjusting to each other is not an easy task, but even early intervention relationships that start out shaky can end up creating productive and helpful home visits with families.

It is common for strengths to be tested as a family moves through various stages of early intervention. For example, families may struggle as they learn to cope with their child’s new diagnosis or as their child approaches age three and conversations occur about transitioning out of First Steps. Hang in there – it is during times like these that early intervention professionals can focus on the families’ strengths and make a lasting positive impact.

A growing body of research and evidence has shown support for a family strengths perspective as a means to identifying “what works” for the child and how to develop strategies to match the child’s abilities. Early intervention professionals may draw many conclusions about the family strengths perspective as outlined in the *Family Strengths Perspective* document.

When professionals maintain the family strengths perspective in their work within early intervention, it makes the implementation of family-centered practices seem like a natural fit in service delivery.

FAMILY- CENTERED PRACTICES

Family-centered practices should be used during visits and other interactions with family members in home and community settings. The term family-centered appears in almost all helping fields such as social work, medicine and since the 1990's, in early intervention. At its most basic level it is made up of a set of interconnected beliefs and attitudes that are foundational to how families are viewed, relationships are built and how help is provided.

The purpose of this tab is to identify the family-centered practices related to observing an IFSP Meeting. An introduction to the process and definition of an IFSP Meeting is provided in **Module 3**, while considerations for family engagement is provided in **Module 5**. Both modules may need to be reviewed again, prior to completion of this module.

To support professionals' understanding and implementation of family-centered practices in early intervention, a variety of improvement tools are available based on the Division for Early Childhood (DEC) Recommended Practices (RP). These tools and resources (provided below) guide professionals in supporting young children with disabilities across a variety of early childhood settings.

According to the DEC- RP, family-centered practices refer to ongoing activities that: (1) promote the active participation of families in decision-making related to their child (e.g., assessment, planning, intervention), (2) lead to the development of a service plan (e.g., a set of goals for the family and child and the services and supports to achieve those goals), or (3) support families in achieving the goals they hold for their child and the other family members.

Family-centered practices encompass three themes:

- 1. *Respectful practices:*** Practices that treat families with dignity and respect; are individualized, flexible, and responsive to each family's unique circumstances; provide family members complete and unbiased information to make informed decisions; and involve family members in acting on choices to strengthen child, parent and family functioning.

The *Family-Centered Practices Checklist* includes the kinds of respectful professional's behaviors that are indicators for treating parents and other family members in a family-

centered manner. The practices are used as part of engaging parents and other family members in child, parent-child, parent and family interventions.

The *Family-Centered Practitioner Guide* offers professionals specific suggestions to support respectful practices by building relationships, as well as, indicators to evaluate their effectiveness. These practices include two key elements: Relationship building and participatory parent and family involvement. Both practices, when used together, increase the likelihood that any type of intervention practice done in a family-centered manner will have optimal parent, family and child outcomes and benefits.

- 2. *Capacity-building practices:*** Practices that include the participatory opportunities and experiences afforded to families to strengthen existing parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy beliefs and practices.

The Family Capacity-Building Checklist includes practices for engaging parents and other family members in using child-level interventions to promote child learning and development in ways that strengthen parenting confidence and competence. The capacity-building practices are used by a professional to promote a parent's understanding and use of everyday activities and routines as sources of child learning opportunities.

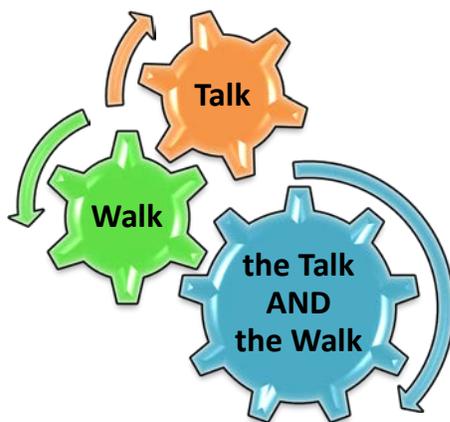
The *Family Capacity-Building Practitioner Guide* offers professionals specific suggestions to support and strengthen parents and other caregivers' abilities to provide their children everyday learning opportunities, as well as, indicators to evaluate their effectiveness. This is accomplished using a number of different strategies for supporting and strengthening parents' use of everyday activities to promote child learning and development.

- 3. *Collaborative practices:*** Practices that build relationships between families and professionals who work together to achieve mutually agreed upon outcomes and goals that promote family competencies and support the development of the child.

The *Families Are Full Members Checklist* includes steps and actions teams can take to ensure families are included collaboratively and seen as valued experts who are considered vital to effective team functioning. All team members, including family members, are involved and engaged in various ways and to varying degrees over time. Families need to be supported to increase their level of involvement as comfort and trust build, as the team grows and learns together.

The *Teaming and Collaboration Practitioner Guide to Help Families Be Full Team Members* includes suggestions for professionals to actively and meaningfully involve family members in assessment, planning and intervention practices.

Keeping in mind these three themes of family-centered practices can assist professionals in their early intervention work. The themes can serve as a guide or an over-arching approach to maintaining family-centered practices. However, it is critical that our walk and talk are in synch. Simply talking the talk or just walking the walk does not ensure the genuine application of these essential practices that lead to high quality early intervention and positive outcomes for children and families.



Using the DEC-RP tools referenced for each theme provides professionals with a way to examine their implementation of family-centered practices. The performance checklists help professionals improve their skills, plan interventions and self-evaluate their use of evidence-based practices. Practice guides explain how the professional can implement and evaluate the identified practices.

FAMILY-CENTERED PRACTICES THROUGH FAMILY INVOLMENT AND FAMILY ENGAGEMENT

Professionals often hear the phrases “family involvement” and “family engagement” but what do those concepts mean? What do they look like? Family involvement and family engagement both include interactions with families. The difference lies in how we define each of the terms and research that has identified the subsets of skills within each that professionals use when demonstrating family centered practices. When we understand the differences between family involvement and family engagement, we can make better choices about practices and activities that are based on early intervention goals.

Family Involvement

Family involvement includes an exchange of information about the child and what happens at home. Professionals may offer advice or recommend resources to address challenges. For example, a provider may give written information to a parent about toilet learning for his toddler, or invite

a parent to share information about what quiets the child at naptime. With family involvement, typically the early intervention professional initiates the discussion for the sole purpose of gaining information.

Relational skills and behaviors are the things professionals do to get families involved and help build relationships as part of family-centered practices. Meaningful relationships get us closer to effectively partnering with families. Relational skills and behaviors include:

- listening actively
- showing compassion
- being empathetic
- respecting and valuing the other person
- being non-judgmental
- offering help that matches what is desired, and
- believing parents are both capable and competent

Family Engagement

Family engagement happens when early childhood professionals and families engage in an interactive process of relationship building. The process is mutual, respectful, and responsive to a family's language and culture. In this approach, professionals partner with families to share responsibility for the care and learning of children. For example, a provider may work with a parent to plan ways to support the child—a team approach that includes everyone at home and in First Steps. Providers make a point to check in, to revisit a plan and meet when new ideas are needed.

Family engagement efforts support the parent-child relationships that are key to a child's healthy development, school readiness and well-being not only now but also in the future. It is important to remember, family engagement is ongoing and occurs as the relationship between a practitioner and parent is established.

Participatory skills and behaviors are the things professionals do to promote engagement as part of family-centered practices. Participatory skills and behaviors include:

- including families in decision-making during all aspects of early intervention
- respecting families as the expert on their child and family and
- working from family priorities to determine together what help is most meaningful
- supporting family decisions

Involving and engaging family members in informed decision-making increases the likelihood that child and parent intervention practices are responsive to family concerns and priorities. This can be accomplished by working with parents and other family members in ways that are sensitive and

responsive to each family’s unique circumstances in order to develop and implement interventions to achieve desired outcomes and goals.

The *Family Engagement Practices Checklist* includes help-giving practices that professionals can use to actively engage parents and other family members in obtaining family-identified resources. These practices also support and actively engage parents and other family members in the use of various intervention practices.

The time spent and strategies used to engage families would vary. It is important for First Steps professionals to meet families where they are and look for ways to build upon that relationship. Early intervention services are most effective when parents are involved and actively engaged in all aspects. The use of family engagement activities as a way to increase the family’s capacity to enhance their child’s learning and development is reflected in **Mission and Key principle #4 - “The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.”**

This principle highlights early intervention services being most effective when families actively participate in all aspects of services. This active participation supports each family member as a unique adult learner with valuable insights, interests and skills. When early intervention is collaboratively tailored to fit each family, it encourages flexible and responsive interactions that value every family’s cultural, ethnic, race, language, socioeconomic characteristics and preferences. Families are the ultimate decision makers in the amount, type of assistance and the support they receive and should be supported in their decision-making.

Key Principle # 4

This video illustrates Principle Four –“The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.”

<https://www.youtube.com/watch?v=UJfvqVs0Cak&feature=youtu.be>

Video from Texas ECI: Family-to-Family. Produced by the Texas Department of Aging and Disability (DADS) for Texas ECI. (2:01)

In summary, the following family practices are recommended for practitioners in First Steps:

1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.
2. Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.
3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.
7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
8. Practitioners provide the family of a young child who has, or is at-risk for, developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child's growth and development.
9. Practitioners help families know and understand their rights.
10. Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.

Source: Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Family Practices. Retrieved from <http://www.dec-sped.org/recommendedpractices>



LOOKING AT FAMILY-CENTERED PRACTICES IN FIRST STEPS

As presented in this module, evidence-based practices are practices that have been evaluated and proven to achieve positive outcomes for children and families. Professionals can achieve positive outcomes for children and families by keeping a family strengths perspective and implementing family-centered practices with fidelity.

Family-Centered Practices empower families and build the family's capacity to support their children. It is looking beyond just getting the early intervention services in place and focuses on *how* that happens through meaningful interactions. The professional's role in engaging parent and other families throughout their early intervention experience is critical in obtaining family-identified resources and supports. This information is especially important when creating and implementing a child's IFSP.

Using Coaching Strategies to Engage With Families in an Early Intervention Context (with Dathan Rush)

In this video, Dathan Rush, EdD, CCC-SLP explains how to implement characteristics of the coaching interaction style with parents of children receiving early intervention services.

The focus of family engagement practices is to support and strengthen parents' active participation in intervention activities in ways that have competency-enhancing outcomes. When parents are actively involved and engaged in the IFSP planning process, early interventions are most likely to be implemented in a meaningful way within the context of the family's everyday routines. As Missouri First Steps strives to improve outcomes for children and families, looking closer at family-centered practices and interactions with families within the program provides a direct correlation.

In 2018, Missouri First Steps, along with several experts from national technical assistance centers, chose to take a closer look at family-centered practices within the context of an Individualized Family Service Plan (IFSP). Using the Mission and Key Principles and the DEC-RP, Missouri developed an IFSP observation tool to not only identify best practices, but also to assess those practices related to interactions, discussions and engagement during an IFSP meeting.

The First Steps IFSP Meeting Observation Tool is designed to measure the use of evidence-based practices during IFSP Meetings. The intent of the observation tool is to examine family-centered practices, including interactions, discussions and overall tone of the IFSP meeting. The tool can be used by Service Coordinators and Providers can use the tool in a self-assessment type of manner or it can be used to observe practices during IFSP meetings to help identify the need for targeted technical assistance and/or additional training.

The First Steps IFSP Meeting Observation Tool consists of four essential IFSP meetings practices:

1. Establish and maintain a collaborative and respectful climate for all IFSP team members, including the family.
2. Prioritize the family's concerns, considering child and family assessment information.
3. Determine IFSP outcomes for the child and family, considering the family's priorities.
4. Prepare the family for early intervention services and next steps.

To learn more about the First Steps IFSP Meeting Observation Tool, you may watch a recorded webinar available on the Department of Elementary and Secondary Education- First Steps website. You may also view the observation tool at the link below.

REFLECTIVE QUESTIONS

- 1.** Think about a recent visit you have had with a family. What skills and behaviors did you or a colleague demonstrate that exemplified family-centered practices?
- 2.** Which family-centered practices could you use to address “no-shows” with a family in First Steps and/or prevent “no-shows” in the future?
- 3.** How do you demonstrate in your practices that you believe ALL families can enhance and support their child’s development?

Module 8, Tab 4 – Instructional Practices

Instructional practices are a cornerstone of early intervention and early childhood special education. Early intervention professionals use instructional practices to maximize learning and improve developmental and functional outcomes for young children with disabilities.

Instructional practices are intentional strategies to inform what to teach, when to teach, how to evaluate the effects of teaching and how to support and evaluate the quality of instructional practices implemented by others. The purpose of the instructional practices is to help children acquire the skills and behaviors that will help them be more independent and successful as young children and throughout their lives.

Instructional practices are reflected in the **Mission and Key Principle #3 - “The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.”**

This principle highlights the primary role of the First Steps provider is to work with and support the family members and caregivers in a child’s life. Having the primary caregiver(s) in the child’s overall learning and development is critical. Early intervention services will be most effective when we are supporting that person instead of taking over and providing direct therapy to the child.

Key Principle # 3

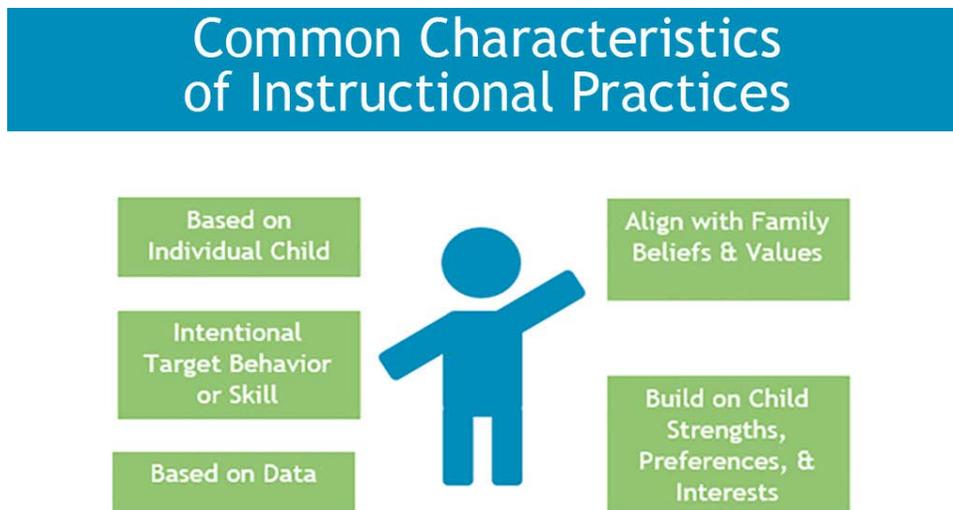
This video illustrates Principle Three – “The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life.” (Robin McWilliam)

While there are different types of instructional practices, there are common characteristics across each type. The common characteristics of instructional practices include:

- 1. Individual Needs and Strengths.** Each child is unique in their growth and development. Looking at each child’s individual needs and strengths ensures instructional practices will be appropriate for that particular child.
- 2. Family Beliefs and Values.** Families are more likely to engage in instructional strategies if they reflect their beliefs and values. It is critical to align goals or target behavior with a family’s beliefs and values. Since families are the main caregivers and know their child best, they are best at identifying their child’s strengths, needs and interests. When children participate in activities that match their strengths and interests they stay engaged longer. Longer engagement leads to greater developmental growth. Together the child’s family

and early intervention professional use instructional practices to support the child's acquisition of a skill or behavior.

- 3. *Child Strengths, Preferences and Interests.*** Instructional practices are intentional practices used to target a child's specific behavior or skill. They are selected based on an individual child. They align with family beliefs and values. Instruction should be based on an individual child's needs and strengths. In addition, they are based on data about the child and build on the child's strengths, preferences and interests.



The *Naturalistic Instructional Practices Checklist* includes the characteristics of naturalistic instructional practices that can be used by a professional or parent to support and strengthen child learning and development while a child is engaged in everyday home, community, or classroom activities. The instructional practice is used when a child is already participating in an activity and professional or parent behavior are used to sustain engagement, provide opportunities for child learning and to encourage child behavior elaborations. The practice is child-centered and is used in response to child-initiated activities of high interest to the child.

- 4. *Data Driven.*** The target behavior or skill that is being supported is identified based on the data collected from informal and/or formal assessment of the child.
- 5. *Intentional Target Behavior or Skill.*** Although children are always learning during everyday activities, sometimes it is necessary to identify a target behavior or skill and provide intentional instruction to support children with disabilities.

INSTRUCTIONAL PRACTICES TO SUPPORT ROUTINES-BASED HOME VISITING

Since the child must always be considered within the context, of the family, the family’s priorities and requests for services to support the child’s learning and development must be carefully considered during home visiting.

The purpose of this tab is to identify the instructional practices needed to conduct and observe during Home Visits.

Information in **Module 3: IFSP** related to the routines-based information collected in preparation for IFSP planning may need to be reviewed again, prior to completion of this module.

DESE First Steps has not developed a **Home Visiting Observation Tool** at this time. The information contained in this tab provides a foundation for expected practices and may be revised when the observation tool is complete.

Instructional practices based around the family’s priorities are reflected in **Mission and Key Principle #6 - “The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.”**

This principle highlights the primary provider as the consistent person who understands and keeps abreast of the changing circumstances, needs, interests, strengths and demands in a family’s life. By having one main provider, the family does not have to tell their story repeatedly to multiple team members. The family works closely with one person and s/he brings in supports for the child and family, as needed, from the rest of the IFSP team. The team can include friends, relatives, and community supports, as well as other EIT members.

Key Principle # 6

This video illustrates Principle Six – “The family’s priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.”

Equally important to “who” delivers services in First Steps is “how” those services are delivered to children and families. Because children learn best in the context of everyday activities, families are asked to describe their daily routines and activities, in terms of what interests and engages their child, what is going well and what challenges they face.

Sharing this information helps to identify difficulties that providers may want to problem-solve with families. Moreover, providers and parents can determine the routines in which to embed interventions and learning opportunities.

For example, if a child loves bath time, it may be a natural opportunity to encourage learning through using more words, improving balance, reaching for and grasping toys, etc. Learning

about a child's interests, favorite people and preferred toys or activities can help providers and families personalize learning opportunities that will be highly motivating and engaging and builds on the child's strengths.

The *Embedded Instructional Practices Checklist* includes the characteristics of embedded instructional practices that can be used by a professional or parent to promote a child's use of targeted, functional behavior in the contexts of home, community, or classroom activities. The instructional practice can be used to facilitate child acquisition of functional behavior by providing opportunities for the child to engage in preferred activities and by using the practice characteristics to promote child engagement, learning and development of targeted behavior.

PHASES OF ROUTINES-BASED HOME VISITING

When implementing instructional practices that are routines-based in a home visit, it might be helpful to break down the process into various phases.

Phase 1: Setting the Stage. In this phase, the focus is on gathering updates, sharing information and encouraging family priorities for the session plan. Gathering child and family updates is often a comfortable and respectful starting place for a home visit. It builds or reinforces a partnership between the parent and provider. During gathering updates, general information about the family's well-being as well as child information is shared. The parent is an active initiator and contributor leading the interaction by sharing recent and relevant information with the provider who is an active listener. The professional gains insights to guide further conversation and information sharing while establishing the caregiver's leadership role in the relationship.



Information is usually gathered through conversations with the family. Checklists and interviews can also assist the professional to get useful information. Parents need to know the purpose of this information, how it will be used and where it will be kept. The most important factor in gathering family information is the relationship that develops over time with the provider and family members. Therefore, various conversation methods and relationship building techniques yield the most valuable information.

One such script to assist professionals with gathering information and structuring conversations during home visits is the Vanderbilt Home Visit Script developed by Dr. Robin McWilliam. The script gives the home visitor a guide for talking to the family about child and family life that are part of early intervention in natural environments.

There are seven driving questions emphasized in the Vanderbilt Home Visit Script, including:

1. How have things been going?
2. Do you have anything new you want to ask me about?
3. How have things been going with each IFSP outcome, in priority order?
4. Is there a time of day that is not going well for you?
5. How is [family member] doing?
6. Have you had any appointments in the past week? Any coming up?
7. Do you have enough or too much to do with [your child]?

Utilizing these key questions during home visits, helps the professional with maintaining the focus on the family's routines and activities, as well as, their priorities for the child. Information gained from these questions assists the practitioner with supporting the family in reaching IFSP outcomes

Additionally, the professional and parent discuss the family priorities and why they are important. Sharing specific developmental information, making connections to the child's current learning targets, talking about where he/she started and discussing next steps provides important information to the family in the moment. Revisiting the child outcomes on the IFSP and encouraging reflection on his/her current status can help to maintain focus for the intervention and identify specific learning targets for the session. Reviewing previous plans also reinforces the connections between what should happen during the visit to support the family's priorities.

Phase 2: Observation & Opportunities to Embed. In this phase, the focus is to observe parent child interaction in routines, use coaching strategies matched to parent-child and provide general and specific feedback. The professional observes a routine or activity that the parent has identified as important or interesting to learn what the parent and child are doing to build on what is working well. The professional sets up the observation with the parent (“Why don’t I just watch to see what happens while Sammy gets dressed?”) and watches without interruption. The professional offers feedback on the child’s use of target skills, parent’s use of strategies that make the interaction positive, or the potential for learning in the routine. Observation should always occur before coaching a new routine or a new target in a familiar routine to identify potential strategies and opportunities to embed.



Coaching is individualized to the learning preferences of the parent and the outcomes of the child. The professional engages the caregiver using a variety of adult learning strategies in coaching. The professional seeks to build on the parent’s strengths and the child’s interests. Expanding on the parent’s ideas can increase competence and confidence and expand opportunities for the child. Anytime that a strategy is suggested or used by the parent, the professional considers if and how it can be incorporated to support the child’s learning.

General and specific feedback both serve important roles in the coaching process. General feedback helps keep the coaching positive and respectful while enhancing the parent’s confidence. General feedback to the parent and child can also keep the momentum going during an activity that is more challenging. The professional offers positive comments and general encouragement to the parent and child about the interactions (e.g., “That was great!” “Way to go!” “Look at you two having fun.”) However, specific feedback focuses on building the parent’s competence in addition to confidence.

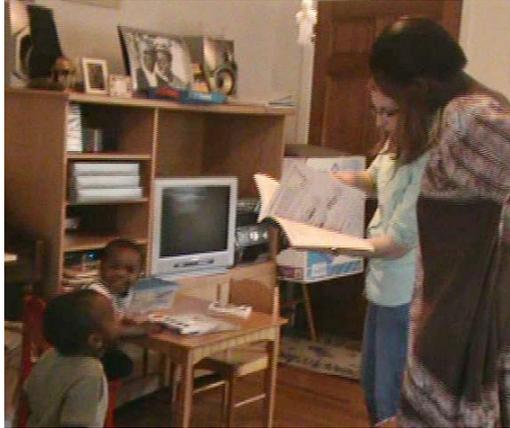
Phase 3: Problem Solving and Planning. In this phase, the focus is to problem solve intervention strategies and expand opportunities and contexts to practice. Problem solving refers to an exchange of ideas between the professional and parent that serves to build the parent’s capacity to identify, use, and modify intervention strategies that supports the child’s learning and/or the family’s outcomes. Problem solving is not always about a problem; it can be an exchange of ideas or brainstorming about new intervention strategies, other places to embed the targets, or how other family members can learn how to use the strategies. Problem solving expands parents’ capacity by building on their knowledge and experience with various intervention strategies. Professionals listen and learn from the family while offering other perspectives or strategies to incorporate into the best plan. As the parent gains confidence embedding intervention and supporting the child’s learning, they will begin to initiate problem solving exchanges and application of intervention strategies in other routines and places.



Expanding the child’s functional use of targets into additional routines promotes learning. Family members know what they do and what they want their child to learn. Engaging them in the process of identification of what targets fit best in which routines, how many times the learning targets can be embedded, and how often the routines will be repeated during the day and week gives them the information needed to become the decision maker and leader for their child’s and family’s intervention. Starting small, building on success, and using the everyday routines and activities the family already have can increase learning opportunities without taking over the family’s life. The child is fully included as a member and active participant with the family. Involving siblings and extended family members not only promotes family participation, but also helps to teach the importance of learning with others.

Phase 4: Reflection and Review. In this phase, the focus is to promote parent reflection on how the interventions are working and review plans for next steps. By asking the parent to reflect on what worked and what didn’t in the session, the provider offers the parent an opportunity to think critically about and share what the child is learning and what supports are needed. Reflecting on the use of the strategies helps parents “self-assess” how accurately they used the strategies and helps them think about how the child responded. Reflection is also the key to the parent’s recognition of their contributions to their child’s learning.

Parents learn best how to help their child participate when the expectations are clear and reasonable for both the child and themselves. Examples should be concrete and relevant to the family’s priorities. All jargon needs to be carefully defined so parents can make informed decisions about what to do, when to do it, and how much participation is just right for their child in each of the routines and activities. It helps the parent to talk through exactly how they can support the child and in return, what they should expect the child to do. Making connections to the family’s priorities also keeps the focus on the “larger” learning outcomes when the targets for the child are small.



Engaging parents in the review of their plan is essential; it is their action plan. Not only do they know what will and will not work for them, they will be best at figuring out how to address any changes that may need to occur if their plans are interrupted. Plans developed by the parent are far more likely to be implemented than those provided to them. Clearly and succinctly summarizing the action plan offers the parent an opportunity to share the jointly created game plan for the upcoming time period.

Routines-based Home Visit

In this video, Robin McWilliam demonstrates how to conduct a home visit. He incorporates open-ended questions and addresses IFSP priorities.

MAKING THE SHIFT TO ROUTINES-BASED HOME VISITING PRACTICES

It is important to acknowledge the concept of conducting services in the home and through the lens of a routines-based model might be a new concept for professionals entering the early intervention field. However, embedding early intervention activities into routines and activities of early care and education programs can result in increased skill development for young children with disabilities. Using established program routines in which to embed early intervention is supported by research and evidence-based practice.

Routines-based interventions must be implemented through ongoing collaboration and communication among families, intervention specialists, therapists and other IFSP team members to be effective. By understanding the components of embedding interventions in natural environments, early education professionals participate with other IFSP team members to plan for interventions in their program that will target the child's developmental outcomes. Partnering with specialists and families in a consultative approach supports parents' capacity to implement a child's early intervention strategies successfully into daily routines and activities.

In summary, the following instruction practices are recommended for practitioners in First Steps:

1. Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.
2. Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments.
3. Practitioners gather and use data to inform decisions about individualized instruction.
4. Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
5. Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.
6. Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.
8. Practitioners use peer-mediated intervention to teach skills and to promote child engagement and learning.
9. Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.
10. Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals.
11. Practitioners provide instructional support for young children with disabilities who are dual language learners to assist them in learning English and in continuing to develop skills through the use of their home language.
12. Practitioners use and adapt specific instructional strategies that are effective for dual language learners when teaching English to children with disabilities.
13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

Source: Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Instruction Practices. Retrieved from <http://www.dec-sped.org/recommendedpractices>

LOOKING AT INSTRUCTIONAL PRACTICES IN FIRST STEPS



As presented in this module, evidence-based practices are practices that have been evaluated and proven to achieve positive outcomes for children and families. Professionals can achieve positive outcomes for children and families by implementing instructional practices to support routines-based home visits. Professionals in early intervention can enhance home visiting effectiveness by reflecting on their own practices in accordance with the recommended practices around using routines-based activities.

Reflection on practices provides an opportunity for the professional to consider possible modifications that may contribute to the success of their home visits. Looking closer at instructional practices within routines-based home visits provides a direct correlation to improved outcomes for children and families.

Home visit observations provide an opportunity to examine the instructional practices necessary to ensure services are routines-based and focused on the family's concerns and priorities.

Practices expected in First Steps related to the home visit should center-around:

- Building/maintaining rapport with the family
- Use of the IFSP to guide the activities and strategies implemented during visits
- Understanding family dynamics and recognizing how diversity may impact home visiting practices
- Interactions that promote opportunities for caregiver and child to practice skills through daily routines
- Providing feedback to the family that encourages reflection, problem-solving and planning

REFLECTIVE QUESTIONS

1. How do you ensure the caregiver and child have sufficient time to practice and prepare to embed intervention (e.g., strategies, routines, targets) between visits?
2. What do you think would happen if “setting the stage” did not take place during a home visit?
3. What does your journey to routines-based home visiting look like? Has it been a natural fit to your discipline? What resources or supports have you sought out to assist in your understanding of the instructional practices needed?

Module 8 - Tab 5: Resources

All documents, videos and supplemental materials that are linked in the module can be accessed under the Resources tab. The links to these resources were not included in this transcript.

Module 8 Documents.

1. Adapting Children’s Learning Opportunities Practitioner Guide
2. Collaboration to Learn and Grow Practices Checklist
3. Communication for Teaming and Collaboration Practices Checklist
4. Division of Early Childhood- Recommended Practices
5. Embedded Instructional Practices Checklist
6. Families Are Full Team Members Checklist
7. Family Capacity-Building Checklist
8. Family Centered Practices Checklist
9. Family Engagement Practices Checklist
10. Family Strengths Perspective
11. First Steps IFSP Observation Tool
12. Mission and Key Principles
13. Naturalistic Instructional Practices Checklist
14. Natural Environment Learning Opportunities Practices Checklist
15. Practitioner Guide: Family Capacity-Building
16. Practitioner Guide: Family Centered Practices
17. Practice Improvement Tools
18. Practitioner Guide: Teaming and Collaboration
19. Seven Key Principles: Looks Like/Doesn’t Look Like
20. Teaming Members Engaging in Quality Communication Practitioner Guide
21. Team Members Helping One Another to Learn and Grow Practitioner Guide
22. Vanderbilt Home Visit Script

Module 8 Videos.

1. Early Intervention: A Routines-Based Approach - Part 1: Traditional vs Routines
2. Early Intervention: A Routines-Based Approach - Part 2: What Intervention Can-and Should-Look Like
3. Early Intervention: A Routines-Based Approach - Part 3: Changing the Mindset
4. Families Talk About the Toy Bag
5. Got Evidence - An Animated Video with Some Questions and Answers about Evidence-Based Practices in Early Childhood

6. Key Principle One –Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts
7. Key Principle Two – All families, with the necessary supports and resources, can enhance their children’s learning and development
8. Key Principle Three – The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life
9. Key Principle Four –The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs
10. Key Principle Five –IFSP outcomes must be functional and based on children’s and families’ needs and priorities
11. Key Principle Six –The family’s priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support
12. Routines-based Home Visit
13. Using Coaching Strategies to Engage With Families in an Early Intervention Context (with Dathan Rush) American Speech-Language-Hearing Association

Module 8 Supplemental Resources.

1. Free interactive, multimedia modules and lessons focused on specific Division of Early Childhood (DEC) recommended practice topic areas

Module 8 Reference/Books.

1. Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014.
2. McWilliam, R. A. (2012). *Implementing and Preparing for Home Visits*. Topics in Early Childhood Special Education Hammill Institute on Disabilities. SAGE Publications.
3. Shelden, M. and Rush, D. (2013). *The Early Intervention Teaming Handbook: The Primary Service Provider Approach*. Family, Infant and Preschool Program. J. Iverson Riddle Developmental Center. Morgantown, North Carolina.
4. Wilson, L. L., & Dunst, C. J. (2005). Checklist for assessing adherence to family centered practices. Center for the Advance Study of Excellence in Early Childhood and Family Support Practices, Vol1(1), Morganton, NC.
5. Woods, J. (2018). FGRBI Key Indicators Manual (3rd ed.) Unpublished manual, Communication and Early Childhood Research and Practice Center, Florida State University, Tallahassee, FL
6. Workgroup on Universal Online Part C Early Intervention Curriculum, Early Intervention-Early Childhood Professional Development Community of Practice. (2015). Foundational pillars of early intervention.
7. Workgroup on Universal Online Part C Early Intervention Curriculum, Early Intervention-Early Childhood Professional Development Community of Practice. (2014). Mission and key principles.