

# PROVIDER CONNECTIONS

A Newsletter for First Steps Service Providers ♦ Spring 2011

## Functional Outcomes: What's All the Talk About?

A functional-outcome approach differs from a developmental-outcome approach, which consists of identifying and correcting deficits. Functional outcomes are statements that reflect the priorities of the family, are free of jargon, are useful and meaningful to the family, are measurable, and reflect real-life situations (from "Routines-Based Early Intervention: Supporting Young Children and Their Families" by R.A. McWilliam).

### Why are functional outcomes important?

Functional outcomes in the Individualized Family Service Plan (IFSP) should be considered the property of the family that will be supported by early intervention specialists. When outcomes are written in functional terms, families are able to see the need for the outcome and its relevance to the routines in which intervention takes place. For example, a primary provider might schedule a visit during a family's meal time to support the family in achieving an IFSP outcome related to the child's behavior while eating.

### What do functional outcomes look like?

The following paragraphs give an example of a functional outcome:

- The Tyler family is concerned that Sasha, who has a diagnosis of autism, is unable to express her needs in ways family members can understand. She has frequent tantrums, especially during meals and play.
- Family priorities are to help Sasha express her needs and to reduce her tears and crying.
- To achieve this functional outcome, the family (with the provider's support) will learn sign language and will teach Sasha to communicate her needs through sign.
- The IFSP team identifies several strategies to do this – some for Sasha and some for other family members.
- The outcome is written as: "Sasha will participate in meals and playtime by signing to communicate her needs. We will know she can do this when she uses two signs at each meal and playtime every day for two weeks."

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## *Autism Training Module No. 2 is Now Available!*

The Thompson Center for Autism and Neurodevelopmental Disorders is pleased to announce the availability of a second online training module titled Autism Spectrum Disorders: Screening and Referral. This training is hosted on the University of Missouri Extension website; anyone who wants to view the training will need to register for an Extension Passport at <https://extweb.missouri.edu/courses>. More information about the new module is available at [thompsoncenter.missouri.edu/training/index.php](http://thompsoncenter.missouri.edu/training/index.php) under *Free Autism Training Modules Now Available*. Everyone who finishes the module will be able to print a certificate of completion.

Both this and the Understanding Autism training were developed by the Mid-Missouri Rapid Response Initiative, which is funded by the Missouri Department of Mental Health's Division of Developmental Disabilities. Online modules were created through a partnership with the Thompson Center, University of Missouri Extension and the Division of Developmental Disabilities' Office of Autism Services.

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## Putting Functional Outcomes Into Practice: Provider Insights

We asked two Missouri providers to give some insight on the question “What do you see as a benefit to using functional outcomes vs. developmental outcomes in early intervention?” Here is what they had to say:

### Provider from the Kansas City area

When a child’s team focuses on functional outcomes, team members are focusing on what is important to the family. They are addressing daily routines that are difficult to manage due to the child’s special needs. The family takes the lead in handling the child’s needs, and Early Intervention Team (EIT) members are there offering support, training the family in how children develop, assessing progress toward the outcome and assisting in problem solving for appropriate strategies. Parents take the lead in implementing strategies and are empowered when daily routines are improved due to their efforts.

**Example:** A family’s outcome is “Sara will participate in meals and playtime with her family by using single words to communicate.” Strategies are discussed with Sara’s parents, and problem solving occurs over several visits. Her family reports progress toward the outcome each week. Some strategies need refinement, but Sara’s parents are very proud that she reaches and says “water” now when she sees her cup on the table during meals. Each week, her parents have questions about this routine and meeting the outcome, and they begin applying the same strategies to other daily routines to encourage communication.

### Provider from the Southwest area

Functional outcomes make early intervention with families easier in most instances. I find that families are more likely to follow through with recommendations

and strategies between visits because they can integrate these strategies into their daily lives. It makes sense to them. It is not “one more thing” we are asking them to do in their busy days and hectic schedules. Rather, they are slight tweaks and adjustments to help make challenging times flow more easily for everyone. As children are helped, families learn, grow and develop together.

**Example:** I worked recently with a family that had an outcome written neither functionally nor in the context of the family’s routines. It was “Michael will increase balance reactions in standing and walking.” Strategies included walking on balance beams, putting tape on the floor for Michael to walk along, and working on balance while standing and walking on uneven surfaces. When asked how things were coming along, family members ducked their heads and said they had not gone to the park and did not have any equipment available at the clinic where they went for therapy.

We talked a lot about how they could work on this throughout their day. Instead of always being carried, Michael could walk to the car, from the car to day care and outside to get the mail. He could help pick up his toys nightly so that he would have to step over and around obstacles, squat to pick up toys, resume standing, and start carrying bigger and heavier objects. Also, Michael could stand during dressing and undressing to practice lifting his legs to put on his pants.

Family members were able to slowly integrate all of these strategies into their daily routines. Rather than having to continue to duck their heads, they started telling me how things were going and about everything Michael was doing.



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