



Evolution of Early Intervention: Integrating Outcomes Measurement into the IFSP Process

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Paradigm Shift

Traditional Paradigm

- Treatment models
- Expertise models
- Deficit-based models
- Service-based models
- Professionally-centered models

New Paradigm

- Promotion models
- Capacity-building models
- Strengths-based models
- Resource-based models
- Family-centered models

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How Children Learn

Children learn and develop best when:

- participating in natural learning opportunities that occur in everyday routines and activities of children and families and as part family and community life.
- interested and engaged in an activity, which in turn strengthens and promotes competency and mastery of skills.

(Dunst, Bruder, Trivette, Raab & McLean, 2001;
Shelden & Rush, 2001)

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How Children Learn

- Mastery of functional skills occurs through high-frequency, naturally occurring activities in a variety of settings that are consistent with family and community life.

(Dunst & Bruder, 1999; Dunst, Bruder, Trivette, Hamby, Raab & McLean, 2001; Dunst, Bruder, Trivette, Raab & McLean, 2001; Dunst, Hamby, Trivette, Raab & Bruder, 2002; Rapport, McWilliam & Smith, 2004; Shelden & Rush, 2001)

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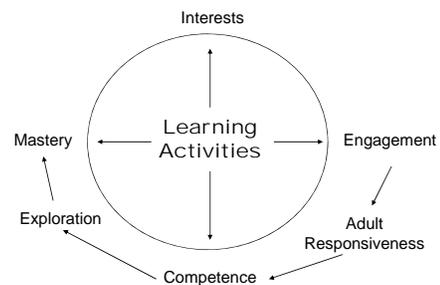
How Children Learn

- Hands-on, neurodevelopmental treatment (NDT), adult initiated instruction, directive intervention approaches, and pull-out intervention techniques are not substantiated by research as ensuring children's mastery of functional skills or enhancing their attainment of functional, contextualized outcomes.
- Rather, children learn best through child initiated instruction (interest-based) and activity-based approaches.

(Darrah, Law & Pollock, 2001; Shelden & Rush, 2001)

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Context for Learning: Child Interest & Competence



(Dunst, Herter & Shields, 2000)

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Contextualized Learning

- Learning opportunities facilitated within the context of family and community life have greater impact on child progress than intervention sessions.

(Jung, 2003; Hanft, Rush & Shelden, 2004)

- “The delivery of [decontextualized, skill-based therapy and educational services] in a child’s home increased reports of negative well-being indicators.”

(Dunst, Brookfield, & Epstein, 1998)

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Learning Opportunities

- Two hours/week therapy = 2% of total waking hours of a one year old child
- Diapering, feeding, playing = each happen at least 2000 times by the child in one year of age
- Just 20 everyday activities = 40,000 learning opportunities by age one.

(Dunst, 2001)

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Natural Environments

- *How* early intervention is provided, not just where, is key to whether services are contextualized and whether the interventionist just replicates a clinical model in the child’s home or community setting.
- Merely moving the location of the services from the clinic to the home does not guarantee child learning and participation in everyday activities and activities.

(Jung, 2003)

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Multiple Providers

- Survey data on parents reporting the helpfulness of early intervention providers indicate:
 - 96% of the parents having one provider rated him/her as helpful
 - 77% of the parents having two providers rated them as helpful
 - 69% of parents having three or more providers rated them as helpful ($p < .001$).

(Dunst & Bruder, 2004 Findings from National Survey of Service Coordination in Early Intervention (Research and Training Center on Service Coordination))

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Service Frequency

- “The more frequent contact early intervention practitioners had with both the child and the [caregiver], the fewer positive well-being indicators reported.”

(Dunst, Brookfield & Epstein, 1998)

- Visits provided too frequently can be disempowering or send the message that the parent is not competent.

(Jung, 2003; Dunst, 2004)

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Service Amount and Duration

- “The total amount of child and family services received was negatively related to both personal and family well-being; the more services received, the poorer parent and family functioning.”
- “The longer a child and family received early intervention, the more negative the effect on global well-being.”

(Dunst, Brookfield, & Epstein, 1998)

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Service Providers' Roles

- Early interventionists'/therapists' roles have shifted from the practitioner as the expert to the practitioner who shares his/her knowledge and resources with a child's key caregivers through adult-to-adult relationships in which family members are supported in their day-to-day responsibilities of caring for their child.

(Hanft, 2004)

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OSEP-Sponsored TA Communities of Practice – Part C Settings

- Reach Consensus on Principles
- Identify the Research–base on Practices
- Compile Learnings from Research and Model Development and Validation Efforts
- Describe the Agreed Upon Practices that are “Model Neutral”

www.TACommunities.org

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Three Documents

- *Mission and Key Principles of Early Intervention Services*
- *Seven Key Principles & Looks Like/Doesn't Look Like*
- *Agreed Upon Practices For Providing Early Intervention Services In Natural Environments*

<http://www.nectac.org/topics/families/families.asp>

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Key Principles of Early Intervention Services

The foundations or beliefs which support all our work with children and families

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I. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.

Key Concepts:

- Learning activities and opportunities must be functional, based on child and family interest and enjoyment
- Learning is relationship-based
- Learning should provide opportunities to practice and build upon previous mastered skills
- Learning occurs through participation in a variety of enjoyable activities

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I. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.

Looks Like

- Helping the family understand how their toys and materials can be used or adapted
- Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings
- Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members

Doesn't Look Like

- Implying that the professional's toys, materials or equipment are the “magic” necessary for child progress
- Teaching specific skills in a specific order in a specific way through “massed trials and repetition” in a contrived setting
- Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities

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II. All families, with the necessary supports and resources, can enhance their children's learning and development.

Key Concepts:

- All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources)
- The consistent adults in a child's life have the greatest influence on learning and development- not EI providers
- All families have strengths and capabilities that can be used to help their child
- All families are resourceful but all families do not have equal access to resources
- Supports (informal and formal) need to build on strengths and mitigate stressors so families are able to engage with their children in mutually enjoyable interactions and activities

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II. All families, with the necessary supports and resources, can enhance their children's learning and development.

Looks Like

- Suspending judgment, building rapport, gathering information from the family about their needs and interests
- Matching outcomes and intervention strategies to the families' priorities, needs and interests, building on routines and activities they want and need to do; collaboratively determining the supports, resources and services they want to receive

Doesn't Look Like

- Making assumptions about family needs, interests, and ability to support their child because of life circumstances
- Viewing families as apathetic or exiting them from services because they miss appointments or don't carry through on prescribed interventions, rather than refocusing interventions on family priorities

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III. 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.

Key Concepts:

- EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development
- Families are equal partners in the relationship with service providers
- Mutual trust, respect, honesty and open communication characterize the family-provider relationship

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III. 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.

Looks Like

- Providing information, materials and emotional support to enhance family's natural role as the people who foster their child's learning and development
- Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child

Doesn't Look Like

- Training families to be "mini" therapists or interventionists
- Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines

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IV. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' learning styles and cultural beliefs and practices.

Key Concepts:

- Families are active participants in all aspects of services
- Families are the ultimate decision makers in the amount, type of assistance and the support they receive
- Child and family needs, interests, and skills change; the IFSP must be fluid, revised accordingly
- The adults in a child's life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals
- Each family's cultural, religious beliefs and activities, values and traditions will be different Service providers should seek to understand, not judge family "ways" are more important than provider comfort and beliefs (short of abuse/neglect)

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IV. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' learning styles and cultural beliefs and practices.

Looks Like

- Evaluation/assessments address each family's initial priorities, and accommodate reasonable preferences for time, place and the role the family will play
- Learning about and valuing the many expectations, commitments, recreational activities and pressures in a family's life; using IFSP practices that enhance the families' abilities to do what they need to do and want to do for all family members

Doesn't Look Like

- Providing the same "one size fits all" evaluation and assessment process for each family/child regardless of the initial concerns
- Assuming that the eligible child and receiving all possible services is and should be the major focus of a family's life

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V. IFSP outcomes must be functional and based on child and family needs and priorities

Key Concepts:

- Functional outcomes improve participation in meaningful activities
- Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities.
- The family understands that strategies are worth working on because they lead to practical improvements in child & family life

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V. IFSP outcomes must be functional and based on child and family needs and priorities

Looks Like

- Writing functional outcomes that result in functional support and intervention aimed at advancing children's engagement, independence, and social relationships
- Writing integrated outcomes that focus on the child participating in community and family activities

Doesn't Look Like

- Writing IFSP outcomes focused on remediating developmental deficits
- Writing discipline specific outcomes without full consideration of the whole child within the context of the family

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VI. The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Key Concepts:

- The team can include friends, relatives, and community support people, as well as specialized services people
- Good teaming practices are used
- One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life
- The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members

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VI. The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Looks Like

- Talking to the family about how children learn through play and practice in all their normally occurring activities
- Keeping abreast of changing circumstances, priorities and needs, and bringing in both formal and informal services and supports as necessary
- Having a primary provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes

Doesn't Look Like

- Giving the family the message that the more service providers that are involved, the more gains their child will make
- Limiting the services and supports that a child and family receive
- Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues

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VII. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws.

Key Concepts:

- Practices must be based on and consistent with explicit principles
- Providers should be able to provide a rationale for practice decisions
- Research is on-going and informs evolving practices
- Practice decisions must be data-based and ongoing evaluation is essential
- Practices must fit with relevant laws and regulations
- As research and practice evolve, laws and regulations must be amended accordingly

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VII. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws.

Looks Like

- Supporting the family to carry out the strategies and activities developed with the team members; directly engaging team members' expertise when needed
- Developing team based outcomes and priorities: people important to the family, people from community supports and services, as well as EI providers from different disciplines

Doesn't Look Like

- Providing services outside one's scope of expertise or beyond one's license or certification
- Defining the team from only the professional disciplines that match the child's deficits

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A Final Agreement Among National Experts



- More is better* –
- BUT this means more learning opportunities, NOT more services;
- Learning is what happens between visits of the professionals:
 - Throughout the child's day;
 - In everyday routines and activities;
 - Through multiple repetitions and lots of practice;
 - The way all young children learn and participate with families and friends in their communities.

*(thanks to Lee Ann Jung, 2003)

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Child and Family Outcomes: Using Data From Programs to Improve Services

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Objectives



- Consider how outcomes fit into larger early intervention service system
- Review federal data requirements related to child and family outcomes
- Share background on what we are learning nationally from child and family outcomes work

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Outcomes:
What exactly do you mean?

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What are Outcomes?



An outcome is a benefit experienced as a result of services and supports provided for a child or family.

Outcomes are *not* the same as:

- The amount or type of services received
- Satisfaction with the services received

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Differences: Outcomes for Accountability vs. IFSP Outcomes



- Not individualized, specific areas of focus to guide planning activities for a given child.
- Global outcomes we expect from all children and families in the program
- Use extent to which these outcomes are met for accountability, to consider program effectiveness and identify areas for program improvement

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Goals for which programs should be held accountable

For children
to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families, in child care, preschool or school programs, and in the community.

For families
to enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities.

from ECO Center
http://www.fpg.unc.edu/~eco/assets/pdfs/ECO_Outcomes_4-13-05.pdf

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Stakeholder Input in Developing Outcomes

- One set of outcomes for children 0-5
- One set of outcomes for *all* children
- Don't build the child outcomes around domains
- Outcomes should reflect best practice/Drive practice forward/Do no harm
- Support focus on functional, not discrete, skills
- Easy to understand
- Providers are overburdened
- Multiple accountability efforts for many children

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ECO Family Outcomes and OSEP APR Requirements for Part C

ECO	OSEP
<ul style="list-style-type: none"> • Understand their child's strengths, abilities, and special needs • Know their rights and advocate effectively for their children • Help their children develop and learn • Have support systems • Access desired services, programs, activities in their community 	<ul style="list-style-type: none"> • Percent of families participating in Part C who report that EI services have helped the family <ul style="list-style-type: none"> – Know their rights – Effectively communicate their children's needs – Help their children develop and learn

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3 Child Outcomes Required by OSEP for Part C APR Reporting

Percent of children who demonstrate improved:

- Positive social emotional skills (including positive social relationships)
- Acquisition and use of knowledge and skills (including early language/communication)
- Use of appropriate behaviors to meet their needs

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Children have positive social relationships

Involves:

- Relating with adults
- Relating with other children
- For older children, following rules related to groups or interacting with others

Includes areas like:

- Attachment/separation/autonomy
- Expressing emotions and feelings
- Learning rules and expectations
- Social interactions and play

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Children Acquire and Use Knowledge and Skills

Involves:

- Thinking
- Reasoning
- Remembering
- Problem solving
- Using symbols and language
- Understanding physical and social worlds

Includes:

- Early concepts—symbols, pictures, numbers
- Imitation
- Object permanence
- Expressive language and communication
- Early literacy

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Children Take Appropriate Action to Meet their Needs



Involves:

- Taking care of basic needs
- Getting from place to place
- Using tools (e.g., fork, toothbrush, crayon)
- In older children, contributing to their own health and safety

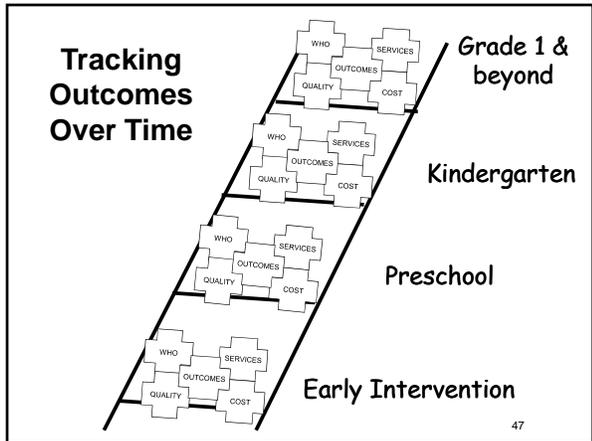
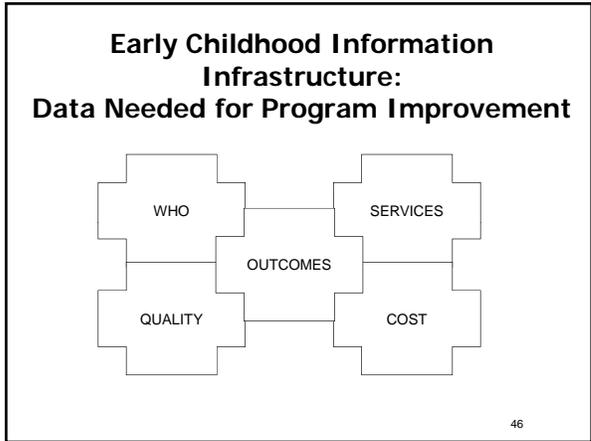
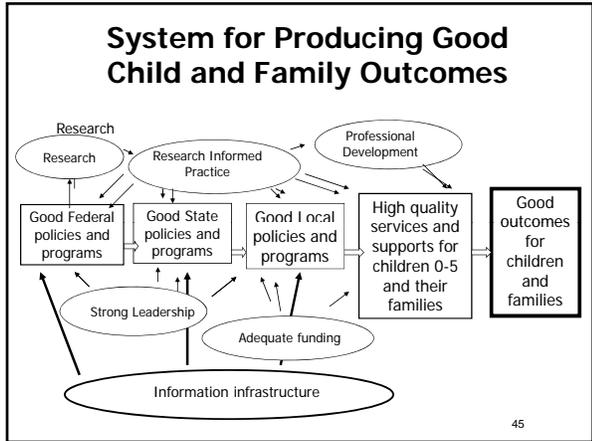
Includes:

- Integrating motor skills to complete tasks
- Self-help skills (e.g., dressing, feeding, grooming, toileting, household responsibility)
- Acting on the world to get what one wants

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Keeping our eye on the prize: High quality services for children and families that will lead to good outcomes.




Measuring Child and Family Outcomes & Incorporating it Into Practice

WA Approach: Family Outcomes Survey

Data Available Annually

- Percentages for the 3 required indicators (reported helpfulness of EI services with....)
- Data on the 5 recommended outcomes (the extent to which families report the they have experienced those benefits)

Data Required for Federal Reporting

Data Available for Program Improvement/ State Use

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What We are Hearing Nationally



- Less initial focus on family outcomes than child outcomes because data collection process is more familiar
- Concerns about improving response rates and representativeness
- Very few states can link family outcomes information to child outcomes information.

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WA Approach - Child Outcomes: Child Outcomes Summary Form



- Team Process, with guidance about criteria
- Synthesize
 - multiple sources of information including: assessments, provider observation, and parent input
 - Information about the child's functioning across everyday settings and situations
- Rate child's functioning observed across settings at a given time on each outcome relative to functioning expected for children of the same chronological age using ratings from 1-7

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Essential Knowledge for Completing the Child Outcomes Summary Form

Between them, team members must:

- Know about the child's functioning across settings and situations
- Understand age-expected child development
- Understand the content of the three child outcomes
- Know how to use the rating scale
- Understand age expectations for child functioning within the child's culture



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For Federal Reporting



- Use 2 or more ratings (entry and exit) to identify changes in the trajectory of child's growth child's progress relative to him/herself over time
- Actually report percentage of children in 5 different categories of progress
- From these progress categories, 2 summary statement percentages are derived that highlight the state's patterns of outcomes
- Targets are set for improvement in summary statements at the state level, and in 2011 states will report on local area summary statements relative to targets.

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What we are learning nationally about child outcomes measurement



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What We're Learning About Child Outcomes Measurement



The process of training for child outcomes data collection has uncovered other areas of significant need related to professional development. Many places also are reconsidering policies and practices.



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Providers Need to Know More About Assessment



- How to gather assessment data to reflect functioning across settings and situations,
- How to gather information about a child's functioning from families
- Understanding the results of the assessment
- Sharing assessment results sensitively and honestly with families

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Providers Need to Understand About Functional Outcomes



- What are they?
- How do they differ from outcomes organized around domains?
- What do they mean for how professionals from different disciplines operate as a team?

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Providers Need Support With



- What are the functional expectations for children at different ages with regard to each of the 3 outcomes (typical child development)?
- How to involve families in the outcomes measurement process
- Working as a team

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What We are Learning Nationally About COSF Implementation



Benefits:

- Opportunities to collaborate with other staff, other programs
- Improved IFSP/IEP goals, more functional language
- Improved communication with families about child's functioning
- Strengthening collaboration between Part C and Part B Preschool (especially if both using the COSF)

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In the end, data are not just numbers. Our data can help us make a difference in the everyday lives of children and their families.



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Integrating Outcomes Measurement into an Effective Efficient IFSP Process

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Integrating Outcomes Work Think Tank

Chapel Hill, NC March 15 -17, 2010

Outcomes - ECO/NECTAC: Kathy Hebbeler, Lynne Kahn, Christina Kasprzak, Robin Rooney, Donna Spiker, Siobhan Colgan
IFSP - NECTAC: Betsy Ayankoya, Joicey Hurth, Anne Lucas, Lynda Pletcher, Sharon Ringwalt,
IEP - NECTAC: Debbie Cate, NECTAC & TN trainer,
Researcher/ Trainer: Robin McWilliam, Dathan Rush, M'Lisa Shelden
Part C and 619: Suzanne Cotterman, Local 619, Debra Hannigan, State C & 619, Sandi Harrington, Local C; Karen Walker, State C and Naomi Younggren, DOD, C
TA Partners: Connie Hawkins, PTAC, Arlene Russell, WRRC , Sharon Walsh, DAC & DEC Governmental Relations

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The Mission and Purpose of Early Intervention

From *Agreed Upon Principles and Practices:*

MISSION

- 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.

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The Mission and Purpose of Early Intervention

From ECO:

Ultimate Purpose For children...

- to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families, in child care, preschool or school programs, and in the community.

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Merging Concepts

“Early intervention provides supports and services to assist families and caregivers in enhancing their child's learning and development to assure his or her successful participation in home and community life “

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Merging Processes

Why?

- The measurement of child outcomes for federal accountability promotes 3 functional outcomes appropriate for all children from infancy through their early childhood years.
- The global goals of early childhood are to:
 1. Develop secure & healthy relationships
 2. Gain knowledge & skills
 3. Explore and master appropriate ways to get one's need met

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The IFSP Process and the Outcomes Measurement Process have Similar Purposes at the Individual Child Level

- The IFSP Process plans supports and services to address family priorities to help their child successfully participate in daily activities
- Individual outcomes for each child build on his /her interests/ skills and reduce barriers to successful participation in daily learning opportunities
- Through participation – all children learn (relation-based learning, practice and independence)

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IFSP Outcomes are Individualized Expressions of 3 Global Outcomes

- Jessie will be able to sit at the table with the family and eat finger foods = Jessie will appropriately get her needs met
- Tamara and Dad will use nightly routines (bath, rocking and story-time) to calm and ready Tamara for sleep = relationships, skills & getting needs met

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Gathering Information/ Assessment for Successful IFSP Planning is the Same Information Needed for the Child Outcomes Summary Form (COSF)

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The Trick/ Challenge /Key

- Finding the natural opportunities in the IFSP process where the COSF work fits and enhances the IFSP conversations

This was the work of the Think Tank

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Suggestions From the Think Tank

- Align program descriptions with the mission of EI & the Desired outcomes for Children
- Infuse prompts for discussions of child's relationships, knowledge & skills and getting needs met in to early conversations with families
- Capture information, complete early sections of the IFSP, make sure information gets passed along

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Discussion of Current Functioning in Present Levels of Development AND the 3 Global Outcomes

- The present levels of development should be a functional description of a child's skills
- Discussion of the unique ways a child brings those skills together to relate to others, to use what he/she knows, problem-solve, express him/herself and get his/her needs met (the 3 global outcomes) provides a functional, contextualized picture of current learning, development and participation

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Families Appreciate the Discussion of Where Child is Functioning in Terms of Age Expectations

- 25% delay is pretty meaningless to families
- Summarizing the skills in terms of the global 3 shows families how children are using skills in functional situations

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Families Appreciate the Discussion of Where Child is Functioning in Terms of Age Expectations

“A 12 month old is usually actively exploring his/her environment, crawling, cruising or walking to get a favorite toy, follow his/her sibs. Cara is really attentive, tracking (attending to) a desired toy or her sister, but is just beginning (in some situations) to take action to get what she wants or follow her sister.”

Outcomes: Getting her needs met and relating to her sister

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The Right People/ the Right Situation/ the Right Time

- Why not complete the COSF while talking about the child’s functioning and development?
- Providers who are integrating the outcomes work, suggest that the completing the COSF at the IFSP meeting to summarize the assessment results is a natural and enriching conversation
- Outcomes become more functional – routine and activity based

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To Rate or Not at the IFSP Meeting??

- Some providers complete the COSF and decide the rating from 1-7 with the families at the IFSP meeting

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To Rate or Not at the IFSP Meeting??

- Others have developed a set of “concluding” statements or final descriptors that align with the 7 point scale
 - “For an 20 month old child, Calvin has many skills expected of his age but he also demonstrates some skills slightly below what is expected at this age in the area of social relationships”
- The team summarizes the child’s functioning on each outcome by picking the most appropriate statement, but don’t rate using a 1-7 number

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Completing the COSF at the Annual IFSP

- Sends message that this is an important look at the child’s development
- Helps families and providers see progress and/or change intervention strategies
- Keeps these 3 important areas of development in mind

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Finding Opportunities to Complete The COSF at Exit

- Again programs varies
- Some look for IFSP process opportunities - an annual review (if close to exit), or the Transition meeting
- Others have an exit meeting
- Common message: Use the opportunity to celebrate the family and child's accomplishment
- Acknowledge the preschool years as continuing opportunities to promote the child's successful participation in what ever settings come next

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Think Tank Next Steps

- Review and refine the draft of ***INTEGRATING CHILD OUTCOMES MEASUREMENT INTO AN EFFECTIVE IFSP PROCESS*** - Work toward a new level of consensus
- A companion document for the IEP process is also under development

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Think Tank Next Steps

Develop tools:

- IFSP/ IEP flow charts with outcomes work integrated
- Examples of effective processes and useful tools based on provider experiences
- Develop case studies from the child & family perspective

Provide TA to states who want to use an integrated process (e.g., Washington)!!

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Contact Information

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