

Just Being KIDS

Facilitator's Guide to
Accompany the Video



by
Larry Edelman



JFK Partners
University of Colorado
Health Sciences Center



cde
Colorado Department
of Education



Supports and services for infants & toddlers and their families in everyday routines, activities, and places.

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By
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A collaborative project of . . .

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and

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Larry Edelman
August, 2001

I n t r o d u c t i o n

There is widespread recognition that supports and services for children birth to three with developmental delays and disabilities are best provided in the context of the child's and family's everyday routines, activities, and places. Several reasons help explain why practices have been moving in this direction.

It's the Law. Federal legislation, the Individuals with Disabilities Education Act (IDEA), supports this approach. The Program for Infants and Toddlers with Disabilities, also known as "Part C" of the IDEA, assists states in operating a system of early intervention supports and services for infants and toddlers with special needs, birth to three years, and their families. Part C specifies that early intervention services and supports are to be provided in "natural environments." The term "natural environments" refers to "settings that are natural or normal for the child's age peers who have no disabilities" and refers to a variety of settings in which children of the same age without disabilities regularly participate (34 CFR Part 303.18). The IDEA joins a rich history of federal and state civil rights laws that recognize the value of providing services in home and community settings.

It's More Than A Place. The term "natural environments" requires clarification. Because the term includes the word "environments" it is sometimes misinterpreted to refer only to the *places* where supports and services are provided. Although location is important, it is only one element of quality supports and services. The elements of *why* the service is being provided, *what* the service is, *who* is providing it, *when* it is being provided, and *how* it is being provided are other essential characteristics. Rather than focusing only on place, when we carefully plan for the "why, what, who, when, and how," of services, we are much more likely to support children's learning and development. To prevent misinterpretation, rather than referring to "natural environments," Early Childhood Connections, the Part C program in Colorado, uses the more expansive phrase "supports and services in everyday routines, activities, and places." These everyday experiences, events, and settings provide children with continuous learning opportunities that promote and enhance their development.

It's About Participation. In addition to supporting learning and development, this approach also promotes equity and belonging. When services are delivered in everyday routines, activities, and places, children are supported to participate fully in community and family life. Children are much less likely to find themselves segregated from their peers. In this sense, this approach supports civil rights – it honors the rights of people with disabilities to participate in all of society. As the preamble to the IDEA eloquently reminds us:

"Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is

an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.”

Families, Researchers, and Practitioners Support This Approach.

Families tell us that services provided in their everyday routines, activities, and places makes for more meaningful and effective services and that it helps them maintain their typical, everyday lives. Research findings point out many benefits and suggest that this approach is the most effective way to promote early development and inclusion. Advances in practice reflect what we have learned from family preferences and research and many of these practices have predated and even influenced legislative policy. These advances in practice are marked by the growing number of national organizations and professional associations that have articulated position statements and endorsements that encourage this approach.

Yes, There Are Challenges. The practice of providing supports and services in everyday routines, activities, and places may represents a change for some. As with any meaningful change, there are accompanying challenges. Early intervention systems and programs that have historically delivered services in self-contained or segregated clinical settings may experience challenges as they move to a service delivery approach in everyday places. Providers who operate on the belief that specialized, segregated intervention with children is the best approach rather than supporting the efforts of families and other regular caregivers who spend time with the child on a daily basis may also feel challenged by providing services within everyday activities. For such programs and providers, this approach may herald a host of significant changes that challenge how they view themselves, the nature of their work, and their relationships with families.

Yes, There Are Opportunities. Most significant change, even changes that we choose, can be difficult. But “difficulty” is not a reason to resist the advancement of our practice (try to imagine what things would be like if we only used practices from fifty years ago). The shift to providing services in everyday routines, activities, and places does not mean giving up our knowledge and expertise, but offers rich opportunities to use them creatively, in new ways and settings.

It is in this spirit that the *Just Being Kids* video was developed. It is our hope that the stories on the tape will offer a vision of what services can look like and assist practitioners in the continual evolution of practice that is a hallmark of quality early childhood services. We hope that you find this Guide a useful companion to the video.

How to use THE VIDEO

The video *Just Being Kids* is a tool for trainers, educators, and team leaders to incorporate into pre-service and in-service training programs on providing early intervention supports and services. The tape includes six stories that offer concrete examples of services delivered in everyday routines, activities, and places. The tape was not produced to be shown all at once, but one story at a time, combined with guided discussions and other learning activities. The purposes of this Guide are to: 1) offer background information on the stories to assist facilitator's in choosing which stories to use at which times with which audiences; and 2) suggest ideas for enhancing what might be learned from the stories through guided discussions and other training activities.

Use the Stories One At A Time

As mentioned above, the video was not produced to be shown in its entirety at any one sitting (except by trainers who should preview the stories to decide which ones they might use and how they might use them). Each of the six stories should be shown one at a time, accompanied by discussion and other learning activities. In a given training session, you might choose to show only one story or a combination of two or more. Each story illustrates different themes related to providing supports and services in everyday routines, activities, and places for children with developmental delays and disabilities under three years of age.

Tips:

- To help you select which story to use with which audience, three tables are provided: the table on page 21 offers a brief summary paragraph for each story; the table on page 22 lists the characteristics of each story; and the table on page 23 lists the primary points illustrated by each story. For more detailed information, consult the appropriate section in this Guide that describes each story. These sections include a synopsis of the story, major points made, and discussion questions tailored for that particular story.
- It may be useful to tell a group of viewers a bit about a particular story before showing it. Consult the synopsis that appears in the sections of this Guide dedicated to each story.
- On the video, the stories are separated by black slates so that you can fast forward through the tape to find the story that you would like to use.

About the Stories

Below are some things to keep in mind when viewing and using the stories.

- The characters in the stories are not actors and the stories are not contrived. The stories illustrate what actually happened as these families and providers worked together. The presence of a camera and film crew changes the natural dynamics of any situation. The fact that a viewer might find a particular segment of the video a bit stilted attests that these are “real people” who are perhaps a little camera shy, and not actors.
- In each story, the service provider was a member of a transdisciplinary team. You will see the provider in the role of primary service provider representing (but not replacing) the transdisciplinary team.
- The service delivery activities shown in these stories are examples of ways in which family-centered planning is used to assist families to pursue their goals in everyday routines, activities, and places. In each of the stories we only see a snippet of the situation. The activity shown is just part of the longer story of the service providers and families working closely throughout the entire service planning and delivery process, from referral to identifying priorities, assessment, planning, and implementation. The service providers have listened to and learned from families, drawn upon their own knowledge and reasoning processes, and have consulted with team members to arrive at the activities shown on this tape.
- The stories do not depict all that was, or could be, provided. Viewers may (and should!) have different ideas about specific ways to work with a family. As you notice divergent perspectives when your group watches and discusses the stories, encourage the participants to focus on these four major themes:
 - supporting children’s learning and development;
 - enhancing families’ capacities to support their children’s learning and development;
 - working with families to achieve meaningful outcomes; and
 - providing supports and services in everyday routines, activities, and places.
- The power of the stories lies in the discussion and reflection that they stimulate. The following section of this Guide offers ideas on leading discussions and other learning activities.

DISCUSSION QUESTIONS & OTHER LEARNING ACTIVITIES

As mentioned earlier in this Guide, the stories are intended to be viewed one at a time in conjunction with discussions and other learning activities. This section offers some ideas.

Discussion Questions

Discussion questions should be used to enhance what might be learned from the stories. Questions might be combined with the stories in a variety of ways.

Before watching the story: You might choose to offer a couple of questions before showing the story to encourage the viewers to take note of specific aspects of the story.

After watching the story: Questions can be asked after showing the story to process the meaning and implications of the story.

During the story: With some stories and audiences you might want to stop the tape before the story ends and process a particular theme or ask the viewers what they would do next (before the story reveals what actually happened).

As a task: The questions can be modified to create individual or small group exercises or assignments.

To stimulate reflection of one's own practice: Some of the questions might be worded to encourage viewers to reflect on their own programs and practices.

On the following two pages are some general questions that might be used as-is or with modifications to stimulate discussions. Later in this Guide, discussion questions are offered that are tailored to each of the stories. Ultimately, facilitators should select questions from among both lists according to their instructional needs and objectives, and the characteristics of the audience.

QUESTIONS

THAT CAN BE USED WITH MANY OF THE STORIES

The following questions could be offered to encourage the reflective thinking of individual viewers and/or to stimulate discussions in small group or large groups:

- How would you describe the “problem” being addressed and the desired outcome?
- How would you characterize the intervention and its implementation?
- In what ways did the family participate in planning and implementing the intervention?
- What were the benefits of working with the family members in the context of their everyday routines, activities, and places?
- In what ways did “being there” with the family during their typical routines and activities enable the service provider to provide more effective services than if the provider worked by “contriving” new situations?
- Functional outcomes focus on improving a child’s performance in a specific context, as opposed to working on generic developmental skills. What is the relationship between the specific environmental context in this story and the child’s functional abilities?
- What supported the child to participate and take advantage of the typical learning opportunities available?
- How did the parent use the situation as a context for typical teaching and learning?
- Think about what the service provider did, where she did it, and how she did it. In what ways is this similar or different from your current approach?
- If you were in this situation, what might you have done differently? Why?
- What other strategies or intervention activities might you suggest or try to assist the family in achieving their goals? Why?
- What do you think should happen next?
- What specific strategies or adaptations were used to increase opportunities for participation and typical learning? How might they be used in different settings or with different children and families?

- In which ways does the story illustrate principles of family-centered service delivery? What specific family-centered practices did the service provider use?
- What practices enhanced the relationship between the service provider and the family?
- Do any barriers come to mind when you think of how you could use approaches like this in your practice with a particular child and family? How could you overcome these barriers?
- What questions might you have used in conversations with the family to learn more about their goals and priorities, their typical routines, and other contextual information that would help you to understand how to best be of assistance?
- What strategies might you use to offer information and support to this family?
- What are some ways that you could support this family to help their child participate fully in everyday routines, activities, and places?
- How might families be influenced by service providers' own values and beliefs about therapeutic models?
- What specialized knowledge and or skills did the service provider draw upon to make her intervention suggestions?
- In the story, the primary service provider was a member of, and represented, a transdisciplinary team. We only saw this one service provider. In what ways do you think the other team members participated in providing services to this family?
- If you had to decide which discipline of the transdisciplinary team would be the most appropriate primary service provider for this family who would you choose? Why? How would you decide?
- In this story, we only saw vignettes in which the service provider spent time implementing services with the child and family. What roles do you think the service provider and family played in developing the Individualized Family Service Plan (IFSP)?

OTHER LEARNING ACTIVITIES

In addition to guided discussions, you might consider combining a variety of other learning activities with one or more of the stories. Activities could be led as individual exercises, in pairs, as small group activities, or in large groups. Some suggestions follow.

- Before beginning a story, ask the participants to carefully listen for the words that the parents use to describe their child and what they hope he or she can do. Ask them to write down the exact words that the parents use as they view the story. Later, have the participants use these words to write functional outcome statements.
- Ask the participants to compare and contrast the words that parents use with “disciplinary jargon.” For example, Nolan has “tight muscles” vs. “spastic adductors.” Discuss the impact of jargon on communication between providers and family members and whether (and why) the use of jargon is ever helpful.
- Provide participants with other concerns that the families in the stories might have expressed. You might use actual concerns that parents expressed in the stories (e.g., Janella’s parents wanted her to sit at piano) or develop your own theoretical, yet realistic, concerns that the parents might have had. Ask the participants to think about what outcomes might be identified from these concerns. Then, have the participants think creatively about how they might provide supports and services to address those outcomes in everyday routines, activities, and places.
- Ask the participants to think about and discuss the strengths that the families in the stories bring to their individual situations. Ask the participants to discuss how they could build upon these strengths to assist families in developing the Individualized Family Service Plan (IFSP) and designing services.
- Ask the participants to imagine what other team members might have done in the same scenario. Discuss such things as:
 - how team members with other disciplinary backgrounds might have expanded the activity (e.g. how might a speech-language pathologist have modeled facilitating vocalizations to request objects during Nolan’s bath);
 - what supports might each team member need from other team members if he or she were the primary service provider (too often transdisciplinary is taken to mean, erroneously, “doing it all” yourself).
- Have the participants conduct a “backwards brainstorming” of the events that preceded the story being viewed. Have them brainstorm the sequence of events that might have occurred prior to the interactions depicted in the video that led the family and practitioner(s) to arrive at their current vision and approach to service delivery.

- Based on the information depicted in the story, have the participants construct portions of the child's Individualized Family Services Plan (IFSP).
- Provide detailed written case studies describing a family and their goals for their child. Ask the participants to visualize and describe what their own "best practice story" would look like if they were a provider with that family. Encourage them to describe the situation in detail, including their family-centered practices, reasoning process, teamwork, and creative problem-solving skills.
- Have the participants play out a mock team meeting around issues related to the story. Ask various participants to represent the perspectives of different disciplines.
- Ask the participants to brainstorm "natural" ways to incorporate literacy learning into the routine shown in the story without placing an "add-on" to the accomplishment of that daily routine.
- Ask the participants to work in small groups to articulate what the functional outcome was that was being addressed in the story. Once they have identified it, ask them to identify the traditional disciplinary goals that might be addressed while working on the functional outcome. This exercise can help demonstrate that focusing on functional outcomes: 1) avoids having four different disciplines each working on their respective goals in relative isolation; 2) provides opportunities to use the primary service provider approach much more effectively since outcomes incorporate blended thinking rather than solitary, disciplinary perspectives.
- Distribute the handout "Major Points Illustrated in the Stories" (see the next section of this guide) after viewing a story. This handout briefly describes the major points related to providing supports and services in everyday routines, activities, and places that are that are illustrated in the stories. Ask the viewers to read through the handout, identifying which of the points were illustrated by the story.
- Ask the participants to develop an action plan. This might be done individually or as a team. Ask them to reflect on what they learned by watching and discussing the stories and to think about what new strategies they might want to incorporate in their personal or team practices. Ask them to spend some time, individually or in teams, to describe and plan in detail:
 - the goal that they want to achieve;
 - the date by which they want to accomplish it;
 - the steps they need to take; and
 - resources and people who could help them successfully achieve their goal.

HANDOUT

MATERIALS

In this section are handouts that might be helpful in providing facilitators and viewers alike with useful background information on the approach to services that is illustrated in the stories on the videotape. Please feel free to copy and distribute these three handouts.

- 1. Guiding Principles for Early Intervention Supports and Services In Everyday Routines, Activities, And Places**

The Colorado Department of Education serves as the lead agency in Colorado for Part C of the Individuals with Disabilities Education Act (Part C of IDEA) through its Part C initiative called Early Childhood Connections. Early Childhood Connections has articulated this set of six principles that should guide how early intervention supports and services are provided. These principles are reflected in the stories on the videotape.

- 2. Key Features of Quality Early Intervention Supports and Services**

This handout describes seven key features of quality early intervention supports and services. These key features have evolved from the rich body of theory, research, policy, and practice guidance that has been evolving over the past few decades related to the fields of developmental disability and early childhood. Together, these features form a set of interrelated values and assumptions that should guide the provision of services for infants and toddlers with special needs and their families. These key features are illustrated in the stories on the videotape.

- 3. Major Points Illustrated in the Stories**

This handout briefly describes the major points related to providing supports and services in everyday routines, activities, and places that are that are illustrated in the stories.

GUIDING PRINCIPLES

For Early Intervention Supports and Services in Everyday Routines, Activities, and Places

The Colorado Department of Education serves as the lead agency in Colorado for Part C of the Individuals with Disabilities Education Act (Part C of IDEA) through its Part C initiative, Early Childhood Connections. Early Childhood Connections has articulated this set of six principles that should guide how early intervention supports and services are provided. Source: *A Guidebook: Early Intervention Supports and Services In Everyday Routines, Activities And Places In Colorado*. Denver, CO: Colorado Department of Education (1999).

1. All children are unique, with their individual strengths and talents. The presence of a disability or special need is not the defining characteristic of any child.
2. Children grow and develop in the context of relationships with their families and other caregivers.
3. All children have the right to belong, to be welcomed, and to participate fully in the typical places and activities of their communities.
4. Children with and without special needs learn important things from one another.
5. Everyday routines, activities, and places offer countless opportunities for children to learn and develop.
6. The lives of families are enhanced when they are successful in maintaining their everyday lives and relationships.

From: Edelman, L. (2001). *Just Being Kids: Facilitator's Guide*. Denver: JFK Partners, University of Colorado Health Sciences Center and Early Childhood Connections, Colorado Department of Education.

Key FEATURES

Of Quality Early Intervention Supports and Services

This handout describes eight key features of quality early intervention supports and services. These key features have evolved from the rich body of theory, research, policy, and practice guidance that has been evolving over the past few decades related to the fields of early childhood and developmental disability. Together, these features form a set of interrelated values and assumptions that should guide the provision of services for infants and toddlers with special needs and their families.

Family-Centered Services

The term “family-centered” refers to a rich constellation of beliefs, philosophies, policies, and practices for providing supports and services for children with special needs and their families. At the core of family-centered practice is the recognition that the family is at the center of a young child’s life and it is the family that is child’s constant support, decision-maker, and advocate. Family-centered practice honors the premise that families offer unique perspectives and expertise about their children. Families need to be regarded as full team members and need to participate in shaping all aspects of service delivery, including specific services for an individual child, program development, and policy formulation.

Building on these assumptions, one of the primary purposes of early intervention is to support families in their task of enhancing their children’s learning and development. One of the primary roles of the service provider is to work closely with families in identifying meaningful goals. Intervention needs to provide families with information, opportunities to learn new skills, and feedback on how to meet their goals and support their children to participate fully in daily routines and activities at home and in the community.

Cultural Competency

Complementing family-centered services is the concept of cultural competence. Families are unique. A family's diversity might be expressed in many forms, including ethnicity, race, religion, linguistics, and economics, as well as by their values and beliefs. Early intervention programs and individual service providers need to provide their services in ways that honor the diversity of families.

Service providers need to continually increase their knowledge and skills for understanding and respecting the wide diversity of families that make up the community that they serve. Among the many skills one needs in order to practice in a

culturally competent manner are the abilities to: understand the impact of culture on how one views and acts in the world; use self-examination and self-awareness to accept and value one's own culture; request and use information from others to best understand who they are and how they would like to be treated; locate resources in the community to support their work with families; and, to work with and collaborate effectively with others across cultures.

Services Provided In Everyday Routines, Activities, And Places*

Early intervention supports and services should be delivered as much as possible in the context of everyday routines, activities, and places. Everyday routines, activities, and places are the day-to-day settings and activities that promote children's learning. *Family routines* are the usual events that are customarily a part of families' schedules. These routines might include meal time, bath time, play time, car rides, and nap time. *Everyday activities* that a family does with their infant or toddler might include such things as having fun at the playground, going for a walk, spending time with friends at a playgroup, shopping, and going to the library. *Everyday places* are those that families and typically developing children frequent, day-in and day-out, including the home, the neighborhood, and community programs such as a recreation center, library, park, or store.

The term "natural environment" is sometimes misinterpreted so that people think only about the *place* where supports and services are provided. Although location is important, it is only one element of quality supports and services. The elements of why the service is being provided, *what* the service is, *who* is providing it, *when* it is being provided, and *how* it is being provided are other essential characteristics. Rather than focusing only on place, if we carefully plan for the "why, what, who, when, and how," of services, we are much more likely to provide meaningful input to the child and family, and in this way, best support the child's learning and development. We believe this more elaborate interpretation is the fundamental intent of the call for services in "natural environments".

Why are everyday routines, activities, and places important? It is the nature of children to learn throughout the day, wherever they are, and whatever they are doing. Everyday experiences, events, and situations provide children with continuous learning opportunities that promote and enhance their development. Everyday routines, activities, and places are unique to each child and family and are identified by the family as they talk about their typical daily events, such as visiting grandpa, walking to the store, getting the mail, feeding the dog, and doing the laundry. Sometimes children learn through planned activities, but at other times children learn spontaneously by participating in daily activities and routines. For example, children learn about "water" while playing in the bathtub, washing hands in the sink, getting a drink, splashing in a puddle, or swimming in a pool. The location of these everyday routines and activities include such places as the bathroom, kitchen sink, backyard, and community playground. These typical activities are children's opportunities for learning and adults' opportunities for encouraging the child's development.

Children learn best when they practice skills in the settings and within the activities and routines in which they would typically use those same skills. Children are provided an opportunity to acquire skills within the context of daily life rather than in contrived learning situations that may not represent real life challenges. The use of everyday routines, activities, and places as a context for early intervention services provides numerous ways to incorporate these skills into a child's and family's life. Many naturally occurring routines and activities can serve as development-enhancing opportunities, increase the number of learning opportunities, and support learning.

Participation

One of the greatest heartaches for a family – any family – is when their child is excluded. One of the greatest gifts that service providers can offer is helping children participate in every day life. In addition to supporting learning and development, early intervention supports and services should promote equity and belonging. When services are delivered in everyday routines, activities, and places, children are supported to participate fully in community and family life and are much less likely to find themselves segregated from their peers. In this sense, early intervention supports and services honor the rights of persons with disabilities to participate in all of society.

Each child's level of participation is the result of a complex relationship between the child's abilities, other personal characteristics, and the circumstances in which the child lives. Society can facilitate or hinder participation. An environment with barriers (physical or social) can restrict participation, while environments that are accessible and involve people who promote positive interactions and have appropriate expectations can increase the child's opportunities for more active participation. To maximize each child's participation we need to assess the child's ability to take part in various life domains and to identify conditions that impede and support participation. The standard for assessing a child's participation is how a child of similar age without a disability will participate in that particular activity, in that particular community. We must observe the child to see if a discrepancy exists between the observed participation and the expected participation of a child without a disability. Interventions are then designed to increase participation by removing barriers and promoting conditions that result in increased participation. Strategies used to increase participation are very diverse, including use of low and high tech assistive technology, adaptation of activities and environments, changing or reframing attitudes that limit child participation, and increasing the child's skill level. Early intervention should promote child participation in all areas of daily life, including play, self-care, and social activities.

Developmentally Appropriate Practice

For the past fifty years, the most widely accepted child development theories have recognized that opportunities for children to play are essential components for early cognitive, social, and language development. Building on this recognition, pre-eminent early childhood professional organizations have advanced an approach to educating

and caring for young children known as developmentally appropriate practice. Developmentally appropriate practices are age appropriate and individually appropriate. Developmentally appropriate practice incorporates enjoyable play activities, thereby encouraging full participation in play activities as well as the acquisition and retention of skills gained in play. By being appropriate to the age and unique character of a given child, developmentally appropriate practices are responsive to, and respectful of, individual children.

Functional, Meaningful Outcomes

Supports and services should directly help young children function as independently as possible in their everyday lives. Functional outcomes are derived by listening to and working with families to identify the skills that children need to master, and/or the accommodations in tasks and the environment that will support the child to participate in family and community life. By focusing on functional outcomes, families and other caregivers recognize how to use the many learning opportunities that naturally occur in children's daily lives. In order to attain functional outcomes, skill development, accommodations, and adaptations must be addressed within the context of children's daily activities.

In addition to being functional to the child, outcomes need to be meaningful to the family. Early intervention services need to address families' concerns, priorities, and resources and "fit" the context of their culture, life-style, and schedules. Service providers can keep focused on meaningful outcomes by listening to and planning with families. Through conversations focused on the perspectives of the entire family, practitioners can learn *what* family members currently do and want to do in the future, *who* the key individuals are in their lives, and *how* best to blend early intervention services and supports so that children participate fully and families can reach their goals.

Transdisciplinary Team

The transdisciplinary team approach is based on the assumption that a child's development should be regarded as an integrated and interactive whole, rather than as a collection of separate domains. Likewise, supports and services are most successful when the team works as an integrated, interactive whole, rather than as a collection of separate disciplines. A hallmark of this team approach is the sharing of assessment, program planning, and implementation information and skills across disciplinary boundaries in the interest of providing an integrated program for children and their families. Information, skills, and knowledge is continually shared during team meetings and other interactions.

In the early intervention transdisciplinary team one person assumes the role of primary service provider with a family while other team members serve as consultants to this primary provider. There may be times when a specific need of a particular child

and family is so complex that the primary service provider is not able to meet that need, even with consultative support from other team members. In such cases, the team member from the most appropriate discipline might provide intervention together with the primary service provider.

The team includes professionals from a variety of disciplines and the child's parent(s), recognizing that the family is the primary decision-maker for the child and that the parent(s) choose their level of team participation. The team's performance relies on effective interaction skills including clear and open communication, effective problem solving, group decision making, and conflict resolution. These skills allow team members to transcend the scope of their own discipline, teach and learn across disciplines, and develop unified individualized plans.

Coordination

Every family with a child enrolled in Part C of the Individuals with Disabilities Education Act (IDEA) should be offered the support of a service coordinator who works in partnership with the family to assure that they receive the services to which they are entitled and to facilitate the development of the Individualized Family Services Plan (IFSP). Participating in the development of the IFSP is an integral part of service delivery for all providers.

The "officially" designated service coordinator may be a separate and distinct role from the early intervention service providing team. However, all service providers have inherent responsibilities to participate fully in the entire IFSP process and to coordinate closely with the family, service coordinator, and other supports and services effectively throughout their involvement with the family.

[* Portions of this section of this document are adapted with permission from: "Frequently Asked Questions About Natural Environments," published by the Georgia State Interagency Coordinating Council and Babies Can't Wait, Georgia's Part C Lead Agency.]

From: Edelman, L. (2001). *Just Being Kids: Facilitator's Guide*. Denver: JFK Partners, University of Colorado Health Sciences Center and Early Childhood Connections, Colorado Department of Education.

MAJOR POINTS

Illustrated in the Stories

This handout briefly describes the major points related to providing supports and services in everyday routines, activities, and places that are illustrated in the stories.

- 1. Supports and services need to be meaningful to the family.**
Supports and services need to address a family's primary concerns and be offered in ways that "fit" the context of the family, e.g. their culture, typical activities, life-style, and schedules. Service providers can keep focused on what is important to the family by continually listening closely to and following the family's lead.
- 2. It is important for service providers to "be there."**
Daily routines are colored by context and setting – in order to fully understand most situations one needs to at least observe, if not participate in them. If a service provider was not "there" to observe a difficult situation first-hand, parents (or anyone for that matter!) would find it challenging to adequately describe the circumstances surrounding an activity that the service provider needs to fully understand. Providing services in typical, everyday routines, activities, and places allows practitioners opportunities to observe and participate in situations first-hand. They can then offer families more specific ideas to enhance their children's full participation and learning.
- 3. Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.**
Typical routines and activities offer children and families many opportunities for learning. The benefits of an intervention strategy are greatly increased when it becomes a part of everyday routines and activities. Once we learn to identify such natural learning opportunities we need to rely much less, if at all, on constructed therapeutic activities and places. Therapy, even if scheduled on a weekly basis, accounts for only a small percentage of a child's time. When a family focuses on supporting their child to fully participate in their everyday routines and activities, the child's opportunities to benefit are greatly expanded. Assisting families to recognize the learning opportunities that exist in their everyday routines and activities is a role for all practitioners, and occurs most easily when providers and families work together in the activity.
- 4. It is important to center supports and services around family members.**
One of the primary purposes of early intervention is to enhance the capacity of families to support their children's learning and development. Young children live in context of their families and depend on their parents and other family members for care, support, and teaching. In addition, it is essential to consider the needs of

other family members. The needs and abilities of each family member are part of a child's context and influence the child's development. When a parent (or other caregiver) expresses problems with a child's behavior, it is important to understand the adult's role, perspectives, and unique needs for support.

5. Early intervention activities and experiences should be fun, interesting, and engaging for the child.

Activities should be developmentally appropriate and based on each child's strengths, interests, and needs. "Therapy" can be joyful when it is embedded in typical play routines.

6. Services need to support children's active participation.

Consistent with federal law, early intervention strategies should occur in "settings that are natural or normal for the child's age peers who have no disabilities." But merely "being in a particular setting" is not enough. Services need to support children's full participation in typical childhood activities.

7. Adaptations can enhance participation and learning.

Adaptations, in the form of environmental accommodations, positioning suggestions, or changing task requirements can be an easy and effective way to increase the level of participation and learning potential of an activity. Adaptations can make difficult activities more reasonable or less difficult very quickly. Sometimes everyday household items or a child's own toys can be more effective than commercially available assistive technology devices. Adaptations that support active participation have a ripple effect – they make other natural learning opportunities possible. Adaptations often can be made in play activities so children can participate fully and learn as much as possible.

8. Effective services are built on the foundation of skillful interpersonal and communication practices.

Using effective communication skills is a crucial addition to drawing upon one's child-based knowledge. Spending time with families to learn about their typical day, their activities and routines, and their priorities is an important step to knowing what to observe and assess. Using open-ended questions, listening carefully, and conveying respect for parents' knowledge and expertise are key conversational skills to learn how to best support the family. Building trust is important for families to feel comfortable sharing the difficult parts of their days with their children.

9. Providing consultation to families and other caregivers involves more than "just talk."

In addition to using effective interpersonal communication skills, modeling, demonstration, coaching, and teaching are other important strategies for promoting children's development via supporting families and other caregivers to enhance children's growth and learning. These strategies build on each discipline's knowledge of child development and intervention approaches.

10. Sometimes the only way to find a solution is to try different things out.

One can speculate on the best strategy, but ultimately, an idea has to be tried out to see how it will work. Trying out different possibilities encourages families to seek creative solutions that suit their needs and interests.

11. The focus of supports and services should change along with the child.

Services should result in documented progress. If progress is made, then outcomes should change to reflect the attainment of new skills. In a similar way, if progress is not being achieved, adjustments need to be made to expected outcomes or strategies.

12. Home is not the only “natural environment.”

Providing services in everyday routines, activities, and places is not limited to providing services in the home. Although home is a place where young children spend much of their time, home is but one typical place where we can support children and families as a context for participation, teaching, and learning. Practitioners and families need to look broadly at the full range of community settings in which the child and family currently spend time or would like to spend time in the future.

13. Programs need to provide their services in ways that meet the needs of all families.

Programs need to develop their capacity to serve the various dimensions of diversity present in the community, including linguistic diversity.

Major Points About Transdisciplinary Teamwork

14. Transdisciplinary team members need not abandon their disciplines.

Being a member of a transdisciplinary team does not mean giving up one's specific discipline, but using one's expertise in different ways. Service providers do not need to give up the outcomes they typically would work on with a child, but they will apply their expertise in different ways and incorporate their goals in functional activities and routines. Providing services in this way offers providers increased opportunities to use their specialized expertise.

15. Teams can work though one primary service provider.

A primary service provider providing support and consultation to the family can, in turn, have the support and consultation of other team members representing a variety of disciplines. This approach is in contrast to an approach in which multiple interventionists work with a family, each focusing on a different developmental domain.

16. Intervention, at its best, works on more than one aspect of development.

When intervention is integrated and coordinated, children often benefit in multiple ways. Service providers need to work as a team, keeping focused on

functional, meaningful outcomes, rather than working as a loose assortment of practitioners who each work in relative isolation on their own disciplinary goals. Through a team approach, services are more likely to promote specific skill mastery while supporting general development.

17. Transdisciplinary teams can succeed only by using effective communication and interaction skills.

Skillful interpersonal communication practices are essential for effective team functioning. Teams rely on a variety of team communication skills and practices including listening, advocacy, managing differences of opinion, team problem-solving, and decision-making.

18. Team members need to rely on one another for consultation and finding “solutions.”

No one team member has all of the knowledge, skills, and experiences to be able to effectively serve all children and families.

19. Videotaping can be a useful strategy to share information with others for collaborative problem-solving.

When other team members can't “be there,” videotaping may offer the next best way to help them understand the context of the situation. Videotaping can also be useful for other purposes, such as monitoring progress.

From: Edelman, L. (2001). *Just Being Kids: Facilitator's Guide*. Denver: JFK Partners, University of Colorado Health Sciences Center and Early Childhood Connections, Colorado Department of Education.

Brief summaries OF THE STORIES

Jacob's Story

Jacob is a very bright two and a half year old boy who likes watching the television show "Arthur," reading picture books, and roughhousing with his father. Jacob has a winning smile and loves being with people. Jacob has spastic quadriplegic cerebral palsy that affects all areas of his development. Holly, Jacob's mother, wanted some ideas for how she could help Jacob play at the neighborhood playground. This vignette illustrates how a Heidi, a physical therapist, worked with Holly to help Jacob and his younger brother Cole have fun at the playground.

Nolan's Story

Nolan is almost three years old. He likes to read with his sister, play on the computer, and "drive" his remote-controlled car. Nolan has cerebral palsy with significant motor delays. In a conversation with Lisa, a physical therapist, Nolan's mother and father, Kim and Ron, described bath time as the most difficult part of their day – an exhausting experience for the whole family. This vignette shows how Lisa worked with the family using low-tech adaptations and household items to make bath time a fun, social, and enriching experience for the whole family.

Janella's Story

Janella, a charming 27 month old girl, lives with her mother and father, Corinne and Navaras. Janella enjoys listening to music, looking at her favorite book, and cuddling with her mom and dad. Janella has Stickler's Syndrome, a genetic condition that causes Janella to have vision and hearing loss. She also has other medical conditions that impact her development and functional abilities. Corinne and Navaras chose to work with one primary service provider. One of the family's major goals was to help Janella make and express choices. In this vignette, Lou Ann, a child development specialist, worked with members of a transdisciplinary team and the family to help Janella make her choices known and participate in play and family routines.

Blake's Story

Blake is a very bright two and a half year old boy who likes "hot wheels" cars, computer games, cooking, and imaginative play. Blake has a diagnosis of spastic diplegia – the muscle tone in his legs increases significantly with effort and excitement. Yvonne, Blake's mother, found grocery shopping to be a very trying experience for both Blake and herself. Blake often became very frustrated with the typical grocery shopping routine and would take items off of the shelf and often throw things on the floor. Exacerbating the situation, Yvonne has Parkinson's disease that limits her agility, ability to respond quickly, and endurance. This vignette shows how Trudy, an occupational therapist, worked with the family to make shopping trips easier and help actively engage Blake in the rich learning opportunities found in the grocery store.

Jenni's Story

Jenni, an engaging and happy two and a half year old girl, lives in a monolingual Spanish speaking household with her mother and father, Gloria and Fermin, her two brothers, and another family of five. She loves playing, reading, singing, and being with the other children in her household. Jenni has diplegic cerebral palsy and has delays in her ability to walk unassisted and in her expressive language. Jeannemarie, a physical therapist, who spoke some Spanish, began working with Jenni's family as the primary service provider to address Gloria's goal for Jenni to walk independently. At a later point, in consultation with Gloria, Jeannemarie invited a speech-language pathologist who was fluent in Spanish to visit the family with her.

Evan's Story

Evan is a very pleasant and social 18 month old boy who likes music, playing peek-a-boo, being with other kids, and reading books. Evan's parents describe him as easy going, but occasionally strong willed. Evan has Down syndrome. As both of his parents work full time, Evan spends the majority of each weekday at a child care center. Evan's mother and father, Michelle and Bob, wanted to work on a couple of goals: for Evan to use a spoon independently and to communicate actively and effectively with others. Bob and Michelle also wanted to be sure that the staff of the child care center were working on the same goals that they were working on at home. This vignette shows how Renee, a speech-language pathologist, worked with Evan and his parents at home and with the teacher at the child care center to achieve these goals.

CHARACTERISTICS

OF THE STORIES

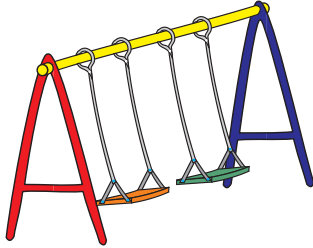
Title and Approximate Running Time	Child's Age	Primary Service Provider's Discipline	Intervention
Jacob's Story (5:00)	30 months	Physical Therapist	Supporting Jacob to play at the neighborhood playground.
Nolan's Story (6:10)	Almost 3 years	Physical Therapist	Using low-tech adaptations and household items to make bath time a fun, social, and enriching experience for Nolan and his family.
Janella's Story (11:20)	27 months	Child Development Specialist and Transdisciplinary Team	Supporting Janella to make her choices known and participate in play and family routines.
Blake's Story (7:15)	30 months	Occupational Therapist	Making shopping trips easier and helping actively engage Blake in the rich learning opportunities found in the grocery store.
Jenni's Story (8:00)	30 months	Physical Therapist and Speech-Language Pathologist	Supporting Jenni to walk independently.
Evan's Story (10:00)	18 months	Speech-Language Pathologist	Supporting Evan to use a spoon independently and to communicate actively and effectively with others at home and at the child care center.

PRIMARY POINTS

ILLUSTRATED IN THE STORIES

Jacob's Story	Nolan's Story	Janella's Story	Blake's Story	Jenni's Story	Evan's Story	
•	•	•	•	•	•	Supports and services need to be meaningful to the family.
•	•	•	•	•	•	It is important for service providers to “be there.”
•	•	•	•	•	•	Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.
•	•	•	•	•	•	It is important to center supports and services around family members.
•	•	•	•	•	•	Early intervention activities and experiences should be fun, interesting, and engaging for the child.
•	•	•	•	•	•	Services need to support children’s active participation.
•	•	•	•	•	•	Adaptations can enhance participation and learning.
•	•	•	•	•	•	Effective services are built on the foundation of skillful interpersonal and communication practices.
•	•	•	•	•	•	Providing consultation to families involves more than “just talk.”
	•	•	•			Sometimes the only way to find a solution is to try different things out.
				•	•	The focus of supports and services should change along with the child.
•			•			Home is not the only “natural environment.”
			•	•		Programs need to provide their services in ways that meet the needs of all families.
		•		•		Transdisciplinary team members need not abandon their disciplines.
		•		•	•	Teams can work though one primary service provider.
		•		•	•	Intervention, at its best, works on more than one aspect of development.
		•		•		Teams can succeed only by using effective communication and interaction skills.
		•		•		Team members need to rely on one another for consultation and finding “solutions.”
		•				Videotaping can be a useful strategy to share information with others for collaborative problem-solving.

JACOB'S STORY



Synopsis

Jacob is a very bright two and a half year old boy who likes watching the television show “Arthur,” reading picture books, and roughhousing with his father, Brad. Jacob has a winning smile and loves being with people. Jacob has spastic quadriplegic cerebral palsy that affects all areas of his development. Holly, Jacob’s mother, wanted some ideas for how she could help Jacob play at the neighborhood playground. This vignette illustrates how Heidi, a physical therapist serving as the primary service provider, worked with Holly to help Jacob and his younger brother Cole have fun at the playground.

Approximate running time: 5 minutes

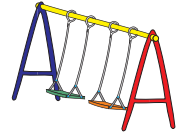
Major Points Illustrated in Jacob’s Story

- Supports and services need to be meaningful to the family.
- It is important for service providers to “be there.”
- Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.
- It is important to center supports and services around family members.
- Early intervention activities and experiences should be fun, interesting, and engaging for the child.
- Services need to support children’s active participation.
- Effective services are built on the foundation of skillful interpersonal and communication practices.
- Providing consultation to families and other caregivers involves more than “just talk.”
- Home is not the only “natural environment.”

Discussion Questions for Jacob’s Story

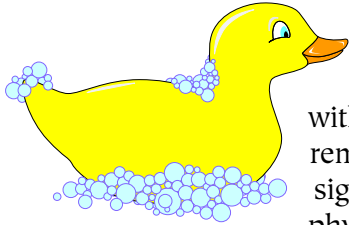
The following discussion questions, in addition to those found on pages 6-7, can be used to enhance what can be learned from Jacob’s Story.

- In what ways did “being there” with the family, in their everyday routines, activities, and places, help the service provider be able to provide effective services and supports?



- What techniques did the service provider use to share ideas for maximizing Jacob's participation at the playground?
- What is the likelihood of these activities being repeated? Why?
- What is the likelihood of these strategies being applied to other activities? Why?
- What other developmental areas did the service provider incorporate in her suggestions, and how? As Jacob's primary service provider, what consultation would she need from her colleagues to support these and other outcomes you might suggest to the family?
- In what ways did the family participate in planning and implementing the intervention?

NOLAN'S STORY



Synopsis

Nolan is almost three years old. He likes to read with his sister, play on the computer, and “drive” his remote-controlled car. Nolan has cerebral palsy with significant motor delays. In a conversation with Lisa, a physical therapist serving as the primary service provider, Nolan’s mother and father, Kim and Ron, described bath time as the most difficult part of their day – an exhausting experience for the whole family. This vignette shows how Lisa worked with the family using low-tech adaptations and household items to make bath time a fun, social, and enriching experience for the whole family.

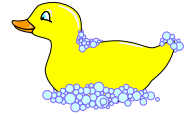
Approximate running time: 6 minutes

Major Points Illustrated in Nolan’s Story

- Supports and services need to be meaningful to the family.
- It is important for service providers to “be there.”
- Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.
- It is important to center supports and services around family members.
- Early intervention activities and experiences should be fun, interesting, and engaging for the child.
- Services need to support children’s active participation.
- Adaptations can enhance participation and learning.
- Effective services are built on the foundation of skillful interpersonal and communication practices.
- Providing consultation to families and other caregivers involves more than “just talk.”
- Sometimes the only way to find a solution is to try different things out.
- The focus of supports and services should change along with the child.

Discussion Questions for Nolan’s Story

The following discussion questions, in addition to those found on pages 6-7, can be used to enhance what can be learned from Nolan’s Story.



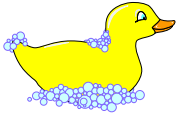
- In what ways did “being there” with the family, in their everyday routines, activities, and places, help the service provider be able to provide effective services and supports?
- In this story the primary service provider was a physical therapist. If the primary service provider was from a different discipline, how might that person’s expertise have changed what happened during the bath time routine? How can these perspectives be shared among team members? Which perspectives would you feel comfortable incorporating and what kind of support would you need from team members to do so?
- What adaptations to the bath activity could you make to increase communication and interaction between Nolan and his sister?
- How might Nikita, Nolan’s sister, be included in other adaptations of daily routines?
- What did the family like about working with the service provider?
- What aspects did the service provider like about working with the family in their everyday routines, activities, and places?
- What successful communication techniques did the service provider use during the opening conversation with the family?
- How did the service provider use her expertise to make intervention suggestions and how did she share her knowledge with Nolan’s parents?
- What are the advantages and disadvantages to using everyday household items rather than commercial assistive technology devices?
- What might you have wanted to discuss with the family before bringing your own laundry basket and toys?
- The service provider suggested to Nolan’s mother that when Nolan is more comfortable in the basket, his shoulders will be less tense and he will be able to use his arms better. If Nolan’s shoulders don’t become less tense or if he isn’t eventually able to reach, what next?

A Learning Activity to Consider Using with Nolan’s Story

Rather than showing the entire story, stop the tape after the information gathering segment, and ask the participants to work individually, in pairs, or in small groups to generate a list of additional questions that they might ask the family to gather information.

A Note on the Adaptation

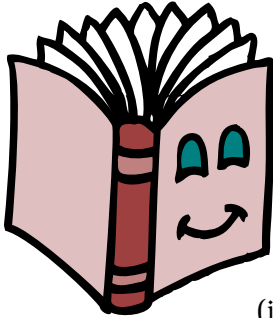
The laundry basket is a Sterilite, which can be purchased for under \$10.00 at many household goods and variety stores. It is most important to either try a



basket that the family already has or purchase one that fits the child, i.e., one that will support the child with his legs and back in a comfortable position. Positioning will vary according to the child's levels of stiffness and motor control. Caution should be given to the basket weave openings and edges as small toes can easily be caught in them and cause great discomfort (in some situations a plastic storage container can work better). We put a rubber shelf liner on the bottom and around the edges to provide a more slip resistant surface. One can also use a baby bath foam insert behind the child's back to provide additional support and comfort. The idea of the pool noodle involved cutting a styrofoam pool noodle so that it could be bent and snuggled into the front of the basket. This serves two purposes: 1) enclosing an area of water in the basket so that toys will stay within Nolan's reach, and 2) providing Nolan with a sense of security in a smaller space.

JANELLA'S STORY

Synopsis



Janella, a charming and affectionate 27 month old girl, lives with her mother and father, Corinne and Navaras. Janella enjoys listening to music, looking at her favorite book, and cuddling with her mom and dad. Janella has Stickler's Syndrome, a genetic condition that causes Janella to have vision and hearing loss. She also has other medical conditions (including a tracheostomy, a colostomy, a urinoscopy, myclonic seizures, heart problems, and a spinal deformity) that impact her development and functional abilities. Corinne and Navaras chose to work with one primary service provider. Although they valued the input of interventionists with specialties in a variety of disciplines, they wanted to work directly with only one person for a couple of reasons. First, Janella has a fragile immune system and they need to limit the risk of infectious organisms entering their home. Secondly, they wanted to work with one provider with whom they could build a close relationship and who could really get to know Janella. For these reasons, Corinne and Navaras elected not to have other team members or team meetings in their house. They also chose not to attend team meetings in other locations. They preferred that the primary service provider consult with other team members and bring the information back to the family.

One of the family's major goals was to help Janella make and express choices. In this vignette, Lou Ann, a child development specialist serving as the primary service provider, worked with members of a transdisciplinary team and the family to help Janella make her choices known and participate actively in play and other family routines.

Approximate running time: 11 minutes and 30 seconds

Major Points Illustrated in Janella's Story

- Supports and services need to be meaningful to the family.
- It is important for service providers to "be there."
- Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.
- It is important to center supports and services around family members.
- Early intervention activities and experiences should be fun, interesting, and engaging for the child.
- Services need to support children's active participation.
- Adaptations can enhance participation and learning.



- Effective services are built on the foundation of skillful interpersonal and communication practices.
- Providing consultation to families and other caregivers involves more than “just talk.”
- Sometimes the only way to find a solution is to try different things out.
- Transdisciplinary team members need not abandon their disciplines.
- Teams can work though one primary service provider.
- Intervention, at its best, works on more than one aspect of development.
- Teams can succeed only by using effective communication and interaction skills.
- Team members need to rely on one another for consultation and finding “solutions.”
- Videotaping can be a useful strategy to share information with others for collaborative problem-solving.

Discussion Questions for Janella's Story

The following discussion questions, in addition to those found on pages 6-7, can be used to enhance what can be learned from Janella's Story.

- In what ways did “being there” with the family, in their everyday routines, activities, and places, help the service provider be able to provide effective services and supports?
- What did you like about the intervention?
- How was this a good example of learner-focused intervention?
- What steps of the coaching process did you observe?
- In what ways were the intervention strategies focused on what was meaningful to the family?
- What would you do if the parents wanted something that would have made it harder for Janella to perform (if, for instance, the parents wanted to stick to two switches when she did better with the rocker switch)?
- In the interview, Corinne said that when Janella was first born she was not very confident in her parenting abilities. How can we support parents to feel confident in their knowledge about their children right from the beginning?
- In what ways did the family incorporate the switch device into their daily activities?



- What are the advantages/disadvantages to using assistive technology devices versus everyday household items that could achieve the same purpose, for example a specialized single message communication device versus a talking picture frame?

Specific Questions about the Teaming Aspects of Janella's Story

- What are your thoughts about the use of videotaping as a team strategy?
- What are your thoughts about the team meeting? What did you notice about the meeting?
- How were differing opinions addressed in the team meeting?
- What team values did you observe?
- On what basis did the team make their decision about the switches?
- What helped move the team members forward during their discussion about selecting the most appropriate switch for Janella? How did the team come to a final consensus and what was the team process like?
- What would you have done if the team could not have reached consensus, i.e. what strategies might be used to come to a decision if Trudy had not eventually agreed with the other team members?
- If you were the primary service provider what words would you use to present the situation to the team for problem-solving? (e.g. "What you'll see on this video is the type of switching system we have been using and how Janella has been positioned. Her mother has such and such concerns and I have such and such concerns. What are your ideas about how these concerns might be better addressed?")
- Janella's mother and father were not present to brainstorm with the team (at the parents' request). But it is often very useful for parents to participate in the discussion and also observe this level of problem-solving. How could the primary service provider share with the parents the discussion, problem-solving, reasoning, and concerns that came up during the meeting? (For example, could the team have videotaped their discussion to share with Corrine and Navaras?)
- How might the team discussion have been different if the parent(s) had been at the table? What might you have done differently and why?
- If you had to decide which discipline of the transdisciplinary team would be the most appropriate primary service provider for this family who would you choose? Why? How would you decide?



- Think about how your team operates. In what ways does your team:
 - stay focused on the family's priorities?
 - address differing opinions?
 - provide consultation to families?
 - provide consultation to one another?
 - deal with emotional responses to the challenges of teaming and role release?

Other Learning Activities to Consider Using with Janella's Story

- Have the participants re-enact the team discussion for Janella, providing the primary service provider with other ideas for activities and modifications. Based on how the re-enactment proceeds, offer strategies on conflict resolution. Discuss how each of the participants' teams makes decisions and handles differing points of view during planning meetings.
- Stop the videotape before the team meeting is shown. Describe the parents' goals and the situation, then ask participants to enact a team meeting before viewing the actual team meeting in Janella's Story. Afterward, lead a discussion to debrief their experience, then show the remainder of the story, followed by a discussion comparing the their own version of the team meeting with the one on the videotape.

BLAKE'S STORY

Synopsis



Blake is a very bright two and a half year old boy who likes “hot wheels” cars, computer games, cooking (play and real), and imaginative play. His parents relate that Blake is very strong-willed and can sometimes be quite mischievous.

Blake has a diagnosis of spastic diplegia – the muscle tone in his legs increases significantly with effort and excitement.

Although his fine motor skills have been one of his strengths, he has difficulty with age-appropriate activities that require skilled use of both hands. Blake can walk slowly and unsteadily with a walker, but does not like to use his walker at this time. Yvonne, Blake’s mother, found grocery shopping to be a very trying experience for both Blake and herself for a couple of reasons. Blake routinely became very frustrated with the typical grocery shopping routine, due partly to the fact that his cognitive development exceeds his motor abilities. He got bored with sitting in the cart. Blake would take many items off of the shelf and want to eat them and often throw things on the floor. Exacerbating the situation, Yvonne has Parkinson’s disease that limits her agility, ability to respond quickly, and endurance. This vignette shows how Trudy, an occupational therapist serving as the primary service provider, worked with the family to make shopping trips easier, decrease Blake’s frustrations and behaviors that had become a problem for Yvonne, and support Yvonne to help actively engage Blake in the rich learning opportunities found in the grocery store.

Approximate running time: 7 minutes and 15 seconds

Major Points Illustrated in Blake’s Story

- Supports and services need to be meaningful to the family.
- It is important for service providers to “be there.”
- Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.
- It is important to center supports and services around family members.
- Early intervention activities and experiences should be fun, interesting, and engaging for the child.
- Services need to support children’s active participation.
- Adaptations can enhance participation and learning.
- Effective services are built on the foundation of skillful interpersonal and communication practices.
- Providing consultation to families and other caregivers involves more than “just talk.”
- Sometimes the only way to find a solution is to try different things out.
- Home is not the only “natural environment.”
- Programs need to provide their services in ways that meet the needs of all families.



Discussion Questions for Blake's Story

The following discussion questions, in addition to those found on pages 6-7, can be used to enhance what can be learned from Blake's Story.

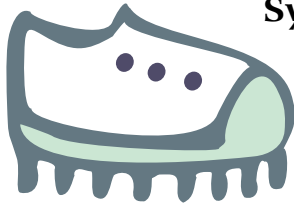
- In what ways did “being there” with the family, in their everyday routines, activities, and places, help the service provider be able to provide effective services and supports?
- Functional outcomes focus on improving a child's performance in a specific context, as opposed to working on generic developmental skills. What is the relationship between the grocery store and Blake's functional abilities?
- To what other routines might the skills addressed in the grocery store be generalized?
- What other “solutions” can you think of that could encourage Blake's participation in the shopping experience? What strategies might you use if the family did not use coupons?
- What positive characteristics, knowledge, or skill did the primary service provider draw from her training as an occupational therapy in the grocery store situation? How could perspectives from other disciplines help her in her role as Blake's primary service provider?
- How could the primary service provider articulate her knowledge in jargon-free terms to help Yvonne broaden her understanding about handling Blake's behavior in the grocery store as well as in other settings?
- How did the primary service provider actively engage Blake in the activity?
- How did Yvonne's special needs effect the situation?

A Learning Activity to Consider Using with Blake's Story

Stop the tape after the scenes when the mother is describing the “problem” and the demonstration of the problems (i.e. before we see the intervention) and ask the participants to work individually, in pairs, or in small groups to generate ideas that might address such issues as:

- decreasing Blake's undesired behaviors;
- making shopping easier for Yvonne;
- fostering communication between Blake and Yvonne;
- promoting good positioning for Blake; and
- building on the learning opportunities that exist in the grocery store during the shopping activity.

JENNI'S STORY



Synopsis

Jenni, an engaging and happy two and a half year old girl lives in a mono-lingual Spanish speaking household with her mother and father, Gloria and Fermin, her older brother Ricardo, her baby brother Fermin, and another family of five in their four room house. She loves playing, reading, singing, and being with the older children in her household. Jenni has diplegic cerebral palsy and has delays in her ability to walk unassisted and in her expressive language. As it was increasingly difficult for Gloria to dress Jenni and her baby brother and get everyone out of the house to run errands and other trips, Gloria's primary goal was for Jenni to walk independently. Jenni could crawl very well and play in a sitting position very efficiently. Jeannemarie, a physical therapist, who spoke some Spanish, began working with Jenni's family as the primary service provider to address Gloria's goal for Jenni to walk independently and other issues. At a later point, in consultation with Gloria, Jeannemarie invited a speech-language pathologist who was fluent in Spanish to visit the family with her.

Approximate running time: 8 minutes

Major Points Illustrated in Jenni's Story

- Supports and services need to be meaningful to the family.
- It is important for service providers to "be there."
- Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.
- It is important to center supports and services around family members.
- Early intervention activities and experiences should be fun, interesting, and engaging for the child.
- Services need to support children's active participation.
- Adaptations can enhance participation and learning.
- Effective services are built on the foundation of skillful interpersonal and communication practices.
- Providing consultation to families and other caregivers involves more than "just talk."
- The focus of supports and services should change along with the child.
- Programs need to provide their services in ways that meet the needs of all families.
- Transdisciplinary team members need not abandon their disciplines.
- Teams can work though one primary service provider.
- Intervention, at its best, works on more than one aspect of development.
- Teams can succeed only by using effective communication and interaction skills.
- Team members need to rely on one another for consultation and finding "solutions."



Discussion Questions for Jenni's Story

- The following discussion questions, in addition to those found on pages 6-7, can be used to enhance what can be learned from Jenni's Story.
- In what ways did “being there” with the family, in their everyday routines, activities, and places, help the service provider be able to provide effective services and supports?
- If you had to decide which discipline of the transdisciplinary team would be the most appropriate primary service provider for Jenni's family who would you choose? Why? How would you decide?
- How does a primary service provider know when to invite another team member from a different discipline in for consultation?
- The therapist describes Jenni's family as “a monolingual Spanish speaking family.” What words might you use to describe this family?
- In what ways does culture influence the way we speak to families?
- Think back on the families with whom you have worked. What cultures were represented? What issues have you had to work through?
- In this situation, the primary service provider spoke some Spanish, but not enough. Fortunately, a member of her team who spoke fluent Spanish was available for consultation. What other strategies could be used if a team member who spoke fluent Spanish was not available? How do you address linguistic diversity in your practice?
- In Jenni's Story, a speech-language pathologist visited the family as a consulting team member. What are the differences between “co-visiting” and “transdisciplinary consultation?”

A Learning Activity to Consider Using with Jenni's Story

Dramatize for your participants what it feels like when you cannot understand what someone, who has valuable information, is saying to you. Have someone enter a training session and begin speaking in a foreign language. When the participants express that they cannot understand, the speaker should use slightly exaggerated behavior, talking louder and using ambiguous gestures. After this demonstration, lead a discussion about:

- what it feels like to be in such a situation in which you cannot understand what someone is saying to you;
- what this situation must be like for others; and
- what resources service providers can call upon to support families who do not speak the dominant language.

EVAN'S STORY



Synopsis

Evan is a very pleasant and social 18 month old boy who likes music, playing peek-a-boo, being with other kids, and reading books. Evan's parents describe him as easy going, but occasionally strong willed. Evan has Down syndrome. As both of his parents work full time, Evan spends the majority of each weekday at a child care center. Evan's mother and father, Michelle and Bob, wanted to work on a couple of goals. Their first goal was spoon feeding. Evan was doing well with finger feeding, and his parents wanted him to move on to use a spoon independently. Their second goal was to support Evan to communicate actively and effectively with others. Bob and Michelle also wanted to be sure that the staff of the child care center were working on the same goals that they were working on at home. This vignette shows how Renee, a speech-language pathologist serving as the primary service provider, worked with Evan along with his parents at home and the teacher at the child care center to achieve these goals.

Approximate running time: 10 minutes

Major Points Illustrated in Evan's Story

- Supports and services need to be meaningful to the family.
- It is important for service providers to "be there."
- Everyday routines, activities, and places offer children rich learning and development enhancing opportunities.
- It is important to center supports and services around family members.
- Early intervention activities and experiences should be fun, interesting, and engaging for the child.
- Services need to support children's active participation.
- Adaptations can enhance participation and learning.
- Effective services are built on the foundation of skillful interpersonal and communication practices.
- Providing consultation to families and other caregivers involves more than "just talk."
- The focus of supports and services should change along with the child.
- Home is not the only "natural environment."
- Teams can work though one primary service provider.
- Intervention, at its best, works on more than one aspect of development.



Discussion Questions for Evan's Story

The following discussion questions, in addition to those found on page 6-7, can be used to enhance what can be learned from Evan's Story.

- In what ways did “being there” with the family, in their everyday routines, activities, and places, help the service provider be able to provide effective services and supports (e.g. being present during the family's typical snack time, rather than creating a contrived meal time)?
- What might the teacher have done to encourage interactions and connections among the children at the meal table? During the pillow play activity?
- In the interviews, both the therapist and the parents refer to many of the adult-child interactions as “therapy.” What is your reaction to this? What is the difference between quality “therapy services” provided in everyday routines, activities, and places and typical “adult-child interactions?”
- The primary service provider in this story, a speech and language pathologist, was supporting Evan's communication and motor development. What would your team need to do to make that possible?
- In this story we can easily identify the benefits that the early childhood teacher derives from working with the therapist. What do you think are the benefits that the therapist derives from working with the early childhood teacher?
- What communication skills did the primary service provider use to build relationships at the family's home? In the child care center?
- What techniques did the primary service provider use (e.g. demonstration, teaching, coaching, etc.)?
- Qualified early childhood teachers have considerable expertise and skills that they apply to their classroom. Imagine what it might be like for such a teacher when a consulting service provider enters the classroom to share new strategies and skills during the course of a typical, sometimes chaotic day. What specific strategies and communication skills might you use to support the teacher without disrupting the classroom routine, posing a threat, or being overbearing?



About Early Childhood Connections

Colorado Department of Education

Early Childhood Connections, Colorado Department of Education Part C of the Individuals with Disabilities Education Act (IDEA) is a federal program that assists states in operating a system of early intervention supports and services for infants and toddlers with disabilities, ages birth through age two years, and their families. In Colorado, the Part C initiative is called Early Childhood Connections. As the lead agency, the Colorado Department of Education is charged with implementing Early Childhood Connections (ECC), the statewide, comprehensive, coordinated system of supports and services for infants and toddlers with developmental delays and their families. This effort is undertaken along with the Colorado Departments of Public Health and Environment, Human Services, and Health Care Policy and Financing. Early Childhood Connections operates under a grant from the U.S. Department of Education, # H181A990097.

For more information about Early Childhood Connections visit the ECC web site:

www.cde.state.co.us/earlychildhoodconnections

Colorado Department of Education
201 E. Colfax Ave.
Denver, CO 80203-1799
(303) 866-6710

Contact 1 (888) 777-4041 to be connected with the local Early Childhood Connections office in your area.



About ENRICH Outreach, JFK Partners University of Colorado Health Sciences Center

The ENRICH (Enrichment using Natural Resources in the Community and Home) Project is a community-based, family-driven, transdisciplinary approach that supports children's full participation in their daily routines and activities in both home and community settings. The ENRICH Project was initially developed under U.S. Department of Education grants from the Office of Special Education Programs (Project No. H024B40059) and the Office of Education Research and Innovation (Project No. R307F70045). The ENRICH Project has developed, implemented, and evaluated a service delivery model of early intervention for young children with developmental disabilities and their family. Continuing its delivery of quality early intervention services, the primary goals of the ENRICH approach are to:

- enhance children's learning, development, independence, and active participation in everyday routines, activities, and places;
- enhance the capacity of families to meet the needs of their infants and toddlers with disabilities;
- provide recommendations for assistive technology based upon children's needs; and
- provide a milieu of family/provider collaboration to generate strategies based upon families' concerns and priorities.

ENRICH Outreach provides technical assistance and training to early intervention providers in this approach to service delivery. The training program makes use of a variety of educational activities including video tape analysis, case studies, problem-solving, and demonstration and incorporates both onsite and distance learning technologies for teaching, mentoring, and demonstration of the ENRICH approach. This project is supported by the U.S. Department of Education, Office of Special Education Programs (Project No. H324R990044).

Both The ENRICH Project and ENRICH Outreach are projects of **JFK Partners**, a multifaceted Interdepartmental Program of the Departments of Pediatrics and Psychiatry of the University of Colorado Health Sciences Center. Designated as Colorado's University Center of Excellence by the Administration on Developmental Disabilities and as Colorado's LEND Program (Leadership Education in Neurodevelopmental Disabilities) by the Maternal Child Health Bureau, JFK Partners has strong collaborative relationships with numerous organizations that are a part of Colorado's developmental disability and special health care needs communities. The mission of JFK Partners is to promote the independence, inclusion, contribution, health, and well-being of people with developmental disabilities and special health care needs and their families through consumer, community, and university partnerships.

For more information about ENRICH and JFK Partners visit:

www.jfkpartners.org

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