

Our Journey with Families: Service Delivery in Natural Environments in Rural Areas



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RECOMMENDED RESOURCES

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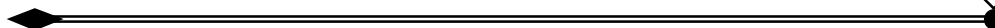
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About the Council

The New Mexico Development Disabilities Planning Council engages in *advocacy*, *capacity building*, and *systemic change* activities that contribute to a culturally competent and coordinated individual family-centered and directed, comprehensive system of community services, individualized supports and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, productive and integrated and included in all facets of community life.

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Who We Are and Where We Work

Las Cumbres Learning Services is a community-based organization that has served Rio Arriba County, Los Alamos County and northern Santa Fe County for over 28 years. Las Cumbres services supports children who have developmental delays or who are at-risk of developing delays and their families, as well as adults with developmental disabilities. Our early childhood work includes service coordination, developmental, educational, therapeutic, and mental health services to young children and their families.

Whether experiencing developmental delays, being at-risk for delay or developing typically, young children are actively involved in multiple learning opportunities through their day-to-day routines and interactions with their families and communities. Although many of New Mexico's rural communities are struggling economically, they are rich in family and community life that supports optimal development for all young children. Las Cumbres has had the opportunity to work with and learn from families in the culturally complex rural counties of Rio Arriba, Los Alamos, and northern Santa Fe. Las Cumbres presents this work, in collaboration with The Early Childhood Network of the UNM Center for Development and Disability, to share the richness of what we have learned working in these rural communities.

As a rural state New Mexico's population density is quite low and there are very few metropolitan areas. The nature of the various rural areas that make up New Mexico vary tremendously in terms of the ethnicity and culture of the residents, as well as in topography. Take a look at some of the variations we encounter within the Las Cumbres service area alone:

Northern Santa Fe County consists mainly of dry, pinon-juniper hills and small Hispanic villages scattered throughout.

Los Alamos County is located in mountainous terrain. The families we serve reside mostly within the town and represent a wide range of nationalities.

Rio Arriba County consists of fairly varied terrain with mostly high desert and mountainous areas. There are a few small towns and many small villages scattered throughout the area. Ours is an area rich in history. Many of the Hispanic towns and villages were founded nearly 400 years ago. There are also Pueblo, Navajo, and Apache reservations with some of that land having been settled for at least 800 years. Families living in these areas comprise most of the rural population served by Las Cumbres.



The small towns and pueblos in northern New Mexico are rich with cultural traditions. These range from the role of Spirituality and the Church, to the strength of family and tribal ties, to the Spanish and Native American languages that link the past to the present; the central role of art and music as a means of expression of values representing the people of northern New Mexico; the attachment to the land and what it represents in terms of living in harmony with it, and the historical ties it represents to this area are strong; the continued honoring of Feast Days and Fiestas as a means of reconnecting to cultural roots provides a sense of stability and community.



Historically the importance of family, or *familia*, for Hispanic families has been a strength for the communities in Northern New Mexico. Extended family members, neighbors and friends often provide natural support systems to youth that may be exhibiting risk-taking behaviors. This value extends also to the Native American youth. While there are many tribal differences, there are also commonalities such as the importance of family and community. The role of, and respect for, the elders in both Hispanic and Native cultures is strong. The value placed on children is also high.



Major protective factors are the deep historical roots of many families and youth in Northern New Mexico, including the prevalence of extended families, and the role of spirituality in the cultures. These conditions foster bonding to family and community in spite of the pressing risk factors, which can undermine some of these protections.

When serving these rural areas early intervention service providers encounter a variety of barriers including cultural and linguistic differences, challenges posed by long distances, inaccessibility both due to poor roads, weather conditions and on occasion, families' hesitancy to interact with service systems. Additional barriers include lack of telephones and a lack of support services in the community both for families and for professionals. There are, however, also a great number of supports unique to rural living that service providers are able to draw upon. For example, many of our rural communities are fairly stable and have long-standing support networks. Many families who live in rural and isolated areas have developed very creative solutions to problems and are happy to share these with providers. In addition, extended family support is often available to many of the families we serve. One of the things we hope to share with the reader is how Las Cumbres staff is able to build upon these supports for effective service delivery.



Where Are We Going?

Please travel with us on our service delivery journey through northern rural New Mexico. The story of our journey will show that **all** families learn, live and play in natural environments. Families who live in rural areas have very rich and varied environments in which they raise their children, earn their livings, and lead their lives. In fact, a very comprehensive national study has concluded that most children experience a variety of learning opportunities regardless of where they live (Bruder & Dunst, 2000). Our challenge as interventionists is to work with families and other regular caregivers to identify and maximize these learning opportunities for each child in a way that supports his or her optimal development.



Throughout our journey we will take brief glimpses into one northern New Mexico family's life as a way to understand how Las Cumbres early intervention teams implement the following **five recommended practices for quality services provided in the natural environments** of families in rural communities.

1. All intervention discussions focus on supporting the child's participation in the **daily routines and activities** unique to that family;
2. Services are designed to **individually support or enhance each child's participation** in settings where the family lives, learns and plays;
3. Services are provided within activities that occur in natural settings and offer children **opportunities to learn and practice new skills**;
4. Services foster the **use and development of natural supports** in each family's social and cultural network; and
5. **Service providers primarily act as consultants** to the key individuals in each child's life, using their knowledge and expertise to help others facilitate learning opportunities in natural settings.

These five recommended practices have been adapted from "Principles Characterizing Successful Implementation" as cited in the April 2000 *Position Paper on the Provision of Early Intervention Services in Accordance with Federal Requirements on Natural Environments* which was approved by the Board of Directors of the IDEA Infant and Toddlers Coordinators' Association. This position paper includes sixteen "Principles Characterizing Successful Implementation" and is included in its entirety as an appendix to this manual. For the purposes of this manual, we have chosen to illustrate the five recommended practices listed above.



Staff at Las Cumbres has worked hard to understand the concepts of **natural environments** (the places where the family lives, learns and plays) and **natural contexts** (the routines, activities and interactions of everyday life). We are also working to provide early intervention services in our rural area in ways that are supportive of these concepts. While it would be easy to decide that because our services are primarily home-based we are implementing natural environments as the law intends, we know that children and families are involved in many more natural environments than just their homes. It would also be easy to decide that since, in rural communities we do not have MacDonald's Playlands, parks and children's museums, we cannot provide services in natural environments outside of families' homes. We have chosen not to make this assumption.

.....
"It's not only about place" advises Walsh and her colleagues (Walsh, et. al., 2000). Implementation of natural environments must go beyond "place" to include also what, when and how the services are provided. Essential elements of quality include assuring that services are developmentally appropriate and relevant to individual families' lives.

Staff at Las Cumbres has come to believe that the practice of **relationship-based intervention** is a necessary ingredient for successfully meeting each child and family's needs within their natural environments and contexts. Hanft & Pilkington (2000) support this belief indicating that providing early intervention services within natural environments requires a shift toward a relationship-based service approach. This belief is founded on over 30 years of research that helps us understand that young children's relationships with their primary caregivers have a major impact on all areas of development. We know that these relationships are most growth-promoting when they are warm, nurturing and individualized. Effective relationships are responsive in a contingent and reciprocal manner. In order to support growth-promoting relationships, we have learned to look for and intervene when necessary to achieve the best level of "goodness-of-fit" possible between the caregiver and the child. (National Research Council and Institute of Medicine, 2000).

.....
"The scientific evidence on the significant developmental impacts of early experiences, caregiving relationships, and environmental threats is incontrovertible." (National Research Council and Institute of Medicine, p. 6. 2000).

The Itinerary for Our Journey

Taking each of the five practices listed on page 3, we will offer you glimpses into the life of a little girl named Kim and her family who live in a rural area of northern New Mexico. We will travel along as the Las Cumbres early intervention team provides services and supports in Kim's family's natural environments and within their natural contexts. While rural areas and lifestyles vary significantly around our state, we hope that many of our discoveries and descriptions of our practices will prove useful to our readers no matter where you live and work.



Along the journey we will also share the evidence base from early intervention literature that supports the practices we illustrate. This information will be presented *in boxes in the right hand column in italics*. We do this as a way to remind and help focus practitioners both on the "how" to be, the "what" to do, and the "why" we are practicing in this way.



Finally, we invite you to further explore the concepts of service provision within natural environments and contexts by reading additional materials. We have provided both a comprehensive bibliography and the complete *Position Paper on the Provision of Early Intervention Services in Accordance with Federal Requirements on Natural Environments* referenced earlier. Let's begin our journey!

Meet Kim and Her Family

During a break at a rural community Child Health Fair, the clinic nurse referred Kim and her family to Las Cumbres Learning Services' early intervention program. Kim was born three months early and had been home from the hospital for only a month. Isabel, who is Kim's mother, was referred to Las Cumbres by the Special Baby Clinic of the University Hospital's neonatal intensive care unit follow up service. No one in Isabel's family had ever had any interaction with Las Cumbres so Isabel was hesitant to contact the agency. Isabel did have previous interactions with the community health clinic nurse involving other family members. Because of these interactions, she was more comfortable talking to the nurse about the referral for Kim. The nurse shared with the service coordinator that Isabel had wanted to come to the Fair to meet the Las Cumbres staff. However, she felt her baby was still too vulnerable to take out in public. Isabel agreed to have the clinic nurse ask someone from Las Cumbres to call her and left a contact number through which she could be reached.



Culture, ethnic heritage, individual family history, and personal values all may influence a parent's reaction to asking others for help (McWilliam, et. al., 1996).

Effective practice allows for a variety of ways for families to begin their relationships with the early intervention system. Supportive community networks are essential both to families and to service providers.



Early the next week the Las Cumbres service coordinator called the message number (the family didn't have a phone). Isabel returned the call later in the day. She shared that Kim was born three months prematurely and that at 5 months of age (chronological) she was still on oxygen. Isabel was a little concerned because Kim didn't seem to be doing the things that her older brother, Bobby, had done when he was 5 months old. In fact, even if you thought of Kim as being only 2 months old (adjusted age), she still seemed behind in her development. Bobby is a year older than Kim and has had neither developmental nor significant health concerns.

Isabel and Ramon, the children's father, have been married for 4 years. They have recently bought their own home in a fairly isolated mountainous region of our service area. Many members of both of their extended families live within a 30-mile radius of Isabel and Ramon. Their home is located two miles off of a paved road on a forest road. They live 7 miles from the nearest gas station; 15 miles from the nearest medical support; and 30 miles from the nearest grocery store and pharmacy. Although the home is equipped with a propane-fueled furnace, Isabel and Ramon prefer to heat the house as much as possible with their wood burning stoves. This preference is related to how they each grew up, the norms of their rural communities, and financial considerations.



Although Isabel worked outside of the home both before Bobby was born and for several months before Kim was born, she is currently home full time with the children. Her plan was to return to work when Kim was about 6 months old. When the family first decided to buy their home and stop living with relatives, it was with the assumption that they would have two incomes. Because of Kim's prematurity and medical problems, Isabel has not returned to work and does not anticipate being able to do so in the near future. Ramon works in a small town about 40 miles from home where he is a mechanic for farm machinery and equipment. Isabel and Ramon inherited some land around their home. They do some small-scale farming and care for livestock that they own jointly with other family members.

Both Isabel and Ramon were on their high school basketball teams and have continued to help out with coaching of local teams. Isabel has found this more difficult to continue since Kim's birth. They are very devoted to extended family activities and are often involved in helping various family members with farming and household projects. Before the children were born, Isabel and Ramon were "regulars" on the weekend country-dance circuit.

Both Isabel and Ramon are very interested in doing everything possible to support their children's development. Because of Ramon's work schedule and the amount of work he needs to do around the family home outside of regular work hours, he and Isabel have agreed that most of the interactions with the early intervention team will occur with Isabel and the children. Isabel will keep Ramon informed and knows that she can ask for a team meeting to be scheduled at a time that is convenient for Ramon when that seems necessary.

• • • • •

Researchers (Hanft & Pilkington, 2000; Bernheimer & Keogh, 1995; McWilliam, et. al., 1996) highlight the importance of asking families to "tell their stories" and then coming to understand those stories as a way to learn about family beliefs, values and attitudes about family life and raising a child with developmental delays.

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RECOMMENDED PRACTICE NUMBER ONE:

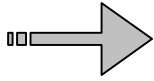
All intervention discussions focus on supporting the child's participation in the **daily routines and activities** unique to that family.





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SOME WAYS THIS WAS DONE WITH KIM AND HER FAMILY:

During the initial visit:

Isabel was encouraged to talk about how things were going for Kim and her family. The service coordinator noticed that Isabel described their activities with frequent references to how they did things when Bobby was a baby and what is different now that Kim is part of their family.

At one point, Isabel said, “I know I shouldn’t keep comparing the two kids.”

The service coordinator responded, “I’ve heard people say that too. At the same time, don’t most of us make sense of things by observing and making comparisons to what is familiar to us? That sure is how we learn about how children grow and develop. We watch and learn together by comparing our observations.”



These initial contacts set the stage for the intervention relationship both through conversations and actions.

- ◆ *If we want parents to be active decision-makers, we must offer them useful information and meaningful choices.*
- ◆ *If we want parents to know we respect their decisions, we must listen to them and respond respectfully.*
- ◆ *If we want to convey that it is our role to address their concerns, we must be responsive to their stated needs and priorities.*
- ◆ *If we want to acknowledge parents as competent, we must recognize and acknowledge their skills and abilities. (McWilliam, et. al., 1996).*



During this first visit with Kim and her family, the focus was very much on what life is like on a day-to-day basis for Isabel, Ramon and the children. Through this conversation it became clear for example, that while Isabel and Ramon were up early in the mornings, they were grateful that both children slept until nearly 8 a.m. most days. Isabel liked to watch the Today Show while she fed Kim and Bobby breakfast in the living room. She described feeling a “little silly” that this routine had become so important to her and worried that Bobby was starting to pay more attention to what was happening on the television. Isabel wondered if she might need to either turn the television off or turn on a children’s station now that Bobby seemed more tuned in to the television. Since Kim’s development had not yet been assessed, nor had the Individualized Family Service Plan (IFSP) been developed at this point, the daily routines and activities information that Isabel shared was simply noted for future reference for possible use when the evaluation and IFSP were being planned.

During the Evaluation/Assessment:

Isabel had asked the developmental specialist, who was a certified Infant Massage Instructor, for a refresher. She remembered being taught infant massage at the hospital but had not really used it since being home. Although the Individualized Family Service Plan had not yet been developed, in this situation, the home visitor made a decision to provide her service in a way that met an immediate need of Kim’s family.

The following is a description of an interaction between the developmental specialist and Kim’s family that helps to illustrate how recommended practice number one is used during a home visit during which initial evaluation/assessment information was being collected:



As Isabel let me into the house, I noticed that everyone looked recently wakened. Isabel seemed ready to get going.

“I suppose we need to fill out a ton of papers before we can do anything else.” she said.

“Well, we do have some information that I need for our files. As long as we get to it before I leave today, we can start any way you want. I have about an hour and a half before I need to leave for my next visit. Besides the paperwork, we were going to brush up on infant massage and start looking together at Kim’s development. What would you like to do first?” I asked Isabel.

“Bobby seems pretty busy with his trucks right now. Could you help me with the massage now while I can pay attention?” Isabel asked.

So we began by reviewing infant massage techniques. At first, Isabel was sure she had forgotten everything they had shown her at the hospital. As I began to coach her through the strokes, it became clear that Isabel remembered much of what she had learned, needing only a few prompts to move quite comfortably through the process. As Isabel worked her way through the massage, I noticed that she relaxed her shoulders, seemed to “settle in” with the routine and appeared to be enjoying her time with Kim.

“You look like an old hand at this.” I commented. “Look at Kim’s response. What do you think she’s telling us?”

“Ooooooh Mommy, this feels soooo good!” Isabel said in a playful voice, while looking at Kim with a smile. “Do my tummy too!”

As Isabel and Kim finished the massage, I watched carefully to learn more about Kim’s current developmental abilities as well as how Isabel interacts to support Kim’s development. When Isabel went to wash her hands and put away the massage oil, I noticed that Kim was visually tracking her mother’s movements, as well as my movements and Bobby’s too. I commented to Isabel, “Wow! Kim really watches every move. She followed you with her eyes and by moving her head until you went around the corner. Then she tuned in to Bobby and later me and my actions. Have you noticed anything about her visual attentiveness in terms of distances?”

.....
Parents are the ultimate decision-makers in matters concerning themselves and their children. They will be more likely to act in this role if professionals are clear through their words and actions that they are supportive of the decision-making role of the parents.

Sometimes, we get clues about how we can play a supportive role to the family by carefully listening to what they emphasize about an event or issue. As we begin to understand the family’s hopes and concerns, we have a clearer sense of what our role should be (McWilliam, et. al., 1996).

RECOMMENDED PRACTICE NUMBER ONE: All intervention discussions focus on supporting the child’s participation in the **daily routines and activities** unique to that family.

“Hmmm”, Isabel said. “What do you mean?”

“Does she seem to pay attention with her eyes only when you are close to her, or within a few feet, or maybe even all the way across the room?” I tried to clarify, remembering that there had been some concern about Kim’s vision mentioned in the medical records.

“Oh, she doesn’t miss a trick!” Isabel laughed. “Sometimes I think she can see me through the walls the way she yells for me when I’m out of the room! I have left her over in the corner of the living room and walked around the counter here, into the kitchen all the way over to the refrigerator. Kim follows me with her eyes the entire way, especially when she is hungry and I’m going to get her bottle.”

Kim began fussing and Isabel went to get her bottle. Sure enough, even while Bobby was distracting Kim a bit with his antics, she followed Isabel’s movement across the room and into the kitchen.

As I watched Kim eat, Isabel asked, “How soon can she be given solid food?” Isabel shared that Kim had reflux and that the visiting nurse suggested that taking Kim off the bottle might help. When I asked Isabel what she thought about the nurse’s suggestion and Kim’s reflux, Isabel indicated that the reflux wasn’t bothering Kim much and that the positioning seemed to really help. I commented that Isabel was also helping by feeding Kim slowly and making sure she gets good burps. Isabel added that Kim’s suck had gotten stronger and that she ate well. Despite her ongoing need for oxygen, Isabel views Kim as a healthy baby.

“We’ve talked a lot about how Kim eats and moves. How does she let you know what she wants?” Isabel laughed as she said, “Did you hear that fussing? That always means she’s hungry.”



Adult learning principles, as well as research about optimal child development outcomes (Guralnick, 1998) tell us that parents are more likely to be effective if they feel competent, confident, and respected for their existing knowledge and experiences.

Here, the home visitor reinforces Isabel’s knowledge and experience and provides “intervention” in the form of questions and affirmations of Isabel’s competence.

Important aspects of each child’s “natural context” are:

- 1) What is already going well; and**
- 2) The solutions that families arrive at on their own.**



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What else does she tell you?" Isabel talked about ways she knew what Kim was feeling. Through this description, it became evident that Kim was able to send fairly clear cues and that Isabel was easily able to interpret most cues being sent by Kim.

Isabel continued by commenting, "She watches everything!" I added that I had also noticed how observant Kim is. We continued sharing observations, questions and impressions in this informal way as we assessed Kim's status in each developmental domain. I had many opportunities to affirm Isabel's impressions. I also took advantage of this conversation to expand on Isabel's descriptions to get a more detailed sense of Kim's development, as well as the environments and routines she is exposed to by asking, "Is she like that in new or different places?" "How does she show this when she is around different people?"

Much of this component of Kim's developmental assessment was conducted in this manner. As we wrapped up our discussion, I was able to acknowledge what strong observation skills Isabel has in relation to her children and how "right on" her common sense ideas are. By working together to complete a developmental profile, Isabel and I came to the shared conclusion that, when Kim's age was adjusted for her prematurity, the primary area of delay was in the development of her movement skills. We agreed that the team's physical therapist would be a helpful addition to Kim's interdisciplinary evaluation team and arranged for him to come with me on the next home visit. We also agreed to keep a close watch on both vision and hearing since her medical condition indicated some possible concerns.

.....
"The child's relationship and interactions with his or her most trusted care provider should form the cornerstone of an assessment for infants and young children. Emotional and social competencies, as well as cognitive, language, motor and sensory patterns should always be assessed in the context of spontaneous, motivated interactions between the child and caregiver." (Greenspan & Meisels, 1996, p. 19).

.....
"Assessment is intervention. If initial interactions with families do not convey a sense of learning together, observing together, and 'wondering' along with each other, it will be difficult to change expectations later." (Weston, D. & Ivins, B. 2001, p. 50).

RECOMMENDED PRACTICE NUMBER ONE: All intervention discussions focus on supporting the child's participation in the **daily routines and activities** unique to that family.



RECOMMENDED PRACTICE NUMBER TWO:

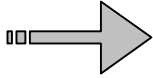
Services are designed to **individually support or enhance each child's participation** in settings where the family lives, learns and plays.





RECOMMENDED PRACTICE NUMBER TWO:

Services are designed to **individually support or enhance each child’s participation** in settings where the family lives, learns and plays.



SOME WAYS THIS WAS DONE WITH KIM AND HER FAMILY:

Floor play between Bobby and Kim

Isabel was very pleased with the results of activities that the physical therapist and developmental specialist suggested during previous interactions. These activities were things that the family was already doing with Kim but some qualitative changes were made to address Kim’s special needs. Kim was entranced by the activities of her big brother Bobby. Very early in their relationship it was discovered that Bobby could distract Kim from minor crankiness, could get the best smiles and giggles of anyone in the family, and could keep Kim entertained for periods of time that allowed Isabel to get brief household tasks accomplished. Isabel was very interested in finding ways to keep these playful interactions between Bobby and Kim going and maybe even focus on some of Kim’s skill needs in the process.

The developmental specialist began by watching a typical play time with Bobby and Kim. She noticed that Isabel usually set the situation up so that Kim was on a quilt on the floor with toys within reach. Sometimes Isabel needed to caution Bobby about his play and Kim’s safety. For example, Bobby loved to crash his trucks into a tower of blocks and watch them fall. Kim also loved this activity and squealed in excitement. Isabel felt the need to adapt the game by asking that Bobby use Kim’s cloth blocks rather than his wooden ones in case the blocks fell onto Kim. Bobby discovered that while the “CRASH!” wasn’t nearly as loud, the cloth blocks did fly farther upon impact so the game remained fun for both him and Kim.



Isabel had already discovered that by putting Kim on her side she had an easier time reaching for her toys. With the support of the interventionists, she learned to cross one of Kim’s legs over the other helping her bear weight on her foot and putting her into an almost-rolling-over position. To Isabel’s delight, these small changes were helping Kim move more. With some guidance from his mother, Bobby liked to help Kim get in position to “almost” roll over and then cheered as she “plopped” onto her tummy or back from side lying.



It is essential that early intervention services reinforce relationships with typically developing siblings. By learning from and expanding on these naturally occurring learning opportunities between siblings and explaining their therapeutic value in language that is meaningful to all family members these opportunities multiply endlessly within natural environments and contexts (Hanft & Pilkington, 2000).



Effective intervention uses what the child and family already does and embeds intervention into those activities, not the reverse. We do not want to train parents to be interventionists – to do what we do. Our purpose is to help the family think about and provide the opportunities and experiences that will help the child learn and gain independence in typical activities as they occur within the child’s and family’s lives (Cripe & Venn, 1997). Families desire information that is easy to incorporate into their daily lives and that helps the child to be part of the family and community (Bruder & Dunst, 2000; Brotherson & Goldstein, 1992).



As Kim gets older, both her and her family's needs change. Hers is an active family that is often on the go visiting family members, heading into town to shop and run errands, and going to community sports events. Following is another glimpse into an intervention interaction with Kim's family.



Isabel asked at one of my visits about "a better car seat" for Kim. Rather than assuming that I knew just what Isabel meant and what Kim needed, I asked, "Tell me a little more about this."

Isabel responded, "Well, Kim's getting so big, it's hard to carry her and to get her in and out of the car seat."

I was suddenly aware of how much Kim had grown in the 6 months since we first met her. Kim is now 11 months old (8 months adjusted age).

"**This** makes me remember when Kim seemed so tiny and fragile. Look at how far she has come! I wonder if we need to take a step back and think about how her nice growth is effecting things in general, as well as the car seat?"

We talked more about how Kim's size was affecting day-to-day life for her and her family. As we talked, it became clear to Isabel that she had been "making due" in terms of several of their routines without really thinking about what equipment might make things easier. Over time, we found a car seat that better met Kim's needs. We also adapted her stroller so that it offered her more support while still allowing her to use her hands to play. Central to this adaptation was keeping the stroller portable enough to allow Isabel to load and unload it, as well as the children into the car and go places fairly easily.

Kim had also outgrown her infant bathtub. Bobby wanted to try bathing with his sister and Isabel thought that might be fun for the two of them. The interventionist worked with Isabel to think of solutions that would give Kim the sitting support and safety she needed while also allowing her to play in the tub and still have plenty of room for Bobby too!

The family's bathmat, along with a small laundry basket with a foam pad placed inside proved to offer reasonable support. This solution was safe, used things the family had around the house and could easily replace when worn or outgrown, and looked "fun" from Bobby, Kim and Isabel's perspective. The solution also provided less than ideal positioning for Kim. The intervention team agreed that the need for Kim to have fun and play safely in the bath with her brother took priority for this part of the day over seating position.

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By waiting and gathering more information before making recommendations, the interventionist is working to develop an understanding of the ways Kim's family solves problems and the resources they already have available (McWilliam, et.al., 1996).

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Discussion and joint problem solving between family members and service providers support the family-guided nature of intervention. Before suggesting new strategies or solutions to families, it is essential to build on what each parent already knows and uses (FACETS, Intervention Principles for Family-Guided Routines, 1999).

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RECOMMENDED PRACTICE NUMBER TWO: Services are designed to **individually support or enhance each child's participation** in settings where the family lives, learns and plays.



RECOMMENDED PRACTICE NUMBER THREE:

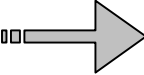
Services are provided within activities that occur in natural settings and offer children **opportunities to learn and practice new skills.**





RECOMMENDED PRACTICE NUMBER THREE:

Services are provided within activities that occur in natural settings and offer children **opportunities to learn and practice new skills.**



SOME WAYS THIS WAS DONE WITH KIM AND HER FAMILY:

Kim's family came to the early intervention program with information from her pediatrician indicating that Kim needed physical therapy services. Isabel was very focused on building Kim's motor skills and giving her many chances to practice her new skills. What follows is another peek into an intervention interaction through which the team explored opportunities for Kim to learn and practice new skills within activities that occurred naturally with Kim and her family.

Isabel's hope was that Kim would be able to move around and explore her world more easily. As a team, we agreed that Kim's ability to play and interact with her family would be best supported by helping her with her movement.



We discussed what "better movement" would look like over the next several months and decided that we wanted to help Kim learn to roll over, crawl and begin to walk. Together, Isabel, the PT and the developmental specialist, agreed on some ways to help Kim when she was being held on Isabel's lap and when in a propped sitting position. By working together, the team came up with a plan that would work to address Kim's needs within Isabel's daily routines and interactions with both children.

Isabel continued to be quite clear that she wanted the PT to work with Kim as much as possible. After all, that was what her doctor said Kim needed and that was what she came to Las Cumbres for. The PT described his role as keeping the assessment up to date so that the team would always know what was supporting Kim's movement and what needed to happen to help her move on to the next set of skills. He would also work with all of the team members to come up with new ideas for supporting and expanding Kim's movement during her typical routines and interactions. As we talked, it became clear that we needed everyone's expertise to continue to plan with and support Kim's family so that the best developmental and physical therapy information and strategies could be embedded into the family's day-to-day live with Kim.



*Motor behavior is goal-directed and organized within the context of the task requiring the behavior. One characteristic of effective practice is to provide multiple, randomly spaced opportunities for practice in the environments in which the skill will be used. **To provide enough practice opportunities, therapists must teach the people who will interact with the child throughout the day how to promote the child's motor skills during routine activities** (McEwen & Shelden, 1995).*



One Outcome page of Kim's IFSP Looked Like This

CHILD OUTCOME

Child's Name: Kim

Outcome #1: Kim will be able to move around and explore her world more easily.

We Will Know We Are Making Progress When: By Kim's first birthday (in 5 months):

She is able to roll from her tummy to her back; and She can sit with support from her mother, and with assistance roll a ball to her brother.

We Will Measure Kim's Progress Through: Parent report, review of progress notes and ongoing assessment data.

Intervention Strategies:

1. During playtimes and at diaper changing, Isabel will use techniques suggested by PT and DS (sidelying with cross over leg prop, placement of interesting toys, encouragement from Bobby, etc.) to help Kim roll in both directions. PT and DS will review effectiveness of suggested techniques with Isabel at every visit and adjust as needed.
2. Isabel has been provided with suggestions for activities to do with Kim as she is sitting supported in an adult's lap (holding lower on hips as possible, shifting weight side-to-side and front-to-back with decreasing support as possible, sitting on pillow on lap to vary amount of support and sitting surface stability). Bobby has many ideas for entertaining Kim and encouraging her to reach for him and favorite toys while she is sitting on parent's lap. As Kim needs less support in lap sitting, family will move to supported floor sitting and encourage interaction between Bobby and Kim with favorite balls, trucks, blocks, and other toys. PT and DS will review effectiveness of these activities with Isabel at every visit and adjust as needed.

Services (frequency, intensity, methods & location) Needed to Support this Outcome:

2-4 X individually per month for up to 1 hour each visit by **PT** to provide ongoing assessment, consultation, and information to parents and Developmental Specialist in the family home or other community setting as necessary to progress on outcomes.

Weekly individual **developmental consultation services** from Developmental Specialist in the family home or other community setting as necessary to progress on outcomes, to provide developmental guidance, information and support to family as they maximize Kim's learning opportunities to increase her skills.

Persons Responsible:

Family members with support from PT and DS

Review Date: Ongoing with targeted review on or around Kim's 1st birthday.

During Ongoing Service Delivery:

Following is an example of how the physical therapist approaches service delivery with Kim as he implements recommended practice number three.

The physical therapist (PT) spent the earlier part of the visit watching how Isabel carried and positioned Kim and how Kim was able to use her body in various positions. The PT spent time talking with Isabel as she held Kim and then put her on the floor with some toys. After a while, he asked Isabel if he could touch and move Kim a little bit. "You know," the PT said with a smile, "I just have to get my hands on Kim every now and then to feel how she moves."

The PT commented on how well Isabel was able to "read" Kim by following her gaze and understanding her interests. "Kim isn't able to move around much on her own yet, but because of the way you help her, she is already understanding that her body can help do things she likes to do." he commented. "You use a lot of different positions to help Kim play in different ways. I notice how you place Kim on her side so she can be closer to her toys." he shared.

"Yea" Isabel said. "I noticed how 'stuck' Kim seems when she is on her tummy. It is going to be a while before she can reach out and play with toys. Just lifting her head seems so hard for her right now. I want her to be able to play with toys that interest her even if that means that she's not on her tummy a lot."

"There are lots of ways we can help Kim develop a good balance in the muscles that we need to focus on. It sounds like you really want Kim to be able to play with toys and don't want her stuck in any one position that gets in the way of playing." the PT restated.

"I guess that's true." agreed Isabel. "We want to do whatever Kim needs, but we don't want to frustrate her in the process, you know?"

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The role of the interventionist when providing services in natural environments is based on a coaching or collaborative consultation model. Coaching leads to commitment and involvement. Consultation is necessary for generalization of skill performance across settings and to maximize efficiency and effectiveness of interventions (Shelden & Rush, 2001). Working in natural environments enables interventionists to expand their hands-on time with a child by becoming a coach along side the parent rather than a lead player (Hanft & Pilkington, 2000). When using this approach effectively, the parent or other primary caregiver is the true facilitator of change in the child's skills and development (Coufal, 1993).

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Ideally, assessment gives parents and early childhood providers a way to share a common perspective about a young child's development in ways that help them address long-term outcomes (McConnell, 1999).

Seligman (2000) suggests telling parents that a goal of the assessment phase is to form a team on behalf of the infant, including getting to the point where we "see the same child"... He goes on to say, "To the extent that parents feel they have been collaborative partners in the assessment, they will be more able to embrace the treatment process." (p. 213).

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RECOMMENDED PRACTICE NUMBER THREE: Services are provided within activities that occur in natural settings and offer children **opportunities to learn and practice new skills.**

Through this type of discussion and some trial and error, the PT and Isabel were able to come up with activities and positions that support Kim’s play skills while also working on the muscle groups that were most important to Kim’s current developmental needs.

Although the PT loves to play with babies, he resisted the urge to handle Kim very much. Instead, he coached Isabel, talked about what she was likely to notice in terms of Kim’s use of her body, and allowed Isabel to experiment until the positions and activities seemed more natural to her and Kim. The way Isabel held and moved Kim did not look exactly like the PT’s handling. With coaching however, Isabel’s interactions with Kim certainly accomplished the same objectives. The PT’s approach to service delivery as described here is a key component of providing services within the natural contexts of the child’s most important relationships. The PT’s focus is on keeping Isabel actively involved and affirming her competence. Kim’s growth and learning will be closely associated with her secure attachment with her mother. Her mother’s growth and learning in the area of Kim’s special needs will be closely associated with Isabel’s own feelings of competence as well as the relationship between Isabel and each service provider. Staff at Las Cumbres believe that the attention to and fostering of these relationships are key components to successful service delivery in rural areas.



Personal preference cannot dictate an intervention approach. Interventionists must use contemporary literature and research to guide intervention decisions. The existing literature on naturalistic interventions, generalization, coaching, and collaborative consultation support the rationale for the PT’s approach to enhancing Kims’ skills (Shelden & Rush, 2001).



Interventionists must identify a parent’s learning and interaction style and analyze how they influence a child’s learning and development. Some ways to support a parents learning and interaction on styles include:

- Match intervention strategies to the parent’s learning and interaction style;
- Build on the parent’s current child care and child development knowledge and increase the complexity of the information in graded steps overtime;
- Integrate new knowledge with past learning and experience;
- Provide opportunities to practice, modify and repeat new skills within familiar contexts;
- Encourage reflection and self-monitoring of performance (Hanft & Pilkington, 2000).

RECOMMENDED PRACTICE NUMBER THREE: Services are provided within activities that occur in natural settings and offer children **opportunities to learn and practice new skills.**



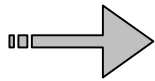
RECOMMENDED PRACTICE NUMBER FOUR:

Services foster the **use and development of natural supports** in each family's social and cultural network.





RECOMMENDED PRACTICE NUMBER FOUR:
Services foster the **use and development of natural supports** in each family’s social and cultural network.



SOME WAYS THIS WAS DONE WITH KIM AND HER FAMILY:

Early in the intervention relationship, the service coordinator had the opportunity to set the stage for ongoing implementation of this recommended practice. Following is a peek into the very first home visit with this family:



Isabel was waiting for me at the door with her two children. Kim was in her arms looking very alert. She was tuning her head back and forth in order to look at her brother Bobby and me. Kim had just a little fine reddish hair. She looked well fed and as if she had grown a lot from being born 3 months prematurely. Bobby, who is a year older than Kim, gave me a quick look then ran into the living room to get a toy truck to show me.

“Just look at this view of the valley you have! This quiet is heavenly.” I exclaimed.

Isabel shared, “We just recently moved into this house. After living with relatives for years, it is so nice to have our own place. I know that it’s pretty remote, but that’s one of the things we love about this place.”

“Is it ever hard to get out?” I asked.

“Sometimes it is. We just stay home then. It’s nice to not feel like we should always be going places. In cold weather if we have to go to town we leave the house before it thaws. In the warmer weather, if the road is muddy, we use our 4WD. Sometimes I do have to call my neighbor to pull me out. Since we help him feed his animals and get wood it’s no problem.” Isabel explained.

Follow along on this journey, as the service coordinator is able to build on the family’s resourcefulness in order to solve a dilemma common to rural service delivery:



The next three home visits were canceled. Each time, Isabel called to say, “You will never get in. The road is awfully muddy.” After the third call, a light bulb went off! I asked Isabel to remind me how they got in and out when the road was muddy. Following the family’s solution, I scheduled Kim’s next visit for 7:00 a.m. so that the road would still be frozen from the night before and would be firm enough to drive on.



*Here the interventionist is effectively using a **solution-focused** approach by emphasizing a resource (the family’s strategy for dealing with muddy roads) rather than a deficit (the muddy road causing missed visits). This approach has been shown to enable family members to become full participants in identifying and implementing solutions to their problems (Andrews & Andrews, 1995). At this point in their relationship, Isabel and the interventionist are exploring their roles. What better way to set a tone of partnership than to recognize the family as resourceful and knowledgeable about their environment!*



Later in the Relationship with Las Cumbres . . .

When Las Cumbres first became involved with Kim and her family, Kim was receiving supplemental oxygen and was being seen occasionally by a visiting nurse. Later, the issue of Kim's dependence on oxygen was brought up with the interventionist as a concern due to the impact on the family's mobility. Notice how the interventionist provides an opportunity for Isabel to share or address some of her feelings about Kim's continued oxygen use. Watch in the following interaction how the interventionist implements recommended practice number four:

Isabel and I talk on a home visit about how things are going. Isabel is concerned that Kim is still on oxygen all the time. Isabel wants to be able to do everyday activities (grocery shopping, visiting friends, various appointments, etc.) without the added concern as well as the extra trouble that taking along the oxygen involves. When I ask about medical consultation, Isabel shares that Kim's doctor always comments on what a good job Isabel is doing monitoring Kim's oxygen needs.



I ask, "How does that make you feel?"

Isabel replies, "Well, it's nice to know that he thinks I'm doing a good job. It was pretty scary being responsible for something as important as my baby's oxygen. I have to say, though, "Good job!" isn't really what I need right now. I want to know when and how to start getting Kim so she doesn't need oxygen.

I respond, "It must be frustrating to not get the help you're asking for."

Isabel comments, "It is! I guess I need more specific advice."

"**W**hat about Janet, the visiting nurse?" I ask.

"**O**h she doesn't come out any more. We haven't seen her for several months. I think the insurance coverage for her time just ran out. She also felt like I was doing fine with Kim and didn't really need nursing support when she closed our case." Isabel explained.

"**T**hat must be difficult to lose some supports you've had. Is she someone you could call and ask some questions?" I suggested.

"**I**'ll do that. Janet was always so nice. She really seemed to care about how things were going for Kim and the rest of us." Isabel responded.

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The services of a visiting nurse cannot be considered a "natural support". However, the practice demonstrated by the interventionist does support Isabel as someone who has a network of support that is broader than the early intervention program and her pediatrician. Sometimes, families can be supported to meet their needs without necessarily having to add more services to their lives. McWilliam and Scott (2001) point out that services are not the only source of help for families. Early interventionists are advised to inform families about resources much more generally than the services they or another agency can provide.

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RECOMMENDED PRACTICE NUMBER FOUR: Services foster the **use and development of natural supports** in each family's social and cultural network.

Getting Back Into Important Community Activities

Both Isabel and Ramon are well connected to their communities and to extended families that also live in their rural part of the state. Throughout the course of the intervention relationship, they were supported to call upon several different natural support systems. Following is one situation in which Isabel was encouraged to develop a support that would allow her to get back to coaching middle school basketball.



As we moved to sit on the couch, I noticed a shelf of trophies and photographs of Isabel and Ramon, each in basketball uniforms. Bobby had begun to jump on the couch. I directed his attention to the photographs. "Bobby, what are your mommy and daddy doing here?" I asked.

"Play ball!" Bobby shouted.

"It looks like you're both into basketball, Isabel." I said. "Do you and Ramon still get a chance to play?"

"Oh, that was way back in high school. It seems like a million years ago." Isabel said. "I had just started as Assistance Coach with my niece's middle school team after Bobby was born and while I was pregnant with Kim. After Kim came home from the hospital things were too crazy and I had to give it up."

"So you've had to give up this activity which you all like? That sounds hard to do! Have you been able to go to any of your niece's games?"

"Ramon took Bobby to a few of the games while I stayed home with Kim. Maybe, if we can get this oxygen thing figured out, we'll be able to take Kim to a game or two next season." Isabel said hopefully.

Although weaning Kim off of the supplemental oxygen did not happen as quickly as the team had hoped, through various discussions and exploring ideas, Isabel became convinced that she could get back to the basketball team even with Kim on oxygen. With encouragement and help from her sister, Isabel took both Bobby and Kim to the middle school to watch a couple of her niece's practices. By addressing some of Isabel's feelings about how her life had changed, the interventionist gave Isabel acknowledgement and support which helped her use the natural supports in her community.

Participating in sports activities in some rural areas involves families giving up bus service and transporting their children home from school after practice.

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Early intervention research helps us understand that the use of helping practices that are designed to produce outcomes of independence and empowerment are associated with families' feelings of self-confidence about attending to their priorities.

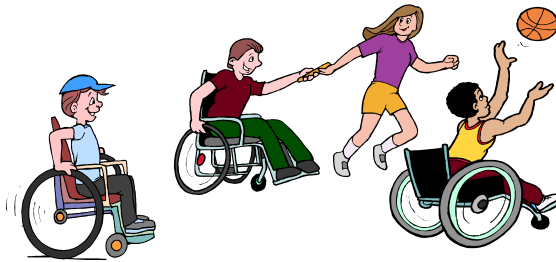
An important and powerful early intervention practice is to help families identify and build informal networks. Informal support has been found to predict more positive outcomes (McWilliam & Scott, 2001).


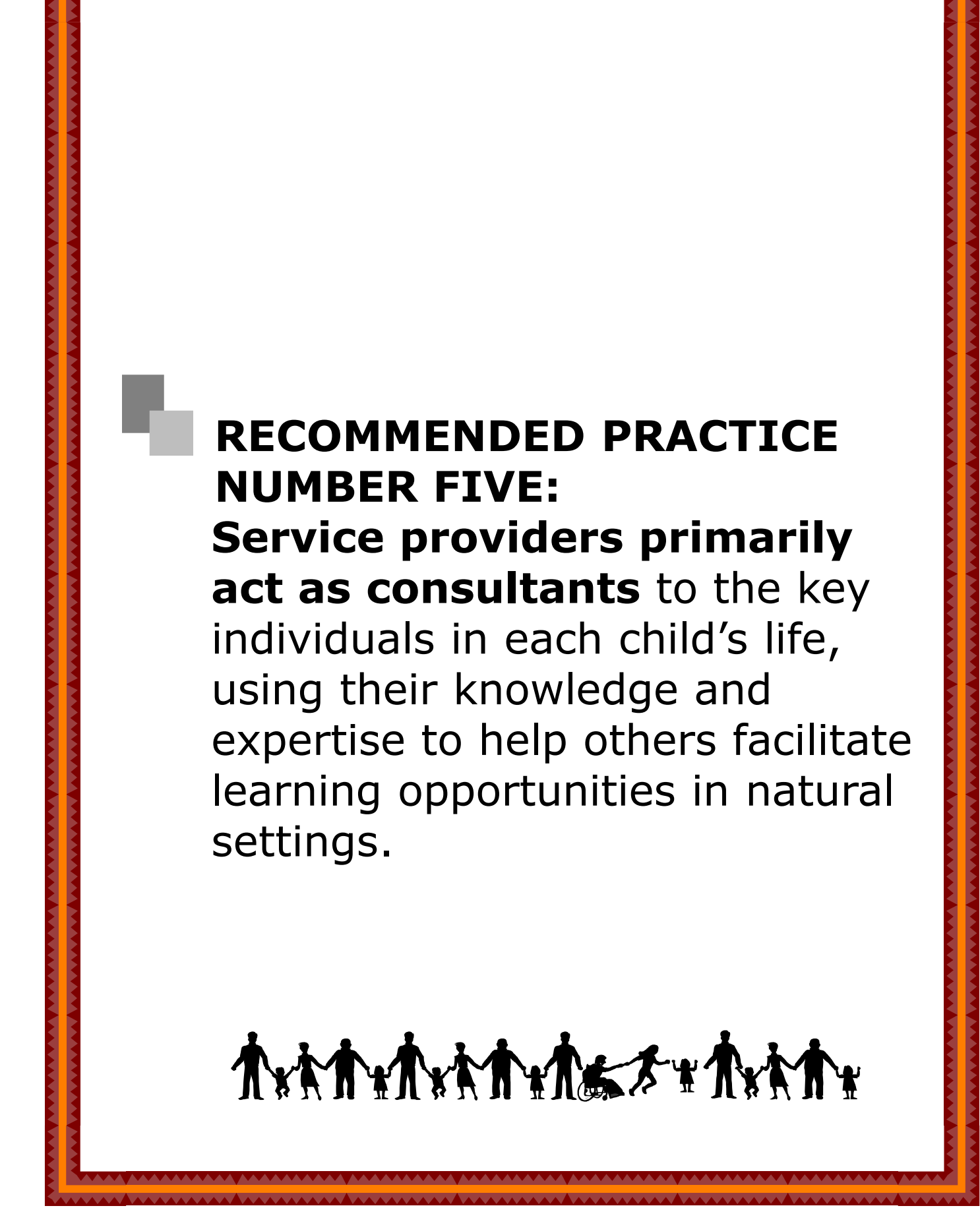
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RECOMMENDED PRACTICE NUMBER FOUR: Services foster the **use and development of natural supports** in each family's social and cultural network.

That meant that there were often many extra adults as well as older children who were hanging out at the school gym waiting for rides home. Isabel discovered that both Bobby and Kim quickly became the center of attention among others who were watching practice from the sidelines. While Bobby and Kim were being entertained, Isabel was able to help out with some of the basketball drills on the court.

It would be a while before Isabel could get back to her position as Assistant Coach. She couldn't yet commit to participating in every practice. As time went on, however, she and the children were able to get to the school on a pretty regular basis and the team began to look forward to Isabel's help at practice.





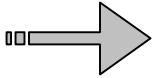
**RECOMMENDED PRACTICE
NUMBER FIVE:**
**Service providers primarily
act as consultants** to the key
individuals in each child's life,
using their knowledge and
expertise to help others facilitate
learning opportunities in natural
settings.





RECOMMENDED PRACTICE NUMBER FIVE:

Service providers primarily act as consultants to the key individuals in each child’s life, using their knowledge and expertise to help others facilitate learning opportunities in natural settings.



SOME WAYS THIS WAS DONE WITH KIM AND HER FAMILY:

Consultation offers the family some time to reflect on their situation and gives them the opportunity to share feelings. This approach, which is used frequently in infant mental health and through other service delivery strategies, supports families as competent and capable decision-makers.



During a home visit Isabel tells the developmental specialist that Kim is getting more and more difficult to put into her car seat. Before, she whimpered and whined; now she’s angry, crying and thrashing about. Isabel doesn’t know what to do! She’s tried giving Kim a bottle or a cookie; she tries singing and she’s even tried ignoring Kim. Nothing works.

“Do you have any ideas?” Isabel asks.

The interventionist asks Isabel to describe in more detail what Kim does and Isabel shares the following information, “Kim turns her head and looks at the seat, begins to stiffen her body and then starts to cry. Once the car is moving, Kim shakes her head, cries, and sometimes rubs her eyes.”

The interventionist says, “I wonder if the light is too bright and bothering Kim?”

Isabel responds, “That might be it. Kim never seems to like playing by the windows when the sun is shining in very brightly. What about dark glasses? You know, those cute ones they have for little kids!”

The interventionist responds, “Try it!”

Isabel’s solution worked. The interventionist was able to share her expertise in the form of consultation. She did this by offering a hypothesis that might account for Kim’s behavior.



The solutions generated by families are often more effective than those generated by professionals. It is always wise to learn how the family has approached the problem so far or in the past, before sharing our own ideas about what might work (McWilliam, et. al., 1996).



Kim and Bobby go to a Child Care Program

Isabel had planned to return to work when Kim was six months old. Because of Kim's prematurity and medical problems, Isabel had remained home and attended to her daughter's many needs. At 20 months, Kim was still often on oxygen. Isabel learned about a neighbor who had just quit her job to take care of her grandson and wanted to start a small child care program in her home for a few other children. This seemed like it would be excellent for Bobby. She didn't know if the child care would or could take Kim. Isabel wanted the children together but worried about whether Kim's special needs could be met and whether she might feel too different from the other children? Let's look in and see how the Las Cumbres intervention team consults with Isabel and the child care provider to support this important transition in the family's life.



Isabel and I talked about how children learn and what we have come to understand about Kim's learning style as it relates to being around other children. I encouraged her to look into the child care program. We observed together at the home where the child care was being provided. Isabel then came up with questions to ask the child care provider.

How did she feel about taking a child who is slow at learning? What kind of activities would the children be doing and how would they include Kim? How would she feel about Isabel dropping in? How would she feel about Las Cumbres staff supporting Kim in this new environment and giving ideas to the child care provider?

Isabel enrolled both children in the child care program. One of the first issues that came up was the fact that Kim was on oxygen and the caregiver wanted to keep her "safe" by separating her from other children. Her solution was to put Kim in a confined area so that her tubing wouldn't get disconnected. Kim didn't like this at all. She frowned, whined and sometimes cried. She often said, "No, no, no!" Clearly, Kim wanted to be with the other children, sitting with them, not just isolated off with her favorite toys.



Family systems research helps us understand that the well being of each family member has an impact on the well being of every other family member. Enhancing the well being of the entire family includes:

- ◆ *Minimizing stress;*
- ◆ *Maintaining or enhancing relationships within the family;*
- ◆ *Enabling the family to as closely as possible follow the lifestyle that they would have chosen for themselves if their child did not have special needs (McWilliam, et. al., 1996, p. 3).*



After an extensive review of the research and literature, Sheldon and Rush (2001) conclude that care providers can use appropriate intervention strategies when given appropriate supports. In fact, the more fully and actively care providers are involved in intervention efforts, the better the child outcomes.



RECOMMENDED PRACTICE NUMBER FIVE: Service providers primarily act as consultants to the key individuals in each child's life, using their knowledge and expertise to help others facilitate learning opportunities in natural settings.

Isabel was confused about what to do. She let Kim explore freely at home even when other children were around. Although Kim was not yet crawling on her tummy, she did scoot around on her bottom and always used this strategy to get over to where Bobby was playing. She liked to watch her brother and try to do whatever he was doing. Isabel knew that she always had to keep a close eye on things. At home, even with visitors there were never as many children as in the child care program. What should she do? She wanted Kim to have the experience of being with other children but began to question whether this was the right setting. I asked if she would like to see if the child care provider would be willing to work on this problem with support from Las Cumbres. Isabel liked the idea and approached Kim's caregiver.

The caregiver was eager to have Kim continue in her program and to have her participate in all the activities. Isabel was able to go in several times to show her what she does at home. She showed and assured her that nothing harmful happens when Kim becomes disconnected from her oxygen tank. Isabel shared that she has Kim off oxygen quite a bit when at home. The interventionist enjoyed watching Isabel use some of the same partnership strategies with Kim's caregiver as the intervention team used with one another. The caregiver felt more able to meet Kim's needs. She was more able to relax and enjoy Kim as another member of the group.

Kim's experiences in the child care were wonderful for everyone. Kim loved all the activity and the visual stimulation. Looking back we could see that her visual attentiveness has always been one of Kim's strengths. She also began crawling everywhere and pulling up on and cruising furniture—that's where the toys were!



Children with developmental challenges and their families have been found to benefit in many ways as a result of being included in typical settings. Some of these benefits include increased expectations of their child and increased opportunities for meaningful socialization (Shelden & Rush, 2001).



RECOMMENDED PRACTICE NUMBER FIVE: Service providers primarily act as consultants to the key individuals in each child's life, using their knowledge and expertise to help others facilitate learning opportunities in natural settings.

Although she was exposed to a variety of communication models, supports and opportunities both at the child care and at home, Kim was not progressing with speech like Isabel thought she ought to be. There were concerns about Kim’s hearing upon screening at birth. These concerns were followed up through referrals for audiological services. When Kim was 16 months old, she began using hearing aides. Kim’s caregiver had no previous experience with people with hearing impairments and assumed that because Kim had hearing aides she could hear just fine. Isabel wondered what more could be done to support Isabel’s communication development, especially while she was in child care.



As consultants, early intervention staff sometimes find themselves working in child care centers or with family home child care providers. Horn and Sandall (2000) identify three major areas of consultation content:

- 1) *Physical access and accommodations;*
- 2) *Accommodations and supports for social inclusion; and*
- 3) *Identification and implementation of child’s goals and objectives.*

*Here the Step*Hi advisor and the Las Cumbres staff collaborate to address all three of these areas for Kim.*



When Isabel expressed her concerns, the Step*Hi advisor (from NM School for the Deaf) offered to help the child care provider better understand what hearing aides were like. Based on that information, the advisor would work with the child care provider to think about some changes she might make in the complex child care environment. The goal would be to help Kim focus more on sounds and words without too many distractions. Isabel was very appreciative and Las Cumbres staff was able to participate in these problem-solving sessions so that they could also support the child care provider as she developed new skills and approaches to supporting each child in her care. The Step*Hi advisor worked especially closely with the Las Cumbres speech-language therapist who had recently been added to Kim’s team through an IFSP revision.

RECOMMENDED PRACTICE NUMBER FIVE: Service providers primarily act as consultants to the key individuals in each child’s life, using their knowledge and expertise to help others facilitate learning opportunities in natural settings.

The Story Continues . . . Our Journey Must End

Over the years that Kim and her family participated in early intervention, they had a wide variety of interactions with the team. Many needs, issues and questions were addressed. We chose to share a limited number of “glimpses” into the relationship and interactions between Kim’s family and her intervention team in order to illustrate five recommended practices. The relationship between Las Cumbres and Kim and her family continued throughout Kim’s years in child care, during the transition process that supported Kim and her family as she leaves Las Cumbres early intervention services, and beyond as the family encounters Kim’s team members through interactions in the community.

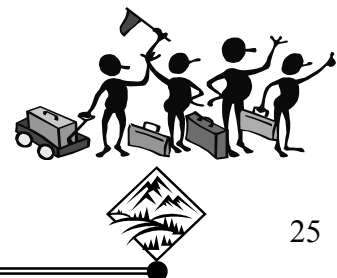


Looking Back on Our Journey

Throughout our journey with Kim and her family, we illustrated the following five recommended practices for quality services provided in the natural environments of families in rural communities.

1. All intervention discussions focus on supporting the child’s participation in the **daily routines and activities** that are unique to that family;
2. Services are designed to individually **support or enhance each child’s participation** in settings where the family lives, learns and plays;
3. Services are provided within activities that occur in natural settings and offer children **opportunities to learn and practice new skills**;
4. Services foster the **use and development of natural supports** in each family’s social and cultural network; and
5. Service providers primarily act as **consultants to the key individuals** in each child’s life, using their knowledge and expertise to help others facilitate learning opportunities in natural settings.

Five Recommended Practices



We provided evidence from current early intervention and infant mental health literature that supports these practices and helps us understand not only how to practice and what to do, but also why these practices are important in the work of early intervention.

Services in natural environments and within the natural contexts of each child and family are, by their very nature, based in relationships. Las Cumbres staff emphasize the importance of the child-parent relationship in the child's growth and learning. This relationship is the child's **primary** source of support. Next comes the relationship between the family (nuclear, extended and often neighbors too) and intervention staff. This relationship needs to be trusting and comfortable. It is through the provider-family relationship that families are supported to express and clarify their wishes. Our relationships with families help bridge differences in where people live, in culture and ethnicity, and helps us navigate the various distances we travel. It is through our relationships with families that the important advocacy role that families need is started. Eventually most families take this role over completely.



*“What is good for parents is good for their children. What is good for their children is good for parents. Aiming for both stimulates good outcomes. **The invisible but powerful thread is relationship.**”*

(Shahmoon-Shanock, R., 2000, p. 333).

*“**Relationships hold the potential to help people grow and change.**”*

(Shahmoon-Shanock, R., 2000, p. 338).



“The success of all interventions will rest on the quality of the provider-family relationships, even when the relationship itself is not the focus of the intervention. Effective and sympathetic working relationships enhance parents’ all too often neglected recognition that it is their efforts that are ultimately most important to their infants.” (Kalmanson & Seligman, 1992, p.48).



General Tips We Can Offer

We have some “tips” that help to make services in rural areas more comprehensive and effective.

- 1) **I**t is essential to have at least one or two staff members or contractors who are either from the geographic area being served or who have such a regular and predictable presence in the area that they become well known as part of the social fabric and relationship network within the community.
- 2) **P**articipating in Child Health Fairs with other community agencies supports agency awareness in addition to regular on-going networking. Participation becomes a process with the other community agencies in the planning, implementing and follow up of the Child Health Fairs. We use an arena screening approach in which the child receives medical, dental, developmental, motor and communication check ups. These annual Fairs are predictable community happenings that foster familiarity among the agencies as well as between the agencies and the families of the communities. It is the very beginning step in the important relationship building process. In the Las Cumbres service area seven separate Fairs are held and are based within smaller communities.
- 3) **U**sing therapists from the local school system has been helpful in providing more family-responsive services as well as making transitions easier and professionally supportive to both children and families - services become seamless. Therapists who join with us are especially interested in making transition seamless, in learning more about working with very young children, and in working with families.
- 4) **T**hinking about natural environments should never be limited to the family’s home. Central to the practice of providing services primarily in each family’s natural environments is offering each family support in the areas and activities that are most meaningful to them. Generally, this means considering both their everyday routines and child rearing practices as well as their understanding of how children grow. Ours is a mutual and ongoing discovery of strengths and challenges of each child within the context of his/her family and rural community.
- 5) **A**s many readers know, rural service delivery requires very creative scheduling. Las Cumbres staff schedule an entire day in one geographic area whenever possible. This tactic allows for more efficient use of time and travel and helps to lessen the impact (both time and financial) of cancellations. Families, who are very much aware of travel distances due to their own lives, are usually very understanding and supportive of the scheduling needs of the staff. Flexibility, accommodation, and “watching out for one another” are often part of the culture of rural living.



- 6) **I**t is preferable to have a regular schedule and to always keep to your schedule. That is, be there when you say you will be there. This helps you to be predictable if phone contact is difficult. Predictability also helps build a relationship of trust and dependability. Las Cumbres staff have found that the best way to define predictability and regularity means that you make your visit at the same time on the same day of the week or month for long periods of time. We sometimes go for three years with the very same schedule of visits. This **pattern** of predictability helps decrease the number of missed visits. In rural areas where there may not be telephones, where distances are far and travel time is long, and where scheduling is difficult, a successful visit is particularly important.
- 7) **M**ake a point of asking at the beginning of each visit about what has been going on, how things are, what is working and/or what family feels are next steps. After asking for and listening carefully to this information, use it to guide the rest of your visit. While this practice is important whether providing services in an urban or rural area, the scarcity of service resources and options in many rural areas increases the need for interventionists to listen even more carefully for the supports the family is wanting and how they want to receive them. This includes understanding accessibility issues regarding services and supports both in terms of where a family is most likely to go to access services and under what conditions.
- 8) **T**ry to keep the focus on how successful the child is in participating in family activities and how the family is able to go about their daily lives with the child fully included. Your role, regardless of your professional discipline, is to share your expertise in ways that support family preferred routines, interactions and activities so that the child has multiple opportunities to learn new skills and practice existing skills through those routines.

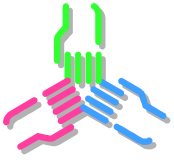
In addition to these general tips, we believe that there are three staff issues that are essential to effective service delivery in natural environments in rural areas. Following are strategies that Las Cumbres has found helpful to address:



- 1) Teaming;
- 2) Opportunities for professional growth and
- 3) Infant Mental Health Concepts.



KEEPING IN TOUCH: Strategies Supporting Teaming in Rural Service Delivery



In rural areas it is hard to find time to meet with staff together and engage in professional reflective practice.

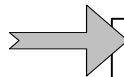
Las Cumbres has addressed this need by supporting one team member to take a leadership role and look for opportunities for team members to offer one another reflective supervision. The team leader takes responsibility for filling in other team members on family particulars so that the family is not expected to repeat their story over many times to many individuals. Often this “filling in” is done while driving together for occasional joint home visits.

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The relationship between leaders and other staff can serve as a mirror for the work of individual staff members with families. When staff members feel supported in their work, they are better able to support families. Staff cannot create with families what they have not experienced themselves (Parlakian, R. 2001).

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During a 30-90 minute drive to a family’s home we are able to accomplish a lot of good teaming by using reflective practices to engage in what others might consider “staffing” a child/family. As a team covering a large rural area, we do not have the luxury of regularly scheduled team meetings. Driving together on joint visits, along with frequent telephone conversations, allows us to support one another professionally. When we are supported in this way, we are better able to use our skills to also support the parent as the key person in terms of the child’s relationship and developmental progress.



Experience with supervision directly effects interactions with family. The cornerstones of supportive, reflective supervision so essential for this work are:

- **Reflection** (sensitivity, good listening skills, “someone who explains things”);
- **Collaboration** (mutual respect; giving staff autonomy; constructive handling of conflict, “someone willing to work along side of you”); and
- **Regularity** (availability).

Mutual exploration and problem solving between supervisor and supervisee becomes a model for mutual problem solving between a practitioner and parent.

The service coordinator also goes on joint visits with the other team members. In order to visit Kim’s family, for example, she may meet the PT at the turn-off to the family home and join each other in one truck so that they can go together. This way, both the service coordinator and the PT can update each other on what has been happening with Kim and her family. These travel times also find us discussing the philosophy of early intervention in general and of the NM Family Infant Toddler Program specifically. We often engage in conversations about what it means to put families first, to embed our interventions into natural settings and activities, and to focus on the total child, not on just the area of difficulty. For the Las Cumbres team, these considerations seem particularly important in rural areas. We know the family will ultimately have the most important affect on the child no matter how wonderful any



of us are as interventionists. Sometimes our drives serve both to remind us of this fact and to support us to take a bit more of a “back seat” when thinking about what supports developmental change to occur in these very young children.

We also connect as best as we can through frequent phone calls. Cellular phones have proven helpful in our rural service delivery but cannot be relied on entirely. There are many areas where calling signals are not available.

Since many therapists in rural areas work in isolation from other therapists, we have established a quarterly therapist get together for the purpose of sharing professional issues. For example, at one time the topic of equipment needs for young children became a very helpful topic. The therapists enjoy the opportunity to share ideas, exchange information and discuss issues related to fitting, ordering and funding equipment for young children. Our PT, for example, enjoyed getting together both with other public school therapists and with others who work with infants and toddlers.



Meetings like these help therapists avoid “burn out” and lessen the feelings of professional isolation. These gatherings also provide opportunities for cross-training both for therapists and for developmental specialists. The cross-training supports us in our learning of new techniques and allows us to observe a child from different discipline-related perspectives. In rural areas where staffing time may be less available than in urban settings, the transdisciplinary approach becomes not only a recommended practice but also an essential practice.

Las Cumbres has found that service coordinators who also hold the Developmental Specialist certificate can effectively meet the demands of these two roles while keeping their relationship with the family central to the work they are doing. Three factors influence the decision to use this approach: 1) personnel shortages, particularly in rural areas; 2) the desire to coordinate services so that families get their needs met without having to open their homes and lives to too many individual service providers; and 3) the efficiency of the dual role including one person who can, all on the same day, provide ongoing direct service to children and families, complete intakes and/or transitions, and provide interagency consultation.

As we work to coordinate our services across intra-and inter-agency team members, the service coordinator’s job is to continue to support the parent as the “team leader”. It is under parent’s direction that we all stay clear about what the family wants for their child and themselves. Determining how we will all help to make progress on the outcomes continues to be a team decision-making process.



Wesley & Buysse (2001) propose that early interventionists be supported to take on both the role and responsibility of participating in a community of people whose goal is to engage in reflection and collaborative inquiry. Three potential benefits of this type of activity include:

1. *closing the research-to-practice gap;*
2. *reducing professional isolation;*
3. *translating principles into concrete practices.*



*Provision of coordinated and comprehensive services to young children and their care providers through a **transdisciplinary approach** has been promoted for years as the preferred model of team interaction. When practitioners work across traditional disciplinary boundaries so that there are fewer people directly interacting in an ongoing basis with the child, family and other primary care givers, there is less intrusion into the family system, increased communication among team members, and greater consistency in the implementation of the IFSP (Shelden & Rush, 2001).*



Opportunities for Professional Growth

Interdisciplinary Team Evaluations:

Many of our therapists have very full schedules with maybe a full time job with the public schools in addition to a part time job with Las Cumbres. In spite of these schedules and the fact that no team member is regularly available by telephone, we all make a real effort to talk frequently, do occasional joint visits and to take advantage of our scheduled evaluations to work as a team.

Although it is a rare occurrence, we sometimes find it necessary to schedule evaluations on a Saturday, for example when that is the best way to include both parents in the evaluation. When this becomes necessary, we make sure we allow time to staff and coordinate our efforts with as many as possible of the families we share. We see these evaluation times as opportunities to do cross- or transdisciplinary training and to share ideas and expertise with one another. We are convinced that services benefit families most when all team members are able to share activities, ideas and techniques that meet the needs of the whole child, the family and the community.

Inservice Training

We have found that by participating in inservice workshops, for example on integrating infant mental health practices into early intervention, we benefit in many ways. As a team, we benefit both by learning together and by applying our learning to team processes that benefit specific children and families. Although not all team members are always able to participate in the same inservice trainings together, we frequently benefit when one or two team members are able to share their learning with the others after an inservice. For example, as members of Kim's team spends time together learning about infant mental health practices, we will all continue to think about how we can listen to and learn from Isabel about her family's beliefs, concerns and priorities so that we can provide the best services and supports possible.

Reflective Supervision:

The early intervention staff at Las Cumbres has the opportunity to benefit from reflective supervision. We recognize that work with families of infants and toddlers evokes a variety of feelings and experiences in all of us, regardless of our educational and professional backgrounds and how long we have done the work. The emphasis for us during reflective supervision is maintaining our focus on the needs of the child and family amidst many other, possibly competing needs.

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Fenichel, 1992 states, "reflective practice is a key element of "best" practice in our field" (p. 11) and suggests that regular, collaborative supervision and mentorship can help practitioners effectively engage in this practice.

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Following is a sample conversation that might take place during a reflective supervision interaction.

→ **Interventionist:** "I'm so frustrated, I don't know what to do! Jenny's mom keeps saying she wants to see me. I go to my visits. She shares a lot, then she is not there our next two or three scheduled visits. Should I just drop this family?"

→ **Supervisor:** "So, Jenny's mom shares, stands you up, and then wants you to visit when you finally get a hold of her?"

→ **Interventionist:** "Yeah. The thing is, she doesn't really want to talk about Jenny or her other children much when I am there. She really goes on a lot about herself and her health problems."

→ **Supervisor:** "She seems to want someone that can really focus on her for herself. Maybe she needs that before she is ready to focus on her children. What might she be getting out of your attention to her needs? Think about the whole idea of parallel process here."

→ **Interventionist:** "Maybe by paying attention to Jenny's mom's needs, she's learning from me what it feels like to have her needs attended to. If she starts feeling better attended to, she could use that feeling in her relationship with Jenny and the other children."

→ **Supervisor:** "You might just be onto something. What do you want to do next with Jenny's family?"

→ **Interventionist:** "If it's OK with you, I think I'd like to just "stay with" things the way they are for a while. We might not get a lot of real "developmental" stuff done with Jenny, but I would like to notice if, by paying more attention to Mom's needs, she seems more able to respond to the needs of her kids."

→ **Supervisor:** "I will be interested to hear how things go. Please remember to check back and let me know!"

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Research indicates that supervisory style makes a significant difference in how staff interact with families. Supervision that is characterized by trust, openness, and mutual respect is more likely to result in service provision with those same characteristics (Parlakian, 2001).

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Infant Mental Health Concepts



The concepts of the primacy of the parent-child relationship and the importance of relationship in early intervention are at the heart of Las Cumbres' strategies for working effectively in rural areas. The most natural setting and context for a young child is generated through their relationship with their primary caretakers. In order for an interventionist to support parents in this recommended practice, the interventionist and family must develop a trusting relationship. In rural areas, there is the additional necessity for the interventionist to consciously develop relationships within many diverse communities in order to most effectively and knowledgeably support children and families in their communities.

“**R**elationship-based preventive intervention is a way of delivering a variety of services to infants, toddlers, and families that includes a focus on the importance of parent-child interaction, knowledge of how parallel process or how staff-family relationship influences the family-child relationships, and the deliberate use of the intervenor's self-awareness in working with infants and families where relationships are at risk.” (Heffron, 2000, p. 16). This allows a means of intervention that emphasizes the central role of parents in the development of young children. It focuses attention most closely on the primary relationship — that between parent and child — but also incorporates other relationships in the therapeutic program, including those between the interventionist and the parent and between parents and other family members. In dealing with children with disabilities, this perspective suggests that the disability forms only one facet, albeit one of critical importance, of a larger developmental process for the infant and parent that includes social and emotional as well as biological aspects. Using this broadened approach of early intervention recognizes that quality of life depends as much on mental health as it does on physical ability. As Las Cumbres staff carry on their work in rural communities, they feel that these infant mental health concepts are key to effectively addressing the early intervention practices of providing services within the family's natural environment and daily routines.



Thank You for Traveling with Us!



THANK YOU

We hope that our journey with Kim and her family helped paint a picture of how we at Las Cumbres are working to implement recommended practices that address service delivery in the many natural environments and natural contexts of families who live in rural areas. We encourage you to explore other materials that address early intervention service delivery in natural environments. The appendices included in the manual are a good place to start. We look forward to continuing to learn from and with families and other service providers on our lifelong journey of learning and service.



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Appendix

Position Paper on the Provision of Early Intervention Services in Accordance with Federal Requirements on Natural Environments

April 2000¹

The purpose of this IDEA Infant and Toddlers Coordinators Association position paper is to provide, in one document, a comprehensive policy and practice statement about the provision of early intervention services as part of the routines and daily activities of young children with disabilities and their families to meet the natural environments requirements of Part C of the Individuals with Disabilities Education Act (IDEA). This paper includes a set of principles that characterize successful early intervention in natural environments, the relevant federal requirements, and additional statements from the Office of Special Education Programs (OSEP). The Association believes that:

- Providing services in natural environments is not just the law, but more importantly, it reflects the core mission of early intervention, which is to support families to provide learning opportunities for their child within the activities, routines, and events of everyday life;
- Early intervention should be a truly family-centered process that ensures young children with disabilities and their families receive early intervention services and supports as part of their daily routines and activities;
- A child's parents and other family members are usually the primary individuals supporting and nurturing the child's growth, development and learning.
- Appropriate to their needs, young children with disabilities have a right to receive services in the natural settings of their home or places in which children without disabilities participate in order to increase the opportunities for all children to learn, play, and interact together;
- These requirements are consistent with the IDEA, Part B preference that services for children with disabilities beginning at age three be with typically developing peers; and

¹ After review and feedback from the IDEA Coordinator's Association membership, the Board of Directors approved the position paper on April 3, 2000.

- It is essential that the early intervention services system be consistent and align with other federal initiatives relating to Head Start, Child Care, Maternal and Child Health, and the Americans with Disabilities Act.

Therefore, the Association fully supports the provision of early intervention services within the context of families' activities and routines in meeting the natural environments requirements under Part C of IDEA.

Principles Characterizing Successful Implementation

- a. The concept of providing early intervention services as part of the routines and daily activities of children and families is embedded in all written materials related to early intervention, and in every discussion with families and service providers. These discussions begin at the initial contact and continue through the entire process of service delivery and focus on functional participation in daily routines and activities. The Individualized Family Service Plan (IFSP) team values preserving the family's typical routines and "fits the family" instead of making the family "fit the services".
- b. Early intervention services support or enhance the child's participation in daily activities and in the routines of their family in community settings where a child lives, learns, and plays.
- c. Children and families participate in a variety of community activities that are natural for them including those that occur in their home. Therefore, if the family does not want services in their home, another community setting is identified where the child's needs can be addressed.
- d. Providing early intervention within activities (bathtime, mealtime, reading, playing, etc) that occur in natural settings (home, childcare, playground, etc) offers opportunities for the child to learn and practice new skills to enhance growth and development.
- e. Natural groups of children are groups that would continue to exist with or without children with disabilities. Groups that are not "natural groups" include playgroups, toddler groups or child care settings that include only children with disabilities. However, even the most "natural" of groups is not a natural setting for a particular child if it is not part of that child's family's routine or community.
- f. Service settings that are not "natural settings" include clinics, hospitals, therapists' offices, rehabilitation centers, and segregated group settings. This includes any settings designed to serve children based on categories of disabilities or selected for the convenience of service providers.

- g. The provision of services in natural settings and during daily routines and activities fosters the use and development of natural supports in a family's social and cultural network. This promotes the family's full participation in community life.
- h. Family supports are individualized and based upon each family's daily activities and routines as well as their strengths, resources, and needs.
- i. When parents and other caregivers begin to identify learning opportunities and incorporate suggested interventions into daily activities and routines, using available materials in the environment, the child has more opportunities to experience and practice new skills.
- j. In developing the IFSP, outcomes are identified prior to determining how early intervention services will be provided. Determining intervention strategies begins with identifying and understanding the family's routines and daily activities. Services and supports are provided within these activities to maximize the child's opportunities for learning and practicing new skills.
- k. The primary role of service providers is to serve as consultants, identify key individuals (i.e., parents, care providers, teachers) across environments, and use their knowledge and expertise to help others who are part of the child's daily environments facilitate learning opportunities in natural settings that assist the child in achieving IFSP outcomes.
- l. The IFSP team makes the decision about where the early intervention services within the daily activities and routines of the child and family are provided. No individual member of the team may unilaterally determine the setting for service delivery. The preferences of one team member cannot be considered acceptable justification for not providing services in natural settings. Every effort is made to select a setting that the entire IFSP team, including the parent, supports.
- m. Justification for providing services in a setting outside of a natural environment includes sufficient documentation to support the IFSP team's decision that the child's outcome(s) could not be met in natural settings even with supplementary supports. This justification includes how the services provided in a specialized setting will be generalized into the child's daily activities and routines. It also includes a plan with timelines and the supports necessary to return to early intervention within daily activities and routines.
- n. The concept of providing early intervention services within the child and family's daily activities and routines is promoted through all public awareness strategies and activities.
- o. Inservice and preservice activities include curriculum and objectives to build awareness and understanding of how to identify learning opportunities and to provide early intervention services within the daily activities and routines of children and families in which learning naturally occurs.

- p. All Part C contracts, grants, and memorandums of understanding are written in a language to reinforce early intervention in natural settings and as part of the normal daily activities and routines of children and families.

Federal IDEA Part C Regulations

The following are the relevant sections related to natural environments from the IDEA Part C regulations at 34 CFR Part 303:

- “To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.” (34 CFR 303.12(b))
- Each state participating in IDEA, Part C must establish and implement “policies and procedures to ensure that—
 - (1) To the maximum extent appropriate, early intervention services are provided in natural environments; and
 - (2) The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.” 34 CFR 303.167(c)
- “Natural environments means settings that are natural or normal for the child’s age peers who have no disabilities.” 34 CFR 303.18
- Each IFSP must include a statement of “the natural environments, as described in § 303.12(b), and § 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;” 34 CFR 303.344(d)(ii)

Additional Statements from US Department of Education, Office of Special Education Programs (OSEP)

OSEP has issued a number of policy letters that clarify questions posed from states related to early intervention services and natural environments. The following is a summary of several of those letters:

- *Letter to Heskett, Missouri, May 26, 1999*

Digest of question: Can the IFSP team decide to provide early intervention in a program which provides services only for infants and toddlers with disabilities without a determination that the environment is necessary to satisfactorily achieve appropriate outcomes for the child?

Selected text from the response: ...“For the provision of services in a setting outside of a natural environment to occur, the Part C regulations require a determination by the IFSP team that an infant or toddler cannot achieve identified early intervention outcomes satisfactorily if services are provided in a natural environment, and a justification for such an exception in the child’s IFSP.”

Digest of question: May a family choose to receive early intervention services in a center-based program which provides services only for infants and toddlers with disabilities, if that family determines the center-based program is best for their child and family?

Selected text from the response: “... Although Part C recognizes the importance of, and requires, parent involvement throughout the IFSP process, Part C does not relieve the State lead agency of its responsibility to ensure that other regulatory and statutory requirements, including the natural environments provisions, are met. While the family provides significant input regarding the provision of appropriate early intervention services, ultimate responsibility for determining what services are appropriate for a particular infant or toddler, including the location of such services, rests with the IFSP team as a whole. Therefore, it would be inconsistent with Part C for decisions of the IFSP team to be made unilaterally based solely on preference of the family. The State bears no responsibility under Part C for services that are selected exclusively by the parent; however the State must still provide all other services on the IFSP for which the parents did consent.”

- *Letter to Yarnell, Pennsylvania, October 19, 1999*

Digest of question: Can the fact that receiving some services at a center with other families and their special needs child provides opportunities for parents to meet while participating in therapy be considered an appropriate justification for providing some service in a setting other than a natural environment?

Selected text from the response: “We share your concerns for the isolation and for the networking and training needs of parents. These are particularly important family needs and should be addressed by the IFSP team as a part of the development of the child’s IFSP. ... any justification for the child’s services to take place in a setting other than a natural environment must relate to the child’s individual needs. Nothing in the law precludes such services from being provided in settings that include other children with disabilities as well as non-disabled children, as long as the requirements of part C are met, so that many opportunities may exist for parents of children with disabilities to interact. Because a parent’s need for time with other parents of children with disabilities can be successfully accommodated in the natural environments where the child receives services, or in separate meetings, this parent need can not be used as a justification to deny the child the appropriate services in natural environments.”

Digest of question: When the focus is on parent training, is this considered an appropriate justification for providing service in a setting other than a natural environment?

Selected text from the response: "... for services directed solely at the parent such as parent support, those services are not required to take place in a natural environment. No justification, therefore, is needed on the IFSP. Such services solely for the parent, however, cannot be used as a justification for providing services to the child in other than natural environments."

- *Letter to Elder, Texas, July 17, 1998*

Digest of question: If the IFSP team determines services can be satisfactorily achieved in the natural environment, does it violate Part C to provide services in a setting selected by the parent, which does not meet the definition of a natural environment even if the parents are incurring the cost of the setting?

Selected text from the response: "... if the parents do not consent to a particular location for a service specified in the IFSP, the State may not use Part C funds to provide that service in a location different from that identified on the IFSP. The parents are free to reject any service(s) on the IFSP by not providing written consent for that service(s) or by withdrawing consent after first providing it. If the parents do not provide consent for a particular early intervention service, which also includes the location, that service may not be provided. ..."

Digest of question: Can the state use state funds to provide services in settings other than those determined to be appropriate in the IFSP?

Selected text from the response: "... All funds used to implement the early intervention system under Part C must be used consistent with Part C. Thus, the State cannot circumvent the requirement to provide early intervention services in natural environments by using State funds that are budgeted for early intervention services under Part C and used to satisfy the nonsupplanting requirement. State and local funds used in a way inconsistent with the requirements of Part C may not be considered in determining whether a State has met the standard regarding supplanting in 34 CFR 303.124(b)."

- *Letter to the Honorable Lynn Woolsey, California, March 21, 2000 :*

Digest of the Letter: In response to concerns raised by constituents, the Honorable Lynn Woolsey requested clarification from the U.S. Department of Education on the interpretation of the definition of natural environments. Specifically, does natural environments "mean only settings where children without disabilities are present and participate" and can programs such as those conducted by a hospital be excluded as a provider of early intervention services because it did not meet the definition of natural environments?

Selected text from the response: "... In general, providing services in a setting limited exclusively to infants and toddlers with disabilities would not constitute a natural environment. However, if a determination is made by the IFSP team that, based relevant information

regarding the unique needs of the child, the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments, then services could be provided in another environment. In such cases, a justification must be included on the IFSP.”

“ . . . It is not the Department’s practice to dictate which providers meet the requirements of qualified personnel, consistent with Part C, in order to provide early intervention services.. California must continue to ensure that early intervention services are provided consistent with all the requirements of Part C, regardless of who is providing the early intervention services. However, it is not true that Part C makes “ineligible” or “illegal” a centered-based program serving only children with disabilities. . . . [I]f justification is made on the IFSP based on the needs of the individual child for a particular service, a service may be provided in such a setting.”

- *Letter to the Honorable Dianne Feinstein, California, March 21, 2000:*

Digest of the letter: In response to a letter from constituents, the Honorable Dianne Feinstein requested clarification from the U.S. Department of Education on regulations related to natural environments.

Selected text from the Response: . . .”We share . . . concerns for the networking and training needs of parents. These are particularly important family needs and should be addressed by the IFSP team as part of the development of the child’s IFSP. The identification of parent support, training or counseling, as a needed early intervention service, can be provided either through Part C, or by referral to an organization that offers these services (e.g., a Parent-to-Parent Training and Information Center, a Parent-to-Parent program, or other family support or advocacy organizations.) Where these meetings or training will take place should be part of the overall discussion in the development of the IFSP. A variety of locations for training activities could be considered, such as a public library, another family’s home, etc. Services for parents alone, such as parent support, are not required to take place in ‘natural environments’.”

- *Direction Provided by OSEP Staff at the 1998 DEC Conference.*

“Services in natural environments support the natural flow of a family’s activities; are delivered where the child lives, learns and plays; decreases family’s marginalization; uses natural supports; and builds on existing capacity of the community.”



Recommended Resources

Recommended Resources



Internet Resources

www.parsons.lsi.edu/facets/index.html

- ◆ **FACETS** is a collaborative Outreach Program for Young Children with Disabilities in the field of Early Intervention (ages birth through three years). This joint project, funded by the U.S. Department of Education, between the University of Kansas and Florida State University, provides training for family-guided, activity based intervention strategies. The website includes a wide variety of documents and resources that can be downloaded and/or printed for use. The evidence base for service provision based on existing daily routines and interactions is provided. Family stories are shared and built upon to help practitioners apply their learning in a very practical way.

<http://tactics.fsu.edu/>

- ◆ **TaCTICS** (Therapists as Collaborative Team members for Infant/Toddler Community Services) is an outreach training project funded by a U.S. Department of Education Grant. The project shares tools useful in skillfully navigating the path toward provision of Part C Services using the child/family's daily routines, activities, and events as a context for assessment and intervention. While there is a focus on the delivery of therapy services, most of the tools, principles, and research presented apply to all early intervention practitioners, regardless of educational background, professional discipline or role within the early intervention system.

<http://www.nectas.unc.edu/inclusion/pdfs/legis/Guidebook.pdf>

- ◆ **A Guidebook: Early Intervention Supports and Services in Everyday Routines, Activities and Places in Colorado**

Colorado Babies BELONG, an initiative of Early Childhood Connections, Department of Education and JFK Partners (1999) describes a vision that emphasizes the importance of early intervention assisting communities to assure quality supports and services for infants and toddlers and their families throughout Colorado. This downloadable/printable guidebook shares research, practical information and a solid philosophical foundation for service provision within daily routines.

- ◆ The **Connecticut Birth to Three** early intervention system has developed and shared various “**Service Guidelines**”. The guidelines were developed by a task force made up of members with a broad range of expertise. The “Natural Environments Guidelines” have been referenced by many other state early intervention systems as a set of “model” guidelines to our work. Each of these guidelines are available online, can be downloaded and printed in their entirety. Current (as of 11/01) guidelines include:

⇒ DRAFT- Autism Spectrum Disorder – Service Guideline 1

⇒ PDD Autism - Service Guideline 1

⇒ **Natural Environments – Service Guideline 2**

These guidelines by the Connecticut Birth to Three Natural Environments Task Force (1997, rev. 1999) were developed to assist the early childhood community in meeting the needs of children with disabilities in everyday typical routines and environments in the home and the community. This site also provides a helpful checklist, titled “Questions for staff and administrators”. This checklist can be used by family infant toddler programs as they are developing Individualized Family Service Plans (IFSPs) and when considering the supports they offer to families in their natural environments.

⇒ Children Referred for Speech Delays – Service Guideline 3 – Speech Guideline Summary Brochure

⇒ **Infant Mental Health – Service Guideline 4**

These guidelines provide a wealth of information, including a definition of infant mental health, information about social and emotional development in very young children, approaches, assessment, and training regarding infant mental health. Appendices include listings of instruments used in examining social and emotional development, references, and training outcomes in mental health/content.

⇒ Young Children Who Are Hard of Hearing or Deaf – Service Guideline 5

⇒ Nutrition – Service Guideline 6

⇒ Assistive Technology

<http://www.nectas.unc.edu/inclusion/pdfs/legis/NJsveguide.pdf>

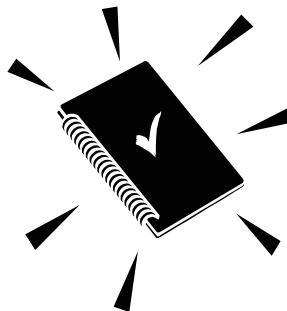
- ◆ **New Jersey** has developed **Service Guidelines** to support its commitment to providing quality services to children in natural environments. This document presents vision and mission statements, describes what natural environments are, discusses natural environments and the IFSP process, and lists 17 beliefs or expectations about services in natural environments along with evidence-based information regarding these beliefs.

<http://www.waisman.wisc.edu/earlyint/natenvir/index.html>

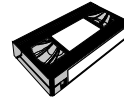
- ◆ **Wisconsin's** website on natural environments presents guidelines developed by its state interagency coordinating council, practical information on putting the guidelines into practice, examples of success stories.

<http://www.zerotothree.org>

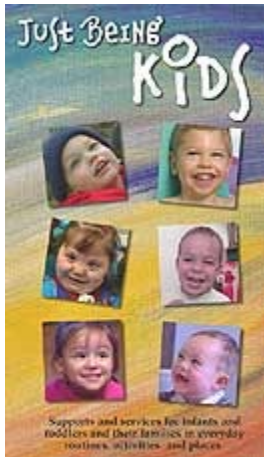
- ◆ **ZERO TO THREE's** mission is to promote the healthy development of our nation's infants and toddlers by supporting and strengthening families, communities, and those who work on their behalf. They are dedicated to advancing current knowledge; promoting beneficial policies and practices; communicating research and best practices to a wide variety of audiences; and providing training, technical assistance and leadership development. This website contains a wealth of information for both families and professionals.



A Video Resource



A New Video about Natural Environments! “*Just Being Kids: Supports And Services For Infants And Toddlers And Their Families In Everyday Routines, Activities, And Places*” (50 minute Video and Facilitator’s Guide)



Just Being Kids illustrates how supports and services for infants and toddlers with special needs can be provided in the context of families’ everyday routines, activities, and places (also known as “natural environments”). Each of the six stories on this 50-minute video demonstrates recommended practices as therapists and early childhood specialists work collaboratively with families to achieve meaningful goals for their children in everyday routines and activities.

Just Being Kids was developed for use in both pre-service and in-service training programs with therapists, early childhood specialists, and service coordinators. The video is also useful for showing families examples of this approach to early intervention supports and services.

The 55-page companion *Facilitator’s Guide* which can be viewed at [http://www.jfkpartners.org/content/PDF/Just Being Kids%20Facilitators%20Guide.pdf](http://www.jfkpartners.org/content/PDF/Just%20Being%20Kids%20Facilitators%20Guide.pdf) offers trainers, educators, and team leaders background information on the stories along with handouts, an extensive bibliography, and suggestions for leading discussion groups and other training activities to enhance participants’ learning.

Produced by Early Childhood Connections of the Colorado Department of Education, and JFK Partners, University of Colorado Health Sciences Center. This videotape is available for \$75.00 plus shipping from [Western Media Products](#).



Additional Reading



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