

Effective Practice Guidelines Foundation and Philosophy

Nevada



Effective Practice Guideline Modules Include:

- Module 1: Introduction & Philosophy
- Module 2: Intake, Evaluation/Assessment & Eligibility
- Module 3: Individualized Family Service Plan (IFSP)
- Module 4: Service Coordination
- Module 5: Transition
- Module 6: Autism
- Module 7: Screening and Monitoring Program

3

Module 1

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How to use this guide

The mission and values of the Nevada Bureau of Early Intervention Services and the code of ethics and practice guidelines of various professional organizations serve as the foundations for the Effective Practice Guidelines. The content in the Effective Practice Modules are based on these foundations and a review of the literature on current research and recommended practices in early intervention. The bibliography (see Appendix A) lists various articles and resources consulted to develop all of Nevada's Effective Practice Guidelines.

All sections of the Effective Practices Guidelines are built on the concepts included in the foundations and philosophy of Nevada's approach to providing early intervention services. The guidelines were developed by a stakeholder group of program administrators, service providers, national technical assistance staff, parents and advocates affiliated with the Nevada Bureau of Early Intervention Services. The guidelines were also reviewed by a national expert to ensure consistency with compliance requirements and recommended practice.

Table of Contents

Acknowledgements	2
How To Use This Guide	3
Nevada Early Intervention Mission Statement And Guiding Principles	5
Common Themes: Review of Literature	6
Key Concepts and Frameworks Underlying Effective Practice	8
How Children Learn	8
Enhancing Caregiver Capacity	9
Relationship-Based Developmental Services	11
Teaming/Team Building	12
Primary Service Provider Approach	12
Importance of the Feedback Loop, Communication with Families	13
Conducting Individualized Child Evaluations and Assessment: Dynamic, Arena and Focused Assessments	14
Conducting Meaningful Family Assessments	14
Developing Functional Outcomes	15
Implementing Evidence Based Practices in Nevada Early Intervention Services	15
Bibliography	17

Nevada



The mission of the Nevada Department of Health and Human Services is to identify infants and toddlers who are at-risk, or who have developmental delays; provide services and supports to families to meet the individualized developmental needs of their child; and facilitate the child's learning and participation with family and community through the partnerships of families, caregivers and service providers.

Guiding Principles

Children are special and unique:

- All children are unique, with their individual strengths and talents. The presence of a disability or special need is not the defining characteristic of a child.
- Children grow, develop and learn in the context of relationships with their families and other caregivers in everyday routines, activities, and community settings.
- Early Intervention enhances and supports community partners' capacity to serve and include young children with disabilities and their families as all children have the right to belong, to be welcomed and to participate fully in their community.

Families are central to decision making:

- Each family's priorities, values, hopes and diversity are honored.
- Families are partners and decision-makers in all aspects of services, as they are the experts about their child's and family's needs.

The early intervention role:

- Service providers across all disciplines value family participation and collaboration.
- Mutual trust, respect, honesty and open communication characterize the family-provider relationship, building on family strengths.

Services and supports:

- Services, supports and resources need to be timely, flexible, individualized and responsive to the changing needs of children and their families.

Introduction

The philosophy and practices of early intervention services for infants and toddlers with disabilities have been continually evolving as new research and findings from early childhood projects have emerged over the years. Nevada Early Intervention Services (NEIS) has embraced these philosophical and practice changes through its mission, values and Effective Practices Guidelines. NEIS believes that the provision of effective and high quality early intervention services and supports is essential for achieving positive results for young children with disabilities and their families and for ensuring that Individualized Family Service Plan (IFSP) outcomes are met.

The purpose of the Part C of the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 recognizes five urgent and substantial needs: (1) to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay and to recognize the significant brain development that occurs during the first three years of life; (2) to reduce the need for special education and related services after these infants and toddlers reach school age; (3) to maximize the potential for individuals with disabilities to live independently in the community; (4) to enhance the capacity of families to meet the special needs of their children with disabilities; and (5) to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of minority, low-income, inner city and rural children, infants and toddlers in foster care. IDEIA 2004, Section 631(a)

Common Themes: Review of Literature

Based upon current literature and research in early intervention, there are a number of key themes that underlie the provision of high quality early intervention services in Nevada. These common themes are as follow:

- Children learn best when:
 - ◆ participating in natural learning opportunities that occur in everyday routines and activities of children and families and as part of family and community life; and
 - ◆ interested and engaged in an activity, which in turn strengthens and promotes competency and mastery of skills.
 (Dunst, Bruder, Trivette, Raab & McLean, 2001; Shelden & Rush, 2001; McCollum & Yates, 1994)

- Parents have the greatest impact on their child's learning since parents know their child best and already intervene in their child's development everyday through planned or naturally occurring learning opportunities.

(Jung, 2003)

- In translating these concepts into what happens during implementation of early intervention services, research shows that learning opportunities facilitated within the context of family and community life have greater impact on child progress than intervention sessions.

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

- Parents prefer interventions that are easy to do, fit into their daily lives, and support their child in learning skills that help them be a part of family and community life.
(Dunst & Bruder, 1999; Dunst, Bruder, Trivette, Hamby, Raab & McLean, 2001; Dunst, Bruder, Trivette, Raab & McLean, 2001; Dunst, Hamby, Trivette, Raab & Bruder, 2002;)
- Embedding instruction in routines selected and preferred by families will greatly increase the likelihood that the family will repeat therapeutic activities independently.
(Hanft & Pilkington, 2000; Woods, 2004)
- There is a direct correlation between families' perceptions of themselves as competent and empowered with the families' level of follow-through in facilitating learning opportunities throughout daily activities and routines.
(Jung, 2003)
- Frequency and intensity of services need to be based on the amount of support the family needs in using natural learning opportunities throughout everyday routines and activities of family and community life since visits provided too frequently can be disempowering or send the message that the parent is not competent.
(Jung, 2003; Dunst, 2004)
- Providing early intervention through a primary provider approach does not preclude other team members from consulting or interacting with the family or caregivers.
(McWilliam, 2004)
- Team consultation and collaboration, regardless of the service delivery model, are critical to support family and caregiver competence, confidence and empowerment related to child learning.
(Jung, 2003; McWilliam, 2003)
- Supports and services need to be tailored to meet the unique needs and characteristics of every child and family.
(Zhang, C. & Bennett, T., 2000)
- "More is better". This means more learning opportunities NOT more services. Learning is what happens between intervention visits - through child initiated play everyday routines and activities, through multiple repetitions and lots of practice - in the way that all young children learn and participate with families and friends in their community.
(Jung, 2003)

These themes are not necessarily new to those who have been practicing early intervention. What has changed is how these themes are translated into practice. Effective early intervention services are not achieved by "taking clinical practice" into the child's home. In fact, the roles of early intervention practitioners have changed. The practitioner is no longer viewed as "the expert with the toy bag" but as a resource and partner for families and caregivers, who are enhancing their child's development and learning. In this new role, the practitioner shares his/her knowledge and resources with the child's key caregivers and provides support to them in their day-to-day responsibilities of caring for their child and in **doing the things that are important to them**. The focus of each individual intervention session is on enhancing family capacity and competence in facilitating their child's learning and **participation** in family

and community life. Intervention sessions no longer focus only on the specific skills of the child but on **what's working and what's challenging for the child's and family's participation in their everyday routines and activities of community life**. Therefore, effective early intervention services incorporate opportunities to:

1. reflect with the family on what is working;
2. problem solve challenges;
3. help families adapt interactions, actions, routines, environment, schedule and apply successful strategies to their challenges whenever possible.

According to Hanft, Rush and Shelden (2004), using these key strategies during intervention sessions can significantly enhance the family's capacity and competence in successfully implementing strategies to meet IFSP outcomes.

The shift in early intervention practice is reflected throughout all contacts with children and families, beginning with the initial contact and continuing throughout evaluation and assessment, development and implementation of the IFSP, and early intervention services and supports. Implementing high quality IFSP services and supports is dependent on the quality of information gathered from early family contacts, team input during development of the IFSP, and the quality of information contained in the IFSP, especially in choosing outcomes and strategies based on interests and priorities of the child and family. The literature and recommended practices provide numerous frameworks and concepts for ensuring provision of high quality early intervention services.

Key Concepts and Frameworks Underlying Effective Practice

HOW CHILDREN LEARN: *Learning through Participation in Everyday Routines and Activities*

Early intervention literature identifies that young children learn through repeated interactions with their environments that occur over time through naturally occurring events and activities of everyday family and community life. (McWilliam, 2003) It is commonly known that children learn best when they are interested and engaged in the activity. In fact, the greater the child's interest and frequency of engagement in the activity, the more likely competency and mastery of skills will occur. (Dunst, Bruder, Trivette, Raab & McLean, 2001; Shelden & Rush, 2001; McCollum & Yates, 1994) One of the most challenging issues related to learning for young children with disabilities is difficulty generalizing and maintaining new skills. As a result, repeated opportunities for engagement in activities that foster learning of functional skills is essential for mastery. (Shelden & Rush, 2001; Dunst & Bruder, 1999) Dunst, Bruder, Trivette & McLean, 2001; Dunst, Hamby, Trivette, Raab & Bruder, 2002; McWilliam, 2004)

Based on these findings, national experts in early intervention agree that what happens between early intervention sessions is most critical for ensuring learning and mastery of functional skills in young children with disabilities. What happens during early intervention sessions is also important. Bruder and Dunst (1999) emphasize that early intervention services should focus on assisting families in using and

identifying a variety of learning opportunities that occur throughout everyday routines and activities (e.g., family routines, family rituals, family celebrations, family outings, church or religious events, sports activities or events) to enhance their child's learning and mastery of functional skills. Hanft, Shelden and Rush (2004) describe situations when hands-on intervention is applicable within the context of supporting families in facilitating their child's learning through participation in family and communication. They state that early intervention should focus on supporting the family and caregivers "when, where, and how, the support is needed. Just as a football coach leaves carrying the ball to the players on the field, the [early intervention service provider] supports the [family/caregivers] in developing or refining) their ability to facilitate a child's active involvement in his or her community and family. [Service providers] use hands-on strategies primarily for two critical purposes: assessing a child's reactions and abilities and modeling suggestions for other adults to implement." According to McWilliam (2003), "if caregivers can be supported adequately through one [early intervention session] a week, the child might still receive much intervention" since the majority of intervention is what the child receives from his or her caregivers (e.g., family, child care providers). "If caregivers do not provide much intervention, adding one or two more [early intervention sessions] would probably not change the outcome. Caregivers are teaching children throughout the day, every day. The challenge of [early intervention services] is to channel that teaching towards developmentally useful [and functional] behaviors."

In summary, integrating the knowledge and understanding of how children with disabilities learn best has shifted the focus of early intervention services from the traditional clinic-based service delivery approach to a family-centered approach that supports and enhances family capacity.

ENHANCING CAREGIVER CAPACITY: *Supporting families confidence and competence through coaching, modeling, and information sharing*

Parents intervene in their child's development everyday through planned or naturally occurring learning opportunities and, as a result, have the greatest impact on their child's learning (Jung, 2003). Because families know their child best and have the most influence on their child's development and learning, the job of early intervention service providers is to support them and other important people who are involved with the child and family. Service providers use their expertise and resources to support them in promoting their child's learning and participation in everyday routines and activities and in places where the child would be if he or she did not have special needs. Frequently this involves helping families identify the various natural learning opportunities that occur throughout each day (Dunst & Bruder, 1999) or helping families apply strategies used in other situations or activities where learning and participation are successful (Hanft, Rush & Shelden, 2004) to help their child learn new skills every day. Dunst (2000) categorizes this service delivery approach as a strengths-based, resource-based, and family-centered model and considers it a positive move from the more traditional treatment, service-based, professionally-centered models. For the child, receiving services and support in this way "means *being* with the people who the child wants and needs to be with and *doing* what the family wants and needs to do" (Hanft, Rush and Shelden, 2004).

For the family and other care providers, services and supports provided by service providers help them develop the skills and confidence needed to try new ways to help the child learn and participate in everyday routines and activities. Effective early intervention services requires an active parent/professional partnership that includes involvement by the family/caregiver in each early intervention session. The focus is on expanding the parents'/caregivers' confidence and competence to identify opportunities to help the child learn during everyday activities. McWilliam, 1999 states: "The purpose of the ... visit is to ensure that the family has all the support they need to meet their priorities.... So, [early intervention service providers] will encourage family members, listen to them, make sure their basic needs

are met, and provide them with information. One way to provide information might be to show them things to do with the child. But such a demonstration or “model” is only one of many ways of supporting families”.

To enhance family capacity, a number of strategies should be used based on individualized learning styles of caregivers. These strategies include the following:

- **Providing emotional, material, and informational support:** During early intervention sessions, service provider’s job is to provide the family with emotional support, help the family secure material support (WIC, Medicaid, SSI, community resources, housing, employment, equipment, basic supplies such as food and shelter, etc.) and give the family and other important people involved with the family information and, suggestions for eating, dressing, playing with toys, sitting independently, or whatever the outcomes for the child are. In making suggestions for activities, whenever possible, service providers can assist the family/caregiver to identify what they have in the child’s environment that can be used during daily routines and activities to accomplish the outcomes (McWilliam, 2003; Woods, 2004). Woods (2004) also emphasizes the importance of sharing information and resources on learning as it occurs for the child within daily activities and play.
- **“Joining in without taking over” or participating with caregivers and the child in a routine or activity :** Woods (2004) describes that service providers should interact with the caregiver/child dyad, not just the child or caregiver and use toys or materials available in the setting and typically used within the activity or routine. She indicates that it is important for service providers to observe the routine/activity as it occurs with the caregiver and child and for the service provider to “join in” the routine or activity while maintaining the integrity of the caregiver’s preference and sequence. Woods (2004) also emphasizes the importance of service providers giving feedback to the family and caregivers on the “strategies” or “learning opportunities” the caregiver is using that are effective.
- **Modeling:** McWilliam (2003), Woods (2004), Hanft, Rush & Shelden (2004) describe the importance of modeling how to do something when the family requests or is interested in having a demonstration. It is one of many strategies that are used during intervention sessions to help build family capacity. “Modeling requires the [parent or caregiver] to be interested, watching, and, if possible, practicing with feedback. Simply going through activities with the child on a . . . visit does not necessarily constitute modeling ” (McWilliam, 2003).
- **Joint problem solving:** McWilliam (2003), Woods (2004), Hanft, Rush & Shelden (2004) also describe the importance of joint problem-solving (rather than expert recommendations) on adaptations or strategies to enhance child learning. Joint problem solving may include supporting families to identify numerous learning opportunities that occur throughout each day or reflecting on strategies that families and caregivers have found successful in other situations that may be adapted to a specific challenging situation. Overall, problem solving is a critical strategy for enhancing family confidence and competence.
- **Coaching parents and caregivers:** Hanft, Rush & Shelden (2004) define coaching as an interactive process in which service providers assist families in identifying what they are already doing that promotes learning for their child (current knowledge and skills—what’s working), identifying what new learning is desirable, improving skills and resolving challenges (what’s not working). Overall, the process of coaching families in early intervention is designed to support families in effectively using and creating learning opportunities in everyday routines and activities to enhance their child’s learning and functional participation in family and community life. If early intervention service providers clearly

understand their role as coach to families/caregivers, “then all interactions are for the purposes of acknowledging existing strengths of the child and care providers and offering needed, timely supports” (Hanft, Rush, & Shelden, 2004).

- **Triadic support hierarchy, family guided routines and embedded interventions:** Woods (2004) describes a process of using components of a Triadic Support Hierarchy to ensure that early intervention services builds on families’ stories, accomplishments, concerns and their everyday routines and focuses on enhancing family competence. She emphasizes the importance of providing information to families in a way that is meaningful within their everyday lives, including providing examples and developmental knowledge. Observations of family interactions, including parent and child, in their routines is critical to identify for the family what is already happening and can impact their child’s learning. Modeling side-by-side strategies or behaviors as well as providing suggestions that support interaction and child learning is used to help families embed intervention (integrated teaching to the child’s goals) within planned or scheduled everyday activities. Joint planning and problem solving with families regarding what is working, what needs to happen next, who will do what, identifying resources, and decision making for immediate and future action are essential aspects of the intervention process.

Julianne Woods (2004) clearly summarizes what families want:

- “Opportunities to work together to learn about their child;
- A “real” picture that reflects their child in familiar and functional settings using multiple methods to share information;
- Participation with their child in meaningful activities; and
- Information to support informed decision making.”

(Adapted from Zero to Three Newsletter, Washington, DC)

In summary, if early intervention practitioners embrace the strategies that enhance family capacity, families will be attaining these goals through early intervention services and children with disabilities will successfully be learning through everyday routines and activities of family and community life.

Relationship-Based Developmental Services

A relationship-based approach to early intervention represents a shift from the more traditional model directed toward providing remediation of the child’s delays. Instead, this relationship-based approach focuses on increasing positive interactions between the parent and child, capitalizing on the caregiver-child relationship as the functional foundation upon which new developmental skills can be built. As a result of these positive interactions, both the parent and child feel more secure, valued and successful and can enjoy learning together.

The relationships between parents and children may be affected by a child with special needs in a number of ways such as:

- If a child is too weak to suck or unable to nurse, the parent often feels disappointed and inadequate in providing the most basic need. This also affects bonding between the parent and child.
- If a child has a visual problem and does not make good eye contact, the child and parent cannot share in eye contact, one of the most powerful forms of non-verbal communication
- If the child has cerebral palsy, he may be difficult to hold comfortably which makes cuddling harder. Like eye contact, cuddling is a very important way to communicate love and comfort.

In turn, parents' feelings may also affect their relationship with their child:

- Parents are often in varying stages of grieving after being told that their child has special needs. It may make it very difficult for parents to relax and enjoy their child.
- Parents may feel overwhelmed with the extra requirements of taking care of a child with special needs, especially if the child has extensive medical and developmental needs. Parents may also be physically and emotionally exhausted and find it difficult to exert the extra energy required to care for their child.
- Parents often judge their own success as a parent with how well their child succeeds. Parents of a child with special needs may struggle with self-esteem and guilt that they have not done enough to help their child.

Service providers are able to help parents using a relationship-based developmental model in several ways:

- Service providers can help interpret child's cues.
- Service providers can show parents how to play with and enjoy their child.
- Service providers can work with the parents to problem solve parents' concerns, actively listen to parents and give them support to carry out what is needed to help the child.
- Service providers can use a strength-based approach to nurture the relationship between parent and child.

The key concepts in providing relationship-based developmental services are:

- All parents have strengths and want the best for their children.
- The relationship between the parent and child is the agent of change.
- The role of early interventionists across professional disciplines is to enhance the child's development by supporting the parent-child relationship. This approach represents contemporary principles of best practice.

(Bernstein, 2002-03), (Milburn, 1999).

TEAMING/TEAM BUILDING: *Professionals and Families Working Together in a Collaborative Partnership*

The best way to ensure that families successfully meet their children's needs through early intervention is for families and professionals to work together collaboratively as a team. Families are already very involved in the lives of their children and frequently do many wonderful things to foster their child's development and learning through everyday activities. As service providers, we must ask:

- How can we provide supports and services in ways that make it helpful for families to involve us in their lives?
- What kinds of supports and services can assist parents as they enhance their child's participation in family and community life?
- Who is the person on the team best able to assist the child and family in meeting the IFSP outcomes?
- When is the best time of day to schedule early intervention supports and services to assist parents in enhancing the child's participation in everyday activities?

It is through effective team processes that the IFSP team can fully consider the multiple factors that impact decisions related to determining appropriate intervention supports and services to address IFSP outcomes. These factors include the abilities and interests, needs expressed, numerous learning opportunities that occur through everyday routines and activities as well as family and community resources.

PRIMARY SERVICE PROVIDER APPROACH: *An Effective Method of Teaming and Providing Early Intervention Services*

One method of teaming that was developed after years of working with families who have young children with disabilities is the transdisciplinary or primary service provider approach. The primary service provider approach is defined as “one professional providing . . . support to the family, backed up by a team of professionals who provide services to the child and family through joint visits with the primary service provider” (McWilliam, 2003).

When using the primary service provider approach, team members can play several roles. Usually one member (the primary service provider) will provide direct services and support to the family and other caregivers who are involved with the child. Other team members consult with both the family and each other. They do this by sharing their knowledge and resources and by helping each other, the family, and other caregivers learn new ways to support the child’s learning and functional participation in everyday routines and activities. Current studies have shown that the primary service provider approach works well with young children and families in early intervention services (Shelden & Rush, 2004; McWilliam, 2001).

When families learn new ways to work and play with their child during normal daily activities and routines, new skills can be practiced with the child many times every day. The child and family do not always need to see many different specialists, but those specialists are available when needed as determined through the IFSP process. The IFSP team can decide when specialists are needed to help. This will usually happen when the team needs help in deciding what to work on next or determining what strategies will be most effective to achieve outcomes.

It is important to remember that although the family will be working with one primary service provider, the other team members will also provide support, consultation, and direct services based on the individual needs of the child and the parents, to meet the child’s and family’s outcomes.

IMPORTANCE OF THE FEEDBACK LOOP: *Communication with families*

An important part of early intervention services is regular communication among the team members, which includes parents. Communication involves skills in listening and in sharing information. Active listening is essential for building trust, meeting needs and establishing a collaborative partnerships with families, caregivers and other professionals. Hanft, Rush & Shelden (2004) indicate that positive, respectful and supportive relationships with families are essential in successfully promoting family competence and confidence. They specifically state that listening to families, as well as being responsive to family questions and concerns, respecting family values and culture, and using conversations to gather information are key in helping to build positive relationships. They also state that providing information to families in an understandable manner is essential in supporting them to make informed decisions regarding important aspects of their child’s life, including identification of priorities and outcomes for their

child and family, and problem solving challenges related to their child's and family's participation in everyday activities that are important to them.

Hanft, Rush & Shelden (2004) emphasizes the use of conversations rather than structured formal interviews as a meaningful way of gathering information from families. Conversations are used beginning at initial contact and continuing through implementation of early intervention services. Conversations should focus on what's working, what's challenging, what's important and interesting to children and families. Getting a picture of a family's everyday routines and activities and understanding their values and preferences, helps professionals be effective partners with families in problem solving challenges and meeting their needs in caring for their child.

CONDUCTING INDIVIDUALIZED CHILD EVALUATIONS AND ASSESSMENTS: *Dynamic, Arena and Focused Assessments*

According to federal Part C Regulations, evaluation and assessment of the child must be conducted in all areas of development, including vision and hearing. Recommended practices in early intervention support the use of an arena evaluation and assessment process, where an interdisciplinary team of professionals offer a play-based developmental assessment for infants and toddlers. This arena assessment allows the professionals to observe parent/child interaction and to also interact directly with the child and family within a natural environment. The team may include a developmental pediatrician or other physician, occupational, physical and speech therapists, developmental specialist, nutritionist, psychological development counselor, family specialist, social worker, an audiologist and so forth.

Practical considerations concerning arena assessment of infants and young children who are at risk for developmental problems or have disabilities are addressed in the articles *Pragmatic Issues Regarding Arena Assessment in Early Intervention* (Parette, 1995) and *Arena Assessment: Description and Preliminary Social Validity Data* (Wolery, M., & Dyk, L., 1984). These articles describe the transdisciplinary family-centered approach in terms of appropriate settings, the importance of establishing rapport with the child, assessment procedures, family involvement, scheduling issues, and interpreting results. Parents and staff who participated on both traditional and arena approaches have rated the arena model equal to or higher than the traditional model.

The literature suggests that a dynamic assessment process is preferable to more conventional forms of assessment. Dynamic assessment is designed to measure "the difference between what a child can achieve independently and what can be achieved with help" (Otrotsky and Horn, 2002). McWilliam (2003) identifies dynamic assessment as a means for determining the child's functional skills in everyday activities.

Hanft (2004) discusses the importance of functional assessments, which entail observation of the child in various settings such as the park, at home playing with toys, at mealtimes or bath time, at child care centers, etc. With careful planning, functional assessment can be useful in targeting those situations during everyday routines and activities when functional participation is challenging or difficult. Information gathered during focused assessments can better help professionals and families jointly determine appropriate IFSP outcomes and those supports and services necessary to meet the outcomes. Focused functional assessments can also be used throughout intervention to help professionals and families problem solve challenges and to determine when to apply learning from situations where successful participation has been experienced.

Regardless of the method used for conducting evaluations and assessments of the child, the evaluations and assessments must be individualized to meet the needs of the child and address the priorities and concerns of

the family. All evaluations and assessments of the child should be scheduled when the child is most alert and when convenient for the family.

CONDUCTING MEANINGFUL FAMILY ASSESSMENTS: *Gathering Information about Everyday Routines and Activities, Family Interests and Priorities*

Family assessment is a critical component of providing effective early intervention services. Conducting meaningful family assessment helps the team to identify how best to support the family in meeting their child's developmental needs and enhancing their child's functional participation in everyday routines and activities of family and community life. In understanding how to help, family perceptions, beliefs, values, and their daily lives must be taken into account. In this context, family assessment is used to gain a picture of the daily life of the child and family including: the many wonderful things that are already occurring throughout everyday activities (family strengths); people, places and things that are important and of interest to the child and family (family interests); and those everyday routines and activities where functional participation of their child and family are challenging (family concerns). McWilliams (2003) refers to this kind of family assessment as a routines based assessment. Essentially, the family assessment is designed to support the family in sharing only the information they chose to share. Family assessment in early intervention is not about identifying family difficulties or evaluating family functioning. (Bernheimer and Keogh, 1995)

DEVELOPING FUNCTIONAL OUTCOMES: *Addressing family concerns and priorities*

Along with the family, professionals from different fields (for example, early childhood educators, parent educators/home visitors, speech, occupational and physical therapists, social workers, nutritionists, etc.) teach, learn, and work together to reach an agreed upon set of goals (also known as outcomes) for the child and family. These goals (outcomes) for the child are developed through team agreement under the guidance of the family and are based on the strengths, needs, priorities, and interests of the child and family.

Individualized outcomes are contextualized, functional and discipline-free (i.e., outcomes are relevant for the family, focus on the child's participation in activity settings that are important to the family, and focus on the whole child rather than discreet skills). In developing desired outcomes, the IFSP team starts with activity settings in which the family participates and identifies as important and/or activity settings the family would like to pursue. As part of the IFSP process, the family identifies outcomes that are important to them through conversations that focus on child and family interests, current activity settings, successes and challenges. (Bruder, 2004; Hanft, Rush & Shelden, 2004; Darrah, Law & Pollock, 2001;)

Overall, national experts agree that IFSP outcomes must support family confidence and competence in enhancing their child's development, enhance or increase child's participation in family and community activities, and promote mutual enjoyment of family activities. (Bruder, 2004; Woods, 2004; Woodruff, 2004; Shelden & Rush, 2004; Hanft, 2004; Dunst, 2004; McWilliam, 2004; Edelman, 2004)

IMPLEMENTING EVIDENCE-BASED PRACTICES IN NEVADA EARLY INTERVENTION SERVICES

Evidence-Based Practice is a concept first developed in the field of medicine. It is increasingly being applied in the developmental educational practices of other professional disciplines. Early interventionists

may be familiar with the definition of Evidence-Based Practice (EBP) as “. . .the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients . . . [by] integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett et al., 1996). However, the application of EBP in the complex world of early intervention services often can be a challenging undertaking.

While Evidence-Based Practice requires that professionals identify and make use of the highest quality scientific evidence as one component of our efforts to provide optimal care for children and families, “evidence is never enough;” as Guyatt and colleagues (2000) have noted. The Evidence-Based Practice framework also acknowledges that the experience, values and preferences of professionals and their patients can and should contribute to our clinical decisions (Dollaghan, 2004).

Due to numerous challenges in conducting control group studies (although some studies do exist), evidence-based practices in early intervention services are primarily a result of opinion and belief statements by experts, committee reports, consensus conferences, or the clinical experience of respected authorities. As a result, the foundation and philosophy of the Nevada Early Intervention Services was developed through an extensive review of the literature and from consensus among and clinical experiences of national experts in early intervention.

Since practice in early intervention is continually evolving, it is imperative that early intervention practitioners stay abreast of the literature and the most current thinking of national experts in early intervention, especially practice groups that focus on young children. Linking across disciplines is also important in a field that incorporates a wide array of professions. Early intervention practitioners in Nevada may wish to consider developing interdisciplinary practice or study groups to jointly problem solve challenges in working with children and families, in reviewing and discussing literature, and providing support to each in changing and developing practice and skills. The following website links are excellent resources for early intervention practitioners:

Division for Early Childhood: Recommended Practices

<http://www.dec-sped.org/recommendedpractices.html>

American Association for Home-Based Early Interventionists (AAHBEI)

<http://www.aahbei.org>

American Speech and Hearing Association: Speech Pathologists and Audiologists

<http://www.asha.org>

American Physical Therapy Association: Physical Therapists

<http://www.apta.org>

American Occupational Therapy Association: Occupational Therapists

<http://www.aota.org>

American Dietetic Association: Dietitians and Nutritionists

<http://www.eatright.org>

National Association of Social Workers: Social Workers

<http://www.naswdc.org>

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