
Resources and Connections

Enhancing the Quality of Early Learning and
Early Intervention for Infants, Toddlers, & Their Families



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Special Focus: Transdisciplinary Service Delivery

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Members of the Transdisciplinary Service Delivery Team

There are a number of landmarks in the IFSP process, including referral, first contacts between a family and a service coordinator, evaluation and assessment, eligibility determination, development of the initial IFSP, implementation, and review and evaluation of the IFSP. During these landmarks, teams form to fulfill particular purposes. The parents and the service coordinator are members of all of the teams. Other members vary depending on the purpose of the team. During evaluation and assessment, a team forms to exchange information to determine eligibility and to inform the planning process. During the development of the initial IFSP a team forms to complete the IFSP plan of action. Once the initial IFSP is completed the plan is put into place and a new team is formed, the **service delivery team**. This service delivery team is the focus of this article. Increasingly more service delivery teams in Colorado (and in the rest of the country) use a **transdisciplinary** approach. The following section addresses some common questions about the membership of the transdisciplinary service delivery team.

Who might serve as members on the transdisciplinary service delivery team?

The transdisciplinary service delivery team might have a variety of members. Members might include, but not be limited to the following qualified personnel: audiologists, family therapists, social workers, parent educators, early childhood teachers, special education teachers, nurses, pediatricians and other physicians, registered dietitians, occupational therapists, orientation and mobility specialists, physical therapists, psychologists, and speech-language pathologists.

How many members are on a transdisciplinary service delivery team?

The parents and a primary service provider are the core members of the transdisciplinary team. In addition, there will be one or more other team members as determined by the child and family's unique needs and the IFSP outcomes to be addressed. (*Note: team members need to be selected from the qualified personnel listed in the preceding question.*) Because all areas of a young child's development are interrelated, other team members may be asked to consult with the primary service provider and/or work directly with the child and family when their expertise is needed.

Is the service coordinator a member of the transdisciplinary service delivery team?

In the majority of instances, the service coordinator is *not* a member of the transdisciplinary team. Because the service coordinator's role is to facilitate the entire IFSP process, he or she

works closely with this team. Occasionally, a service coordinator also plays a dual role as a child and family's primary service provider. In this case the service coordinator is a part of the team because he or she is a qualified provider and is playing a role as service provider.

What is the role of the service coordinator in relation to the transdisciplinary service delivery team?

As a facilitator of the IFSP process, the service coordinator is involved in *ALL* of the steps of the IFSP process. Although the service coordinator may not be an actual member of the transdisciplinary service delivery team, once the IFSP is ready to be put in motion the service coordinator is responsible for assuring that the plan for services is implemented. The service coordinator often works with the team through periodic contact with the primary service provider and the family. Specific responsibilities of the service coordinator related to service delivery follow.

- Ensuring that team members know what they will be doing to carry out the IFSP plan of action.
- Making sure that the family understands and agrees to their child's individualized plan.
- Making sure that the family receives all of the supports and services identified on the IFSP and assisting the family in identifying and resolving barriers and challenges to receiving supports and services.
- Ensuring that the family understands their rights and that procedural safeguards are being followed.
- Assisting the family in securing funding for identified services.
- Facilitating a review of the IFSP every six months or more frequently if the family requests or the team suggests.

How are transdisciplinary service delivery teams established?

Although local service delivery systems differ from community to community, the following questions serve as guidelines in determining how transdisciplinary service delivery teams are established.

- Which disciplines or what specific expertise should be represented on the transdisciplinary service delivery team given the outcomes on the individual child and family's IFSP?
- Given the individual child and family outcomes, which discipline can most effectively serve as the primary service provider?
- In what ways will the transdisciplinary team maintain close communication among the family, primary service provider, service coordinator, and others?
- How will the team members be paid for participating in activities required to achieve the IFSP outcomes (e.g. team time for consulting with the primary service provider, on-going assessment (reviewing videos), and occasional joint/co-visits)?

What is the role of parent(s) on the transdisciplinary service delivery team?

As a member of the team, the parent(s) work closely with the primary service provider in implementing the IFSP. Parents have the primary role in enhancing their child's learning, development, and participation in everyday routines and activities. The primary service provider and other team members support parents in doing so. Parents do a variety of things as members of the team, including:

- Taking the lead role in supporting their child's learning and development by identifying routines and activities for their child's learning and incorporating development-enhancing strategies into everyday routines and activities.
- Communicating with the primary service provider (and other team members as needed) on a regular basis about how things are working, observations of the child's progress, new accomplishments, ideas for problem solving, questions or concerns.
- Participating in team discussions concerning their child. The parent may choose to attend such team meetings or ask the primary service provider to share their questions or concerns with the team and bring back the team's input.
- Communicate with the service coordinator as needed.

Research Brief

Jung, L.A. (2003). More Is Better: Maximizing Natural Learning Opportunities. *Young Exceptional Children*, 6, 3, pp 21-26.

The 1997 revision of the Individuals with Disabilities Education Act (IDEA) placed an emphasis on providing early intervention services within natural environments. In IDEA natural environments are defined as "settings that are natural or normal to the child's age peers who have no disability" (Sec. 303.18), or home and community in which children without disabilities participate (Code of Federal Regulations (Sec 303.12 [b], 1997; Sec. 672 [2][G], 1991). As a result, there has been a major shift in how early intervention programs throughout the country offer their supports and services.



Initially, practitioners and programs focused on location, or place where an early interventionist worked with a child. This approach met the letter, but not the true spirit of the law. The spirit of the law was a more profound change -- from working directly with a child to supporting caregivers to enhance the development of a child in their care. Families and caregivers have many more opportunities to influence their child's development than even intense visits from an early interventionist. Merely moving services to a "natural environment" but continuing to focus only on working directly with a child does not provide support to parents for how they can enhance their child's learning by themselves.

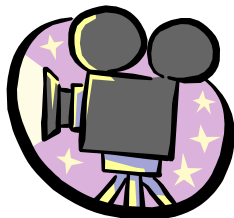
Interventionists working with families can share strategies in two key areas: 1) how they can maximize natural learning opportunities using everyday activities that children experience, and 2) ways to embed intervention into daily family routines. Early interventionists need to think beyond the "where" (the location of intervention) to what takes place during the visit. This change in the focus of the interaction will move interventionists beyond consulting with each other to consulting with parents to help them maximize the activities that promote learning in their everyday environment. The result is a triadic helping process in which the early interventionist serves as consultant and provides intervention through the family or other caregivers. The process provides multiple opportunities for intervention throughout the day, everyday, in the contexts that are immediately meaningful to the child and family. The approach also reduces the intrusion of multiple visits by multiple providers each week.

The frequency of an interventionist's visits should be enough, but not too much. Visiting too often sends the message that parents do not have the abilities to enhance their child's development. Two questions can help families and practitioners decide the frequency of visits: 1) "How often will the strategies for intervention need to be changed?" and 2) "How often does the family need support to be comfortable in using the intervention strategies?"

Editorial comment: This article helps us to address the question, "Isn't more better?" One thoughtful explanation is that the most efficient way to get "more" is to support the family's ability to maximize everyday learning opportunities.

Using Video With Families

by Lisa Swenson and
Larry Edelman,
JFK Partners



Videotaping can be a very useful tool for transdisciplinary teams working with young children and their families. In this article, members of the ENRICH Outreach Team offer some basic guidelines for transdisciplinary early intervention teams to consider when using video.

Make sure that families understand the use of video

Make sure that families understand the use of video right from the start. Early on in the process, when explaining the transdisciplinary model to families be sure to describe the potential uses of video. Following are some basic points to cover.

Why might transdisciplinary teams use video?

The main purpose is to help the team members "see" the child without having every team member visit the home. Transdisciplinary teams use a primary provider model, in which one team member provides most of the contact with the family. While other team members may not be physically present for assessment and times when the primary provider is visiting the family, their perspectives and suggestions can be very valuable. Video allows other team members to see the child in context of everyday routines, activities, and places, expanding opportunities for collaboration and consultation. Another reason is that some families may feel that their child may best be observed in a familiar situation rather than in the presence of a number of unfamiliar team members.

In what ways might video be used?

Video can be used in many ways, including being a part of:

- Evaluation and assessment;
- Individualized planning;
- Peer consultation (e.g. showing the child's functioning in typical routines and activities to team members);
- Family education.

What are the benefits of using video?

There are several benefits of using video:

- It is a useful tool when not all team members can physically be present to see the child.
- It is a way for the entire team (including the family) to look at the child together at an assessment meeting.
- It is an ideal format for collaboration in developing a comprehensive, individualized plan.
- It provides families with documentation of their child's ongoing change and progress (a copy of the video is always given to the family).

Always Obtain the Family's Permission

- ALWAYS obtain the family's permission to videotape (and photograph) and assure parents that video will only be used with their consent.
- Prior to any taping, review an information sheet with parents on the "who, why, and what" of videotaping.
- Use a written consent form that describes how the tape will be used.
- Health Insurance Portability and Accountability Act (HIPAA) regulations went into effect April 14, 2003. Teams that are part of health systems will need to be sure that their consent form is HIPAA compliant. For more information: <http://www.hhs.gov/ocr/hipaa/>.

Guidelines for Videotaping

Team members need to feel comfortable in the technical aspects of using a video camera. Teams who use video need to provide all team members with training in operating the camera and with basic videotaping techniques such as framing the shot, using a tripod, and assuring adequate lighting and sound.

Assuming that the team member is trained on using the camera, there are other guidelines on using video with children and families. The list below suggests some guidelines to follow when a family would like to receive input on their child interacting with other family members in a specified routine or activity.

- If possible, plan the videotaping with the parents prior to the videotaping session, clarifying the routines to be shot and the "who, what, when, and where." Sometimes the opportunity for videotaping comes up at the spur of the

moment. In this instance, do some quick planning, making sure that the parents give their permission.

- The primary service provider usually does the videotaping.
- One or two parents are usually the primary people to be taped interacting with the child, but interactions with other family members, such as brothers and sisters, can be very useful.
- For the first several minutes videotape the routine as it usually happens, with the family interacting with the child. During this time avoid interrupting with any feedback or suggestions (be sure to discuss this strategy with the family during the planning session). This provides a recording of the routine without intervention or distraction.
- After the first several minutes you might want to ask the parents to adapt the activity or materials, try a different activity, try a different position, or provide other kinds of support. Keep in mind that families will differ in the amount of facilitation or feedback they ask for or feel comfortable receiving during taping.
- In all, tape just long enough to capture the activity or routine on which the parents wanted to focus (15 – 20 minutes is usually long enough).

Watching the Tape

After videotaping, there are several ways to watch the tape. Always plan with the parents how they would like to do this. Following are some common ways in which families and other team members use the video.

- The family and primary service provider watch the video together and then decide who else they would like to see it.
- Other team members are asked to watch the video with the family in their home. After watching, the team discusses their impressions and then brainstorms ideas for next steps.
- The video can be shared at a team meeting. The family is invited to attend the team meeting, but if they prefer they can rely on the primary service provider to bring them the team members' perspectives and suggestions.

- The video can be given to a team member who has the specific expertise needed to address the family's concerns and/or questions.

Using the Video for Transdisciplinary Training

Videos of children are very valuable as training tools to orient new team members to the transdisciplinary process. Following are some guidelines.

- Always be sure that parents consent to such uses of videotapes of their children. When obtaining the initial consent for videotaping during assessment or intervention, some teams also ask parents for permission to use the video to train new team members or at training workshops and professional conferences.
- Have new team members watch the tape alongside more experienced team members. After the video, ask all team members to comment on the child "outside of their primary discipline," speaking to all areas of development. It is good practice for learning about other disciplines, discussing their perspectives in a clear, jargon-free language, and looking at the whole child in context of his or her everyday routines, activities, and relationships rather than at just one specific developmental domain. This style of debriefing a video is a great way to train transdisciplinary team members and gives the providers confidence and skills in the delivery of transdisciplinary services.

In conclusion...

Videotaping can be a very useful tool for families and transdisciplinary teams *if used well*. To help assure success, always plan with families the "how, who, when, where, and why" of videotaping and consider the guidelines suggested in this article.

This edition of Resources and Connections offers a potpourri of web sites of interest to families, practitioners, higher education faculty, administrators, and policy makers.

Early Childhood Special Education/Diversity Materials With an Emphasis on Partnerships with Families

Compiled by the Curriculum Resources Laboratory at the University of Iowa this site provides an annotated list of books, articles, and videos related to early childhood special education/diversity materials with an emphasis on partnerships with families.

<http://www.uiowa.edu/~crl/bibliographies/special.ed.htm>

I Am Your Child Foundation

Founded by Rob Reiner, the I Am Your Child Foundation is a national non-profit organization dedicated to raising awareness about the importance of early childhood development and school readiness. This site has interesting resources including materials, links, publications and more.

<http://www.iamyourchild.org/links.html>

Myths and Opportunities: An Examination of the Impact of Discipline-Specific Education on Interprofessional Education

This project, funded by the Annie E. Casey Foundation, was designed to address concerns raised about barriers to interprofessional education. The project took several steps to create a better understanding of the impact of accreditation on interprofessional education. This report provides an overview of these activities.

<http://www.cswe.org/casey/finalreport/chapter2.htm>

Models of Teaming and Service design In EI/ECSE Programs

An interesting review of literature about service design and collaborative teaming from Oregon.

<http://www.ode.state.or.us/sped/spedareas/eiesce/pdfs/modelteaming servicedesign.pdf>

Do2Learn

This site is provided by Virtual Reality Aids and includes curricular activities to promote independence in individuals with special learning needs, including activity ideas, picture symbols, etc. Over 2,000 pages of free printable material on.

<http://www.dotolearn.com/index.htm>

Children with Disabilities

The *Children With Disabilities* Web site offers families, service providers, and other interested individuals information about advocacy, education, employment, health, housing, recreation, technical assistance, and transportation covering a broad array of developmental, physical, and emotional disabilities.

<http://www.childrenwithdisabilities.ncjrs.org/>

America's Children: Key National Indicators of Well-Being 2003

Source: Child Trends Databank - June 18, 2003 *America's Children: Key National Indicators*

of Well-Being 2003, an annual report to the President, has just been released by the Federal Interagency Forum on Child and Family Statistics. The report covers trends in over 25 indicators of child and youth well-being, and includes previously unpublished data from the 2000 decennial census. The report is available online at: <http://www.childstats.gov/americaschildren/>.

The ERIC Clearinghouse on Elementary and Early Childhood Education

ERIC has completely redesigned its Web site to make it easier than ever to access its online products and services. The new site includes a searchable, online calendar of conferences and meetings, "Education Links" that direct you to a variety of elementary and early childhood resources, and much more.

<http://ericeece.org/>

Resources on the Web

Colorado's 12th Annual Early Childhood Institute

Celebrating Progress: Applying What We Know About Effective Early Intervention

October 23 – 24, 2003
Vail Cascade Resort and Spa, Vail, Colorado

An Institute for family members and professionals with an interest in children birth – five years old with developmental delays and disabilities.

Thursday evening, October 23, 2003 beginning at 4:30 p.m.

Registration and Exhibits, Opening keynote, and Networking Reception and Cash Bar

All-Day Friday, October 24, 2003

Opening and Closing Plenary Sessions and Two Breakout Sessions

Featured Speakers

M'Lisa Shelden, PT, Ph.D., is the Director of the Family, Infant and Preschool Program (FIPP) at Western Carolina Center and an associate research scientist at the Orelena Hawks Puckett Institute in Morganton, North Carolina. Prior to accepting her appointment at FIPP, M'Lisa was an Assistant Professor in the Department of Rehabilitation Science at the University of Oklahoma Health Sciences Center. She served as a consultant to Oklahoma's SoonerStart Early Intervention Program from 1990 to 2002. M'Lisa is a graduate Fellow of the ZERO TO THREE National Center for Infants, Toddlers, and Their Families and she has also served as Regional Director for Region VII, Section of Pediatrics, American Physical Therapy Association. M'Lisa co-authored the book entitled, *Physical Therapy under IDEA*.

Dathan Rush, M.A., CCC-SLP, is the Associate Director of FIPP at Western Carolina Center and a research associate at the Orelena Hawks Puckett Institute. Prior to accepting his position at FIPP, Dathan was a clinical assistant professor and personnel development consultant in the Lee Mitchener Tolbert Center for Developmental Disabilities at the University of Oklahoma Health Sciences Center in Oklahoma City. He served as Assistant Director of the Oklahoma SoonerStart Early Intervention Program at the State Department of Health from 1992- 1999. He is past president and former executive council member of the Oklahoma Speech-Language-Hearing Association.

Breakout Sessions Topics Include

- Asset-Based Assessment
- Implementing Transdisciplinary Practices
- Supporting Young Children's Emerging Understanding of Mathematics
- Embedding Functional Learning Objectives in Everyday Activities & Routines
- Assistive Technology for Early Childhood
- What Colors are your Partnerships?
Exploring Your Colors IQ

- Contextually Mediated Practices
- Using Naturalistic Teaching Strategies with Young Children
- Using a Transdisciplinary Approach to Delivering Early Intervention Services
- Parent-Provider Partnerships: Relationship-Based Practices in Early Intervention
- Ladybugs, Legos, Laughter and Literacy
- Shaping Conversations to Yield Useful Ideas and Action

Registration and Lodging Information **Space is Limited! Register early!** Visit:

<http://eccevents.spindustry.com/asp/EventsPlus/events.asp?e=20>

Questions? Call (303) 837-8466 x200 or toll-free (888) 776-2332 x200 or email earlychildhoodinstitute@what-works.org

Upcoming Events

Service Coordination Core Training Nov. 11 & 12, Dec 9 & 10, 2003

9 a.m. – 5 p.m. in Denver.

A free intensive four-day course for anyone wanting to build their skills as a service coordinator and for those wanting to help others become highly effective service coordinators. Intended for service coordinators, family members, community centered board personnel, public health personnel, home visitors, and child find personnel. For information & registration: <http://eccevents.spindustry.com/asp/EventsPlus/events.asp?e=8>

Routines-Based Intervention Using the Transdisciplinary Primary Service Provider Model

August 24 and 25, 9 am – 1 p.m.

This two-day presentation by Robin McWilliam will be conducted live in Denver and videoconferenced across the state. Register at:

<http://eccevents.spindustry.com/asp/EventsPlus/events.asp?e=19>

Regional IFSP Training

July 31 – Denver; September 16 – Durango; October 3 – Grand Junction; October 7 – Denver; October 30 – Pueblo; November 4 – Greeley; Steamboat Springs – TBA

This one day interactive training event consists of 3 modules that focus on IFSP development. Each training session will be limited to 30 participants. The targeted audience is IFSP teams consisting of Service Coordinators, parents, Child Find personnel, and service providers. Register at:

<http://eccevents.spindustry.com/asp/EventsPlus/events.asp?e=16>

Interdisciplinary Fundamentals in Adaptive and Assistive Technology

The University of Miami is offering this online course. Scholarships are available. The cost is \$795.00 but is free with the scholarship. Please contact Michelle at 305-243-4466 or visit:

<http://pediatrics.med.miami.edu/projectabc/abcs.htm>

Early Childhood Activities Calendar

Remember to periodically check out this useful source of information on training opportunities and other events:

www.cde.state.co.us/earlychildhoodconnections/calendar/Cal.htm

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To view or subscribe, go to

<http://www.cde.state.co.us/earlychildhoodconnections/Technical.htm> or contact your local Early Childhood Connections at 1-888-777-4041.

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Please pass along copies of Resources and Connections to your colleagues and friends.

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