

## Philadelphia Infant Toddler Early Intervention

Guidance for Evaluation Report: Informed Clinical Opinion (ICO) for Eligibility & Recommendation of Research-Informed & Evidence-Based Intervention

Individualized Family Service Plan: Team Identifies ABC as an Intervention

**Purpose:** To support teams to:

- a) recognize and identify social, emotional and behavioral concerns that are not captured by a standardized test or a diagnosis with high probability of developmental delay and
- b) recommend and use research-informed and evidence-based intervention

### **Evaluation Report**

#### **A. Use of Informed Clinical Opinion to Determine Eligibility**

If the infant or toddler is not found eligible for Early Intervention services via standardized testing or diagnosis with a high probability of developmental delay, eligibility may be established via Informed Clinical Opinion (ICO). Per OCDEL's Announcement EI 13-#08, ICO makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for Early Intervention. In addition to full documentation of the evaluation process, ICO documents the systematic analysis of information from multiple sources. ICO eligibility determinations can include review of medical or other records, documentation of one or more risk factors such as Philadelphia DHS (Department of Human Services) out of home placement, time in the NICU, low birth weight, etc., and refers to research that supports the clinical opinion. Simply listing the at-risk factor alone is not sufficient documentation for ICO.

#### **B. Rationale Based on Difficult to Measure Aspect of Current Developmental Status**

Based on extensive research we know that out of home placement by the DHS\*, when a child is placed in kinship care or with a resource family, has a high likelihood of negatively affecting the child's social emotional development in ways that are difficult to measure by an Early Interventionist or Service Coordinator. When the team completes a Multi-Disciplinary Evaluation, they are unable to take biological measures that show the impact on brain development or to administer cortisol tests, and the team does not have the capacity to do a full-scale valid assessment of attachment. Often, the trauma or adversity a very young child has experienced is not evident to the team. At a minimum, the child's placement with a kinship or resource parent typically represents at least three adverse experiences:

1. the abuse or neglect that warranted the placement,
2. the separation of the child from their parent, and
3. a move from their original home (sometimes followed by additional moves).

Research indicates that these circumstances, and other forms of early adversity, often contribute to poor attachment patterns, dysregulation of the child, anxiety, depression, behavioral and developmental concerns, and risk for future learning issues.

\* Philadelphia DHS is currently actively involved in a research project, "Entry Rate and Disproportionality Study," to obtain parent feedback about system change to address the ethno-racial disparities and

impact of poverty on the disproportionality in out of home placements. This is a joint research study by DHS, the University of Pennsylvania Penn Child Center and The Penn Futures Project.

### **C. Systematic Analysis of Information from Multiple Sources, Including Relevant Research**

The team may or may not be informed about the specific reasons for the DHS Placement, however out of home placement is made when DHS has conducted a Safety Assessment and has determined:

1. Caregiver(s)' inability to carry out duties and responsibilities to ensure a child's safety.
2. Parental capacities are diminished and/or absent.

The Service Coordinator and Early Interventionist can, in a professional manner, probe for information that will be used to support the ICO. For instance, the team may cite that the child has a DHS case worker and has been living with a resource family for the last 3 months. Always try to include observations, reports and data from caregivers, Child Care or Early Learning Center staff, and other Early Intervention team members to strengthen documentation for ICO. As usual, at-risk scores on the ASQ SE2, MCHAT- R/F, etc. may be included.

While trying to balance the need for documentation for the ICO and care to avoid unnecessary stigmatization of the child and family, one option to document the relevant information and research is the example below:

*Sophia is in an out of home placement as a result of DHS' Safety Assessment findings. As a result, she has experienced at least three traumatic and adverse events: criteria for one or more of the Pennsylvania Safety Threats (Pennsylvania Safety Assessment and Management Process Reference Manual 11/27/2012) has been met, child has been separated from their primary caregiver or parent, and child has been removed from their original home.*

*Research concerning the social emotional development in very young children has consistently produced evidence that the presence of adverse event(s) leading to a disruption in the parent-child relationship and removal from the original home are risk factors for social emotional challenges that are often unobservable and thereby overlooked in the very young child. Specific intervention targeted to these concerns can support the young child's learning and development. (Dozier & Bernard, 2017; Sankaran, 2019; Johnson, et.al., 2009).*

### **D. Recommend Evidence-Based Intervention**

Philadelphia Infant Toddler Early Intervention supports the use of research-informed and evidence-based intervention. For infants and toddlers who have social, emotional, and behavioral concerns and their families, the team is encouraged to recommend intervention that helps:

- strengthen the relationship and attachment between the infant and parent or caregiver attachment and
- the parent or caregiver learn strategies that will help the infant or toddler's regulation, impulse control, executive functioning and receptive language.

Give examples of the specific social, emotional and behavioral concerns that are occurring for the infant and toddler and give examples of the strategies (e.g., responsive nurturing, following the child's lead, calming) that are recommended to support the child's learning and development.

### Individualized Family Service Plan

The team can identify Attachment Biobehavioral Catch-Up (ABC) as the intervention that will be used on the IFSP. This intervention coaches parents and caregivers to learn and use foundational strategies that address social emotional and behavioral concerns and promote infants' and toddlers' development. In randomized controlled trials (the strongest level of scientific evidence), when compared with a control parenting program, ABC had these very positive results:

- Children were more likely to be securely attached to their caregivers
- Children had more advanced receptive language abilities
- Children had an easier time switching between complex tasks = improved executive functioning
- Children developed better impulse control
- Children were less likely to show anger during a challenging task
- Children developed more normative stress hormone patterns
- Parents responded to their young children with more sensitivity

For infants and toddlers who will be seen with their parent or primary caregiver for Early Intervention visits, the team is encouraged to prioritize use of ABC given the very strong evidence of its effectiveness and its design specifically for infants and toddlers.

For prevention and promotion strategies, all Early Interventionists in Philadelphia Infant Toddler Early Intervention have been trained in the *Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children* by the Center on the Social and Emotional Foundations for Early Learning and *Prevent, Teach and Reinforce for Families* (Dunlap, et al., 2017) for children age 2 years old and above.

Note: This document will be updated at a future date to include citations of research on social, emotional and behavioral concerns associated with other risk factors, (e.g., NICU stay, low birth weight, etc.).

### References

- Dozier, M. & Bernard, K. (2017). Attachment and Biobehavioral Catch-up: Addressing the needs of infants and toddlers exposed to inadequate or problematic caregiving, *Current Opinion in Psychology*, 15:111–117.
- Dunlap, G., Strain, P. S., Lee J. K., Joseph, J. D., Vatland, C., & Fox. L. (2017). *Prevent-teach-reinforce for families: A model of individualized positive behavior support for home and community*. Brookes Publishing.
- Johnston, M.V., Ishida, A., Ishida, W.N., et al. (2009). Plasticity and injury in the developing brain. *Brain & Development*, 31, 1-10.

Sankaran, V. (2019). "A cure worse than the disease? The impact of removal on children and their families." Christopher Church and Monique Mitchell, co-authors. *Marq. L. Rev.* 102, no. 4, 1163-94.



## **Attachment Biobehavioral Catchup (ABC) Outcome Exemplars: Newborn, Infant and Toddler**

### **1. ABC NEWBORN OUTCOME**

Rey will gaze with interest at caregiver and accept comfort from trusted caregiver. He will engage in reciprocal interactions with caregiver, making eye contact and sounds. Outcome will be met when Rey continues to be calmed by caregiver daily, and he continues to interact in the next two months by smiling, cooing, eye tracking, cuddling, and reciprocal interaction with caregiver.

What's happening now: Rey was in the NICU for 7 weeks and was born with Neonatal Abstinence Syndrome (NAS). He has been discharged home to Mom who is undergoing methadone treatment. He is irritable and not responsive to Mom's attempts to soothe him.

Strategies:

- Provide nurturance to Rey when he is upset, cries, or when he lets you know that he needs you. Provide soothing such as holding, cuddling, use positive words, and stay close to him. Even if it is hard to settle him down, stick with the soothing and nurturance.
- Follow Rey's lead with delight as much as possible. For example, imitate his actions and vocalizations; label what he is doing (if he looks at you, you can say "Oh are you looking at me?"; if he is interested in a ring toy you can say, "You're holding onto that ring!").
- Avoid overwhelming behavior; follow his signals and interests and avoid taking over the play or becoming overstimulating.

### **2. ABC NEWBORN OUTCOME**

The outcome is for Jamar to continue to sleep at least 10 hours per day, to gain weight, be soothed and calmed with caregiver's attention and interaction, and reach social emotional milestones as expected.

What's happening now: Following his discharge from the NICU after being born 5 weeks premature, Jamar sleeps about 10-11 hours per 24 hour day. Breastfeeding is going well, and he has gained weight. Jamar looks at his mom when spoken to and he calms with the support of his mother. Jamar is eating, sleeping, calming down, and interacting with his caregiver. He has steadily gained weight. Jamar was found to be eligible for Early Intervention via ICO due to his extended NICU stay, which is a risk factor for developmental concerns, including social emotional development.

Strategies:

- Provide nurturance to Jamar when he is upset, cries, or when he lets you know that he needs you. Provide soothing such as holding, cuddling, use positive words, and stay close to him. Even if it is hard to settle him down, stick with the soothing and nurturance.
- Follow Jamar's lead with delight as much as possible. For example, imitate his actions and vocalizations; label what he is doing (if he looks at you, you can say "Oh are you looking at me?"; if he is interested in a ring toy you can say, "You're holding onto that ring!").

- Avoid overwhelming behavior; follow his signals and interests and avoid taking over the play or becoming overstimulating.

### 3. ABC INFANT OUTCOME:

Maya's resource parent will help her calm down after visits with her extended family. Outcome will be met when she calms down within 15 minutes with ongoing support from resource family.

What's happening now: After visiting her extended family, she cries, does not want to be held, falls to the floor, and tantrums. Sometimes she does not calm for over an hour on a regular basis.

Strategies:

- Provide nurturance when Maya is distressed: care like cuddling, holding, soothing, smiling, using positive words, and avoid dismissing negative feelings. Stay close to her and stick with the nurturing even if she doesn't calm down quickly.
- Follow Maya's lead with delight as much as possible. For example, comment on what she is doing and playing with; going with her game during play; imitating her actions during play and everyday activities.
- Avoid overwhelming behaviors and respond to her signals for when something might be "too much" for her.

### 4. ABC TODDLER OUTCOME:

Daniella will participate calmly in social play routines with siblings and caregiver. Outcome will be met when Daniella can remain engaged during play, with the support of her caregiver, without aggressive behavior, i.e. biting or hitting, for two consecutive days, and screaming will last for no more than 15 minutes per incident, with caregiver support.

What's happening now: Daniella often plays alone. When she does engage in play with siblings and her caregiver, she frequently becomes frustrated and angry, often accompanied by biting, hitting, and screaming, up to 1 hour in duration, up to 5 times per day.

Strategies:

- Provide nurturance when Daniella is distressed: care like cuddling, holding, soothing, smiling, using positive words, and avoid dismissing negative feelings. Stay close to her and stick with the nurturing even if she doesn't calm down quickly.
- Avoid power struggles when possible.
- When she is upset remain calm yourself (if needed, take a minute to calm down before responding to her); Acknowledge her feelings ("You're mad your brother took your block"); Remain close to her; Manage the environment (move her to another room to help her calm down; put away things that are causing upset); Delight and follow her lead when she is calm without lecturing.
- Follow her lead with delight during daily routines and play activities as much as possible. Imitate her actions; label and comment on what she is doing and playing with; go with her game and play ideas as much as possible.