

Introduction to Early Intervention in Philadelphia

**Providing Family-Centered Participation-Based Services
within Everyday Activities and Routines Using a
Transdisciplinary Approach**



Principles of Family-Centered Participation-Based Service

- Based in family activities and routines
- Improve family activities & routines that are not going well
- Promote developmental competence by using learning opportunities that occur within activities & routines that are going well
- Use appropriate and effective child interventions

Principles of Family-Centered Participation-Based Service

- Engage and teach families to enhance children's development
- Show families what their children are learning through progress monitoring data
- Use progress monitoring data to improve intervention
- Provide services in ways that are sensitive to family culture, values, & beliefs

What are children learning?



4 Components of Effective Participation-Based Services

- **Meaningful Outcomes for adults & children;**
- **Child Interventions that promote participation in everyday activities and routines and provide learning opportunities so that new skills are acquired and learned;**
- **Interventions that engage and teach adults strategies to help children participate and learn; and**
- **Progress Monitoring and use of progress monitoring information to show families how their children are learning and to make decisions about the benefits of interventions**

Interrelated Principles of Early Intervention

Transdisciplinary Team

Participation Based

Family Centered

Natural Environments

Early Intervention Team Approaches

Multidisciplinary

- separate assessment
- integration of findings and recommendations typically is left to the family
- plan is carried out by professionals independently

Interdisciplinary

- separate assessment or may use arena assessment
- formal channels of commun. to share findings and discuss individual results
- plan carried out by professionals independently w/collaboration of family

Transdisciplinary

- may include arena assessment
- professionals teach others activities or intervention strategies that do not require the expertise of the therapist
- plan is carried out by family and one team member designated as primary service provider

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Meaningful Outcomes for Adults & Children

- **Assessing Adult Priorities for Children's Participation in Routines and Activities**
- **Assessing children's performance and abilities**
 - **In context of typical activities & routines**
 - **Out of context (tests alone)**

Participation-Based Outcomes

The goal of early intervention is participation!
The act of participation is central to the statement.
Activity/routine identified is specific.
Skill is mentioned last.

Participate in _____(activity) _____(required skill)

Examples:

- Jenny will participate in snack time by feeding herself.
- Michael will participate in play activities by using words so that his needs/wants can be met.
- Alexander will fully participate in dressing/going to bed by assisting in putting on and taking off his clothes and by making choices about clothing to wear.
- The family will promote Ruby's participation during mealtimes by using strategies to help Ruby make food choices and to feed herself with a spoon.

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CHILD INTERVENTIONS

Family Information about
Routines/Activities,
Priorities, & Concerns

Child's Present Abilities,
Strengths and Unique
Needs

Four Key Questions

- 1. How do the child's limitations & strengths in functional skills impact on participation?**
- 2. Can any limitations be addressed through ADAPTATION interventions so that participation is improved?**
- 3. Which activities & routines can provide a context for IMPROVING which functional skills?**
- 4. What strategies will be used to TEACH CAREGIVERS to use adaptations effectively or to use specific interaction & teaching strategies with the child?**

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Engaging Strategies

- High Interest: Problem/issue with which they need help
- High Importance Skill: Something the adult wants the child to do
- Ask adults to participate –
 - “Review” with you
 - Get toys and materials
 - Show you how to do something
 - Show you what a routine “looks like”
 - Collect “data”

What are Strategies for Teaching Caregivers?

- Planned teaching with opportunity for caregivers to practice
 - Caregiver works directly with the child and the provider gives feedback/suggestions (may also include provider demonstration with explanation)
- Planned teaching with no opportunity for caregivers to practice
 - Provider & caregiver identify problem areas and jointly consider strategies;
 - Provider & caregiver share and discuss information

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Progress & Intervention Monitoring

- Children's performance over time is clear to families – they understand how their children are doing.
- Information on child progress is used to make “data-based” decisions about the effectiveness of interventions being used.
- Information on child performance is used to document what is being done through EI.

Data Collection Tools we Use

- Photographs, videotapes, audiotapes
- Observation and reporting
- Permanent products
- Rating scales, focused checklists
- Ongoing or periodic performance samples
- Anecdotal records
- Interviews, surveys

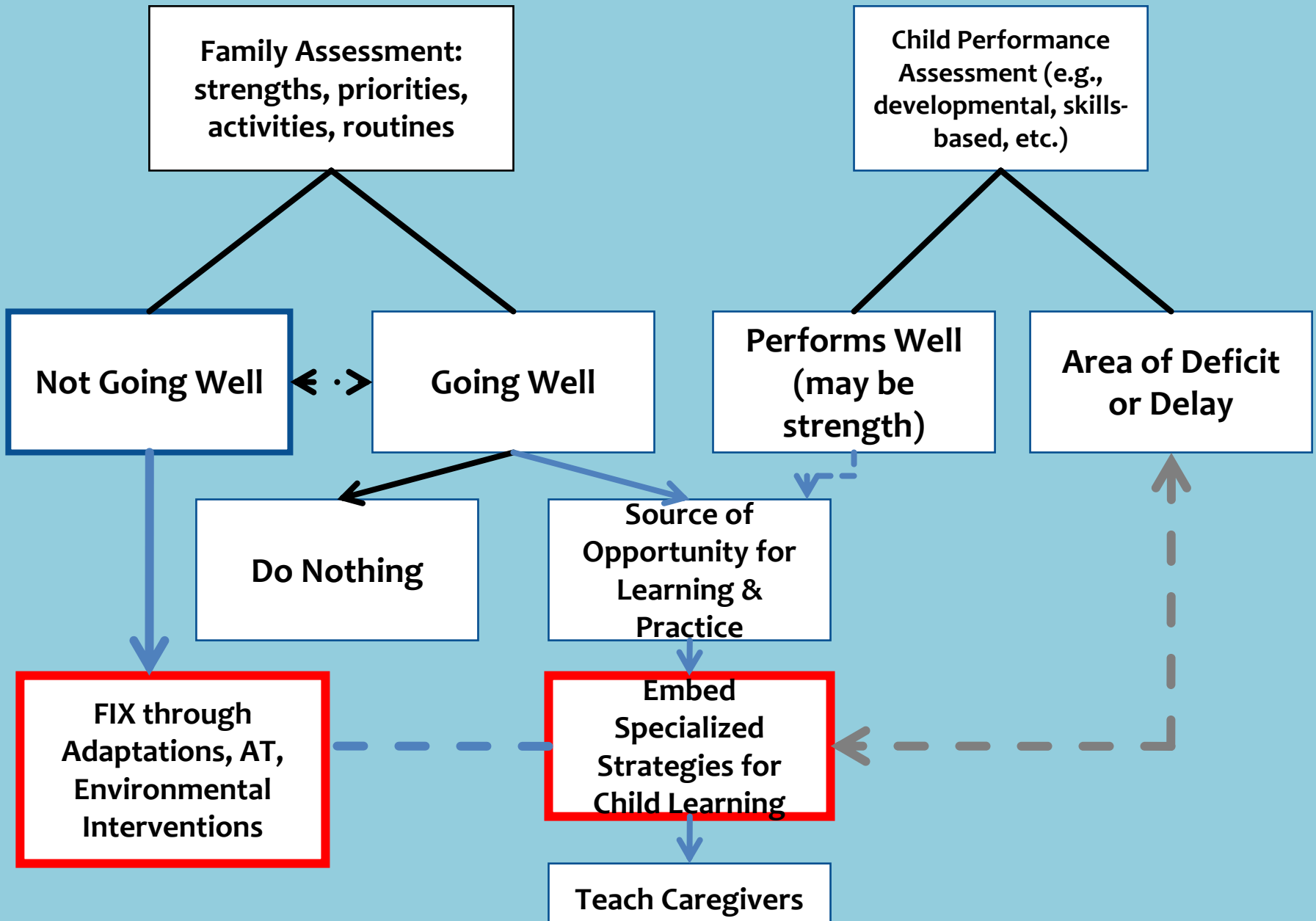
Promoting Participation

- **The way of promoting this goal is to teach caregivers child intervention strategies to use when interacting with their children in everyday routines/activities.**
- **When the activity/routine is not going well, the goal is to improve the activity/routine.**
- **When the activity/routine is going well, the goal is to embed learning opportunities within family-selected activities/routines.**

Use the Caregiver Assessment of Activities and Routines

ROUTINE/ACTIVITY	EXPECTATIONS				COMMENTS	SATISFACTION				
	<u>Exceeds</u>	<u>Meets</u>	<u>Occasionally Meets</u>	<u>Does not meet</u>		<u>Very</u>	<u>Is OK</u>	<u>Somewhat</u>	<u>Not</u>	<u>Did Not Ask</u>
BATHTIME			X		Sitting in tub is problem; Slides under seat belt; does not hold him well enough. Enjoys play with tub toys.		X			
MORNING ROUTINE (getting up, getting dressed, etc.)			X		I dress him in the morning - no time and he can help but it takes too long. He wakes up happy and ready to go.		X			
BEDTIMES (getting ready for bed, going to bed, sleeping)		X			Watches video and then we read a book in his rocking chair; he enjoys both of these activities and falls asleep easily.	X				
MEALTIMES (appetite, level of assistance)				X	Does not finger or spoon feed; can help a little with cup; chews ok but not big pieces; Eats with us and can stay in highchair until everyone is done.			X		

Intervention Decision-Making Framework



Assignment Due at Class 2

- Assessment of Caregiver Activities and Routines
- Family Demographic Form
- Child's IFSP
- <http://jeffline.tju.edu/cfsrp/tlc/>

THANK YOU FOR YOUR PARTICIPATION.