

# Teaming with Families and Professionals

Working together to support the needs of children with developmental disabilities.



# Introductions!

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# Outcome goals for this session:

Participants will:

- ▶ Gain resources about teaming using evidence-based approaches in practical settings.
- ▶ Be able to reflect on what they are already doing as a team and set a goal or goals on how to improve their teaming skills.
- ▶ Have increased knowledge about practical teaming approaches they can use to support young children and families with disabilities or developmental delays.

# Glossary for some of the acronyms/words we will be using:

- ▶ IDEA: The Individuals with Disabilities Education Act
- ▶ Part C: of IDEA is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families.
- ▶ Early Intervention: services that are designed to enable children birth to 3 with developmental delays or disabilities
- ▶ IFSP: Individual Family Services Plan
- ▶ DCYF: Department of Children, Youth and Families
- ▶ ESIT: Early Supports of Infants and Toddlers- Washington State's agency that supports families with information and skills to ensure they are supported as the most critical influence on their child's early learning and development.
- ▶ Tele therapy: Therapy in which the family meetings with the therapist over video conferencing.
- ▶ Therapists/ Providers: OT: Occupational Therapist, PT: Physical Therapists, SLP/ST: Speech/Language Pathologist or Speech Therapist, SI: Special Instruction- staff with a degree in education

# We want to know a bit about you!!

Polls:

- ▶ Who is attending this session?
- ▶ *What is your level of knowledge with Early Intervention (IDEA, Part C) programs?*
- ▶ *What is your experience with Early Intervention (IDEA, Part C)?*





# Early Intervention Compliancy: *federal and state requirements*



## **IDEA: The Individuals with Disabilities Education Act**

The federal law making free, appropriate public education available to individuals with disabilities

Authorizes grants to support special education and early intervention services

- ▶ **Part C** details requirements regarding early intervention services for children age birth through 2 years of age including:
- ▶ **Availability:** (Sec. 303.112) "Each system must include a State policy that is in effect and that ensures that appropriate early intervention services are based on scientifically based research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families"
- ▶ **Evaluation:** (Sec. 303.113) "Each system must ensure the performance of—(1) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State; and (2) A family-directed identification of the needs of the family of the infant or toddler to assist appropriately in the development of the infant or toddler."
- ▶ **IFSP:** (Sec. 303.114) "Each system must ensure, for each infant or toddler with a disability and his or her family in the State, that an IFSP... is developed and implemented ... and that includes service coordination services"
- ▶ **Natural environments:** (Sec. 303.126) Each system must ensure "that early intervention services for infants and toddlers with disabilities are provided—(a) To the maximum extent appropriate, in natural environments; and (b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment."

# Early Intervention Compliancy: *federal and state requirements*

## **DCYF: Washington State's Department of Children, Youth and Families**

- ▶ DCYF is a cabinet-level agency focused on the well-being of children.
- ▶ The State Lead Agency designated by the Governor to administer Part C of IDEA in Washington State.
- ▶ Their vision is to ensure that "Washington state's children and youth grow up safe and healthy—thriving physically, emotionally and academically, nurtured by family and community."

# Early Intervention Compliancy: federal and state requirements

## ESIT: Early Supports for Infants and Toddlers Program

ESIT is Washington's Part C of IDEA statewide program.

The purpose of the Early Support for Infants and Toddlers program is to build upon family strengths by providing coordination, supports, resources and services to enhance the development of children with developmental delays and disabilities through everyday learning opportunities.

1. Families are equal partners who bring to the team skills, experience and knowledge about their child; and are the final decision makers as to what will work best for their family.
2. Early intervention recognizes that family relationships are the central focus in the life of an infant or toddler.
3. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar settings.
4. The early intervention process, from initial contact to transition, must be responsive, flexible and individualized to reflect the child's and family's priorities, learning styles and cultural beliefs.
5. All families, with the necessary supports and resources, can enhance their children's learning and development.
6. The role of the service provider is to work in a team to support Individualized Family Service Plan functional outcomes, based on child and family needs and priorities.
7. Early intervention practices must be based on the best available current evidence and research.





# Working with children Birth to three: *Best Practices*

## **Early Intervention Teaming:**

Teaming is the collaboration between early intervention providers and families to support IFSP outcomes.

## **ESIT Principles on Teaming:**

- ▶ Families are equal partners who bring to the team skills, experience and knowledge about their child, and are the final decision makers as to what will work best for their family.
- ▶ The role of the service provider is to work in a team to support IFSP outcomes, based on child and family needs and priorities

## **Types of Teams:**

- ▶ **Multidisciplinary:** Providers work independently with minimal interaction using discipline-specific goals and measures.
- ▶ **Interdisciplinary:** Team members use discipline-specific evaluation and team meets to discuss evaluation and develop intervention plan. Services are provided independently, with team meetings to share child updates and collaborate.
- ▶ **Transdisciplinary:** The responsibilities of evaluation, planning, and intervention are shared amongst the team. Services are provided through a primary service provider, and other team members provide consultation regarding specific intervention.

# Working with children Birth to three: *Best Practices*



## Coaching Model

An interaction style that builds the capacity of the learner. Coaching is a framework interacting with other adults the framework can be paired with various content, like early learning.

- ▶ **Joint planning:** agreement by the coach and adult on the actions they will take or the opportunities to practice between coaching visits.
- ▶ **Observations:** examination of another person's actions or practices to be used to develop a new skills, strategies, or ideas.
- ▶ **Action:** Spontaneous or planned events that occur within the context of a real-life situation that provide the adult with opportunities to practice, refine, or analyze new or existing skills.
- ▶ **Reflection:** Analysis of existing strategies to determine how the strategies are consistent with evidence-based practices how they may need to be implemented without change or modified to the intended outcome
- ▶ **Feedback:** Information provided by the coach that is based on his or her direct observations of the adult, actions reported by the adult, or information shared by the adult's current level of understanding about a specific evidence-based practice or to affirm the adult's thoughts intended outcomes.



# Working with children Birth to three: *Best Practices*



## Family Centered Practice

- ▶ Recognize the essential role that families play in all aspects of service, from assessment through treatment.
- ▶ Acknowledge the role that families and individuals play as key decision makers, recognized for their knowledge and skills.
- ▶ Families are considered from a lifespan perspective and may include parents, guardians, siblings, spouses and caregivers.

Roles: Parents, Children, and Providers



# Working with children Birth to three: Best Practices

## **Reflective practice:**

The act of regularly taking time to reflect on our thoughts and actions as well as those of the families we work with.

## **Key principles include:**

- ▶ Ongoing training/support for supervisors
- ▶ Viewing reflection as a lifelong developmental process
- ▶ Reflection within a relationship created over time
- ▶ Slow and intentional stepping back
- ▶ Holding space for emotions
- ▶ Exploring the parallel process with the child always in mind

## **Reflective capacity:**

The ability to interpret and understand behaviors and possible thoughts, feelings, and motivations behind them.

## **Allows staff to:**

- ▶ Consider implications of their work outside of a service setting
- ▶ Slow down thoughts so they may choose words and actions with intention
- ▶ Understand contexts and experiences that influence their work and communication
- ▶ Reflective techniques can improve communication with other team members and families.

# Working with children Birth to three: Best Practices

## Developmentally Appropriate Practice

NAEYC (National Association for the Education of Young Children) Definition: “Methods that promote each child’s optimal development and learning through a strengths-based, play-based approach to joyful, engaged learning.”

- ▶ **Functional definition:** Understanding child development in the context of what typical milestones children meet at a chronological age and then provide intentional researched based support and opportunity for children to use the strengths and abilities they have to reach higher skills in their natural environment.
- ▶ **Commonality:** Current research and understandings of processes of child development and learning that apply to all children, including the understanding that all development and learning occur within specific social, cultural, linguistic, and historical contexts
- ▶ **Individuality:** the characteristics and experiences unique to each child, within the context of their family and community that have implications for how best to support their development and learning
- ▶ **Context:** everything discernible about the social and cultural contexts for each child, each educator, and the program as a whole



# Expectations of the agency in which you work/ scope of practice

Agency handbook:

- ▶ Guidance and information related to the organization's history, mission, values, policies, procedures and benefits in a written format. It is also viewed as a means of protecting the employer against discrimination or unfair treatment claims. It is an easily accessible guide to the company's policies and practices as well as an overview of the expectations of management.

*\*Most Agencies have staff provide written acknowledgement of having received and reviewed it.*

# Expectations of the agency in which you work/ scope of practice

## *Professional Standards and Best Practices*

- ▶ OT: The American Occupational Therapy Association
- ▶ PT: American Physical Therapy Association
- ▶ SLP: American Speech-Language-Hearing Association
- ▶ Infant mental health: Washington Association for Infant Mental Health
- ▶ Other professionals not listed should consult their Professional Standards and Best Practice associations

**Personal application**  
**Reflections of**  
**Present Practices:**  
*A look at “our work”  
with families.*







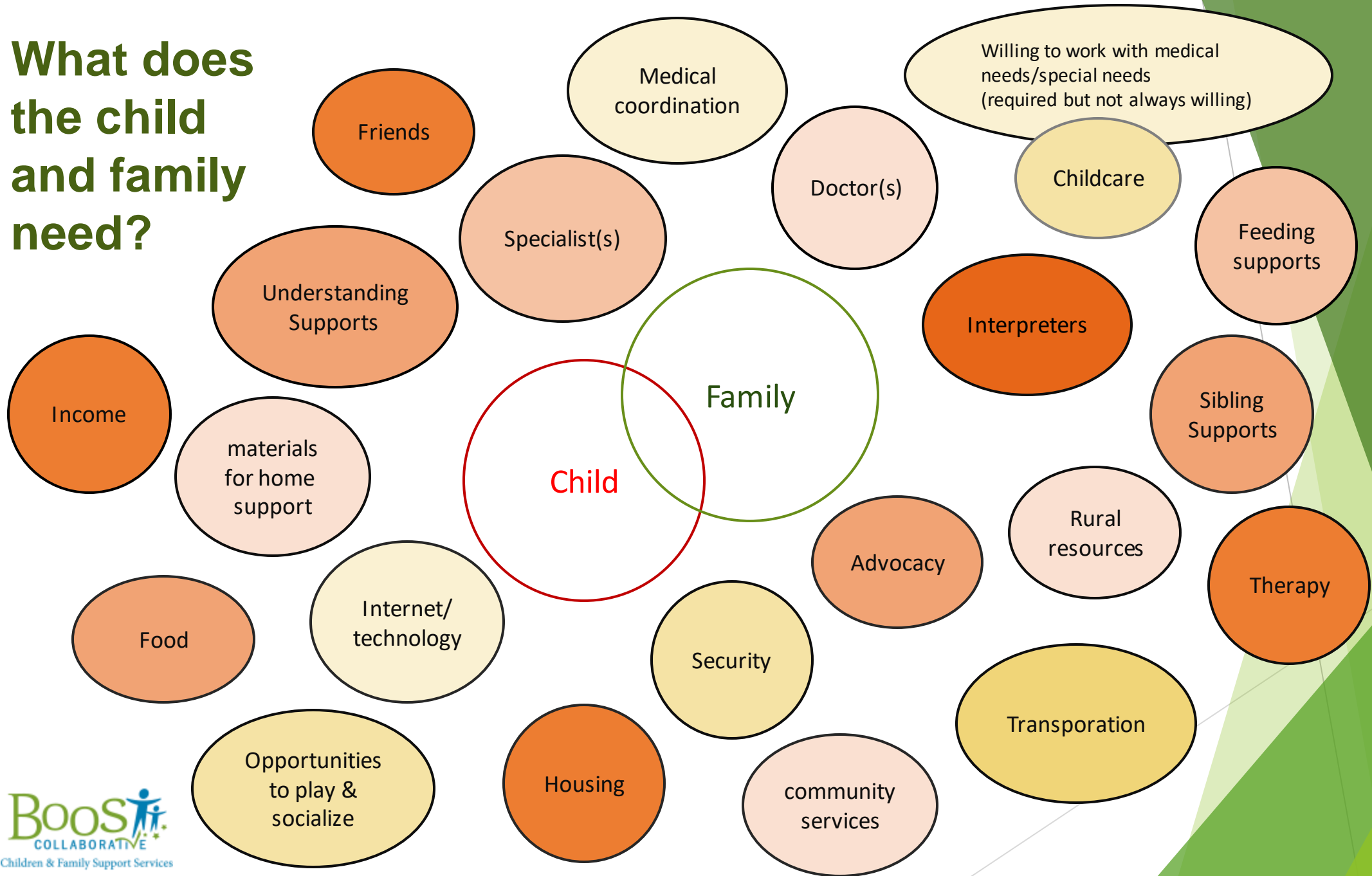
## Who are the families you serve?

Children with disabilities:

- ▶ In foster care
- ▶ That have or are experiencing trauma
- ▶ Has a diagnosis with impacts to development
- ▶ Families experiencing poverty
- ▶ Families from diverse backgrounds and cultures
- ▶ Transient families (University Families)



# What does the child and family need?





## How do you provide your services?

Teletherapy, in-person, phone, email, co-visits

Primary care model, coaching, family centered practices, teaming

Best practices of each specialist (OT-PT-SLP)

Coordinated care



# What kind of services do you provide?

- ▶ Therapy in natural environments
- ▶ Materials as families request/therapy recommends for the home
- ▶ Family support

# Where are services happening?

- ▶ At homes
- ▶ With grandparents
- ▶ At childcare
- ▶ In a medical facility
- ▶ Therapy center
- ▶ Playroom
- ▶ With friends
- ▶ A foster care
- ▶ At the park
- ▶ at parent visits while child is in foster care



# What kind of Training does your staff team need to prepare for success- *what does your team already know?*

- ▶ Education
- ▶ Work experiences
- ▶ Best practices in our field
- ▶ Requirements of IDEA Part C and Washington state ESIT requirements
- ▶ Trainings and resource books like: Dathan Rush and M’Lisa Sheldon Teaming and Coaching books
- ▶ Reflective Practice Training
- ▶ Book resources: Reflective supervision and leadership by Mary Claire Heffron and Trudi Murch

# Communication:

## How do you communicate with families?

- ▶ How do you share new information:
  - ▶ At the visit
  - ▶ Mail
  - ▶ email
  - ▶ Dropbox
  - ▶ Intake: parent resources notebook
  - ▶ Facebook
  - ▶ website

## How do you communicate/ collaborate as a team?

- ▶ Team meeting
- ▶ Therapy note access for the team
- ▶ Visiting together
- ▶ Employee friendships nurtured (work lunches, retreats, etc.)
- ▶ Mutual respect



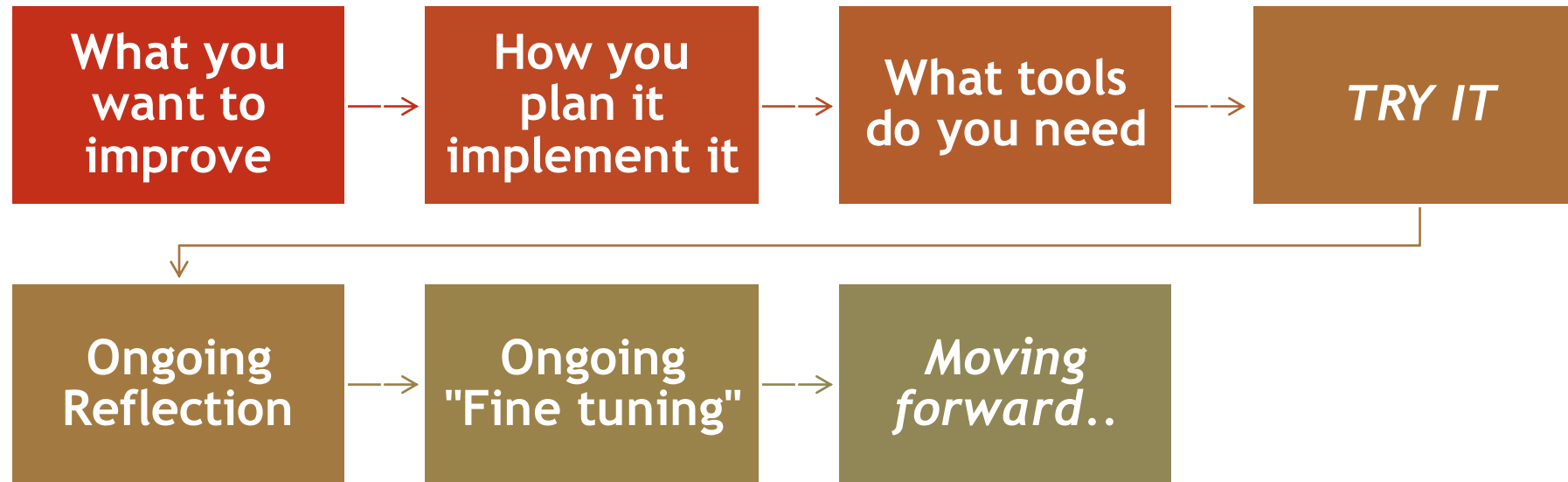


# Consider your agency's resources, best practices in your field and knowledge/training: What might be your programs “areas of need”?

- ▶ What are some of the "areas of need" either as an individual-team-agency that might benefit from supports or improvements?

# Changing how you do things: *The "Action" plan*

*Take a minute and think about how you would apply this at your agency-  
Where would you start?  
Who would need to be involved?*



# Parallels, as you work with families

## ▶ **How does this support families**

- ▶ The support is reflective each family and child's needs: it should be generated from your visits: coaching/family-centered practices
- ▶ As a team- we are reflecting on families on a regular basis
- ▶ Families have the benefit of information from the whole team, not just their assigned providers- perspective

# Parallels, as you work with families

- ▶ **How will you share and communicate with the family- getting the information from the team to the family and back around again (social exchange of info)**
  - ▶ Check to see who the next provider is going to the home
  - ▶ FRC to send materials or call and follow up with the family
  - ▶ Ongoing support and check-ins
  - ▶ Follow up to make sure it is happening at your team meetings

# Questions?

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