

Why We Should Apologize for Too Much Early Intervention Service

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The Conversation



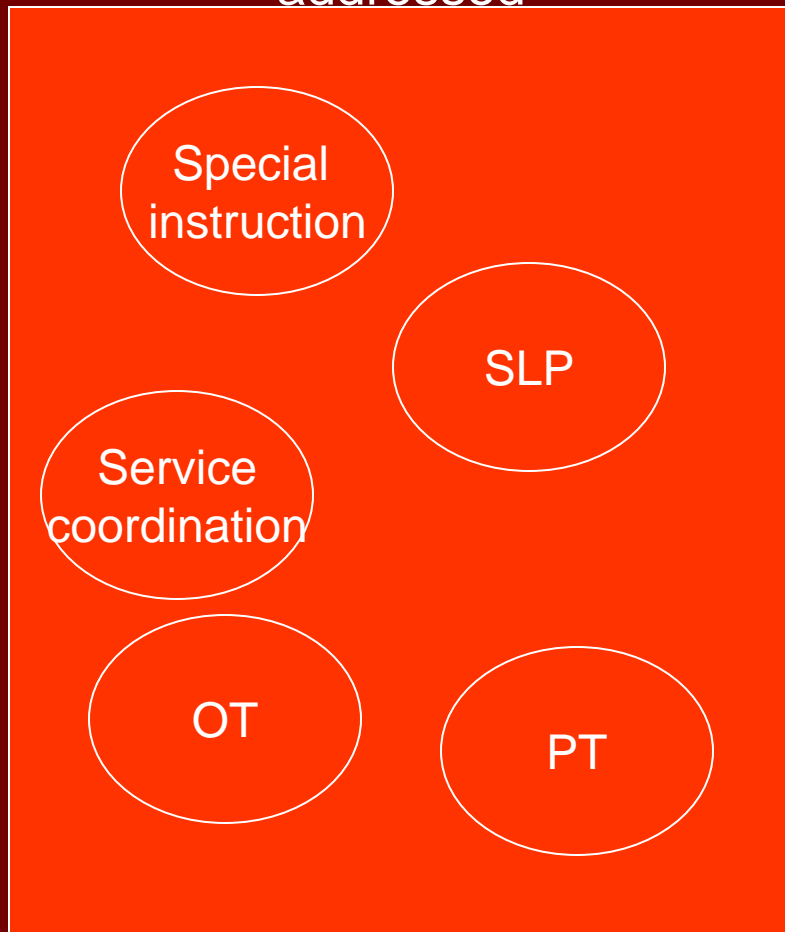
- I've just moved here and I'm having difficulty getting all the services my child needs. Where I came from, he got speech twice a week, PT twice a week, OT once a week, and he had a service coordinator.



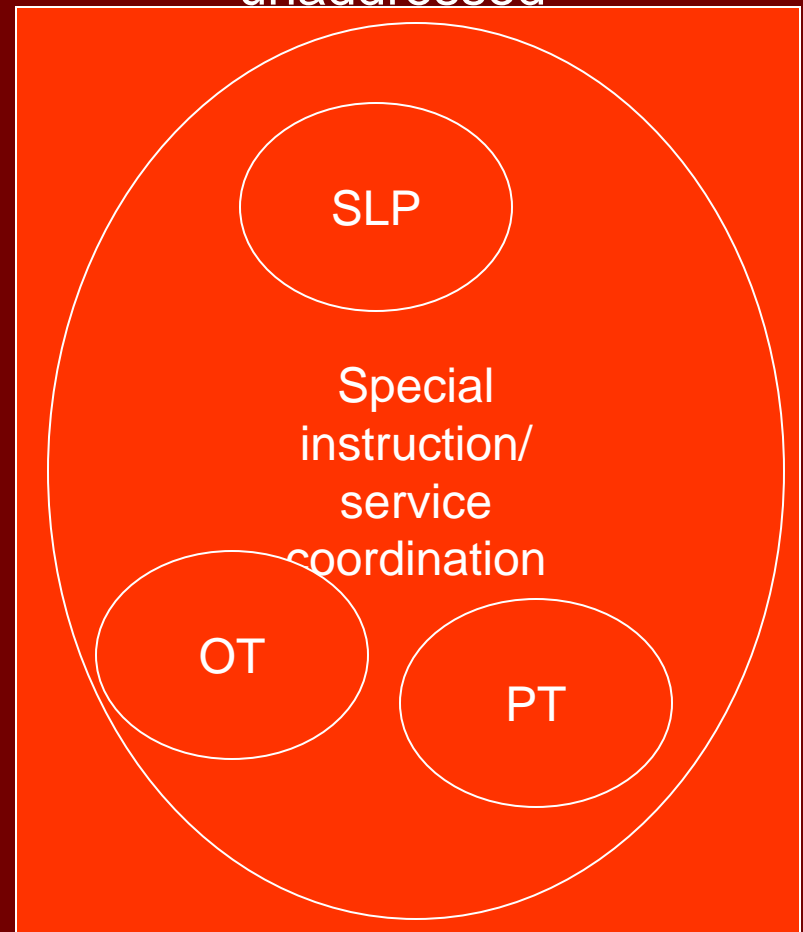
- Oh, I'm so sorry.
- No. You don't understand. This was a good thing.
- But your child deserves so much more than that.
- Even more service. Um, OK. Cool, I guess.
- No. Less service, more intervention.

The Whole Child and Family

Look how much is not addressed



Look how little is left unaddressed



Multidisciplinary Child-Directed Services

Child-Directed
Speech
Therapy

Child-Directed
Occupational
Therapy

Child-Directed
Physical
Therapy

Child-Directed
ECSE

The Child's Week

General Parenting, Leaving "Intervention" to the Specialists

Multidisciplinary Family-Directed Services

Family-Directed
Speech
Therapy

Family-Directed
Occupational
Therapy

Family-Directed
Physical
Therapy

Family-Directed
ECSE

Interventional Parenting, Incorporating Specialists' Strategies Into Everyday Routines

The Child's Week

Transdisciplinary Family-Directed Services

Consultative
Speech
Therapy

Consultative
Occupational
Therapy

Consultative
Physical
Therapy

Consultative
ECSE

Primary Service Provider
(Any Discipline)

Interventional Parenting, Incorporating Specialists' Strategies Into Everyday Routines

The Child's Week

Family Needs

Consultative, Community-Resource Approach

Consultation
Technical Assistance
Adult Education

Early Intervention

Caregivers
Parents
Teachers

The Child

Rehab
Special Ed
Therapeutic
Preschool

Child-Focused Approach

The Premise

- We still have early interventionists dumping a clinical model on the living room floor.
- Worse, some therapists refuse to see children outside the clinic
- This refusal holds hostage the early intervention community

Outline

- The state of current Part C practice
- Practices agreed upon by a panel of experts
- A 5-component model for providing appropriate early intervention in natural environments

The State of Current Part C Practice

- Vendor models
- Program models
- Therapy-heavy communities
- Generalist-heavy communities
- Home-based services
 - Child care consultation
- Other classroom-based services
 - Early Head Start classrooms
 - Specialized, self-contained
 - Specialized, reverse inclusion

What Happened to Early Intervention?

- Early intervention was not supposed to be a program to provide direct intervention to children.
- It was supposed to support those who already are in place to do so—parents, caregivers, teachers.
- It was supposed to be a consultative/technical assistance/adult education program.
- We messed up. Because we plonked our programs in education and health, instead of, say, community resources, we
 - Followed a rehab model
 - Followed a special ed model
 - Followed a therapeutic-preschool model
- Can we return to the conceptual roots of early intervention? Does anyone want to? Which one, theoretically (since there are no data to determine which is better), would lead to better outcomes for families, including children?

Top 10 Mistakes in Early Intervention

Presented at
2008 DEC
conference

1. Doing all the talking at intake visits
2. Asking families about daily routines at every meeting leading up to the IFSP
3. Basing goals just on what parents say they want
4. Ignoring the *participation* purpose of child-level goals and skimping on measurability of goals
5. Matching services to deficits
6. Working directly with the child on home visits
7. Modeling/demonstrating blindly
8. Using the same home visiting approach for all families
9. Focusing exclusively on the child's well-being and quality of life
10. Working just with children in classrooms

AGREED UPON MISSION AND KEY PRINCIPLES FOR PROVIDING EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

**Developed by the
Workgroup on Principles and Practices in
Natural Environments**

Workgroup Members:

Susan Addision, Betsy Ayankoya, Mary Beth Bruder, Carl Dunst, Larry Edelman, Andy Gomm, Barbara Hanft, Cori Hill, Joicey Hurth, Grace Kelley, Anne Lucas, Robin McWilliam, Stephanie Moss, Lynda Pletcher, Dathan Rush, M'Lisa Shelden, Mary Steenberg, Judy Swett, Nora Thompson, Julianne Woods, and Naomi Younggren.

MISSION

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

KEY PRINCIPLES

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

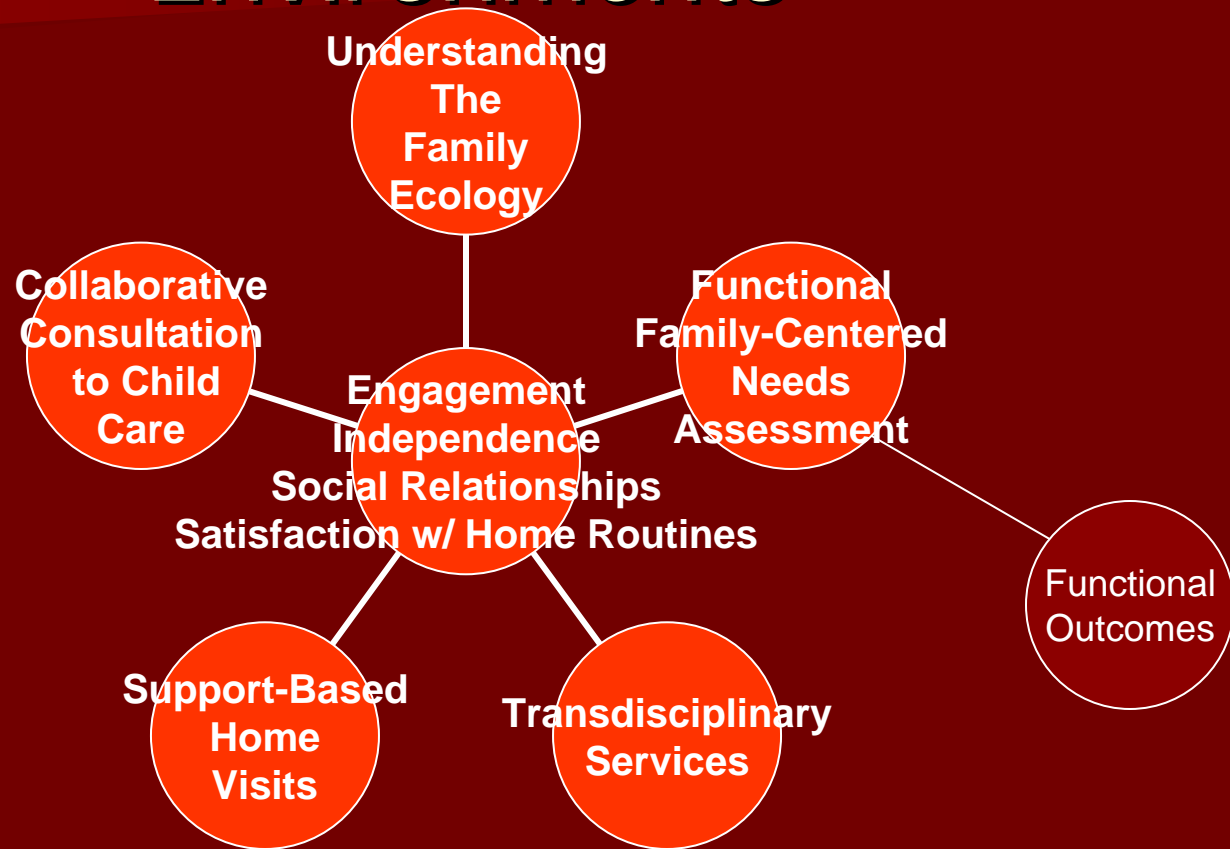
4. The early intervention process, from initial contacts through transition, must be **dynamic and individualized** to reflect family members' learning styles and **cultural beliefs and practices**.

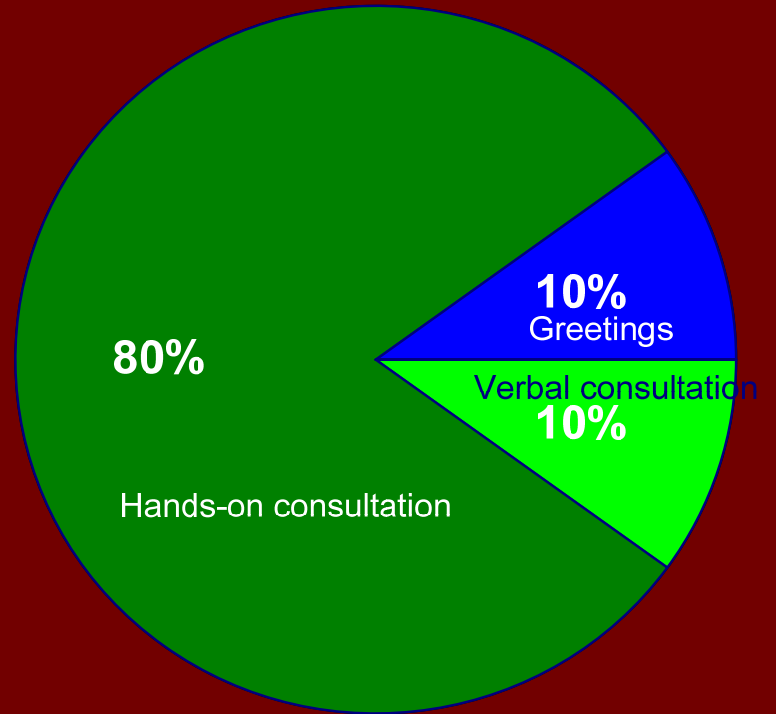
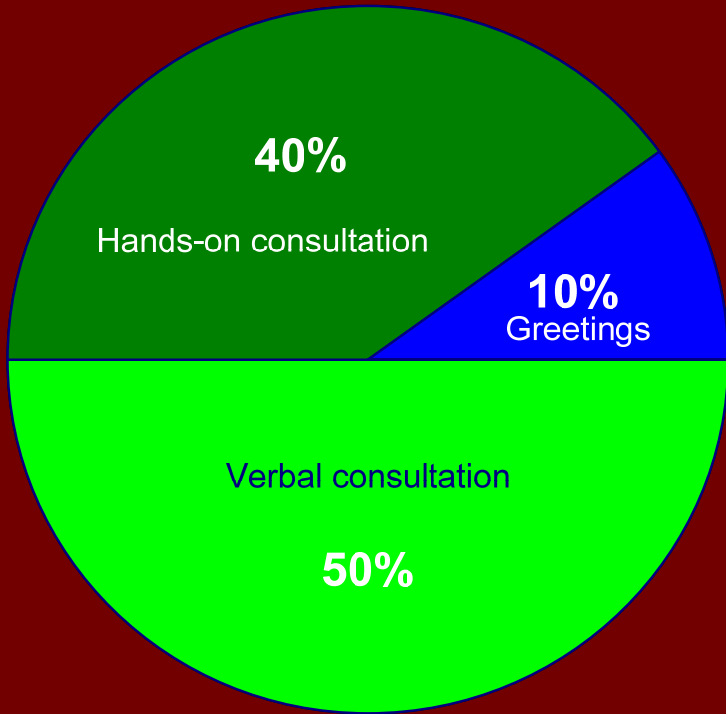
5. IFSP outcomes must be **functional** and based on children's and **families' needs and family-identified priorities**.

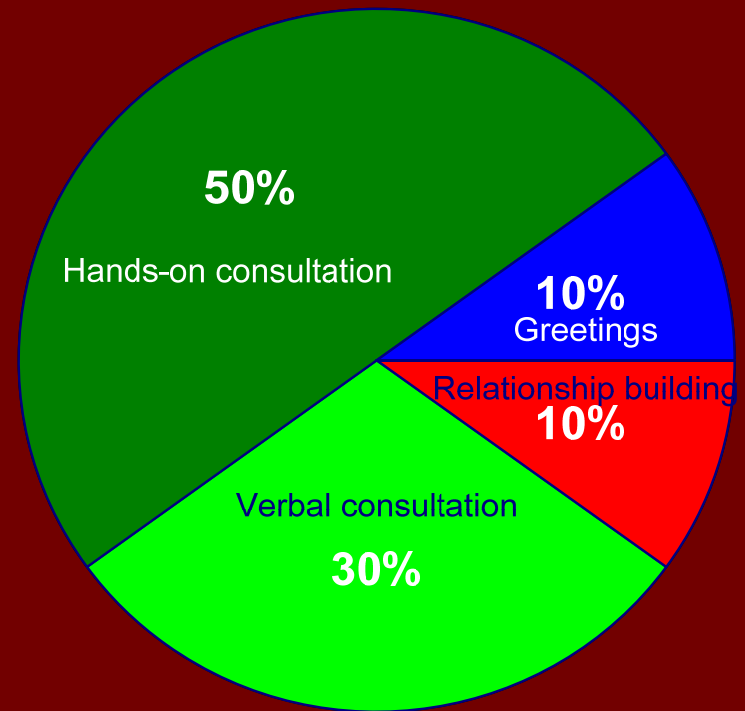
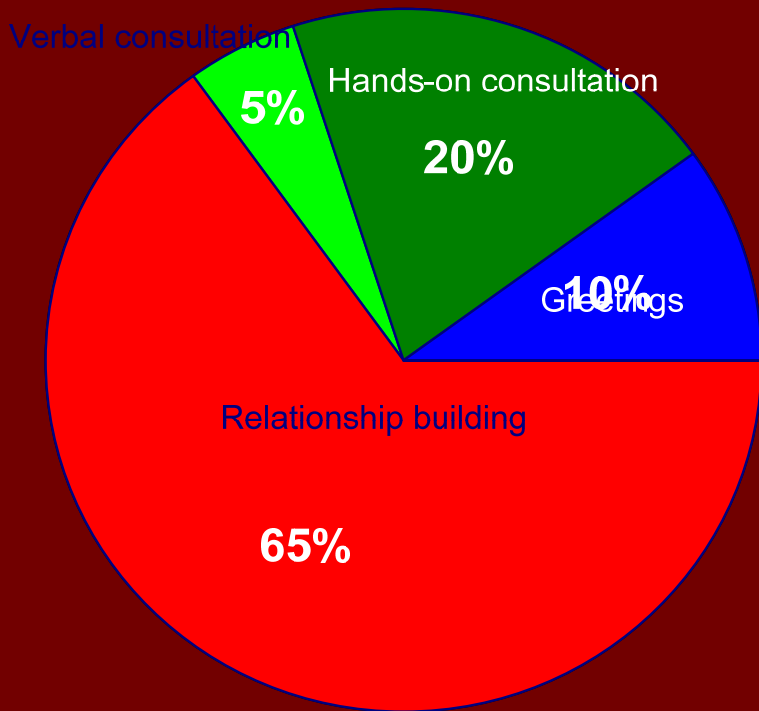
6. The family's priorities, needs and interests are addressed most appropriately by a **primary provider** who represents and receives **team and community support**.

7. Interventions with young children and family members must be based on **explicit principles, validated practices, best available research**, and relevant laws and regulations.

The 5-Component Model for Early Intervention in Natural Environments







Take-Home Messages

- One primary provider, with support, can provide more comprehensive support than can a host of individual providers; we should pay for only 6 hours of home-based service a month
 - With the money saved, we should pay for full-time group care for children whose parents choose group care
 - Will this lead to parents' clamoring to get their kids into group care?
- Clinicians need to get into natural environments; we should stop paying for "illegal" services in unnatural environments

Take-Home Messages (cont.)

- We should pay programs a flat fee per child; let them work out the economics for children of differing service needs
 - No more fee for service
 - No more individual vendors on IFSPs, paid with public funds
- We need to return to the mission of early intervention—supporting families and other caregivers—and use agreed-upon practices

Take-Home Messages (cont.)

- We should support families in natural environments by
 - Understanding the family ecology
 - Helping families select functional outcomes/goals
 - Integrating services
 - Consulting with families in their homes
 - Consulting with child care providers

Take-Home Messages (cont.)

- Remember to say sorry for so many services or so many hours of service
- Massive doses of *service* do not translate to massive doses of *intervention*