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KEY PRINCIPLES OF EARLY INTERVENTION AND EFFECTIVE PRACTICES: A CROSSWALK WITH THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION RESOURCES

Many states have been evaluating their early intervention practices and undergoing system change to incorporate effective practices related to providing services within the natural environment, as well as implementing a primary service provider approach based on the family and child's needs. This document provides a crosswalk that illustrates effective early intervention practices and relevant statements from disciplines providing early intervention services.

This document highlights how resources of the American Speech-Language-Hearing Association supports the early intervention key principles and reflects how speech language pathology services align with high quality early intervention practices. It is intended to promote dialogue within the early childhood community about the key principles and provision of high quality early intervention services, which each profession provides within their profession's scope of practice.

The starting point for this document was the "*AGREED UPON PRACTICES FOR PROVIDING EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS*" document, which includes practices that support the key principles of providing early intervention services in natural environments. The document, developed by the Workgroup on Principles and Practices in Natural Environments, reflects practices validated through research, model demonstration, and outreach projects implemented by workgroup members. The document includes the consensus opinions of the workgroup members, who avoided endorsing any specific model or approach.

The national workgroup included 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.

Citations:

- Workgroup on Principles and Practices in Natural Environments (2007). *Agreed upon practices for providing early intervention services in natural environments*. OSEP TA Community of Practice—Part C Settings.
  Agreed upon Practices for Providing Early Intervention Services in Natural Environments
- Workgroup on Principles and Practices in Natural Environments (February 2008). *Seven key principles: Looks like/doesn't look like*. OSEP TA Community of Practice—Part C Settings.
  Seven Key Principles: Looks Like/Doesn't Look like

The principles identified in this document were cross-walked with statements from several resources of the American Speech-Language-Hearing Association that support the early intervention key principles. In some instances, the resources reviewed may use different terms to refer to the principles and practices. This document reflects statements found in the American Speech-Language-Hearing Association resources, but it does not attribute meaning to those statements. References used in developing this publication are included at the end of this document.

Early Intervention Key Principles	Supporting Statements from American Speech-Language-Hearing Resources
1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts • Learning activities and opportunities must be functional, based on child and family interest and enjoyment • Learning is relationship-based • Learning should provide opportunities to practice and build upon previously mastered skills • Learning occurs through participation in a variety of enjoyable activities	• Services are developmentally supportive and promote children's participation in their natural environments. • Early speech and language skills are acquired and used primarily for communicating during social interactions. o … intervention occurring within the child's and family's functional and meaningful routines. o … services and supports—including speech-language and audiology treatment—are provided in the locations where the families typically spend their time. • Children learn through participating in their everyday activities and meaningful experiences with their family and caregivers.
2. All families, with the necessary supports and resources, can enhance their children's learning and development • All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources) • The consistent adults in a child's life have the greatest influence on learning and development-not EI providers • All families have strengths and capabilities that can be used to help their child • All families are resourceful, but all families do not have equal access to resources • Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities	• Children learn through participating in their everyday activities and meaningful experiences with their family and caregivers. When caregivers maximize learning opportunities in the child's daily routines and activities, the child has many opportunities for intervention every day, throughout the day, and in a meaningful and responsive manner. • Anchors for learning are plentiful when the family or caregiver participates in identifying opportunities to embed different intervention strategies or outcomes. • Help parents and caregivers to build competence by using instructional techniques that build their confidence. • Confidence and motivation will grow from success in embedding intervention, improvement in the child's skills, and positive experiences with the consulting process .
3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life • EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development • Families are equal partners in the relationship with service providers • Mutual trust, respect, honesty and open communication characterize the family-provider relationship	• Families provide a lifelong context for a child's development and growth. • The family, rather than the individual child, is the primary recipient of services to the extent desired by the family. • Young children learn through familiar, natural activities, it is important for the SLP to provide information that promotes the parents' and/or other caregivers' abilities to implement communication- enhancing strategies during those everyday routines, creating increased learning opportunities

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	and participation for the child. • The SLP shares information and resources, and coaches the parents about including communication activities throughout the child's day, with content individualized to meet the specific needs of the child. • SLPs should look for ways to join in the caregiver-child interactions, rather than expecting the caregiver to observe or join the SLP-child activities.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs • Families are active participants in all aspects of services • Families are the ultimate decision makers in the amount, type of assistance and the support they receive • Child and family needs, interests, and skills change; the IFSP must be fluid, and revised accordingly • The adults in a child's life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals • Each family's culture, spiritual beliefs and activities, values and traditions will be different from the service provider's (even if from a seemingly similar culture); service providers should seek to understand, not judge • Family "ways" are more important than provider comfort and beliefs (short of abuse/neglect)	• Services are family-centered and culturally responsive: An aim of all early intervention services and supports is responsiveness to family concerns for each child's strengths, needs, and learning styles. • An important component of individualizing services includes the ability to align services with each family's culture and unique situation, preferences, resources, and priorities.
5. IFSP outcomes must be functional and based on children's and families' needs and priorities • Functional outcomes improve participation in meaningful activities • Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities • The family understands that strategies are worth working on because they lead to practical improvements in child & family life • Functional outcomes keep the team focused on what's meaningful to the family in their day to day activities	• Consultative and collaborative models are closely aligned with inclusive practices; involve services delivered in natural environments, and focus on functional communication during the child and family's natural daily activities and routines. • Functional and meaningful child communication goals reflecting the family's priorities are critical. • A thorough exploration of the caregiver's objectives for the child will enhance the development of goals for consultation and lead to clear, relevant, and jointly established expectations. • Agreeing upon the learning priorities promotes collaboration.

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6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support • The team can include friends, relatives, and community support people, as well as specialized service providers • Good teaming practices are used • One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life • The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members	• A transdisciplinary model typically includes some type of "role release" of one professional to another and is sometimes implemented as a primary provider model. • The use of transdisciplinary models with a primary service provider may be appropriate for SLPs. • Teams benefit from joint professional development and also can enhance each other's knowledge and skills through role extension and role release for specific children and families. • SLPs may serve as either primary providers or consultants in transdisciplinary models, and should be considered for the primary provider role when the child's main needs are communication or feeding and swallowing. • In some instances, one professional on the team is designated as the primary service provider (PSP); this model helps avoid fragmentation of services and frequent home visits from multiple professionals. • When using the PSP model, the team must communicate regularly to support one another—as well as the child and family—to ensure maximum progress. • The designation of the PSP should be a team decision and individualized for each child and family.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations • Practices must be based on and consistent with explicit principles • Providers should be able to provide a rationale for practice decisions • Research is on-going and informs evolving practices • Practice decisions must be data-based and ongoing evaluation is essential • Practices must fit with relevant laws and regulations • As research and practice evolve, laws and regulations must be amended accordingly	• The ASHA Position Paper document includes conclusions and recommendations derived from available empirical evidence that were formed by consensus of the ASHA Ad Hoc Committee on the Role of the Speech-Language Pathologist in Early Intervention through five face-to-face meetings and nine phone conferences between November 2004 and December 2007. • SLPs recognize that in areas for which empirical evidence is lacking, extrapolations from evidence with other populations and applications of principles stemming from theoretical models, societal norms, and government mandates and regulations also are relevant for decision making. • Services are based on the highest quality internal and external evidence that is available: Early intervention practices are based on an integration of

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	the highest quality and most recent research, informed professional judgment and expertise, and family preferences and values. • Research about service delivery models in early intervention is in an emerging phase, and as a result, some practices may be based more on policy and professional and family preferences than on theories or research.

SOURCES

American Speech-Language-Hearing Association. (2008). *Roles and responsibilities of speech-language pathologists in early intervention: Guidelines*. Retrieved from **http://www.asha.org/policy/GL2008-00293.htm**

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