Technical Assistance Document: Natural Environments

Issue Date: October 2002

Purpose: Guidance on providing supports and services to infants, toddlers, and their families in everyday routines, activities, and places.

Thank you to the following people for their contributions to this technical assistance document:

Jacqui Van Horn	University of New Mexico, Center for Development & Disability, Early Childhood Network
Andy Gomm	Department of Health, Family Infant Toddler Program
Larry Edelman	JFK Partners, University of Colorado, Health Sciences Center
Dathan Rush	Orelena Hawks Puckett Institute, Morganton, NC
M'Lisa Shelden	Orelena Hawks Puckett Institute, Morganton, NC

Thanks also to the following New Mexico Interagency Coordinating Council workgroup members:

Mette Pederson	UNM, Center for Development & Disability
Nadine Maes	Parent
Doreen Garten	Parent
Richard Barbaras	Zia Therapy Center
Dianne Rivera-Valencia	Tresco - TOTS
Debra Billings	Alta Mira – Specialized Family Services
Rosemary Gallegos	NM School for the Deaf
Kristy Readyhough	NM School for the Deaf
Linda Lyle	NM School for the Visually Handicapped
Sherry Montero	NM School for the Visually Handicapped
Susan Chacon	Children's Medical Services
Lynn Christianson	Children's Medical Services
Kristine Derer	NM State University
Suzanne Pope	ICC Staff

Published October 2002
This technical assistance document is produced by the New Mexico Family Infant Toddler Program with IDEA Part 'C' funds. Requests for copies of this document may be made by:

Contacting

Department of Health
Long Term Services Division
Family Infant Toddler Program
1190 St Francis Drive
Santa Fe, NM 87508-6112
(505) 827-2578

or

Downloading from

www.health.state.nm.us/ltsd/fit

Table of Contents

Introduction

Although the provision of supports and services in **natural environments** is neither a new concept nor a new requirement, it is certainly an issue that has come to the forefront of many discussions about early intervention service systems and approaches. Providing services primarily in "natural environments" as required by law, is about more than just the places where early intervention supports and services are provided. The decision about **where** services are provided is not an isolated decision, but is completely interrelated and linked to other decisions including:

The concept of "natural environments" is perhaps more clearly described as ***"supports and services in everyday routines, activities, and places"*** (Edelman, L. 1999)**.**

- **What** supports and services can assist parents as they enhance their child's participation in family and community life;
- **Who** is the person on the team best able to assist parents; and
- **When** is the best time of the day to support parents as they enhance the child's participation?

Recognizing the importance of this discussion, the **New Mexico Interagency Coordinating Council (ICC)** has adopted the following vision for supporting services in natural environments:

"Our vision for supporting services in natural environments is to maximize opportunities for families to realize hopes and dreams for their child and family through:

- Recognition that all children are part of our community;
- Access to and connection with resources;
- Support of and networking with other families; and
- Opportunities to learn, practice, and belong.

Like the change and growth in all people, these opportunities must reflect the fluid ebb and flow of support families and children need to participate in communities of their choice. This is achieved through:

- Opportunities to play, learn, grow and develop relationships in the context of daily life; and
- Supporting outcomes determined by the family."

NM ICC, January 14, 2002

This technical assistance document is intended to:

- Clarify federal and New Mexico Family Infant Toddler (FIT) Program requirements and expectations about service provision;
- Describe how the concept of "natural environments" effects our entire way of thinking about early intervention supports and services; and
- Provide guidance to early intervention providers regarding how to overcome barriers and challenges to the delivery of supports and services in everyday routines, activities, and places.

The **contents** of this document are based on information from a variety of sources including:

- A **historical perspective** of early intervention service provision in New Mexico – see Appendix A;
- **Legislative requirements** (both state and federal) regarding service provision in natural environments – see Appendix B;
- **Research** and evidence-based practice literature – See Appendix C; and
- Statements from **professional organizations** – See Appendix D.

Guidance

These guidelines are developed to help providers, organizations, and communities support families and other primary caregivers as they support each child's ability to participate meaningfully in family and community activities. Such support must be individualized to match the interests and needs of the child and the lifestyle and traditions unique to each family. Four recommended practices will be presented to help those providing supports and services to children and families. Then, each of these practices will be applied to the various steps in the Individualized Family Service Plan (IFSP) process.

The four recommended practices are:

1. Family-Centered Supports and Services;

2. Supporting the Child's Participation in Everyday Routines, Activities, and Places;

3. Expanding and Enhancing Natural Learning Opportunities; and

4. The Integration of Supports and Services.

1. Family-Centered Supports and Services

Family-centered practices in providing early intervention supports and services go far beyond more traditional approaches of "family involvement". It used to be fairly common for service providers to ask, "How can we encourage families to be more involved in our supports and services?" However, current views of family-centered practice require that we ask, "How can we provide supports and services in ways that make it helpful for families to involve us in their lives?"

McBride and colleagues (1993) identified three practice indicators for family-centered service delivery. They are: 1) the family is considered the focus of the service; 2) families have the power and are supported to make all important decisions about their child and family; and 3) interventions are provided in ways that strengthen family functioning. Family-centered practices are relationship-based, culturally responsive, and focused on the strengths of each child and family. In a recent study two aspects of family-centered practice were ranked as especially important for implementation: (a) family-professional relationships and partnerships and (b) an individualized and responsive approach (Zhang & Bennett, 2001). Each of these aspects offers guidance for our practice of providing supports and services in everyday routines, activities, and places.

"When we were sure that Donny was eligible for the FIT Program and that we wanted to look further into how this program could support us, we were a little surprised to learn that the professional members of his team were not going to tell us what we needed to do. At first we thought, OK, so he doesn't move, play, and speak like other children his age. Now you tell us how to get him to do those things better.

As our service coordinator helped us get ready for our planning meeting, she helped us understand that what the team wanted to focus on with us was what was of most interest to Donny, along with what we wanted to see him be able to do as part of our family.

We started out by focusing on why Donny is so unhappy in his car seat. We need to be in the car a lot each day. Our lives would be much easier and Donny would be a lot happier if we could travel more comfortably."

Family-centered practice does NOT mean leaving families on their own to figure out what they want and then "giving" it to them. Instead, we join with parents to pair our developmental and discipline-specific expertise with their expertise about their child and family. By doing this, we come to a shared understanding of what needs to happen to support the child's ability to participate in family and community life.

An individualized and responsive approach requires that professional team members do more observing and listening before suggesting changes to activities or routines. It is only through careful listening and understanding of what is going well and what is most important to each family that we can begin to share ideas that are meaningful to and supportive of families and their children. To partner effectively with parents and other team members we must be able to articulate our clinical reasoning processes in ways that are meaningful to the specific child and family as they go about their day-to-day lives.

2. Supporting Child Participation in Everyday Routines, Activities, and Places

Our focus must shift from helping a child learn specific skills or accomplish developmental milestones more quickly to helping the child participate effectively in the activities and routines that are of interest to him and/or are most important to the family.

When **participation** becomes the focus, the emphasis is on:

- Learning about the child's interests, abilities, and motivations; and
- Finding ways to adapt as necessary activities that are most interesting to the child or the family; and
- Accommodating the demands of the activity to the child's capabilities.

For example, it may be important to José and his family that he plays in the sand at the park with other children his age. You might believe that José needs to learn to sit independently, have free use of his hands in sitting, be able to grasp and manipulate sand toys, and be able to engage in shared interaction with other children his own age. While all of these are important and worthy skills, José should not have to wait to participate in this activity until those skills are developed. He wants to play now. His family is already taking him to the park and doing their best to make the most of this natural learning opportunity. Our job becomes supporting their efforts.

If the outcome is that **José will play in the sand with other children his age**, the team needs to explore ways to accommodate Jose's poor sitting balance using the sand itself or other common, everyday objects that could give him some extra support and be easily taken along to the park. The team might make simple and unobtrusive adaptations to the handles of the sand toys so that José can use them now and not wait until his grasp improves. Maybe José's family, with input from other team members, can design sand play activities that are so enticing, say by adding water to the fun, that the other children are drawn to play with José even if he is not yet able to invite them using words. When the focus shifts from increasing specific developmental skills to increasing José's **participation** in an important activity, the professional team members are called upon to use their skills and share their expertise in new and creative ways.

Research has demonstrated that children's learning is enhanced when their **interests** engage them in interactions that offer opportunities to practice their skills, explore their environments, and learn and master new abilities (Dunst, et. al., 2001). José's family knows that José is interested and motivated to play in the sand with other children. Because of José's high interest and frequent opportunities to play at the park, this activity setting offers many learning opportunities that can be supported and expanded upon as the service provider supports the family to do so.

Priorities for intervention efforts must be interest-based learning opportunities and the activities the family defines as wanting or needing to do.

3. Expanding and Enhancing Natural Learning Opportunities

The keys to expanding and enhancing natural learning opportunities are following the child's interests and following the family's lead. This is consistent with family-centered practice and a focus on child participation. Families know the routines and activities that are part of their lives. They know the likes and dislikes of their children. Through conversations with each family and observations of their interactions and activities, other team members can begin to understand how the family's days go, where they spend their time, and what is most important to them. There is an abundance of natural learning opportunities that parents provide that can be supported and possibly enhanced by input from practitioners (Dunst et. al. 2001). Some families might want help making the most of learning opportunities. Some might want to expand upon their activities to optimize their child's learning. Others might want to make the activity flow more smoothly for the child and family.

Activities that are of **high interest** to the child/family and that occur with **high frequency** have the greatest potential to support learning. Therefore, it is necessary to work with families to identify activity settings that include these characteristics. It may be helpful to organize information that is shared by families into a table that helps the team recognize the frequency and interest level as they identify all of the potential learning opportunities offered within that activity setting.

The expertise of all team members will be helpful in identifying, supporting, and expanding the learning opportunities inherent in each interesting/necessary and frequently occurring activity setting. It is important to understand that following the family's lead does not mean withholding your ideas and suggestions. Instead, professional team members watch and wonder with the family about what the child is learning, why she is so interested, and what might help her participate even more fully in the activity? Together family members and other team members make slight changes to existing activities to enhance the child's participation. Over time, team members explore ways to expand upon the natural learning opportunities present in the child's life so that she is able to master skills and find even more activities that are of interest to her.

Unlike José's family, Sally's family may have no desire to go to a community park. They might have a great sand pile right in their backyard and plenty of children of a variety of ages that come to play. Sally may be very motivated to climb to the top of the sand pile where her older cousins like to play. This is a very high interest activity setting for Sally that leads to other activity settings as well:

Activity	S	M	T	W	Th	F	S
Sand		X	X			X	X
Bath		X	X	X			X

Sally may be learning to use a commando crawl to get around, to move from tummy to side sit and prop herself with one arm while playing with the other. She might be practicing use of "mine" to get and keep toys when playing with other children and learning to stand with support while the bathtub is being filled and she is getting undressed. The likelihood of her mastering these skills is greatly increased both by her interest in them and frequent opportunities to use them in the context that they are needed.

4. The Integration of Supports and Services

For many years, cross- or trans-disciplinary team approaches have been advocated as effective for service delivery to young children and their families. This approach typically involves a "primary service provider" who interacts on a regular basis with the child and family. The primary service provider works with the support and consultation of other team members. Part of the thinking behind such an approach is that the role of the professional team members is to support the family and other primary caregivers in their interactions with the child. Since family members will be focusing on and engaging with the child as a whole, all intervention strategies need to be integrated in ways that make sense within that family's daily routines and activities. This integration of services can often best be accomplished through one primary service provider working with the support of other team members to implement the IFSP with the family.

Integrated services mean that intervention strategies are designed to support the child's participation in activities that are of interest and important to the child and family. There are no discipline-specific goals, outcomes, nor strategies on the Individualized Family Service Plan (no "OT goals" or "PT outcomes" or "SLP strategies"). **There are simply child and family outcomes.** The questions for the team become, "What expertise is needed to support the family to progress on this outcome?" And "Who on our team has this expertise?"

This approach to teaming is in keeping with the mandate for early intervention services to enhance the capacity of families to meet the needs of their children. It is also in contrast to more traditional "hands-on", child-focused therapy approaches that emphasize the development of skills over the ability to participate in child/family chosen activities.

Consider the following IFSP outcome**, *"Johnny will play with the children in his child care classroom without a lot of adult support."*** It may be that the Developmental Specialist II is the primary service provider for Johnny and his family. She may be consulting with the team's physical therapist to help the child care teachers address some of Johnny's positioning needs in the classroom. She may also need support from the occupational therapist to help adapt some of the class' favorite play activities to support Johnny's full participation. Depending on what is happening with Johnny's communication skills and the Developmental Specialist's competency in the area of communication support, she might also draw upon the expertise of the team's speech-language therapist.

During her interactions with Johnny's family and child care teachers, the Developmental Specialist will likely be providing "developmental consultation services". She will NOT be providing OT, PT, or speech therapy services unless she is licensed as a professional within one of those disciplines and the work she is doing matches the definition of that service. The PT, OT, and/or SLP are also likely to be included as service providers on Sally's IFSP. However, their services will be more consultative in nature, focusing on helping the adults in Sally's life support her participation in everyday routines and activities.

If intervention providers are to offer help in ways that make it useful for families to involve us in their lives, we need to apply our knowledge and expertise creatively and collaboratively in ways that:

- Enhance the child's ability to participate;
- Enhance the family's ability to support the child's participation; and
- Still allow the family to do all that they need to do within the routine.

McWilliam (2000) advises parents to "Do the Math". He emphasizes that child learning, growth, and change occur *between* intervention sessions rather than during the sessions. Two 30-minute sessions of physical therapy a week will accomplish much less than if a family member incorporates the same strategies for 10 minutes an hour during several of the child's waking hours or about 100 minutes a day.

Within the Family Infant Toddler Program, there are both **supports and challenges** to rethinking our team approaches and integrating our supports and services.

Some of the supports include:

- Ongoing, customized training and technical assistance; and
- The ability to bill both Medicaid and the State General Fund for co-visits that are part of the IFSP and documented as to the need, purpose, expected outcomes, and ways progress will be measured; and
- The inclusion of "consultation" in the Service Definitions and Standards for early intervention services; and
- Community providers around the state that have used creative team approaches to meet the needs of the families and children they serve.

Some of the challenges include:

- Lack of consensus in the field that different team approaches should be considered;
- Lack of therapists in staff positions and high reliance on contract therapists;
- Lack of interdisciplinary training of all professionals in preservice education programs;
- Difficulty scheduling and getting paid for the amount of team meeting and cross-training time that it takes to use a primary service provider model effectively;
- The relative newness of our competence-based Developmental Specialist re-certification model means that there is significant variability around the state in terms of the competencies mastered by DS I's, DS II's and DS III's.

Rush and Shelden (2001) have described various characteristics of different models of team interaction including multidisciplinary, interdisciplinary, transdisciplinary, and primary service provider (see Appendix F). It may be helpful for your team to define your current practice and to describe where and how you will advance.

Natural Environments and the IFSP Process

Providing early intervention supports and services in everyday routines, activities and places requires that we begin thinking about our early intervention program differently well before we get to IFSP development and implementation. In order for developmental specialists, therapists, families, and other service providers to work effectively in this way, we need to change how we present and practice early intervention throughout all phases of the IFSP process.

The phases of the IFSP Process include:

A. Public awareness;
B. Intake;
C. Comprehensive developmental evaluations;
D. Developing, implementing, reviewing and evaluating the IFSP;
E. Service Delivery; and
F. Transition.

A. Public Awareness

In many of our state level public awareness materials, we have made subtle, yet significant shifts to project messages of early intervention as being about enhancing the ability of families to support the development of their children. To what extent are these messages the same or similar to the messages you use to inform the public about early intervention? The following questions can guide reflection and continuous quality improvement to be sure that we send families consistent and accurate messages about the purpose of early intervention supports and services.

- Is the focus on "services provided to the child" or "supports and services provided to the family as they enhance their child's ability to participate in family and community life"?

- Are our materials and presentations clear about the comprehensive and integrated nature of our supports and services as opposed to a focus on specific clinical services?

- Do we clearly reflect the family-centered nature of the FIT Program as going well beyond family involvement to stating, "Professionals cannot do this important work without parents and other primary caregivers"?

- Is there an over-emphasis on "services" rather than reflecting the broader concept of "supports and services" in which we both identify and incorporate the use of natural supports to achieve IFSP outcomes?

- Are we clear that services are a means to an end? That is, do we describe supports and services as a way to help families achieve outcomes that are important to them, rather than services being "the answer"?

B. Intake

Many of our intake practices and procedures have been very strongly influenced by medical models of service provision. Understanding pertinent issues related to the child's medical history is important. At the same time, we want to balance and pay careful attention to the timing of our focus.

It must be clear to families that what we most need to understand are:

- Who is included as "family" and other primary caregivers for this child;
- What their roles, relationships and responsibilities are like related to the child; and
- What their day-to-day life is like.

Much of this information is gathered informally over time and through the ongoing relationship with the family. McWilliam (2000) states, "At intake, professionals will seek to understand the family's "ecology" (who's involved and what the relationships are like), more than on medical information and providing information about the program." (p.18).

Professionals conducting intake activities need to make sure their messages and descriptions of their programs match the public awareness messages being provided in their communities. Again, if we place too much emphasis on all that our program can do "for" the family (services) and not enough emphasis on understanding the child's interests, along with the family's everyday routines, activities, and places, we will have started off on the wrong foot.

Program staff may want to work together with some families who are familiar with their supports and services to fine-tune their "intake presentation" to allow for a reasonable balance between seeking and sharing important information with families. All staff and contractors need to know what families can expect from the supports and services offered through the program. Likewise, families need consistent information about how early intervention supports and services work in partnership with them to help them address the needs of their children.

Look over the conversation in the box - How might you approach Mrs. Garcia?

"Hello Mrs. Garcia! I am Connie Jones from the Family Place Early Intervention Program."

"Hi Connie, Juan Carlos and I have been looking forward to your visit. Come on in."

"So this is Juan Carlos! Hey sweetie, you sure have your mama's eyes don't you?"

"My eyes and his papi's smile. I hope you get a smile out of him before you leave. He's a charmer once he warms up."

"So, have you thought of any questions since we talked on the phone last week?"

"Well, I guess my husband and I are wondering about your program. I mean Juan Carlos is just a baby. Is this like school for babies? Mostly, we just want him to get off the feeding tube and eat by mouth. We're not really looking for baby school."

"That's really helpful for me to know. I need to understand what is most important to you and your family so that through my program we can work with you to support Juan Carlos' growth and learning. Can you tell me a little more about Juan Carlos. What he likes and doesn't like. How you spend your days, who else helps you play with and care for Juan Carlos, that kind of stuff? Once I know a little more about what is important to you, I can tell you more about what you can expect from The Family Place."

C. Comprehensive Developmental Evaluation

Planning and conducting the comprehensive developmental evaluation is one of the most challenging phases of the IFSP process. The developmental evaluation contributes important information for two aspects of the IFSP process:

1) To help inform eligibility determination; and
2) To **begin** to create a shared picture of what the child is interested in, motivated by, and able to do, what s/he is not yet able to do, and what might be helpful in terms of enhancing his/her ability to participate fully in family and community activities.

The four NM FIT Program recommended practices offer guidance as the evaluation is planned with each family. A family-centered evaluation process is very much a collaborative process that involves two-way information sharing and learning together about the child's life, abilities, and challenges. Effective developmental evaluation practices involve partnerships with family members throughout all phases of the evaluation (planning, implementing, interpreting and reporting of results).

The 45- day timeline from referral to IFSP development calls upon evaluation teams to gather enough information to determine eligibility and to develop an initial IFSP. The FIT Program places emphasis on ongoing assessment and encourages teams to **focus on the assessment processes** to inform intervention efforts over time.

The initial evaluation/assessment should be seen only as a starting point for the information gathering process. Evaluation teams need a reasonable understanding of the child's interests as well as the various routines, activities, and places where the child and family participate. This should include the people involved in each routine or activity, the amount of time available, and the various demands on each of the players. This is necessary in order to relate developmental findings to the child's ability to participate. The evaluation report must provide some initial information about the natural learning opportunities experienced by the child that are supportive of his developmental needs and those that might need additional enhancement or support. This initial information is necessary to allow the IFSP team, including family members, to make effective use of evaluation information.

Jessie seems to participate best in activities requiring careful use of her hands (painting, turning the pages of a book) when she is well positioned with stable hips, good trunk support and some forward flexion of her shoulders.

Finally, as described in NM FIT Program requirements, evaluation reports must make recommendations about approaches and strategies to be considered when developing IFSP outcomes. Recommendations described in evaluation reports should focus on approaches and strategies that can be used across settings and by the people with whom the child has day-to-day interactions. It should be left to the IFSP team to decide on the outcomes, the things that need to change to make progress on the outcomes, and the people who can help make these changes. Services will be determined as a result of the IFSP team's decision-making process and <u>will not</u> be made because evaluation reports recommend "weekly speech-therapy".

D. Developing the Individualized Family Service Plan (IFSP)

IFSPs must describe how supports and services will be provided using the recommended practices described in this technical assistance document.

1. IFSP outcomes must be child or family outcomes. There are no Developmental Specialist, OT, PT, or SLP outcomes as part of the NM FIT Program.
2. IFSP outcomes must be immediately supportive of child participation in family and community life. This means outcomes will be functional in terms of how each child and family lives as members of their communities.
3. IFSP outcomes will include the procedures, criteria and timelines for measuring ***progress***. For example, if the outcome is "Lupe will walk." We will know we are making progress if, "parents report (procedure) that by Halloween (timeline), Lupe pulls herself up to stand at the coffee table and cruises over to the couch (criteria)."
4. The "plan of action" will include people, toys, and activities that are of interest to the child and that fit with the family's lifestyle.
5. The "plan of action" will include a description of how the parents and other primary caregivers will be supported to work toward progressing on the outcome.
6. Services will be determined based on the **expertise** that is needed to support the parents and other primary caregivers as the implementers of the plan. The team member(s) who will provide the service is the person who has the necessary expertise and qualifications to support the parents.
7. The "method" of service delivery will include more than the current "individual" or "group" choice (currently necessary for billing).
   Method of service delivery must also include a description of how the supports and services will be provided to enhance the *parents'* capacity to meet the developmental needs of their children. Methods that will be used more often might include:
   - Direct teaching of parents and caregivers;
   - Modeling; and
   - Coaching.

   This requires that service providers increase their understanding of adult learning principles. As service providers we need to learn to view the adults in the child's life as the "learners" or recipients of our information and support.

   Although many IFSP teams currently discuss everyday routines, activities, and places, rarely is the information used as the basis for intervention strategies and to define how progress will be measured. The roles of various team members must be described so that it is clear which team members will be providing what services, using what methodology, when and where.

An example follows.

Child/Family Outcomes

The purpose of early intervention is to support parents and the other people who spend time with your child on a regular basis to help the child participate in activities and routines that s/he is interested in and wants/needs to do. ***OUTCOMES*** *are what you want to see happen for your child/family as a result of your involvement in early intervention.*

Outcome # 1

José will play with children his age in the sand at the neighborhood park.

We will know we are making progress if by his second birthday (8/19/02) **[timeline]** José's parents tell us **[procedure]** that he can sit or lay comfortably in the sand and play with two or three different sand toys with another child playing nearby with a similar toy **[criteria]**.

The Everyday Routines, Activities, and Places that we will use to learn and practice new skills.	**What** are we doing or will we do to make this happen?	**People** who will teach, learn, and do.
José and his family (Mom, Dad, sister Izzie, and dog, Chaco) go to the park almost every evening after dinner. There are many neighbors at the park with their young children. José and Izzie like to play on the floor in the living room and have a big box of odds and ends of toys and other things they like to play with. José mostly lays on his side to play. José's family would like it if he and Izzie could play in the backyard more on their own. Right now, it is hard because they don't want José lying in the dirt and he has a hard time sitting and playing.	José's family would like Sarah(OT) to brainstorm ideas with the other team members and then discuss the ideas with the family during a home visit so that they can come up with some ideas that will work for park outings. Find ways to entice other children to play near José even when he can't call them over. Explore positioning supports that are convenient for the family, liked by José, and look as natural as possible for play at the park. Adapt as necessary, José's favorite park toys so that he can use them more easily. Sarah will support José's family to facilitate more interaction between José and the other children.	José's family will keep track of when other children are most likely to approach José so that we can "build in" some activities that naturally encourage more interaction. José's primary service provider (Sarah, OT) will go to the park with José and his father during one or more home visits to learn about his current play positions, interests/toys and playmates. Sarah will videotape a park play session so that she can consult with Donna (PT) about positioning options for José and with Alice (speech) about communication facilitation.

Services Needed (see service page for details)**:** Developmental consultation, OT, PT and SLP

E. Reviewing, Revising, and Evaluating the IFSP

Family-centered, integrated service delivery approaches that focus on improving the child's participation in natural learning opportunities require that the IFSP be treated as a fluid or dynamic record of decisions, approaches and progress. IFSP reviews, at a minimum of every 6 months, must include a thoughtful team discussion.

There should be careful use of ongoing assessment information to determine if the plan is working to support clear progress toward the outcomes. If measurable progress is not evident within the expected time frames, ***the plan should be revised.*** All team members should expect progress and should be ready to change either strategies or discuss changing outcomes if the expected progress is not occurring within a reasonable amount of time. Again, the focus of our efforts is on the child's participation in meaningful activities that are important to him and his family. Therefore, every child, regardless of degree of developmental delay or risk condition should make measurable progress.

Example:

José's IFSP Review reveals that after 3 months of implementing the plan outlined above, José is playing well in the sand with a nice variety of sand toys that he really likes. He is able to maintain a reasonably good position using a rolled up beach towel that the family just tosses into the wagon when they head to the park. The family discovered that if an area of sand is "scooped out" to give José a shallow "depression" to sit in, he can play comfortably for up to 15 minutes without needing to be repositioned.

José's playing near other children has not gone as well. The other children move into and out of activities so quickly that José doesn't really have much opportunity to interact meaningfully**.** Water play in the sand was the most successful but became difficult for the family because there is no water at the park. The children quickly went through water the family brought along and then wandered off to other activities, leaving José behind.

The team would like to explore ways to help José become more mobile at the park. In order to play more with other children he needs to be able to get around to other areas in the park. Increased mobility will also give José more play options in addition to sand play. He is enjoying balls and cars and may like rolling them down the smaller slides with other children participating as well.

José's outcome and services will stay the same. Our focus will be on helping José become more able to move around the park and to find more play activities that he can engage in with other children.

F. Service Delivery

Approaches to delivering supports and services in everyday routines, activities, and places may require some very subtle changes, as well as significant changes to service delivery. Some examples follow:

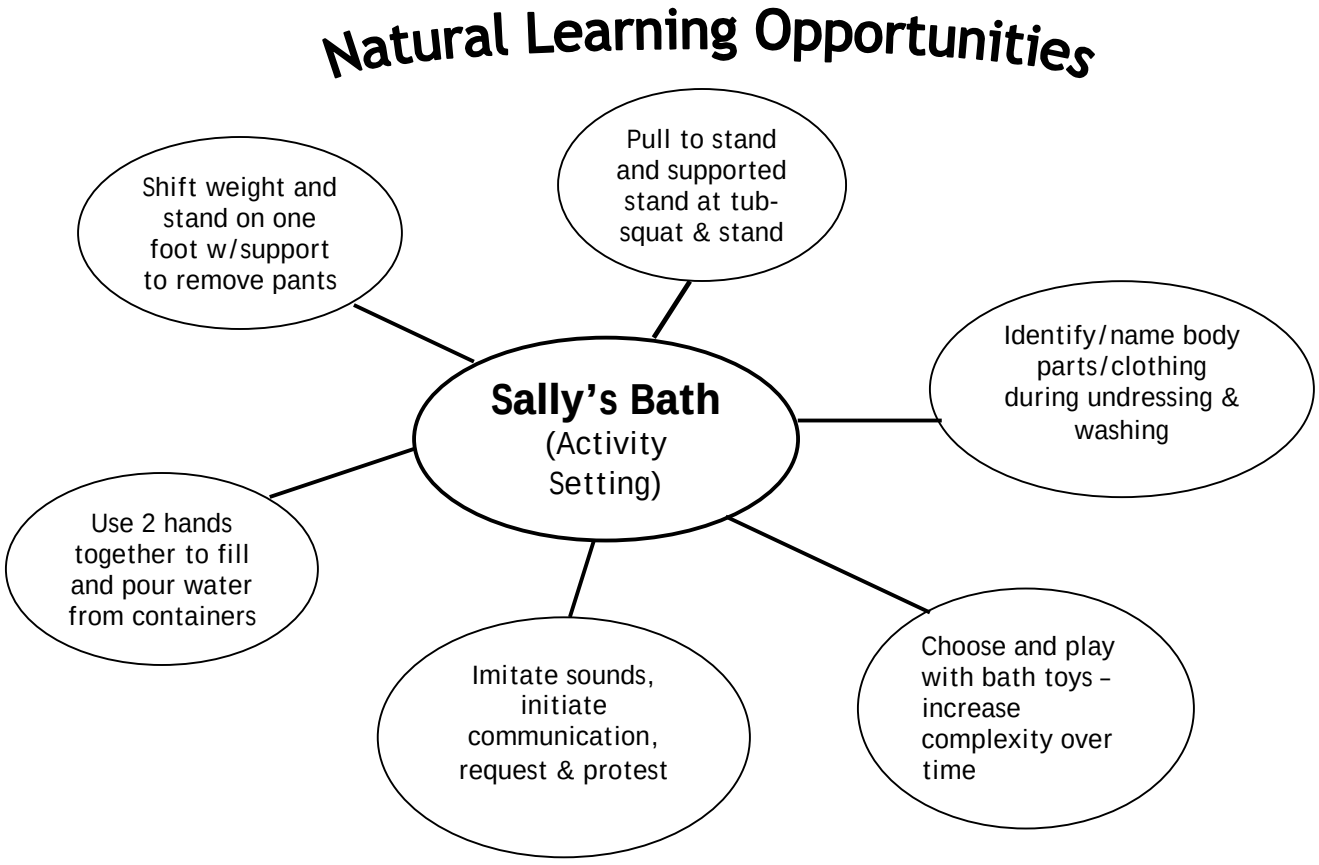
- Begin visits by **following the parents' lead** in things as subtle as where they sit. In most adult-focused interactions, we sit on furniture, rather than on the floor. It may be very natural to move with the parent onto the floor so she can show you what "the baby has been up to this week". Starting off the visit where the parent seems most comfortable will communicate that your focus is on the parent as she focuses on her baby.
- **Focus on natural learning opportunities.** Our work is to understand with the family where and how they choose to live their lives and what they see their child learning from their activities.
- **Avoid introducing "un-natural" factors** into the situation until you fully understand both what is working well and what might be helpful to change to support the child's more complete participation. Everyday routines, activities, and places rarely include specialized therapy equipment or toys that are brought in just for a home visit. After all other more natural options are explored (things typically found in everyday routines, activities, and places) and adapted as possible, it may be that for some children, specialized equipment is needed to help facilitate participation.
- It will always be helpful to ask, **"To whom is this most helpful?"** Avoid introducing equipment and materials that make the professionals' lives easier while interfering with the natural flow of the child's life within everyday routines, activities, and places.

Integrated service delivery approaches also support efforts to maintain the natural flow of the family's life within everyday routines, activities, and places. Children grow and learn with all developmental areas and systems integrated into their whole being. Families interact with their children holistically rather than in parts.

- Child and family outcomes must be functional.
- Intervention strategies must make the most of natural learning opportunities that are specific to each child and his or her family's lifestyle and traditions.
- Intervention teams must increase their use of integrated team approaches to coordinate supports and services across disciplines. These approaches are likely to mean that there will be fewer different professionals visiting families and other caregivers on a regular basis (McWilliam, 2000).

The diagram on the following page helps illustrate how an integrated service delivery approach might look as a primary service provider supports Sally's family to maximize the natural learning opportunities available during bath time.

As demonstrated below, no professional discipline "owns" bath-time. The learning opportunities identified here build on Sally's interests and motivations and support her family to complete the activity in a way that is comfortable for them. None of the learning opportunities listed below are the domain of any one professional discipline. These learning opportunities belong to Sally and her family and can be supported by the primary service provider.



More time will be needed by teams to conduct the following activities:

- Consult with one another;
- Identify ways to work with families to integrate supports of natural learning opportunities across professional disciplines;
- Come to a shared understanding of how to comfortably decide on who the primary service provider will be at any point in time; and
- Share discipline-specific knowledge with other team members.

This essential increase in what is often thought of as "indirect" time, must involve changes in how we calculate "active caseloads" and expected productivity levels. Approaches to developing therapy provider contracts will need to be adjusted, as will funding mechanisms that pose barriers to these service delivery approaches. Ongoing support and fundamental changes to all levels of our service system are necessary to allow for a healthy evolution into these practices.

G. Facilitating Smooth and Effective Transitions

For many families, transitioning out of the early intervention system means moving on to other service settings. For other families, it may be "taking a break" for a while to see how their children do without intervention. As we approach transition, continuing our recommended practices will be important. For example, we want to support families to continue to expect quality family-centered services as they enter or explore other service systems. Through their involvement with the FIT Program, parents have been supported as the experts about their child and family. Families have been active partners in decision-making, program design and implementation. These are skills and expectations that will continue to be valuable as families move on with their children.

The primary service provider, along with the service coordinator and other team members, have a role to play in helping parents recognize, adjust to, and celebrate some natural shifts in the focus of service delivery for children who are 3 or 4 years old. Parent involvement will continue to be a critical component of preschool services even while the focus of service delivery may shift to be somewhat more on the child's participation in a broader variety of routines, activities, and places. As the team is preparing for the transition, it will be helpful to identify inclusive preschool environments that will support the child to continue to participate with typically developing children of the same age.

Family members are supported as strong advocates for their children within the FIT Program. Parents will join with preschool service providers to keep school and other natural learning opportunities connected, with a continued focus on the child's full participation. This support will be more effective when early intervention teams approach transition planning with thoughtful attention to keeping intervention/ educational strategies integrated. Families will experience confusion during transitions if teams who have been effectively using integrated service delivery approaches suddenly become vocal advocates for a therapy driven approach where "more is better" with regards to supports and services through preschool service systems.

Providing early intervention supports and services in everyday routines, activities, and places cannot be accomplished effectively either by individual service providers or by early intervention programs in isolation from their communities. Preschool service providers are members of the community who must be included in and informed of shifts in early intervention service delivery approaches. Through collaborative partnerships across communities, families will help us all understand how and where they want to live their lives and how service systems can offer the most effective supports for them to realize their dreams for their children and families.

Questions and Answers

1) What is a natural environment?

In early intervention the "natural environment" is where typically developing children would normally spend time. Natural environments are the everyday routines, activities, and places that promote children's learning. Common natural environments for young children include the child's home, childcare settings including centers, family-home providers and care provided in the homes of relatives. Public parks, recreation areas, churches or other places of worship are also examples of natural environments for some families. Many young children spend a fair amount of time "going along" with their families on outings such as shopping or other errands, school, and sporting events of older brothers and sisters. When deciding how to best provide supports and services in the family's everyday routines, activities, and places, in addition to considering *where* the support or service is provided, it is important to consider *why* the support or service is being provided, *what* support or service is needed, *how* it is provided, and *who* is providing it. When we look in this broader way at what it means to provide supports and services in "natural environments", we are more likely to offer meaningful input to the child and family.

2) What are some examples of activities, and places that would not be considered a natural environment?

Children with and without disabilities receive medical and health services (including audiology) in hospitals, clinics, and therapy offices. These places however are not natural environments for other early intervention services. Also centers for children with developmental delays are not considered to be natural environments as typically developing children do not participate in these settings. Providing early intervention supports and services in everyday routines, activities, and places is less disruptive to the natural flow of family life where learning occurs most effectively. Children under three years old do not easily take a skill that they learn in one setting and transfer it to other settings or activities. For example, there is nothing in the literature to indicate that a child who practices using her trunk muscles to keep herself upright on a therapy ball while receiving PT in a clinic setting, will then be able to sit better on the floor watching television in her living room at home. Learning occurs in daily, ongoing activities. The less disruption to those activities, the more opportunities the child has to develop and use her skills in the activities and places where she typically spends her time.

3) Why the focus on natural environments?

This is how children learn! Opportunities to acquire new skills and practice skills that are being developed are greatly increased when learning is facilitated during routines and activities throughout the day. Research helps us understand that everyday experiences provide children with continuous interest-based learning opportunities that promote and enhance their development. Learning is more meaningful, and can be reinforced

through practical and developmentally appropriate activities that reflect each family's culture, traditions, and daily routines.

4) Aren't services in natural environments more costly?

It is clear that costs are distributed *differently* when providing services in natural environments. For example, there are decreased costs to families in terms of transportation to and from appointments and time off work. There are also decreased costs to providers in terms of the costs associated with maintaining a center where services are provided to children and transporting children to and from your center if that is your current practice. Unless the approach to service delivery is changed significantly, there may be increased costs to providers. Simply transferring a multidisciplinary, child-focused service delivery approach from your center to the family home or other community setting will neither meet the intent of the natural environments requirement nor be an affordable way to manage your program.

5) Many families want opportunities for their children to socialize with other children of the same age. How can we offer these opportunities within natural settings?

Service providers can help families think about where they encounter families with other young children. Some families primarily interact with other family members including young nieces, nephews and cousins. Other families have friends with young children. Each community is very different and family membership within various communities will be different as well. As a member of your community, it is important to know where families with young children go, which community activities are "family friendly", and what sorts of activities are available for families with young children. Opportunities for socialization exist both within group settings (child care classrooms, Mommy and Me groups, etc.) and within community settings in both urban and rural areas. It is important to help each family find a good fit between their desires for socialization opportunities and available resources within their communities.

6) How can we best support families who want to come to the center and have their children play with other children with disabilities?

When offering support to all families, it is important to understand what it is they want to accomplish or see happen for their child and family before deciding which supports and services will best help them with these outcomes. When encountering families who want to come to a center and have their children be with other children with disabilities, many providers find it helpful to understand from the family what it is that envision getting out of this activity. As you understand from families what they are hoping for from experiences at the center both for themselves and their children, you will be able to help them meet many of those needs through everyday routines, activities, and places.

Some parents might feel it is safer (either physically or emotionally) for their child to play with other children with disabilities than it is to play with typically developing children of the same age. In these situations, providers have found that it is helpful to explore what opportunities exist in each family's everyday routines, activities, and places that either could or already do include other children in playful interactions.

Then, it will be helpful to explore with the family what is working well in those routines and what might need some support or enhancement. This will give the team clues as to how to make play fun and safe for all of the children.

Providers have shared that many parents feel very supported by other parents while their children are playing at the center. The FIT Program recognizes the need and encourages the provision of parent support activities. These are activities that can continue to be offered at your center. However, unless the IFSP team has justified why the child's IFSP outcomes cannot be achieved in natural environments, the child outcomes should continue to be addressed through services in natural environments. Staff from the Office of Special Education Programs (OSEP) at the U.S. Department of Education (Walsh, et. al., 2000) have made it very clear that parent preference for child services to occur at the center during parent meetings is NOT an acceptable justification for providing the child's services somewhere other than in natural environments. The parent group may decide they need childcare during their meetings and the center may be the place where the childcare is offered. Childcare is not an early intervention service.

7) Can we provide intervention to parents in a group setting (e.g. parenting classes)?

Yes. The requirement for service provision primarily in natural environments applies to services provided in support of child-specific IFSP outcomes. You can continue to use your center as a location for parent-specific activities including parenting education classes, therapeutic parenting groups and others. In order to bill for these activities they must be included as part of the IFSP and will likely be activities in support of family outcomes, such as "We will have more effective ways to manage our child's behavior", or "We will develop financial plans that will help us address our child's long term needs."

8) In our community, the early intervention center that is run by our program is truly the "community center" for children with disabilities and their families. If our goal is to support families whose children have developmental delays or risk conditions, why is our center not an option as a service delivery location?

Our goal is to support families with young children to live active and full lives as members of the broader community. A "community center for children with disabilities" limits families' perceptions of inclusion in that broader community. If we want to build inclusive communities, we need to promote inclusion and support families to participate in community events and activities that are geared toward all families with young children, not just families of children with disabilities. Your skill and expertise regarding families who have members with disabilities can be put to use helping community events be both more family-friendly and more inclusive of all community members.

9) Can justification be made for group intervention for children with sensory disabilities such as children who are deaf or hard of hearing?

Each child and family must be considered individually in terms of what they are hoping to accomplish or see change for their child and family as a result of their participation in early intervention (their desired outcomes). The IFSP is developed to support each child and family to make progress on the outcomes that have been determined. There are no condition-specific justifications defined or allowed by federal or state regulations.

Consider a hypothetical child who is deaf. One of the family's desired outcomes is that the child and family become comfortable participating in activities within their local deaf community. The IFSP team must design an intervention plan that will most effectively support progress toward this outcome. There are always several necessary steps before deciding on the location of service delivery. For example, the team must understand what kinds of activities the family wants to participate in within their local deaf community, what supports them to participate in these activities, and what challenges they might encounter. Next, the team will define what needs to change in order for the child and family to participate in these desired activities. It may be that the entire family needs to become more fluent communicating using sign language. It may be that sign language instruction and opportunities to communicate using sign language should occur with a group of other families with young children who are also using or learning to use sign language. Other needed early intervention services must still be provided in everyday routines, activities, and places unless this same decision making process results in a need to provide the supports and services in settings other than natural environments.

10) What can we do to better prepare our staff to offer services in home and community settings?

All staff, regardless of educational level, licensure, and years of experience need and deserve opportunities for:

- Ongoing professional development;
- Peer support; and
- Supportive supervision.

As more supports and services are offered in everyday routines, activities, and places, staff will need to schedule time to be together in the office to develop and maintain the skills necessary to provide integrated services through their team process. Regular, effective staff meetings and scheduled supervision times are also necessary to maintain quality services. When necessary in order to achieve IFSP outcomes, staff should be encouraged to make occasional joint home visits. These opportunities should serve to 1) integrate intervention strategies across disciplines; and 2) to make sure that the natural learning opportunities are supported and not interfered with by the interventions; and 3) to co-train team members to support and follow up with families on these integrated intervention strategies.

As part of ongoing professional development, staff should be supported to participate in workshops and trainings as teams, with their supervisor actively involved in the trainings

as well. Staff members rarely feel supported if they come back from a workshop that they attended on their own and cannot apply their new learning to their work with families. Contracted workers must also participate in continuing education to maintain their licensure and certification. There must be time allowed in team meetings for team members to share new knowledge and approaches so that the work with families can continue to be evidence-based and integrated across disciplines and developmental areas.

Although these activities are non-billable, when the current rates were developed, the time spent in these activities was factored into the rate. For example, when looking at the revenue generated by a Developmental Specialist, a percentage of their typical week was factored in as "office time". Time spent in 1:1 consultation with another member of the IFSP team is billable (see question 16).

11) How can we best supervise staff when they spend so much of their time out in home and other community settings?

Regular staff supervision is a requirement through contracts with the FIT Program. All staff, regardless of educational level, certification, or years of experience need and deserve supervision. This need is perhaps more critical as staff provide their services away from the office and out in home and community settings. Program staffing patterns must support time both for supervisors and for staff being supervised to meet on a regular basis to discuss both the content and the process of the work. It may be, that as providers become increasingly more individualized in their service decision-making processes, some time will be "freed up" to allow for essential team and supervision time. For example if only families who need weekly visits by the Developmental Specialist receive this service at this frequency, more time will be available for supervision and team activities.

Supervision must move away from a primary focus on paperwork deadlines, scheduling and other administrative functions to include more time on supporting each staff member to reflect on his/her relationships and intervention approaches with families and other IFSP team members.

12) What do we do in neighborhoods or housing situations that we feel are dangerous?

Staff safety is a real issue, as is the safety of the children and families we serve. If neighborhoods or family situations are unsafe for interventionists, they are likely to be unsafe for families and children as well. Families will have difficulty engaging in intervention efforts on behalf of their children if they do not feel safe. It may be, that for some families, the most important service will be service coordination to help them with immediate housing, health and safety needs before a focus on the child's participation and learning can occur effectively.

Many families are very aware of the conditions of their neighborhoods and homes. They have often developed strategies that help them live there as safely as possible. You may find that families can advise you about the safest times to visit, where to stop for gas,

bathroom breaks, and telephone calls, and where not to stop, where to park, etc. Many providers have begun providing mobile telephones to their staff and/or have sent a staff member out with another staff member or another community member to make a joint visit.

It may be tempting to provide early intervention services at your center when the family's neighborhood or home does not feel safe. Sometimes, we think that by exposing a child to a different environment, we can give him or her an opportunity to experience learning in a more desirable situation. However, children learn through their relationships and everyday interactions with their parents and other primary caregivers. Young children are not very good at transferring learning from one situation or setting to another. Although you might feel better by providing services to the child at your center, your services are not likely to make a real difference in the life of the child if they are not provided within the context of the life of the child.

13) What should we do when serving a child in childcare does not address the needs family has identified?

If there are no IFSP outcomes that can be supported through early intervention involvement at the child care setting, then there would be no reason to provide supports and services in this location. If an IFSP team finds themselves serving a child at a childcare center and does not believe that they can address the needs identified by the parents in this setting, then the IFSP team needs to reconvene. It would likely be helpful at this IFSP meeting to clarify the purpose of early intervention and the outcomes the family has identified. Once there is a shared understanding of these basic issues, a workable plan can be developed to help the family address their needs.

14) How do we support families who are culturally or linguistically unique to our community and program?

Providing supports and services in everyday routines, activities, and places will enhance your ability to work effectively with families whose cultures are different from those of the broader community or who speak a language that is not familiar in your community. We are able to learn a great deal about how a family approaches parenting, child rearing and daily life by being with them where they live, work and play. Observation is an important skill and strategy to use when working with every family. Communication is another important skill. It may be necessary to work with someone who is able to help with communication by providing interpretation to both the family and the interventionists.

15) How do we serve families that don't want to receive services in home or community settings?

IFSP teams must approach the IFSP development process with open minds about the possible everyday routines, activities, and places where supports and services might be most effective. Avoid assuming that the child's home, a child care center, or other specific community setting will be the best setting for supports and services until the entire team, including the family, has participated in a complete discussion and decision-making process (see pp. 13-14). Sometimes, families don't want to receive

services in their homes. They may be open to receiving services in other locations where they typically spend time with their children.

Participation in the FIT Program is voluntary. Families can choose not to participate in one service without losing the opportunity to participate in other supports and services that are included as part of their IFSP. If, after engaging in a complete IFSP decision-making process, there is no justification for providing services in settings other than in natural environments and the family does not want to participate in the supports and services provided in everyday routines, activities, and places, then the family can choose not to consent to the services. While early intervention is a family-centered system, there are not unlimited options. It is not an option for early intervention providers to provide services in a segregated setting. Therefore, this is not something that can be offered to families. Families have many choices. They do not have unlimited options.

16) Won't this paradigm shift for direct service staff to use a more consultative model compromise professional licenses?

Occupational, physical, and speech-language therapists have expressed this concern. It should be reassuring to know that nothing in current practice standards suggests that professional licenses are compromised by the use of transdisciplinary team or consultative approaches. In fact, physical therapy practice acts in all 50 states were reviewed and none of them limited the use of role release as part of service provision using a transdiscplinary approach (Rainforth, 1997).

IFSP teams must carefully describe the roles, methods, and persons responsible for the various approaches and strategies to be implemented to make progress on IFSP outcomes. It must be clear that no team member can provide services that he/she is not qualified to provide (see p. 8). It is also important to list all appropriate team members, including parents and other primary caregivers as "People who will teach, learn, and do". It should be rare that any individual team member is solely responsible for working on an IFSP outcome (see pp. 13-14).

If the IFSP team determines that a specific service is likely to be helpful to achieve an outcome and none of the IFSP team members present are qualified to provide that service, the team may include, for example, "consultation with a physical therapist to determine . . ." as a strategy. The strategy should be written so that it is clear what **expertise** the physical therapist is expected to share to help with the outcome. A strategy listed as "PT evaluation" or "PT consultation" is incomplete because it does not fully describe the information the IFSP team needs from the therapist to adequately help the family achieve their desired outcomes. After the PT provides consultation, if different or additional methods of PT service delivery are indicated, the IFSP may need to be revised to reflect the consulting PT's input. IFSP teams should not assign specific treatment approaches, frequencies, intensities nor durations for a service that is not represented by a qualified professional on the team. For example, it is not an acceptable practice to write on an IFSP "weekly individual PT for one hour sessions to provide neurodevelopmental treatment" without the PT's input.

17) How do we bill for co-treatment, consultation time, etc.?

Co-treatment and consultation are currently billable both under DOH and Medicaid.

Co-treatment (where personnel from two disciplines are working with the child and family at the same time) must be written into the IFSP. This can be documented in the "method of service delivery" that will be used to help meet the outcomes. For example, "once a month, the PT and developmental specialist will make a home visit together to ensure that the positioning strategies that are being used during mealtimes continue to support Kim's progress in eating more independently". For further examples of describing methods of service delivery, see pages 8,13, and 14.

Consultation (a method of sharing information using one's knowledge and expertise to support others) to other personnel on the IFSP team is also billable if documented on the IFSP as one of the methods of service delivery necessary to meet the outcome. For example, "the developmental specialist and the speech therapist will meet once each month to ensure consistency of approach on supporting parents to promote Jesse's communication". Consultation time is not billable for staff meetings or impromptu meetings about a child and family.

18) How do we bill for no-shows?

The costs of no-shows are factored in to the NM FIT Program early intervention rates. There is no ability to bill separately for no-shows either within DOH or Medicaid.

19) How do we document progress? Service?

There is no specific way that is required to document service activities and progress. Community providers have developed a variety of acceptable ways to document both progress and service provision. Many providers use some sort of "contact/progress note" that includes a brief description of the service(s) that were provided during a specific service session, the IFSP outcomes that were addressed, ongoing assessment information/progress noted, next steps discussed, time in and time out for the visit, travel time, and other details as required by agency policies and procedures. Providers have also developed IFSP review forms, some with progress rating scales, to help document progress on outcomes. All documentation should be signed and dated. Additionally, billing records in terms of dates and amount of time spent in service should match service documentation.

References:

Bernheimer, L.P. & Keogh, B.K. (1995). Weaving interventions into the fabric of everyday life: An approach to family assessment. *Topics in Early Childhood Special Education*. 15, 415-433.

Blackman, J.A. (2001). From the editor. *Infants and Young Children*, 14(1), iv-v.

Brotherson, J.J. & Goldstein, B.L. (1992). Time as a resource and constraint for parents of young children with disabilities: Implications for early intervention services. *Topics in Early Childhood Special Education.* 12(4), 508-527.

Dunst, C.J., Bruder, M.B., Trivette, C.M., Raab, M., & McLean, M. (2001). Natural learning opportunities for infants, toddlers and preschoolers. *Young Exceptional Children*, 4(3), 18-25.

Dunst, C.J. Bruder, M.B., Trivette, C.M., Haby, D., Raab, M., McLean, M. (2001). Characteristics and consequences of everyday natural learning opportunities. *Topics in Early Childhood Special Education,* 21(2), 68-92.

Edelman, L. (Ed.). (1999). A Guidebook: Early Childhood Supports and Services in Everyday Routines, Activities, and Places. Early Childhood Connections, Colorado Department of Education.

Guralnick, M.J. (2001). Connections between developmental science and intervention science. *Zero to Three*, 21(5), 24-29.

Harris, S.R. (1997). The effectiveness of early intervention for children with cerebral palsy and related motor disabilities. In M.J. Guralnick (Ed.) *The effectiveness of early intervention: Second generation research.* Baltimore, MD: Paul H. Brookes Publishing Co.

Idol, L., Paolucci-Whitcomb, P., Nevin, A. (1986). *Collaborative Consultation*. Rockville, MD: Aspen Publishers, Inc.

McBride, S.L., Brotherson, M.J., Joaning, H., Whidden, D., & Demmitt, A. (1993). Implementation of family-centered services: Perceptions of families and professionals. *Journal of Early Intervention,* 17(4), 414-430.

McWilliam, R.A. (2000). It's only natural . . . to have early intervention in the environments where it's needed. In S. Sandall & M. Ostrosky (Eds.), *Young Exceptional Children Monogrpah Series No. 2* (pp. 17-26). Denver, CO: Division for Early Childhood of the Council for Exceptional Children.

Rainforth, B. (1997). Analysis of physical therapy practice acts: Implications for role release in educational environments. *Pediatric Physical Therapy*, 9(2), 54-61.

Shelden, M.L. & Rush, D.D. (2001). The ten myths about providing early intervention services in natural environments. *Infants and Young Children,* 14(1), 1-13.

Shonkoff, J.P. & Phillips, D.A. (2000). (Eds.) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* National Academy of Sciences, Washington, D.C.: National Academy Press.

Thompson, L., Lobb, C., Elling, R., Herman, S., Jurkiewicz, T., & Hulleza, C. (1997). Pathways to family empowerment: Effects of family-centered delivery of early intervention services. *Exceptional Children,* 64(1), 99-113.

Van Horn, J. (1997). *Working Together /Collaborative Consultation: A Family-Responsive Approach to Early Intervention Therapy Service Delivery.* Albuquerque, NM: University of New Mexico.

Walsh, S., Rous, B., & Lutzer, C. (2000). The federal IDEA natural environments provisions. In S. Sandall & M. Ostrosky (Eds.), *Young Exceptional Children Monogrpah Series No. 2* (pp. 17-26). Denver, CO: Division for Early Childhood of the Council for Exceptional Children.

Zhang, C. & Bennett, T. (2001). Beliefs about and implementation of family-centered practice: A study with Early Head Start staff in six states. *Infant-Toddler Intervention,* 11(3-4), 201-222.

A thorough bibliography addressing the research and evidence base for service provision in natural environments can be found at:
http://www.puckett.org/coaching/docs.nebibiliogrpahy.doc

APPENDIX A

Background and History

Long before federal legislation included services for infants and toddlers with developmental delays or who were at risk for delay and their families, New Mexico was providing early intervention services through contracts with various agencies around the state. At that time, New Mexico's public schools did not provide special education services to our three- and four-year old children with special needs. Instead, community-based agencies provided those services and often extended their special preschool services to infants and toddlers and their families. This approach was very much in keeping with the best practices in the field of early intervention at that time. We based our programming approaches on what was known to be effective for preschool-aged children and adjusted our curriculum content to address the expected developmental milestones of infants and toddlers. At that time we were learning of the importance of family-centered practices both in the fields of education and in health care for children with special health care needs. "Best practice" was typically a child-focused model of services with a strong emphasis on family involvement.

In 1987 federal rules and regulations (IDEA Part C) required that early intervention supports and services be provided in natural environments. In 1993 the Family Infant Toddler (FIT) Program legislation was enacted and regulations were developed that were consistent with the federal requirements. The legislation and regulations have always provided guidance about family-centered practices, including services that enhance parents' capacity to meet the developmental needs of their children. New Mexico is proud of our long history of strong family-centered practices across our state system.

As the NM FIT Program evolves to stay current with evidence-based best practice regarding natural environments, guidance and support are needed. A performance measure was recently included in all FIT provider contracts defining a target for the number of children and families to be served in home and community settings. Over the past year, much progress has been made in terms of the location of service provision. We have moved from center-based services to more services being provided in home and community settings. We must now focus our intervention efforts on supporting child participation and enhancing interest-best learning opportunities in the everyday routines, activities, and places of each family we serve.

Legislative Requirements

Federal Requirements:

The provision of early intervention services in natural environments has been a part of federal rules and regulations since 1987. The Reauthorization of IDEA 97 strengthened the federal position on service provision for early intervention in natural environments:

- The federal rules define this as "settings that are natural or normal for the child's age peers who have no disabilities" (34 C.F.R. 303.18).
- The rules also state that early intervention services "must be provided in natural environments, including the home and community setting in which children without disabilities participate" (34 C.F.R. 303.12).
- IDEA expects the Individualized Family Service Plan (IFSP) to address provision of services in natural environments (34 C.F.R. 303.167) and to base it upon the needs, interests, and priorities of the child and family and upon desired functional outcomes. Individual family lifestyle, culture, and routines are prominent considerations in development of the IFSP. The IFSP must include documentation and justification of the extent, if any, to which services will not be provided in the natural environment (34 C.F.R. 303.344(d)(ii)). IDEA requires state service systems, such as our NM FIT Program, to include policies and procedures that ensure that early intervention services are provided in natural environments in compliance with federal legislation.

State Requirements:

Effective October 1, 2001, the New Mexico Family Infant Toddler Program, LTSD, DOH, issued 7.30.8 NMAC Requirements For Family Infant Toddler Early Intervention Services.

- These requirements define "Natural Environments" as "places that are natural or normal for children of the same age who have no apparent developmental delay. Early intervention services are provided in natural environments in a manner/ method that promotes the use of naturally occurring learning opportunities and supports the integration of skills and knowledge into the family's typical daily routines and lifestyle." (p. 4)
- The IFSP (Individualized Family Service Plan) must include a statement about the provision of services in natural environments as well. "If services cannot be satisfactorily provided or if IFSP outcomes cannot be achieved in natural environments, then documentation for this determination and a statement of where services will be provided and what steps will be taken to enable early intervention services to be delivered in the natural environment must be included." (NMAC 7.30.8.11B. (12), p. 12)
- Early Intervention Services are to be "delivered in the most appropriate natural environment for the child and family in the context of the family's day to day life activities." (NMAC 7.30.8.12 A. (1) (c), p. 13). When an early intervention service cannot be achieved satisfactorily for the eligible child in a natural environment, the child's record shall contain justification for services provided in another setting or manner and a description of the process used to determine the most appropriate service delivery setting, methodology for service delivery, and steps to be taken to enable early intervention services to be delivered in the natural environment (NMAC 7.30.8.12 A.(2), p.13) .

APPENDIX C

Research and Evidence-Based Practice Literature :

Reviews of research-based literature regarding supports and services in everyday routines, activities and places tell us:

1. This approach is effective in promoting positive child outcomes.

- Daily routines and activities of everyday life are important natural learning environments for promoting developmental skills, supporting and strengthening child competence (Dunst, et. al., 2001);

- Child-initiated instruction, activity-based approaches, and integrated interventions have been found to be as or more effective than adult-initiated instruction, directive approaches, and pull-out therapy (Shelden & Rush, 2001);

- Naturalistic interventions resulted in improved skills for young children at early stages of communication development (McLean & Cripe, 1997);

- Infants and toddlers learn skills best through frequent, naturally occurring activities in their typical environments (Shelden & Rush, 2001);

- "Interventions within natural environments with key care providers and familiar toys and materials allow for generalization of skills, learning opportunities with natural consequences, task specificity, and functional outcomes." (Shelden & Rush, 2001, p. 3);

- This approach to service provision has been supported by research as effective for typically developing children, children whose families are economically disadvantaged, and children with previously diagnosed conditions (Shelden & Rush, 2001).

2. This approach is effective in promoting positive family outcomes.

- Family stress is reduced and empowerment is increased when early intervention services are relevant to families' lives (Thompson, et. al., 1997);

- The quality of daily family life can be either an important protective factor or an important risk factor for both child and family outcomes (Shonkoff & Phillips, 2000);

- Care providers want information that is easy to incorporate into their daily lives and helps the child participate as part of the family and community (Brotherson & Goldstein, 1992) and interventions that fit with their goals, values and beliefs Bernheimer & Keogh, 1995);

3. There is not significant support in the literature for more directive, hands-on, child-focused interventions.

- Hands-on motor interventions have not been supported as effective in improving functional outcomes for children with cerebral palsy and related motor disabilities (Harris, 1997; Blackman, 2001);

- "Even if selected by parents, a highly child-focused "repair shop" strategy is not likely to maximize child developmental outcomes." (Guralnick, 2001, p. 29);

- Interventions are not implemented and sustained when they do not fit the daily routine of the family (Bernheimer & Keogh, 1995).

4. This approach to the provision of supports and services encompasses various elements of evidence-based best practice.

- Current state-of-the-art services involve **naturalistic interventions** that promote learning opportunities across environments with typical care providers and ordinary objects (Shelden & Rush, 2001);

- Programs that **target the everyday experiences** of children appear to be more effective in improving skill acquisition (Shonkoff & Phillips, 2000);

- Effective intervention requires that an **individualized approach** be used to match well-defined outcomes to the specific needs, interests and resources of the child and family (Shonkoff & Phillips, 2000);

- The promotion of competence in **normative community contexts** is particularly important for children with disabilities to support them both to acquire functional skills and to gain social acceptance (Shonkoff & Phillips, 2000).

A thorough bibliography addressing the research and evidence base for service provision in natural environments can be found at:
http://www.puckett.org/coaching/docs.nebibiliogrpahy.doc

Statements From Professional Organizations

Practices related to providing services in natural environments have been endorsed by leading professional associations.

- The **Division for Early Childhood** (DEC) of the Council for Exceptional Children (CEC) adopted (1993); reaffirmed (1996) and updated (2000) their "Position on Inclusion". The opening lines of this position paper state: "Inclusion, as a value, supports the right of all children, regardless of abilities, to participate actively in natural settings within their communities. Natural settings are those in which the child would spend time had he or she not had a disability. . . . DEC supports and advocates that young children and their families have full and successful access to health, social, educational, and other support services that promote full participation in family and community life."

This position paper can be found at
http://www.dec-sped.org/positions/inclusio.html

- The **IDEA Infant and Toddlers Coordinators Association** released a "Position Paper on the Provision of Early Intervention Services in Accordance with Federal Requirements on Natural Environments" (April 2000). This position paper provides "a comprehensive policy and practice statement about the provision of early intervention services as part of the routines and daily activities of young children with disabilities and their families to meet the natural environments requirements of Part C of the Individuals with Disabilities Education Act (IDEA)." " . . . the Association fully supports the provision of early intervention services within the context of families' activities and routines in meeting the natural environments requirements under Part C of IDEA."

This position paper can be found at
http://www.ideainfanttoddler.org/posstate.htm

APPENDIX E

Internet Resources

The CLAS Institute: http://www.clas.uiuc.edu/

The CLAS Institute, in collaboration with many colleagues representing diverse cultural and linguistic roots, collects and describes early childhood/early intervention resources that have been developed across the U.S. for children with disabilities and their families and the service providers who work with them. The materials and resources available on this website reflect the intersection of culture and language, disabilities and child development.

Coaching in Natural Environments: http://puckett.org.coaching

The purpose of the Coaching In Natural Environments website are to: 1) share information about where, how, and why to provide services for infants and toddlers, and their families in natural settings; and 2) provide follow-up web-based training and support for state and early intervention program leaders.

Connecticut Birth to Three: www.birth23.org/Publications/default.asp

The Connecticut Birth to Three early intervention system has developed Natural Environments Guidelines through a task force made up of members with a broad range of expertise.

Colorado Early Childhood Connections / Babies BELONG:
http://www.cde.state.co.us/earlychildhoodconnections/docs/pdf/Guidebook.pdf

A Guidebook: Early Intervention Supports and Services in Everyday Routines, Activities and Places in Colorado

Colorado Babies BELONG, an initiative of Early Childhood Connections, Department of Education and JFK Partners (1999) has developed this downloadable/printable guidebook that shares research, practical information and a solid philosophical foundation for service provision within daily routines.

The **Division for Early Childhood (DEC)** of the Council for Exceptional Children (CEC): http://www.dec-sped.org/

The Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) is a nonprofit organization advocating for individuals who work with or on behalf of children with special needs, birth through age eight, and their families. The Division is dedicated to promoting policies and practices that support families and enhance the optimal development of children. There are a variety of resources available through this website, including **Early Childhood Links** http://www.dec-sped.org/eilinks.html which connects you to sites related to early intervention, children with special needs and their families.

The **Early Intervention in Natural Learning Environments Project:**
http://www.uconnced.org/national/national.htm

The Early Intervention in Natural Learning Environments project is working to utilize findings from the Increasing Children's Learning Opportunities Early Childhood Research Institute to develop, implement, and evaluate a training model on the use of natural environments in early intervention. The model will encompass both inservice and preservice materials and activities to support individual states' Comprehensive Systems of Personnel Development (CSPD).

FACETS: http://www.parsons.lsi.ukans.edu/facets/index.html

FACETS (Family-Guided Approaches to Collaborative Early Interventions Training and Services) is a joint project, funded by the U.S. Department of Education, between the University of Kansas and Florida State University that provides training for family-guided, activity based intervention strategies. The website includes a wide variety of documents and resources that can be downloaded and/or printed for use.

Increasing Children's Learning Opportunities Early Childhood Research Institute: http://puckett.org/childlearn/

Through the work of this Institute, typically occurring home routines and community activities that can serve as the **context** for learning and the **instructional conditions** that optimize learning opportunities have been identified. The benefits associated with these opportunities have also been identified. This research provides valuable guidance to the field.

The Individualizing Inclusion in Child Care Project:
http://www.fpg.unc.edu/~inclusion/

The child care program at Frank Porter Graham in conjunction with the Individualizing Inclusion in Child Care project, has implemented and is currently evaluating a model for individualizing intervention experiences for infants, toddlers, and preschoolers with disabilities in the context of child care. There are 3 key components of the model: 1) routines-based assessment; 2) integrated therapy; and 3) embedded intervention. This site includes a variety of useful resources including: the Quality of Inclusive Experiences Measure (QuIEM), the Scale for Teachers' Assessment of Routines Engagement (STARE), the Scale for Assessment of Family enjoyment of Routines (SAFER), the Scale of Early Intervention Goal Functionality, and the Examination of the Implementation of Embedded Intervention through Observation (EIEIO).

Project **INTEGRATE:** http://www.fpg.unc.edu/~integrate/index.htm

Project INTEGRATE promotes integrated therapy through training and technical assistance to early childhood programs serving children with disabilities and their families across the country. The project currently concentrates on consultation, training, and technical assistance related to *early intervention in natural environments*.

Internet Resources for Special Children: http://www.irsc.org

The IRSC web site is dedicated to children with disabilities and other health related disorders worldwide. Their mission is to improve the lives of children by: a) providing information to parents, family members, caregivers, friends, educators, and medical professionals who provide them services and support; b) creating positive changes and enhancing public awareness and knowledge of children with disabilities and other health related disorders; c) providing online communities where you can ask questions or connect with other people who may have the same questions, thoughts, and/or experiences; d) providing access to recent news articles and books; and e) acting as a central starting point that integrates information, resources, and communication opportunities.

The **National Early Childhood TA Center (NECTAC)**:
http://www.nectac.org/inclusion/default.asp

The "Keys to Inclusion" section of the NECTAS website has information for administrators who are challenged with developing policies and programs that lead to inclusive comprehensive and coordinated services for all young children, ages birth to 8 years, and their families.

The **Natural Environments in Urban Communities Project:**
http://www.unconnced.org/natural/nathome.htm

The Natural Environments in Urban Communities project is a model demonstration project designed to increase the number of children receiving early intervention services in community activities with their typically developing peers including: libraries, playscapes, museums, farms, YMCAs, Park and Recreation Departments, and other indoor and outdoor family-friendly places.

New Jersey Early Intervention System of Personnel Development:
http://www.nectac.org/inclusion/pdfs/legis/NJsvcguide.pdf

New Jersey has developed **Service Guidelines** to support its commitment to providing quality services to children in natural environments. This document presents vision and mission statements, describes what natural environments are, discusses natural environments and the IFSP process, and lists 17 beliefs or expectations about services in natural environments along with evidence-based information regarding these beliefs.

The Research and Training Center on Service Coordination:
http://www.uconnced.org/rtc/rtchome.htm

The Research and Training Center is a national initiative to examine the status of service coordination for children with disabilities and their families receiving early intervention services under Part C of IDEA. The center has developed a set of outcomes of high quality service coordination and is developing a set of recommended practices to guide the work of service coordinators.

TaCTICS: http://tactics.fsu.edu/

TaCTICS (Therapists as Collaborative Team members for Infant/Toddler Community Services) is an outreach training project funded by a U.S. Department of Education Grant. The project shares tools useful in skillfully navigating the path toward provision of Part C Services using the child/family's daily routines, activities, and events as a context for assessment and intervention.

Wisconsin Birth to 3 Natural Environments Web Site:
http://www.waisman.wisc.edu/earlyint/natenvir/index.html

Wisconsin's website on natural environments presents guidelines developed by its state interagency coordinating council, practical information on putting the guidelines into practice, examples of success stories.

ZERO TO THREE: http://www.zerotothree.org

ZERO TO THREE's mission is to promote the healthy development of our nation's infants and toddlers by supporting and strengthening families, communities, and those who work on their behalf. They are dedicated to advancing current knowledge; promoting beneficial policies and practices; communicating research and best practices to a wide variety of audiences; and providing training, technical assistance and leadership development. This website contains a wealth of information for both families and professionals.

Video Resources

"Just Being Kids: Supports And Services For Infants And Toddlers And Their Families In Everyday Routines, Activities, And Places" (50 minute Video and Facilitator's Guide)

Just Being Kids illustrates how supports and services for infants and toddlers with special needs can be provided in the context of families' everyday routines, activities, and places (also known as "natural environments"). Each of the six stories on this 50-minute video demonstrates recommended practices as therapists and early childhood specialists work collaboratively with families to achieve meaningful goals for their children in everyday routines and activities. Just Being Kids was developed for use in both pre-service and in-service training programs with therapists, early childhood specialists, and service coordinators. The video is also useful for showing families examples of this approach to early intervention supports and services.

The 55-page companion ***Facilitator's Guide*** which can be viewed at http://www.jfkpartners.org/content/PDF/Just_Being_Kids%20Facilitators%20Guide.pdf

Produced by Early Childhood Connections of the Colorado Department of Education, and JFK Partners, University of Colorado Health Sciences Center. This videotape is available from Western Media Products at http://www.media-products.com/ecm.htm.

The video and facilitator's guide is also available for loan through New Mexico Library and Information Network on Development and Disability at the Center for Development and Disability. Telephone 1-800-827-6380 or online at: http://cddopac.unm.edu/winnebago/index.asp?lib=???

The following three videotapes are available through **Winterberry Press**:
http://www.wbpress.com/Merchant2/merchant.mv

Winterberry Press is a publisher and distributor of early intervention, early childhood education, family support, family resource program, and community development products and materials covering a variety of assessment, practice and research topics.

Any Place, Anytime, Anywhere! Everyday Learning in Classroom Activities.
Any Place, Anytime, Anywhere! Everyday Learning in Community Activities.
Any Place, Anytime, Anywhere! Everyday Learning in Family Activities.

APPENDIX F

Models of Team Interaction

Rush, D. and Shelden, M. (2001)

	Multi - disciplinary	Inter-disciplinary	Trans-disciplinary	Primary Service Provider
Assessment	Team members conduct separate assessments.	Team members conduct separate assessments.	Team members and family conduct joint assessment.	Fewest number of service providers needed participate in the assessment based upon improving the child's participation across activity settings and learning opportunities.
Parent Participation	Parents meet with team members individually.	Parents meet with entire team or a representative of the team.	Parents are full, active members of the team.	Parents and other care providers are equal team members.
Service Plan Development	Team members develop separate, discipline-specific plans.	Team members develop separate, discipline-specific plans but share them with each other.	Team members and family develop joint plan based on family priorities, needs, and resources.	Outcomes/goals are developed based on improving the child's participation across activity settings and learning opportunities.
Service Plan Responsibility	Team members are responsible for their discipline-specific plan.	Team members share information with each other about their part of the plan.	Team members are jointly responsible and accountable for how the primary service provider implements the plan.	Team members are jointly responsible and accountable for how the primary service provider implements the plan.
Service Plan Implementation	Team members implement their discipline-specific plans.	Team members implement their portion of the plan and incorporate other sections where possible.	A primary service provider implements the plan with the family.	Team members provide coaching to the PSP to effectively implement the plan across activity settings and care providers.

http://www.puckett.org/coaching/pdf/psp.pdf

	Multi - disciplinary	Inter- disciplinary	Trans- disciplinary	Primary Service Provider
Lines of Communication	Informal.	Occasional case-specific staffing.	Regular team meetings to exchange information, knowledge, and skills among team members.	Ongoing interaction among team members for reflection and sharing occurs beyond scheduled meetings.
Guiding Philosophy	Team members recognize importance of information from other disciplines.	Team members are willing to share and be responsible for providing services as part of the comprehensive service plan.	Team members commit to teach, learn, and work across traditional discipline lines to implement a joint service plan.	Service and care providers engage in learning and coaching to develop the necessary expertise to improve the child's participation across activity settings and learning opportunities.
Staff Development	Independent and discipline-specific.	Independent within and outside of own discipline.	A critical component of team meetings for learning across discipline boundaries and for team building.	Team members implement an annual team development plan to identify any gaps in skills and knowledge and improve expertise across disciplines.

Adapted from:
Woodruff, G. & McGonigel, M.J. (1988). Early intervention team approaches: The transdisciplinary model. In J.B. Jordon, J.J. Gallagher, P.L. Huntinger, & M.B. Karnes (Eds.), *Early Childhood Special Education: Birth to Three* (pp. 163-182). Reston, VA: Council for Exceptional Children and the Division for Early Childhood.

http://www.puckett.org/coaching/pdf/psp.pdf

Glossary:

ACCOMMODATE: to make changes in the demands on the child, the activity or the situation to allow the child to participate more effectively with his/her current skills and abilities.

ACTIVITY SETTING: a situation where learning occurs.

ADAPT: to change in order to make more useable. Adaptations are often physical changes to toys and other objects that are used, for example in activity settings. Toys and other objects are adapted, using routinely available household materials whenever possible, to support the child to participate in an activity with the skills and abilities he or she currently has.

ADULT LEARNING PRINCIPLES: what is known about what motivates and supports adults to learn and practice new skills and approaches. For example, adults tend to learn best when they are recognized as being knowledgeable and having expertise in many areas. We learn most effectively when what we are learning is of immediate use to us in a very practical way. We learn best when the way information is shared with us matches our learning style or preferred way of taking in and responding to information.

CHILD-FOCUSED APPROACHES: ways of delivering services in which the service provider works directly with the child to support the child's development or learning. With very young children, child-focused approaches are most effective when used by the adults who have frequent, ongoing, day-to-day interactions through daily routines and activities rather than periodic intervention sessions.

COACHING: Coaching in early childhood is an interactive process of observation and reflection in which the coach promotes the learner's ability to support the child in *being* and *doing* (Rush, Shelden, & Hanft, in press). For the child, this means *being* with partners in life who the child wants and needs to be with and *doing* what he wants and needs to do (Shelden & Rush, 2001). For the learner, coaching develops the competence and confidence to implement strategies to increase the child's learning opportunities and participation in daily life, knowing when the strategies are successful and making changes in current situations, as well as, generalizing solutions to new and different circumstances, people, and settings (Bruder & Dunst, 1999; Fenichel & Eggbeer, 1992; Flaherty, 1999; Kinlaw, 1999).

COLLABORATIVE CONSULTATION: Collaborative consultation is method of providing services that helps to enhance each family's ability to meet the needs of their child within everyday routines activities, and places. Each team member's skills are used in collaboration with other team members to evaluate, problem solve, and plan. Intervention strategies are designed to be embedded into activities that can be implemented by the family and other caregivers during everyday routines and activities. (Van Horn, J. 1997). Collaborative consultation is used as part of a dynamic and family-responsive Individualized Family Service Plan (IFSP) process that enables team members

with diverse expertise to generate creative solutions to mutually defined problems (Idol, et al., 1987).

CO-TREATMENT: two or more professionals typically representing different disciplines and providing different services at the same time with the same child. Co-treatment is often an effective way to design intervention strategies so that they can address multiple objectives within the same everyday routine or activity and keep them integrated across disciplines. Co-treatment can also enhance transdisciplinary team functioning and decrease the number of appointments families are asked to accommodate.

DIRECT TEACHING: providing verbal and/or physical instruction to another person about how to do something.

DISCIPLINE-SPECFIC: pertaining to a specific professional discipline, such as occupational therapy, nursing, or speech-language pathology. This has nothing to do with strategies used to manage behavior such as punishment, reinforcement, praise or time-out.

EVIDENCE-BASED BEST PRACTICES: approaches that have been shown to be effective through some agreed upon level of proof.

FAMILY'S "ECOLOGY": the "big picture" view of the family including an understanding of things such as the culture, history, biology, temperament, and current life circumstances of various family members as related to their relationships with the child as well as their relationships with service providers.

FUNCTIONAL OUTCOMES: practical and meaningful changes the family wants to see happen for themselves or their child as a result of participating in early intervention services. Functional outcomes are changes that make a difference in how the child and family are able to participate in family and community life now or in the near future.

INTEGRATE/INTEGRATION: to bring parts together into a whole. Early intervention providers look at each child as a whole being whose growth and development is interdependent and inter-related across developmental areas. Each child's ability to use skills must also be supported across everyday routines, activities, and places. In order to do this effectively all team members must have a shared view of the child's developmental strengths, needs, and the strategies to support the child's optimal participation in important activities. Service provision must reflect the integrated nature of child development.

INTERVENTION STRATEGIES: actions that will be taken and approaches that will be used to support the family as they work toward achieving the outcomes they have identified for their child/family. In order for strategies to be implemented with enough frequency to make a difference, they must be designed to support the existing routines and activities of the family.

JUSTIFICATION: a written description of the team's decision-making process regarding why outcomes cannot be achieved satisfactorily and services cannot be provided to a

child in natural environments or everyday routines, activities, and places. The justification must also include a statement of where services will be provided and what steps will be taken to enable early intervention services to be delivered in the natural environment.

METHOD: how something will be done; a process for doing something. In early intervention "method of service delivery" must change from simply listing "individual or group" to including a clear description of what each service provider will actually do or the process s/he will follow to deliver his/her service. Examples of methods of early intervention service delivery include, but are not limited to, coaching, modeling, direct teaching, providing information to parents, consulting, etc.

MODELING: may include actual demonstrations of a strategy or procedure.

NATURALLY OCCURRING LEARNING OPPORTUNTIES: ordinary life situations through which learning occurs. These situations provide the physical, social and cultural contexts for children's learning. Participation in the many different kinds of activities that are part of daily life provide children with opportunities to learn social roles, cultural goals and values, socially adaptive and other developmental skills (Dunst, et. al., 2001).

NATURAL SUPPORTS: places, people, organizations that provide natural or normal everyday support to children and families. This could include other family members, church, civic organizations, neighbors, and friends.

POSITIONING: to support a specific arrangement of the child's body, usually to enhance the child's ability to participate or function in an activity.

PRIMARY SERVICE PROVIDER: the person who interacts with the child, family and other primary caregivers on a regular basis to support them as the IFSP is implemented.

PROCEDURE: a description of the way something is to happen or the steps that will be taken, for example to determine whether progress is being made on an IFSP outcome.

RECOMMENDED PRACTICE – intervention practices that have been widely recommended in current literature and/or have an established based of evidence supporting their use.

RELATIONSHIP-BASED: an approach to service delivery through which a respectful, collaborative relationship between the service provider and the parents and other primary caregivers is used to support the child's development. An important aspect of relationship-based approaches to service delivery is a focus on supporting parent-child relationships as the primary organizers of all aspects of each child's development.

RESPONSIVE: a way of interacting that is sensitive to the needs of others. People who engage in responsive interactions, for example, take into consideration the way information is shared, type of information that is shared, and the timing or pacing of their interactions so that what is being offered is a "good fit" or matches what is being requested.

SERVICE DELIVERY SETTING: the physical location and situation in which services are provided.

STRENGTHS-FOCUSED: identifying and maximizing or building on the strengths of an individual, family, or situation in order to help address areas of concern.

TRANSDISCIPLINARY: a team approach to service delivery through which information is shared across professional disciplines to address the child's and family's needs in an integrated and coordinated manner. Transdisciplinary approaches typically involve a form of "role release" whereby one professional representing a discipline is able to support and allow another professional from a different discipline to implement a strategy or procedure designed to support progress toward an IFSP outcome.

TRANSFER: as used in this document, to take a skill that is learned in one activity or situation and use it in another activity or situation. This concept is also sometimes referred to as "carry over" or "generalization".