Early Intervention ILP
Alaska Infant Learning Program

February 2015 | In This Issue:

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MISSION, VISION, VALUES

With the help of master facilitator, Kameron Perez-Verdia, program directors and coordinators from around the state came together for a full day at the AAEYC Conference to do the important work of creating a shared vision and mission for the Infant Learning Program System. Kameron provided the group with a graphic that helped us begin with a clear understanding of the purpose of a vision, mission, values and strategic plan. A mission provides the boundaries for our work and describes the purpose of our system. The vision provides a vivid and idealistic description of what our system would look as we effectively carry out our work (the flag). The strategic plan is the bridge or path that will lead us toward our vision and the Seven Key Principle (our core values) provide a framework of values that guide our work. Rather than spend group time word-smithing several volunteers agreed to take the days work and craft vision and mission statements for review by the Strategic Leadership Team.

After a multitude of activities designed to help us think creatively about who we are, what we do that is unique, and why we exist as a system we ended the day with small group discussions about the Seven Key Principles and how programs are incorporating them in

their work and what aspects programs are challenged by as they practice in their respective regions.

A huge thank you goes out to Kameron and all of the program leaders from around the state who took the time to participate in this very important work. Look for our complete mission and vision statements in the March Newsletter.

Laurie Thomas, M.Ed
State EI/ILP Manager

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Diggin' Data

Why do we collect exiting data?

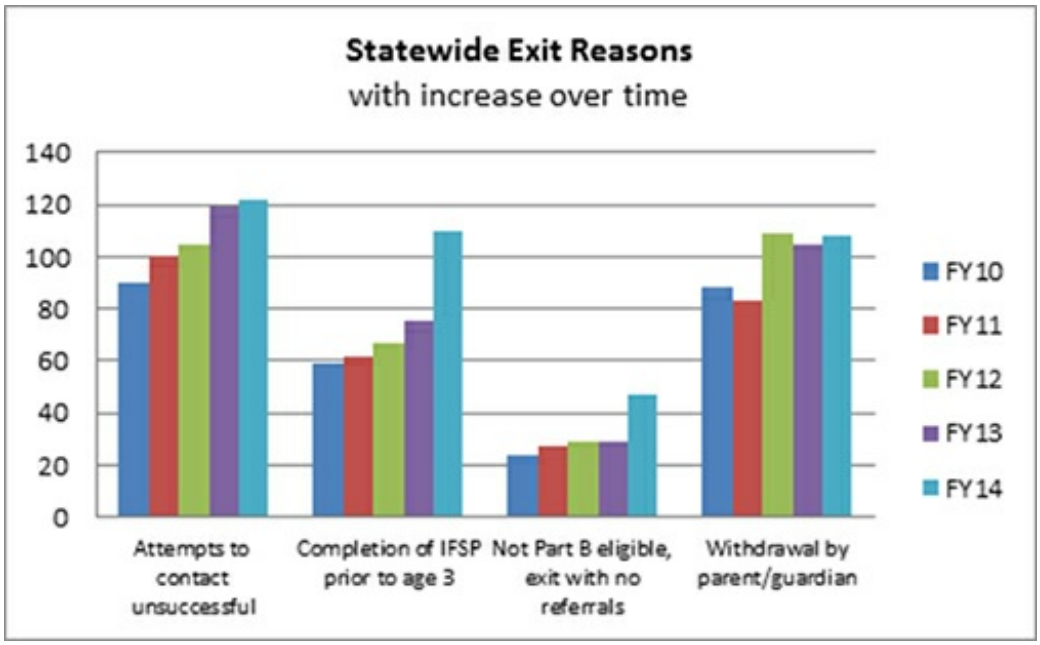
Exiting data are used for monitoring programs and activities under IDEA and reported in the Office of Special Education Programs (OSEP)'s Annual Report to Congress on the Implementation of IDEA.

I am required to submit an annual IDEA Part C Exiting Survey to the U.S. Department of Education (ED) on the following:

- Reason for Exit by Race/Ethnicity
- Percent Exiting by Race/Ethnicity
- Reason for Exit by Gender
- Percent Exiting by Gender

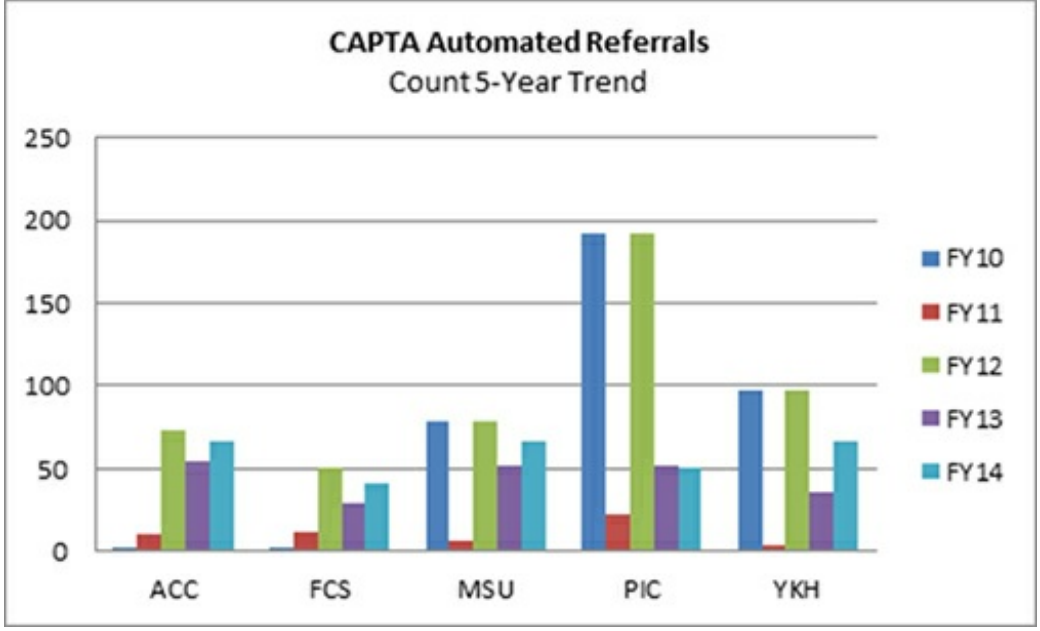
What do our exiting reasons look like over time?

Exit Reason	FY10	FY11	FY12	FY13	FY14
NULL	5	1	14	1	9
Attempts to contact unsuccessful	90	100	105	119	122
Completion of IFSP prior to age 3	59	62	67	75	110
Moved out of state	66	67	80	85	74
Not Part B eligible, exit to other program	22	15	26	34	30
Not Part B eligible, exit with no referrals	24	27	29	29	47
Part B eligibility not determined	50	28	45	57	41
Part B eligible	270	299	289	288	289
Withdrawal by parent/guardian	88	83	109	105	108



Are Automated CAPTA Referrals influencing this trend?

A Sample of the five largest ILP agencies demonstrates an overall decrease in automated CAPTA referrals:



The Alaska Family Outcome Survey CAPTA supplemental concludes that most outcome responses were similar between CAPTA and Non-CAPTA families with one marked exception; *"working with professionals to make a plan"* was distinctly weaker for the CAPTA families. Satisfaction for CAPTA families was also lower that the non-CAPTA families.

Exit reason comparison between all respondents and the CAPTA sub-population indicates most CAPTA children aged out of part C services and were Part B eligible. Otherwise there is little difference between the exit reasons between the two groups.

Reasons families exited the program during the service year

Exit Reason	Responders	Sub-population
Part B eligible	7 (9.1%)	14 (8.3%)
Completion of IFSP prior to age 3	4 (5.2%)	11 (6.5%)
Part B eligibility not determined	5 (6.5%)	9 (5.3%)
Withdrawal by parent/guardian	4 (5.2%)	8 (4.7%)
Moved out of state	3 (3.9%)	8 (4.7%)
Attempts to contact unsuccessful	3 (3.9%)	7 (4.1%)
Not Part B eligible, exit with no referrals	2 (2.6%)	4 (2.4%)
Not Part B eligible, exit to other program	1 (1.3%)	3 (1.8%)
Total Children	29	64

Exited		

While the number of automated CAPTA referrals does not appear to be a strong factor in the "Attempts to Contact Unsuccessful" and "Withdrawal by parent/guardian", the relationship satisfaction of CAPTA families is worth noting.

Why the increased trend in lost and families withdrawing?

This is a great conversation to have with your staff and the state staff. We can keep digg'n to understand these trends better. I welcome your comments or questions on this data. Data specific to your agency is available; feel free to email me with agency specific data requests on exiting reasons.

Lisa Balivet

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STUMP the STATE

Your Questions and Answers

QUESTION: When a family in a program 'no shows' for several appointments our program sends three letters and then exits the child. Is this okay?

ANSWER: This practice is acceptable for children *who have not been enrolled* (do not have a current IFSP in place). If a child does have an ***active IFSP*** our guidance from OSEP is that ***there must be continued attempts*** to contact the family to schedule appointments per the service frequency in the IFSP. (i.e. if the child is to receive services weekly, attempts to contact the family would need to happen weekly. If they receive quarterly services than the attempts to contact must happen quarterly at a minimum.) ***This requirement can be met through*** phone calls and/or letters. These attempts to contact must be clearly documented in the child's file. At such time when the child's IFSP expires a letter can be sent to the family letting them know that their child is being exited from the program.

We realize that the guidance provided in the old Operations Manual from the State is not clear and this will be changed in the next manual.

If your program is struggling with how to meet this requirement please contact your TA who can assist you with strategies that could be helpful.

Questions for this column are considered and responded to through a review of statute,

regulation and policy and other supporting documents and vetted by the State team through a consensus process.

Please submit questions for "Stump the State" to:

Laurie L Lopez, MA, LMFT, ATR | laurie.lopez@alaska.gov
Health Program Manager II
Early Intervention/Infant Learning Programs
DHSS/Office of Children's Services
323 E. 4th Ave, Anchorage, AK 99501
Phone (907) 375-8298 | Fax (907) 269-3497

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7 KEY PRINCIPLES

Looks Like/Doesn't Look Like

2. All families, with the necessary supports and resources, can enhance their children's learning and development.	
Key Concepts	• All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources) • The consistent adults in a child's life have the greatest influence on learning and development - not EI providers • All families have strengths and capabilities that can be used to help their child • All families are resourceful, but all families do not have equal access to resources • Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities

This principle DOES look like this:	**This principle DOES NOT look like this:**
Assuming all families have strengths and competencies; appreciating the unique learning preferences of each adult and matching teaching, coaching, and problem solving styles accordingly	Basing expectations for families on characteristics, such as race, ethnicity, education, income or categorizing families as those who are likely to work with early intervention and those who won't

Suspending judgment, building rapport, gather information from the family about their needs and interests	Implying that the professional's toys, materials or equipment are the "magic" necessary for child progress
Building on family supports and resources; support them to marshal both informal and formal support that match their needs and reducing stressors	Designing activities for a child the focus on skill deficits or are not functional or enjoyable
Identifying with families how all significant people support the child's learning and development in care routines and activities meaningful and preferable to them	Using only standardized measurements to understand the child's strengths, needs and developmental levels
Matching outcomes and intervention strategies to the families' priorities, needs and interests, building on routines and activities they want and need to do; collaboratively determining the supports, resources and services they want to receive	Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting
Matching the kind of help or assistance with what the family desires; building on family strengths, skills and interests to address their needs	Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities

Workgroup on Principles and Practices in Natural Environments

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SUPPORTING FAMILY PARTICIPATION

Family Guided Routines Based Intervention

A Family Guided Process

- Provides information and resources
- Is transactional
- Is individualized
- Offers choices
- Results in informed decision-making

A family guided process is based on the assumption that adequate information and supï¿½ï¿½port are provided to family members to assist them in making responsible and informed decisions. To guide the process and make it "fit" their child and family situation, the family members must understand the key concepts of the decision they are being asked to make.

One of the most, if not the most, essential responsibilities of the interventionist is to make information and resources available to families using methods and materials that are

meaningful and easily understood by the family. The materials should be tailored to offer the information, in a format that is most beneficial to the family. The timeline for disseminating the information should be individualized for the family and not based on arbitrary program policies.

For some families, information will be shared through conversations; others may prefer written documentation to read and digest independently; still others prefer another parent to share the information with them. Many families prefer talking about an issue, such as using routines for intervention, with the early intervention staff and then watching a supportive video. There is no single correct way; the family guides the process by choosing the ways that are best for them.

The information sharing, however, is not unidirectional. It is a transactional exchange. As information is shared with the family, the family is also sharing information with the interventionist about their values, interests, histories, concerns, and goals. The content shared by the family should help guide the interventionist in knowing if more information or resources are needed or if the family is ready to problem solve and make decisions.

Problem solving and decision making is initiated during the assessment while the IFSP process are continued and expanded in the intervention. Family guided routines for early intervention are developed using the family's choices for settings, participants, materials, and strategies. The routines are not available in a workbook for dissemination. Each one is different depending upon the family's interests and strengths. The family identifies who will participate, how often, when, and where.

Identifying the information with the family to develop the routines requires mutual respect, time, and effective communication skills. There is not a set of communication skills specific to the development of family guided intervention routines but simply a skillful application of the basic communication skill. These are useful in early intervention when a family realizes they are being asked to share very personal information.

The interventionist needs to be able to:

Listen:

- focus and follow the family's lead
- use facial expressions to encourage

Reflect feelings:

- be clear and concise without adding or deleting information or judging
- summarize sensitively

Reflect content:

- paraphrase briefly
- organize and restate

Question:

- make open ended comments and queries
- promote problem solving

Implementing a family guided process engages the team in a collaborative and creative problem solving process to achieve flexible and individualized participation for each family. The process includes steps that preempt jumping ahead to soluï¿½ï¿½tions without carefully identifying and examining the data, possible alternatives, and delineating an evaluation plan to be sure the decisions are most appropriate. No decisions made should ever be considered final but rather the team should embrace the value of ongoing problem solving to see new and better options for enhancing the child's development and the family's decision making capacity.

Communication Skills

- Listen
- Reflect feelings
- Reflect content
- Question/comment

In relationships valued by the partners, there is a tendency to provide answers to questions that are perceived as "correct" or the answer believed to be the one the questioner wants to hear whether it is true or not. Families value their relationship with their interventionists because of the services they provide for their child. Interventionists also value their relationship with the family. Both partners must appreciate the complexity of the communication focusing on embedding intervention within the daily lives of children and families. It is very personal.

If we look at the meanings and not just the words, families offer us some excellent guidance for communicating more effectively by the comments they make. Family members rarely describe themselves as equal partners in the intervention process. They lack the experience and expertise the providers have. A problem solving approach supports the back and forth exchange of ideas and strategies. No one has all the information; everyone has some. Together the best plan can be developed.

Interventionists frequently ask advice on how to get families involved in their child's intervention. Involving families in the intervention process is really not the question. Families are involved simply by being a family. The question really needs to focus on the amount and types of involvement. The answers then can come from the ideas and strategies offered and the choices made by the family members.

"Meals are a good time to work on his goals. Even if you get really busy, he has to eat, so opportunities are always there. He's usually in a good mood during meals, and I am able to pull in many different skills, making sounds, turn-taking, whatever. Plus, he's developing life skills that he'll have to have. Our family likes to eat and see it as a special time to be together."

The interventionists need to be aware of the ever changing needs of families and be able to accommodate the changes within their priorities and routines. Each visit becomes an opportunity to reflect on the current priorities, to brainstorm options and identify more preferred routines and intervention strategies.

The intervention team, including the family, must determine if the opportunities for teaching and learning are sufficient for each child. The team must monitors the child's learning as routines change and skills develop. Lives change; children change; concerns and priorities change. It is only logical that services and supports change accordingly. There is no

perfect approach - only the one that meets the needs of the child and family.

For more information visit Florida State' University's Family Guided Routines Based Intervention site at: **fgrbi.fsu.edu**

References

Cripe, J. W. & Venn, M. L. (1997). Family guided routines for early intervention services. Young Exceptional Children, 18-26.

Winton, P. J., (1996). Family-professional partnerships and integrated services. In R. A. McWilliam (Ed.), Rethinking pull-out services in early intervention (pp. 49-69). Baltimore, MD: Paul H. Brookes Publishing Co.

FGRBI is a project within the Communication and Early Childhood Research and Practice (CEC-RAP) Center. CEC-RAP is a collaborative center within the College of Communication and Information, School of Communication Science and Disorders at Florida State University.

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PROGRAM HIGHLIGHT: SPROUT

Interview with Jill Lush, Executive Director

Sprout Family Services (Sprout) is a community-driven agency serving at-risk families through support, education, and family strengthening opportunities to promote the healthy development of children and families. Our service region reaches beyond Homer to serve the entire Southern Kenai Peninsula as well as the Aleutian/Pribilof Islands. As such, we work with diverse communities. In fact, Sprout is the only social service agency in the area currently serving the Russian Old Believer villages weekly, with most families inviting Sprout's Russian-speaking staff member into their homes. Serving such a large service region requires a variety of transportation to reach our families. Traveling to the Aleutian Islands can often mean multi-leg trips to serve families in multiple communities.

To ensure responsiveness to a broad array of families' needs, Sprout employs a diverse workforce representing multiple occupations and specialty skills. For the Infant Learning Program, for example, we staff facilitators highly qualified in specific pediatric disciplines. Sprout staff members are trained to assess child development, family well-being, and parent-child interactions. Currently, Sprout's ILP staff consists of nine team members, which include an Occupational Therapist, a Speech Language Pathologist, three Developmental Specialists, a Social Worker, a Playgroup Coordinator, a contract Physical Therapist, and our Administrative Assistant.

Most of Sprout ILP services are conducted using a Trans-disciplinary or Coaching Model. The trans-disciplinary approach uses a primary service provider to facilitate a group of professionals from different

disciplines. They use their expertise to jointly evaluate, assess and plan to best meet the needs of the child and the family. This is accomplished by the use of strategies such as consultation and videotaping, then sharing with other team members the rationale for using a particular strategy, to ensure a more comprehensive picture of the child, family and the supports they need.

In most cases, Sprout chooses to follow this ideal. We typically receive a referral and match up the provider who can perform the intake and evaluation with the provider that best meets the family's needs and who has availability with caseload. They partner with a second discipline and after three meetings, the team can decide who is the best fit for the family and child. The primary service provider continues to serve the family and consults with specific disciplines as needed. If it is determined that consulting isn't enough for the child's needs, we offer a discipline specific consultation with the family and provider. If that model is still not enough for the child and families need, a second discipline can be added to services in a team-treat or a multi-disciplinary fashion. One potential problem in this ideal is when we receive referrals around the age of 2, which happens frequently. Often times our biggest challenge is developing a relationship with a family when we are simultaneously working on their transition process.

Sprout has been focusing on increasing our child find efforts and has partnered with 3 local clinics who are at varying stages of implementing ASQ into their well child check-ups. Sprout is also hoping to reach out to at least 3 more clinics during this fiscal year in hopes of having more children screened.

The communities in our service area face a disproportionate rate of domestic violence, economic challenges, substance abuse, and mental and emotional health challenges, and these challenges are often exacerbated by the isolation of families in our region. To address this need for our region, select Sprout ILP staff are enrolled in the Neurorelational-Framework Course offered through UAA. This course is taught by Dr. Connie Lillas and focuses on integrating disciplines with the latest research on neurological development and interdisciplinary practices prioritizing relational over behavioral practices.

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CONGRATULATIONS GRADUATES!!!

Congratulations to out to all those working in
ILP who earned a degree in December 2014:

Angie Gingue from ACCA earned her Masters of Early Childhood Special Education

Colleen Elzey from ACCA earned her Masters of Early Childhood Special Education

Jessica Gardner from PIC earned her Masters of Early Childhood Special Education

Kerri Roe from Frontier Community Services earned her Master of Education in Counseling-School

McKenzie Weimer who interned at FOCUS earned her Occupational Therapy degree

Shilan Wooten at the State ILP Office earned his Bachelor's of Art in History

Tiffany McCormack from ACCA earned her Masters of Education in Special Education

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"There are two ways of spreading light: to be the candle or the mirror that reflects it." - Edith Wharton

Shilan Wooten | shilan.wooten@alaska.gov
Early Intervention/Infant Learning Program | DHSS/Office of Children's Services
323 E. 4th Avenue, Anchorage, AK 99501 | Phone: 269-8442 | Fax: 269-3497

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