
Evidence-Based Practice

Progress Notes



Center for Evidence-Based Practice:
Young Children
with Challenging Behavior

www.challengingbehavior.org

Recommended Practices

Being an Evidence-Based Practitioner

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A great deal of attention has been devoted in recent years to the notion of “evidence-based practice”. Along with numerous other fields, early intervention has been affected by this focus. Efforts have been made to identify interventions and programs that do or do not qualify as “evidence-based” (see Horner, Carr, Halle, McGee, Odom, & Wolery, 2005), and practitioners themselves are being evaluated in terms of the extent to which they practice evidence-based procedures. The following provides an explanation of what it means to be an evidence-based practitioner.

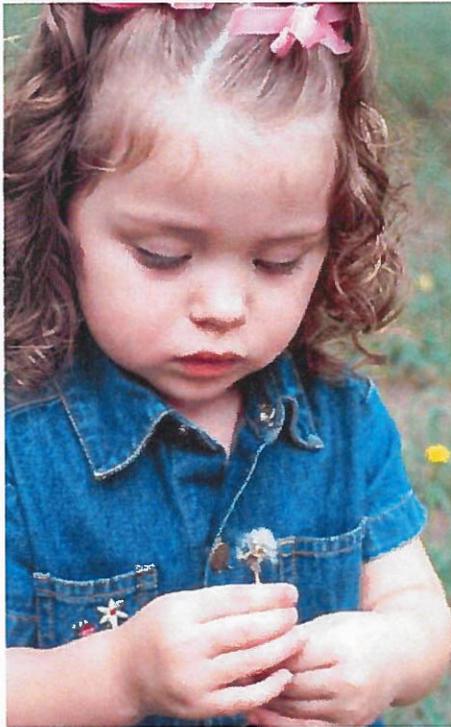
Evidence-based practice refers to the use of interventions, strategies, and supports that have research documenting their effectiveness. Practices that are evidence-based are ones that have been demonstrated as effective within multiple research studies that document similar outcomes. A particularly useful definition of evidence-based practices was offered by Dunst, Trivette, and Cupsek (2002): *Practices that are informed by research in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome.*

An evidence-based practitioner is an individual involved in interventions and supports for young children who identifies and uses evidence-based practices. Evidence-based practitioners include teachers, therapists, counselors, social workers, and anyone else who deliberately attends to the empirical basis for the practices they use in their work with children.

Selection of practices that are evidence-based

While there is no set formula for determining which intervention strategy to use to meet a particular intervention need, we suggest that the following questions can help to narrow the field:

- ① Has the intervention been evaluated in a peer-reviewed journal?
- ① Has the intervention been replicated across investigators, settings, and participants?
- ① Are there alternative interventions that are less restrictive, better researched, or perhaps more effective or efficient?
- ① Is the intervention within the existing skill set of practitioners, or do they need prior training and consultation?
- ① Has the intervention been shown to produce outcomes like the ones intended?
- ① How will we evaluate the intervention if we decide to implement?





Resources

Center on Evidence-Based Practice: Young Children with Challenging Behavior. <http://www.challengingbehavior.org>

Center on the Social and Emotional Foundations for Early Learning. <http://www.csefel.uiuc.edu>

Research and Training Center on Early Childhood Development. <http://www.researchtopractice.info>

Why be an evidence-based practitioner?

There are many reasons to be an evidence-based practitioner. The use of evidence-based practices enables one:

- ① To maximize beneficial child and family outcomes. While evidence-based practices do not guarantee success with a particular child and family, they greatly increase the likelihood that favorable outcomes will ensue.
- ① To be consistent with recommended practices in the field. Several organizations, including DEC (Division for Early Childhood of the Council for Exceptional Children) and NAEYC (National Association for the Education of Young Children), have carefully examined the available research and formulated recommendations, and these recommendations tend to be aligned with evidence-based practice.
- ① To provide data to respond to accountability demands. Increasingly practitioners are called upon to justify their interventions and activities; evidence-based practitioners have the benefit of having data to support their positions and practices.
- ① To expand one's own skills and competence. By being knowledgeable about the empirical support for one's practices and by keeping current regarding new developments, evidence-based practitioners regularly adjust their practices and improve their abilities to deliver effective interventions and supports.
- ① To enhance political and fiscal support for early intervention. Evidence-based practice carries with it credibility and demonstrated results which facilitates support from administrators, policy makers, and funders.
- ① To provide consumers with a clear rationale for nature of services. The availability of relevant, supportive data is a valuable source of information for families and agencies seeking the best answers for challenges associated with intervention options. The evidence-based practitioner is able to assist consumers by providing access to data.

What do evidence-based practitioners do?

Evidence-based practitioners engage in the following ongoing activities that are consistent with and necessary for the use of evidence-based practice:

- ① To maintain awareness of evidence-based practices through ongoing education, including reading current professional journals, books, and other materials; accessing web sites devoted to evidence-based practice (such as www.challengingbehavior.org); and participating in workshops on evidence-based practices.
- ① To select overall curricula that have peer-reviewed data to support use with a particular population of children.
- ① To employ daily data collection systems that track children's progress and use this information to plan and refine instruction.
- ① To provide families with support, information, and training sufficient to meet their desires for participation in their child's educational program
- ① To remain open to changes in service delivery based on new ideas, new data, and trends in the field that are evidence-based.
- ① To access learning opportunities to enhance instructional, administrative, and interpersonal skills that are evidence-based.
- ① To promote the use of evidence-based practices by the staff you supervise. Supervisors should encourage staff to learn about evidence-based practices, try new evidence-based approaches, and engage in an array of continuous professional development activities.

Barriers to being an evidence-based practitioner and some solutions to overcoming them

CHALLENGES	STRATEGIES
Perception that “it takes too much time”	Do the test. Most people find that the initial added effort ultimately saves time and reduces frustration. Being evidence-based is about working smarter not harder.
Lack of team consensus; disciplinary squabbles	Take the time needed to create a vision for your team. Agree and act on a small proportion of an evidence-based agenda. As you experience success, expand your agenda. One, three, and five-year plans can be very helpful here.
Strongly held ideologies, practices, and theories that may be in conflict with evidence-based practices	Conduct frequent, structured meetings to discuss beliefs and attitudes; enlist the support of someone proficient in facilitating discussions about beliefs; ensure that concerns are not tied to misunderstanding of terms (establish consensual terms); recognize that beliefs are affected by information; provide resources and opportunities to talk with people who have implemented the practice; provide incentives and recognition for attempts at using evidence-based practices.
Lack of training opportunities and/or technical assistance around evidence-based practices	Identify resources on evidence-based strategies; create staff development plans; implement collaborative training and TA with staff families, consultants, trainers, and leaders; and develop vision and commitment to using evidence-based practices and resources.
Lack of administrative support	Become informed about evidence-based practices, and begin to implement where you can; share your success with the implementation of evidence-based practices or understanding of the practice with your colleagues; create enthusiasm for the adoption of evidence-based practices with colleagues, and then approach your administrator.

Concluding Thoughts

While we believe that there are compelling reasons to engage in evidence-based practices, such as those enumerated above, we would be remiss if we did not acknowledge the following caveats.

Ⓢ While considerable research is now available in many areas of early intervention and support, this research is often limited with respect to diverse populations of children and families.

- Ⓢ What can be considered as evidence-based is, in some areas of intervention, a rapidly evolving standard.
- Ⓢ Supporting evidence-based practices is everyone’s business – direct service providers, administrators, policy makers, and consumers.

Elements of a good progress note

ECI has specific rules about documentation of services. To meet the requirements of rule, your progress note for a visit must contain a description of the methods you used to engage the parent or caregiver, and include:

- ❑ **Current status/Changes since last visit-** This will include relevant information that is specific to the stated outcomes listed on the IFSP. What did the parent/caregiver practice since your last visit? How did the techniques fit into daily life? Was the parent comfortable with the techniques and how did the child respond? Is the parent seeing progress toward the child's outcomes?
- ❑ **The IFSP outcome that was the focus of the intervention-** Your progress note should clearly state the IFSP outcome (or outcomes) you and the caregiver worked on. In addition, all of the modeling, coaching and discussion you document need to clearly relate to the stated outcome and the reason for the intervention.
- ❑ **Activities completed with caregiver and child to address stated outcome-** Documentation should clearly reflect the focus of treatment was helping the family learn ways they can interact with their child to support the child's development and learning. Your progress note should describe how you helped the parent to implement learning opportunities in daily life (coaching and modeling) and how you helped them find ways to adjust routines and strategies when necessary. Teaching and feedback need to be described in your progress note, including the parent/caregivers opportunity to practice what you just modeled for them (return demonstration). Indicating you and the caregiver "encouraged" a child to do something is not documentation of a professional, skilled service. You should also document the use of materials or toys used were found within the home or child care setting.
- ❑ **Progress toward outcome/outcomes addressed-** This is where you, the professional, will document the application of professional knowledge and judgment. You must document the child's progress or lack of progress and an assessment of the effectiveness of the intervention (ongoing assessment). You are expected to be constantly assessing and adjusting your strategies, activities and methods based on the child's response to the intervention and the family's success in using the intervention.
- ❑ **Service provider's signature-** In signing the progress note, you are asserting that you provided a needed, skilled and necessary professional service, and the documentation is a true and accurate reflection of the activities of your session.

Other record keeping requirements apply to every progress note written in ECI. Each note must include the name of the child; the name of the ECI contractor; the name and the discipline of

the service provider; the date; the start time, length of visit, and place of service; and the method of the service (individual or group).

In many ECI programs, providers leave a copy of the progress note with the family at the end of the visit. Some programs require that the parent or caregiver sign the note. The note provides a record of what they learned, ideas of how to implement techniques and strategies, and reminders of things to work on until the next visit. There is not a need to write separately about “things to work on till next visit” because your entire progress note should provide this information. For the time spent writing the note to be considered part of your intervention, it should be written in cooperation with the parent and throughout the session. This type of documentation is referred to as concurrent documentation and should take place during every visit.

Current Status, Changes since last visit	Foster mom reports Andre: <ul style="list-style-type: none"> • Gesturing more to express wants, snack time signs • Still not many words to ask for toys/food • Fewer tantrums • Still frustration when not able to communicate wants- throws snack or “No”
IFSP Outcomes worked on	To use words and gestures to express needs, during playtime and mealtime, 3 x daily, for one week.
Activities with caregiver to address outcomes	Playtime-playing trucks with brothers <ul style="list-style-type: none"> • Worked together on daily positive behavior chart-Andre colored it • Instructed FM – use of sticker rewards for word use • Reminded to place favored books out of reach, but in sight to tempt him to ask • Reviewed/ FM practiced sign for book (hand over hand) with Andre while saying “book” – 3x • Reminded FM to practice daily especially during mealtime and playtime
Progress toward outcome	Good Progress: <ul style="list-style-type: none"> • Andre eager to participate today • Asked for cup, pointed to book, said “book” to request- first time today! • Mom reports more comfortable with new signs and strategies.

<p>Current Status: Changes since last visit</p>	<p>He is pointing and gesturing more to try and tell foster-parents what he wants with the snack time signs he has learned, but still not using many words to ask for toys or food. He is having fewer tantrums but still showing signs of frustration when unable to communicate his wants like throwing his snack off the table last week or just saying "No."</p>
<p>IFSP Outcomes worked on</p>	<p>To use words and gestures</p>
<p>Activities with caregiver to address outcomes</p>	<p>Arrived during play time, Foster mom present as well as foster brothers. Andre was playing trucks with brothers. I helped foster mom, Andre and foster siblings in making a positive behavior chart to be used throughout the day. Andre enjoyed coloring on the chart. FM was educated on use of sticker rewards when Andre uses his words. Andre offered a sticker to place on the reward chart after asking for a cup. Reminded FM to place books out of reach but within Andre's sight so he would have to request the book. Andre points to books on top of the book shelf. FM practiced the sign with Andre for book using hand over hand method while speaking the word, "book." Lydia is reminded to continue to practice these techniques and strategies throughout the week and during playtime and mealtimes.</p>
<p>Progress toward outcome</p>	<p>Andre remained motivated and eager to participate throughout today's visit. Andre was able to point to the book he wanted and used the word "book" for the first time today. Good progress noted in today's session. FM is becoming more comfortable with new signs and use of strategies.</p>

Coaching & instructions to family

Child's response and progress

How activities apply to child and family routines

Modeling within everyday learning opportunities

Skilled, professional service

Example #2 of a Progress Note: Is this good documentation?

Date of service	11/01/2014
Childs Name/DOB	Riley 07/01/2012
Service Provider Name and Service:	Brianna Fantana Speech Therapy
Start Time and Duration/ or End Time	11:00 am 60 minutes or 11:00 am to 12:00 pm
Method and Location	Individual/ Home
Current Status; Changes since last visit	SLP arrived at Riley's home. Riley, Mom (Adelia) are present. Riley was playing on the floor with trucks. SLP asked Adelia how her week was and how her last trip to the grocery store went. Adelia reported using the picture exchange system but Riley only remained interested in the cards for about 5-10 minutes before he tried to run.
IFSP Outcomes worked on	Riley will be able to go to the grocery store without running away or displaying tantrums with use of the picture exchange system.
Activities with caregiver to address outcomes (must include return demonstration)	SLP and mom brainstormed regarding the cards Riley found most interesting and areas of the grocery store Riley seemed to enjoy most. Adelia reports Riley enjoyed the toy section and the lobsters in the seafood department. SLP, Adelia and Riley made additional picture exchange cards to foster increased compliance and ease with transitions around the grocery store. Cards were made using index cards and magazines cutouts found in the home. SLP instructed Adelia in the use of the cards and suggested use of a timer on Adelia's cell phone as a preparatory strategy technique. Adelia practiced using the newly made picture cards and cell phone timer to encourage Riley. SLP provided feedback and Adelia and Riley practiced these techniques again. SLP recommends to Adelia to practice these techniques in the upcoming week prior to her next trip to the grocery store with Riley. SLP will meet Adelia and Riley at the grocery store for the next weeks scheduled SLP visit.
Progress toward outcome addressed	Riley was receptive to the activity and participated well in choosing the pictures for the cards. He was able to follow directions during the task and remained focused for 15-20 minutes.
Staff Signature/Title	<i>Brianna Fantana, CCC-SLP</i>
Parent/Caregiver Signature	<i>Adelia Smith</i>



ACTIVITY PROGRESS FORM

Child's Name:	Location:	Date:
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Who was present at visit:

IFSP Goal(s):

Content of Activity/ Progress Notes:

1. Subjective (Child progress/parent report)	3. Ongoing Assessment (Individual child strategies tried today/ conclusions)
2. Objective (Provider report)	4. Plan (New Ideas to try/Follow up activities)

Prior Written Notice is provided a reasonable time before an action is proposed or refused (303.421(b)(1)).

Action Being Proposed or Refused:

Your child is eligible for services and a meeting is needed to develop your child's IFSP.

Your child is not eligible for services.

An IFSP meeting to review your child's IFSP is needed at which we may change an IFSP service, duration or frequency.

A transition planning conference for your child is needed at which we may change an IFSP service, duration or frequency.

Other(describe):

Reason for taking this action:

A copy of the *Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards* document is attached to this notice. If you have any questions or do not understand your rights, please contact me.

OR

I have received a copy of the *Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards* document. This information has been explained to me and I understand it. (parent initial)

Parent Signature:	Provider phone:	Next visit date, time & location:
Service Provider signature & credentials:		

EI/ILP Billable Units (1 unit = 15 minutes)

# Units	CPT	Service Description	DB Code	In	Out
Occupational Therapy			OT	In	Out
	96111	Developmental testing			
	96152	Health and behavioral health intervention			
	97003	OT evaluation			
	97004	OT re-evaluation			
	97110	Therapeutic procedures (strength, endurance, range of motion, and flexibility exercises)			
	97112	Neuromuscular re-education			
	97150	Group therapy			
	97530	Therapeutic activities (dynamic activities to improve functional performance)			
	97532	Development of cognitive skills			
	97533	Sensory integrative techniques			
	97750	Physical performance test or measurement			
	97760	Orthotic management and training			
Other Occupational Therapy				In	Out
	99366	Team Conference, family present, 30 min. or more			
	99368	Team Conference, family not present, 30 min. or more			
Physical Therapy			PT	In	Out
	96111	Developmental testing			
	97001	Physical therapy evaluation			
	97002	Physical therapy re-evaluation			
	97530	Therapeutic activity			
	97112	Neuromuscular re-education			
	97116	Gait Training			
	97530	Manual Therapy			
	97760	Orthotic Intervention			
Other Physical Therapy				In	Out
	99366	Team Conference, family present, 30 minutes or more			
	99368	Team Conference, family not present, 30 minutes or more			
Speech and Language Therapy			SL	In	Out
	92506	Speech-Language evaluation			
	92507	Treatment of speech, language, voice communication, and or auditory process disorder; individual			
	92508	Group speech therapy			
	92526	Treatment of swallowing dysfunction and/ or oral function for feeding			
	97532	Development of cognitive skills			
	V5362	Speech screening			
	V5363	Language screening			
	V5364	Dysphagia screening			
Other Speech And Language Therapy				In	Out
	99366	Team Conference, family present, 30 minutes or more			
	99368	Team Conference, family not present, 30 minutes or more			
Family Service Coordination				In	Out
		Family Service Coordination	FS		
		IFSP Development	IF		
		Transition Planning	IF		
		90-Day Transition Conference	TR		
Other Services				In	Out
		Special Instruction	SI		
		Family Training/Support	FT		
		Intake	IN		

DB Code/Contact type: AT, AU, EN, EB, FS, FT, HE, IF, IN, MS, NS, NU, OT, PT, PS, SC, SI, SL, SW, TP, TR, Other (Describe)

Provider Signature & Credentials:

Home Visit Activity Progress Summary

Child: _____ Others Present: _____

Date/Location: _____ ICD-9 (primary) _____ ICD-9 (secondary) _____

Start Time: _____ Stop Time: _____

S-Subjective Observations/Parent Report	Individualized Family Service Plan (IFSP) Goals
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O/A-Objective Observations/Assessment	P-Plan/Strategies
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Follow-up for next visit

<p>Prior Written Notice is provided a reasonable time before an action is proposed or refused (303.421(b)(1)).</p> <p><u>Action Being Proposed or Refused:</u></p> <p><input type="checkbox"/> Your child is eligible for services and a meeting is needed to develop your child's IFSP.</p> <p><input type="checkbox"/> Your child is not eligible for services.</p> <p><input type="checkbox"/> A meeting to add, revise or change an IFSP service, duration or frequency.</p> <p><input type="checkbox"/> Other(describe): _____</p> <p>I received Alaska's EI/ILP Parent Rights and Procedural Safeguard and understand my rights related to this notice:</p> <p>_____</p> <p>(parent initials)</p>	<p>Family Service Coordination (15 minutes=1 unit)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">In</th> <th style="width:15%;">Out</th> <th style="width:70%;">Category</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>Family Service Coordination</td> </tr> <tr> <td> </td> <td> </td> <td>IFSP Development/Transition Meeting</td> </tr> <tr> <td> </td> <td> </td> <td>Developmental Screening/Assessment</td> </tr> </tbody> </table> <p>Other Services</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">In</th> <th style="width:15%;">Out</th> <th style="width:40%;">Service</th> <th style="width:30%;">Code</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	In	Out	Category			Family Service Coordination			IFSP Development/Transition Meeting			Developmental Screening/Assessment	In	Out	Service	Code																
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Parent/Caregiver: _____ Provider: _____

Next Appointment Date/Time/Location: _____