Recommended Practices for Early Childhood Intervention

Tricia Catalino, PT, DSc, PCS
Touro University Nevada
Tricia.catalino@tun.touro.edu
Disclosure

Tricia Catalino is a member of the DEC Recommended Practices Commission and the DEC Executive Board. No relevant financial relationship exists.
Session Learning Objectives

At the end of this session participants will:

1. Describe how the DEC Recommended Practices were developed.

2. Identify practices to support families of children with or at risk for developmental delays or disabilities.

3. Discuss how to implement the DEC Recommended Practices in the EI and ECSE settings.
Session Outline

• Brief overview of DEC & the DEC Recommended Practices
• Framework, parameters, and key working definitions
• Where to find the DEC Recommended Practices
• Practices & Examples
The Division for Early Childhood (DEC) promotes policies and advances evidence-based practices that support families and enhance the optimal development of young children (0-8) who have or are at risk for developmental delays and disabilities. DEC is an international membership organization for those who work with or on behalf of young children (0-8) with disabilities and other special needs and their families.
Framework, Parameters, and Key Working Definitions

• **Population**: Children - birth through kindergarten who have or are at risk for developmental delays and disabilities but not limited to IDEA service eligibility

• Practices represent highest impact practices

• Practices represent breadth of topic
Framework, Parameters, and Key Working Definitions

• Practices are observable, written in active voice, and **not** disability specific
• Practices can be delivered in all settings
• Practices build on, without duplicating, standards for typical early childhood settings
Topic Areas

- Leadership
- Assessment
- Environment
- Family

- Instruction
- Interaction
- Teaming and Collaboration
- Transition
Where to Find the RP’s

http://www.dec-sped.org/dec-recommended-practices
PRACTICES AND EXAMPLES
Leadership
Definition

RPs define Leaders* as:

“those in positions of leadership or authority in providing services to all young children who have or are at risk for developmental delays/disabilities and their families”
Address Both Leadership & Management

• Leadership – shared vision, adapting, setting direction

• Management – day-to-day operations, planning, procedures, budgets, supervising
Leadership Practices

Issues **internal** to the operation of the program

- Culture and climate of the program
- Support for shared decision making
- Evidenced-based approaches to professional development

Message: Leaders create the conditions so that practitioners can implement the RPs in other topic areas
Leadership Practices: External

• Collaborate
  – Across agencies for inclusion, coordinated service delivery, developmental screening
  – Development of professional competencies (Higher Ed, state agencies)

• Advocate
  – Improved policies, more resources

• Be an active professional:
  – Stay current
  – Model the principles in Code of Ethics, RPs, etc.
Leadership Practice 13:

L13. Leaders promote efficient and coordinated service delivery for children and families by creating the conditions for practitioners from multiple disciplines and the family to work together as a team.
Example: A director of an early intervention program arranges schedules so that all staff working directly with families are in the office on certain afternoons to ensure time and a structure for collaboration.
Assessment

• The Assessment recommended practices promote the use of assessment to maximize learning opportunities and provide appropriate support and resources to the child and family.

• Assessment is a process for gathering information to make decisions about the teaching and learning of young children.
Assessment

• Determine eligibility
• Planning optimal learning activities
• Enhance social-emotional competence
• Provide needed supports to the family
• Measure progress over time
Authentic, naturalistic assessment

• Involve families and other caregivers
• Use procedures that are motivating for the child and looks at skills in their everyday environments
• Use valid, reliable and culturally competent tools
A1. Practitioners work with the family to identify family preferences for assessment processes.
Example: A team of practitioners and the family jointly plan the specifics of the upcoming assessment including the location, time of day, and strategies for assessment.

Assessment Practice 1
Environment
Environment

The *Environment* recommended practices promote the access and participation of young children with or at risk for developmental delays or disabilities in everyday learning experiences and naturally occurring routines.
• Build upon Developmentally Appropriate Environment Practices (DAPs)
• Refer to settings (natural & inclusive) and features (physical, social, temporal)
• Inseparably linked to development, growth, & functioning
Spirit of the Environment RP’s

1. Environment RP’s interwoven in all RP areas
2. Environments are fundamental sources of access and participation
3. Changes to the environment are done in collaboration and are strengths-based
Environment Practice 4:
E4. Practitioners work with families and other adults to identify each child’s needs for assistive technology to promote access to and participation in learning experiences.
Example: A speech language pathologist works with family members to incorporate the use of a child’s voice output device across the family’s daily routines (e.g., shows the family how to use the device during the morning routine so the child can communicate what she wants to eat for breakfast).
Family

• The Family recommended practices guide practitioners interactions with family members so that practitioners can support the family’s confidence and competence in helping their child learn and grow.
Principle 1:
Parents are the constant in the lives of young children with disabilities or developmental delays and so practitioners should provide families with the information they need and recognize the information they already have.
Principle 2:

In every interaction with a family, it is the role of the practitioner to promote confidence and affirm the competency of the parents to support their child’s development and learning so they will continue to provide their children with what they need.
Principle 3:
Practitioners need to respect the unique characteristics of each family including ethnicity, culture, family structure and family goals and work in collaboration with the family to achieve these goals.
F3. Practitioners are responsive to the family’s concerns, priorities, and changing life circumstances.
Family Practice 3

Example: A service coordinator assists the family in identifying and connecting to both formal and informal supports and resources such as babysitting or respite care with family, friends, and neighbors.
Instruction
The purpose of Instruction recommended practices is to help children acquire the skills and behaviors that will help them be more independent and successful as young children and throughout their lives.

“Tools of our trade”
Characteristics common to all Instruction RPs:
• Goals and objectives across disciplines
• Target behaviors prioritized by family
• Align with family beliefs and values
• Intentional & Individualized
• Build on strengths, preferences, and interests
• Data-based decision making
Instruction Practice 4

INS4. Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
Instruction Practice 4

**Example:** An early intervention provider and a child’s parents monitor their own behavior to ensure that they are providing the appropriate level of support for the child to be able to do a skill and fading prompts when appropriate.
Interaction

“Being emotionally and physically available and observing, interpreting, and responding are at the heart of each of these five practices.”

Predictable emotional, social, language, and cognitive responses embedded throughout a child’s day promote growth in all areas of development.
Responsive Interaction

• The adult reacts sensitively and contingently to the child’s behaviors at a level appropriate to the child’s developmental level

• Practitioners support children’s development through responsive interactions

• Practitioners support the parent-child relationship
  – provide opportunities for caregivers to learn new ways of interacting with children
INT2. Practitioners promote the child’s social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.
Example: An early interventionist working in the home encourages and reinforces a child for initiations and engagement with materials by providing choices; making suggestions; giving the child time to make choices; and providing positive, descriptive feedback.
Teaming & Collaboration

Issues in identifying practices:

– Lack of agreement and clarity on key terms

– Research on topic is in its early stages; however there is considerable support for the concepts
“Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions.”
Practice Themes

• team composition (e.g., cross-section membership, skilled convener)
• communication and group facilitation (e.g., mutual respect, flexibility)
• team purpose (e.g., shared vision, concrete goals)
– TC1. Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
Example: A physical therapist, service coordinator, and developmental therapist meet to talk with the family about the child’s current abilities, progress, and other concerns.
Transition
Transition

“Events, activities, and processes associated with key changes between environments or programs during the early childhood years and practices that support the adjustment of the child and family to the new setting.”
Themes

• exchange of information occurs between practitioners in sending and receiving program before, during and after transitions
• strategies are used to support child and family adjustment to new environments
• positive relationships are central
Transition Practice 2

TR2. Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.
Example: A service coordinator provides families with lists of preschools and visiting schedules. S/he offers to accompany families on their visits to the preschools.
References

THANK YOU!