## New Mexico Family Infant Toddler (FIT) Program

## Key Principles for Providing Early Intervention Services.

In 2007, an Office of Special Education Programs (OSEP) Community of Practice developed seven "Key Principles." [1]

The NM FIT Program has added an 8th key principle related to reflective practices.

**NM – FIT Program Key Principles:**

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

**NM8. Support for families in developing strategies to understand, interpret and nurture their child's development is best achieved through the use of reflective practices.**

Following are descriptions of the key concepts behind each of the key principles as well as practical examples of what each key principle "looks like" and "does not like" in practice. . [2]

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[1] *Workgroup on Principles and Practices in Natural Environments (November, 2007) . OSEP TA Community of Practice-Part C Settings. http://www.nectac.org/topic/famiies/families.asp.*

[2] *Workgroup on Principles and Practices in Natural Environments (February, 2008) Seven key principles: Looks like / doesn't look like. OSEP TA Community of Practice- Part C Settings.http://www.nectac.org/topics/natenv/natenv.asp* ***Workgroup Members:*** *Susan Addision, Betsy Ayankoya, Mary Beth Bruder, Carl Dunst, Larry Edelman, Andy Gomm, Barbara Hanft, Cori Hill, Joicey Hurth, Grace Kelley, Anne Lucas, Robin McWilliam, Stephanie Moss, Lynda Pletcher, Dathan Rush, M'Lisa Shelden, Mary Steenberg, Judy Swett, Nora Thompson, Julianne Woods, and Naomi Younggren.*

## 1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.

**Key Concepts**

- Learning activities and opportunities must be functional, based on child and family interest and enjoyment
- Learning is relationship-based
- Learning should provide opportunities to practice and build upon previously mastered skills
- Learning occurs through participation in a variety of enjoyable activities

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| ✻ Using toys and materials found in the home or community setting | ✻ Using toys, materials and other equipment the professional brings to the visit |
| ✻ Helping the family understand how their toys and materials can be used or adapted | ✻ Implying that the professional's toys, materials, or equipment are the "magic" necessary for child progress |
| ✻ Identifying activities the child and family like to do which build on their strengths and interests | ✻ Designing activities for a child that focus on skill deficits or are not functional or enjoyable |
| ✻ Observing the child in multiple natural settings, using family input on child's behavior in various routines, and using formal and informal developmental measures to understand the child's strengths and developmental functioning | ✻ Using only standardized measurements to understand the child's strengths, needs, and developmental levels |
| ✻ Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings | ✻ Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting |
| ✻ Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members | ✻ Conducting sessions or activities that isolate the child from his/her peers, family members, or naturally occurring activities |
| ✻ Assuming principles of child learning, development, and family functioning apply to all children regardless of disability label | ✻ Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring learning opportunities |

## 2. All families, with the necessary supports and resources, can enhance their child'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 competences; 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, gathering information from the family about their needs and interests | ✻ Making assumptions about family needs, interests, and ability to support their child because of life circumstances |
| ✻ Building on family supports and resources; supporting them to marshal both informal and formal supports that match their needs and reduce stressors | ✻ Assuming certain families need certain kinds of services, based on their life circumstances or their child's disability |
| ✻ Identifying with families how all significant people support the child's learning and development in care routines and activities meaningful and preferable to them | ✻ Expecting all families to have the same care routines, child rearing practices, and play preferences |
| ✻ 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 | ✻ Viewing families as apathetic or exiting them from services because they miss appointments or don't carry through on prescribed interventions, rather than refocusing interventions on family priorities |
| ✻ Matching the kind of help or assistance with what the family desires; building on family strengths, skills, and interests to address their needs | ✻ Taking over and doing "everything" for the family, or conversely, telling the family what to do and doing nothing to assist them |

## 3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life

**Key Concepts**

- EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development
- Families are equal partners in the relationship with service providers
- Mutual trust, respect, honesty, and open communication characterize the family-provider relationship

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| ✻ Using professional behaviors that build trust and rapport and establish a working "partnership" with families | ✻ Being "nice" to families and becoming their friends |
| ✻ Valuing and understanding the provider's role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles | ✻ Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing "to" the child |
| ✻ Providing information, materials, and emotional support to enhance families' natural role as the people who foster their child's learning and development | ✻ Training families to be "mini" therapists or interventionists |
| ✻ Pointing out children's natural learning activities and discovering together the "incidental teaching" opportunities that families do naturally between the providers' visits | ✻ Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done |
| ✻ Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child | ✻ Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines |
| ✻ Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen | ✻ Basing success on the child's ability to perform the professionally determined activities and parent's compliance with prescribed services and activities |
| ✻ Celebrating family competence and success; supporting families only as much as they need and want | ✻ Taking over or overwhelming family confidence and competence by stressing "expert" services |

## 4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect family members learning styles and cultural beliefs and practices

**Key Concepts**

- Families are active participants in all aspects of services
- Families are the ultimate decision-makers in the amount, type of assistance, and the support they receive
- Child and family needs, interests, and skills change; the IFSP must be fluid and revised accordingly
- The adults in a child's life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals
- Each family's culture, spiritual beliefs and activities, values, and traditions will be different from the service provider's (even if from a seemingly similar culture); service providers should seek to understand, not judge
- Family "ways" are more important than provider comfort and beliefs (short of abuse/neglect**)**

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| ⁕Evaluation/assessments address each family's initial priorities, and accommodate reasonable preferences for time, place, and the role the family will play | ⁕ Providing the same "one size fits all" evaluation and assessment process for each family/child regardless of the initial concerns |
| ⁕ Preparing the family to participate in the IFSP meeting, reinforcing their role as a team member who participates in choosing and developing the outcomes, strategies, activities and services and supports | ⁕ Directing the IFSP process in a rote professional-driven manner and presenting the family with prescribed outcomes and a list of available services |
| ⁕ Collaboratively tailoring services to fit each family; providing services and supports in flexible ways that are responsive to each family's cultural, ethnic, racial, language, socioeconomic characteristics, and preferences | ⁕ Expecting families to "fit" the services; giving families a list of available services to choose from and providing these services and supports in the same manner for every family |
| ⁕Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family | ⁕ Providing all the services, frequency, and activities the family says they want on the IFSP |
| ⁕ Treating each family member as a unique adult learner with valuable insights, interests, and skills | ⁕ Treating the family as having one learning style that does not change |
| ⁕ Acknowledging that the IFSP can be changed as often as needed to reflect the changing needs, priorities and lifestyle of the child and family | ⁕ Expecting the IFSP document outcomes, strategies, and services not to change for a year |
| ⁕ Recognizing one's own culturally and professional-driven childrearing values, beliefs, and practices; seeking to understand, rather than judge, families with differing values and practices | ⁕ Acting solely on one's personally held childrearing beliefs and values and not fully acknowledging the importance of families' cultural perspectives |
| ⁕ Learning about and valuing the many expectations, commitments, recreational activities, and pressures in a family's life; using IFSP practices that enhance the families' abilities to do what they need to do and want to do for all family members | ⁕ Assuming that the eligible child and receiving all possible services is and should be the major focus of a family's life |

## 5. IFSP Outcomes must be functional and based on children's and families' needs and priorities

**Key Concepts**

- Functional outcomes improve participation in meaningful activities
- Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities
- The family understands that strategies are worth working on because they lead to practical improvements in child & family life
- Functional outcomes keep the team focused on what's meaningful to the family in their day to day activities

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| ✻ Writing IFSP outcomes based on the families' concerns, resources, and priorities | ✻ Writing IFSP outcomes based on test results |
| ✻ Listening to families and believing (in) what they say regarding their priorities/need. | ✻ Reinterpreting what families say in order to better match the service provider's ideas |
| ✻ Writing functional outcomes that result in functional support and intervention aimed at advancing children's engagement, independence, and social relationships | ✻ Writing IFSP outcomes focused on remediating developmental deficits |
| ✻ Writing integrated outcomes that focus on the child participating in community and family activities | ✻ Writing discipline specific outcomes without full consideration of the whole child within the context of the family |
| ✻ Having outcomes that build on a child's natural motivations to learn and do; match family priorities; strengthen naturally occurring routines; enhance learning opportunities and enjoyment | ✻ Having outcomes that focus on deficits and problems to be fixed |
| ✻ Describing what the child or family will be able to do in the context of their typical routines and activities | ✻ Listing the services to be provided as an outcome (Johnny will get PT in order to walk) |
| ✻ Writing outcomes and using measures that make sense to families; using supportive documentation to meet funder requirements | ✻ Writing outcomes to match funding source requirements, using medical language and measures (percentages, trials) that are difficult for families to understand and measure |
| ✻ Identifying how families will know a functional outcome is achieved by writing measurable criteria that anyone could use to review progress | ✻ Measuring a child's progress by "therapist checklist/observation" or re-administration of initial evaluation measures |

## 6. The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support

**Key Concepts**

- The team can include friends, relatives, and community support people, as well as specialized service providers
- Good teaming practices are used
- One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life
- The primary provider brings in other services and supports as needed, assuring outcomes, activities, and advice are compatible with family life and won't overwhelm or confuse family members

| This principle DOES look like this | This principle DOES NOT look like this |
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| ⁕ Talking to the family about how children learn through play and practice in all their normally occurring activities | ⁕ Giving the family the message that the more service providers that are involved, the more gains their child will make |
| ⁕ Keeping abreast of changing circumstances, priorities, and needs, and bringing in both formal and informal services and supports as necessary | ⁕ Limiting the services and supports that a child and family receive |
| ⁕ Planning and recording consultation and periodic visits with other team members; understanding when to ask for additional support and consultation from team members | ⁕ Providing all the services and supports through only one provider who operates in isolation from other team members |
| ⁕ Having a primary provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes | ⁕ Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues |
| ⁕ Coaching or supporting the family to carry out the strategies and activities developed with the team members with the appropriate expertise; directly engaging team members when needed | ⁕ Providing services outside one's scope of expertise or beyond one's license or certification |
| ⁕ Developing a team based on the child and family outcomes and priorities, which can include people important to the family, and people from community supports and services, as well as early intervention providers from different disciplines | ⁕ Defining the team from only the professional disciplines that match the child's deficits |
| ⁕ Working as a team, sharing information from first contacts through the IFSP meeting when a primary service provider is assigned; all team members understanding each other's on-going roles | ⁕ Having a disjointed IFSP process, with different people in early contacts, different evaluators, and different service providers who do not meet and work together with the family as a team |
| ⁕ Making time for team members to communicate formally and informally, and recognizing that outcomes are a shared responsibility | ⁕ Working in isolation from other team members with no regular scheduled time to discuss how things are going |

## 7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations

**Key Concepts**

- Practices must be based on, and consistent with, explicit principles
- Providers should be able to provide a rationale for practice decisions
- Research is on-going and informs evolving practices
- Practice decisions must be data-based and ongoing evaluation is essential
- Practices must fit with relevant laws and regulations
- As research and practice evolve, laws and regulations must be amended accordingly

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| ⁕ Updating knowledge, skills, and strategies by keeping abreast of research | ⁕ Thinking that the same skills and strategies one has always used will always be effective |
| ⁕ Refining practices based on introspection to continually clarify principles and values | ⁕ Using practices without considering the values and beliefs they reflect |
| ⁕ Basing practice decisions for each child and family on continuous assessment data and validating program practice through continual evaluation | ⁕ Using practices that "feel good" or "sound good" or are promoted as the latest "cure-all" |
| ⁕ Keeping abreast of relevant regulations and laws and using evidence-based practice to amend regulations and laws | ⁕ Using practices that are contrary to relevant policies, regulations, or laws |

***Note:*** *As mentioned earlier, the 8th key principle was added by the NM FIT Program to highlight its commitment to ensuring reflective practices with both families and service providers.*

## 8. Support for families in developing strategies to understand, interpret and nurture their child's development is best achieved through the use of reflective practices.

**Key Concepts**

- Early intervention providers take the time to pause and explore their reactions and feelings regarding their work with children and families.
- Reflection occurs at individual, family, team, supervisory, programmatic and interagency levels.
- Reflective supervision supports individuals to focus on their experience, taking another's perspective, and exploring their reactions to the work leading to increased self-awareness and improved practice.
- Reflective practices promote a parallel process whereby early intervention providers reflect on their relationships and interactions with parents/caregivers who in turn reflect on their relationship and interactions with their child.

| This principle DOES look like this | This principle DOES NOT look like this |
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| ✻ Regularly scheduled supportive opportunities are provided for staff to reflect and discuss their role in their work with families. | ✻ Supervision is provided only on an "as needed" basis, or in response to a "crisis" situation. |
| ✻ Reflective practice within an agency promotes program development and leadership practices that create a relationship based service system with chains of thoughtful and reflective dialogue that run throughout the organization. | ✻ Reflective practice is seen as specific to the work of the early intervention provider, and separate from the larger agency and/or management. |
| ✻ Early intervention personnel understand that the relationships they build with parents, children and colleagues are the foundation for service delivery. | ✻ Services are driven solely by regulations and discipline-specific professional knowledge and practices. |
| ✻ There is an understanding that relationships between supervisors and early intervention providers directly influence how early intervention providers relate to families and in turn, how families relate to their children. | ✻ Early intervention provider relationships with families are viewed as being unrelated to how the family interacts with the child and in isolation of the larger relationships within the agency. |
| ✻ Reflecting on internal experiences can lead to a better understanding of the work and the role that our feelings and experiences play in interactions with others. | ✻ Feelings that are experienced when working with others are minimized or ignored. |
| ✻ Individuals who are not trained mental health professionals can receive sufficient training to become highly effective reflective supervisors. | ✻ Only licensed mental health professionals can provide reflective supervision. |
| ✻ Reflective supervision promotes personal and professional growth. | ✻ Professional development can only be attained by attending training and reading professional articles. |