



Early Childhood Personnel Center

Cross Disciplinary Competency Area Case Studies

Case Study: Family Centered Practice

Key Indicators

The story of Antonia, her family, and the IFSP team illustrates how a team collaborates with family members so they (the family) guides the development of the IFSP as well as services and supports. The story highlights key indicators of the cross disciplinary competency area of Family Centered Practice:

- Includes the family in all components of the early childhood intervention process;
- Uses effective communication (listening, speaking, writing) skills with families from different cultural, linguistic and socioeconomic backgrounds;
- Provides information to families about early childhood intervention policies, regulations and procedures;
- Assesses family strengths, risk factors, concerns, and priorities;
- Refers families to needed resources and services to help them meet the needs of their child, their family and themselves;
- Provides information and education to families about their child's health and safety needs;
- Provides information and education to families about child development;
- Provides information and education to families about early childhood assessment, intervention and evaluation;
- Provides information and education to families about early childhood intervention service delivery; and
- Provides information and education to families about advocacy for themselves, their family and their child.

Antonia and Her Family

Antonia is an 18-month old female with a diagnosis of Cerebral Palsy (CP). Her family moved many times in her first 12 months of life and her care was not under one pediatrician until she moved to the metropolitan area. Antonia did not receive the diagnosis of CP until she was 17 months of age. Her family shares that this is due to them moving several times and not being able to get in for any evaluations. Antonia was automatically eligible for Early Intervention (EI) services due to her diagnosis. She is the youngest of 5 children. She enjoys being on the floor with her siblings when they are home from school. Her father, John, works full time and her mother, Jennifer, stays home with Antonia and the other children. They have extended family that are able to help on the weekends; however, Jennifer is Antonia's primary caregiver. Antonia's favorite toys are her baby doll and anything musical. Her family describes her as a very happy child who appears happiest when she is around others, especially her siblings. Antonia has significant gross and fine motor involvement as she is unable to roll over, sit up or grasp toys with her hands. She maintains good head control when her body is sufficiently supported. She has just begun to use vocalizations for words and says, "Ba" for baby and "Da" for daddy. Antonia also has Cortical Visual Impairment and has difficulty maintaining eye contact due to visual processing issues.

Developmental Assessment and Routines Based Interview

Although Antonia was automatically eligible to receive early intervention services, the infant and toddler program requires an initial evaluation that consists of documenting skill level in all 5 developmental areas and a Routines Based Interview (RBI). The multidisciplinary evaluation team of Hailey, a physical therapist (PT) and an occupational therapist (OT) conducted a Battelle Developmental Inventory, Second Edition (BDI-2). A Routines Based Interview (RBI) was completed by Rosalie, the service coordinator, with Jennifer, Antonia's mother, following the BDI-2. The RBI is used by the EI program because the process identifies what is most meaningful to the family and what they would like to see changed. It is a process that supports creating individualized outcomes, taking into consideration the specific routines of the family and their priorities.

During the RBI, Jennifer shared her hopes and priorities for her daughter for the next 3-6 months. Jennifer also discussed the family's daily routines with Rosalie. Antonia's family lived in a mobile home park in a small community. Jennifer knows her child well and understands

Antonia’s cues for what she enjoys and wants. Jennifer noted that Antonia gets really frustrated when her siblings are on the floor playing and she can’t be with them without having an adult be there to support her. Jennifer shared that she wishes for something to help Antonia to be able sit and play at eye level with her older siblings. Jennifer also wanted Antonia to sit in her high chair at the table when the family eats dinner. Jennifer described challenges in taking Antonia to the grocery store and other places to run errands. Jennifer wanted Antonia to be able to sit in the shopping carts when running errands while the older children are at school. Jennifer also noted that she would like to see her daughter say more words to indicate her wants and needs. Jennifer would like for Antonia to be able to identify her family members, her doll, and ask for food or milk.

Rosalie asked Jennifer if she had any specific needs for her family to help support their hopes and goals. Jennifer shared that it would be great to have someone watch Antonia for an hour or so once a week, so she is able to run the errands she needs to do quickly while the other children are in school. . She stated that her extended family is not available to help very much, and her husband works very long days.

Initial IFSP Meeting

Upon completion of the BDI-2 and the RBI, the initial IFSP meeting was scheduled. In attendance at the meeting which was facilitated by Rosalie was Jennifer, Antonia, Hailey, the OT, and a special instructor. The results of the BDI-2 and RBI were discussed. Based on Antonia’s behavior, her current skills, and Jennifer’s priority needs several IFSP outcomes were discussed (see Table 1).

Table 1
 Priorities, IFSP Outcomes, and Intervention Strategies

The Family’s Priorities	Outcomes	Interventions
A way for Antonia to sit and play with siblings to decrease frustration	Antonia will sit with support on the floor to play with her siblings	Create a system to provide support so Antonia sits independently and plays
Antonia to sit in her high chair during meals with the family	Antonia will sit upright in her high chair during a meal with her family	Create a system to help Antonia to sit upright in high chair throughout the meal

Having Antonia be able to sit in other situations such as the grocery cart	Antonia will sit upright safely in the shopping cart when taken to the grocery store	Create a system to help Antonia to sit upright in the grocery cart throughout grocery shopping
Antonia communicate her needs and wants	Antonia will identify each of her siblings and parents using a reliable sound/symbol/gesture system	Create a reliable way for Antonia to “say” her siblings name,
An opportunity for Jennifer to quickly run errands	Jennifer will create a list of caregivers who are reliable and available to care for Antonia when she needs to do errands	To help Jennifer identify alternative child care

Based on the outcomes, the team decided that Hailey (PT) would best be able to meet Antonia’s needs at this time, and therefore, identified her as the Primary Service Provider (PSP). The IFSP team explained to Antonia’s mother that Hailey and Antonia would have access to OT, a speech language therapist (SLP), and an early childhood special instructor as needed. Because Antonia has cortical vision impairment a Teacher for the Visually Impaired (TVI) was also available to consult with the team and Jennifer as needed. So although Jennifer would be meeting with Hailey on a regular basis, other professionals were available to help her and the family.

Home Visits and Outcomes

Hailey (PT, PSP) scheduled several sessions during the first month of service to accommodate Jennifer’s need for support in a variety of environments. A major emphasis in these various environments, however, was on sitting. Hailey and Jennifer created a variety of sitting supports using easily found materials to modify the grocery cart, the high chair and for use during play time. Hailey also introduced a simple picture board with Antonia’s family pictures. Jennifer agreed that it was a good idea to pair a picture with Antonia’s sounds so everyone could learn what she means. The TVI provided the PSP with suggestions on where to place materials for optimum vision and some ideas on toys that will build her visual capacities.

After the first month of service Hailey talked to Jennifer about her concerns that Antonia may be under weight and that she seemed to prefer only certain foods such as soft bread, pasta, cheese, and yogurt. She suggested that Jennifer discuss weight management with her pediatrician and they scheduled a joint visit during meal time with the OT to assess Antonia's oral-motor skills and sensitivity. During the visit, the therapists had Jennifer offer Antonia different textured foods. Some like toast were more acceptable to Antonia. Jennifer agreed to offer at least one food with more texture at each meal and together the three developed a list of possible foods.

Jennifer and Hailey had developed a trusting relationship over the first few months and therefore, she remained the PSP. She worked closely with Jennifer to identify respite care options and other caregiving alternatives within their community.

At Antonia's six- month review, she had done well. She was sitting at the table in her high chair properly positioned with her family during dinner. She was able to sit on the floor with her modified floor sitter and play with her siblings. She was also using the picture board more to tell who she wanted to play with. During the next 6 months, Jennifer wanted to focus on independent mobility and starting to investigate more permanent sitting solutions.

Discussion Questions

1. What strategies or practices were implemented to facilitate development of a trusting, respectful relationship between Hailey and Jennifer? What additional strategies or practices could have been used?
2. How effective were team members in explaining the PSP model and providing Jennifer with a rationale for Hailey (PT) being the PSP? What might they say and/or do in addition?
3. What strategies were used by team members to identify the family's priorities and concerns and create IFSP outcomes? How were the characteristics of this particular family addressed in this process?