

Case Study	Discussion and Resources
<p>Key Indicators</p> <p>In this story, Antonia, and her family, along with the IFSP team demonstrate key indicators of the cross-disciplinary early childhood practice of Family Centered Practice.</p> <p>Specific behaviors include:</p> <ul style="list-style-type: none"> • including the family in all components of the early childhood intervention process, • using effective communication (listening, speaking, writing) skills that recognize different cultural, linguistic, and socioeconomic backgrounds, • collaborating with the family to identify the family’s strengths, needs, risk factors, concerns, and priorities, • referring families to needed resources and services to help them meet the needs of their child, their family, and themselves, • providing information and education to families about: <ul style="list-style-type: none"> ○ their child’s health and safety needs, ○ regulations, policies, and procedures for eligibility intervention and transitions under IDEA and other early childhood programs, ○ early childhood intervention: assessment, intervention, and evaluation, and service delivery. • supporting the family in learning to advocate or themselves, their family, and their child. 	<p><i>The key indicators of Family Centered Practice are listed as 6 bulleted items. Highlight in the story where each of these indicators are demonstrated/operationalized. Does Antonia’s story illustrate them all? Note how frequently these behaviors are demonstrated. Compare your findings in small groups. Is there agreement in your group that family centered practice was adequately demonstrated? Why or why not?</i></p> <p>See the DOE Policy Statement on family engagement</p> <p>The National Center for Cultural Competence has a variety of documents and self-paced learning activities to help improve our cultural and linguistic competence National Center for Cultural Competence.</p> <p>Consider: Why are family strengths listed first in this list?</p> <p>How does family centered care connect to family engagement? See the DaSy Center and DOE content on the importance of family engagement.</p> <p>Review the ethical standards, guidelines, principles from your discipline. How do these align with other disciplines and do they support the decision process used by Antonia and her team?</p> <p>Review documents from your professional association that supports the cross-disciplinary competency areas.</p>
<p>Antonia and Her Family and Important Adults</p> <p>Antonia (18 months) only recently received a diagnosis of Cerebral Palsy (CP) at 17 months of age.</p> <p>Antonia is the youngest of 5 children. She has three older brothers (ages 12, 9, and 7) and an older sister (age 4). Antonia’s mother, Jennifer, is a full-time stay at home</p>	<p>See the CDC content on CP that includes research and treatment.</p> <p>How do members of the team understand their own cultural assumptions about this family? What aspects of their story and culture might need to be considered to make sure that intervention and outcomes are effective, equitable and relevant? Discuss as a group what might</p>

<p>mother, and Antonia’s father, John, works full time at a local grocery store. The family members identify as white and their primary language is English.</p> <p>Antonia and her family moved many times in her first 12 months of life. While she and her siblings were never placed in foster care, the family privately struggled with long-term housing in part due to John’s addiction, although he has been in recovery for the last 6 months. This instability impacted Antonia’s health care; she did not receive the diagnosis of CP until she was 17 months of age because the family only recently secured stable housing and are now on state insurance. Through Antonia’s new pediatrician, she was automatically eligible for Early Intervention (EI) services due to her diagnosis.</p> <p>Since the family has relocated to a small mobile home community, they are now closer to some extended family who she hopes to eventually invite over on the weekends and have them learn more about her family.</p>	<p>have come up for you as you read this case. How might some of your assumptions influence how you interact with this family? What resources are available through your professional association to address unconscious bias and support cultural responsiveness? Resources for Cultural Responsiveness Training</p> <p>How does frequent moving impact friendship development, learning capacity, and general health and well-being? Harvard Center on the Developing Child: Key Concepts</p> <p>How might the team be able to include John in the interview and the IFSP planning? Why is this so important? Impact of Fathers on Child Development</p> <p>In what ways might having a parent living with an active addiction or other mental health challenge impact early development? Toxic Stress and Impact on Child Development</p> <p>Discuss the concept of protective factors and talk together about what we mean when we talk about “resilience”. Harvard Center on the Developing Child: Resilience Core Meanings of Protective Factors</p> <p>What is the literacy level of the team reports and communication? Does it match the comprehension abilities of the caregiver(s)?</p>
<p>Initial Evaluation / Interview</p> <p>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 family interview to determine the family’s concerns and priorities for Antonia as well as a medical history. During the interview, which was completed by Rosalie, the service coordinator, Antonia’s mother described the child’s daily activities and routines.</p> <p>The multidisciplinary evaluation team of Hailey, a physical therapist (PT) and the occupational therapist (OT), Sandra, conducted an assessment using a standardized tool that assesses the child’s development in all 5 areas of development.</p> <p>The interview used by the EI program identifies what is most meaningful to the family and what they would like to</p>	<p>How might jargon support or challenge a level of shared understanding? What other language could be substituted? Discuss your suggested alternative language in a small group and refine as needed. Compare your recommended alternative language with other groups. Did you choose a similar language? Is there a glossary of terms available during team meetings?</p> <p>Compare/contrast various terminology such as disciplinary, cross-disciplinary, interdisciplinary, multidisciplinary, and transdisciplinary. Which of these terms best describe the way you currently collaborate with other disciplines? What barriers does the group identify that might prevent a higher level of collaborative practice?</p> <p>As providers who serve young children and families with disabilities, we are often present when they first learn that their child has a developmental difference or disability. Families may have been aware that their child was</p>

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 interview, Jennifer reported that Antonia’s favorite toys are her baby doll and anything musical. Her family describes her as a good, quiet child who “doesn’t make a fuss” when she is alone in her crib but who lights up in the presence of her 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.

Jennifer also shared her hopes and priorities for her daughter for the next 3-6 months, stating that she hoped that she could “come out of her shell” and begin to interact with her family more. Jennifer also discussed the family’s daily routines with Rosalie, admitting that taking care of such a large family in a small living space without a lot of help was often overwhelming, and that routines were unpredictable at best.

Jennifer knows her child well and understands Antonia’s cues for what she enjoys and wants. She worries that because she has so much to take care of, and often feels exhausted herself, that Antonia spends too much time alone in her crib as a way of making sure she stays safe in the hubbub of daily life. She admits that she counts on her older children to help her a lot of the time. Jennifer said that Antonia gets frustrated when her siblings are on the floor playing and she cannot join them - when there is no adult available to help support her in sitting. Jennifer shared that she wants Antonia to be able sit and play at eye level with her older siblings and expressed a desire for her other children to be more involved in Antonia’s care. Jennifer also wanted Antonia to sit in her highchair at the table when the family eats dinner. Jennifer also hopes that Antonia will begin to communicate more about what she is thinking about with gestures and eventually words. 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.

developing differently but needed time and support to accept the need for early intervention.

How might the team help Jennifer and John as they begin to engage actively with intervention for Antonia?

[A Parent’s Early Days in EI: Strategies to Support Parents](#)

How might pervasive societal and cultural beliefs/biases about disability influence a parent’s engagement with early intervention services?

How might these beliefs serve to delay critically important early intervention services, particularly in already-marginalized communities?

How might there be cultural barriers to engagement with EI? [Using a Culturally Responsive Framework in EI: FPG](#)

How might these belief /biases serve to isolate parents who are facing a new diagnosis?

How might these beliefs/biases impact healthy attachment? [Attachment and Disability](#)

We have heard from this family that they have been coping with addiction and low resources. Research tells us that the best way to support early childhood development is to support caregivers so that they can in turn provide safety and predictability, as well as frequent positive reciprocal interactions. How might your team create space for this family to share what has been hard, and what resources they might like to access to optimize their ability to help their child thrive? [What We Can Do About Toxic Stress](#)

<p>IFSP Meeting</p> <p>Upon completion of the assessment and family interview, the initial IFSP meeting was scheduled. Attending the meeting, which was facilitated by Rosalie, were Jennifer, Antonia, Hailey, Sandra, and the special instructor, Jason. The results of the assessment were discussed. Based on Antonia’s behavior, her current skills, and Jennifer’s priority needs, several IFSP outcomes were discussed (see Table 1).</p> <p>The team identified that sitting tolerance was a priority to meet the outcomes and agreed that the PT, Hailey, would be the primary provider.</p> <p>The IFSP team explained the role of the primary provider to Antonia’s mother. The team explained 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. The team explained that although Jennifer would be meeting with Hailey on a regular basis, other professionals were available to help her and the family. In Antonia’s community, each EI team meets weekly to discuss all the children seen so Hailey had weekly access to all her colleagues if needed. All of Antonia’s initial questions about the primary provider approach were answered.</p>	<p>Consider the family strengths to meet the outcomes. Also consider how the family capacity will be enhanced to meet the priorities and outcomes. See Family Engagement Outcome Research.</p> <p>What are the family goals? How does the family promote this?</p> <p>Review the training package: Developing High-Quality, Functional IFSP Outcomes and IEP Goals found at and rewrite these outcomes to be more specific and measurable and participation oriented.</p> <p>What is your team decision making process in determining the primary provider? What resources are utilized to support the decision making? Find a worksheet for making the decision here: CASEcollections – FIPP</p> <p>What specific strategies or activities could the team implement to facilitate accomplishment of the outcomes?</p> <p>Given the complexity of Hailey’s needs, how can the team discuss their contributions for meeting the family priorities and outcomes? Is there recognition of the value of each team member? How do you advance your skills and knowledge over time and share this growth with the team?</p> <p>Because a high priority for the family is helping Antonia sit, what benefit would an evaluation for the assistive technology specialist provide? Review the document, Systematic Review of Studies Promoting the Use of Assistive Technology Devices by Young Children with Disabilities, to determine the evidence on the use of technology with very young children.</p> <p>Develop some within-reach measurable outcomes that the team could use to increase a child's learning, growth, and participation.</p>

Home Visits

Hailey (PT) 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 highchair, and for use during playtime. 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 Teacher of Visually Impaired (TVI) provided the primary provider 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 underweight 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 mealtime with Sandra (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.

Hailey also worked closely with Jennifer to identify respite care options and other caregiving alternatives within their community.

At Antonia’s six- month review, Jennifer reported a great sense of satisfaction that she was able to include Antonia more during the family mealtime and that Antonia was laughing and playing more with her siblings. She was sitting at the table in her highchair properly positioned with her family during dinner. She routinely sat on the floor with her modified floor sitter and interacted 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 started to investigate more permanent sitting solutions.

Does your EI system promote flexibility in schedule to accommodate addressing differing needs in different environments and during different routines? As a provider what do you have to consider when creating a flexible schedule system considering all the families you serve?

How does your community address the primary provider offering cross-disciplinary suggestions? Review your professions State Practice Act and professional association guidance to gain more understanding.

Evidence suggests that even when there is a physical or medical cause behind feeding problems, disruptions in nutrition can challenge a parent’s sense of adequacy and create anxiety around mealtime. In this case, Sandra invited Jennifer to experiment with different textures, and encouraged her to come up with a list of possible foods collaboratively. What has been your team’s experience with supporting feeding problems, as there are often so many emotional layers that come into play? What kind of support seems to help families stay calm about feeding issues? [Supporting the Feeding Relationship](#)

How do families access respite care in your community? [Exploring Respite Care Options](#)

Table 1
Priorities, IFSP Outcomes, and Intervention Strategies

Family Priorities	IFSP Outcomes	Design an Intervention to Meet Priorities and Outcomes	Provide a Means to Measure Improvement
Improved Participation in Plan	Antonia will sit with support on the floor to play with her siblings		
Improved Participation in Mealtime	Antonia will sit upright in her highchair during family meals		
Improved Participation in Community Outings	Antonia will sit safely in the shopping cart at the grocery store		
Improved Functional Communication	Antonia will identify her family members and will indicate specific needs and wants using a reliable sound, symbol, or gesture system		
Improved Family Support	Jennifer will identify available community caregivers and resources		

Additional 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. Can you articulate the rationale for a primary provider and why the team designated Hailey (PT) in this role for this story? How effective were team members in explaining the use of a primary provider and how could this effectiveness be enhanced?
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 family addressed in this process?