### Case Study

#### Key Indicators

In this story, Maria, and her family, along with the IFSP team demonstrate key indicators of the cross-disciplinary early childhood practice of Professionalism.

Specific behaviors include:

- Demonstrating ethical decision-making and professional behavior as an early childhood interventionist,
- Demonstrating knowledge of the early childhood intervention field and their discipline’s practice standards and guidelines,
- Demonstrating awareness of other disciplinary practice standards and guidelines in early childhood intervention,
- Learning from, with, and about all team members within an interprofessional collaborative practice framework,
- Using self-reflection and professional development to stay current in evidence-based disciplinary and cross-disciplinary practice,
- Engaging in collaborative consultation practices when working with service providers and families,
- Mentoring, teaching, and providing feedback and reflective supervision to other early childhood interventionists throughout the intervention process,
- Using effective advocacy skills to improve ECI; and
- Providing disciplinary and cross-disciplinary leadership in the field of ECI.

### Discussion and Resources

The key indicators of Professionalism are listed as 9 bulleted items. Highlight in the story where each of these indicators are demonstrated/operationalized. Does Maria’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 professionalism was adequately demonstrated? Why or why not?

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 Maria and her team?

What is the definition of “early childhood interventionist” and how is this term used in practice and in academia? Do all members of the team identify with this term? Why or why not?

Review documents from your professional association that supports the cross-disciplinary competency areas.

How is the level of understanding about the other disciplines and their contributions measured and monitored? How does this understanding align with the WHO tenets of interprofessional practice (IPP)?

**IPEC Core Competencies** - What are the potential benefits of a greater understanding? What practical solutions can foster this understanding? What orientations are provided and how frequently? Who is involved in the training? How might training be adjusted based on logistical challenges such as staffing changes?

Compare/contrast various terminology such as cross-disciplinary, interdisciplinary, multidisciplinary, and transdisciplinary. Which of these terms best describe the way you currently collaborate with other disciplines? How do you exchange communication with other disciplines, and provide feedback?
# Case Study

## Maria and Her Family and Important Adults

Maria García (4) was born prematurely and required a 2-month stay in a neonatal intensive care unit (NICU) after she was born. She has a diagnosis of hydrocephalus with a shunt and is followed for medical care at a neurology clinic at the local children’s hospital.

Maria has a two-year-old sister, Carmen, and their mother, Sofia (26), is a stay-at-home mom. Eduardo (29), Sofia’s husband and Maria and Carmen’s father, works as a day laborer and is usually gone for 12-14-hour shifts. While Sofia and Eduardo keep their residency status private, they are undocumented and are not eligible for state or federal assistance. Maria and Carmen were both born in the US. The family identifies as Latino, and their primary language is Spanish.

Sofia and Eduardo manage the financial stressors of running a household on a single income, as well as housing insecurity as a result of their undocumented status. Eduardo must go where there is work available, and because they are ineligible for federally subsidized housing, the family is also vulnerable to predatory landlords. These challenges have caused them to move four times in the past year. The family also does not currently own a car and rely on public transportation to get to and from doctors’ appointments, school, and work.

Despite these challenges, the family finds support in their local community, and takes great solace in their faith as they face life’s challenges. The family attends local church functions whenever possible. The mobile home community in which they live have also been a source of emotional support for Sofia and Eduardo, as many of the families in their neighborhood speak Spanish, and some mothers have offered to occasionally babysit for Maria and Carmen.

Maria previously received early intervention (EI) services in the home but transitioned last year to a center-based Head Start program. Maria is now in a new preschool classroom in her neighborhood elementary school. Maria’s former EI service coordinator spoke Spanish, but her current school is predominantly English speaking, and there are only a few Spanish translators in the district. This persistent language barrier has been a source of stress for Sofia, who wishes to engage more in Maria’s schooling.

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# Discussion and Resources

How might an unexpected premature birth of a child require an extended stay in the NICU impact a family? How do we serve as advocates for families who have infants in the NICU? [Consider this story](#)

How might Sofia’s well-being be impacted by the presence of ongoing serious adversity, including the premature birth of her baby? Why is it important to support her mental health as a means to optimize her child’s developmental outcomes? [Read about the impact of maternal depression](#)

What we can do about toxic stress

How might the reality that this family is “undocumented” and not yet fluent in English further inform the team’s professional actions on behalf of Maria and her family? Will this family likely be comfortable with receiving services? Might the family have valid reasons for not trusting service providers? How will the team work to increase trust with this family? [Keeping Immigrant Families Safe](#)

Do parents need translation services? If YES: What kinds of resources are available in your community to help with translation to support communication? What are the responsibilities of the school system regarding translation and interpretation services? How does IDEA address this issue and what are the procedures in your own community? [IDEA Early Intervention Services Requirements](#)

How will the ongoing medical needs of the child be addressed? [Providing Medical Care for Children of Immigrants](#)

Is the family new to the community? If YES: How does frequent moving impact friendship development, learning capacity, and general health and well-being?

What is the literacy level of the team reports and communication? Does it match the comprehension abilities of the caregiver(s)? In what language are the reports and communication documents?

How are the parent concerns addressed in the team goals and interventions?
<table>
<thead>
<tr>
<th>Case Study</th>
<th>Discussion and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>and to find ways to better support Maria’s development at home.</td>
<td>Is there coordination between the medical and educational plan?</td>
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<td>Does the family have faith-based support? If YES: Are there agencies that may offer complimentary supports based on their faith or culture?</td>
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| Discuss the concept of protective factors, and how they may be active for this family. | Strengthening Family Protective Factors
Harvard Center on the Developing Child: Resilience |

### Referral for Evaluation Information

As a stay-at-home mother, Sofia spends time reading to the girls and often asks questions to help them learn. She also plays learning-type games and enriching activities like nature walks around the neighborhood. Sofia encourages her daughters, even at such a young age, to finish school, work hard, and become “somebody.”

Eduardo and Sophia are interested in Maria’s progress at school and know the teacher probably thinks “they just don’t care” but they are wary of the public-school program because of their immigration status and uncomfortable because of the language barrier. Sophia knows Maria is clumsier than most 4-year-olds and wonders if Maria is playing with other children at school.

Yesterday, a letter, written in Spanish, was sent home with Maria letting the parents know that it was time for an annual meeting about Maria’s progress at school. Sofia was apprehensive about how it was going to go and wondered how she could get transportation. She knew Eduardo would not be able to attend because of work.

Sophia thinks back to the first IEP meeting at the school. She remembers the first meeting was very confusing with a lot of papers being shuffled back and forth. A Spanish-speaking interpreter was present. Sophia noticed the team members spoke for a long time with the interpreter speaking for a short time. She wondered if she and Eduardo had been given the full information. Sophia remembers how she and Eduardo sat silent during the meeting and were not comfortable asking questions. She wants to be able to participate more this year.

| What are the developmental milestones for a child of this age? Are the caregivers aware of the CDC milestone tracker? CDC Milestone Tracker |
| Has each member of the team examined their own cultural assumptions about this family? What aspects of their story and culture do you need to consider ensuring that intervention and outcomes are equitable and relevant? What resources are available through your professional association to address the reality of unconscious bias and to support cultural responsiveness in practice? Resources for Cultural Responsiveness Training |
| What skills do you need to have to work with an interpreter? Tips for working with interpreters |
| How might jargon support or challenge a level of shared understanding? What other language could be substituted? Discuss 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? |
| 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? |
## Case Study

### Ahead of the IEP Meeting

The IEP team at Grove Hill Elementary had an informal meeting in preparation for annual IEP reviews. The teacher, Ann, and the speech therapist, Glenda, talked over how the day had gone at the end of a challenge-filled day in the Head Start classroom. The conversation turned to Maria and her family. Glenda said “I wish there were more we could do to get the family involved. I do not think the parents understand she has delays in her home language as well as delays in English. I wonder if they care!” Ann said “I’m sure they care. Maria clearly comes from a loving home, but you are right it has definitely been challenging. I have been trying to get them to come in all year, but they have not responded or participated in one event. I realize I could do more and feel guilty as most of the progress notes and the requests sent home for volunteers are in English. It’s so hard to schedule time with an interpreter and I don’t know Spanish.” Glenda jumped in by sharing that another teacher at the elementary school will use Google Translate to convert request forms and other notes into Ukrainian for her student whose family is from Ukraine. Glenda acknowledged that it is not a perfect translation, but the instructor is still able to communicate the overall message of the form and shows that the school wants the family to be involved. Ann thanked Glenda for the suggestion and noted it for the future.

The OT, Hannah, said “I remember at the first IEP meeting the parents spoke very little and didn’t ask any questions. The parents signed the IEP and nodded in agreement although I remember they looked confused when we explained Maria had problems with communication; problem solving; sequencing; following directions; motor problems impacting play; self-care; and learning in the classroom, playground, and community settings. I am not sure what else we could have done since we had an interpreter. How can we make them more comfortable in sharing information with us?” The team contemplated this and wrote down some suggestions.

“I wish I knew more about their family and wonder if there is someone else in their family or neighborhood who could interpret.” Ann agreed and said that this was something they should bring up at the next meeting.

## Discussion and Resources

What specific challenges occurred and were they experienced by the children or only by staff? Is this information relevant to the case? Do this information impact Maria’s learning opportunities? What is the role of the team to address the challenges?

Explore resources based on a strength-based approach. See Table 2 that lists strengths as well as concerns.

Consider how meeting ethical and professional practice intersects with coordination and collaboration.

What could be some policies and procedures that could mitigate this situation. What are some ways that can build trust among team members and families who may be wary of the school system or do not fully understand the system? How could team members use the information from the professional association to create a more family oriented and sensitive system? See Table 1.

For Maria to continue being successful in school what type of school home/family communication should be developed?

Consider how the service delivery team is discussing Maria and her family. What assumptions are some of the staff making about Maria’s family? In what ways do other staff demonstrate the competency area indicators of professionalism?

Consider it as a best practice for all families.

How are any team concerns impacted by the COVID-19 pandemic and what resources are available from professional organizations?

How can providers shift to tele-intervention provisions? ECTA remote service delivery resources

APTAAmerican Physical Therapy Association

AOTAAmerican Occupational Therapy Association

ASHAAmerican Speech-Language-Hearing Association

DECDivision for Early Childhood

ZTTZero to Three
| Case Study                                                                                                                                                                                                 | Discussion and Resources                                                                                     |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Carol, the PT, asked if the parents were undocumented immigrants. Although everyone around the table knew the school administration had requested teachers and staff not to ask the status of citizenship of their families or students, Ann quickly spoke up to remind the group. Carol apologized, but went on to share, “I know a school system who helps undocumented families to develop a plan in case of the event they are faced with deportation. Do you think they might be afraid to come to the school?” The team sat in silence as they contemplated whether it was worth trying to get the family involved as the challenges seemed insurmountable, but the team knew they had to work through these challenges to better help Maria and her family. After much thought, Hannah mentioned that it would be helpful to talk to the school principal or human resources representative to determine what the responsibility of the school-based team is in these situations. Ann volunteered to talk to the principal about scheduling a meeting for all staff to be informed. The team then discussed whether it would be ethical to disclose the parents’ documentation status with the entire staff, especially since it was not confirmed, and instead agreed that Ann would speak with the principal privately. The team members had already researched what information their professional associations have regarding these issues. They discussed what they found and created a chart, so they had documentation. After a minute, Carol said in an attempt to lighten the mood “at least we are doing a good job with supporting Maria at school, so she has a better chance for school success later down the road!” Ann responded with a final thought: “I don’t know if we should be patting ourselves on the back just yet. There are a lot of challenges here that go beyond just Maria and her family. Clearly our student population is changing, and I wish we had more teachers and support staff here to reflect that. That is the sort of change that would maybe make Maria’s parents, and other families that will inevitably enroll their kids here in the future, more comfortable.” In planning for the upcoming IEP meeting the team: 1. Contacted the interpreter service to involve them in planning for the meeting, 2. Created a chart that describes Maria’s strengths and needs as well as the family and system challenges. | What, if anything, would you add to the chart that the team created to describe Maria’s strengths and needs as well as systems strengths and challenges? |
3. Discussed with the interpreter the idea that they would like to create an eco-map with the Garcia’s to identify challenges and supports.
4. Decided as part of the agenda to specifically discuss ideas with Maria’s parents and most importantly solicit their input.

**Table 1:** Maria and her family: Strengths, challenges, formal and informal supports, and solutions

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<th>Strengths</th>
<th>Challenges</th>
<th>Supports</th>
<th>Solutions</th>
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<tr>
<td>Family’s commitment to child</td>
<td>Spanish speaking</td>
<td>Cross-disciplinary IEP team</td>
<td>Develop a list of community-based interpreters as well school system interpreters who are available to assist the team and family on a regular basis.</td>
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<td>Hard working</td>
<td>Rely on public transportation only</td>
<td>Other children from their community attend the same school. Many of the parents drive and have a car.</td>
<td>Develop a list of neighbors who would be willing to help the family with accessing school more regularly.</td>
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<td>Few informal external supports for family</td>
<td>A church that has a primarily Spanish speaking congregation and Spanish speaking priests is in their community and has a reliable outreach program.</td>
<td>Ask the family to identify supports in their community or church who they could rely on as a support. Assist the family in reaching out to the church to determine what types of support they could provide.</td>
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<tr>
<td>Family has few formal external supports</td>
<td>A cross-disciplinary team with members who are aware of the family’s challenges and are sensitive to their needs. There is a MIECHV home visiting program with Spanish speaking home visitors in their community. The program uses the HIPPY curriculum for kids from 3-5 years of age.</td>
<td>The Service Coordinator will reach out to the family and try to develop a stronger relationship with the family. For example, make a home visit with an interpreter. With Garcia's permission the Service Coordinator will reach out to the MIECHV program and arrange for the Garcia’s to be enrolled. This home visiting program may help to engage the family.</td>
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<tr>
<td>Professional Organization</td>
<td>Example(s) of Applicable Practice Principles</td>
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<td>American Occupational Therapy Association (AOTA)</td>
<td>Fully disclose the benefits, risks, and potential outcomes of any interventions; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.</td>
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<td>American Physical Therapy Association (APTA)</td>
<td>Respect the inherent dignity and rights of all individuals. Be trustworthy and compassionate in addressing the rights and needs of patients/clients.</td>
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<td>American Speech-Hearing Association (ASHA)</td>
<td>Honor their responsibility to achieve and maintain the highest level of professional competence and performance...Engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.</td>
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<td>Council for Exceptional Children (CEC)</td>
<td>Developing relationships with families based on mutual respect and actively involving families and individuals with exceptionalities in education decision making.</td>
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<td>Division for Early Childhood (DEC)</td>
<td>Promote adherence to and model the DEC Code of Ethics, DEC Position Statements and Papers, and the DEC Recommended Practices.</td>
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<td>National Association for the Education of Young Children (NAEYC)</td>
<td>When we have evidence that an agency that provides services intended to ensure children’s wellbeing is failing to meet its obligations, we acknowledge a collective ethical responsibility to report the problem to appropriate authorities or to the public. We shall be vigilant in our follow-up until the situation is resolved.</td>
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**Additional Discussion Questions:**

1. What is the responsibility of the school system regarding children whose parents may be undocumented immigrants?
2. Discuss alternative strategies the team can take to engage the García family in the IEP process. What would your team do?
3. From the information provided create an ecomap that describes the families supports and challenges
4. What kind of activities, programs, or initiatives, etc. does your system have in place to support providers to support families with complex needs?
5. How would you apply your primary professional association’s Code of Ethics in working with this family?
6. In what professional development did this IEP team engage and/or plan to engage to partner with this family more effectively? What other professional development content and opportunities might be relevant?