



Project TaCTICS

Therapists as Collaborative Team members for Infants/Toddler Community Services

WELCOME

To TaCTICS

Project Director

Juliann Woods, Ph.D.,
CCC-SLP

jwoods@garnet.acns.fsu.edu

Project Assistant

Katrina Cripe
kjc8494@mail.fsu.edu

Program Manager

Geoff Petrie
gpetrie@mail.fsu.edu

Production Design

Steve Barnes

Outreach Trainers

Anne Conrad, OTR/L
Derek Jones, EIS, CCC-SLP
Shubha Kashinath,
MS-CCC-SLP

Catherine Knickerbocker, PT
Lorna Mullis, Family Member
David Lindeman, Ph. D

Department of
Communication
Disorders
107 RRC

Florida State University
Tallahassee, FL 32306
Telephone: (850)645-4872
Fax: (850)645-4874

<http://tactics.fsu.edu>

Definition: *Tactics*, a Greek word meaning any skillful method used to gain an end. (Webster. 1967)

Definition: TaCTICS (Therapists as Collaborative Team members for Infant/Toddler Community Services) is an outreach training project funded by the U.S. Department of Education, Office of Special Education Programs. It will share tools useful for skillful navigation of Part C Services using the child and family's daily routines, activities, and events as a context for assessment and intervention.



FAXLETTER

Purpose: The faxletter will be disseminated for a variety of purposes: to help us stay in touch with participants; to share activities and strategies; and to address critical issues as the project progresses. The fax format is intended to be brief with articles on meeting the challenges of providing services in the natural environment, using family routines to facilitate functional outcomes, increasing family participation as team members, and spotlighting participating programs around the country. It will provide an opportunity to share successes and concerns with other service providers who are also focusing on the development of similar skills and strategies. The fax letter will feature new and creative routines, useful web sites, resources, sample materials, and participating program updates on a quarterly basis.

Distribution: The faxletter will be distributed quarterly to each training program site, state level Part C program managers, and statewide training unit contacts in both fax format and hardcopy. It will also be available as a download from the TaCTICS web site. Please feel free to distribute copies to other team members, your service coordinators, therapists, service providers, and families who might be interested.

Contributions: *The faxletter is intended to be a sharing document so please share!* Ever want to see your program highlighted, have a question or problem about intervention within routines that you want answered, or have a favorite web site or resource? Let us know! We're looking for contributors for the newsletter. Simply contact Katrina at the e-mail address at the left or fax a copy of your suggestion, question, or proposed contribution to (850)645-4874.



TaCTICS may have gotten off to a slow start when part of the team moved to Florida State University, but it's been pretty busy in 2000 catching up. Year One training sites include Pennsylvania, Georgia, Kansas, and Idaho. Joining these TaCTICS teams will be sites in Nebraska, Wisconsin, Texas, and Louisiana in Year Two. Each state's training plan and approach for implementation has provided the TaCTICS team with learning opportunities and ideas to share with others. To enhance our understanding of the "many natural environments" where children live and learn, we plan to use this faxletter as a forum for sharing across states, programs, and participants. We want to share what we learn from you and the creative ways each state approaches the incredible challenges of supporting our youngest population and their families.

The Missing Link

A wise man (or woman) once said that a chain is only as strong as its weakest link. Many interventionists are finding a very weak or **no link** at all between the assessment results, the outcomes and strategies on the Individualized Family Service Plan (IFSP), and the actual intervention that occurs for the child and family. Providers identify this as very problematic for a routines based intervention approach. It should not be a quantum blind leap from assessment to intervention across the canyon of outcomes and strategies. Instead, a child's and family's outcomes and strategies should be the strong links that forge a connection between assessment and the intervention.



The very first link to be forged is the link of relationships between family and team. This is the link that stabilizes and solidifies the development of a trusting and collaborative partnership. The first link establishes the foundation for a strong connection to intervention by demonstrating the essential role the family plays in the early intervention process. The concerns, priorities, and family's values should guide the assessment initially and the intervention process later. This link is built by time, confidence, and mutual respect. It should begin while gathering information from the family. Most programs have extensive paperwork to obtain family information. However, much information to be gathered is bureaucratic rather than programmatic and does little to enhance partnerships. Review your program's paperwork, especially intake and ask: "Are these forms effective in: a) developing a trusting and collaborative relationship; b) gathering family information about routines, activities, communities; and c) demonstrating the family's role? If the answers to these questions are "no" or "not really" then visit the FACETS Outreach project at www.parsons.lsi.ukans.edu/facets or the TACTICS website at <http://tactics.fsu.edu> to view several sample forms that are available for your adaptation.



The second link to be forged is the actual assessment. The easiest way to insure a successful routine based approach is to begin with assessment tools that can be utilized in the child's natural environment during the process of his everyday routines and activities. There are several assessment tools available that can be used with little or no adaptation to assess a child during daily routines. Information gathered in this

manner can be more readily translated into functional goals and objectives that will truly have meaning to the child and family.



The results from the routines based assessment, the family's priorities, values, concerns and the teams observations provide the information for the development of the third link know as the Individualized Family Service Plan (IFSP). The priority outcomes targeted for intervention must be:

- ◆ relevant to the needs of the child and the family's concerns;
- ◆ developmentally appropriate;
- ◆ easily integrated within the routines and activities of the family;
- ◆ organized to increase the child's functional use of the skill: and,
- ◆ observable and measurable.



The fourth link in the chain is the actual intervention. Routines should be carefully selected by the careproviders and service providers so that they are meaningful and functional for the family and child. A child will be inherently motivated by activities and events that are interesting to him.

It is usually important to start with only one or two easy routines with one or two functional outcomes. Starting with too many will overwhelm the child, family, and intervention team. The key is to start simple and "up the ante" as everyone becomes more comfortable and competent. Multiple outcomes can be addressed in a single well chosen routine or activity providing opportunities for collaboration among team members.

Communication is imperative for all team members (which of course includes the family and careproviders). There are a number of ways to facilitate team communication such as communication notebooks and activity matrices. The key is to maintain the conversations about the outcomes and progress to keep the links strong between the assessment and intervention.

If each of these links are carefully forged, a strong chain is created which will securely support the child, family, and intervention team.

Lorna Mullis



SPOT LIGHT BUCKS COUNTY, PA



Wow!! The team from Bucks County, Pennsylvania has been really busy with efforts toward service provision in natural environments. The Resource Based Early Intervention Project developed a pilot project called “Community Connections for ALL Children” which focuses on creating opportunities for early intervention supports and services that occur within the child’s and family’s typical routines and community settings. The initial year of the project involved eight self-referred families. The project looked for outcomes/goals that were routines and community based as well as the location of the services and supports. Demonstration team members’ collected data, met monthly as a team, attended training on several topics including family-guided activity-based intervention, and maintained a journal including quotable moments.

A few of those quotable moments include:

“The routines based training has really been beneficial to our family, especially the activities chart, which has helped us select specific goals from the IFSP (Individualized Family Service Plan) and make them part of our daily routines. For example, during diapering my son now holds the diaper. Before it just lay on his stomach. The chart is on the refrigerator so that others can see what we are working on.” Joanne Smith, Parent, Community Connections, Bucks Co., PA

“By using the routines, the families are not as burdened by the early intervention. Other members of the family can be included as it is a much more natural way to incorporate it. Families feel more comfortable and are more likely to do the activities since they are very functional.” Denise Braun, Home-Based Coordinator, for BARC LBEI Center, PA.

Team members from the Buck’s County Community Connections for All Children presented the results of their activities at the 1999 DEC conference in Washington, D.C.

For more information on the project please contact Jeanne Reese, E.I.T.A. at (610)265-7321 or jreese@mciu.org. Ms. Reese is also coordinating a state-wide project that facilitates the use of family-guided activity-based early intervention in natural environments.



POWERFUL DISCOVERY QUESTIONS



It is often difficult for families of children with special needs to determine priorities and identify activities and routines that are important to them. They look to the intervention staff for guidance. One way to support the family in this process is by using “powerful or discovery questions.” These questions provide valuable knowledge and insight for the family and service providers identifying what the critical issues and priorities are for the family. They assist the family in creating greater possibilities for new learning and a clearer vision of the direction that they would like to take. In addition, they help the team gain an understanding of the family’s life-style, culture, preferences, routines, and schedules. They don’t place undue pressure or judgement on the family but rather help the team see the child through the eyes of the family.

Try a few of these and adapt them to fit your own style:

What can your child do now? What changes have you seen in the last few weeks?

What were your other children (or other children that you know) doing at this same age?

What would you and your family like to see your child doing?

What does a typical day look like for your family? What does meal time look like in the evening?

What’s a challenging day like for you?

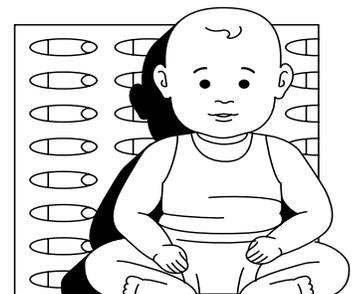
If you had an assistant for a day, what would you be doing? What would your assistant be doing?

What keeps you up at night worrying? What would make it better?

What do you do that helps your child?

Where do you like to be with your child?

Adapted from: Miller, J., * Peterson, S. (1999). Colorado guidelines for service coordination. Colorado: PEAK Parent Center, Inc. under a grant from Colorado Department of Education.



100% NATURALLY WONDERFUL

ROUTINE

From Kansas City, Kansas: Mother and daughter play the *garage door opener game*. This creative and effective routine was developed quite by accident. The daughter liked to play with the garage door opener so rather than struggling over control, Mom used the opportunity for teaching. She embedded her daughter's outcomes to increase strength and use of fingers and taking turns within the sequence. She even upped the ante and required the button to be pushed with a particular finger. This simple routine included other teaching opportunities for embedding practice on cause and effect, making requests, and following directions. Can you think of other possible outcomes that could be embedded within this routine? What about some variations?

Please send us your favorite "100% Naturally Wonderful Routine" to share with participants.

WRITING FUNCTIONAL AND DEVELOPMENTALLY APPROPRIATE OUTCOMES

Writing useful and meaningful outcomes that reflect the family's priorities and the child's needs is a very complex task. Obviously outcomes are intended to enhance the child's development by guiding the family and team providing services. However, another outcome accomplished from thoughtfully articulated outcome statements is the effective and efficient ability to embed the child's target behavior into multiple daily routines preferred by the caregivers. This "outcome" benefits the child, family and the service delivery team. Qualities of effective outcomes include:

family friendly language using actual words from the family priority statements when appropriate - "jargon free" outcomes are essential.

measurability - IDEA and most reimbursement providers require outcomes to be measurable

rationale - a connection between the skill to be learned and the family's concerns or priorities.

EXAMPLE OUTCOMES:

ORIGINAL AND NEW AND IMPROVED

ORIGINAL OUTCOME: Improve head control

NEW OUTCOME: Baby will hold head up to play, get dressed, and to eat.

STRATEGIES: Position baby in high chair with pads for support. (The therapist(s) will provide adaptations to promote supportive sitting). Offer bright toys at about nose level to direct head position. Use vision to guide head upright by showing baby a toy where they are looking, then bring toy to eye/nose level. Hold baby facing you on your lap while putting on shirt. Talk and use exaggerated facial expressions to encourage baby to keep head up while buttoning shirt.

ORIGINAL OUTCOME: Roll prone to supine.

NEW OUTCOME: Baby will roll from his stomach to his back to get toys for play and to help with diaper changes.

STRATEGIES: Offer toys out of reach when baby is playing on his stomach to encourage reaching and moving weight to one side. Take baby through the rolling motion when turning him over for a diaper change.

Anne Conrad OTR/L

RELATED RESOURCES

Visit these sites for additional information.

◆ **SPIES Outreach Project:** Curriculum and Internet Support for Use of Naturalistic Intervention Strategies With Young Children With Disabilities located at <http://www.cpd.usu.edu/spies/>.

◆ **FIRST WORDS Project:** A model early identification and intervention program based in the Department of Communication Disorders at Florida State University. <http://firstwords.fsu.edu>