



Project TaCTICS

Therapists as Collaborative Team members for Infants/Toddler Community Services

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WELCOME

To TaCTICS

Grand Island, Nebraska

On a cold and snowy Friday over 50 team members from Grand Island and the surrounding counties joined together to discuss strategies for providing services to children in natural and least restrictive environments. TaCTICS is excited to join this team of enthusiastic professionals.

TaCTICS continues to grow and welcomes new readers to our faxletter.



As we welcome 2001, the TaCTICS staff wishes you a great year ahead! 2000 has been a terrific opportunity for us to get acquainted with your programs, team members and families. We look forward to learning about your experiences and challenges in 2001.



Have you checked out our website lately? We have recently added several documents used in training workshops to our website (<http://tactics.fsu.edu>). These documents are in **pdf** format so you can download them onto your computer and print copies!!

You will need Adobe Acrobat Reader to view these documents. If you don't have this program, just click the Adobe icon on the lower left margin of the home page to download it for free.

You will also find links to other projects with useful ideas and materials in the "Internet Resources" section of the site. Two sites we want to draw your attention to are:

◇ Project Integrate (www.fpg.unc.edu/~integrate) This outreach project has materials and checklists online that are very helpful to service providers integrating services into natural environments.

◇ Project NewScripts (www.fpg.unc.edu/~scpp) This website has materials to help inform colleagues, families or administrators about natural environments. For a copy of the resource guide see (www.fpg.unc.edu/~scpp/pdfs/rg9.pdf). This publication from a long lasting model for training will be instrumental in sharing information about intervention in natural environments.

Please feel free to give us feedback about our website and how we can improve it to serve you better. Send your suggestions or comments to Katrina Cripe.



The New Year is a time for reflection and new beginnings. Join us as we explore:

- **Getting family members and caregivers excited about routines-based intervention.** Reflect on how family members can be active partners in the child's intervention.
- **Spotlight on Kansas.** Learn how the early intervention program at Kansas facilitates routines based intervention in the local community.
- **More household materials for therapy.** Catherine Knickerbocker has more hints on how to adapt everyday materials to meet the child's need.
- **100% Naturally Wonderful Routine** from Tallahassee, Florida!!

Getting family members and caregivers excited about routines-based intervention

Many parents and child care providers do not automatically have the ability to embed intervention into daily routines. Often they don't even know what we are talking about when we introduce the concept. It's important that we spend adequate time explaining the process and problem solving with them on "how to" make it a part of their lives.

One of the most important things that we, as interventionists, need to do is identify what has been communicated to the family about their role in the intervention process. We need to ask:

- Were caregivers informed about natural environments and their role as team members in their child's intervention?
- Has information been collected from them about their daily routines, activities and preferences already.
- Was the importance of their role in their child's development communicated?

Having a conversation with caregivers about their role and expectations can go a long way to clarify what early intervention is about. But... it may not be enough. It will take time and repetition of information to help the caregiver understand why participation is essential.

The following problems have been identified at TaCTICS workshops with some practical solutions

Care providers use the visits (at home) or scheduled appointments (at child care) to do other things...

This is often a planning issue that can be overcome by including them in planning during each visit. Ask mom about what she would like to do during your visit. Very often parents are not used to being included with service providers in planning interventions. If a child's physical therapy has not been done yet, problem solve with mom about how to integrate it into her routines. For example, the child could follow her up and down the stairs as she puts away laundry to work on climbing. Very often, when parents don't realize that embedding intervention into routines gives their child practice and does not add to their schedule.

It is also important to consider what time you are visiting. If you come while mom is preparing dinner, chances are that she will not be able to focus on interacting with the child because of competing priorities. Check with her if she prefers to move the intervention to another time. Or better still, consider what chores the caregiver is doing. Is there a way that the child could

participate? For example, setting the table for dinner may be a great way for an older child to work on following directions and increasing his receptive vocabulary. Or the younger child can help stir or pour ingredients to help mom cook! Sometimes the caregiver genuinely needs at least part of your visit to get a few things done. Family guided services allow them to choose their own role. A parent may not be able to be "on" 24-7. Negotiate individually to best meet the needs of the child and family. Look for respite services or community resources for the child if the caregiver needs a break or some rest.

Care providers observe but aren't engaged in activities during the visit...

We may frequently look for ways to get families involved in their child's intervention without understanding that families are involved simply by being a family. Some caregivers may be used to a medical model where the therapist does all the intervention. They may not feel qualified and may view you as the "expert." We need to invite caregivers to be partners in the intervention, acknowledging that they are the "experts" on their child and they know best what would work for their family. It is important to provide the family with a variety of involvement ideas. For example, a family may be involved by making suggestions about materials or strategies for a childcare provider to use at the day care center. Another family may develop a special routine for siblings to help the child work on his vocabulary. Some family members may be involved by coordinating routines between the childcare and home. The key is to be flexible and "*family-guided*." Follow their lead. Don't be quick to make changes though. Quick suggestions may be frustrating to a family who may interpret that "*they were doing it wrong*".

Remember that there is no single solution- only one that meets the needs of the child and family.

Shubha Kashinath



We are looking for contributors for the newsletter. Simply contact Katrina Cripe at kjc8494@mailier.fsu.edu, or fax a copy of your suggestion, question or proposed contribution to (850)644-3644.



SPOTLIGHT ON KANSAS



Enhancing Parenting Interventions with Children (EPIC)

A Collaboration on Research and Training between Juniper Gardens Children's Project, University of Kansas, Wyandotte County Early Intervention Program, and TaCTICS

It is widely known that children from the lowest socioeconomic strata tend to be at highest risk for experiencing poor outcomes. Children from poor families tend to have under-educated parents that are less likely to interact with them, expand on their language, read to them, offer them a variety of experiences: all factors known to influence positive developmental outcomes such as literacy skills and social competence. What is less well-known is that children with developmental disabilities who come from poverty backgrounds are also at risk for receiving less-than optimum early intervention. Children from high-risk environments are likely to receive programs that are implemented less well, less often, and for shorter duration. Yet, the reasons for these lapses in implementation are presently unknown. The purpose of the EPIC research, directed by Judy Carta and Jean Ann Summers is to describe the potential barriers in providing high quality early intervention to children and families from high poverty backgrounds and to provide recommendation for overcoming these challenges.

Wyandotte County Infant Toddler Services

The Infant Toddler Services in Wyandotte County, Kansas has been busy with efforts to facilitate family-guided intervention services within their community. This program provides services to a large number of families living in poverty in a culturally and linguistically diverse community. The Director of the Early Intervention Program, Ginger Gearheart identified two main goals for the program: to embed early intervention services within routines, and to increase involvement of family members in the intervention process. Some of the barriers identified by the staff in meeting these goals include limited knowledge of how to provide intervention within daily routines and community settings, lack of resources, limited know-how about involving families in the intervention and a strong tradition of providing direct therapy services. The following is a discussion of solutions to the barriers.

Observation and Feedback

Juniper Gardens' EPIC Project provides interventionists with an opportunity to obtain individual feedback by accompanying them on home visits. A fidelity checklist is used to provide objective feedback during these visits. For example, the different routines that occurred during the visit such as snack, dressing, toileting etc., are documented to encourage interventionists to move beyond play routines. The interventionists also receive feedback on whether they involve parents in the visit and talked about ways to incorporate child outcomes into a variety of routines and locations. This helps interventionists translate the new information from the training into practice with families.

Self-evaluation

In addition to feedback from EPIC observers, the staff also are reflecting on their implementation of family-guided intervention through self-evaluation. A Self-Evaluation Checklist developed by TaCTICS (available on the website), was provided to help them identify features of family-guided intervention that they used and strategies that could be included in future visits. Team members use the checklist to determine what went well and what could be better for each family. The checklist also allows them to focus on specific skills necessary for FG-RBI.

Peer Mentoring

Another strategy the team is trying is peer mentoring. Early interventionists pair up with another team member and identify specific components of family-guided intervention that they would like to implement better. This is especially helpful for interventionists who share caseloads. Team members learn more about ways to work in a coordinated and family-guided approach with the family by sharing routines and strategies.

DEC Presentation

A description of the project was presented at the DEC conference in Albuquerque last December. The results of the research will be valuable to all teams serving families with multiple challenges in poverty settings.



For more information, please see the EPIC web site at: <http://www.lsi.ukan.edu/jg/jgcpindx.htm>

Thinking Differently about Therapy Materials, Part 2

Catherine Knickerbocker, PT

Catherine's back with more suggestions for thinking outside the toy bag or clinic kit!! Try:

Making a Bolster: use a rolled towel, blanket, pillow.

Working on Balance: walk on the garden border rails, jump off, step over them. Lining up catalogs, phone books, cushions or pillows from the couch add different surfaces to step on or over.

Balancing in Real Life Routines: dressing skills in sitting or standing also works on balance... try: shorts, shoes, or a bathing suit!

Using Containers in Routines: use an ice cream bucket or other pail to carry, put objects in, take objects out, turn upside down, hide objects under; this incorporates many fine and gross motor skills into family chores... use any objects appropriate to routine- barrette, comb, wash cloth for bathroom activities, lids, spoons, plastic containers for kitchen activities.

Strengthening Fine Motor Skills: is it nice outdoors? Pull the blades of grass, take apart flowers or acorns, pick up pebbles and place them in a leaf to carry, pick and smell the flowers.

Supporting Standing: pull out a dresser drawer at desired support height to pull to stand, cruise, reach, use for balance while dressing, take items out of the drawer, stoop to retrieve items from the floor.

Take a Plastic Grocery Bag: one for you and one for the child, let the wind fill in and run with it; let go of the bag in the wind and chase it [to encourage faster walking or running].

Carry your Bag filled with your "Treasures": have a child reach high for some and pick up some from the ground. This incorporates words and following directions into your treasure hunt.

Need some Motivators?: Get mom or dad to walk to, crawl to, turn to... Siblings of all ages are great helpers, idea people, and motivators.

The Pet: use for mobility, language, reach, touch.

Sensory Materials: look around for family preferred sensory materials: dried beans to scoop, feel, pick up and put away.

Squishy Toy: fill a rubber glove and tie or rubber band the end.

Music: "dance" to the music on the CD or the commercials on the TV rather than be annoyed.

100% Naturally Wonderful Routine

From Tallahassee, Florida: Every family has their own twist on everyday routines. For example, a simple routine such as bath time may look very different for each family based on the child's specific needs. Kennan has many skin allergies and medical concerns. His sensory needs make simple routines such as bathing and feeding challenging. Kennan's mom, Margie and his early interventionists came up with some creative ways to make bath time fun while embedding his communication and social goals into the routine. Kennan and mom usually listen to music during "bath." By encouraging mom and Kennan to sing along, Kennan had an opportunity to vocalize, take turns with mom and to imitate different sounds and words. Mom uses a wash cloth to rub Kennan's eyes, nose, mouth, hands and legs during bath. The early interventionists encouraged mom to name and point to all the different body parts while doing this. Once Kennan could point to different body parts, the therapists encouraged mom to up the ante by requiring him to "blink" his eyes, "sniff" with his nose, "wave" his hands etc. This routine addresses many different social-communication outcomes for Kennan while fostering an enjoyable interaction between mom and Kennan.



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

See you in March!

Look for:

- Focus on Idaho TaCTICS Activities
- Information on Routine-based Assessment Strategies