



Project TaCTICS

Therapists as Collaborative Team members for Infants/Toddler Community Services

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WELCOME To TaCTICS



Resources

Recent literature and training activities have focused on the needs of therapists and educators to assist them with service provision in natural environments. However, they aren't the only ones in need of information about the changes that are occurring! Family members and caregivers have questions about natural environments, their role in intervention, and the effectiveness of services provided within everyday contexts. Service providers are usually prepared to inform caregivers about the process and the procedures of early intervention. But, for routines based intervention to be effective, caregivers need to know more... more about child development, the importance of early interactions, and their role in being their child's first teacher. In this issue and the next, the resources will focus on high quality materials for general parent education and normal development. Web sites and videos will be included first for the technological learners and then print materials will be suggested for reading. The best thing about these materials is that they are free or lost cost, include diverse families and activities, and are very positive about what parents CAN DO!

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*TaCTICS continues to grow and welcomes
new readers to our faxletter.*
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Web Sites

I Am Your Child Organization. (2000). A parent's guide to early brain development. Retrieved March 21, 2000, from World Wide Web: <http://iamyourchild.org/brainfacts/index.html>

McCormick Tribune Foundation. (2000). These 10 things can boost your child's brain power. Chicago: Author. Retrieved March 21, 2000, from the World Wide Web: <http://www.rmtf.org/education/10things.htm>

Trister-Dodge, D. & Heroman, C. (2000). Building your babies brain: A parent's guide to the first five years. Retrieved March 21, 2000, from World Wide Web: http://www.teachingstrategies.com/getpage.cfm?files=titles/bookinfo/100084_books.html&userid=10346882

World bank group. (2000). Early childhood development. Retrieved March 21, 2000, from World Wide Web: <http://www.worldbank.org/children/index.htm>

U.S. Department of Education. (1999, September). How are the children? Report on early childhood development and learning. Retrieved March 21, 2000, from World Wide Web: http://www.ed.gov/pubs/How_Children/IEarlychildhood.html#1

Zero to three. (2000). Brain wonders: Helping babies and toddlers grow and develop. Retrieved March 21, 2000, from World Wide Web: <http://www.zerotothree.org/brainwonders/index.html>

Videos

McCormick-Tribune Foundation. (1997). Ten things every child needs. Chicago: Author. (ECRC catalog number CMV-4005)

National Association for the Education of Young Children. (1999). Cooing, crying and cuddling, infant brain development. Washington, DC: Author. (ECRC catalog number PMV-200)

Reiner, R. (1997). I am your child: The first years last forever. Los Angeles: Warner Media. (ECRC catalog number CMV-4006)

Start now! Empieza ya! (1999). Chicago: El Valor. (ECRC catalog number CMV-4003)

Resources from David Lindeman and Tammie Benham

Family-guided Routines Based Assessment (Fg-RBA)

Routines based assessment in the child's natural environments should be the first step for family guided developmentally appropriate intervention. When the child's assessment occurs within routines and play using familiar materials and caregivers, embedding intervention into the same context is obvious and logical. Caregivers are introduced to a role of active participation, decision making, and collaboration with service providers. Children are comfortable doing things they enjoy with familiar caregivers. Service providers gather realistic information about the child's abilities, the expectations and supports provided in the environment, and the strategies used by the caregivers with the child. It's a winning situation for everyone!

Picture this approach to assessment....

*The family is contacted by Early Intervention program staff after a referral is received. During intake, the family identifies some of the child's favorite activities and routines. The assessment will be completed while the family does the activities they chose using the child's toys and objects. The identified routines are shared with the team members for assessment planning.

*The team meets the child and family at their house. While getting comfortable, the child shares his favorite activity... playing with the dog. The team observes him walking with his pet, giving him a treat, and playing ball. Mom helps him wash up and then suggests a snack, another preferred activity. He picks up pieces of graham cracker, chooses juice to drink, and demonstrates his use of a sipper cup. He is ready to play with everyone now! He colors a picture, shares a favorite book, and talks on the phone. Dad changes his diaper and puts his shoes on before going outside to swing.

*The team observes the child at childcare during snack and hand washing and sees how he completes the tasks with his friends. He is also observed with his friends at center time where he plays with blocks and in the kitchen area where he really likes to "cook". The team visits with the childcare teacher.

*The observations and test scores are organized and reviewed with the family. Additional information is gathered if needed.

Can you really complete assessments within routines? Yes, with careful planning and creative play.

Look at all the items you can score:



Does the child:

- Ask for snack using words? gestures? tugs? cries?
- Follow the caregiver's directions? "Get your sippy-cup", "Do you want more?", "Put the bowl in the sink"
- Make choices of food or juice?
- Hold his bottle or cup?
- Ask for help?
- Transfer cookies from one hand to another?
- Drink juice without spilling? Use utensils?



Does the child:

- Roll on his back when he needs a clean diaper?
- Hold a toy at mid line?
- Play social games like "peek"?



Does the child:

- Ask for help to put his shoes on?
- Understand words like "in", "push" etc?
- Say phrases like shoes-on, my shoe?
- Does the child attempt to tie his shoelaces? Can he ask for help if he needs assistance?

Of course there are a few challenges to consider. Challenges and solutions that have been identified by therapists and educators will be presented in future editions of the faxletter.

Checklists and forms that assist service providers with routines based assessment are available to download on the website (<http://tactics.fsu.edu>).

See you in September!

Look for:

- 🔍 Overcoming challenges in routine based assessment
- 🔍 Linking assessment to intervention

Fg-RBA in Child Care Settings

Here are some suggestions for incorporating assessment into natural routines.

Activity: Handwashing

Materials: sink, step stool, paper towels, soap dispenser

Observe to see if the child:

- √ Steps to the sink? Up on stool?
- √ Reach and grasp faucets to turn water on?
- √ Adjusts the water?
- √ Uses both hands to get soap? Label on, hot, done?
- √ Asks for help from adults or peers? How?
- √ Answers “wh” questions such as “What is all over your hands?” “What do you need to do?”
- √ Accesses just one paper towel to dry hands?
- √ Dries both hands?
- √ Responds to “throw the towel away”?

Activity: Constructive Play Blocks

Materials: blocks of all colors and sizes
miniature toys such as animals, people, vehicles, furniture

Observe to see if the child:

- √ Uses miniature objects (e.g., farm animals) with the construction?
- √ Understands terms such as “Put the red block in the barn
- √ Explains to you or a peer what s/he is building?
- √ Builds house with a roof?
- √ Plays with what has been made in a functional manner (e.g., if a house has been built, is it then used as a house with play people)?
- √ Grasps smaller blocks or vehicles with his thumb and index finger?
- √ Asks questions about how the spaceship that he has built might work?
- √ Social interaction: is the child...
 - Playing by self (e.g., building a rocket ship while peers are building a fire house)
 - Playing alongside peers (e.g., building a dog house similar to the peers’ dog house, but with little interaction)
 - Creatively interacting with peers (e.g., helping peers build a farm together)

Activity: Dramatic Play “restaurant”

Materials: kitchen set (refrigerator, oven, stove, and microwave), child-size cups, bowls, plates, pans, utensils, tables, chairs, and pretend food

Observe to see if the child:

- √ Asks other children to play with him?
- √ Manipulate small objects (e.g., cookie cutters, pizza cutter)?
- √ Respond appropriately to “wh” questions such as “Who is cooking?”
- √ Makes a variety of foods?
- √ Pours the “lemonade” into a cup without spilling?
- √ Uses the stove, oven, refrigerator appropriately?
- √ Takes on his role appropriately (e.g., if he is the cook, is he only cooking or is he serving and eating also)?
- √ Scripted events: does the child combine isolated scripts into a comprehensive episode with peers (e.g., prepare food, serve, eat)
- √ Level of symbolic play: is the child...
 - Substituting a shovel for a utensil if needed?
 - Pretending to hold a spoon while eating?
 - Substituting a hotdog for a hamburger if that’s all that’s available?

✍ Contributed by Kristi Templeton

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 IDAHO



Idaho recognized the need to disperse information across a large rural area to therapists and educators with varied work settings. We introduced TaCTICS at a large state conference to interested participants. A day of specialized training was added for coordinators and specialists from across the state to being identifying barriers and strategies for implementation. This group initiated implementation and continued planning with the Part C Program Staff.

A multi-component summer session was organized to meet both immediate and long term needs. A state-wide videoconference was provided to increase knowledge for a large number of participants. Teams of specialists from each region were formed and came together to strengthen their skills for implementation and problem solving. In addition, the teams received training on "training" and supporting others in their region facilitated by Camille Catlett from Frank Porter Graham Center, University of North Carolina. Later, each regional team provided training and technical assistance to colleagues and other early intervention providers in their own region. Quarterly conference calls were initiated and have provided a forum for sharing successes and challenges with peers from other areas of the state.

Each region has updated a plan to enhance service delivery through routine-based interventions in natural environments. State Infant Toddler Program data from 1998 to 2000 show a 22.4% decrease in the number of center based services. For the same period, services in community settings (childcare, libraries, etc.) increased by 4.2 % and services delivered in homes increased by 11.3%.

The early intervention staff in Idaho has found many creative strategies to engage families, caregivers and communities in early intervention. One therapist met a family at a Wal-Mart store and then crafted a Styrofoam seat insert to keep the child positioned correctly in the shopping cart. Once the child was correctly positioned, the family was able to use that rich environment to promote the child's learning in many areas.

Another team decided to hold their Developmental Group at a parent's home rather than in the usual preschool building. The therapists were thrilled to see the increased interaction and support that grew from that simple change of location. They report that "Dads came and shared information with other dads. ... One dad offered to build a shelf that another mom needed for her house. ... Child care needs of some parents were addressed by other parents present...and the kids did better/more in that setting than they ever did in the more formal group settings!"

Providing routine-based intervention presents many difficult challenges. Talented early intervention teams in Idaho are developing innovative, creative and prac-

tical solutions to address the issues. The Idaho Infant Toddler Program, with support and technical assistance from TACTICS has made measurable progress in delivering routine-based interventions in natural environments (RBI-NE).

 Submitted by Mary Jones, Part C Program Specialist

Each state has approached training and technical assistance on natural environments for their service providers from a different perspective. The Idaho plan is an exciting, multi-facteted, and collaborative approach accommodating Idaho's unique geography. TaCTICS is pleased to be a part of this systematic training activity and looks forward to year three follow-up.



From Grangeville, Idaho: A key feature of family-guided intervention is to embed intervention within the daily chores and activities of a family. This story from Idaho is an excellent example of how Jan and Annette, the early interventionists, embedded Mark's goals within his family's daily chores. "It was always hard to go to Mark's house. I was scheduled to come when the other siblings were just getting home from school. Mark's mother would always excuse herself for about 10 minutes to get the children started on their after-school chores. Mark would want to be where everyone else was. He was very interested in the kitchen where one child had to put the dishes away from the dishwasher and the other had to feed and water the cats and dog. After months of trying to get Mark to finish the activity that we were working on before the others arrived, I just moved him into the kitchen and thought that we could continue my sorting activity in the middle of the kitchen. Mark wanted more. I asked Mom if Mark could sort the flat wear. Mark has cerebral palsy and getting him to crawl at that time was a challenge. We placed the clean forks, spoons and butter knives on a towel on the floor and took the tray out of the drawer. Mark was very excited because he had a job like everyone else. As the weeks progressed Mark would crawl to the kitchen, get up on his elbows and put the flat ware in the tray that was now in the bottom drawer all the time. Mark is in school. Dad reported to me that the flat ware is now moved to the middle drawer and Mark can support himself on his knees.

 Contributed by Jan Struder, Early Interventionist, Grangeville, Idaho

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