

New Directions in Early Intervention in Mississippi

Mississippi First Steps Early Intervention Program (MSFSEIP)

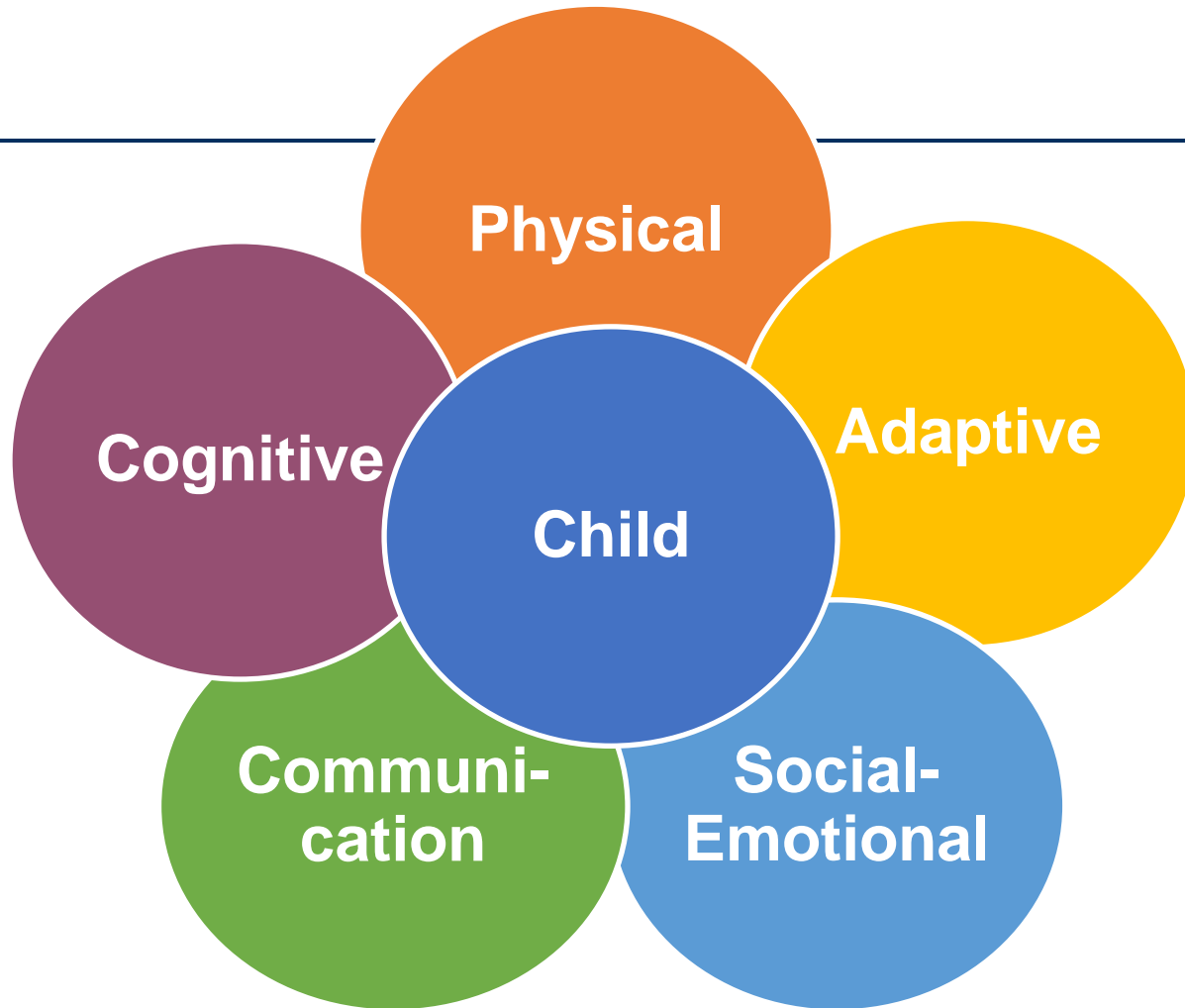
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Objectives

- Describe challenges families of infants and toddlers with developmental disabilities face and the need for family-focused services
- Explain key features of the Mississippi First Steps Early Intervention Program (MSFSEIP), including eligibility and service delivery approach
- Explain the key features of the Routines-Based Early Intervention Model being implemented in Mississippi to address the needs of families





Family Reactions to Disabilities

- Intense emotions (e.g., grief, anger, fear)
- Isolation or loneliness
- Not knowing what to do
- Confusion about choices/options
- Physical and time demands
- Financial strains



Family Reactions to Disabilities

- The perceptions of families do not mirror the perceptions of professionals.
 - Families report feelings of denial and wishful thinking, followed by searching for information and social support, and then reframing to a more hopeful perspective.

Raver & Childress, 2015



Family Reactions to Disabilities

- Family members may experience different emotions and/or need different amounts of time to adjust.
 - For example, mothers often report increased caregiving responsibilities; however, fathers do not tend to increase their engagement to relieve maternal burdens. As a result mothers often feel overwhelmed and lacking in daily family support.

Raver & Childress, 2015



Family Reactions to Disabilities

- The impact on siblings is dependent upon parent reactions.
 - Families with a positive perspective lead to siblings adopting a positive perspective.
 - Siblings may have their needs neglected as parents concentrate on the child with a disability, leading to siblings adopting a negative perspective.

Raver & Childress, 2015



Family Reactions to Disabilities

- Culture impacts family perspectives on disabilities and early intervention. The differences may lead to differences in:
 - Conceptualization of disabilities.
 - Accessing early intervention services.
 - Acceptability of early intervention practices.
 - Participation in early intervention home visits.
 - Implementation of interventions between home visits.

Hanson & Lynch, 2013; Noonan & McCormick, 2014



Family Reactions to Disabilities

- Early interventionist can support families by
 - Helping them process their emotions to move toward a more positive perspective;
 - Respond to their individual needs for support;
 - Promote a balanced family and strong sibling relationships through participation in intervention activities; and
 - Facilitate their sense of competence and confidence to make decisions for their family.

Hanson & Lynch, 2013; Raver & Childress, 2015



Family Needs

- Families need **informational supports**:
 - Their child's disability or delay;
 - Disability laws, programs, resources, and procedures for obtaining access to supports and services across the child's lifespan;
 - Typical and atypical child development; and
 - Strategies for supporting their child's growth and development.

McWilliam, 2010



Family Needs

- Families need **emotional supports**:
 - Positivity about the child and family;
 - Sensitivity to their situations and feelings;
 - Responsiveness to their needs;
 - Orientation toward the family as a whole; and
 - Genuine interpersonal relationships/informal supports.

McWilliam, 2010



Family Needs

- Families need **material supports**:
 - Basic necessities;
 - Financial resources; and
 - Equipment.

McWilliam, 2010



Mississippi First Steps Early Intervention Program (MSFSEIP)

- Under the Individual Disability Education Act (IDEA), all infants and toddlers with disabilities and their families receive early intervention services at no cost to:
 - Enhance the development of infants and toddlers with disabilities;
 - Reduce educational costs by minimizing the need for special education through early intervention;
 - Minimize the likelihood of institutionalization, and maximize independent living; and,
 - Enhance the capacity of families to meet their child's needs.



Mississippi First Steps Early Intervention Program (MSFSEIP)

- Community-based, family-focused services and supports to families of infants and toddlers with:
 - Evidence of developmental delays
 - ▣ 33% or 2 Standard Deviations in one area of development
 - ▣ 25% or 1.5 Standard Deviations in two or more areas
 - Diagnosed conditions with a high probability of resulting in a developmental delay
 - ▣ Genetic abnormalities or congenital disorders or infections
 - ▣ Sensory impairments
 - ▣ Severe attachment disorders
 - ▣ Disorders secondary to exposure to drugs or alcohol
 - Clinical opinion



Receive referrals from hospitals, physicians, families, childcare, schools, local Health Dept., EHDI, and/or other public agencies (e.g., MDHS, MDMH).



Assign a Service Coordinator (SC) who contacts the family to explain the EIP.



Determine eligibility conducting a comprehensive, multidisciplinary evaluation, if necessary, and assessment of the child and family.



Develop Individualized Family Service Plan (IFSP) including educational, medical, and developmental services needed to support the child and family.



Link the family to supports and services, ensuring the provision of family-focused, evidence-based early intervention practices.



Transition the child and family to school or community-based services by 36 months of age.



Principles and Values

- Early identification, early services and supports, and family involvement are critical for optimal development of young children. The earlier supports and services begin, the better the developmental outcomes for the infant or toddler and the family.
- Infants and toddlers learn best through enriched environments, everyday experiences, and interactions with familiar people in familiar contexts.
- The early intervention process, from referral through transition, must be dynamic and individualized to honor and respect each family's preferences for their child and family, learning styles, and cultural beliefs.



Principles and Values

- All families, with the necessary supports and resources, can enhance their child's early learning and development.
- The family's concerns, priorities, and resources are addressed more appropriately by a primary service provider who represents and receives team and community support.
- The primary role of service providers and coordinators in the early intervention process is to work with and support family members and caregivers in making informed decisions about their children's lives.



Principles and Values

- The Individualized Family Service Plan (IFSP) outcomes must be functional, based on high-quality standards, and meet family-identified priorities based on the child's and family's needs.
- Interventions with young children and family members must be based on explicit principles, the best available research, validated practices, and relevant laws and regulations.
- Children are most likely to attain their goals when families actively participate in service provision and consistently incorporate interventions into their daily routines and activities.



Routines-Based Model

- Understanding family ecology via an ecomap
- Conducting a routines-based interview for assessing needs and planning interventions
- Using the primary service provider model for organizing and integrating services
- Providing support-based home visits
- Providing consultation to child care



Routines-Based Model: Understand Family Ecology

- Ecomap identifies:
 - Family living in the home
 - Informal supports (family, friends, neighbors)
 - Intermediate supports (work acquaintances, other community supports)
 - Formal supports (professionals, financial supports)
- RBM feature:
 - Width of lines indicating amount of support
 - Dashed lines indicating stress



Routines-Based Model: Assess Needs & Plan Intervention

- Goes through each “routine” (i.e., activity)
- Get a sense of the family’s and child’s functioning
- Write down significant information
- Star concerns
- Recap the concerns with the family reviewing the starred items together
- Ask the family for their priorities
- Write down these outcomes
- Ask the family to put their priorities in order



Routines-Based Model: Primary Service Provider Model

Multidisciplinary Approach	Interdisciplinary Approach	Transdisciplinary Approach
Different professionals work independently without ongoing communication among the professionals.	Different professionals work independently; however, they communicate regularly.	One professional (PSP) has ongoing contact with the family; other professionals provide consultation to PSP and the family.
Ex: John has weekly visits from a special instructor and sees a therapist in a clinic every two weeks.	Ex: Sue has weekly visits from a special instructor and a therapist who share progress notes and phone calls.	Ex: Robin has weekly visits from a special instructor who is coached by a therapist and monthly joint visits with a therapist.

Routines-Based Model: Primary Service Provider Model

- Benefits of the PSP Model:
 - The family receives strong support from one person, without having to juggle multiple therapists.
 - The child's program is coordinated, not fragmented.
 - The family hosts only one visit in the home weekly, not multiple visits.
 - Service providers, especially therapists, can serve more families.



Routines-Based Model: Support-Based Home Visits

- Underlying Principles:
 - Families and caregivers influence the child. Professionals can influence the families and caregivers.
 - Children learn throughout the day, not in “sessions” held once a week.
 - All of the interventions for a child occur between visits. Home visits provide information and encouragement to families so they can capitalize on learning opportunities that occur in the normal course of the day.
 - Children need maximal intervention, not maximal services.



Routines-Based Model: Support-Based Home Visits

- Example – Vanderbilt Home Visit Script:
 - How have things been going?
 - Do you have anything new you want to ask me about?
 - How have things been going with each IFSP outcome (in priority order)?
 - Is there a time of day that's not going well for you?
 - How is [family member] doing?
 - Have you had any appointments in the past week?
Any coming up?
 - Do you have enough or too much to do with [child]?



Routines-Based Model: Collaborative Consultation

- When the child receives early intervention supports in a child care setting, the service provider using collaborative consultation:
 - Joint decision-making between consultant and consultee on the problem, solution, and evaluation of the solution.
 - Ask questions to find out what's going on and make suggestions in the spirit of joint brainstorming.
 - Relies on principles of andragogy (adult education).



Routines-Based Model: Collaborative Consultation

- Principles of Andragogy:
 - Adults are lifelong learners.
 - Adults differ widely in their interests, abilities, and experiences.
 - Adults' experiences are a resource in training.
 - Adults move from dependence to independence as they become more competent and self-confident.
 - Adults relate what they are learning to their life situations.
 - Adults are motivated to learn by a variety of factors.
 - Adults learn best by actively participating in the learning.
 - Adults learn best in comfortable, supportive environments.



Routines-Based Model: Collaborative Consultation

- Work in the classroom. Don't pull the child out.
- Establish ground rules with the teacher.
- Respect whose turf you are on.
- Aim to make routines more successful for teachers and the child.
- Communicate during the activity.
- Position yourself to model and to observe.
- Model incidental teaching.
- Aim for child engagement, independence, and social relationships.
- Debrief before leaving.
- Make friends with the teachers.



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