

Outreach Training Bulletin

The principles and values of shared decision-making, family and professional partnerships, and collaboration advocated for Part C services have resulted in the development of new models and methodologies. Family-guided Approaches to Collaborative Early-intervention Training and Services (FACETS) addresses the challenges associated with delivery of family-guided intervention by providing "how-to" information for family members, early interventionists, specialty disciplines, and administrators. Research identifies the relevance of the child/family's daily routines as a context for assessment and intervention. Utilization of the child's and family's daily routines embraces the uniqueness of intervention on functional, developmentally appropriate child skills. FACETS addresses the assurance of meaningful family participation and decision making in the service delivery process and offers strategies for assuring effective interdisciplinary and interagency collaboration.

The approach is "family-guided" because family members guide the process by determining their own priorities and preferences which provides them the opportunity to make meaningful choices in interventions. This outreach model builds on the Southeast Kansas Birth to Three EEPD model demonstration project and the

Progress Monitoring. These components have been demonstrated to be effective and are supported by print and/or video materials allowing each to be adopted

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and replicated. Participating outreach sites will prioritize the components that best match self-identified needs. Outreach training and follow-up assistance will be provided to each site. This project will combine on-site visits to each participating outreach site with distance learning follow-up. Ongoing contact will be maintained within individual program technical assistance plans. Outreach training and follow-up assistance will be provided to five new outreach sites per year, or a total of at least 15 programs over the three year funding period. This bulletin has been developed to provide potential outreach site information about Project FACETS.

FACETS provides "how-to" information for family members, early interventionists, specialty disciplines, and administrators.

training content and procedures validated in the FACETS outreach training project (1993-1997). This experience with direct service provision and training provides the foundation for the "next-generation" of practice. FACETS consists of five replicable, interacting components: 1) Family-guided Activity Based Intervention; 2) Using Daily Routines as a Context for Intervention; 3) Involving Careproviders in Teaching/Learning; 4) Developmentally Appropriate, Child Centered Intervention Strategies; and 5) Interagency/Interdisciplinary Team Planning and

FACETS Staff

FACETS is a joint project of Kansas University Affiliated Program and Florida State University.

David P. Lindeman, Ph.D., KUAP
Juliann Woods, Ph.D., FSU
Project Co-Directors

Kimi Austin, KUAP
Project Coordinator

Lorna Mullis
Family Coordinator

Derek Jones, Kathy Peterson, Juli Graffeo, & Lou Ann White
Outreach Trainers

KUAP
2601 Gabriel,
Parsons, KS 67357,
(316) 421-6550 ext. 1617

Florida State University (FSU),
107 RRC
Tallahassee, FL 32306
(850) 644-8461

www.parsons.lsi.ukans.edu/facets/

Overview of FACETS Outreach Training and Follow-up Procedure

1 Contact with Potential Outreach Sites: State representatives will identify a program within their state. For each program identified for outreach training, a common process of interest identification, type/format for participation, and follow-up contact will occur.

2 Needs Assessment: To adequately address the specific training needs of each site, initial needs assessments will be completed by state TA or CSPD Unit and the selected program staff using a written checklist format. A follow-up telephone interview will be completed to clarify any comments or questions regarding the state's vision, specific program's philosophy, and perceived interests for training. The specific components for training will be

identified as well as the preferred formats for accomplishing the training activities. A menu of possible training and technical assistance activities will be included to assist the potential participants.

3 Development of Outreach Training Plan: The needs assessment will be organized into a working document, the Outreach Training Plan, for use over the course of the commitment with the project. Based on the information gathered from the program's needs assessments, specific content modules and appropriate outreach trainers will be identified and scheduled. Training materials and activities can be adapted or developed to make training relevant to the specific needs of the participants.

Training Formats to Use for Desired Outcomes

Desired outcome

1. Awareness

If you want people to understand something, furnish them with information.

2. Understanding

If you want people to change their values and priorities, assist them to inquire and observe the old versus the new.

3. Application

If you want people to be able to do something, help them experiment with it.

4. Innovation

If you want people to develop and implement programs with vision, let them experience innovation.

Suggested formats and activities

1. General Workshop Presentations

- A) Readings
- B) Lectures
- C) Diagrams
- D) Informational videos
- E) Informational packets
- F) Family testimony

2. Team Training, Technical Assistance

- A) Self-evaluation
- B) Structured simulations
- C) Group process
- D) Role playing
- E) Exercises
- F) Instruments
- G) Case studies
- H) Video examples

3. Onsite Demonstrations, Team Technical Assistance

- A) Case studies
- B) Role playing
- C) Interactive videotapes
- D) Observational feedback
- E) Worksheets
- F) Team exercise
- G) Action plans
- H) Self-evaluation

4. Team Planning Sessions, Product Development

- A) Brainstorming
- B) Field testing
- C) Self-analysis
- D) Future planning

Adapted from Anderson, W., Beckett, C. Chitwood, S., Hayden, D., Hitz, N. (1990). *Next Steps: Planning for Employment Team Training Manual*. Alexandria, VA: Parent Educational Advocacy Training Center.



4 Initial Outreach Training: To be successful, outreach training must take into account the unique characteristics of adult learners. For these reasons, the methods and procedures for this project includes flexibility to adapt content and format of training for each site, opportunities for on-site follow-up activities, and a problem oriented, outcomes-based approach. The above chart summarizes the types of training formats to be included depending upon the outcomes identified within the needs assessment process. This chart is provided to illustrate the flexibility and dynamic qualities of this training project.

While modules are independent and programs will identify their priorities for training, it is strongly recommended that the initial training include Family-guided Activity Based Intervention, module 1, as an overview.

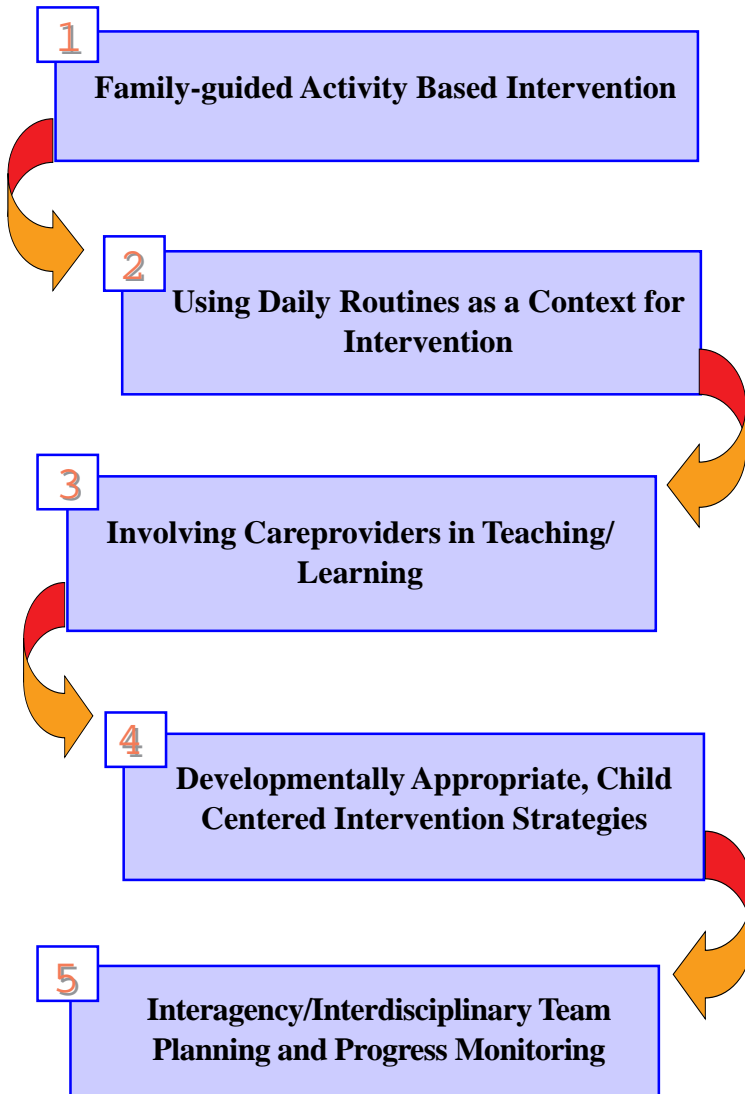
During the initial training, evaluation of the training activities conducted will be completed as well as the dissemination of all appropriate materials. A review of the Outreach Training Plan will also be completed.

5 Follow-up Assistance: Within the Outreach Training Plan, the types and schedule of follow-up assistance to be provided by this project will be specified. Several types of follow-up technical assistance may be included in these plans, including administrative or service delivery team informal planning, and problem-solving or brainstorming sessions. Side-by-side coaching and procedural demonstration, provided by outreach staff directly in the outreach site's early intervention settings are available. Distance education methods including Internet, fax, and video conferencing are also available.

The Components of the FACETS Model

Module 1 Family-guided Activity Based Intervention

The FACETS model consists of five discrete, replicable, and interacting components:



These modules have been developed to enable programs and personnel to move to the "next step" of implementation for Family-guided Activity Based Intervention, addressing the needs of involving careproviders, identifying routines and appropriate intervention strategies for families, and working across disciplines and agencies to form a cohesive plan. The following provides a complete summary of each of the five FACETS model components.

Activity Based intervention is a child-directed, transactional approach that embeds training on a child's individual goals and objectives in routine or planned activities and uses logically occurring antecedents and consequences to develop functional and generalizable skills (Bricker & Cripe, 1992). Family-guided activity based intervention focuses on the development of intervention that accommodates the preferences of the family for their involvement, intervention priorities, activities, and schedules (Cripe, 1995.) Family members identify the options and activities most appropriate for their child's intervention with information and support provided by team members. This overview module provides the theoretical foundations, efficacy data, and rationale for the approach to enhance participants' knowledge base and begins to develop common strategies for implementation across disciplines. Programs will then determine which of the four other modules are the most important for the successful implementation of the content into practice.

"How To" Implementation Strategies

- ✓ Activities are individualized for the child and family based on concerns and interests. Participants learn the importance of family identified activities.
- ✓ Emphasis is placed on identification of family preferences, concerns, and choices for involvement in the intervention planning and implementation. Participants learn strategies to support self-identification.
- ✓ Communication begins early, involving all potential collaborators (e.g., family members, careproviders, related service personnel and staff from educational agencies). Participants learn basic planning and communication skills.
- ✓ Information for the family is shared in manageable amounts and formats, at times and in sequences that facilitate their choice and decision making abilities. Participants learn varying formats for information presentation and the importance of timing intervention content.

Module 2

Using Daily Routines as a Context for Intervention

Too often, early interventionists are seen working one on one with a child to stimulate acquisition of developmental milestones in a skill oriented curriculum using a prescriptive approach (Cook, Tessier, & Klein, 1996). Routines offer a framework for teaching skills because they are meaningful to the child, require a short time sequence, are repeated frequently and support interaction between the child and careprovider (Cripe, 1995). In a recent study, families participating in early intervention were able to identify routines within their day for intervention and were able to identify preferences for mothers as well as for fathers, siblings and extended family members, but families did not report receiving sufficient training from their therapists or educators on how to embed intervention for their child within routines (Cripe, Lindeman, & Jones, in preparation). This module provides training on how to develop comfortable, confident, non-intrusive partnerships for intervention in family routines.

“How To” Implementation Strategies

- ✓ Embedding a framework for active family participation in the process provides support for interventionists developing skills in a FG-ABI approach. FG-ABI is a guide for interventionists, not a regimen, and offers cues to professionals to maintain a partnership using families preferences for routines and strategies. Participants learn to help families build supportive routines.
- ✓ Intervention activities occur within the context of the family, (i.e., their time schedule, activity preferences, toys, materials, and natural interactions). Participants learn to identify family and child preferences, comfortable routines, and when and how to embed training within routines.
- ✓ Emphasis is on caregiver options for identification and involvement in routine and child initiated activities to assist their infant or toddler to acquire the targeted skills. Participants learn to build on what the family is already doing (e.g., dressing, bathing) without imposing a set of prescribed activities.

Module 3

Involving Careproviders in Teaching and Learning

The basic premise of FG-ABI is involving of family members and other careproviders in the teaching and learning process for the child. Unfortunately, most service providers have been taught to work with young children—not adults. Involving careproviders requires sharing information and resources that assist in making decisions regarding most appropriate intervention strategies. Finding a "match" between careproviders and child style is also important. Information is the power factor in effective and confident decision-making by family and team members. In this module, participants learn how to share information on intervention strategies, and how to approach and respect each family's chosen level of participation within their unique situation.



“How To” Implementation Strategies

- ✓ Emphasis is on choices for family participation in concrete activities that have a practical and obvious use for planning and implementation. Respect is shown for parent choices and decisions. Participants learn how to include priorities identified by the family in practical, everyday plans.
- ✓ The teaching and learning process is individualized for each family member, with flexibility to accommodate individual preferences, configurations, cultural systems, and adult learning styles. Participants learn how to demonstrate intervention strategies to family members in varying ways.
- ✓ Opportunities to share information reciprocally need to be included in the process. Time is allotted during each and every meeting to “just talk.” Participants learn how to share and support team members' sharing of information.
- ✓ The careprovider and child present unique learning styles. Participants learn how to match strategies within specific routines to both the careprovider and child.

Module 4

Developmentally Appropriate Child-Centered Intervention Strategies

FG-ABI develops child skills by embedding intervention outcomes into functional daily routines, within daily activities and during child initiated play. A variety of intervention techniques have been shown to be effective for teaching within FG-ABI. Enhanced milieu treatment, environmental arrangements, peer-mediated strategies, careprovider-child responsive interactions, scaffolding, incidental teaching, response prompting and shaping, time delay, mand-model, and use of specialized materials are useful in the intervention process (McCormick, Frome-Loeb, Schiefelbusch, 1997). In this module, participants will be provided with family stories reviewing the procedures and will be offered strategies to decide the most appropriate interventions for developing outcomes based on child and family assessment information and priorities.



“How To” Implementation Strategies

- ✓ Assessment information is shared among family and team members for planning and prioritizing outcomes and appropriate intervention strategies. Assessment is the first step in identification of the child’s learning style, the family's and team members' interactions, and the needs for special materials and environmental arrangements. It is an ongoing, connected process. Participants will learn to link assessment with intervention and progress monitoring.
- ✓ Functional, generalizable child skills are identified to maximize growth across all developmental and behavioral domains. Team members share outcomes, effective strategies and demonstrate to each other (including the family) interventions resulting in progress. Trainees learn general interventions, not discipline specific methods, resulting in piecemeal or conflicting programs.
- ✓ Many intervention strategies are effective within routines and play for developing child skills. Participants learn to evaluate the utility of various methods and their effectiveness for individual children.

Module 5

Interagency Interdisciplinary Team Planning and Progress Monitoring

The creation of a specific and appropriate intervention plan requires accurate, useful information and involvement and guidance from all participants, especially the family. Such a plan is especially difficult in rural areas due to isolation, paucity of formal communication systems, distance between families and the community services, transportation, and lack of available specialized services (Rural Early Childhood Special Education Task Force, 1988). Adding to these difficulties is the complex system of billing within Part C. Who can provide services is often dictated by who is available and can bill, rather than who are the most appropriate team members for a child. Given these realities, the need exists for communication and collaboration among every provider for family guided approaches to be effective in both the planning and ongoing progress monitoring phases.

“How To” Implementation Strategies

- ✓ Use of community resources is encouraged with multiple agencies and disciplines included in a collaborative plan guided by families' identification of resources and priorities. Families guide the plan—not the service providers. Participants learn to facilitate family choice and decision making as members of the team.
- ✓ Emphasis is placed on building a system that includes all individuals and agencies in a collaborative network with common goals, well defined roles, systematic and ongoing processes and procedures, and periodic evaluation of effectiveness. Participants learn how to maintain “family and child centeredness” when collaborating, to initiate and maintain an information system, and to monitor progress.
- ✓ Communication becomes a priority. Participants learn how to work via technology when face to face is not possible. They learn effective and efficient paperwork strategies and learn how to work with families as liaison between providers.

Needs Assessment/Training Plan Matrix

Training Components					
Training Formats	Family-guided Activity Based Intervention	Using Daily Routines as a Context for Intervention	Involving Care Providers in Teaching/Learning	Developmentally Appropriate Child Centered Intervention Strategies	Interagency/ Interdisciplinary Team Planning and Progress Monitoring
General Overall Workshops	1 Day	1/2-1 Day	1 Day	1 Day	1/2-1 Day
Administrator Planning Sessions	1/2 Day	1Day	N/A	N/A	1/2 Day
Product Development Adaptations	N/A	Consult	Consult/ Review	Consult	Consult/Review
Program Technical Assistance	N/A	1/2-1 Day	2 Days	1 Day	1-2 Days
Team Training	N/A	1/2-1 Day*	1 Day*	1 Day*	1 Day*
Onsite Demonstrations/ Observations	N/A	1/2-1 Day	1/2 Day	1/2 Day	N/A
Other	N/A	Review materials & make recommendations; consult via distance technology.	Review materials & make recommendations; consult via distance technology.	Review materials & make recommendations; consult via distance technology.	Review materials & make recommendations

*family members should be included on teams.

This matrix has been developed as a general guide to assist programs interested in FACETS Outreach Training delineate modules and activities for training plans.

- General overall workshops are for awareness level activities applicable to multiple agencies/disciplines within a service area.
- Basic difference between Team Training and Program Technical Assistance is "intended audience" and "identified outcomes."
- Team Training is designed for intact child specific teams allowing them to work together to understand and apply new skills using a child and family as a basis for specific planning and skill development.
- Program Technical Assistance should be provided to members of a program.

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