

CHILD CARE PROGRAM

SPECIALIZED THERAPIES

What are the principles guiding intervention practices at FPG?

Inclusion: Children with special needs participate in classroom routines and activities along with their typically developing peers. They are provided with the types and levels of assistance they need in order to participate successfully and appropriately, taking into consideration their innate abilities and needs.

Family -centered approach: Families are a key part of the intervention team, and decisions about assessment and intervention processes are guided by family goals and priorities. Communication with families is considered crucial, and so a variety of methods of communication (phone, email, in person, notes home, etc.) are offered, to meet individual family preferences.

Child-centered/Individualized approach: The most important consideration in working with children is to remember that they are individuals, with temperaments, likes/dislikes, ways of communicating, sense of humor, etc. all their own. While a disability may be a *part* of a child's identity, and of their life experience, it does not define them or put them in a category that can then be used to determine what type of intervention will be appropriate for them. Each child's *individual* strengths and needs, as well as the specific contexts in which *they* engage in activities, must be used to determine what intervention approaches may be useful for them, and this must include attention to issues of motivation and the child's desire for mastery.

Team approach: While each therapy has a unique and useful perspective on children and how they engage in daily activities, alone, no one can fully address all the needs of a child across all activities and routines of their day in a manner most beneficial to the child. The expertise and input of others are required, and parents, teachers, speech-language pathologists, physical therapists, special educators, early intervention specialists, occupational therapists and others offer significant special knowledge that enriches the intervention planning and implementation process. The reciprocal sharing of information and ideas among all team members enhances intervention, and benefits the child.

Evidence-based practice: There is a significant responsibility on the part of the therapist to insure that the assessment and intervention services that they provide are effective and efficient. This is in part an ethical responsibility to provide the best possible care to clients, and is also a fiscal responsibility in terms of appropriate use of the resources (especially financial) of individual clients, as well as of a program or group of clients. In order to meet this responsibility, the therapist should collect and use a variety of types of evidence to support assessment and treatment decisions. Evidence based practice involves using the most current and relevant scientific research available, as well as evidence (or knowledge) about the child and their specific situation, to inform and influence the clinical reasoning that leads to intervention planning and implementation. While engaging in scientific research directly is not required to engage in evidence based practice, at FPG various types of intervention -related data are collected in an organized manner when there is a need to determine whether a particular intervention is effective for a specific child.

How are intervention services delivered at FPG?

Staff: The childcare program employs therapists (OT, PT and Speech) and special educators either as regular staff or on a contract basis. This facilitates continuity and teamwork, in that all children in the program who qualify for special services receive those services from the same individuals, consistently.

The special services staff devote a significant portion of the workweek to the center, though most are not full-time. By being available, they are able to contribute to overall program development and participate in special projects in addition to providing direct and consultative intervention with the children.

Assessment: Assessments are completed for several purposes at FPG. One is to help guide intervention planning, a second is to establish eligibility for early intervention or preschool services, and a third is to collect data that helps document change in a child (progress, new needs that have arisen, etc.). For initial assessment at FPG, a general routines-based assessment, in interview format, is completed by a member of the team with the parent. From the concerns and priorities that arise from that assessment, further evaluations of specific areas can be completed by appropriate members of the team. Teachers are also included in the assessment process, and may conduct the parent interview, or be interviewed themselves regarding the child's abilities and needs in the classroom setting.

Further assessment of problematic areas may be required in order to define where the breakdown in the child's performance is occurring. This generally involves observing the child doing the actual activity (so the environment and the activity itself can be assessed as well), talking with others about their observation about the child, and occasionally, looking specifically at some component skills that are required for the task, such as fine motor skills, gross motor skills, articulation, etc.. Children are not typically removed from their classroom setting for assessment purposes, though occasionally situations require a brief pull-out session or one-to-one interaction in the classroom setting. Occasionally assessment of specific activities takes place in the child's home, particularly if that's where the greatest problem occurs, and those home visits are scheduled at the parents' convenience.

Assessment results are shared in writing and/or verbally with team members, including parents, in various formats (specific meeting to discuss assessment results, briefly at IFSP or IEP reviews, etc.).

Setting Goals: Individual goals, or outcomes, are established for each child with special needs. Parents, teachers and therapists meet together to establish appropriate goals. Potential goals are discussed among all team members (including parents) based on parent input regarding areas of need, classroom observations made by teachers, therapists and parents, and assessment results. The goals chosen are based on the current needs of the child as prioritized by parents, with input from teachers and therapists. Goals are written in terms of functional, observable behaviors, and must include a measurable component to establish criterion by which the team can determine when the goal has been achieved.

Statements of the child's current abilities and needs relative to goal areas are documented along with targeted goals on either an Infant-Family Service Plan (IFSP) form, or an Individualized Education Plan (IEP) form. The IFSP is a written intervention plan required for children identified with special needs that are birth to three years old. It includes also parent concerns, target dates for goals to be achieved, a list of all those providing special services to the child, and information about how all services will be coordinated. The IEP is

an intervention plan required for children identified with special needs within the school system, including preschool age children (three and four year olds). Other than current abilities, needs, and goals, the IEP also lists service providers and the amount of service provided, adaptations or modifications required for the child to participate in the educational setting, how and when progress will be evaluated and reported to parents, and how that information will be gathered.

Intervention:

Intervention services are delivered on an integrated model of service provision. This means that intervention strategies are integrated into the daily routines and activities of the child, and that the therapist generally interacts with the child within the context of those daily activities and routines.

Teachers take a significant role in implementing intervention strategies, as they are the team members with the most constant contact with the child.

Intervention strategies are developed collaboratively among teachers and therapists, and while therapists may implement some of these strategies initially, it is the teacher that makes the integration of these strategies into the regular classroom routines possible and successful. Working cooperatively for the child in this way has many benefits for the therapist - some (but not all) are listed below:

1. the therapist can see firsthand how the child is performing a wide variety of classroom occupations in "real life"
2. problems with performance can be assessed readily and dealt with in the manner that is most efficient and practical
3. peers can be used as models and motivators
4. teachers can see what the therapist is doing as an intervention, and discussion around this can be relatively immediate, increasing the chances that the teacher can carry out the intervention when the therapist is not there
5. input and comments from the teacher can be heard in the context of the actual activity - the therapist is much more likely to understand what the teacher is talking about...
6. the therapist becomes much more familiar with routines, activities, personalities - the entire classroom "atmosphere" - and so can make suggestions for intervention that are reasonable and possible in the context of the classroom

Teachers and therapists (OT, PT, Speech, Special Ed.) typically meet every other week, while children are napping, to set mini-goals related to longer term IEP or IFSP goals, plan intervention strategies and determine the need for changes to current intervention plans. They also discuss and problem-solve issues that have come up for particular children. Each classroom/set of teachers has a separate meeting day with the therapists, and these meetings are documented by weekly goals sheets that teachers keep in their classrooms and by notes taken about the discussion of each individual child. The team meeting notes are copied for parents, and parents also receive copies of the goal/strategy sheets when they are completed at the end of each week by teachers. Intervention is documented by therapists in the form of progress notes when direct services to the child have been provided.

Each specialized therapy at FPG is both unique and part of a larger "whole" of intervention focused on the needs of the individual child. There is considerable interrelationship among speech therapy, PT, OT, special education and early childhood education, and parent perspectives. This teamwork is crucial, and talking about intervention without mentioning this is like talking about an elephant and forgetting to mention that he's big!

Compiled and submitted by Linn Wakeford, with FPG Childcare Special Services Team