

**LESSONS LEARNED: PERSONNEL FOR EARLY INTERVENTION, BIRTH-3
RESPONSE**

**Preparing Highly Qualified Prekindergarten Teachers Symposium
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Historical Perspective

As parent of a child with a disability born 2 years before the initial 1975 IDEA law (PL 94-142), early intervention could have been a major concern. Fortunately, when the law became effective, states were not starting from a blank tablet. For example, our son's preschool began in 1969, and even earlier the University of Kansas Medical Center started a Preschool for the Deaf in 1946. In many locations, because of joint efforts of parents and the earliest of early intervention professionals, private programs were available -- admittedly only in limited areas -- but those early programs formed important foundations for later growth.

Part B - Special Education and Part C

In "Lessons Learned," McCollum and Winton referenced the Handicapped Children's Early Education Program (HCEEP). Dr. Nancy Peterson at the University of Kansas conducted research in HCEEP-funded programs, including early work with the newly established Head Start programs in our state. Like most Midwestern states, Kansas established standards for public school preschool teachers. Certification has historically been required for all teachers in the state. Over the past 10 years, the Kansas State Department of Education overhauled the 240+ certificate/endorsement requirements; in early childhood, Kansas is moving to a combined early childhood/early childhood special education license for Birth through Grade 3 effective in 2003.

Although Nebraska and Iowa are birth mandate states, Kansas did not have such a mandate. Preschools for children with disabilities were available in many areas, but were not required for all districts until the Federal mandate in 1991, despite the Department's proposing statewide preschools for children with disabilities over the years. However, the Kansas Legislature must appropriate funds for such statewide programs, and they did not do so until the Federal mandate.

"Lessons Learned" reports on the early development of personnel programs in the 1980s and 1990s, helping to prepare teams who would be working with Part C Infant-Toddler programs. Again, Kansas was fortunate to receive OSEP-funded grants that provided support in the early years of the Infant-Toddler program. Professional organizations such as the American Speech-Language-Hearing Association also enhanced staff development by offering training for state teams. In Kansas, a 6-member team attended a 2-week institute at George Washington University. One member was to be a parent of a young child with a disability. In Kansas, the lead agency was unable to find a parent with a young child who could leave home for 2 weeks. As a result, even though Chris was in high school, I was asked to be the parent representative (not a

"token" but an equal member of the state team). Though I had worked professionally in the special education field for many years, the "parent hat" is never far away. Experiences with our own children remain powerful lessons. Coordinated by Camille Catlett, this 2-week institute allowed our team to return to Kansas with innumerable resources and long-range plans for Infant-Toddler staff development that emphasized family-centered transdisciplinary services. Many "lessons learned" from that institute have been implemented in our state.

Personnel Issues

IHEs have been an important part of the infrastructure for early childhood services in Kansas. Our state is fortunate to have many colleges and universities offering programs for almost all early intervention providers. However, at present no Kansas IHE offers preparation for Teachers of the Visually Impaired, although we do have agreements with nearby states. Private colleges have also initiated innovative practices. For example, the Associated Colleges of Central Kansas (ACCK, a consortium of 7 small private schools) special education program will only place practicum students in inclusive early childhood settings, which means typical settings and not "reverse mainstreaming" models. Currently, the Speech and Hearing Department at the University of Kansas offers a Master's program for speech-language pathologists; at the early childhood level, students provide services during home visits with infants and toddlers, in child care centers for the 0-5 age range, and in Head Start and community preschool programs. IHEs have helped raise the bar so that new early childhood service providers graduate and are prepared to help move the field ahead when they have jobs.

Another important part of the early childhood infrastructure is the Coordinating Council on Early Childhood Developmental Services. Established in 1984 by Governor John Carlin after being contacted by a Wichita parent who convinced him of the need for improved collaboration in early childhood, this forerunner of the State Interagency Coordinating Council (ICC) has been staffed by a full-time director as well as a clerical position. In addition to the ICC's monthly meetings, committee work between meetings is often supported with assistance from the ICC staff.

The Infant-Toddler program in Kansas, in place since 1986, required all their service providers to meet the state's highest standard. Since the State Department of Education required all teachers to be certified, the lead agency adopted those same requirements. Therapists had credentials from their professional organizations and usually state certification. Paraprofessionals were required to work under the close supervision of certified teachers or related services staff; a minimum of 20 hours of inservice/year and a 3-tiered system of staff development requirements created opportunities for more experienced paras to work with families.

Lessons Learned

- **Lesson 1: Federal and state agencies or other entities can play beneficial roles by setting the directions that personnel efforts will take.**

As mentioned previously, Kansas was fortunate to have an interagency group addressing early childhood coordination needs. Three main agencies providing early childhood services jointly

fund the Council. In 1986, when Federal law required states to create such a council, the Kansas precursor of the State ICC had operated for 2 years. Having a small staff has allowed the State ICC, which is in essence a volunteer group, to work together to build the needed infrastructure for the early childhood system. Personnel development has been a priority from the beginning. The State ICC continues to be an important partner as we work collaboratively on staff development efforts.

- **Lesson 2: Focusing infrastructure support for leadership development, model development, and research in the same locations or institutions can be a powerful way to develop a cadre of versatile leaders who understand and can combine research, practice, and teaching.**

In addition to the work at the University of Kansas (Nancy Peterson, Ann and Rud Turnbull, Mabel Rice, Frances Horowitz, Susan Fowler, and others), Sharon Rosenkoetter at the Associated Colleges of Central Kansas (ACCK) did important early work on transition. The State Departments of Education and Health were frequently partners with university grant project directors, relationships that were and continue to be mutually beneficial.

- **Lesson 3: Mandates can provide a powerful "rationale" for starting the processes of change, and mandating collaboration helps it to happen.**

Perhaps the best example of mandating collaboration in Kansas is the Infant-Toddler program. In 1992, the Kansas Department of Health and Environment fully implemented Part H (now Part C) by mandating services for children birth to age 3 and their families. At the time, seven grant-funded demonstration projects and a handful of other early intervention programs represented the state of the art in Kansas. Serving as Kansas Coordinator for Infant-Toddler Services 1991-95 was both personally and professionally satisfying. It was rewarding to be part of the move to providing services for young children and families border to border, and not having services decided by where the family lived. As a parent, it never seemed right that because our family was in Kansas City, Chris did have early intervention services in the early 1970s, but other families in most areas of the state had nothing. Perhaps more importantly, my husband and I received early support too, thus were better prepared for much more than the "sprint" of early intervention. As Ann Turnbull says, we recognized that our life with Chris would be a marathon. Thus, we needed marathon skills that fortunately our early intervention program helped to develop.

- **Lesson 4: Financial incentives for improving the quality and quantity of personnel are powerful tools for creating and sustaining innovation and systems change.**

Almost every early childhood personnel preparation program for teachers and related services personnel in Kansas has stipends available for undergraduates and/or graduate students. When I was working on my Master's degree, I was awarded stipends for three semesters. Such support was critical in building the teacher pool and reducing the number of teacher shortages. In fact for several decades, the area of Deaf Education has supported graduate students financially.

- **Lesson 5: Collaboration among the many entities involved in early intervention is complex. Solutions to one set of problems create different problems that must be addressed. Thinking systemically about these issues is critical.**

Collaboration is complex. In fact, the more we collaborate, the more complex it becomes. As Kansas Infant-Toddler Coordinator, I was often asked what the "H" in Part H of IDEA meant. Depending on the group, I'd answer "Health," or "Holistic," and with others I might say, "some days it stands for 'Heaven,' and other days '...the other place.'" Administering such a collaborative program is like working with jello. However, collaboration is often the only way we can accomplish our common goals, because in most states early childhood is the shared responsibility of a host of state agencies, private programs, and professional organizations.

One recent collaboration is among rural consortiums that through a relationship with the University of Kansas Occupational Therapy Department place practicum students in rural districts. A traveling professor supervises them one day a week. In other remote areas where medical specialists are scarce, local health departments with an interactive TV system are connected to the University of Kansas Medical Center. Monthly appointments are available in specialties such as neurology, cardiology, orthopedics, and the like. A physical examination of the child in the local health department is "beamed" through the downlink satellite system, and readings of medical instruments can be transmitted over the airways. The nurse in the local office and the physician at the Medical Center have interactive conversations, and the nurse carries out procedures requested by the doctor. The nurse directs the otoscope in the child's ears, and the view she has is also seen by the physician. Similar information on heartbeat, pulse, BP, X-rays, and other equipment can be transmitted as well.

- **Lesson 6: Families can be powerful allies for setting the tone of personnel preparation and for sustaining funding for personnel preparation, especially when they have a central role as both beneficiaries and leaders of the initiatives.**

As I look back over the nearly 30 years since our son was born, it seems to me that professionals' views of parents have shifted. Instead of being viewed as "the problem," we are now most often seen as at least part of the solution. "Double agents" like me, who are simultaneously professionals and parents of children with disabilities, are being hired to work in early childhood programs in many states. Parent-training centers often have contracts with the early intervention lead agency and education department to provide training on numerous early childhood topics. In Kansas, Families Together staff are important partners in our State Improvement Grant, Special Education Advisory Council, and most early childhood initiatives. Parents are co-presenters at workshops at the state, regional, and local levels. At IHEs, parents are frequently guest speakers or panelists; in some cases, parents are co-teachers but often must meet the Master's degree requirement at our 2- and 4-year institutions.

Parents are, after all, the constant in the child's life. In a 3-hour preschool program 5 days a week for 36 weeks, professionals are with the child up to 8% of his/her waking hours in a year. Even working parents who have their children in child care for the rest of the day are with their children for a much greater part of their lives. Therefore, if preschool teachers really want to make changes in the child's life, they must involve the family so that the family can share

information from home with the preschool and parents can carry through with what's happening in the preschool. Such collaboration will be of ultimate benefit to the child.

- **More Lessons to Learn: Diversity**

Diversity is challenging in a homogenous state like Kansas. The best example of sustainability with grant-funded projects is the Circle of Inclusion, which is Barb Thompson's project at the University of Kansas. She also has a new grant called the "Spiral of Inclusion" that looks at the IDEA-97 requirement to consider the general curriculum or for preschool children, participation in age-appropriate activities. This project will also follow some children in the original "Circle" project.

Future Lessons

Our youngest citizens and their families have truly come of age because of coordination among early childhood leaders, researchers, and policy makers. Young children may not vote, yet somehow now can access more resources and gain more public recognition than ever before. Numerous circumstances may account for this, but for whatever reason, early childhood is the place to be. How rewarding for the outstanding people who've devoted much of their lives to helping the general public understand that *the first years last forever*.

Postscript: Dreaming the Impossible Dreams

In response to a request to include here what our son Chris is doing as he nears age 30, the following story indicates how far he's come: At age 6 months, a group of pediatricians and specialists at a major medical center told my husband and me to institutionalize Chris, that he would never develop. Fortunately we did not follow that advice and by the time he was 12 months old, we had found an early intervention program in Kansas City. As mentioned previously, Chris had services through the public schools from age 3. He attended special classes for deaf children until he was in the 2nd grade, when he was included in the regular classroom with an interpreter. Chris benefited greatly from an excellent educational system that prepared him for college -- and for life. As his parents, we worked hard to support him and his school programs. Steve became a Boy Scout leader, finding ways for Chris to participate in typical camping experiences with his troop. We helped him if he decided to run for a Student Council office or take classes like photography, and like all parents dreamed that he would someday be independent, have a good job, and most of all -- be happy. Our dreams for him were realized. Chris was recognized as the Outstanding Eighth-Grader in middle school, and in high school was a member of the National Honor Society, enrolled in AP classes, and served as the school newspaper's Assistant Feature Editor. He even went to the prom and we're told danced reasonably well! Chris graduated from the Rochester Institute of Technology in New York in 1996 and found a job at the University of Phoenix where he has been promoted and is now one of their lead webmasters. Chris and his college sweetheart Rhonda married in 1998, enjoying a backpacking honeymoon in Alaska and buying a fixer-upper house.

But some dreams we didn't dare to dream. For example, Chris and Rhonda went to Italy for 2 weeks last November. Her college roommate was finishing an internship in Rome, which

allowed them to stay with her, profit from her travel recommendations, and enjoy cooking meals with her in her apartment. Seeing pictures of Chris and Rhonda by the ruins at Pompeii helps me see that children who have early childhood services can and do achieve far beyond what we parents expected. We shouldn't be limited by IEP goals, society's low expectations, or old beliefs about disability. Chris, Rhonda, and their friends are terrific role models for all of us.