

Connections

FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

(800) 643-8258

<http://humanservices.arkansas.gov/ddds/Pages/FirstConnectionsProgram.aspx>

Volume 1 / Issue 1

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First Generation SibshopsSM Facilitators Offer Outreach/Support

By Holly Tapscott, Outreach Coordinator -- Lonoke Exceptional Development Center, Cabot

Parents of children with special needs face challenges unique to parents of exceptional children. Having access to supports provides parents the opportunity to gain information and to meet other

parents who have similar challenges and concerns. Siblings of children with special needs, however, aren't offered these same supports. According to Don Meyer, Director of the Sibling Support Project in Seattle, siblings also have unique challenges and concerns.



Originally developed for 8-13 year-old siblings, Sibshops have been adapted for younger children and teens.

Children with Special Needs, Revised Edition, assists trained facilitators to implement the SibshopSM model.

Youth who attend Sibshops enjoy fun fast-paced games with equally fun discussion activities, information, cooking, crafts, and even special guests.

Through the support of several Arkansas organizations, a group of parents, siblings, and providers had the opportunity to become SibshopSM facilitators by attending training in Little Rock April 20-21.

Trainees came from Arkansas, Tennessee, Texas, California, and even Ireland! Don Meyer trained attendees to implement the SibshopSM model, facilitating a demonstration SibshopSM for a group of local siblings.

Now "first-generation" facilitators are beginning the work of organizing and offering Sibshops in multiple regions of Arkansas. Look for schedules in upcoming editions!

Special thanks to UAMS Partners for Inclusive Communities, Family2Family, Arkansas Disability Coalition, Easter Seals Arkansas, Arkansas Parent Advisory Council, Children's Services (Title V Children with Special Health Care Needs), and the Disability Rights Center of Arkansas for making SibshopsSM available for Arkansas siblings!

“. . . being the brother or sister of a person with special needs is for some a good thing, for others a not-so-good thing, and for many something in between. They [SibshopsSM] reflect a belief that brothers and sisters have much to offer one another - if they are given a chance.” -- (Meyer 2008, p. 1)

So Don Meyer and Patricia Vadasy wrote the book on creative ways to meet the needs of these siblings. *Sibshops: Workshops for Siblings of*



EXPO is a FREE statewide event open to the public and includes health screenings, exhibitors, and experts talking about diabetes management and prevention & a FC booth!

Saturday, June 23, 2012

9:00 a.m. - 1:00 p.m.

NW Arkansas Convention Center
Springdale, AR

Your ideas matter!
Send your ideas and
article submissions to
ravyn.denton@arkansas.gov



Online training/certification program through Ohio State University helps service coordinators advance their professional knowledge/skills. Visit <http://aasc.osu.edu/>



“It is through relationships that young children develop social emotional wellness, which includes the ability to form satisfying relationships with others, play, communicate, learn, face challenges, and experience emotions.”

-- Deborah McNelis, Early Education Outreach Specialist

How Culture Shapes Social-Emotional Development in the Early Years

Social-emotional wellness in early intervention is basically “infant mental health” - the developing capacity to experience and regulate emotions, form secure relationships, and explore and learn—all in the context of the child’s family, community and cultural background.

Relationships are the way babies learn about the world and their place in it. Through relationships, children develop social emotional wellness, later giving the ability to play, learn, communicate, face challenges, and experience emotions. Healthy relationships are critical for the child to develop trust, empathy, compassion, and generosity.

The parents’ culture strongly influences the way a family shows love and nurturance and shapes expectations. A family’s values/beliefs are reflected in their daily routines and affect the most basic aspects of child care, including holding, bathing, feeding, sleeping, dressing, diapering, and toileting. Cultural differences affect decisions about when children should be able to begin self-help skills, how children should express their feelings, and how and when adults should talk to babies and toddlers.

Understanding the family’s culture impacts the parent-professional partnership, as the professional shares knowledge of infant/toddler development while respecting the family’s need to follow cultural patterns and beliefs that are important to them.

[Zero to Three](http://www.zerotothree.org/child-development/social-emotional-development/tips-for-promoting-social-emotional-development.html). (excerpted from) “Tips on Nurturing Your Child’s Social-Emotional Development.” 2012. <<http://www.zerotothree.org/child-development/social-emotional-development/tips-for-promoting-social-emotional-development.html>>.

Other resources:

- o [The Boy Who Was Raised As a Dog](#). Book by Bruce Perry M.D., PhD “While we can’t protect our children from future unhappiness, we have scientific information about the impact of different ways of parenting on a child’s brain. . .millions of parent-child sculpting moments in childhood can set up systems and chemistries that will enable children to have a deeply enriching life...” From his experiences working with emotionally stunted and traumatized children, child psychiatrist Perry shows how early-life stress and violence affects the developing brain. (available at www.amazon.com)

- o [Policy Brief on Early Care and Education](http://www.wccf.org/pdf/brain_dev_and_early_learning.pdf) http://www.wccf.org/pdf/brain_dev_and_early_learning.pdf

- o [Attachment Parenting International](http://www.attachmentparenting.org) “The essence of Attachment Parenting is about forming and nurturing strong connections between parents and their children. Attachment Parenting challenges us as parents to treat our children with respect and dignity to model in our interactions with them the way we’d like them to interact with others.” www.attachmentparenting.org

UPCOMING TRAININGS:

Policy Updates Training

- o **Central:** Little Rock
May 15, 17, 25 Donaghey S. / 1st Floor Conference Room
- o **Northwest:** Farmington
May 21 Educational Co-Op
- o **Southwest:** Arkadelphia
May 30 HSU
- o **Southeast:** Monticello
May 31 Educational Co-Op
- o **Northeast:** Jonesboro
June 7 SW Church of Christ
(free to attend. 9:00-12:00)



Arkansas Systems of Care (SOC) Facilitator Training

May 22-23 & June 19-20 (9:00-5:00)
Baker Building, 100 S. University, LR

Attendees become certified “Wrap Facilitators” for AR System of Care. While there are many similarities in case facilitation for SOC and EI service coordination, much of the information is geared to older children w/mental health issues at risk of out-of-home placement.

(No cost to attend)

For registration form, e-mail R. Denton or contact rebecca.webber@arkansas.gov

Visually Communicating with Deaf/Hard of Hearing Children

July 19-20 (9:00-4:00)
(LR) Main Library System, 5th floor

Geared to parents, SCs, paraprofessionals, EI providers, special educators

contact Nancy Reynolds nancyr@asd.k12.ar.us



Fetal-Alcohol Spectrum Disorder - Carol Rangel

June 28th (9:00-12:00)
Hot Springs / location TBA

(No cost to attend)

for more information, e-mail ravn.denton@arkansas.gov

“Involving care providers means observing the strategies the care providers already use and building from their strengths to increase their competence. Parents identify skills they would like to learn to strengthen their positive interactions, to increase their knowledge of development, and to enhance teaching and learning within routines.”

See Zahra’s Family Story at <http://tactics.fsu.edu/Family.html>



Role of the Family in EI: Increasing Percentage % of Services Delivered in “Natural Environments”

Part B and Part C of IDEA indicate that EI services must be provided in a child’s natural environment (NE) as part of a child’s/family’s normal living routine and, when not possible, justification must be provided (*see sidebar, right*).

Best practices, philosophies, even mission statements . . . the very heart and soul of early intervention programs tout that learning activities should be functional and practical, embedded in the family’s culture and routines so that parents are empowered by learning how to assist in their child’s development. 47 states have achieved 90+% . . . yet, it’s not coming together in Arkansas. Arkansas has the lowest score in the nation with less than ½ of children receiving services in natural environments.

“Providing services in natural environments is not just the law . . . it reflects the core mission of early intervention . . . to support families to provide learning opportunities for their child within the activities, routines, and events of everyday life.”

— Mississippi State Dept. of Health

Perhaps part of the problem is an interpretation debate. Some claim that a “natural environment” is “where the child spends most of his time,” but OSEP interpretation of federal regulations make the “setting”

component of Performance Indicator 2 fairly clear:

★ “Natural groups of children would continue to exist with or without children with disabilities. Groups that are not “natural groups” include playgroups, toddler groups or child care settings that include only children with disabilities. However, even the most “natural” of groups isn’t natural for a particular child if it is not part of that family’s routine or community.

★ Service settings that are not “natural settings” include clinics, hospitals, therapists’ offices, rehabilitation centers, and other segregated group settings.

★ The provision of services in natural settings and during daily routines and activities fosters the use and development of natural supports in a family’s social and cultural network. This promotes the family’s full participation in community life.”¹

There are plenty of possible “causes” for Arkansas’ slow progress in NE. Some point the finger at parents, citing that parents don’t want providers in their homes . . . or that parents “just want free daycare” and don’t want to be involved, preferring to drop off their child to let professionals handle the training. Others point out the very real issue of shortages of qualified providers - especially in rural areas of our state.

Another concern is organizing and providing the training necessary to prepare EIS providers to have the skills needed to train adults and build relationships with family members while effectively communicating their role as parent trainer/consultant/team member (rather than direct-service provider).

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Fed Regs Review:

(1) to the maximum extent appropriate, early intervention services are provided in natural environments; and (2) the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.” 34 CFR §303.167(c)

“Natural environments means settings that are natural or normal for the child’s age peers who have no disabilities.” 34 CFR §303.18

Each IFSP must include a statement of “the natural environments, as described in §303.12(b), and §303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;” 34 CFR §303.344(d)(ii)

NE resources:

- **FACETS** (Family-guided Approaches to Collaborative Early-intervention Training and Services). Articles & replicable interactive modules.
- **NECTAC** (Nat’l Early Childhood Technical Assistance Center). Webinars/presentations, implementation plans, and NE database.
- **TaCTICS** (Therapists as Collaborative Team members for Infant/Toddler Community Services). Tools useful to EIS providers working toward services provided in NE. Selection of replicable interactive modules and video “family stories” where parents describe what EI “looks like” for their family.

“Providers must be able to gather and share information with diverse care providers, know how to approach and respect each family’s chosen level of participation, and be confident in the use of various strategies for matching child and care providers’ styles.”²

To attain the ideal - professionals partnering with and training families to work with their children - would require a systems change. Changing the way that families receive services and the way early intervention services are provided to meet the natural environments performance requirements would involve agencies, individuals, and policy-makers working together for a state-wide re-organization, and change like that is hard to tackle.

Fortunately, as our state strives to improve the ways in which we serve babies and families, those involved look for solutions.

The State ICC, at its April meeting, formed a sub-committee on Natural Environments to begin coming up with an understanding of the problem and to seek out innovative solutions to improve our state’s performance in this area. Look for updates in upcoming newsletters.

¹ NECTAC.org. “IDEA Infant and Toddlers Coordinators Association position Paper.” 2000. <<http://www.nectac.org/~pdfs/topics/inclusion/InfntTdlrNE.pdf>>.

² Woods, Juliann. “Providing Early Intervention in Natural Environments.” The ASHA Leader, 25 Mar 08. <<http://www.asha.org/Publications/leader/2008/080325/f080325b.htm>>.

The Magic of Every day Moments™ 0 to 4 Months

free download for parents to nurture their infant’s development through everyday routines and interactions. Go to: <http://www.zerotothree.org/child-development/social-emotional-development/magic-of-everyday-moments/magic0to4.pdf>



Did YOU Know?



Carol and Terrel take their show on the road?

So, if your staff is having problems using CDS, you can have help come to you to train your staff. To schedule a **SITE VISIT**, call (501) 682-8699 or (501) 682-0238. E-mail carol.l.parker@arkansas.gov



Certification / Recertification

happens in CDS? Yep! Certified staff log in to CDS and upload proof of yearly professional development and all documentation required for certification or recertification into his/her user account. QA reviews remotely and issues a certificate.

NOTE: New hires must have a CDS user account; program administrators create the user account for new staff.

Check your CDS account . . . upload credentials before certification expiration!

Arkansas Disability Coalition (ADC)

Parent Training & Info Center (PTI) * Family2Family (F2F)

1501 N. University Avenue, Ste 268
Little Rock <http://www.adcpti.org>
501-614-7020 • 800-223-1330



Family-2-Family Health Information Center of Arkansas (F2F HIC) is a non-profit family-run organization assisting families of children and youth with special health care needs and professionals who serve them. We use a mentoring approach to provide health-related support, information, resources and training.

Regional Coordinators:

(Central) Susan Booher
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(NE) Robin Snider
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(NW) Missy Joyce
missy.joyce@adcpti.org

(SE) LaKeshia Whitman
lakesha.whitman@adcpti.org

(SW) Natilie Wooldridge
Natilie.wooldridge@adcpti.org

Minority Outreach Specialist:

Frances Johnson (Spanish translation/interpretation)
frances.johnson@adcpti.org

IN CENTRAL ARKANSAS

June 16, 2012 • 11:30 am – 1:30 pm
William F. Laman Public Library, Room 124
2801 Orange St. • North Little Rock, AR 72114

IN SOUTHEAST ARKANSAS

June 30, 2012 • 11:30 am – 1:30 pm
University of Arkansas at Monticello
University Center Building - House Room
371 University Drive • Monticello, AR 71655

IN NORTHWEST ARKANSAS

July 14, 2012 • 11:30 am – 1:30 pm
Jones Center for Families, Room 116
922 East Emma Ave • Springdale, AR 72764

PARTICIPANTS MUST RSVP

Linda Wright

Arkansas Children’s Hospital Research Institute – Arkansas System Improvement Project (ARSIP)

is hosting a group discussion for parents of Children and Youth with Special Health Care Needs and is looking for parents of children 0-18 with any long-term health issue to share their experiences/express their opinions on how to improve health care for Arkansas’ children.