

# Connections

FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

(800) 643-8258

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

Volume 1 / Issue 2 ☀ Summer 2012

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and article  
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[ravyn.denton@arkansas.gov](mailto:ravyn.denton@arkansas.gov)



## The time is nearing to start collecting data for the next Annual Performance Report (APR) due February 2013.

Family surveys will be mailed from Central Office after July 1 to all parents whose child/children received services within the last year. The Web site will be available to parents to respond online until December to capture responses. Parents will also be mailed the Web address and password in order to respond online.



**TIP: Encourage family participation by providing an area/computer where parents can reply to the survey onsite, if they prefer to.**

**Providers should not fill out surveys for families.**



## Preparation for 2/2013 APR Begins Now!

*Contributed by Carol Parker, MPA II – DDS*

**Each year, states compile data, analyze progress and create the APR (Annual Performance Report), which is due in February of each year.** EIS Providers' Public Reports have been posted on the First Connections Web site for their view. These reports reflect data captured *last year* and reported in the APR that was due February 1, 2012.

Our fiscal year ends June 30 and our next APR is due February of 2013. While the spring of next year may feel like a long way off, there is work to be done now to prepare!

In August, Exit data on all children who had an IFP and who turned three during the past fiscal year (July 1 2011- June 30, 2012). Exit data will be reported to the Office of Special Education Programs (OSEP) November 1<sup>st</sup>. Providers can expect an inquiry listing all their infants/toddlers; information must be completed/verified and returned in the allotted timeframe to meet our performance indicators for "timeliness."

Additional data pulls begin in September in preparation for the APR. The more accurate our data (*hint, hint, enter your case notes, updates, etc in CDS!*), the better we as a team can assess our strengths

and challenges. More importantly, comprehensive data is critical to accurately portray our work when reporting to federal agencies that monitor early intervention and track trends across the nation.

Some have let past issues with the new data system keep them from moving forward, but it is critical for providers to enter data in the CDS system and for organizations to have therapists, service coordinators, etc. enter session notes, case notes, etc. on all children with an active IFSP.

*"Most of the glitches have been fixed, and others are currently being worked on. Providers should watch for the fixed glitches reported on the CDS system in their messages."*

Session and case note information is needed to capture "timeliness of services" and will be compiled in September of this year.

The Data Unit provides technical assistance upon request: (Carol) 501-682-8699 or (Terrell) 682-0238. Or E-mail: [carol.l.parker@arkansas.gov](mailto:carol.l.parker@arkansas.gov) [george.wade@arkansas.gov](mailto:george.wade@arkansas.gov).

*Providers are encouraged to continue to report any problems or error messages they may get when using the system.*

**“One of the trickiest barriers is ‘believing in language’ -- a misplaced trust in the precision of words.”** —Michael Webb, “Eight Barriers to Effective Listening.”



## Difficult Parent Communications: 3 Key Steps

When you have a challenging encounter with a parent, you can use the steps below to get things back on track in order to provide the best care for the child you all care so deeply about.

### **Step 1: Notice how you are feeling.**

Tuning in to your feelings is very important. When you're not aware of them, they often rear their ugly heads in ways that can interfere in building strong, positive relationships with parents.

*Adele watches her niece's son, Eduardo, each day, which she really enjoys. But her niece, Tasha, is often late to pick him up and never calls. Adele is really frustrated and angry. She feels it's very disrespectful and that she is being taken advantage of. When her niece does eventually show up, Adele is very abrupt and annoyed in her tone. The two adults barely communicate. Eduardo glances from one to the other and looks very tense. Tasha whisks him away and Eduardo doesn't even say goodbye to his auntie whom he adores.*

Recognizing the impact on Eduardo, Adele decides to talk to Tasha about her feelings and to see about making a plan to help Tasha arrive on time, and at least to call to let Adele know she is running late. When Adele takes the approach of partnering with Tasha in solving the problem, versus blaming her, Tasha is open to discussing solutions.

### **Step 2: Look at the interaction from the child's point of view.**

Tuning in to the child's experience can reduce tension and lead to joint problem-solving. Take the example of a child throwing a tantrum when his parent comes to pick him up. This situation can naturally make a parent feel incompetent and embarrassed. But if you look at it from the child's point of view, you can reframe the issue in a way that doesn't make the parent feel bad and that also helps him or her understand the complexity of the child's behavior: “It seems like Stephanie is trying to tell you, *I'm having so much fun with the dollhouse that I need a little time to adjust to the idea it's time to leave for the day.*”

In the cases where a child is more cooperative with you than the parent, again, help her see it from the child's perspective: “Yes, Tony puts his coat on when I ask him to, but that's because he knows I have to help the other kids too. Kids learn quickly that the rules and expectations at home and here can be different. He tells me all about how you make sure he is zipped up and how you always check that he has his hat. He talks about you all the time.”

### **Step 3: Partner with parents.**

Developing a plan together helps you move forward as partners, instead of competitors. For example, if you are trying to teach children not to hit when they are angry, but the parent hits her child to discipline her at home, you can:

**Use “I” statements:** *I know we are both concerned about Erica hitting other kids when she's here. I really work with the kids on finding other ways to show angry feelings. I don't hit them because when adults hit children when they are angry, it teaches children to hit as well when they are mad.*

### **Ask for the parent's**

**perspective:** Clarify the parent's feelings and beliefs on the issue. Ask questions to learn, not to pass judgment: “*What are acceptable ways to you for Erica to express her angry feelings? What do you do at home? What do you find works? What doesn't work? Would you be open to finding ways to discipline her other than hitting?*”

### **Look for a place to**

**compromise:** Ask the parent if he or she has ideas for next steps. What can the two of you agree on? What can you both work on?

### **Finally, don't forget to check**

**in:** A relationship is a living thing that grows and changes over time. It's important to check in with parents to see how things are going, how your agreed-upon plan is working, and where you might need to make some adjustments. Communication is the key to making any partnership work.

# Relationship Between EI Practitioner Beliefs and the Adoption of Recommended Practices

The old saying that we “practice what we preach” may be more fact than fiction. ECE Researchers, looking for the “formula” for what makes a good teacher, determine that early childhood educators practice what they *believe*.

Developmentally Appropriate Practices (DAP) is a framework of best practices of age appropriate education that respects individual differences for children birth - 8. In 1987, the National Association for the Education of Young Children (NAEYC) released its first position paper on DAP. Since that time, NAEYC has been a leader in promoting DAP as a method for optimal learning/development in early childhood education.

Analysis of a variety of studies found that student-teacher ratio, dollars spent per pupil, the curricula chosen, or the level of the teacher’s education / experience / licensure have less to do with whether the instruction is developmentally appropriate than one might have expected, and EC educators, according to survey/observation results, endorsed DAP more in philosophy than in practice.

The best indicator of whether or not EC educators will teach at developmentally appropriate levels lies at the heart of the teacher - her beliefs about what is developmentally appropriate, about how children learn, and her view of her own personal power to effect change shape her teaching methods and practices. EC educators with stronger DAP beliefs viewed themselves as influential in their decision making and were, thus, more effective teachers. Those who used developmentally inappropriate practices felt that Principals and parents held more influence over their teaching.

Research on the influence of professional beliefs on the adoption of innovative early intervention techniques is sparse . . . and, for the fields of physical, occupational, and speech-language therapies<sup>1</sup>, research evidence is almost nonexistent.

*What is known is that practitioner personal beliefs are related to their adoption of and use of innovative and recommended intervention practices. Providers with strong beliefs in DAP tend to implement more developmentally appropriate practices than those with low/moderate beliefs in DAP.*

The results of one study show that EIS providers with strong belief appraisals were more likely to take responsibility for personal and organizational learning, and in turn adopt and use EI program practices in ways intended and expected. In contrast, practitioners who believed the responsibility for their learning and performance rested with others demonstrated little adherence to expected practices and were less effective in the field (Dunst 2011).

More research in the field of early intervention could yield information useful in determining the types of supports provided to practitioners. These studies would also shed light on professional beliefs held by EIS practitioners that “hold them back” from implementing innovative techniques so that Arkansas can continue to improve delivery methods and outcomes for infants, toddlers, and young children.

Trivette, Carol M., et al. Research Brief Volume 6, Number 1 2012. “Relationship Between Early Childhood Practitioner Beliefs and the Adoption of Innovative and Recommended Practices.” *Tots n Tech Research Institute*. <[http://tnt.asu.edu/files/TotsNTech\\_ResearchBrief\\_v6\\_n1\\_2012.pdf](http://tnt.asu.edu/files/TotsNTech_ResearchBrief_v6_n1_2012.pdf)>.

## Tech Trends



### Using Parents’ Cell Phone Video to Capture Intervention Strategies in Action



Belkis, a PT from Fairfax, uses parents’ cell phone video cameras to record intervention strategies so that families have a video of how to use the strategy when she is not in the home. You can do it, too!

<http://www.youtube.com/watch?v=5-GzEeUops&feature=youtu.be>

### FREE Assistive Technology Online Webinars

from Virginia Early Intervention Professional Development Center

[http://www.eipd.vcu.edu/sub2\\_archi ve\\_webinar.html](http://www.eipd.vcu.edu/sub2_archi ve_webinar.html)

### Did you know that . . .

- IDEA identifies assistive technology as one of the 14 EI services that infants/toddlers are entitled to receive.
- Assistive technology in EI is significantly underutilized.
- AT is documented on fewer than 3.1% of IFSP’s nationally.
- A national survey of EI providers revealed that almost half felt that none or few of the children they served were receiving the AT services and devices they required.
- Many young children who need AT do not receive it until they are at least two years of age.

## Common Myths

that prevent infants and toddlers from receiving appropriate AT services:

**Myth:** The use of an AT device acts as a deterrent to a child's ability to develop typical skills.

**Fact:** Research actually shows the opposite to be true.

**Myth:** Infants and toddlers are either too young to benefit from AT or need certain "readiness skills" before they can use it.

**Fact:** Even very young children can benefit from AT properly matched to their needs and abilities with no prerequisite skills.

**Myth:** AT is high-tech and complex or too expensive.

**Fact:** AT for infants and toddlers is often simple or low-tech. Numerous funding sources are available for AT devices and services.

Assistive technology (AT) for infants and toddlers is defined as any item that helps increase the independence and functioning of a child. AT can help with positioning and mobility, communication, play and interaction, learning, and self help. It includes a wide range of items from simple adaptations such as utensils with built-up handles to more sophisticated devices such as wheelchairs, standers, communication devices, and many more. Assistive technology can even include toys purchased at local stores that are adapted to help children with disabilities play more independently and participate in daily routines. Assistive technology may also be any service that assists children and their families select, acquire, and implement appropriate adapted equipment. These services include assessment for and selection of AT, and training once the technology is acquired.

"Assistive Technology for Early Intervention." [Tech for Tykes](http://www.techfortykes.org/writtenResources.html). Univ. of Colorado. 2011. <<http://www.techfortykes.org/writtenResources.html>>.

# Did YOU Know?

On June 26, 2012 the Lead Agency received notification from the Office of Special Education Programs (OSEP) that Arkansas meets requirements of Part C of IDEA. This is a great accomplishment for our program. We would like to formally acknowledge your contributions to the state's success in reaching this goal. All of your time, hard work and diligence has paid off.

Again, the Lead Agency commends your effort and encourages you to continue to seek ways to improve your service to the children and families we serve.

Thanks,

Tracy Turner  
Arkansas Part C Coordinator



## UPCOMING TRAININGS:

Basics of Visually Communicating with Deaf/Hard of Hearing Children  
July 16 -- Ft. Smith at the Bost Center  
July 30 -- Hot Springs (TBA)  
August 1 -- Conway/Little Rock

Children who are deaf or hard of hearing have different communication options. This training will focus on the basics of communicating with a child using visual language and supports.

contact Nancy Reynolds [nancyr@asd.k12.ar.us](mailto:nancyr@asd.k12.ar.us)

## AR Medicaid Offers Free Trainings! Register to Attend a Virtual Workshop

Register online at:

<https://www.medicaid.state.ar.us/InternetSolution/provider/training/training.aspx>

Once you have registered, an e-mail will be sent to you explaining how to set up your virtual room.



**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](mailto:carol.l.parker@arkansas.gov)