# Questions & Answers
# IL Evidence-Based Practices in Natural Learning Environments
# March 7 and 8, 2005

The following information includes questions that were generated by participants in the Illinois Evidence-Based Practices in Natural Leaning Environments trainings that occurred on March 7 and 8, 2005. The trainings were presented by Dathan Rush and M'Lisa Shelden of the Family, Infant and Preschool Program in Morganton, North Carolina, in conjunction with Anne Lucas and Katy McCullough of the National Early Childhood Technical Assistance Center (NECTAC). In addition, other questions regarding natural environments have been included in this document.

M'Lisa Shelden and Dathan Rush responded to a number of the questions in this document. The Illinois Department of Human Services' Bureau of Early Intervention has reviewed those responses and has prepared responses to the rest of the questions in this document. Any questions or concerns regarding this document should be forwarded to the DHS Bureau of Early Intervention by phone at 217/782-1981 or by e-mail at dhsei06@dhs.state.il.us .

For ease of use, this document is broken down into the following categories:

I. What are "natural learning environments"?
II. Why should I consider providing services in natural learning environments?
III. Okay, now how do I do it?

## I. What are "natural learning environments"?

Q1. **It seems like the focus is on home-based services. Does "natural environments" really just mean "home-based?"**

A1. No. Natural environments are settings that are natural or normal for the child's age peers who have no disabilities (34 CFR 303.18), including the home and community settings in which children without disabilities participate (34 CFR 303.12(b)). For children under 3, one natural learning environment may be the child's home. However, many children under 3 are in day care for the majority of their day. For those children, their day care center (or family day care provider's home) would be a natural learning environment.

These are only two of many service settings that could be considered "natural". In order to identify other natural learning environments, it is necessary to talk with the family about their routines, the things they enjoy doing with their child/ren, places where their child/family spends time and places they enjoy going. This information can be gathered by the service coordinator at Intake and shared with providers prior to the evaluation or the IFSP, or can be gathered by the IFSP team at the beginning of the IFSP meeting. It is important, however, to have this information prior to service planning so that the team can have an informed discussion regarding service locations.

Q2. **In the states where natural environments are working, how are they interpreting the definition of natural environments?**

A2. All states are to define natural environments according to the federal definition in IDEA, Part C – those places in which children without disabilities typically participate. Natural environments are home and community locations in which children would naturally be if they did not have a disability. If it is created for children with disabilities or they only attend because they have a disability, it is not a natural learning environment.

Q3. **Is a play group (a language group for example) that encourages family and sibling participation at the center considered a natural environment?**

A3. In order for a play group to be considered a natural learning environment it should be a group that was not created for the purpose of therapy. It should be a group that children who are typically developing would naturally attend. Developing groups of infants/toddlers with disabilities/delays and including a couple of peer models and/or allowing siblings to attend would not be consistent with these two criteria.

In most cases, opportunities for child interaction occur within the child's/family's community. If this is a priority of the parent, and/or provider should facilitate the child's/family's involvement in those types of learning opportunities. This may include attending with the parent and child to: 1) support the parent/caregiver and/or group facilitator in their efforts to include the child in the group, 2) identify ways that the parent can promote the child's participation in development-enhancing activities, and/or 3) model intervention strategies for the parent/caregiver and/or group facilitator.

Q4. **Is a center-based program that has a preschool, play group or day care center that is open to the public and incorporates the philosophy of "natural environments" into individualized treatment considered a natural environment?**

A4. A center-based preschool program, play group or day care center in which children who are typically developing attend and the ratio of children who are typically developing to children with disabilities is similar to that ratio in the general community could be a natural learning environment for a child with a disability/delay. However, whether or not it is a natural learning environment for a particular child depends on the child and family. As we discussed in A1 above, it is important to talk with the family about their routines, etc. in order to identify learning environments that compliment their family's lifestyle rather than disrupt it. For example, if a child with a disability/delay is already participating in a preschool program, play group or day care center in their community, uprooting them from that preschool program, play group or day care center in order to place them in another preschool program, play group or day care center because of it's proximity to service providers, reputation for working with children with disabilities, or other non-child/family reason would not be family-centered. Rather, the IFSP should provide for support to the parent/caregiver, group facilitator and/or teacher in order to ensure the child's continued participation in his/her existing preschool program, play group or day care center and to

maximize his/her developmental benefit from that participation. The "individualized treatment" should occur within the context of the naturally planned and occurring activities in the preschool classroom, play group or day care center.

Q5. **How many children are needed to be able to be a natural environment? If no children are present in church/McDonald's/park, is it a natural environment?**

A5. A natural environment is where children would be if they do not have a disability. Children without disabilities go to church, McDonald's and the park. They do not go to therapy clinics, agencies that exist solely for persons with disabilities, or centers designed specifically for persons with specific diagnoses.

Q6. **We provide services according to the "EI philosophy". We require parents to participate in therapy sessions and ensure that parents leave our center every week with a plan to incorporate intervention strategies into their daily routines. It appears that simply because we are a center we are not considered a natural environment. Why?**

A6. Therapy clinics, center-based EI programs and provider offices are not considered natural environments. Regardless of how hard providers try, they are providing decontextualized interventions, which are not supported by the research on how children learn. Children learn best when they learn in context and have multiple opportunities to practice the skills and abilities throughout their day. The generalization research indicates that it is much easier to generalize newly learned skills when they are learned within the context of meaningful, functional activities as they happen naturally versus within contrived situations in a clinic, program or office.

Q7. **If a developmental group joins typically developing peers in a gross motor room for 20 minutes of a 90 minute group session, is the class time inclusive? How much of the time needs to be inclusive?**

A7. No. As we discussed in A3 above, a group should not be created for the purpose of therapy. Additionally, children who are participating in a group that *would* be considered a natural learning environment should not be pulled out in order to receive therapy. Rather, intervention should occur within the context of the naturally planned and occurring activities in the group. See A3 and A4 above for additional clarification.

II. <u>Why should I consider providing services in natural learning environments?</u>

Q8. **The Individuals with Disabilities Education Act (IDEA) was written 20 years ago – is a service delivery system that is 100% in natural environments a fiscally responsible strategy today?**

A8. IDEA has been reauthorized multiple times since 1986, most recently in December, 2004. The natural environments stipulation still remains and we now have even more research to support the importance of this portion of the law.

Here are some statements of evidence from recent research as well as national expert's views that support the provision of services in natural environments:

- Children learn and develop best when
  - participating in natural learning opportunities that occur in everyday routines and activities of children and families as part of family and community life;
  - interested and engaged in an activity, which in turn strengthens and promotes competency and mastery of skills.
- Children with disabilities often have difficulty generalizing and maintaining new skills. Mastery of functional skills occurs through high-frequency, naturally occurring activities in a variety of settings that are consistent with family and community life.
- Neurodevelopmental treatment (NDT), adult initiated instruction, directive intervention approaches, and pull-out intervention techniques are not substantiated by research as ensuring children's mastery of functional skills or enhancing their attainment of functional, contextualized outcomes. Rather, children learn best through child initiated instruction, activity-based approaches, and integrated intervention. Parents have the greatest impact on their child's learning since parents know their child best and already intervene in their child's development everyday through planned or naturally occurring learning opportunities.
- Parents prefer interventions that are easy to do, fit into their daily lives and support their child in learning skills that help them be a part of family and community life.
- Embedding instruction in routines selected and preferred by families greatly increases the likelihood that the family will repeat therapeutic activities independently.
- Everyday family and community activities, settings, experiences, and opportunities are important contexts for young children's acquisition of a variety of behavioral and developmental competencies. Specifically, learning opportunities facilitated within the context of family and community life have greater impact on child progress than intervention sessions. In addition, children's learning opportunities that are interest-based and provide contexts for asset expression are more likely to optimize learning and development.
- "More is better". This means more learning opportunities, NOT more services. Learning is what happens between intervention visits – through child initiated play during everyday routines and activities, through multiple repetitions and lots of practice – in the way that all young children learn and participate with families and friends in their community.

Q9. **It seems like we're talking about a more consultative approach to service delivery. Why have any specialists (i.e. PT, OT, SLP) if specific interventions are not needed?**

A9. Specialists (and the specific interventions they provide) are needed. They have training and specific skills that are needed to design effective intervention strategies. Lee Ann Jung, Ph.D. from the University of Kentucky likens the relationship between specialist and parent/caregiver to that of architect and

builder. The architect, possessing the skills of design and creativity – along with a solid base of knowledge regarding the function of the subject, is responsible for creating intervention strategies that are:

**SIMPLE** so that families and other caregivers will be able (and more likely) to "follow through";

**UNINTRUSIVE** so that intervention can occur during a wide variety of routines, facilitating the generalization of skills and maximizing the opportunities for families to learn and practice new interventions; and

**TEACHABLE** so that families and professionals are able to build their own skills and families are empowered.

The builders know best the materials they are working with, their resources and time demands, and their ability to make the design work. They know best when a portion of (or the entire) job is done, when a barrier impedes their progress, and when they need to reconnect with the architect for design modification purposes. In order to maximize the child's developmental potential, the architect and the builders must work together. No single person demanding control, but each person recognizing their skills and abilities and respecting the skills and abilities of the others on the team.

Specialists are not expected to teach other professionals to design intervention strategies. Nor are specialists expected to give up their area of expertise to another professional. Specialists are expected to work more with families than with children and to provide a sufficient level of support so that the builders (the family, other caregivers, other team members) are able to implement the plan.

Q10. **Many of our parents ask to come to our center to receive EI services. Don't they have that choice?**

A10. Parents can go to any center-based program, therapy clinic, medical program, or therapy provider they choose. The question is whether or not this falls under the provisions of IDEA Part C, which requires that services be provided in natural learning environments.

The IDEA Infant & Toddler Coordinators Association has a position paper on natural environments (http://www.ideainfanttoddler.org/position.pdf) which briefly lists a summary of policy letters issued by the Office of Special Education Programs (OSEP) in response to questions posed by states regarding early intervention services and natural environments. The response to Heskett of Missouri (May 26, 1999) is most pertinent:

> "Digest of question: May a family choose to receive early intervention services in a center-based program which provides services only for infants and toddlers with disabilities, if that family determines the center-based program is best for their child and family?

Selected text from the response: …"Although Part C recognizes the importance of, and requires, parent involvement throughout the IFSP process, Part C does not relieve the State lead agency of it's responsibility to ensure that other regulatory and statutory requirements, including the natural environments provision, are met. While the family provides significant input regarding the provision of appropriate early intervention services, ultimate responsibility for determining what services are appropriate for a particular infant or toddler, including the location of such services, rests with the IFSP team as a whole. Therefore, it would be inconsistent with Part C for decisions of the IFSP team to be made unilaterally based solely on preference of the family. The State bears no responsibility under Part C for services that are selected exclusively by the parent; however, the State must still provide all other services on the IFSP for which the parents did consent."

Q11. **Is it ever appropriate to provide services in non-natural settings?**

A11. It may be. 34 CFR 303.167(c) requires Illinois to ensure that EI services are provided in natural environments to the maximum extent appropriate and that EI services are provided in settings other than natural environments "only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment." 34 CFR 303.344(d)(ii) requires the IFSP team to justify "the extent, if any, to which the services will not be provided in a natural environment."

Because it is difficult to dismiss a service setting without first trying it, most services should be provided for a reasonable amount of time in a natural environment before making a decision to change to a non-natural environment. The decision to provide services in a non-natural setting should follow a discussion by the IFSP team of the characteristics of the child's natural environments that make them adverse to intervention and the characteristics of the non-natural setting that make it better suited to intervention.

If it is determined that a setting other than a natural environment is necessary in order to achieve the outcome, a justification must be included in the IFSP. Justifications should be based on the needs of the child rather than the needs or preferences of the parent/caregiver or service provider. Here are some examples of justifications that are NOT appropriate:

<u>Fiscal Reasons</u> – i.e. travel costs, vehicle availability, insurance restrictions.

<u>Personnel Limitations</u> – provider availability.

<u>Provider Preferences</u> – i.e. natural environment (NE) is in an area that is undesirable, provider does not want to leave (or is prohibited from leaving) the center, provider believes in clinic-based services or in the effectiveness of a particular service methodology or implementation style (hippotherapy, discrete trial training, aquatherapy, equipment room, music therapy, etc.).

Parent Preferences – i.e. comfort (or discomfort) with providers in the home, desire for "time off" while child is at center, desire for a specific provider even if another provider is available to go to a natural environment, belief that services in a non-natural setting will enable the child/family to receive other benefits (more therapy, "better" equipment), parent belief in center or clinic-based services.

Q12. **I have participated in several IFSP meetings where the IFSP team determines that our center is the most appropriate place for the child to receive services, but the service coordinator says, "no". Does the service coordinator have the power to override the decision of the IFSP team?**

A12. The service coordinator is a member of the IFSP team and, to a certain extent, holds the same amount of decision-making "power" as any other member of the IFSP team. Part of the role of the service coordinator is to ensure compliance with federal and state regulatory and statutory requirements, including the requirements related to natural environments. The service coordinator must ensure that to the maximum extent appropriate, early intervention services are provided in natural environments. If the IFSP team (excluding the service coordinator) is recommending services in a non-natural environment, it is the responsibility of the service coordinator to ensure that appropriate justification has been provided. If there was no justification provided, or if the justification provided was insufficient or inappropriate (see A11), the service coordinator would be correct to refuse to commit Part C funds for services in a non-natural environment. The family could still choose to go to your center for services. To do so, the family would need to decline the Part C service and payment for services in the center would be the responsibility of the family. In addition, Part C procedural safeguards would not apply to a specific Part C service declined by the family but accessed outside of Part C.

Q13. **Most of the research presented at the March training is NOT true evidence-based research – it is more theory and opinion. Is there any true research (i.e. controlled studies) that document that this approach is better for families in terms of objective, measured outcomes?**

A13. This statement is false. The research presented was research, not theory and opinion. Unfortunately this is a common myth. A randomized controlled trial is one type of study. Please see information at the following links regarding the Hierarchy of Evidence:

- http://www.mdx.ac.uk/www/rctsh/ebp/hierarchy.htm
- http://www.shef.ac.uk/scharr/ir/units/systrev/hierarchy.htm
- http://www.show.scot.nhs.uk/nhsfv/clineff/Accessing_evidence/Sources_of_Evidence.htm
- http://www.researchtopractice.info

III. Okay, now how do I do it?

Q14. **Do you talk about family activities and interests before you discuss family concerns?**

A14. You may. Family concerns/challenges and priorities always emerge during the discussion of the child's and family's routines, activity settings, interest profile and learning opportunities. Robin McWilliam talks about the Routines-Based Interview. He indicates that the first question asked during the interview is whether or not the family has any major concerns. After the concerns are noted, the interviewer can begin talking with the family about their routines. See R.A. McWilliam (2001). *Functional Intervention Planning: The Routines-Based Interview* at http://www.fpg.unc.edu/~inclusion/RBI.pdf .

Q15. **What about the child whose parent(s) are teens—school & working—and child is with grandparents who deserve an hour break because they have their own life responsibilities?**

A15. In the example provided, both the teen parent as well as the grandparent would probably benefit from support from the EI program. That support could be provided in a number of ways, including linking the teen parent and/or grandparent to existing community support resources, and/or authorizing parent/grandparent support services through the EI program. It is inappropriate, however, to use therapy time as respite time for caregivers.

Q16. **The 10 myths document (from the March training) mentioned the importance of parent-to-parent support. How can parents receive that in a natural environment model?**

A16. Service coordinators should assist families in need of support in identifying appropriate resources. Parent-to-parent support groups/opportunities may be provided at a program's office or other location, but the need for parent-to-parent support is not a rationale to provide services to children in clinic-based or other non-natural learning environments.

Q17. **How do we embed natural environment therapy practices into our therapy when children live in homes with virtually no toys or books?**

A17. The first place to start, regardless of the resources of the family, is getting an understanding of how the child spends his or her time. What does the child do? Who is the child with? Where does the child go? What are the parents/ caregivers doing during the child's day? This is the beginning of the assessment process to identify the child's existing (and desired) activity settings. Once this occurs, and the practitioner discovers the family has no toys or books, then it is the responsibility of the practitioner to identify what the child is currently using as play objects (i.e., pots, pans, empty containers, rocks, sticks, sand, etc.). The practitioner then can support the caregivers in maximizing the child's enjoyment of what play objects do exist. If the family is interested in obtaining other objects for the child to play with, then the practitioner is responsible for assisting the family in identifying resources to obtain them (i.e., toy lending resources, public libraries, garage sales, Goodwill, budgeting to purchase toys, etc.). Most often a family's lack of resources that match what we feel is important for a child to have becomes the issue. Our responsibility is to support the family with what they have, where they are, and sharing information that matches their priorities.

Q18. **What exactly do you propose I DO with the kid who watches TV all day and maybe has a few match box cars? And the parent who does not see lack of play skills as a concern? What do I DO with this child if I bring no toys? I am a developmental therapist who is supposed to be working on cognitive, self-help & social outcomes as well as speech & motor outcomes.**

A18. Watching television and playing with toy cars are activity settings that provide multiple learning opportunities. However, too much television can also interfere with development. While the use of the television can be one way to start with a family, you should encourage interest and activities that involve other items commonly found in most homes. These items may include toilet paper or wrapping paper rolls, pots and pans, Tupperware, empty boxes, plastic cooking utensils, and more. They may not be consistent with your values and beliefs about what young children should be doing during the day, but if these are the interests of the child and parent, our responsibility is to talk with the parent about how to use what they have and support the parent in identifying multiple learning opportunities that could come from using what is present in their environment. It is easy to take in a bag of toys, but more challenging to explore real life options for many families. We must remember that learning takes place when we are not there too. So, we have to use what the family has available and accessible to them to give the child more practice in using existing skills and developing new abilities. Toy bag treatment sessions are decontextualized interventions that do not promote functional skill use and learning in natural settings.

Q19. **How can I incorporate siblings into my work with the child/parent? Because, I hate to say, sometimes they just really get in the way and demand attention that I feel I should be giving to the child I'm there to see and his/her parent/caregiver. Also, when or is this a justification for providing services in a center … where siblings would not be present?**

A19. If we are practicing in a way that supports the competence and confidence of parents/caregiver in their ability to meet the developmental and health related needs of their child, we need to meet them where they are. If siblings are an issue for you, you can bet they're an issue for the parent/caregiver who is going to be trying to implement the strategies you're developing.

The ideal thing to do would be to involve the sibling(s) in the activities you are doing. It is only natural for children to be intrigued by a home visitor. Amy Cocorikis, EI Trainer, offers some suggestions for how to include and engage siblings, including taking turns, using the sibling(s) as a language and play partner to model, and/or using an activity that appeals to multiple levels of interest and development. These are just a few ways. There are lots of others.

If there is a time when you and the parent need to focus your attention on the child who is EI eligible, Amy offers some other strategies that may keep the sibling(s) safely occupied. These include having the family create a special brother/sister backpack filled with toys/activities that is reserved only for those times when the parent needs to focus their attention on one child for a while, or reserving a special book, DVD/video, video game, or other toy/game that would provide some down time for the sibling(s).

The presence (or interference) of siblings would not be an appropriate justification for providing services in a non-natural setting. It is important for us to be developing strategies that families can use in their everyday lives; lives that involve all of their children, not just their child in EI.

Q20. **Is there a role for the "toy bag" during the initial evaluation?**

A20. No. The only toys used during initial evaluation would be those in the test kit or required by the evaluation procedure.

Q21. **What about the houses that we go into that are dirty and not conducive to therapy?**

A21. More often than not, this is an issue of our values versus the family's values. In order to be truly family-centered, we have to acknowledge that different families have different lifestyles and different standards of tidiness. If it is an abusive or neglectful situation, we are mandated reporters. If it's not abuse or neglect, we need to look closely at our own values. The fact is that it is the setting in which the child lives – the child's natural environment – and we need to support the family in promoting their child's development there.

Q22. **Does IDEA (or OSEP) require me or my staff to go into areas that we consider to be unsafe?**

A22. The first step in addressing a perceived safety issue is to determine whether it really is an issue of safety or merely a conflict in beliefs or values. If the environment (i.e. neighborhood, building, home) is truly unsafe and another provider is available to work with the family, you should decline the service coordinator's referral so that they can offer the family another provider. If no other provider is available, you and the service coordinator should talk with the family and other team members about other options, including visiting during relatively safe times, co-treating or requesting a police escort, or meeting at alternative community locations that would be considered natural learning environments for the child (i.e. a child care center, another family member's home or friend's home, a park district or other community center, a library, a church, a favorite restaurant).

Q23. **What if the delays seem to be due to their environments?**

A23. Delays due to the environment are very real. This is a fact that supports the importance of supporting the caregivers of the child to understand their role in child learning, growth, and development. A practitioner who devotes visits to interacting solely with the child, instead of supporting caregiver competence and confidence is missing the opportunity to have a major impact on the life of the child. It goes without saying that every practitioner is responsible for identifying and reporting neglect or abuse if that practitioner suspects a problem.

Q24. **I am a certified infant massage instructor. I routinely teach parents infant massage techniques that they can incorporate into every day life experiences. Since this is done in natural environments, why isn't it an EI service that is recognized, authorized and delivered regularly?**

A24. Infant massage has no empirical evidence to support it as a technique to enhance child learning and development. See the research synthesis on infant massage conducted by the Center for Evidence-Based Practices, Research and Training Center on Early Childhood Development at http://www.researchtopractice.info/ .

Q25. **We do not see how you can pay for this self-sufficiently. Appears that it needs to be subsidized from some other source. I think some sessions will need to take place in the center or else some of these centers will not be able to survive.**

A25. When we talk about providing services in natural environments, we are talking as much about a location as a way of working with children and families. If EI programs and therapy centers attempt to simply move the services they are providing from the center to the home or community, they will not survive. EI programs and therapy centers will not be able to see the number of children they are currently seeing "in-house" when they start traveling to family's homes and other community settings. A shift in the way that services are provided needs to happen.

The shift we have been discussing is a shift from intensive, hands-on, direct therapy to a model that utilizes face to face consultation, maximizes the expertise of the professional and the skills and abilities of the IFSP team, including the parent/caregiver. It is a model that expands intervention potential by focusing on the routines and everyday learning activities of children and families.

This is not a shift that happens overnight, and is not a shift that should be undertaken as solely a cost-cutting measure. While it is true that programs in other states who made this shift as a matter of practice found that it was less expensive than the model they had been operating under, programs did not make the shift for that reason and the findings were (pleasantly) unexpected.

Q26. **Since I no longer will be using a toy bag and focusing solely on the child when I visit with the family, what things (including methods and strategies) should I use to enhance the capacity of the family to promote their child's learning through participation in everyday routines and activities of family and community life?**

A26. Services and supports provided by service providers help families and caregivers develop the skills and confidence needed to try new ways to help their child learn and participate in everyday routines and activities. Effective early intervention services require an active parent/professional partnership that includes involvement by the family/caregiver in each early intervention session. The focus is on expanding the parents'/caregivers' confidence and competence to identify opportunities to help the child learn during everyday activities. McWilliam, 1999 states: "The purpose of the ... visit is to ensure that the family has all the support they need to meet their priorities.... So, [early intervention service providers] will encourage family members, listen to them, make sure their basic needs are met, and provide them with information. One way to provide information might be to

show them things to do with the child. But such a demonstration or "model" is only one of many ways of supporting families".

A number of strategies can be used to enhance family capacity and should be selected based on individualized learning styles of caregivers. These strategies may include the following:

- **Providing emotional, material, and informational support:** During early intervention sessions, if the service provider identifies family needs that include emotional support or assistance with securing material support (WIC, Medicaid, SSI, community resources, housing, employment, equipment, basic supplies such as food and shelter, etc.) they should refer the family to the service coordinator. The provider may give the family and other important people involved with the family information and, suggestions for eating, dressing, playing with toys**,** sitting independently, or whatever the outcomes for the child are. In making suggestions for activities, whenever possible, service providers can assist the family/caregiver to identify what they have in the child's environment that can be used during daily routines and activities to accomplish the outcomes (McWilliam, 2003; Woods, 2004). Woods (2004) also emphasizes the importance of sharing information and resources on learning as it occurs for the child within daily activities and play.

- **"Joining in without taking over" or participating with caregivers and the child in a routine or activity :** Woods (2004) describes that service providers should interact with the caregiver/child dyad, not just the child or caregiver and use toys or materials available in the setting and typically used within the activity or routine. She indicates that it is important for service providers to observe the routine/activity as it occurs with the caregiver and child and for the service provider to "join in" the routine or activity while maintaining the integrity of the caregiver's preference and sequence. Woods (2004) also emphasizes the importance of service providers giving feedback to the family and caregivers on the "strategies" or "learning opportunities" the caregiver is using that are effective.

- **Modeling:** McWilliam (2003), Woods (2004), Hanft, Rush & Shelden (2004) describe the importance of modeling how to do something when the family requests or is interested in having a demonstration. It is one of many strategies that are used during intervention sessions to help build family capacity. "Modeling requires the [parent or caregiver] to be interested, watching, and, if possible, practicing with feedback. Simply going through activities with the child on a . . . visit does not necessarily constitute modeling " (McWilliam, 2003).

- **Joint problem solving:** McWilliam (2003), Woods (2004), Hanft, Rush & Shelden (2004) also describe the importance of joint problem-solving (rather than expert recommendations) on adaptations or strategies to enhance child learning. Joint problem solving may include supporting families to identify numerous learning opportunities that occur throughout each day or reflecting on strategies that families and caregivers have

found successful in other situations that may be adapted to a specific challenging situation. Overall, problem solving is a critical strategy for enhancing family confidence and competence.

- **Coaching parents and caregivers:** Hanft, Rush & Shelden (2004) define coaching as an interactive process in which service providers assist families in identifying what they are already doing that promotes learning for their child (current knowledge and skills—what's working), identifying what new learning is desirable, improving skills and resolving challenges (what's not working). Overall, the process of coaching families in early intervention is designed to support families in effectively using and creating learning opportunities in everyday routines and activities to enhance their child's learning and functional participation in family and community life. If early intervention service providers clearly understand their role as coach to families/caregivers, "then all interactions are for the purposes of acknowledging existing strengths of the child and care providers and offering needed, timely supports" (Hanft ,Rush, & Shelden, 2004).

- **Triadic support hierarchy, family guided routines and embedded interventions:** Woods (2004) describes a process of using components of a Triadic Support Hierarchy to ensure that early intervention services builds on families' stories, accomplishments, concerns and their everyday routines and focuses on enhancing family competence. She emphasizes the importance of providing information to families in a way that is meaningful within their everyday lives, including providing examples and developmental knowledge. Observations of family interactions, including parent and child, in their routines is critical to identify for the family what is already happening and can impact their child's learning. Modeling side-by-side strategies or behaviors as well as providing suggestions that support interaction and child learning is used to help families embed intervention (integrated teaching to the child's goals) within planned or scheduled everyday activities. Joint planning and problem solving with families regarding what is working, what needs to happen next, who will do what, identifying resources, and decision making for immediate and future action are essential aspects of the intervention process.

Julianne Woods (2004) clearly summarizes what families want:

- "Opportunities to work together to learn about their child;
- A "real" picture that reflects their child in familiar and functional settings using multiple methods to share information;
- Participation with their child in meaningful activities; and
- Information to support informed decision making."

(Adapted from Zero to Three Newsletter, Washington, DC)

In summary, if early intervention practitioners embrace the strategies that enhance family capacity, families will be attaining these goals through early intervention services and children with disabilities will successfully be learning through everyday routines and activities of family and community life.