SEVEN KEY PRINCIPLES: LOOKS LIKE / DOESN'T LOOK LIKE

Developed by the Workgroup on Principles and Practices in Natural Environments

Workgroup Members:

Susan Addision, Betsy Ayankoya, Mary Beth Bruder, Carl Dunst, Larry Edelman, Andy Gomm, Barbara Hanft, Cori Hill, Joicey Hurth, Grace Kelley, Anne Lucas, Robin McWilliam, Stephanie Moss, Lynda Pletcher, Dathan Rush, M'Lisa Shelden, Mary Steenberg, Judy Swett, Nora Thompson, Julianne Woods, and Naomi Younggren.

Description and Suggested Use:

This document elaborates on the 7 key principles identified by work group members, listing the concepts underlying the brief statements. Each principle also has descriptive statements illustrating what the principle should "look like" in practice. There are also descriptions of what it "doesn't look like" because too often those practices are still being used. While the work group offered much input, no attempt was made to achieve consensus. The *Looks Like / Doesn't Look Like* statements are simply examples. Many others could be added. The document may be particularly useful as training material. Lively discussions occur when the principles and concepts are provided and participants draft their own *Looks Like / Doesn't Look Like* statements. Please use the following citation when referring to this work.

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Seven Key Principles: Looks Like/Doesn't Look Like

1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.

Key Concepts	
	➢ Learning activities and opportunities must be functional, based on child and family interest and enjoyment ➢ Learning is relationship-based ➢ Learning should provide opportunities to practice and build upon previously mastered skills ➢ Learning occurs through participation in a variety of enjoyable activities

This principle DOES look like this	This principle DOES NOT look like this
Using toys and materials found in the home or community setting	Using toys, materials and other equipment the professional brings to the visit
Helping the family understand how their toys and materials can be used or adapted	Implying that the professional's toys, materials or equipment are the "magic" necessary for child progress
Identifying activities the child and family like to do which build on their strengths and interests	Designing activities for a child that focus on skill deficits or are not functional or enjoyable
Observing the child in multiple natural settings, using family input on child's behavior in various routines, using formal and informal developmental measures to understand the child's strengths and developmental functioning	Using only standardized measurements to understand the child's strengths, needs and developmental levels
Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings	Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting
Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members	Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities
Assuming principles of child learning, development, and family functioning apply to all children regardless of disability label	Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring learning opportunities

2. All families, with the necessary supports and resources, can enhance their children's learning and development.

Key Concepts	➢All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources) ➢The consistent adults in a child's life have the greatest influence on learning and development-not EI providers ➢All families have strengths and capabilities that can be used to help their child ➢All families are resourceful, but all families do not have equal access to resources ➢Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities

This principle DOES look like this	This principle DOES NOT look like this
Assuming all families have strengths and competences; appreciating the unique learning preferences of each adult and matching teaching, coaching, and problem solving styles accordingly	Basing expectations for families on characteristics, such as race, ethnicity, education, income or categorizing families as those who are likely to work with early intervention and those who won't
Suspending judgment, building rapport, gathering information from the family about their needs and interests	Making assumptions about family needs, interests, and ability to support their child because of life circumstances
Building on family supports and resources; supporting them to marshal both informal and formal supports that match their needs and reducing stressors	Assuming certain families need certain kinds of services, based on their life circumstances or their child's disability
Identifying with families how all significant people support the child's learning and development in care routines and activities meaningful and preferable to them	Expecting all families to have the same care routines, child rearing practices and play preferences.
Matching outcomes and intervention strategies to the families' priorities, needs and interests, building on routines and activities they want and need to do; collaboratively determining the supports, resources and services they want to receive	Viewing families as apathetic or exiting them from services because they miss appointments or don't carry through on prescribed interventions, rather than refocusing interventions on family priorities
Matching the kind of help or assistance with what the family desires; building on family strengths, skills and interests to address their needs	Taking over and doing "everything" for the family or, conversely, telling the family what to do and doing nothing to assist them

3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.

Key Concepts	➢ EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development ➢ Families are equal partners in the relationship with service providers ➢ Mutual trust, respect, honesty and open communication characterize the family-provider relationship

This principle DOES look like this	This principle DOES NOT look like this
Using professional behaviors that build trust and rapport and establish a working "partnership" with families	Being "nice" to families and becoming their friends
Valuing and understanding the provider's role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles	Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing "to" the child
Providing information, materials and emotional support to enhance families' natural role as the people who foster their child's learning and development	Training families to be "mini" therapists or interventionists
Pointing out children's natural learning activities and discovering together the "incidental teaching" opportunities that families do naturally between the providers visits	Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done
Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child	Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines
Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen	Basing success on the child's ability to perform the professionally determined activities and parent's compliance with prescribed services and activities
Celebrating family competence and success; supporting families only as much as they need and want	Taking over or overwhelming family confidence and competence by stressing "expert" services

4.	**The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.**
Key Concepts	➢ Families are active participants in all aspects of services ➢ Families are the ultimate decision makers in the amount, type of assistance and the support they receive ➢ Child and family needs, interests, and skills change; the IFSP must be fluid, and revised accordingly ➢ The adults in a child's life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals ➢ Each family's culture, spiritual beliefs and activities, values and traditions will be different from the service provider's (even if from a seemingly similar culture); service providers should seek to understand, not judge ➢ Family "ways" are more important than provider comfort and beliefs (short of abuse/neglect**)**

This principle DOES look like this	This principle DOES NOT look like this
Evaluation/assessments address each family's initial priorities, and accommodate reasonable preferences for time, place and the role the family will play	Providing the same "one size fits all" evaluation and assessment process for each family/child regardless of the initial concerns
Preparing the family to participate in the IFSP meeting, reinforcing their role as a team member who participates in choosing and developing the outcomes, strategies, activities and services and supports	Directing the IFSP process in a rote professional- driven manner and presenting the family with prescribed outcomes and a list of available services
Collaboratively tailoring services to fit each family; providing services and supports in flexible ways that are responsive to each family's cultural, ethnic, racial, language, socioeconomic characteristics and preferences	Expecting families to "fit" the services; giving families a list of available services to choose from and providing these services and supports in the same manner for every family
Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family.	Providing all the services, frequency and activities the family says they want on the IFSP
Treating each family member as a unique adult learner with valuable insights, interests, and skills	Treating the family as having one learning style that does not change
Acknowledging that the IFSP can be changed as often as needed to reflect the changing needs, priorities and lifestyle of the child and family	Expecting the IFSP document outcomes, strategies and services not to change for a year
Recognizing one's own culturally and	Acting solely on one's personally held

professionally driven childrearing values, beliefs, and practices; seeking to understand, rather than judge, families with differing values and practices	childrearing beliefs and values and not fully acknowledging the importance of families' cultural perspectives
Learning about and valuing the many expectations, commitments, recreational activities and pressures in a family's life; using IFSP practices that enhance the families' abilities to do what they need to do and want to do for all family members	Assuming that the eligible child and receiving all possible services is and should be the major focus of a family's life

5. IFSP outcomes must be functional and based on children's and families' needs and priorities

Key Concepts	➢ Functional outcomes improve participation in meaningful activities ➢ Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities. ➢ The family understands that strategies are worth working on because they lead to practical improvements in child & family life ➢ Functional outcomes keep the team focused on what's meaningful to the family in their day to day activities.

This principle DOES look like this	This principle DOES NOT look like this
Writing IFSP outcomes based on the families' concerns, resources, and priorities	Writing IFSP outcomes based on test results
Listening to families and believing (in) what they say regarding their priorities/needs	Reinterpreting what families say in order to better match the service provider's (providers') ideas
Writing functional outcomes that result in functional support and intervention aimed at advancing children's engagement, independence, and social relationships.	Writing IFSP outcomes focused on remediating developmental deficits.
Writing integrated outcomes that focus on the child participating in community and family activities	Writing discipline specific outcomes without full consideration of the whole child within the context of the family
Having outcomes that build on a child's natural motivations to learn and do; match family priorities; strengthen naturally occurring routines; enhance learning opportunities and	Having outcomes that focus on deficits and problems to be fixed

enjoyment	
Describing what the child or family will be able to do in the context of their typical routines and activities	Listing the services to be provided as an outcome (Johnny will get PT in order to walk)
Writing outcomes and using measures that make sense to families; using supportive documentation to meet funder requirements	Writing outcomes to match funding source requirements, using medical language and measures (percentages, trials) that are difficult for families to understand and measure
Identifying how families will know a functional outcome is achieved by writing measurable criteria that anyone could use to review progress	Measuring a child's progress by "therapist checklist/observation" or re-administration of initial evaluation measures

6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.	
Key Concepts	➢ The team can include friends, relatives, and community support people, as well as specialized service providers. ➢ Good teaming practices are used ➢ One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life ➢ The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members
This principle DOES look like this	**This principle DOES NOT look like this**
Talking to the family about how children learn through play and practice in all their normally occurring activities	Giving the family the message that the more service providers that are involved, the more gains their child will make
Keeping abreast of changing circumstances, priorities and needs, and bringing in both formal and informal services and supports as necessary	Limiting the services and supports that a child and family receive
Planning and recording consultation and periodic visits with other team members; understanding	Providing all the services and supports through only one provider who operates in

when to ask for additional support and consultation from team members	isolation from other team members
Having a primary provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes	Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues
Coaching or supporting the family to carry out the strategies and activities developed with the team members with the appropriate expertise; directly engaging team members when needed	Providing services outside one's scope of expertise or beyond one's license or certification
Developing a team based on the child and family outcomes and priorities, which can include people important to the family, and people from community supports and services, as well as early intervention providers from different disciplines	Defining the team from only the professional disciplines that match the child's deficits
Working as a team, sharing information from first contacts through the IFSP meeting when a primary service provider is assigned; all team members understanding each others on-going roles.	Having a disjointed IFSP process, with different people in early contacts, different evaluators, and different service providers who do not meet and work together with the family as a team.
Making time for team members to communicate formally and informally, and recognizing that outcomes are a shared responsibility	Working in isolation from other team members with no regular scheduled time to discuss how things are going

7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

Key Concepts

- Practices must be based on and consistent with explicit principles
- Providers should be able to provide a rationale for practice decisions
- Research is on-going and informs evolving practices
- Practice decisions must be data-based and ongoing evaluation is essential
- Practices must fit with relevant laws and regulations
- As research and practice evolve, laws and regulations must be amended accordingly

This principle DOES look like this	This principle DOES NOT look like this
Updating knowledge, skills and strategies by keeping abreast of research	Thinking that the same skills and strategies one has always used will always be effective

Refining practices based on introspection to continually clarify principles and values	Using practices without considering the values and beliefs they reflect
Basing practice decisions for each child and family on continuous assessment data and validating program practice through continual evaluation	Using practices that "feel good" or "sound good" or are promoted as the latest "cure-all"
Keeping abreast of relevant regulations and laws and using evidence-based practice to amend regulations and laws	Using practices that are contrary to relevant policies, regulations or laws