

Case Study	Discussion and Resources
<p><b>Key Indicators</b></p> <p>In this story, Aiden, his family, his early childhood education (ECE) teacher, and cross-disciplinary early childhood teams (Part C and Part B 619), demonstrate key indicators of the practice of Coordination and Collaboration.</p> <p><i>Specific behaviors include:</i></p> <ul style="list-style-type: none"> <li>• Using effective communication skills (listening, speaking, writing) with others,</li> <li>• Sharing information and resources with others from different disciplines and agencies,</li> <li>• Coordinating the delivery of early intervention services, resources, and interventions with practitioners from other disciplines and agencies,</li> <li>• Demonstrating leadership at meetings with others from different disciplines and agencies to implement a team approach to service delivery,</li> <li>• Collaborating with others to assess the child and family, design intervention objectives and learning plans, assign responsibilities for the implementation of the plan and collect progress monitoring data on a child and family learning,</li> <li>• Negotiating with others from different disciplines and agencies who have different viewpoints and opinions to problem solve and take actions to benefit the child and family, and</li> <li>• Facilitating transitions from the Part C or 619 programs to another program with others and the family.</li> </ul>	<p><i>The key indicators of Coordination and Collaboration are listed as 7 bulleted items. Highlight in the story where each of these indicators are demonstrated. Does Aiden’s story illustrate them all? Note how frequently these behaviors are demonstrated. Compare your findings in small groups. Is there agreement in your group that the coordination and collaboration was effective? Why or why not?</i></p> <p><a href="#">The IPEC Core Competencies for Interprofessional Collaborative Practice</a>. Consider how these core competencies should be reflected within one’s communication skills.</p> <p>How can the team communication be measured within reports and conversations? How does such measurement align with data collection necessary for evidence-based practice, one of the other core competency areas?</p> <p>Consider how professionalism, leadership, coordination, and collaboration intersect. How does family centered practice demonstrate leadership?</p> <p>What ongoing supports ensure that different viewpoints are acknowledged and respected? What mechanisms are used for negotiation? What is the frequency, duration, and intensity of the team meetings to foster coordination and collaboration?</p>

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<p><b>Aiden, His Family and Important Adults</b></p> <p>Aiden (22 months) began receiving early intervention (EI) services at 15 months of age, after Aiden’s family and teachers were concerned that Aiden was behind in his development. They had noticed that his vocalizations were fairly simple (like “ohhhhh” and “ahhhhh”) and he had not yet first used his first word. His family felt that he was working hard to try and understand what they were saying to him but wondered how much he actually understood. His teachers noticed that rather than looking at and pointing to pictures in books with adults or filling up cups at the rice table with his peers, he preferred to throw objects he found, put them in his mouth, or bang them together. His family said that he loved to pull himself up and hold onto people and objects but was still working on standing alone and walking.</p> <p>Aiden lives with his mother, Gwen, and grandmother, Ruby, in Ruby’s home. Aiden’s father, Joshua, is also a high school student but is not active in his role as a father at this time and lives with his parents. All members of the family identify as White, and English is their primary language. Gwen is a full-time high school student, and Aiden attends an ECE program at Gwen’s school. After school, Gwen, and Aiden travel home together in a friend’s car. Ruby works full-time but is home in the evenings. Gwen is not currently working but is eligible for some federal support which helps with the cost of Aiden’s everyday needs. Ruby provides financial assistance outside of this.</p> <p>The family is fortunate to have a strong network of extended family nearby. Although Aiden’s father is not an active parent, Aiden spends weekends visiting his extended family, including second cousins and great-grandparents. Aiden’s paternal grandparents will occasionally babysit. Despite the fact that Gwen is somewhat reserved with the EI team members, Gwen is devoted to Aiden and engages with all providers to ensure Aiden receives the necessary and appropriate services to support his growth and development. As Aiden is getting older and aging out of the ECE program at her high school, Gwen wants to guarantee that his transition into a local preschool is as seamless as possible.</p>	<p>What are the developmental milestones of a typically developing 15-month-old? Is the family aware of the CDC milestones tracker? <a href="#">CDC Milestones Tracker</a></p> <p>Developmentally, how is working with a teenage parent different than working with an adult? What might a teenage parent need from a cross-disciplinary team? What strengths might a teenager bring to the role of a parent? Use the resources below to support your discussion: <a href="#">Resources to Help Young Parents</a> <a href="#">The Teen Brain</a></p> <p>How might the team hold the needs of a grandparent like Ruby in mind? What kind of support might be needed to scaffold her role in Aiden’s development? <a href="#">Supporting Grandmothers Caring for Young Children</a></p> <p>Why is it important that the team considers the possibility of including Aiden’s father? Why might the active involvement of his dad have a positive influence on his development? <a href="#">Impact of Fathers on Child Development</a></p> <p>Has each member of the team examined their own cultural assumptions about this family? What aspects of their story and culture might need to be considered to make sure that intervention and outcomes are equitable and relevant? What resources are available through your professional association to address unconscious bias and support cultural responsiveness?</p> <p>Do parents need translation services? If YES: What kinds of resources are available in your community to help with translation to support communication? What are the responsibilities of the school system regarding translation and interpretation services? How does IDEA address this issue and what are the procedures in your own community? <a href="#">Sec. 303.13 Early intervention services - Individuals with Disabilities Education Act</a></p> <p>Does the family have faith-based support? If YES: Are there agencies that may offer complementary supports based on their faith or culture?</p> <p>Discuss the concept of protective factors, and how they may be active for this family. <a href="#">Strengthening Family Protective Factors</a> <a href="#">Harvard Center on the Developing Child: Resilience</a></p>

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	<p>Transition from EI to ECE can be difficult for both families and providers. What factors contribute to uneven transitions, in your experience? How might barriers to a seamless transition be addressed? <a href="#">Supporting Transition from EI to Preschool: ECTA</a></p>
<p><b>Initial Evaluation / Interview</b></p> <p>At his eligibility evaluation, Aiden demonstrated continued delays in cognition, communication, and fine motor. Aiden also demonstrated some sensory challenges. To gather additional information to support IFSP outcome development, Marina (ECSE) conducted a functional assessment at the ECE program during center time, because both Gwen (mother) and Sara (ECE teacher) shared that this was a particularly challenging time for Aiden as he, now walking, was wandering away from center time, and sometimes pushing other children when he wanted them to play, resulting in his being placed in “time out” many times a day.</p> <p>Tanisha, the service coordinator, interviewed Gwen to assess Aiden’s needs, strengths, interests, and daily routines, as well as to assess the service needs of the family. She stated that they have dinner together most nights, he gets a nightly bath, and she reads him a book every night. She says that he does not always want to sit and listen to the book, which she finds frustrating. She also says that it often takes hours for him to settle down and go to sleep. He has not yet learned to use the potty. She says that she really would like to help him start using words to share what he’s thinking about and would also love to find out some ways to help him to be included in play with the other children. In particular, she hoped that he could learn to ride a bike with the other children during outside time.</p> <p>They also discussed Aiden’s birth and medical history. Tanisha also asked Gwen about her well-being: how she is functioning during her busy days as a student and a mom, how she is sleeping, what kinds of support she relies on and what kinds of resources she might find helpful. Tanisha explained that this information would help her to assist both Aiden and the family as together they determined services to support both Aiden and Gwen. Gwen let Tanisha know that she was receiving WIC and SNAP benefits to support herself and Aiden’s nutrition,</p>	<p>What is the literacy level of the team reports and communication? Does it match the reading abilities of the mother who is a high schooler?</p> <p>Consider the terms: cognitive, communication and fine motor delays. Are these terms familiar to all members of the team-why or why not? How might jargon support or challenge a level of shared understanding? What other language could be substituted? Discuss your suggested alternative language in a small group and refine as needed. Compare your recommended alternative language with other groups. Did you choose a similar language? Is there a glossary of terms available during team meetings?</p> <p>Families need to understand their own health and that of their family so they can be involved. Refer to the resources below: <a href="#">Health Literacy: CDC</a></p> <p>How might EI and ECE providers communicate and collaborate to address “challenging” behaviors that may be typical for toddler-aged children (short attention spans, a priority on exploration and testing limits)? Is there a need to create room for developmentally appropriate expectations for toddlers who have an IFSP?</p> <p>How can a shared understanding across disciplines support the service plan and intervention? How can Aiden’s participation in learning and socialization during center time be measured and monitored? What IFSP outcomes will be developed based on this childcare program routine?</p> <p>Does the family have the essential services and supports necessary for overall health, growth, and development? What coordination and collaboration did you notice as necessary to address this in the course of his story?</p>

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<p>and that her mother took care of most of the household needs.</p> <p>Gwen shared that she has been feeling really tired since Aiden was born, and that she does not have the same connection with her friends at school that she used to. She says some days she just wants to stay in bed and never get up, but most of the time she guesses she is doing well enough. She says she is glad she has a close family, and that her mother is so present for her, even though she worries that she has let her down by having a baby so young. She says that she is also grateful for the comfort she gets from her family's church community. Tanisha and Gwen talked together about inviting a particularly supportive member of her congregation to a team meeting as a way of helping her feeling less alone as she worked to be a good student, and more supported with her concerns for Aiden's development.</p> <p>Gwen also explained that Aiden was recently evaluated by a developmental pediatrician who is a partner in the pediatric practice where Aiden receives medical services. Gwen gave Tanisha permission to contact the developmental pediatrician to invite her to the initial IFSP meeting and/or share the written report from her developmental evaluation.</p> <p><b>IFSP Meeting</b></p> <p>The assessment team reviewed assessment findings with the family to ensure they understood the results.</p> <p>The above information was discussed in the Initial IFSP meeting to assist in the development of the IFSP outcomes. Tanisha facilitated that meeting which included Gwen (mother), Ms. Ruby Beery (grandmother), Sara (ECE teacher), Marina (ECSE), Jasmyn (SLP), and Elizabeth (OT). The IFSP outcomes were developed from the priorities that Gwen identified during the family interview. Based on information gathered in the family interview, Aiden's developmental needs, and Marina's knowledge and experience, the IFSP team agreed that Marina would be the best long-term primary provider. Marina said that she would initially need the support of Jasmyn (SLP) within the next 30 days to assist her and Sara in determining strategies for facilitating Aiden's communication especially during circle time at ECE. Marina also asked Elizabeth (OT) to share ongoing co-visits with her, Sara, and Gwen to support development of</p>	<p>What did the team hear from the caregiver about her well-being? Was there anything that concerned you? What actions or supports might you consider for a parent that you suspect is living with depression or other mental health challenges? Is it common for parents of young children with delays or disabilities to experience depression? How might this impact the team's ability to provide meaningful and effective services? Are depression screenings a part of your state's EI practice? What referral options are available in your area? <a href="#">Maternal Depression Impacts Early Development</a></p> <p>Compare/contrast various terminology such as disciplinary, cross-disciplinary, interdisciplinary, multidisciplinary, and transdisciplinary. Which of these terms best describe the way you currently collaborate with other disciplines? What barriers does the group identify that might prevent a higher level of collaborative practice?</p> <p>Is there coordination between the medical and educational plan?</p> <p>Consider the fact that both Gwen and Aiden's teachers want Aiden to stop pushing other children in center time. What kind of outcome might an SLP want to see? An OT? An ECSE educator? Are these all completely different or is there overlap? How might Aiden's challenges in center time be grounded in multiple domains? What implications does this have for best practice? How might a high level of communication scaffold this process?</p>

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<p>strategies and for engagement during morning and evening routines and suggestions for Aiden to stay calm during busy or messy times at home or at school. Gwen (mother) gave Marina permission to share the IFSP with Aiden’s developmental pediatrician and her mentor from the church group.</p> <p><b>Aiden’s cross-disciplinary early childhood team – Part C and transition to Part B services</b></p> <p>The cross-disciplinary early childhood team met on a weekly basis. Intake, evaluation, assessment, IFSP process, intervention, and progress monitoring were discussed. Each child’s progress was reviewed at least quarterly, but more often if the primary provider needed support from other team members or upon the request of the parent. Although many of the team members were employed by different agencies, interagency agreements ensured their participation in team meetings and the ongoing sharing of information.</p> <p>During the team meeting after Aiden’s IFSP, the team members clarified their roles. To ensure that Gwen and Miss Sara, as equal members of the team, were able to attend team meetings, the team received permission from the high school principal to hold team meetings at the high school. Marina, the PSP, facilitated the team meetings.</p> <p>Aiden and Gwen received services from the team for another year at the ECE program. The team began the transition process prior to Aiden’s third birthday. During the initial transition meeting, the team learned that Aiden’s family wanted him to participate in the preschool classroom at their neighborhood school as he would age out of the ECE program at the high school. Therefore, the transition outcomes included observation of the preschool classroom; a discussion with the preschool teacher; and review of the curriculum, behavioral expectations, and physical layout of the room. The information obtained from this visit was shared by Marina and Gwen with the new cross-disciplinary early childhood – Part B 619 team members and used to recommend accommodations and modifications to increase the likelihood that Aiden successfully participate in classroom activities. The IEP was developed to include an ongoing schedule of observation, collaboration, and consultation with the ECE in Aiden’s preschool. The ECE would serve as the primary provider for Aiden and the ECSE from the Part B 619</p>	<p>Gwen states that this was a challenging time for Aiden. What events/behaviors underline the teams’ understanding about this statement? What IFSP outcomes will be developed based on what is challenging for Aiden within his childcare program routine?</p> <p>What are the family goals? How does the family promote this?</p> <p>Consider how holding the meetings at the high school reduced travel burdens and increased meeting accessibility for the educator and parent. Prioritizing the caregiver logistical needs is an indicator within family-entered practice, one of the cross-disciplinary early childhood competency areas.</p> <p>For the child to continue being successful in school what type of school home/family communication should be developed?</p> <p>Are classrooms challenging? Do the challenges impact the child’s learning opportunities? What is the role of the team to address the challenges?</p> <p>Develop some within-reach measurable IFSP outcomes that the team could use to increase Aiden’s learning, growth, and participation.</p> <p>What specific strategies or activities could the team implement to facilitate accomplishment of the outcomes?</p> <p>How might the team engage the preschool teachers to collaborate with Aiden’s providers to imbed support into the classroom activities so that Aiden can participate joyfully with the other children? Across disciplines, discuss barriers to full inclusion when a child demonstrates behaviors that disrupt classroom routines. Have you ever encountered the problem of teachers wanting providers to always pull the child out of the room for therapy? How have you advocated for best-practice intervention in the child’s natural settings and everyday routines? See below for a link to a resource list that supports inclusive interaction practices.</p> <p><a href="#">Integrating Therapy into Preschool Classroom Routines</a></p>

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<p>serving as a primary consultant to the ECE. As necessary other team members will set up meetings to consult with the ECE teacher on how to use assistive technology with Aiden (e.g., the low-tech communication picture board, an adaptive chair, and pencil grips and extensions) and strategies for engaging in art and messy play as well as support on the playground to learn to ride a tricycle.</p>	<p>How are the family’s concerns addressed in the team goals and interventions?</p> <p>Consider the family strengths to meet the outcomes.</p>

**Additional Discussion Questions:**

1. Identify two activities that the team did that you would consider positive and helpful?
2. What other activities or behaviors could be used to improve the process?
3. Identify barriers to implementing a team process as described in this story? What would need to be arranged to overcome or bypass these barriers?
4. In what ways did the team emulate collaboration and coordination?
5. In what ways could the team have better implemented the principles of collaboration and coordination?

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