



## Script for Explaining an Evidence- Based Early Intervention Model

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This *BriefCASE* provides talking points and a script for how to explain an evidence-based model for providing early intervention services.

## Introduction

The Individuals with Disabilities Education Act (IDEA), Part C regulations guide how early intervention services for infants and toddlers with disabilities and their families are to be provided. The IDEA also requires the use of evidence-based practices (U.S. Department of Education, 2007) that happen in real-life settings (i.e., natural environments), that families have access to a team of individuals representing multiple disciplines, and that early intervention practitioners work alongside parents to help them and other important people in the child's life support child learning and development within and across all daily life activities.

This *BriefCASE* provides talking points and a script for how to explain an evidence-based model for providing early intervention services. The model described in this document has three interdependent components (1) natural learning environment practices; (2) coaching as an interaction style; and (3) a primary coach approach to teaming. This three-component model meets the requirements of Part C of the IDEA and uses family-centered helping practices as the foundation for the supports. While it is possible to use natural learning environment practices, a coaching interaction style, and a primary coach approach to teaming separately, the blending of all three components maximizes effectiveness and efficiency while also ensuring accountability for high quality supports and services.

Natural learning environment practices include use of everyday activity settings, child interests, and parent/adult responsiveness to the child. Everyday activity settings are used as the sources of early learning because they provide frequent opportunities for child use of existing abilities and development of new skills. Child interests are used because children are more likely to focus on a person or activity longer if they are motivated and engaged, which in turn, provides more practice and learning opportunities. Parent responsiveness involves ensuring that parents know and understand what they do that supports their child's learning within and across activity settings.

Coaching is an evidence-based adult learning strategy used for interacting with parents and other care providers to recognize what they are already doing that works to support child learning and development as well as building upon existing or new ideas. Rather than telling the other person what he or she needs to do or doing something only to/with the child, individuals using coaching start with what the other person knows and is doing in order to develop and implement a joint plan that meets the needs and priorities of the person being supported through coaching. Coaching involves asking questions; jointly thinking about what works, does not work, and why; trying ideas with the child; modeling with the child for the parent; sharing information; and jointly planning next steps. A coaching

interaction style is as “hands-on” as necessary, and also ensures that what the practitioner is doing and discussing with the parent is meaningful and functional within the context of everyday life and builds parent capacity to support child learning and development during all of the times when the practitioner is not present.

A primary coach approach to teaming ensures that parents receive consistent, unduplicated, timely, evidence-based, individualized, and comprehensive information and support. A primary coach approach to teaming also ensures that every family has access to a full team of practitioners that minimally includes an early childhood educator or special educator, occupational therapist, physical therapist, speech-language pathologist, and a designee responsible for service coordination. The primary coach is the team

liaison who supports the parent in promoting the child’s participation in everyday life routines and activities, which for all children naturally serves to foster skill acquisition across multiple developmental domains. As a primary coach needs the expertise of another team member, then that team member and the primary coach participate in a joint visit. Team communication and support occur through regular team meetings in which all team members participate.

This *BriefCASE* includes both talking points and a more detailed script with multiple options for how to explain an evidence-based model of early intervention to families. The script and talking points may also be used by program managers and early intervention coordinators for purposes of child find, public awareness, and recruitment of professionals.

## Script

### Introduction of Practitioner and Organization

#### Talking Points

##### Who we are...

##### As a practitioner:

- Your professional role
- Your qualifications and years of experience
- You are the primary contact (coach)

##### As an organization:

- Expertise supporting children with
  - o developmental disabilities
  - o identified delays
- Professionals with degrees in
  - o occupational therapy
  - o physical therapy
  - o speech-language pathology
  - o psychology
  - o early childhood education
  - o special education
  - o social work
  - o nursing
- Practice based on the best research available

A sample way to phrase this information:

*Hi, my name is \_\_\_\_\_. Thanks for choosing (Insert name of your Early Intervention Program), for your family. I’m glad you allowed me to meet with you today to explain our program. I wanted to let you know that I am a \_\_\_\_\_ and I have a degree in \_\_\_\_\_. I have been working with (Insert name of your Early Intervention Program) for \_\_\_ years (or substitute with I have \_\_\_ years of experience working with children and families) I have worked with more than \_\_\_ families in my years in the early intervention program. I have a lot of experience and information about child learning and development, so please feel free to ask me questions about anything that is on your mind. If I can’t help you right away, I will get the information or support you need from one of my colleagues. I will be your primary contact but I work with a team of specialists who have a variety of backgrounds and qualifications such as special education, early childhood education, occupational therapy, physical therapy, speech-language pathology. I also work with social workers, psychologists, and nurses, so if at anytime we need to talk with them or get information from them or use them, I can pull them in easily.*

*Research in child learning and development has helped us see the value of everyday activities that occur in your home or in your community as sources for children’s learning opportunities. Our approach supports you in finding the best opportunities for promoting your child’s growth and development. These opportunities center around your child’s interests and your family’s*

everyday activities. Research has shown that, just like adults, children are more likely to pay attention to and learn during activities that they find fun and interesting. (Insert an example relevant to family.) Because you (and other caregivers as appropriate) are an important person in your child's life, our time together will be spent identifying the things you do or want to do in order to provide your child increased opportunities to take part in activities that he/she finds interesting.

Content: When and Where We Meet

### Talking Points

#### Content of visits

- When we meet
- Where we can meet

A sample way to phrase this information:

*You and I decide together where to meet based on what we are focusing on at the time. Since we know children are learning all the time in their everyday activities, we try to meet you in those places and during those activities you identify as learning opportunities. I have met families in a variety of places based on what we want to accomplish. (Insert example specific to family's activity settings). I can come to your home, but I have the flexibility to meet with you in other settings too. I have met families at parks, McDonalds, Family Resource Centers, child care settings, schools and even where they work. Even though the places we meet may change, the methods I use to help you and other people in your child's life are the same.*

Other additional content for clarification (Select examples. Do not use all bullets.)

- Park: Sometimes we may pick a location such as a park because that is a setting you go visit and your child really likes. We would look at ways to promote his or her development in that setting.
- Child Care: If your child goes to a child care program I may rotate visits between your home and the child care center so we can all work together and share what is happening in these settings.
- At Lunch: I have even met parents on their lunch hour if we were doing some planning, paperwork, or discussions around a practice such as behavior strategies, where we agree it might be better or less distracting.

### Parent Role

#### Talking Points

##### Parent role

- Active parent participation is key
  - o Identify activities, learning opportunities, and practices we talk about
  - o Try some of the practices we talk about
  - o Decide which practices work or what needs to be done differently
- Parent reflection promotes improved child participation

A sample way to phrase this information:

*You know your child best, so you and I will be working closely together to figure out what opportunities your child has to take part in your daily activities, what he/she likes to do, and what you and other members of your family are doing and can do to help him/her take part in these activities. So when we meet, we'll be talking about what you've been doing since our last visit and how, or if, it has helped your child do the things that he/she likes and needs to do. During our visits we may try some things together to help him/her take part in playtime, mealtime, getting ready in the morning, taking a bath, or other activities that are important for him/her and your family. I can also talk with you about child development, parenting ideas, and resources in the community that could help your child's learning. Before I leave, we will always come up with a plan for what we are all going to do until the next time we get back together.*

### Practitioner Role

#### Talking Points

##### Practitioner role

- Primary person/coach supported by a team of skilled professionals
- Focus of intervention
  - o Identify activities, learning opportunities, and practices with the parent
  - o Try some of the practices we talk about
  - o Find out which practices work and what we might need to think about doing differently

A sample way to phrase this information:

*Even though I will be the person from (Insert name of your Early Intervention Program) that you will probably see most often, I am a member of a much larger team of highly experienced and skilled professionals. They support me as I work with you. If you and I have a question we can't answer or need some specific help, then you and I can ask for help from the team. When we ask for support, I can go back and talk with all of the team members during our weekly team meeting or I may talk with one or two of them and share what you and I have tried or talked about and get some ideas, or another person from the team may come with me to visit you.*

*You may be wondering or others may ask you why we just have one person from (Insert name of your Early Intervention Program) who comes to see you on a regular basis. The reason is because the latest research tells us, and families report, that it is more beneficial to have just one person supported by a team of people than it is to have a number of people working directly with you and your child. When a lot of people ask you to do something else or something different, that's time taken away from the things that you and your child enjoy doing or need to do together, or worse, it may mess up your routine and activities.*

Another way to explain this component:

*At (Insert name of your Early Intervention Program) we understand the value of participating in activities that your child and family find fun and meaningful, therefore we want to reduce the number of people coming into your home by having only one person, me, be a primary contact person. This notion of a primary person is based on research that points out how conflicting ideas brought in by multiple people can be confusing and not helpful to families.*

*Although I will be the one you have contact with at (Insert name of your Early Intervention Program) we have a team of professionals that supports me. They will work with me when we have questions that I take back to the team and when necessary they will work with both of us to identify the information that we need to continue to support your child. Our (the team's) focus will always be to support you in obtaining the information or the skills you need to support your child. We want to support all the things you are doing well and we want to provide information in a way that matches how you want information. Together we will develop goals and actions plans to meet those goals. Sometimes I or someone else on the team will provide the needed information, and other times we will look at different resources that are*

*available in your family or in the community.*

### How We Compare

#### Talking Points

##### How we compare

- Interest/asset based early childhood intervention and therapy versus other approaches
- Child-initiated versus adult-directed
- Active parent participation/parent capacity building

A sample way to phrase this information:

*I described several important differences between the kind of therapy or intervention you receive at (Insert name of your Early Intervention Program) and what you might get from other professionals. First, our intervention uses ordinary life situations (dressing eating meals, brushing teeth, riding in the car, eating at a restaurant, etc.) and the opportunities for children to learn within those situations as the best ways for children to learn. Other approaches teach skills or behaviors in isolation or separate from how children will use them in real life. For a child to practice going down stairs on her way to play outside is much more meaningful than for a child to go up or down steps in a therapy room or even in your home when it is not part of a real life situation for the child.*

*A second important difference is that (Insert name of your Early Intervention Program) interventions use not only ordinary life situations, but also those that children prefer and that keep their interest for longer periods of time. The longer the child stays involved in an activity the more the child has an opportunity to learn more complex behaviors. In other types of therapy and intervention, the therapist decides which activity the child should do and spends a lot of time and energy trying to get the child to do those things. The result is that the child is often bored and frustrated with the activity, which limits learning opportunities.*

*A third important difference between the (Insert name of your Early Intervention Program) approach and others is the role parents play in their children's learning. With the (Insert name of your Early Intervention Program) approach, parents are provided guidance and support on how to use everyday activities to promote*

*learning so that your child is receiving learning opportunities anytime you interact with him/her. The (Insert name of your Early Intervention Program) staff do not have to be present for your child to be learning and developing. In other approaches, the therapy happens only to the child with or without the parent involved. The child gets far less intervention with little impact on his/her development. What questions do you have for me about our program or our approach?*

*Some families like to call or email when questions come up. Between visits you can reach me at \_\_\_\_\_ or my email \_\_\_\_\_ as listed on this business card (Hand family your business card). All of us at (Insert name of your Early Intervention Program) travel every day for appointments, so you may need to leave a message. I will get back with you as soon as possible. Let's go ahead and schedule our next visit.*

ties: Proposed rule, 34 CFR Part 303. Washington, DC: Author.

## AUTHORS

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## REFERENCE

U.S. Department of Education. (2007). Early intervention program for infants and toddlers with disabili-

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## Take A Closer Look:

Read or download the CASEinPoints on natural learning environment practices, the operational definition of coaching and characteristics of coaching practices, and a primary coach approach to teaming at [www.fippcase.org](http://www.fippcase.org): Dunst, C.J. (2006). Parent-mediated everyday child learning: I. Foundations and operationalization. *CASEinPoint*, 2(2), 1-10. Dunst, C.J. & Swanson, J. (2006). Parent-mediated everyday child learning: II. Methods & Procedures. *CASEinPoint*, 2(11), 1-19. Rush, D. & Shelden, M. (2005). Evidence-based definition of coaching practices. *CASEinPoint*, 1(6), 1-6. Shelden, M. & Rush, D. Characteristics of a primary coach approach to teaming in early childhood programs. *CASEinPoint*, 3(1), 1-8.