

WV BIRTH TO THREE



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

Mission

WV Birth to Three partners with families and caregivers to build upon their strengths by offering coordination, supports, and resources to enhance children's learning and development.

The Seven Key Principles: Looks Like/Doesn't Look Like are based upon current research on effective practices. They are meant to serve as guidance to the field on the foundations necessary to support the early intervention system of family centered services and supports. Each principle has descriptive statements illustrating what the principle should "look like" and "should not look like" in practice. Practitioners may use this document to reflect upon their current practices, to identify training needs, or to request a mentor or coach.

Adapted from the Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings (2008, March). *Seven key principles: Looks like/doesn't look like*. Retrieved from https://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf.

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

1. Infants and toddlers learn best within trusting relationships and through every day experiences.	
Key Concepts	<ul style="list-style-type: none"> ➤ 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 that the child and family likes to do which builds 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 responsive and individualized supports and resources, can enhance their children's learning and development.

Key Concepts	<ul style="list-style-type: none"> ➤ 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 early intervention practitioners ➤ 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 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 practitioners and service coordinators is to partner with and coach family members and caregivers in meeting children's needs.		
Key Concepts	<ul style="list-style-type: none"> ➤ Practitioners 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 practitioners ➤ Mutual trust, respect, honesty and open communication characterize the family-practitioner 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 practitioner'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 practitioner 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 practitioner's 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 practitioners 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 reflects the preferences, learning styles and cultural beliefs and changing needs of the family		
Key Concepts	<ul style="list-style-type: none"> ➤ 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 practitioners (even if from a seemingly similar culture); practitioners should seek to understand, not judge ➤ Family "ways" are more important than practitioner's comfort and beliefs (short of abuse and 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 professionally driven childrearing values, beliefs, and practices; seeking to understand, rather than judge families with differing values and practices		Acting solely on one's personally held 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, receiving early intervention services is and should be the major focus of a family's life

5. The needs and priorities of children and families are the basis for functional and measurable Individualized Family Service Plan (IFSP) Outcomes.

Key Concepts	<ul style="list-style-type: none">➤ 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 and family lie➤ 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 practitioners' 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 enjoyment		Having outcomes that focus on deficits and problems to be fixed	
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. Teams communicate and collaborate effectively to meet the changing needs of the child and family.

Key Concepts	<ul style="list-style-type: none"> ➤ The team can include friends, relatives, and community support people, as well as specialized service practitioners ➤ Good teaming practices are used ➤ Once consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life ➤ The team only 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 plan and practice in all their normally occurring activities	Giving the family the message that the more service practitioners 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 when to ask for additional support and consultation from team members	Providing all the services and supports through only one practitioner who operates in isolation from other team members
Having a team lead, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes	Having separate practitioner 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 practitioners 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 and on-going services; all team members understand each other's on-going roles.	Having a disjointed IFSP process, with little team communication and sharing of information
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. Approaches to support children and families are founded on evidence-based practices, best available research and relevant laws and regulations.		
Key Concepts	<ul style="list-style-type: none"> ➤ Practices must be based on and consistent with explicit principles ➤ Practitioners 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
Refining practices based on introspection to continually clarify principles and values		Refining practices based on introspection to continually clarify principles and values