

# The Decision Tree

## Child Indicator Seeds for Success



### July is Social Wellness Month

As early interventionists, we are often too busy to take care of our own well being. There are so many different aspects to health. We hear daily about eating right and exercising, but health also involves our social connections and interactions. This is the month to nurture your relationships!



Research shows that:

- People who have a strong social network tend to live longer.
- The heart and blood pressure of people with healthy relationships respond better to stress.
- Strong social networks are associated with a healthier endocrine system and healthier cardiovascular functioning.
- Healthy social networks enhance the immune system's ability to fight off infectious diseases.

So build your social networks, both personally and professionally, not only this month, but every month, and stay healthy!

### Need strategies for building successful teams?

#### Try the DEC Recommended Practices for Teaming and Collaboration!

DEC defines teaming and collaboration practices as those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve desired child and family outcomes and goals.



- TC1.** Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.
- TC2.** Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
- TC3.** Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.
- TC4.** Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.
- TC5.** Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

### Looking to expand your professional network?

Join the [Early Intervention Strategies for Success Blog](#) for exciting discussions about implementing early intervention supports and strategies! Learn tips and strategies you can use when working with families of infants and toddlers with special needs within the context of their everyday routines. This blog offers you a place to share your insights and learn from others. Articles feature tips and strategies for using best practices, follow-up from professional development activities, and other topics relevant to early interventionists in Virginia.



Check out this recent blog: [You are Not an Island...though It can Feel that Way](#)

## Test Your Inter-rater Reliability



**Our state's focus on child indicator ratings has led many to wonder, "Are we all rating children similarly?"**

As part of our efforts to improve results for children, we will be focusing each month on increasing our statewide inter-rater reliability. We will be using examples of narratives from around the state that ideally will include observations of functional behaviors, parent/caregiver input, results from assessment tools and informed clinical opinion. Below is an example of a narrative from a recent Assessment for Service Planning. Using the limited information provided in the narrative and the process outlined in the child Indicator Booklet talk thru the scenario with your colleagues to determine a rating. The ratings given by the assessment team can be found at the end.

**Disclaimer: This activity is for learning purposes only and is not intended to be an endorsement of any particular narrative. It is intended to help you reflect on the questions that follow.**

### Questions to Consider:

1. Was there enough information provided to determine a rating? What additional information did you need?
2. Was there input into the narrative from all members of the assessment team including the family?
3. Was the child's functioning across settings in each indicator clear?
4. Were functional skills listed under the correct indicator?
5. How close were your ratings compared to the ratings given by the assessment team? One or two off, in the same color family or way off? Did you agree with the ratings given by the team? Why or Why not?

**Jacob's Age:** 29 months      **Adjusted Age:** NA

**Background:** Jacob has been receiving services for the last two years from the Infant & Toddler Connection of Virginia. Jacob was diagnosed with Spinal Muscular Atrophy Type 1 when he was 7 months old. He currently has a tracheostomy, ventilator and g-tube. The team is meeting with Jacob's family for his annual review. His team of service providers include a Service Coordinator, an Occupational Therapist, a Speech Therapist and a Developmental Services provider.



**Daily Activities and Routines:** Jacob lives with his mother, father and Joshua, his 4 year old brother. Jacob enjoys spending time with his family, so much so, mother reports having difficulty getting Jacob to go to sleep. She reports he does not like to go to bed because he is too interested in what his family members are doing. Jacob typically falls asleep around 11:00pm. He sleeps until 11:00 or 11:30 each morning. His brother, Joshua attends preschool each morning. Jacob gets very excited when he sees Joshua's bus pull up around lunch time. Joshua and Jacob have lunch together. Mother puts Jacob

his chair and pulls it up to the small child sized table so he can have his g-tube feeding with Joshua. After lunch, Jacob spends time in his stander or in his chair. He enjoys watching Joshua act silly, looking at books, playing with his adaptive toys, looking at flashcards, colors, listening to songs, videos or watching cartoons. In the afternoon, mother takes Joshua and Jacob for a walk. Mother reports it is getting more difficult to fit Jacob and his equipment in their stroller. Jacob enjoys when his father comes home from work and they play rough house. Jacob's family eats dinner together every evening at the kitchen table. Jacob joins them by sitting in his chair on the floor and gets his g-tube. Mother reports she would like Jacob to be at the table with them instead of on the floor. Jacob enjoys bath time with his brother. Mother positions Jacob in a laundry basket in the tub so he and Joshua can play in the tub.



**Developmental Levels: Cognitive-** scattered to 18 months **Gross Motor-** newborn – 2 months

**Receptive Language-** 4 months scattered to 9 **Expressive Language-** solid 9 months scattered to 15

**Adaptive/Self Help-** newborn **Fine Motor-** scattered to 16 months with assistance at elbow

**Social/Emotional-** solid 6 months scattered to 16

### **Social/Emotional Skills including Positive Social Relationships:**

Jacob is very alert and watches his family as they move around the room. He engages the people around him by using his facial expressions. When he tries to scrunch up his face, his brother laughs which makes Jacob laugh in return. He smiles, frowns and uses his eyebrows to interact with his family and therapists. Mother stated when Jacob is excited his eyes get big and he opens his mouth. Mother reports Jacob sometimes makes the sounds “mm” and “ahh” to get a family members attention. Jacob will respond to a familiar voice by looking towards the person. Mother states Jacob gets really excited when his brother or father come home or when he sees other children. He watches them and tries to interact with them. Jacob will wave “hi” and “bye” when given assistance at his elbow. Mother reports Jacob cries sometimes when he meets strangers.

Children at this age participate in symbolic play, offer other children or adults toys and initiate play activities with others.

### **Child’s Development in Relation to Other Children the Same Age:**

#### **Acquiring and Using Knowledge and Skills, including early language/communication:**

Jacob attempts to imitate actions that are physically demonstrated to him such as flipping pages of a book and lining up a shape for a shape sorter when given assistance at his lower arm and elbow. Jacob enjoys when his brother helps him push cars. Jacob tries to imitate the car sounds Joshua makes. Mother reports Jacob imitates faces others make like surprise, angry and happy. Therapists states Jacob will imitate lip sounds like blowing raspberries and coughing. Mother reports Jacob laughs when his father rough houses with him and blows raspberries on his belly. Jacob communicates his wants and needs by eye gaze, facial expressions and some gestures. Jacob responds to yes or no by shaking his head when he is sitting supported or using his eyebrows when lying down. He also frowns or smiles to let others know what he does or does not want. Jacob enjoys music and watching his brother dance. He joins in by shaking his head back and forth. When his brother says “do it again” Jacob repeats his dance. Mother reports Jacob responds to other simple directions like “look towards something” “point to something” or “close your eyes”. Mother reported when asked how old he is Jacob will hold up two fingers



Children at this age have a vocabulary of 100+ words and are starting to use simple sentences to request wants and needs. They will begin to have conversations with peers using short phrases and can look at pictures or objects and tell what they are used for.

### **Child’s Development in Relation to Other Children the Same Age:**

#### **Use of Appropriate Behaviors to Meet Needs:**

Jacob receives all food and liquids by G-tube. He has a trach and vent which requires suctioning. Jacob has limited movement of his hands and relies on his family members to meet his wants and needs. He lets others know what he wants or needs by using eye gaze, facial expressions and some gestures. He will move his legs and toes some on command. Mother reports this is how he lets her know he wants to go outside for a walk. In the evening, at bath time, mother asks Jacob if he wants to go swimming in the bath tub with Joshua. He responds by moving his legs and arms in sequence as if he was swimming. With assistance at his elbow, Jacob can participate in some play activities like turning pages of a book, putting objects in and out of a container and push/pull activities. After dinner, Jacob sits between his father’s legs on the floor and with assistance at the elbow he rolls a ball or truck back and forth to his brother. Jacob will make a choice between playing with the ball or truck by using eye gaze.

Children Jacob’s age can build tall towers and are using a mature grasp to hold crayons. They are beginning to use a fork, brush their hair, brush their teeth and put on some clothing independently. They can ask for what they want using two to three word sentences.

## Child's Development in Relation to Other Children the Same Age:

### Assessment Team Ratings:

**Social/Emotional Skills including Positive Social Relationships:** Rating 1- Jacob has the very early skills in this area. This means Jacob has the skills we would expect of a much younger child.

**Acquiring and Using Knowledge and Skills, including early language/communication:** Rating 1- Jacob has the very early skills in this area. This means Jacob has the skills we would expect of a much younger child.

**Use of Appropriate Behaviors to Meet Needs** Rating 1- Jacob has the very early skills in this area. This means Jacob has the skills we would expect of a much younger child.



Determining the indicator ratings requires teams to synthesize an enormous amount of information about a child's functioning from multiple sources and across different settings to identify an overall sense of the child's functioning at a given point in time in three indicator areas.



Jacob and his family have a team of providers listed on the IFSP each making 1 time weekly visits for 45 minutes. All providers are committed to helping Jacob and his family and are present at the annual review. Each individual team member including the family must consider and share their ongoing assessment information and observations of Jacob across different settings and activities. This information is used to complete the ASP, Child Indicator Ratings, develop outcomes and determine the most appropriate service(s) to meet the outcomes.

Jacob's ASP and Child Indicator Ratings were difficult to develop and share with the family. Having honest conversations like this are hard. **Reflecting on the DEC Recommended Practices for Teaming and Collaboration, how would you recommend Jacob's team approach the annual review knowing that the information will be difficult for the team to share and for the family to hear.**

The following is a resource from the EIPD's Early Intervention Strategies for Success Blog to consider when preparing for honest and meaningful Assessments for Service Planning:

[Writing an Honest, Balanced and Meaningful IFSP Narrative](#)

Jacob's family has identified specific times of the day or activities that are either difficult or could be more meaningful to Jacob and his family. Each of his providers has worked hard to develop a relationship with the family and feels their unique knowledge and skills are necessary.

Consider the following DEC Recommended Practices for Teaming and Collaboration:

Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

**How does your team determine who is the most appropriate service provider to meet the outcomes identified by the family?**

Role release can be a struggle for even the most confident of early interventionists. Here is a resource from the EIPD's Early Intervention Strategies for Success Blog to consider when determining the most appropriate provider:

[Letting It Go: Role Release and Why It Can Be Hard](#)