

Improving Early Intervention Services in Nebraska Through a Results-Driven Accountability Process

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Evaluation of Training and Technical Assistance for RBI and Writing High Quality IFSP Outcomes

Study #1

Purpose of Study # 1

- Impact of the professional development and technical assistance efforts in the pilot PRT sites for the first two RDA strategies
 - Strategy 1: Routines-based interviews
 - Strategy 2: Writing high quality, functional IFSP outcomes
- Distinctions from the “business as usual” operations in the non-pilot PRT sites

Method

- Mixed method design
- Sources of data
 - Interviews– family members and EI professionals ($n = 80$)
 - De-identified IFSPs ($n = 30$)

Quantitative Results

De-identified IFSPs from Two Groups

- ❖ Randomly selected
- ❖ Pilot PRTs ($n = 19$)
- ❖ Non-pilot PRTs ($n = 11$)

Evaluated with the IFSP Outcome
Quality Checklist (Bainter & Hankey, 2015)

Statistically Speaking...

- Systematic training and support for use of Strategies 1 and 2 resulted in:
 - More **child** outcomes written
 - More **family** outcomes written
 - Higher scores, on average, for three of eight IFSP quality indicators
 - Emphasizes child **participation in a routine**
 - Includes **observable** behavior
 - Has a **criteria for completion** that is reasonable and linked to the outcome

Why it Matters...

- Effect size: an objective measure of the magnitude of the statistical finding
- The effect sizes for our findings about the increased number of child/family outcomes, and increased quality for three indicators ranged from .81 to 1.37
- Large and meaningful changes

Qualitative Results

Pilot PRTs Interview Participants

- ❖ 22 parents from 19 families
 - ❖ (M age= 31 years)
- ❖ These parents had 21 children
 - ❖ (M age= 29 months)
- ❖ 31 professionals
 - ❖ (M age= 45 years)
 - ❖ Service coordinators
 - ❖ Early intervention service providers
 - ❖ Supervisors



Qualitative approaches such as interviewing participants provides a rich description of the topic of interest:

IFSP development process and
Early Intervention services in the pilot PRTs

Theme 1: What is gained from RBIs

“Interview,” “in-depth questions,” lengthy conversation,” and “thorough look at our day.” (Parents)

“[Families are] really just telling their story and I feel like we’re basically just documenting it.” (Service Provider)

Theme 2: Fundamental shift toward functional outcomes

Parents articulated measuring success on IFSP outcomes using terms such as “number of steps walked,” “number of feedings taken from the feeding tube reduced,” “saying 50 words.” (Parents)

“We have a lot more variety of cultures and backgrounds in our district than we used to...some of [the parents] lean [toward] different priorities.” (Service Provider)

Theme 3: What happens in a home visit

“Those [home visits] are the best when they do get actively engaged. I mean, that’s what I’m striving for. It doesn’t always happen, though, I’m going to be honest.” (Service Provider)

“They ask me every week is he doing more of this, is he doing more of that. We check [his] goals.” (Parent)

Service providers should use “activity-based interventions, with bursts of service to provide more feedback [on a particular skill] in the moment.” (Supervisor)

Theme 4: High EI workforce and consumer satisfaction

“Everyone is on the same page,”
“supportive,” “responsive to other team members,” tight-knit.” (Service Providers)

“I think we have a team that gels really well. Their philosophies are similar, that helps.”
(Supervisor)

“The team now we’ve had come in here has just been off the charts.” (Parent)

More Qualitative Results

Non-Pilot PRTs Interview Participants

- ❖ 8 parents from 8 families
 - ❖ (M age= 33 years)
- ❖ These parents had 9 children
 - ❖ (M age= 20 months)
- ❖ 19 professionals
 - ❖ (M age= 50 years)
 - ❖ Service coordinators
 - ❖ Early intervention service providers
 - ❖ Supervisors



Description of the
“business as usual” practices for
IFSP development process and
Early Intervention services
in the non-pilot PRTs

Theme 1: Evaluation and assessment practices

“Through the RBI...the family is a major contributor to the IFSP now. I have to be honest with you, prior to, it was a lot of the service providers and service coordinators determining the goals for the child.”
(Supervisor)

“We rely on [parents] heavily, because they know their child. We’re strangers and ...sometimes little ones aren’t the most cooperative with ...people they don’t know.” (Service Provider)

Theme 2: Development of IFSP outcomes

Parents articulated measuring success on IFSP outcomes using terms such as “walking,” “crawling,” “drinking on her own,” “climbing stairs.” (Parents)

“We’ve learned that we do need to put things in parent terms, rather than my ‘speechy’ terms...[We are] really counting on the family giving the words that they used in the RBI process.” (Service Provider)

Theme 3: What happens in a home visit

“They also make...me get down on the floor and work with them. So they actually show me how to help her.” (Parent)

“They brought things in, they always do.” (Parent)

“When I’ll go to a visit, they’ll say, ‘Oh, we just thought of this...we could try this at this time.’” (Service Provider)

Theme 4: High EI workforce and consumer satisfaction

“Common vision,” “honest,” “cohesive,” “respectful and collegial,” and “collaborative.” (Service Providers)

“I’m just satisfied...it blows us away what she’s accomplishing right now.” (Parent)

“I wouldn't change it for anything...If it wasn't for their program, I think I would be a very frustrated mother.” (Parent)

Mixed Methods-- A synthesis

1. Systematic PD/TA in the use of RBI for assessment and in functional IFSP outcome writing yielded more child and family outcomes, higher quality outcomes in pilot sites compared to non-pilot sites
2. Across both groups of PRTs, use of RBI was reportedly linked to improved family engagement in home visits

Mixed Methods-- A synthesis

3. EI service delivery practices more similar than different across the two groups

4. Implementation of RBI for child/family assessment and development of higher quality IFSPs are not sufficient in and of themselves to ensure use of routines-based interventions during home visits

Conclusions

- Proceed with plans for dissemination of Strategies 1 and 2 across the state
- Enhance transparency and inclusion of families as partners in IFSP team decisions (e.g., PSP? Length/frequency of home visits?)
- Professional development needed for planning and practice of strategies during home visits within family routines
- Professional development needed to increase frequent and on-going progress monitoring of achievement of IFSP outcomes

Now Available

A full written report and executive summary for Study #1 may be found here:

<http://edn.ne.gov/cms/results-driven-accountability>

Reflecting on Study #1 Results



Where do we go from here?



Embedding Strategies within Daily Routines

What does the research tell us?

- We can learn to actively coach the caregivers and incorporate strategies into routines (Marturana & Woods, 2012; Salisbury et al., 2018).
- Sometimes we need more support than PD and email feedback to incorporate daily routines (Krick Oborn & Johnson, 2015).
- Parents reported increase in use of strategies within daily routines and they believe the approach is meaningful (Salisbury et al., 2018).

Measuring and Documenting Progress

What does this research tell us?

- There is very little on this topic in early intervention.
- Researchers have reported on the use of continuous progress monitoring in one study (family-identified strategies, session notes) but do not provide data on parent and/or provider use (Salisbury, Woods, and Copeland, 2012).

Communication between visits

What does this research tell us?

- There is very little on this topic in early intervention.
- Some studies report use of action plan or note left with the caregiver.
- Providers underreported their use of coaching strategies on the contact notes.

(Salisbury, Woods, and Copeland, 2012)

Communication between visits, cont.

What does this research tell us?

- In other fields (e.g., health care) communication practices have been examined and report that parent-provider communication is associated with positive child/parent outcomes and improved adherence (Nobile & Drotar, 2003).

Evaluation of Quality Home Visitation in Nebraska

Study #2

Life is a Highway...





New Research Questions

When **Early Intervention providers** and **Services Coordinators** use the Getting Ready framework with fidelity during home visits what is happening with regard to...

New Research Questions

- establishing a home visit agenda
- identifying and practicing strategies within family routines/activities during home visits
- developing a home visit plan
- parent use of strategy steps in between home visit
- parent-provider communication
- parent-provider collaborations to monitor child and family progress on IFSP outcomes

Method

- Qualitative design
- Sources of data
 - Interviews– family members, EI providers, and services coordinators from fully trained PRTs ($n = 52$)
 - De-identified Home Visit Plans ($n = 22$)

Initial Impressions: Daily Routines

- Providers shared how they focused on strategies that were embedded within routines.
- Providers shared specific examples of routines and strategies.
- Providers reported that when families get overwhelmed, they have the parent focus on 1-2 times per day where they can embed the strategy.

Initial Impressions: Communication

- SCs/providers reported they communicated with some (but not all) families in-between home visits.
- Most frequently reported communicating using personal cell phone via text message.
- Reported receiving/responding to text messages after work hours (and late at night).
- Families were satisfied with communication in-between visits with current SCs/providers

Initial Impressions: Progress Monitoring

- Informally monitoring progress. Some reported using a sheet that lists the goals as a method of tracking progress.
- Identifying if progress had been made through caregiver report/conversation during each home visit (minimum every 6-months for IFSP update).
- Reported challenges with having caregiver collect data, adding an additional expectation for the family. Data collection would increase their workload.

Stay tuned...





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