Got Evidence?
Where to Find and How to Use It to Make Sound Decisions About Evidence-Based Practices

NCSI National Webinar | March 1, 2019
Presenters

• Taletha Derrington
  – American Institutes for Research
• Monica Mathur-Kalluri
  – WestEd
• Angela McGuire
  – WestEd
• Virginia Buysse
  • American Institutes for Research
Learning Objectives

• Apply the Three Circles of Evidence-Based Decision-Making to address an example question
  – NCSI’s Best Available Research Evidence (BARE) tool
  – Collective family and professional websites

• Discuss ways to appraise evidence using the FAIR test and collaboratively select evidence-based practices
NCSI Resources

Got Evidence? Some Questions and Answers About Evidence-Based Practices in Early Childhood

Three Circles of Evidence-Based Decision-Making in Early Childhood

Best Available Research Evidence
Steps of Evidence-Based Decision-Making—A REVIEW

1. Define your question.
2. Consider the evidence from all three circles.
3. Appraise the evidence you gathered.
4. Make an evidence-based decision.

https://ncsi-library.wested.org/resources/224
STEP 1: Define Your Question—
A REVIEW

- The children and families that you are working with
- The type of intervention you are looking for
- The outcome that you hope to achieve
STEP 1: Define Your Question—
Example from Webinar 1

For children birth to 3 years old and their families, what models of home visiting are effective for promoting children’s developmental outcomes?
Preview of Step 3

- FAIR Test to Guide Step 2
  - Feasibility
  - Acceptability
  - Impact
  - Relevance
STEP 2: Consider the Evidence From Research—LET’S DIG IN!

Best Available Research Evidence (BARE) in Early Childhood

– https://ncsi-library.wested.org/resources/227
<table>
<thead>
<tr>
<th>Source</th>
<th>Primary Focus</th>
<th>Research Synthesis Summary</th>
<th>Intervention Summary</th>
<th>Effectiveness</th>
<th>Age 0-2y</th>
<th>Age 5-8y</th>
<th>Family Intervention</th>
<th>Professional Development</th>
<th>Implementation</th>
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<th>Last Updated</th>
<th>Notes</th>
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### BARE Tool Organization

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<tr>
<th>Source</th>
<th>Primary Focus</th>
<th>Research Systems/ Domains</th>
<th>Interventions</th>
<th>Effectiveness</th>
<th>Ages</th>
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**Sites with Rigorous Review Standards for Evaluating Evidence**

**Other Aggregating Sites (limitations in rigor and/or features)**

**Interventions with Emerging Research Evidence**
# BARE Tool Features

## Primary Focus

**Specific components:**
- Searchable database
- Research synthesis/summary
- Intervention summary
- Effectiveness ratings
- Ages (0-2 years, 3-5 years)
- Family intervention
- Professional development
- Implementation
- Sponsor
STEP 2: Consider the Evidence From Research—LET’S PRACTICE!

<table>
<thead>
<tr>
<th>Source</th>
<th>Primary Focus</th>
<th>Searchable Database</th>
<th>Research Synthesis / Summary</th>
<th>Intervention Summary</th>
<th>Effectiveness Ratings</th>
<th>Ages 0-2 y</th>
<th>Ages 3-5 y</th>
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<th>Professional Development</th>
<th>Implementation</th>
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<td>✓</td>
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<td>✓</td>
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Cochrane Home Visiting Evidence of Effectiveness (HomVEE) National Registry of Evidence-based Programs
Welcome to the HomVEE Site

HomVEE reviews the evidence of effectiveness for specific home visiting models. On this page, links to models lead to a brief model description and an overview of review results. The results include evidence of model effectiveness, details of the studies reviewed, and a summary of findings by outcome domain. Rows are highlighted in green if the model meets the HHS criteria for an evidence-based model.

Please read Home Visiting Model Effects for a summary across models.
Filter the collection based on the question...
HomVEE Model Report: Unsorted Results

Model Reports
(Limit Results To: Birth-11 months, 1-2 years, 2-3 years, Child development and school readiness) (Count = 14)

<table>
<thead>
<tr>
<th>Models</th>
<th>Meets Evidence Criteria?</th>
<th>Studies rated high or moderate</th>
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<td>4</td>
<td>April 2017</td>
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<td><strong>Targets:</strong> Birth-11 months, 12-23 months, 24-35 months, 36-47 months</td>
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<tr>
<td><strong>Favorable results in high or moderate studies:</strong></td>
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<tr>
<td>Child health, Child development and school readiness, Positive parenting practices</td>
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<td>Child First</td>
<td>✓</td>
<td>1</td>
<td>July 2011</td>
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<tr>
<td><strong>Targets:</strong> Birth-11 months, 12-23 months, 24-35 months, 36-47 months, 48+ months</td>
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<td></td>
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<tr>
<td><strong>Favorable results in high or moderate studies:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Maternal health, Child development and school readiness, Reductions in child maltreatment, Linkages and referrals</td>
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<td>Child Parent Enrichment Project (CPEP)</td>
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<td><strong>Targets:</strong> Pregnant women, Birth-11 months</td>
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<td><strong>Favorable results in high or moderate studies:</strong></td>
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<td>Maternal health, Child development and school readiness</td>
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<tr>
<td>Early Head Start–Home-Based Option</td>
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<td>July 2016</td>
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HomVEE Criteria

HomVEE reviews the evidence of effectiveness for specific home visiting models. On this page, links to models lead to a brief model description and an overview of review results. The results include evidence of model effectiveness, detailed findings, and the percentage of findings by outcome domain. Rows are highlighted in green if the model meets the HHS criteria for an evidence-based model.

Please read Home Visiting Evidence of Effectiveness for more information.
HomVEE Criteria for an Evidence-Based Model

Review Process
HHS Criteria for Evidence-Based Models

To meet HHS’ criteria for an “evidence-based early childhood home visiting service delivery model,” models must meet at least one of the following criteria:

- At least one high- or moderate-quality impact study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains
- At least two high- or moderate-quality impact studies of the model using non-overlapping analytic study samples with one or more favorable, statistically significant impacts in the same domain

In both cases, the impacts must either (1) be found in the full sample or (2) hold true for subgroups but not for the full sample, be replicated in the same domain in two or more studies using non-overlapping analytic study samples. Additionally, following the legislation, if the model meets the above criteria based on findings from randomized controlled trial(s) only, then one or more favorable, statistically significant impacts must be sustained for at least one year after program enrollment, and one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.¹
HomVEE Model Report: Results Sorted by Those That Meet Evidence Criteria

<table>
<thead>
<tr>
<th>Model Reports</th>
<th>Meets Evidence Criteria?</th>
<th>Studies rated high or moderate</th>
<th>Last Updated</th>
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<td><strong>SafeCare</strong>&lt;sup&gt;®&lt;/sup&gt;</td>
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<td><strong>Targets:</strong> Birth-11 months, 12-23 months, 24-35 months, 36-47 months, 48+ months</td>
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<tr>
<td><strong>Favorable results in high or moderate studies:</strong> Maternal health, Child development and school readiness, Reductions in child maltreatment, Positive parenting practices, Linkages and referrals</td>
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</table>

| **Play and Learning Strategies (PALS)**                                       | ✔                        | 3                              | October 2012 |
| **Targets:** Birth-11 months, 12-23 months, 24-35 months, 36-47 months, 48+ months |                          |                                |              |
| **Favorable results in high or moderate studies:** Child development and school readiness, Positive parenting practices |                          |                                |              |

| **Attachment and Biobehavioral Catch-Up (ABC) Intervention**                  | ✔                        | 4                              | April 2017   |
| **Targets:** Birth-11 months, 12-23 months, 24-35 months, 36-47 months         |                          |                                |              |
| **Favorable results in high or moderate studies:** Child health, Child development and school readiness, Positive parenting practices |                          |                                |              |
HomVEE Model Report: Informative to look at models with limited evidence!

<table>
<thead>
<tr>
<th>Model</th>
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<th>Evidence</th>
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<td>Maternal health, Child health, Child development and school readiness, Reductions in child maltreatment, Reductions in juvenile delinquency, family violence, and crime, Positive parenting practices, Family economic self-sufficiency</td>
<td>✔️</td>
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<td><strong>Nurse-Family Partnership (NFP)</strong>®</td>
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<td>Maternal health, Child health, Child development and school readiness, Reductions in child maltreatment, Reductions in juvenile delinquency, family violence, and crime, Positive parenting practices, Family economic self-sufficiency</td>
<td>✔️</td>
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<tr>
<td><strong>Parents as Teachers (PAT)</strong>®</td>
<td>Pregnant women, Birth-11 months, 12-23 months, 24-35 months, 36-47 months, 48+ months</td>
<td>Child development and school readiness, Reductions in child maltreatment, Positive parenting practices, Family economic self-sufficiency</td>
<td>✔️</td>
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<tr>
<td><strong>Child Parent Enrichment Project (CPEP)</strong></td>
<td>Pregnant women, Birth-11 months</td>
<td>Maternal health, Child development and school readiness</td>
<td>✔️</td>
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<tr>
<td><strong>Triple P-Positive Parenting Program®-Home Visiting (Triple P-Home Visiting)</strong></td>
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<td>Child development and school readiness</td>
<td>✔️</td>
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HomVEE Model Report: Results Sorted by Those That Meet Evidence Criteria

<table>
<thead>
<tr>
<th>Models</th>
<th>Meets Evidence Criteria?</th>
<th>Studies rated high or moderate</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>SafeCare®</td>
<td>(SafeCare commented)</td>
<td>5</td>
<td>July 2018</td>
</tr>
<tr>
<td>Targets: Birth-11 months, 1-2 years, 2-3 years, 4-7 years, 4+ years</td>
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<tr>
<td>Favorable results in high or moderate studies: Maternal health, Child development and school readiness, Reductions in child maltreatment, Positive parenting practices, Linkages and referrals</td>
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<tr>
<td>Play and Learning Strategies (PALS)</td>
<td>(PALS Infant only)</td>
<td>3</td>
<td>October 2012</td>
</tr>
<tr>
<td>Targets: Birth-11 months, 1-2 years, 2-3 years, 4-7 years, 4+ years</td>
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<tr>
<td>Favorable results in high or moderate studies: Child development and school readiness, Positive parenting practices</td>
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<tr>
<td>Attachment and Biobehavioral Catch-Up (ABC) Intervention</td>
<td>(ABC Infant only)</td>
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<td>April 2017</td>
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<td>Targets: Birth-11 months, 1-2 years, 2-3 years, 4-7 years, 4+ years</td>
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<tr>
<td>Favorable results in high or moderate studies: Child health, Child development and school readiness, Positive parenting practices</td>
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</tr>
</tbody>
</table>
Play and Learning Strategies (PALS)

In Brief

Last Updated
October 2012

Evidence of Model Effectiveness

PALS Infant meets the criteria established by the Department of Health and Human Services (HHS) for an “evidence-based early childhood home visiting service delivery model” for the general population, but does not meet the criteria for tribal populations.

PALS Toddler and the combination of PALS Infant + Toddler do not meet the HHS criteria for the general population or for tribal populations.

Model Description

Play and Learning Strategies (PALS) is designed to strengthen parent-child bonding and stimulate children’s early language, cognitive, and social development. There are two versions of the program: PALS I Infant curriculum for families with children 5 months to 1 year, which consists of 10 weekly sessions; and PALS II Toddler curriculum for children 18 months to 3 years, which consists of 12 weekly sessions. Both versions are offered through 90-minute home visits conducted by a parent educator. Parent educators are required to receive training and certification from the program developer, the Children’s Learning Institute at the University of Texas Health Science Center. The Children’s Learning Institute recommends that PALS be implemented by agencies with sustained funding mechanisms and organizational structures that can support program continuity, such as Head Start, Early Head Start, and not-for-profit early childhood agencies. For more information, please read the Model Overview.
Play and Learning Strategies (PALS)

Model Overview

Last Updated
May 2016

Theoretical Model

PALS was developed to enhance parents’ interactions with their infants, toddlers, and preschoolers. It is designed as a preventive intervention program to strengthen the attachment between parent and child and to stimulate early language, cognitive, and social development.

Model Components

PALS includes one-on-one home visits between a trained parent coach and a parent.

Target Population

Two versions of the program exist: PALS Infant curriculum and PALS Toddler/Preschooler curriculum. PALS Infant curriculum targets children ages 5 to 15 months and their families. PALS Toddler/Preschooler curriculum targets children ages 18 months to 4 years and their families.

Where to Find Out More

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Email: Ursula.Y.Johnson@uth.tmc.edu
Website: http://www.childrenslearninginstitute.org/our-programs/program-overview/PALS/default.html (exit disclaimer)
# PALS: Summary of Findings

## Summary of Findings

### About This Table

#### Play and Learning Strategies (PALS) Infant

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Primary Outcome Measures</th>
<th>Secondary Outcome Measures</th>
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</thead>
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<td><strong>Child Development and School Readiness</strong></td>
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<tr>
<td>Child Health</td>
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<td>Not measured</td>
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<td>Family Economic Self-Sufficiency</td>
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<td>Not measured</td>
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<td>Linkages and Referrals</td>
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<td>Maternal Health</td>
<td>Not measured</td>
<td>Not measured</td>
</tr>
<tr>
<td><strong>Positive Parenting Practices</strong></td>
<td>Favorable: 11</td>
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<td></td>
<td>No effect: 12</td>
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<td></td>
<td>Unfavorable or ambiguous: 1</td>
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<tr>
<td>Reductions in Child Maltreatment</td>
<td>Not measured</td>
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<td>Reductions in Juvenile Delinquency, Family</td>
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<td>Violence, and Crime</td>
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<td>Not measured</td>
</tr>
</tbody>
</table>

### PALS Toddler

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Primary Outcome Measures</th>
<th>Secondary Outcome Measures</th>
</tr>
</thead>
</table>
Implementing Play and Learning Strategies (PALS)

Model Overview

Last Updated

May 2016

The information in this profile reflects feedback, if provided, from this model's developer as of the above date. The description of the implementation of the model here, including any adaptations, may differ from how it was implemented in the studies reviewed to determine this model's evidence of effectiveness. Inclusion in the implementation report does not mean the practices described meet the HHS criteria for evidence of effectiveness.

Implementation Support

Implementation support for Play and Learn Strategies (PALS) is provided by the University of Texas Health Science Center's Children's Learning Institute. No state support systems exist.
PALS: Model Overview and More Information

Play and Learning Strategies (PALS)

Model Overview

Last Updated
May 2016

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Disclaimer

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Disclaimer
Children’s Learning Institute—PALS Information

Play and Learning Strategies (PALS)

Play and Learning Strategies is a preventive intervention program to strengthen the bond between parent and child and to stimulate early language, cognitive, and social development. The program was developed to facilitate parents’ mastery of specific skills for interacting with their infants, toddlers, and preschoolers that lead to better child outcomes, particularly in children from families with limited resources.

The program is facilitated by a trained parent educator who presents each session to the parent(s) and coaches the parent(s) in using specific techniques. In coaching sessions, PALS uses videotaped examples of real mothers and children to demonstrate each concept and allows the parent to critique these examples before practicing the new skills with her own child. Guided practice opportunities during each session help parents move from watching, listening, and talking, to doing.

PALS Infant Curriculum consists of 10 sessions and is appropriate for parents of infants from about 6 months to 18 months. PALS Toddler consists of 12 sessions and is appropriate for parents of toddlers from about 18 months to 3 years. Used across

You may continue your search....

But for now, we’ll move on to the next circle
STEP 2: Consider the Family Wisdom & Values Evidence—Let’s Practice!

Collective

– Family Voices
– Hands and Voices
– Parent Technical Assistance Centers
Family Voices

Washington Update, January 30, 2019

The big news in DC this week is the end of the partial government shutdown, at least until February 15. In the health policy world, the big news is the release of the proposed “Notice of Benefit and Payment Parameters” (NBPP) for 2020. The annually revised rules governing ACA marketplaces, issuances benefits, risk adjustment, and more. Public comments on the NBPP are due on February 19. Another significant development affecting children with special health care needs is the release of a new initiative from the Department of Education to address the inappropriate use of restraint and seclusion for special needs children with disabilities. Read about these developments and find numerous new resources in this week’s Update.

ACA Enrollment: Due to Hurricane Michael, a Special Enrollment Period (SEP) has been established for certain individuals in Florida and Georgia so that they have more time to enroll in a health insurance plan. In Florida, eligible consumers will have until February 16, 2019 to enroll in Exchange coverage. In Georgia, qualifying consumers will have until February 30, 2019 to enroll. See details in the CMS announcement and the January 17 Washington Update.

SAVE THE DATES! 2019 Family Leadership Conference, May 8-10, Washington, DC: *Families as Partners Shaping,

http://familyvoices.org/resources/
Hands & Voices

http://www.handsandvoices.org/resources/index.htm
Topics/Articles Library

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The vast majority of the content accessible via this page was, and continues to be, adapted from articles published in our newspaper "The Communicator." Join your local chapter and get it delivered four times a year right to your door.

All of our Topics/Library Content can be browsed by clicking the header tabs below. Enjoy!

- Parent Professional Collaboration
- Social Emotional
- What's Going On
- Family Perspective
- In a Perfect World
- Deafed Reform
- Early Intervention

Early Intervention

These articles were written for and about the early intervention period (birth - three years of age in the USA) of children who are D/HH.
Early Intervention
These articles were written for and about the early intervention period (Birth – Three years of age in the USA) of children who are D/HH. Some articles are U.S. law specific, while others carry information of a general nature applicable beyond country borders.

- Early Intervention Takes the Cake
- Listening to Dads
- One Family’s Journey - Impatient to Know More
- Finding Our Way Through the EHDI System
- IFSP – “Involved” Family Service Plan
- Falling Through the Cracks with Microtia/Atresia
- Transition to Preschool
- Thriving in the Detour
- Homebirth and Hearing Screening: A Dilemma in Public Health
- Top 10 Ways You Know You Have a Toddler Who is Deaf or H/H
- Opening Doors: Technology and Communication Options for Children with Hearing Loss
- Transition to Preschool
- Elements of a Language-Rich Home Environment
- Unilateral Hearing Loss: Tips for Parents
- The Birth – Three Corner Frequently Asked Questions
- A Parents Wishlist for Early Interventionists
- Early ID and Intervention: The Journey Starts Here
- Building A Strong Foundation
- For the Sake of Joy
- FROM THE HEART: Impact of
A Parent’s Wish List for Early Interventionists: Attitudes

• Do I believe that families bring unique expertise to our relationship?

• Do I believe in the importance of family participation in decision making for early intervention?

• Do I believe that family members' perspectives and opinions are as important as professionals?
A Parent’s Wish List for Early Interventionists: Partnership

• Parents should drive the process.

• Early Intervention ultimately comes down to "relationship."

• Trust is established through a basic premise of respect toward the parents, their values, and culture.

http://www.handsandvoices.org/articles/early_intervention/wishlist_early_int.html
Back to Collective Family Wisdom & Values

CPIR Resource Library

Find webinars, articles, stand-alone pages, publications
Share with families, professional support providers, staff
Focus searches with multiple filters on the results pages

SEARCH THE LIBRARY

Common Search Topics

IDEA
Laws
For Parent Centers

Early Intervention/Childhood
School-Aged
High School & Beyond

https://www.parentcenterhub.org/resourcelibrary/
Early Intervention

Parent Notification and Consent in Early Intervention

Parents are essential partners in early intervention. They have the right to be deeply involved at every step along the way, from evaluation of their child, to the writing of the individualized family service plan (IFSP), to helping to determine the early intervention services their child [...]  

Babies & Toddlers

Babies are such a nice way to start people. —Don Harold Current as of October 2017 in Spanish (En español) The birth of a child is an exciting, life-changing event. A beautiful new baby comes to your house, family, and neighborhood. It is a time for celebration. But what happens when this new child [...]  

Services in Your State for Infants and Toddlers

Current as of September 2017 in Spanish (en español) Early intervention services are specially designed to address the educational and developmental needs of very young children with disabilities and those who are experiencing developmental delays. Early intervention provides free developmental evaluations of children younger than 3 (that is to say, before their third [...]  

Writing the IFSP for Your Child

Current as of October 2017 After your young child’s evaluation is complete and he or she is found eligible for early intervention services, you, as parents, and a team will meet to develop a written plan for providing early intervention services to your child and, as necessary, to your family. This plan is called the [...]  

Providing Early Intervention Services in Natural Environments

Current as of October 2017 Early intervention services are to be provided in natural environments to the maximum extent appropriate for the child and for the EI service itself. So—what’s considered a “natural environment”? What isn’t? This webpage focuses upon answering these questions and on connecting you with resources of additional information and best practice. [...]
STEP 2: Consider the Family Wisdom & Values Individual Evidence

**Individual**

- Family of individual child under consideration
- Families in your program
What About the Professionals?

They will be delivering the model.
STEP 2: Consider the Professional Wisdom & Values Collective Evidence

- American Academy of Pediatrics
- American Occupational Therapy Association
- American Physical Therapy Association
- American Psychological Association
- American Speech-Language-Hearing Association
- Division for Early Childhood

- Head Start Early Childhood Learning & Knowledge Center
- National Association for the Education of Young Children
- National Association of Social Workers
- Centers for Disease Control and Prevention
- National Head Start Association
- ZERO TO THREE
STEP 2: Professional Wisdom & Values From DEC and NAEYC

- Division for Early Childhood (DEC)
  
  https://www.decresourcelibrary.org/

- National Association for the Education of Young Children (NAEYC)
  
  https://www.naeyc.org/resources/position-statements
DEC: Recommended Practices Resource Library

https://www.decresourcelibrary.org/
DEC: Resources for Home Setting

DEC DECIDE Doctoral Seminar on Evidence Based Practices in Early Childhood Special Education
Summer 2015 - Course for doctoral students to explore DEC’s newly revised RPs in E/ECSE.

DEC E! SIG Meeting (Feb 4th): Implementing the RPs
This archived webinar has a focus on the instructional RPs and sharing ideas for implementation, along with a brief overview. Click here to register to view webinar.

DEC Learning Decks
- A Framework for Engaging Families in Early Intervention: Current and Best Practice
- Deliver Effective Professional Development and Support Inclusion: 3 Tips for Blending Practices
- Healthy Infants: Prevention-Promotion Supports for Vulnerable Families in Rural and Urban Communities
- Home Visiting in Early Childhood Special Education: Effective Strategies and Practices
- Successfully Facilitating Development Through Daily Routines
- Using Prompting Procedures to Teach Skills

DEC Recommended Practices (PDF)

DEC RP Monograph Series

DEC Recommended Practices Videos
Three brief videos around DEC RPs, including an overview.
DEC Recommended Practices

https://divisionearlychildhood.egnyte.com/dl/tgv6GUXhVo/

- Assessment
- Environment
- Family
- Instruction
- Interaction
- Teaming and Collaboration
- Transition
Specific DEC Recommended Practices

**F4.** Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family’s priorities and concerns and the child’s strengths and needs.

**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.
STEP 2: Consider the Professional Wisdom & Values Individual Evidence

- Yours
- Your team’s
STEP 3: Appraise the Evidence
You Gathered—The FAIR test

- Feasibility
- Acceptability
- Impact
- Relevance
STEP 3: The FAIR Test—Let’s Practice!

• Feasibility
  – Cost?
  – Complexity?
  – Training?
• Acceptability
  – What do families think?
  – What do professionals think?
• Impact
  – Is there evidence of positive results?
  – How much evidence?
• Relevance
  – Was the intervention used with children and families similar to those with whom you work?
STEP 4: Make an Evidence-Based Decision

Decide: which practice(s), how do we implement, how do we evaluate?
Discussion

• What are your ideas on developing and implementing an evidence appraisal strategy?

• How could you set up a collective decision-making process?

• What other supports would you need to develop these processes and use these tools most effectively?
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- Monica Mathur-Kalluri, mmathur@wested.org
- Angela McGuire, amcguir@wested.org
- Virginia Buysse, vbuysse@air.org

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The contents of this document were developed under a grant from the US Department of Education, #H326R140006. However, those contents do not necessarily represent the policy of the US Department of Education, and you should not assume endorsement by the Federal Government. Project Officer: Perry Williams (November 2014)