Infant & Toddler Connection of Virginia
January 2016 Update

January 2016

State Systemic Improvement Plan (SSIP)

As part of the State Performance Plan /Annual Performance Report, each state is required to develop and submit to the U.S. Department of Education, Office of Special Education Programs, a State Systemic Improvement Plan (SSIP). We are in the second year, Phase II, of developing the plan.

The measurable result that will be the focus of Virginia's SSIP is increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs.

The improvement plan itself is taking shape as we enter the final months of our Phase II SSIP work. Here's what happened in December:

- The draft improvement plan was shared and discussed with the Virginia Interagency Coordinating Council at their December 9 meeting.
- The draft plan was posted in the SSIP section of the state website, http://www.infantva.org/Sup-SSIP.htm. Stakeholders' review and input on the draft plan are welcome and should be submitted to Kyla Patterson, k.patterson@dbhds.virginia.gov, **no later than January 7, 2016.**

State staff will consider all stakeholder input as well as feedback from national technical assistance providers as we finalize the SSIP for submission to the Office of Special Education Programs. We also plan to hold an information webinar, which will be recorded and archived, in the first quarter of 2016 to ensure consistent understanding of the steps and activities on the final SSIP and what these will mean for local systems and providers.

Every Family Has a Voice! 2015 Family Outcome Results

In Virginia, family outcomes are measured statewide through use of an annual Family Survey. The annual family survey is mailed each Spring to families whose children who have an active IFSP on the preceding December 1. The purpose of the survey is to determine the impact of early intervention services for families. The survey itself, as well as results from the 2015 survey are posted on the Infant & Toddler Connection of Virginia website.

- Survey: http://www.infantva.org/documents/Family%20Survey%202013%20(21950%20-%20Activated%20Traditional).pdf
- Survey flyer: http://www.infantva.org/documents/MergedFlier_2013.pdf
- Cover letter: http://www.infantva.org/documents/2013%20Dear%20Family%20Survey.pdf
- Analysis of 2015 survey results: http://www.infantva.org/documents/Full-VirginiaReport_2015.pdf
- 2015 summary of results: http://www.infantva.org/documents/FAMILY%20SURVEY%20-%20explanation%208%2015.pdf
- Local System results: http://www.infantva.org/documents/Percent%20Resp%202015Table%204.pdf

All personnel within the early intervention system, as well as the early intervention processes and practices, have an impact on the outcomes. Service coordinators, providers, administrative staff and administrators can improve family outcomes by analyzing the family survey results in conjunction with consideration of their practices and procedures. The document "Relationship of Quality Practices to Child and Family Outcomes" correlates specific practices with their impact on child and family outcomes. The national document is available at: http://nectac.org/~pdfs/QualityPracticesOutcomes_2012-04-17.pdf. Virginia's adaptation of this document is available at: http://www.infantva.org/documents/July%202012%20Virginia%20Quality%20Practices.pdf. Another useful tool was introduced to service coordinators and practitioners during the coaching trainings: Checklist for assessing adherence to Family Centered Practices. This tool can be found at http://fipp.org/static/media/uploads/casetools/casetools_vol1_no1.pdf

For additional information about family outcomes, please see the recorded December 1, 2015 Talks on Tuesday. This webinar included scoring and interpretation of the family survey results, as well as use of the family survey result for improvement planning. The recorded survey, as well as a link to resources can be found at http://www.veipd.org/main/sub_2015_talks_tuesdays.html.

The Decision Tree

Child Indicator Seeds for Success

Why Culture Matters: The Influence of the Hispanic Culture on Child Development

Humans are cultural beings. We learn to communicate and understand our world through the context of our languages, traditions, behaviors, beliefs and values. Our cultural experiences and values shape the way we see ourselves and what we think is important. Cultural perspectives also influence how we parent, how we understand children, how we help them grow up and how we teach them new skills. This month we will be exploring the development of children from the Hispanic culture and its' relevance to the Child Outcomes Rating Process.

The Hispanic culture is one of the fastest growing cultural groups in the United States. The U.S. Census data indicates that Hispanics will be the largest minority group by the year 2050. Recent findings from the Childhood Autism Risk from Genetics and the Environment (CHARGE) Study, a population-based study of factors that increase risk for autism or developmental delay in children 24 to 60 months discovered that over 6 percent of Hispanic children enrolled in the study, which were selected randomly out of the general population met the criteria for developmental delay, compared with only 2.4 percent of non-Hispanic participants, which is the expected percentage. This raised concerns among the researchers that many Hispanic children with developmental delays are going undiagnosed and may not be getting the services they need. This concern was also echoed in the executive summary Addressing the Needs of Latino Children A National Study of State Administrators of Early Childhood Programs.

Some research studies cite acculturation, or the process of adaptation that occurs through continued contact with a culture distinct from one's culture of origin (Berry, 2006), as a factor that may contribute to a parent's decision to engage in programs and services. Studies investigating psychotherapy treatment patterns have found that less-acculturated Latino families are less likely to enroll and more likely to terminate services prematurely compared with more-acculturated or U.S.-born families. Lara, Gamboa, Kahramanian, Morales, and Bautista (2005) found that families with low levels of acculturation to the U.S. are least likely to access quality health services, and Moreno and Lopez (1999) found that lower acculturation to the U.S. was associated with less knowledge about school activities and greater barriers to parental involvement at school. In addition, Mexican-American mothers reported that acculturation differences between parents and children, separation from extended family, discrimination against immigrants, and concerns about legal status negatively influenced their parental involvement (Leidy, Guerra, & Toro, 2010).

According to Virginia Department of Health 2014 data, there are 73,345 children birth to 60 months identified as Hispanic. It is expected Virginia will continue to see the number of Hispanic children needing early intervention services rise. Understanding what typical development for children from the Hispanic culture looks like is critical for early identification of children, completing the child outcome ratings and providing evidenced based services.

Learning From Latinos: Contexts, Families, and Child Development in Motion, a review of two decades of research put together by the American Psychological Association based on child development in the context of Latino families, provides us with the following information:

"Research with Latino children and families does not suggest that the physiological workings of the Latino child's mind or underlying cognitive development differ from others. The cognitive processing capacities of Latino infants, not surprisingly, appear to equal those of other groups (Fuller et al., 2010). But differing mentalities do emerge as Latino parents bring forward their "cultural products of prior human activity" (Cole, 1996, p. 34) and blend heritage and novel practices in raising their children, at times struggling to negotiate quite foreign surroundings."

Key Points on Hispanic/Latino Culture

Hispanic is a term created by the U.S. federal government in the early 1970s in an attempt to provide a common denominator to a large, but diverse, population with connection to the Spanish language or culture from a Spanish-speaking country. The term Latino is increasingly gaining acceptance among Hispanics, and the term reflects the origin of the population in Latin America.

Respect

Respect is an important but complex value in the Hispanic culture. Parents with traditional Hispanic values may believe that children should be obedient to authority figures. They may describe obedience as not making oneself the center of attention; not being loud or talkative; not asking too many questions; working in a collaborative manner; never questioning authority; and more. It also means they should obey rules without talking back to their parents. Latino parents often subscribe to the idea of affiliation obedience; this is the idea that children are expected to obey their parents in exchange for their love and care. Thus they may feel they have succeeded as a mother/father when the child learns to be obedient and may feel the way their child behaves in the presence of others reflects their parenting skills.

Rituals and Religions

Some Hispanic families may believe it is important to teach their children the beliefs and history of their culture. Parents want their culture to continue and stay strong within future generations of their family. This can depend on their level of connectedness to their cultural roots. If the family has immigrated from somewhere else, this value may depend on how far they are removed from that immigration experience.

Discipline

Depending on multiple variables, such as acculturation, socioeconomic, or educational levels, Hispanic parents' ways of punishment sometimes differ from the beliefs of other cultures. There is a traditional belief that when a child is misbehaving parents must discipline them immediately or the child will not learn right from wrong. This belief also maintains that if the child constantly continues to get away without being disciplined, then the child may learn to walk over the parent. Depending on the age of the child, a parent's expectations of their child's behavior will vary. There is an idea in traditional Hispanic culture that by the age of 4 or 5, a child should have an understanding of what is expected of him or her.

Etiquette

Etiquette in any culture is multifaceted and complex. It is based on the context, the people in the room, the roles they play in the setting, how well they know one another, and the purpose of the encounter. Latino culture views time in a polychronic fashion as opposed to monochronic way that westerners view time. Polychronic time is often time adjusted to suit the needs of people. For them, maintaining relationships and socializing are more important than accomplishing tasks. These individuals usually see time in a more holistic

manner; in other words, many events may happen at once. Ex. Making sure that your mother in law feels like you have spent quality time with her is more important than being on time to the dinner you have planned with your friend. Because of the importance of respect of authority, eye contact can be mechanism for deference or an expectation of respect, therefore it can be interpreted as a challenge or intimidation in traditional Hispanic culture. Traditional Latino culture tends to be fairly formal. It is usually expected to greet someone and leave someone by giving them a handshake. Even the Spanish language has a formal form and it is used in professional, medical, and other settings that are not with family or friends. Titles of respect before people's names and using Señor, Señora, Don or Doña are important to set the right tone.

Education

In general, Hispanic parents feel that education is very important for their children to have. Many foreign born Latino parents immigrated to the United States for the primary purpose of providing more opportunities for their children's future (Reese, L., Balzano, S., Gallimore, R., & Goldberg, C. (1995). Early intervention programs are developed on the premise that parents or primary caregivers are their child's best teacher. The diverse characteristics of children reinforce the need to consider the needs of each child within his or her broader social, cultural, and familial context. Effective assessment and intervention strategies require the integration of many factors including cognitive, linguistic, and cultural influences.

Communication in the Home

There is no evidence to support bilingualism as confusing or too taxing on the language-learning abilities of children with communication disorders. The research available thus far clearly shows that intervention in the home language does not impair or significantly slow the learning of a second language. To the contrary, there is evidence that children can benefit from an intervention that acknowledges the home language and culture and supports bilingual development, with gains in both the majority language as well as the home language (Restrepo, Morgan, & Thompson, 2013. The efficacy of a vocabulary intervention for dual-language learners with language impairment. Journal of Speech, Language and Hearing Research, 56, 748–765). Because of the importance of affiliation obedience, some Latino parents may be more likely to communicate with their children in a direct style than to engage their curiosity by talking with them and reading to them. Consequently, it may be important to broach this subject with traditional Latino parents.

Eating Habits

As with many cultures, meals are often a time for socializing and connecting with friends, family, and cultural roots. For young children, research indicates Hispanic practices include prolonged bottle feeding, preference for heavier babies, influence of extended family especially grandparents. Research has also shown some trends towards an acceptance for children to have sweets, breastfeeding with formula supplementation, and influence of learned culture on diet. Additionally, for Hispanic families that grew up in poverty, it may not be acceptable to leave food on your plate. (Evidence to Guide Feeding Practices for Latino Children, Houston, Waldrop & McCarthy 2013).

Bed Sharing:

In the United States, twenty-eight percent of Hispanic parents report sharing the same bed with their young infant and/or children. Parents report bed sharing in order to be close to their infants. This closeness is seen as emotionally beneficial for parents and infants.

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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 are focusing each month on increasing our statewide inter-rater reliability. We are 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?

Henry's Age: 26 months **Adjusted Age: NA**

Referral Information, Medical History, Health Status: Henry was born at 36 weeks gestation. Henry stopped breathing a few minutes after he was born and need to be resuscitated. He stayed 7 days in the NICU after this episode for observation. No other complications arose and he was discharged from the hospital with no concerns. He passed his newborn hearing screening. He was referred by his parents for speech concerns. The parent's primary language is Spanish. Henry's father speaks some English. Henry's mother speaks only Spanish.

Daily Activities and Routines: Henry wakes up between 9:00 to 10:00 and goes to bed around 11:00pm. He sleeps with his parents. His mother works at night from 10:00 pm to 6:00 am; she takes care of Henry all day while his father is at work. His mother tries to sleep in the morning while Henry is still sleeping and when he takes a nap in the afternoon. Henry is a light sleeper and wakes up easily with sounds. He continues to wake up between 1:00 am and 3:00 am to drink a bottle of milk. He drinks 6 bottles of milk in a 24 hour period. He is a good eater and eats a variety of table foods. He eats all of his meals sitting in a high chair that is placed next to the dining room table. He eats independently using a fork and/or spoon; he is able to drink from a "sippy" cup. Henry is attached to his parents and enjoys doing things with them (playing with balls and cars); he enjoys playing football with his father in the backyard and going for walks outdoors with his mother. During the weekends he enjoys going to the park and usually gets interested in the older children's activities (baseball and football). Henry also loves playing with Spot, the next door neighbor's dog.

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Family Concerns: Henry's family is concerned with his speech and language development. His mother reported that when he was a baby, he used to babble a lot and used to make a variety of sounds ("mama" and/or "papa" to call his parents. To communicate his needs and wants, he makes the sounds "mmm" and "eee" sounds. Henry likes to put things in his mouth that are not food since he was a baby. He continues to put paper, cardboard, balloons, dirt, etc. and his mother always needs to supervise him. Henry has an older half sister who lives with her mother in Mexico.

Family Priorities: Henry's family's priority is for him to develop appropriate communication skills so he can be able to communicate his needs and wants during his daily routines and community outings without getting frustrated. They would like Henry to call his parents using "mama" and "papa", to use more sounds and words/approximations during his play time and daily activities when interacting with his parents, family, friends and other children in the community and park.

Developmental Levels: Cognitive- 18 months Gross Motor- 24 months
Fine Motor- 18-22 months Receptive Language- 18 months Expressive Language- 9 months
Social/Emotional- Atypical 18 months Adaptive/Self Help- 18-21 months

Social/Emotional Skills including Positive Social Relationships: Henry is an adorable and sweet 26 month old little boy, who came to today's assessment with his mother. An interpreter was provided for the assessment. His mother reported he shares a special bond with his parents, he regularly checked in with his mother as he briefly ventured off to play with toys as introduced. He lives at home with both parents, who alternate care depending on their work schedules. Mother shares that Henry is an active little boy, who is constantly on the "move". He loves going outdoors to play, i.e. backyard with his neighbors and to the playground where he joins in with other children. He loves playing football and other such games with his father and enjoys running around with him. Mother reports that he is now better with separating from her as she leaves for work, and enjoys his time with his father. When prompted, he waves "hi" and "bye" and uses a few gestures, i.e. hands up to get picked up and he uses some vocalizations to get his parents attention or help. Mother reports that he is much more "comfortable" with children rather than adults. But recently has started to play a bit more with grandmother when she visits. He seems to get anxious in a new/unfamiliar/non-routine environment, but today was able to briefly engage in play with the evaluators, especially when preferred games/items were introduced looking for Mother to join in and share in his praise. As seen today and based on Mother's reports, when upset or frustrated he seeks Mother for any attempts to self calm and/or for redirection.

Of concern: Henry is not yet using any words or approximations to communicate with his parents, peers and other familiar adults in his life. He is not yet calling for his parents, and doesn't have a name for the "special" people in his life. He is not using any words for greetings as he plays with other children and today, only briefly engages in constructive play with evaluators before needing to check in with Mother. Henry appears to have a high anxiety for new environments, including unfamiliar adults. He clings to his mother, grabbing/pulling her face to his as a means to avoid interactions with others and relies heavily on Mother's physical support to offer any calming influence. Subsequently, the above behaviors severely impact his ability to engage others socially, including interacting with adults and peers.

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

Acquiring and Using Knowledge and Skills, including early language/communication: When interested, Henry shows curiosity for learning about his world. Henry is learning through observation, imitation and manipulation of objects and toys. Henry imitates some of the adult activities around the home such as wiping/cleaning, brushing hair and playing catch with the neighbor's dog. Henry follows simple directions within his family routines. He is able to point to four body parts upon request. Henry enjoys play with his cars and will play with them by himself for an extended period of time. He will sometimes imitate the sound of a car. He also recently has imitated the animal sounds for dog and lion. While playing catch with the neighbor's dog in the back yard, Henry has also imitated the word "go". In play, Henry hugs stuffed animals. He communicates through the use of facial expressions, vocalizations (m-m-m, grunts) babbling sounds (tete, papa, baba), gestures (pointing, pulling and adults hand up, head shake no), and verbalizations (approximation for "there it is", animal sounds).

Of concern is Henry's markedly limited ability to attend and focus on a task, especially when he is not in a place of comfort. Frequently, due to a state of increased emotion and apparent anxiety/stress, Henry is not able to demonstrate his understanding and/or use of language. Henry prefers to move from one activity to another, not attending or focusing on a task for an extended period of time. Henry does not readily show the ability to attend and imitate the actions or sounds of others, especially when his attention is not available due to his emotional state. Henry does not show interest in looking at books or pointing to pictures upon request. Henry is not able to follow requests given by others. Henry does not have any words he uses consistently on his own to communicate with others. He relies on gestures and others anticipating his needs or will do things for himself.

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

Use of Appropriate Behaviors to Meet Needs: Henry is an active little boy who walks, runs, climbs and negotiates uneven surfaces without difficulty. Today, he sat in the toddler seat independently and climbed up the adult size chair without difficulty. Mother reports he is able to walk up/down stairs to enter the backyard and enjoys throwing a ball around with familiar "peers".
Mother reports that Henry helps with dressing by removing his socks and jackets but needs help with other tasks. He co-sleeps with his parents at times falling asleep in his "little" rocking chair and then parents carry him to bed. He wakes at nights to get a bottle, and is currently taking about 3-4 bottles (about 4 ounces) a day. Henry is described as a good eater, using utensils independently and is now drinking from a sippy cup or a straw cup, though he prefers the sippy cup. He finishes most of his meals and at times, waits to be offered more. Mother shared that when he starts "playing with his food", it is an indication that he is done. Henry is able to open the refrigerator to get some food items but more readily points and pulls parents to what he wants. He shakes his head "no" with some prompting, and uses a few vocalizations to communicate his needs and wants.

Of concern: Henry is not using any words/approximations to communicate his needs and wants. He relies heavily on physical gestures to communicate those needs, often crying which leads to periods of frustration when unable to successfully meet his needs.

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

Assessment Team Ratings:
Social/Emotional Skills including Positive Social Relationships: Rating 2: Henry is beginning to show some of the early skills that are necessary for development of more advanced skills.
Acquiring and Using Knowledge and Skills, including early language/communication: Rating 2: Henry is beginning to show some of the early skills that are necessary for development of more advanced skills.
Use of Appropriate Behaviors to Meet Needs: Rating 4: Henry shows occasional use of some age expected skills. Child has more skills of a younger child in this area.

Determining the outcome 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 outcome areas.

- Use the following checklist to test your awareness and acceptance of the Hispanic culture: Cultural Competence Checklist Personal Reflection.
- An interpreter was used for Henry's assessment. Do you know how to pick a good interpreter or how to inform an interpreter of your expectations? Here is a useful evaluation form: Interpreter Evaluation Form.
- Henry shows some atypical skills. Although we don't have a diagnosis of autism and only have a limited amount of functional information from our first observations and assessments, there has been much research completed over the past few years focusing on early identification and/or misdiagnosis of children from Hispanic/Latino cultures for autism. Referenced earlier was a study by Childhood Autism Risk from Genetics and the Environment (CHARGE) Study, a population-based study of factors that increase risk for autism or developmental delay in children 24 to 60 months. This study raised concerns among the researchers that many Hispanic children with developmental delays were going undiagnosed and may not be getting the services they need.
- Similar findings were reported in the study Prevalence of Autism Spectrum Disorders — Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2008 published in March 2012 by the Center for Disease Control and Morbidity.
- Findings from the various research studies related to under diagnosis of children from the Hispanic culture were significant enough to bring forth recommendations from the American Academy of Pediatrics Pediatrician Identification of Latino Children at Risk for Autism Spectrum Disorder.
- Are you interested in sharing and learning more about the experiences of other providers who are addressing cultural values and differences? Check out the Early Intervention Strategies for Success Blog Are Cultural Differences Truly Developmental Delays?

New Coaching Videos:

We are happy to announce that two new coaching videos have been posted to the VEIPD site. These videos feature VA Master Coaches demonstrating coaching practices during real intervention visits with families. Special thanks to Robin Hoofnagle and Yvonnie Hutchison, both from the I&TC of Fairfax Falls Church, who graciously agreed to share their videos!

You can find these videos on the Coaching in Early Intervention page or the Videos page. The videos are also posted on the VEIPD Videos YouTube Channel at the following links:

Coaching in Action
https://youtu.be/ziColpqpLIo

Coaching a Family during an Early Intervention Visit
https://youtu.be/ZDx9L6yPMZU

Funding Opportunity from the Virginia Board for People with Disabilities

The VBPD (the Board) has approximately **$125,000** available for FFY 2017 awards, which are 100% federally funded by the U.S. Department of Health and Human Services, Administration for Community Living, Administration on Intellectual and Developmental Disabilities.

One project related to early intervention for infants and toddlers is outlined in the FFY 2017 RFP booklet; however, multiple awards are possible. Download your copy here and remember: the **deadline** for Letters of Interest is January 29, 2016.

Additional Application Documents:
Letter of Interest Application Form
Grants Manual

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Virginia Department of Behavioral Health & Developmental Services

***Note about This Update*:**

This Update is prepared by the Infant & Toddler Connection of Virginia State Team at the Department of Behavioral Health and Developmental Services as a means of sharing current information from the DBHDS/Part C Office.

Enrollment of Children in the Medicaid Data System (VAMMIS)

Please note the following **c**ontact information for questions about enrollment of children in the Medicaid Data System (VAMMIS).

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Early Intervention Certification

For questions about certification of practitioners, contact Irene Scott 804-786-4868 irene.scott@dbhds.virginia.gov.
For questions related to completing the online application, contact David Mills 804-371-6593 david.mills@dbhds.virginia.gov