DOCUMENT RESUME

ED 349 743 EC 301 488

AUTHOR Kluger, Karen P.
TITLE Implementing a Family Centered Program for Physically Impaired/Developmentally Delayed Preschool Children To Bridge the Therapeutic Gap between School and Home.
PUB DATE 22 May 92
NOTE 56p.; Practicum Report, Nova University.
PUB TYPE Dissertations/Theses - Practicum Papers (043) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Exercise; Family Involvement; *Home Programs; Interaction; Motion; Movement Education; *Parent Education; *Parent Participation; *Physical Disabilities; *Physical Therapy; Preschool Education; Program Development; Program Implementation; Therapists; *Videotape Recordings
IDENTIFIERS Developmental Delays

ABSTRACT

This practicum addresses the problem of limited interaction between physical therapists and families of developmentally delayed/physically impaired preschool-age children. A program was developed in which the physical therapist was videotaped handling and exercising a child, while explaining the purpose of the movements and instructing the parent on how to perform the particular therapeutic exercises. At weekly home visits, the videotape was shown to the parent, and the parent was videotaped performing the prescribed exercises. The videotape was then shown to the therapist for evaluation. Results indicated that with step-by-step instruction by a licensed physical therapist, and through the use of videotape and a home trainer who has some knowledge of physical therapy, parents of physically impaired/developmentally delayed preschool-age children can successfully implement a prescribed home therapy program and feel more confident when physically handling their child. The response to the project from both staff and parents was very favorable, and incorporation into future agency services was being explored. Appendixes include parent questionnaires, transcripts of interviews with a physical therapist, and a parent participation statement. (11 references) (Author/JDD)

Implementing a Family Centered Program for Physically Impaired/Developmentally Delayed Preschool Children to Bridge the Therapeutic Gap Between School and Home

by

Karen P. Kluger

A Practicum Report
Presented to the Masters Program for Child and Youth Care Administrators in Partial Fulfillment of the Requirements for the Degree of Master of Science.

Nova University

1992

NOVA UNIVERSITY
ABRAHAM S. FISCHLER CENTER FOR THE ADVANCEMENT OF EDUCATION
3301 College Avenue
Fort Lauderdale, Florida 33314

VERIFICATION FORM

Verification of Practicum Activity

Dear Verifier:

Practicum students in Nova's Master's Programs in Child Care, Youth Care, and Family Support are asked to provide field-based verification that the project activities reported in their practicum took place as described. You have been designated verifier to fulfill this confirmation function by the student named below. Please write a note on this form attesting to your knowledge of the practicum activity described in the final practicum report to which this will be attached. (Note that you are not asked to evaluate, nor make judgments about the quality of the project.)

Practicum Title Implementing a Family Centered Program for Physically Impaired / Developmentally Delayed Children to Bridge the Therapeutic Gap Between School and Home

Student's Name Karen P. Klueger

Cohort 47 Date May 1992

Verifier's Name Deborah Larner

Verifier's Position Supervisor of Therapeutic Services

Name of Work Setting ARC Broward Preschool

Address 10250 NW 53rd ST

Sunrise Fla 33351

City State Zip

Verifier's Signature Deborah A. Larner

I acknowledge the fact that Karen Klueger implemented the practicum activity as described in the final practicum report.

Abstract

Implementing a family centered program for physically impaired/developmentally delayed preschool children to bridge the therapeutic gap between school and home. Kluger, Karen P., 1992: Practicum Report, Nova University, Master's Program for Child Care Administrators. Descriptors: Parent Participation/ Parent Teacher Cooperation/Parent School Relationship/ Parents as Teachers/Parent Teacher Cooperation/Parent School Relationship/Physical Therapy/Rehabilitation/ Early Childhood Education/Early Intervention/Special Education.

The lack of funding sources, the socioeconomic level of families, as well as parents' work schedules has resulted in little or no interaction between families of developmentally delayed/physically impaired preschool age children and physical therapists. No program provided for follow-through of physical therapy services in the home environment. Consequently, children were receiving a limited and inconsistent program.

The writer designed and implemented a program which used videotape as a means of connecting families and therapists by providing an exchange of information and visual demonstrations of exercises, positioning, and other therapeutic exercises. The physical therapist was videotaped handling/exercising the child while explaining the purpose and instructing the parent how to perform the particular therapeutic exercise. Through weekly home visits, the writer showed the videotape to the parent and then videotaped the parent performing the prescribed exercises. The videotape was then showed to the therapists for evaluation. Home instruction sheets were also utilized as a aide to assure appropriate exercises.

The response to the project was very favorable from both staff and parents. Ideas for incorporation into future agency planning are evident. A large scale home follow-through therapy program inclusive of physical, occupational and speech therapy will eventually be offered to all parents of children enrolled in the preschool program. Appendices include

a parent questionnaire, interviews with a physical therapist, and a parent participation agreement.

Permission Statement

As a student in the Master's Programs in Child Care, Youth Care, and Family Support, I do (✓) do not ( ) give permission to Nova University to distribute copies of this practicum report on request from interested individuals. It is my understanding that Nova University will not charge for this dissemination except to cover the costs of microfiching, handling, and mailing of the materials.

5-22-92 (Date)

Karen P. Klinger (Signature)

Authorship Statement

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give this testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

5-22-92
Date

Karen P. Kellogan
Signature of Student

Table of Contents

Page

Chapters

I. Background 1

II. The Problem 4

III. Goals and Objectives 12

IV. Solution Strategies 14

V. Results, Conclusions, and Recommendations ... 30

References 36

Appendices 38

Appendix A: Parent Questionnaire 39

Appendix B: Interview with Licensed Pediatric Physical Therapist - On Set of Project 41

Appendix C: Parent Participation Agreement 43

Appendix D: Interview with Licensed Pediatric Physical Therapist - Conclusion of Project 45

Appendix E: Parent Questionnaire - Conclusion of Project 48

CHAPTER I

Background

The practicum setting was a preschool program for children with developmental delays birth to five years of age. The preschool is one of several program services of a large not-for-profit organization operating through federal and private donations. The preschool program hours are 9:00 a.m. to 3:00 p.m. Monday through Friday.

Approximately 103 children are enrolled in eight classrooms. Children are grouped homogeneously according to developmental level and age. Four classrooms are funded through the Department of Health and Rehabilitative Services and serve children from birth to two years 11 months of age. The remaining four classrooms are funded through the Department of Education and serve children from three to five years of age. The student to teacher ratio averages 3:1. Daily management of the preschool is the responsibility of two supervisors and a coordinator.

Disabilities ranged greatly from moderate delays in speech and language development to profound mental retardation. Physically handicapping conditions were also prevalent. Origins of disabilities included diagnosed genetic disorders; maternal substance abuse; and trauma to the fetus before, during, or after birth.

Each child's habilitation or educational program is determined on an individual basis. Within 30 days of entry into the preschool, an interdisciplinary team meets to review evaluation results, formulate goals, and plan services. The need for physical therapy is determined at this time. Presently, two full-time physical therapists provide services for 56 children scheduled to receive therapy.

The writer is the supervisor of a homebound program designed to instruct parents in the areas of developmental sequencing, sensory stimulation, and teaching techniques. During an intake session, which is the initial contact with the parent and child, a formal assessment is administered to determine the child's functioning level. In-center training follows which consists of a series of sessions during which the parent works with the child and is instructed in basic

teaching techniques. Videotape is utilized as a means of providing immediate feedback to the parents regarding their use of the techniques. After the parent has completed the initial training, a home trainer is assigned who provides follow-through at home by providing the parent with specific lessons focusing on the child's area(s) of delay.

The writer's responsibilities include: (a) selecting, training, supervising, and evaluating staff; (b) overseeing all program activities, functions, and procedures; (c) providing initial assessment, training, and program planning to participants; (d) ensuring compliance with local, state, and federal laws and regulations related to the provision of services.

Approximately 50% of the children enrolled in the preschool program are enrolled in the homebound program. The importance of home follow-through and parent involvement has become increasingly evident over the 14 years the writer has worked in this program.

CHAPTER II

The Problem

Study of the Problem

No program provided for follow-through of physical therapy services in the home environment. Consequently, children were receiving a limited and inconsistent program.

A parent's role as a legitimate member of the child's team dictates that they be taught proper skills including positioning. By doing so, they are being empowered to implement the prescribed therapeutic program in the home environment. The discrepancy lies in the fact that there is a gap in services between the school and home environment.

Documentation of the Problem

A questionnaire was administered by the writer in December of 1991 (see Appendix A). Fifty-four were sent home in the preschool bags of the children who were presently receiving therapy through the Physical Therapy Department. Forty-eight were returned. Out of the 48 returned, eight (17%) were receiving additional

therapy outside of the preschool program. Four of those eight families received the therapy in their home and actively participated in their sessions. All eight families followed through with the program prescribed by the therapist. Of the 48 families who returned the questionnaire, only two have come into the preschool facility to observe their child's physical therapy session. All 48 responded that they felt their child would benefit from a homebound physical therapy program.

A licensed pediatric physical therapist was interviewed in January 1992 (see Appendix B) regarding the need for a home follow-through physical therapy program. The therapist clearly stated that an hour or two per week of therapy is insufficient for children to reach their maximum gross motor potential. The therapist believed that in order to maintain a child's level of performance, continuous therapeutic exercise at home was essential. Moreover, lack of follow-through with some children can result in an increase in abnormal tone.

Analysis of the Causes

The lack of funding sources, the socioeconomic level of families (approximately 60% of the children enrolled in the preschool program come from families who are dependent on government subsidies), as well as parents' work schedules, have resulted in no interaction between families and physical therapists.

In order to help high risk physically impaired children reach their maximum potential, the prescribed therapy program must be followed through in the home environment. The gap between school and home, professionals and parents, and therapists and educators must be closed. For years the field of physical therapy was unapproachable, wrapped in a mystique of technical jargon and a "hands off" label. The realm was for therapists only, with no understanding and no expectation of understanding from the lay person.

Although the mystique has diminished somewhat, the demand for pediatric physical therapists has increased. Medical technology has contributed to the number of physically and mentally impaired children now surviving. The current cost of homebound services ranges from approximately $50 to $100 per hour.

Socioeconomic factors hindered a parent's ability to observe therapy sessions at a child's developmental preschool program. Parents' work schedules and family demands made participation nearly an impossibility.

Parents surveyed expressed a 100% interest level in a homebound physical therapy program. This is indicative of the motivation and concern for their child's development. However, the reality of the gap between home and school was evident by the fact that only two of the 48 respondents ever actually visited the facility to observe a physical therapy session.

The pediatric physical therapist interviewed emphasized the relevance and necessity of home follow-through to the child's optimum development. The probability that a child could function on a higher gross motor level because of parent involvement is a motivating factor for both parents and professionals to work together toward achieving the child's goals.

Relationship to the Literature

Fugate (1976) emphasized the fact that parents are the most influential teachers in a child's life and that the time a child spends at home far exceeds the time spent at the day program. He informs of the

risk of not educating a parent of a handicapped child by stating,

> Not only is it vital that parents participate in their child's development, but also it is imperative that they know how to participate. Too often, well meaning parents can cause further problems by responding to the child improperly (p. 5).

Reese (1983) emphasized the importance of the home environment in the development of language skills for the hearing impaired child. Since communication is an essential part of life's functioning and the early years of a child's life are the most formative, parents must be taught appropriate stimulation techniques to enhance their child's cognitive and communication skill development. Lack of appropriate stimulation can negatively affect a child's quality of life. Reese concludes by stating:

> Cooperation between the family, the parent-infant program, and the school system is necessary to maximize the child's potential. All must share common knowledge and plan the child's educational future together (p. 6).

Melcer, Fritz, and Boroughs (1970), when discussing the therapeutic unit for special needs

children developed under Head Start, emphasized the importance of parent involvement.

> We are convinced that the power of the influence of the family system is so great as to invalidate any gains that may be made by the child in the therapeutic unit. Thus, family intervention is seen as another major goal of therapeutic education (Melcer, Fritz, & Boroughs, 1970, p. 4).

A study implemented by O'Toole (1990) involved a two-year project in Guyana based on the philosophy of community-based rehabilitation. Thirty volunteers and 25 nursery school teachers were trained to teach the families of 53 visually, hearing, and intellectually impaired children how to work with their children in the home environment. Findings were conclusive that those children whose families were not significantly involved did not make as much progress as those children whose families were involved.

Reese (1983), in a paper presented at the Bell Association Conference, described a home-based program involving parents of hearing impaired children, birth to five years of age. The program was based on the philosophy that the home is the most effective setting for intervention with children of this age. The author

emphasized that in order for children to reach their maximum potential, cooperation between the school and the home is essential.

Onslow, Costa, and Rue (1990) reported findings of a study of four preschool age children who stuttered, in which their mothers were involved in the treatment procedures. The parents were trained in the clinic by a speech pathologist to provide verbal stimulation, elicit responses from their children, and provide appropriate feedback. Results of this study indicate that those children whose families are involved in home treatment have a better chance of reduction of inappropriate speech patterns than those whose families are not involved.

Broen and Westman (1990) reported on a speech therapy program implemented through parents, involving 20 children ranging in age from four to five years, divided into an experimental group and a control group. Through weekly in-center training classes, parents were taught how to enhance the speech development of their child and given ideas for implementation in the home environment. Results of this study indicated that the

children in the control group showed little or no progress in their speech/language development.

Rainforth and Salisbury (1988), in discussing functional home therapy programs for physically impaired preschoolers, stated the need for such programs.

> First, developing proficiency in motor skills requires extensive practice to acquire and refine the desired movement patterns and sequences. Second, children with a variety of disabilities are known to have difficulty synthesizing isolated skills into useful routines and transferring learning from one context into another (Rainforth & Salisbury, 1988, p. 33).

In discussing the Family Daily Routine model developed by Vincent, the authors emphasized the importance of two-way communication in home-school partnerships and the detrimental effect a lack of communication between the two most influential forces in a young child's life can have (Rainforth & Salisbury).

CHAPTER III

Goals and Objectives

The goal of this practicum was to create a link and continuum of services between the preschool therapy department and the family. The following objectives were projected for this practicum:

1. The parents of five children, presently receiving physical therapy through the preschool therapy department, will implement the prescribed home therapy program with 100% accuracy.

2. The five children involved in the project will show a 20% improvement in their gross motor development.

3. The physical therapist involved in the project will indicate that home follow-through is beneficial, that parents utilizing therapeutic techniques is feasible and appropriate and would recommend expansion of the program.

Attainment of the first objective will be measured by administering a pretest at the onset of the project to the parents of the five children involved. This

test will consist of the positioning and exercise techniques that will be taught over the 10-week period. The same test will be administered as a posttest at the conclusion of the 10-week period. This procedure will permit a comparison of the parent's knowledge at the onset of the project with his/her knowledge at the conclusion of the project.

Attainment of the second objective will be measured by administering a gross motor, developmental profile to the five children prior to implementation and again at the conclusion of the project.

The physical therapist involved in the project will be interviewed at the conclusion of the project (see Appendix D) regarding their professional opinion of the benefit of the home follow-through, the feasibility and appropriateness of parents performing therapeutic techniques at home, and the probability of a larger scale ongoing program exhibiting attainment of the third objective. This information will indicate whether the parents are capable and effective in the follow-through of therapeutic techniques.

CHAPTER IV

Solution Strategies

Possible Solution to the Problem

Information collected on previous studies indicated:

1. Parental involvement and home follow-through were the key factors in determining the success or failure of a program.

2. Young handicapped children were more likely to show progress in developmental areas if the parents were properly trained and involved in their program plan.

3. Parents of handicapped children were eager to gain knowledge from professionals in order to enhance the development of their handicapped child.

Fugate (1976), in his report on the Capper Foundation's Early Education Project, stated:

> Programs are more successful when parents are involved in the child's treatment and the U. S. Office of Education specifies that all model programs for handicapped children utilize parents as one component of the project. And, most importantly, parents see

> the need for proper instruction on how to handle their handicapped child (p. 5).

The three goals of the Capper Foundation's parent program were:

> to increase the parents' understanding of the child's condition, to broaden parent knowledge of ways in which to intervene therapeutically with their child, and to develop parent awareness of their feelings and emotional responses to the child's handicap (Fugate, 1976, p. 13).

Revelj (1985), in working with fathers of preschool handicapped children, required each father to attend two half-hour training sessions at the child's therapy site. During the first session, the program goals were explained; and a pretest, indicating the father's knowledge of therapeutic techniques and positive parent/child interaction, was administered. The therapist then modeled the physical handling techniques appropriate for that child and gave the father the opportunity to practice the techniques under the therapist's supervision. Illustrated handouts were given to the father to use at home when working with the child. The second session was scheduled approximately two months later. The father then demonstrated the assigned techniques for the therapist.

Feedback was given by the therapist and a posttest was administered.

Reese (1983), in working with families of hearing impaired children in rural areas of Utah, trained parents to communicate effectively with their child. Parent advisors with a bachelor's degree in a related field were recruited and trained to provide intervention. Intervention consisted of weekly phone calls, written reports, home visits, and quarterly staff meetings. Children were provided with audiological evaluations, hearing aid evaluations, and psychological services. Parents were taught how to elicit the child's auditory and listening skills, use sign language, and teach lip reading. Parent advisors provided the parents with lessons through the use of audio cassette tapes. Children were evaluated at the onset of the program and again after a three-month period.

Onslow, Costa, and Rue (1990), in their work with parents of young children who stuttered, audiotaped the children in various environments. These recordings were utilized by the speech clinicians for assessment purposes. Parents were required to attend scheduled

clinic appointments where the clinician trained the parent in methods conducive to eliminating stuttering. The parent was observed at the clinic applying the treatment methods. Feedback and further instruction was then provided by the clinician. A questionnaire was administered to the mothers once before treatment was implemented, again immediately after the completion of treatment, and again nine months after treatment was completed. The purpose of the questionnaire was to observe the parents' perception of their child's speech patterns.

Broen and Westman (1990), in their work with four- and five-year-old phonologically impaired children, required one or both parents and their child attend weekly classes after an individual assessment of each child was completed. Seventeen classes were required, lasting one and a half hours each. Children were reassessed halfway through the training and at the conclusion of the training. Training was facilitated by a speech/language clinician and a special education teacher. A home activity kit providing materials and instructions were given to each parent focusing on that child's individual goals.

Baker (1989), in his book Parent Training and Developmental Disabilities, discussed the "Parents as Teachers" program. This program was designed for families of children three to 13 years of age who were functioning in the moderate to severe range of retardation. The program instructed the parent in basic behavior management techniques, teaching self-help skills and enhancing speech and language development. Parents were required to attend nine two-hour weekly sessions without their child and three individual assessments with their child. The sessions were held in various community agency facilities during evening hours to accommodate working parents.

> Group leaders use a variety of modalities to instruct parents. The use of brief mini-lectures, small group problem-solving sessions, and focused discussions to present and elaborate ideas. They used action-oriented approaches, such as demonstrations with each other and role-playing to illustrate teaching techniques (Baker, 1989, p. 26).

Solution Strategy

The writer used video technology as a means of connecting families and therapists by providing an

exchange of information and visual demonstrations of exercises, positioning, and other therapeutic handling.

The problem the writer addressed was unique in that due to work schedules, the responsibilities of other children, and socioeconomic factors, such as the lack of transportation, the families involved in the project cannot feasibly attend regularly scheduled in-center physical therapy treatment sessions. The method of implementation did not require in-center visits, which reduced the demand on the family and allowed for active ongoing participation and follow-through in the home environment.

Through the utilization of a pre and posttest of the parent's knowledge of appropriate therapeutic techniques and the child's gross motor developmental level at the onset and conclusion of implementation, the writer demonstrated an increase in the parent's knowledge and an improvement in the child's gross motor development.

The five children selected to participate in the project were presently enrolled in the preschool and programmed to receive physical therapy through the preschool therapy department. None of the five

children received additional physical therapy outside of the preschool program.

Similar to Revelj's (1985) work, the therapist administered the pre and posttest at the onset and conclusion of implementation indicating the parent's knowledge of therapeutic techniques. The parents, as in Revelj's work were provided with illustrated handouts. However, different from Revelj's work, the therapist administered a gross motor checklist to all five children at the onset and conclusion of the project. Parents were not required to attend on-site therapy sessions. The writer brought the videotape to the parent's home along with the illustrated handout. The writer then videotaped the parent exercising/positioning the child. The videotape was shown to the therapist for evaluation. Onslow, Costa, and Rue (1990), in their work with parents of children who stuttered, describe speech clinicians utilizing audiotapes to assess the implementation of learned techniques.

Reese's (1983) project was the only one the writer found which did not require the parent to attend

on-site training sessions and which did not involve direct contact with the therapist.

All the studies the writer researched assessed either the parent or the child's knowledge at the onset and conclusion of the project. None of the studies utilized videotape as a teaching tool in the home environment, as the writer did. Only two of the research studies supplied the parents with written materials to refer to at home.

The writer initially discussed the proposed project with the president of the organization and received tremendous support and encouragement along with approval to implement. The plan was then shared with the director of program services and all interdisciplinary team members including the coordinator of children's services, the supervisor of therapeutic services, the two educational supervisors, and the coordinator of case management. All team members were both enthusiastic and extremely supportive of the proposed project. The writer then met with the home training program staff and the physical therapist to inform them of the proposed project. The reactions ranged from reiterating the relevance of home follow-

through to eagerness and enthusiasm to become involved in implementation. The support from administration was so great that the idea will be incorporated into agency plans for future services.

Cost factors for this project were minimal. The organization currently possesses a camcorder and several VCRs. The cost of the five videotapes were assumed by the agency. The writer was given permission to utilize agency equipment and materials for duplication of handouts. Sessions involving the therapist and child were videotaped during the school day. The writer conducted home visits at the completion of the workday so that project implementation did not interfere with job duties and programming.

The only barrier to implementation the writer foresaw was the lack of parental follow-through. However, after reviewing the questionnaires distributed to parents, the writer believed the probability of that occurring was minimal.

The following was the plan for implementation for this practicum:

Time	People Involved	Purpose
Week 1	Writer and Physical Therapist	1. Discuss format of videotape. 2. Choose families to participate 3. Formulate objective for each child. 4. Obtain copy of physical therapist's schedule to arrange for videotaping.
Week 2	Writer and Parent(s)	1. Writer explains purpose of project and parent's role. 2. Writer has parent sign Participation Agreement (Appendix C). 3. Writer answers questions. 4. Writer schedules a convenient time and day for home visits.
Week 3	Physical Therapist, Writer, and Child(ren)	1. Therapist completes a gross motor checklist for each child (Pretest). 2. Writer videotapes therapist handling/exercising child, verbalizing what is being done, and pausing to provide time for parent to perform prescribed therapeutic exercise. 3. Therapist chooses handout from Hawaii Early Learning Profile (HELP) written by Stephanie Parks, MA (1991), for writer to give to parent(s).

Time	People Involved	Purpose
Week 4	Writer, Child(ren), and Parent(s)	1. Writer visits parent and child at home once per week. 2. Writer shows videotape of therapist and child and home instruction sheet to parent at home. 3. Writer helps to explain videotape and handout to parent. 4. Writer videotapes parent exercising child using therapist's tape as a model.
Week 4	Writer and Physical Therapist	1. Writer shows videotape of parent and child to therapist for initial evaluation of parent's use of techniques, using pretest.
Weeks 5-9	Writer, Physical Therapist, and Child	1. Writer videotapes therapist handling/exercising child, verbalizing what is being done, and pausing to allow parent to do the prescribed therapeutic exercise. 2. Therapist chooses handout from Hawaii Early Learning Profile (HELP). 3. Therapist determines when to proceed on to next gross motor developmental step and the length of time the parent should work with the child on a particular exercise. 4. Writer shows videotape of therapist and child and gives home instruction sheet to the parent. 5. Writer videotapes parent handling prescribed program.

Time	People Involved	Purpose
Week 10	Therapist, Child, and Writer	1. Therapist administers posttest to child indicating progress child has made. 2. Therapist administers checklist to the parent through videotape shown by writer, indicating progress parent has made. 3. Therapist is interviewed by the writer (Appendix D) regarding her professional opinion on the value of the project.

Report of Action Taken

The writer began the implementation phase of the practicum by discussing the format of the videotape with the physical therapist. Due to a change in staffing, the physical therapist interviewed at the onset of the project was not the physical therapist who carried out the project and responded to the final interview. The writer and therapist then chose the families to be involved in the project and formulated a short-term gross motor goal for each child involved. The writer was familiar with all the families listed on the therapist's schedule. Therefore, families chosen to participate were the most likely to follow through

with the project. The therapist and writer chose not to include children who were receiving additional private therapy, in order to assure the validity of the results. The initial problem encountered by the writer was the adaptation of her work schedule to the therapist's schedule. Adjustments were made and the task became easier as the implementation continued.

Those parents chosen to participate expressed appreciation and enthusiasm at the onset of the project. Participation agreements were willingly signed and returned promptly. The parents who participated in the project completed a parent questionnaire (See Appendix E) at the conclusion of the project. Feedback from the parents indicated the time invested in the project was beneficial in helping them to feel more comfortable physically handling/ exercising their child, the progress shown by their child was influenced by participation in the project, and that they would be interested in participating in a similar project in the near future.

The physical therapist completed a gross motor checklist for each child involved at the onset and

conclusion of the project. The writer videotaped the therapist handling/exercising the child and verbalizing what was being done. The writer visited families on a weekly basis where the videotape of the therapist handling the child was shown to the parent and a handout further explaining the therapeutic exercise was given. The parent was then videotaped performing the prescribed therapeutic exercise with their child. The videotape of the parent and child was then shown to the therapist for evaluation, the morning following the home visit.

The therapist completed a pre and posttest evaluating the parent's handling techniques. The writer continuously asked questions of the therapist to assure full understanding of the prescribed therapeutic exercise and made suggestions to the therapist regarding the use of less technical terminology when describing the techniques to the parents.

After viewing the initial videotape of the therapist and child, one of the parents withdrew from the project due to a preexisting medical condition which limited mobility. Another parent was hosting out

of town guests and preferred to view the first tape and perform the therapeutic exercise at the agency's facility. Another parent, while handling her child, using the prescribed techniques, expressed concern regarding the possibility of causing damage.

All children involved in the project were more cooperative when interacting with the therapist in the school setting than with their parent in the home environment. This could be due to the fact that school therapy sessions were taped in the morning hours and home therapy sessions were taped at 4:30 p.m. after a full day at school and a lengthy bus ride. Three of the four children involved in the project had older siblings who, although intended to assist, became a distraction for the parent and child.

All parents needed continuous positive reinforcement and instruction from the writer while handling the child. Confusion resulted most often over hand placement and movement.

This project was totally dependent on audiovisual technology. During the sixth week of implementation, the camcorder malfunctioned and could not be utilized. Immediate arrangements had to be made by the writer for

replacement so that the project could continue. All families involved in the project had to own or have access to a VCR.

The primary motivating factor for the writer during the implementation phase was the eagerness and enthusiasm displayed by the parents.

CHAPTER V

Results, Conclusions, and Recommendations

The objectives for this project, previously stated in chapter three, will be repeated and the outcomes discussed below.

The parents of five children presently receiving physical therapy through the preschool therapy department will implement the prescribed home therapy program with 100% accuracy.

One parent withdrew from the project due to a medical condition inhibiting ability to perform therapeutic techniques. The four remaining parents implemented the prescribed home therapy program with 100% accuracy. This was assured since the writer showed the videotape of the parent performing the prescribed therapeutic technique to the therapist the morning immediately following the afternoon home visit. Corrective action was taken promptly to prevent any incorrect or harmful therapeutic exercises.

At the conclusion of the project, the therapist reviewed the entire videotape of each parent performing

the prescribed therapeutic techniques and completed a posttest which indicated implementation with 100% accuracy.

The four children involved in the project will show a 20% improvement in their gross motor development.

At the onset of the project, the physical therapist developed short-term goals for each of the four children involved in the project. Assessment at the conclusion of the project indicated three of the four children involved showed more than a 20% improvement in their gross motor skill development since the onset of the project. One child showed a 44% increase, another child showed a 33% increase, and a third child showed a 24% increase. The fourth child showed no increase or decrease in skill development.

The physical therapist involved in the project will indicate that home follow-through is beneficial, that parents utilizing therapeutic techniques is feasible and appropriate and would recommend expansion of the program.

The physical therapist involved in the project was interviewed at the conclusion of the project (See

Appendix D). Answers indicate that consistent follow-through at home of therapeutic activities are beneficial to enhance gross motor development and that with instruction from a physical therapist and follow up from a knowledgeable home trainer, parents can successfully therapeutically exercise their child at home. Answers also indicate that a larger scale ongoing program is recommended with provisions made for individual family needs.

Discussion

The results of this practicum indicate that with step-by-step instruction by a licensed physical therapist, through the use of videotape and a home trainer who has some knowledge of physical handling/exercises and the purpose of therapy; parents of physically impaired/developmentally delayed preschool age children can successfully implement a prescribed home therapy program and, therefore, feel more confident when physically handling their child. Results also indicate that through home follow-through developmentally delayed/physically impaired preschool age children can show improvement in their gross motor skill development.

However, the home trainer(s) would need to have flexible schedules and devote the majority of his/her time to this project. Backup technical equipment, such as camcorders and VCRs would need to be available for successful implementation. Parents who elect to participate in the project must be willing to commit to scheduled home visits and daily follow-through of prescribed handling/exercises.

Thusly, results of the writer's practicum implementation are in agreement with the results of previously discussed studies (O'Toole, 1990; Onslow, Costa, & Rue, 1990; Broen & Westman, 1990; Revelj, 1985). With appropriate instruction and monitoring by a knowledgeable professional, parents can successfully implement a home follow-through program and, therefore, enhance the developmental functioning level of their child.

The parent's continuous need for instruction and assurance by the home trainer was not anticipated by the writer. It became evident to the writer that parents of developmentally delayed/physically impaired preschool age children are more hesitant and less confident when physically handling their child(ren)

than when working with them on cognitive, self-help, and perceptual skill development.

Recommendations

The writer recommends comprehensive monitoring by the therapist of parents' handling techniques. The therapist is ultimately responsible for prescribing the therapeutic exercises. Therefore, although the parent is performing the exercises with the child, it is essentially the therapist's responsibility if therapeutic exercises cause damage to the child.

Video technology can be utilized as a means of bringing all therapies (speech, occupational, and physical) into the home environment and, therefore, enhance the developmental functioning level of delayed preschool age children.

Results of this practicum were shared with the members of the interdisciplinary management team as well as agency administration. Support to incorporate the idea into future agency plans were discussed. The possibility of seeking funds for a large scale home follow-through therapy program will be explored. Physical, occupational, and speech therapy sessions can be videotaped and brought into the homes of all

children scheduled to receive therapy. Home trainers can then videotape parents performing the prescribed therapy, give ongoing instruction, and bring the tape back to the particular therapist for evaluation. Staff would be hired specifically for this purpose and be able to devote the time needed to assure the success of the program.

References

Baker, L. B. (1989). Parent training and developmental disabilities. Washington, DC: American Association on Mental Retardation.

Broen, P. A., & Westman, M. J. (1990). Project parent: A preschool speech program implemented through parents. Journal of Speech and Hearing Disorders, 55, 495-502.

Fugate, R. (1976). Begin at the beginning: A report on the Capper foundation's early education project. Washington, DC: Office of Education.

Jaeger, L. (1987). Home Program Instruction Sheets for Infants and Young Children. Tucson, AR: Therapy Skill Builders, A Division of Communication Skill Builders.

Melcer, D., Fritz, M., & Boroughs, M. (1970). An experimental therapeutic program for head start children. (Year-End Report) East Lansing, MI: Michigan State University, College of Human Ecology.

Murphy, L. (1988). Special help: Physical and occupational therapy. Special Parent/Special Child, 4(6), 2-9.

Onslow, M., Costa, L., & Rue, S. (1990). Direct early intervention with stuttering: Some preliminary data. Journal of Speech and Hearing Disorders, 55, 405-416.

O'Toole, Brian. (1990). Step by step: A community based rehabilitation project with disabled children in Guyana. New York, NY: United Nations Children's Fund.

Rainforth, B., & Salisbury, C. (1988). Functional home programs: A model for therapists. Topics in Early Childhood Special Education, 7(4), 33-45.

Reese, E. R. (1983, June). The future is with us: Servicing the hearing impaired child and his family in rural areas. Paper presented at the Alexander Graham Bell Association Conference, Portland, OR.

Revelj, E. O. (1985). Increasing father's participation in therapeutic intervention programs for exceptional children. Dissertation Abstracts International. (University Microfilms EC 190 636).

Appendices

Appendix A

Parent Questionnaire

Appendix A

Parent Questionnaire

1. Is your child presently receiving physical therapy outside of his/her preschool program?

2. Do you take part in the session?

3. Does the therapist come to your home to treat your child?

4. Does the therapist give you exercises and/or activities to perform at home? If yes, do you have difficulty following through with your child's therapy program?

5. Does the therapist provide you with information on positioning, carrying, and lifting your child?

6. Have you ever come into the preschool to observe your child's physical therapy session?

7. Do you feel your child would benefit from a homebound physical therapy program?

Appendix B

Interview with Licensed Pediatric Physical Therapist Onset of Project

Appendix B

Interview with Licensed Pediatric Physical Therapist Onset of Project

1. Do you believe the weekly or bi-weekly therapy sessions a child receives at the preschool program are sufficient for meeting his fullest gross motor potential?

   "No, the follow-through at home and in the classroom are essential to help him meet his maximum potential. We as therapists can be much more effective if the child is exercised properly at home, on a daily basis."

2. What is the significance of follow-through at home?

   "To maintain the level of performance the therapist has strived for and to enhance the child's motor development. An example would be a child who is hypotonic. He/she would need continuous handling and exercises to increase his/her muscle tone. If this child is worked with only one hour per week, chances of improvement or normalization are minimal."

3. Have you, in your professional experience, seen the results of a home follow-through program?

   "Yes, although I have not seen a formal one like the one you have described, it is obvious which parents work with their children at home and which do not. The children of those that do not, may develop abnormal tone which is extremely difficult to correct, or may simply show minimal progress, when their potential for normal tone is much higher."

Appendix C

Parent Participation Agreement

Appendix C

Parent Participation Agreement

I _____ consent to participate in the
(PARENT)

videotaping of myself and my child _____
(CHILD'S NAME)

as part of the home therapy program through the ARC Preschool, which will be implemented by Karen P. Kluger for her practicum experience through Nova University.

_____ _____
Signature of Parent Date

Appendix D

Interview with Licensed Physical Therapist
Conclusion of Project

Appendix D

Interview with Licensed Physical Therapist
Conclusion of Project

1. In your professional opinion, do you feel the children involved in the project benefitted from the follow-through at home? Why? Why not?

   "Yes. Consistent carry through of therapeutic activities is essential to enhance development of a physically impaired child. The videotapes provided feedback which assured me the parent was properly handling their child. I believe involving parents in their child's program results in positive bonding between parent and child."

2. Do you believe the parents have the ability to exercise and position? Are these expectations realistic?

   "Yes, but only with direct instruction from a physical therapist and a home trainer who has knowledge of therapeutic exercises."

3. Did any injuries occur over the 10-week period?

   "No"

4. Did parents make or request adjustments on AFOs and other therapeutic equipment?

   "Yes"

5. Do you foresee this project as a pilot for a much larger scale ongoing program?

   "Yes. As we endeavor to better implement PL99-457, Part H programs that include more therapeutic intervention at home, like this videotaping pilot, are important. This entails including the family in not only setting goals, but achieving them as well.

Although, we must be aware that there are families who are unable to handle the child therapeutically at home. The reasons for this may be work outside the home, financial and time limitations, other children at home, etc. Some families are so overwhelmed with the inherit emotional issues of having a child with a disability that any therapy at home is unrealistic. For the above families, proper positioning, carrying, and lifting techniques are more feasible than a full "home exercise program." Overall, with this project, only positive outcomes have come about."

Appendix E

Parent Questionnaire
Conclusion of Project

Appendix E

Parent Questionnaire
Conclusion of Project

Name: _____

Date: _____

1. Do you feel the time you invested in the practicum project was beneficial?

   Why or Why not?

2. Do you feel more comfortable physically handling/exercising your child than you did at the onset of the project?

3. Do you believe the progress your child has made was influenced by your participation in the project?

4. Would you be interested in participating in a similar project sometime in the near future?