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ABSTRACT

This paper introduces a document that presents a set of indicators that the Council for Exceptional Children's Division for Early Childhood recommends for early intervention and early childhood special education (EI/ECSE) programs for infants and young children with special needs and their families. The indicators selected are research-based or value-based, family-centered, compatible with a multicultural perspective, involving members of various disciplines, developmentally and chronologically age appropriate, and normalized. The paper outlines the evolution of early intervention practices, suggests uses for the set of indicators, and details the process used in identifying the recommended practices. This process included establishment of the Recommended Practices Task Force, which appointed chairpersons for each particular strand. Chairpersons conducted working sessions at which recommended practices were identified by experts, practitioners, and family members. The practices were formatted into a questionnaire sent to practitioners, family members, and individuals from higher education and administrative positions. Practices which were rated as a "Best Practice" by at least 50% of the questionnaire respondents were selected for inclusion in the indicators document. (Contains 11 references.) (JDD)

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Establishing Recommended Practices for Programs for

Infants and Young Children with Special Needs

and Their Families

Samuel L. Odom and Mary E. McLean

Programs for infants and young children with special needs and their families have become an accepted and valued practice in our society. By law (PL 99-457, amended by PL 102-119), preschool-aged children with disabilities (and their families) are entitled to early intervention services, and many states have chosen to provide such services for infants and toddlers and their families (Thiele & Hamilton, 1991). This institutionalization of early intervention practice has been pushed by a research literature that has documented the positive effects of such intervention practices upon children and families (Ramey & Ramey, 1992; Shonkoff & Hauser-Cram, 1987) as well as compelling popular opinion that early intervention, as reflected through Head Start and other programs, is a good investment of resources.

Early intervention and early childhood special education practices have evolved systematically over the last 25 years. An active program of research and development supported by the federal government (HCEEP and EECDP model demonstration programs), program development at the state and local levels, and an active research literature (e.g., Journal of Early Intervention, Topics in Early Childhood Special Education) have provided information upon which program developers can base their decisions about practices that they should include in their program. In addition, movements within the field, which reflect the values of professionals and families, have provided a basis upon which to choose practices.

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Perhaps because of the quantity of information available to program providers and parents, professionals have attempted to establish "Best Practice" within the field of early intervention and early childhood special education. Authors and task forces within states have created a list of practices from research literature and clinical experience (DeStefano, Howe, Horn, Smith, 1991; Hanson & Lynch, 1989; McDonnell & Hardman, 1988), and in some cases such lists have been validated at the state level (Arizona State Department of Education, 1987). These reviews and summaries represent important first steps in determining practices that would be recommended to the field. A next step would be to involve experts, practitioners and families, at a national level, in the actual identification of practices and to validate the practices with a broader group of practitioners or families.

Purpose of DEC Recommended Practice Document

The purpose of this document is to describe a set of indicators that the Division for Early Childhood (DEC) recommends for early intervention and early childhood special education (EI/ECSE) programs for infants and young children with special needs and their families. The indicators may be useful in several ways. Professionals may use them to examine the practices that they currently employ in their programs. Individuals starting early intervention or early childhood special education programs may use these indicators as a guide for selecting practices for their program. Also, family members may use the indicators described in this booklet as a "consumer" guide for selecting a program for their child with special needs.

A Note on terminology.

"Best Practice" is a label that is commonly applied to indicators such as those

included in this book. In fact, the Task Force responsible for this document initially used this term to describe the practices included on the following pages. However, Best Practice implies that a practice or set of practices is most appropriate for all children with special needs and families. In some cases this may be true, but an assumption that serves as the foundation for this field is that practices have to be selected and used based upon the individual needs of a child and family. As such, we have chosen to use the terms "Recommended Practice" and "Indicators of Quality" as a way of conveying that the practices are recommended for programs, reflect quality services, and have substantial support from the field. However, program providers and families must base their decision about using any of these practices upon the needs of specific children and families.

"Best" or "Recommended" practices are by nature time-bound. From the process that we followed (described below) we are confident that the practices in this document are useful and important for EI/ECSE programs in the early 1990s. However, the field is pushed by a number of factors (e.g., a research base, changing population, political climate). Practices that are recommended today may be obsolete tomorrow. Thus, we recommend that these indicators of quality are a first step in identifying recommended practices. Periodically (e.g., every three to five years) these practices should be reexamined and updated.

Criteria for Recommended Practices

To choose practices that could be recommended to program providers and families, one must first establish criteria. These criteria are assumptions about the factors that are important in EI/ECSE. In this undertaking, to be considered as a "Recommended Practice,"

indicators had to reflect or at least be compatible with the criteria described below.

Research Based or Value-Based

Recommended practices are supported by research that demonstrates positive effects for infants, young children with disabilities, and/or their families. It is possible that some indicators are firmly held as recommended practice, but a program of research has not been conducted to demonstrate their positive effects. That is, they reflected the values of our field and may precede empirical validation. In such cases, indicators would be value-driven and supported by a consensus within the field.

Family-Centered

Recommended practices are family-centered if they are concerned about the welfare of the family and the welfare of the child rather than focusing exclusively on the child. The family (inclusive of the child) becomes the center of intervention decisions and efforts. The intervention program is peripheral to the family, facilitating the family's objectives and priorities for the child.

Multicultural Emphasis

Recommended practices are compatible with a multicultural perspective. That is, practices must be able to be adapted for use with children or families who hold values or identify themselves as members of ethnic groups that differ from the mainstream in American society. Such a multicultural emphasis must acknowledge not only the individualized needs of children or families, but also the individual value system of the cultural group with whom they identify.

Cross Disciplinary Participation

Practices should involve the efforts of members of various disciplines working as a team rather than as individual professionals. Such efforts necessitate that members of the team function together as a unit sharing their discipline-specific information and skills. Team members may share roles and responsibilities across disciplines. Frequent communication among team members is necessary to ensure joint decision making and information sharing.

Developmentally/Chronologically Age Appropriate

Developmentally appropriate has been defined by the National Association for the Education of Young Children (NAEYC) in relation to programs for typical young children as the extent to which knowledge of child development is applied in program practices (Bredekamp, 1987). The concept of developmentally appropriate practice may be equated with the "problem of the match" (i.e., matching the learning environment and experiences to the child's developmental level). The guidelines developed by NAEYC for ensuring developmentally appropriate practice are also appropriate for the early education of children with special needs; however, Wolery, Strain and Bailey (1992) noted that the guidelines alone are not likely to be sufficient for many children with special needs. A match must also be made on the basis of the unique learning needs presented by the child with special needs within the context of an environment and learning experiences that are chronologically age appropriate. In other words, a four year old with severe impairments should be in learning environments appropriate for typical four year olds with learning activities which match his unique needs.

Normalized

Normalization has been defined by Nirje as "making available to all persons with disabilities... patterns of life and conditions of everyday living which are as close as possible to... the regular circumstances and ways of life of society" (Cited in Bailey & McWilliam, 1990). Bailey and McWilliam (1990) remind us that the normalization principle is not equivalent to mainstreaming as a service delivery option. Normalization also involves aspects of the physical environment, teaching strategies and family involvement. A continuum of services should be considered by the family and professional team as service delivery decisions are being made. If a mainstreamed or inclusive setting is not selected for service delivery, the normalization principle still applies to the manner in which intervention is undertaken. Similarly, inclusion in a regular early childhood setting alone does not ensure that the normalization principle has been followed. Bailey and McWilliam (1990) suggest that normalization is followed when the least intrusive and most normal strategies are being followed to achieve effective intervention.

The Process for Identifying Recommended Practices

At the Spring, 1991 Conference of the Council for Exceptional Children, the DEC Executive Board established the Best Practice Task Force (now the Recommended Practices Task Force). The purpose of the task force was to identify practices that would indicate quality EI/ECSE and that could be recommended to the field. The following individuals participated as members of the task force:

Samuel L. Odom and Mary E. McLean, Co-Chairs

Susan Fowler, President of DEC

Larry Johnson, Chair, DEC Research Committee

Mary McEvoy, Chair, DEC Publications Committee

Susie Perrett, Co-Chair, DEC Family Concerns Committee (and parent)

Christine Salisbury, President-Elect of DEC

Barbara Smith (ex-officio), Executive Director of DEC

Vicki Stayton, Co-Chair, DEC Personnel Preparation Committee

Daphne Thomas, Chair, DEC Multicultural Committee

Through a series of conference calls in the Summer of 1991, the Task Force determined the process for identifying recommended practices, the individuals who would have major roles in this process, and the format for disseminating this information. During these calls, the Task Force determined the dimensions of EI/ECSE that reflected logical divisions of the field. These divisions were called "Strands", and chairpersons, who were leaders in the field for each particular area, were appointed. The individual strands and their chairpersons are listed at the front of this booklet.

Incorporating the views and perspectives of experts, practitioners, and family members into the development of the recommended indicators was an essential aspect of this process. Strand Chairs were asked to invite individuals with expertise in their strand areas to attend a working session that immediately followed the DEC Conference in St. Louis in 1991. A notice was placed in the DEC Communicator describing the working sessions and inviting the DEC membership to participate. In addition, the DEC Family Concerns committee organized, and DEC provided some financial support for, parent participation. As a result, there was at least one parent participant in each of the working groups.

At the working sessions, which lasted from two to four hours, participants identified recommended practices for each strand. Following the meetings, Strand Chairs edited the resulting list of indicators, sent them out to participants to approve, after receiving comments from the participants, and sent the revised list to the Task Force Co-Chairpersons.

The Co-Chairpersons again edited the indicators (i.e., for redundancy and style) and created a validation questionnaire. This questionnaire required respondents to rate each item as to their agreement that the item represented a Best Practice (strongly agree, agree, disagree, strongly disagree, don't know, or don't understand). Also, participants rated the extent to which the practice is currently used in programs (frequently, sometimes, rarely, never, or does not apply to programs respondent is familiar with). This questionnaire was then sent to a sample of 800 individuals for validation.

The validation sample was made up of three groups. The first group was composed of 400 DEC members. These included members who volunteered to review the indicators, all DEC subdivision officers, and members randomly selected from the membership list. The second group, (n=200) was family members. These individuals were suggested by the DEC Family Concerns Committee, suggested by DEC subdivision presidents, were family members of state interagency coordinating councils, or were family members of the national Parent Training and Information Centers. The third group was composed of 200 individuals from higher education and administrative positions. These individuals were field reviewers for the Journal of Early Intervention and Topics in Early Childhood Special Education, were nominated by Strand Chairs as having expertise, or were listed by the Teacher Education Division of CEC as associated with personnel preparation programs in EI/ECSE. In

addition, 41 individuals who hold joint membership in DEC and The Association of the Gifted (TAG), of CEC, were asked to validate the strand for children who are gifted.

The initial mailing to these respondents occurred in June, 1992, and postcard reminders were mailed two weeks later. A second mailing occurred approximately one month after the postcard reminder. By August, 1992, over 60% of the respondents had returned their questionnaires, which was the minimum criteria established for this questionnaire. The criteria established for judging that specific items were or were not considered to be "best" practice was that at least 50% of the respondents rate the items as "strongly agree" or agree. All of the items in this document passed this criterion.

Conclusion

The intent and hope of all individuals participating in this process is that the list of recommended practices that follows will provide guidance in developing or evaluating programs for infants and young children with special needs and their families. Furthermore, it is hoped that issues raised during this process will provide a stimulus and focus for future research. As noted above, these recommended practices reflect the "state of the art" of EI/ECSE as it exists today. What is "state of the art" today may be archaic five years from now. Only a continuing process of review and revision will maintain the quality of a set of indicators that essentially defines the field. Therefore, with this work we hope that we have begun a process which will involve periodic and continual review and discussion of recommended practice for our field.

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