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## ABSTRACT

This project was designed to provide training to personnel serving infants and young children with disabilities and their families. The outcome was increased capacity for state and local service agencies in Oregon, California, and Idaho to deliver quality home-based services for young children (birth through six) with disabilities and their families, including those from diverse cultures and backgrounds. This was accomplished through the replication of the Family Consultant Training (FCT) Model within local community programs presently serving infants, toddlers, and their families: Training in the FCT model was provided to administrators, early intervention specialists, paraeducators, early Head Start professionals, Healthy Start home visitors, health nurses and case managers serving or planning to serve infants and toddlers with disabilities and their families. The model used a module training design paired with a corresponding pre-training assessment tool (the Rating Scale of Early Intervention Practices) allowing for effective delivery of individualized training. Successful implementation of practices by the 160 participants resulted in more family focused services for 1,400 young children and their families. The training of trainers was an integral part of the project design and allowed for cost effective dissemination of the model and a mechanism to ensure extended training beyond the life of the grant. The 33 trainers involved have completed formal second generation training for 90 participants and informal training for many more. This final report describes the project and its accomplishments, and includes the following nine appendices: (1) Project Needs Assessment and Follow-up Form; (2) FCT training objectives; (3) Sample FCT Training Module; (4) Sample FCT Lecture; (5) Dissemination Information;

(6) FCT Training Participants; (7) Trainer Training; (8) Trainer Training Material; and (9) Trainer Training Participants. (SG)

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Training Personnel for the Education of Individuals with Disabilities  
Grants for Personnel Training

Special Projects  
(CFDA 84029K)

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**The Family Consultant Training Program  
Final Report**

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May 29, 2001

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## I. PROJECT DESCRIPTION

The Family Consultant Training (FCT) project was designed to provide training to personnel providing services for infants and young children with disabilities and their families. The outcome of this project was an increased capacity for State and local service agencies in Oregon, California and Idaho to deliver quality home based services for children with disabilities (children birth through six) and their families, including those from diverse cultures and backgrounds through access to high quality training for family consultants. The FCT Model was designed to disseminate information, increase knowledge and improve skills in exemplary practices in early intervention services.

The project enhanced services by providing training and technical assistance to early intervention and early childhood special education professionals and paraprofessionals. Training efforts were designed to emphasize the needs of children whose families reside in rural areas, as well as children from diverse cultures and backgrounds.

### Project Objectives

- I. Development of the FCT program.
- II. To field test the FCT program.
- II. Disseminate the FCT program
- IV. To develop the training of trainers component
- V. To prepare trainers and install the program locally.
- VI. To evaluate the effectiveness of the FCT program.

## III. PROJECT ACCOMPLISHMENTS

The following section will summarize the accomplishments during the three funded project years plus the no-cost extension year which ended in December 2000. The following narrative and charts will present each project goal, with the specified objectives and activities for accomplishing the

goal. Each will be followed by the **outcomes and accomplishments** four year reporting period.

### **Project Goal, Objectives, Activities and Outcomes**

#### **Goal I. Development of the FCT program.**

The goal of this project centered around the development of the family consultant training program. This was accomplished through literature, and peer and parent reviews, surveys of need and testing of model components. The model components were developed using the TRIM model, a nationally validated inservice development model designed at Teaching Research.

#### **Objective 1.0: To update the review of the literature**

A literature review was completed and developments in the field were closely monitored throughout the project so that the modules reflected exemplary practice supported by research.

#### **Objective 2.0: To survey practicing professionals for perceived training needs**

Surveys of individuals completed by the CORE project, an Oregon based systems change project were used for initial development. Ongoing evaluation as the project trained sites was done so the model could be modified accordingly. The project determined as a result of ongoing training surveys that there was a need for specific implementation strategies for working with families with multiple issues and for routine based teaching strategies such as parent/child interaction and infant massage. As part of follow up to demonstration sites involved in the project, parents receiving services were interviewed to look at the impact of training and the areas they perceived as needing improvement. Results of the survey completed at the Medford, Oregon site indicated that parents felt that their early intervention providers provided information and conducted their interventions in a very family friendly way, they understood the purpose of assessments and felt they were an integral part of the development of family service plans. The areas of need appeared to be their understanding of ways to implement teaching activities during their daily routines. This matched rather closely with the

grant staff's observations and the Medford staffs' perception of need for training.

The project developed a team need's assessment form, the Rating of Early Intervention Practices form (REIP) that can be used by trainers to determine specific training needs for each program. This assessment formed the base for a journal article which is being submitted to several juried journals (see Appendix A).

**Objective 3.0: To design the FCT program using the TRIM model.**

The initial training program was designed using the TRIM model. The module training objectives, activities and evaluation are included in Appendix B. Modifications were made throughout the project based on the evaluation of training results, feedback from participants and staff observation.

**Objective 4.0: To develop training materials for the FCT.**

The training materials were finalized to include 10 modules. A copy of the table of contents and a sample module are included in Appendix C. Copies of all materials are available on request from Teaching Research. As a part of the training a short video tape was developed to assist local trainers in teaching positive touch as a strategy to support parent child interaction. The video cover and accompanying booklet is included in Appendix C. Lectures, activities and other materials were developed and finalized in a format that could be used by local trainers. See a sample lecture in Appendix D.

GOAL	OBJECTIVES	ACTIVITIES	OUTCOME	ACCOMPLISHMENTS
I. To Develop the Family Consultant Training (FCT) Program.	1.0 To update literature review.	1.1 To review the most current literature pertaining to the proposed FCT program components. 1.2 To use updated literature review information in developing FCT content.	1.1.1-1.2.1 To make initial determination of FCT content.	1.1.1.1-1.2.1.1. A literature review was completed and the initial content was identified
	2.0 To survey currently practicing professionals as to their perceived training needs.	2.1 Develop survey instrument. 2.2 Distribute survey materials. 2.3 Review and analyze survey results.	2.1.1-2.4.1 To add considerations from survey to determination of FCT content.	2.1.1.1-2.4.1.1. A team training needs survey (REIP) was developed in addition to surveying Oregon Training needs and progress in meeting goals could be accomplished. (Appendix A) Survey results led to the development of additional content for modules in parent/child interaction, infant massage, strategies for working with families with multiple issues, and general communication strategies.
	3.0 To design the FCT program using the TRIM model.	3.1 Develop the training outcomes. 3.2 Design training objectives. 3.3 Develop training activities. 3.4 Design training evaluation. 3.5 Review of proposed program by field expert and task force.	3.1.1-3.5.1 The FCT Program.	3.1.1.1-3.5.1.1. Training objectives, activities and evaluations were developed and reviewed. See Appendix B for final outcomes, objectives and activities.
	4.0 To develop the training materials for the FCT program.	4.1 Develop needed lecture materials. 4.2 Develop visual materials - tapes, overheads, etc. 4.3 Develop needed role play and other interactive training activities. 4.4 Produce the training materials.	4.1.1-4.4.1 Completed materials for the FCT program and manuals for participants.	4.1.1.1-4.4.1.1. Materials were developed to include 10 modules with activities, lecture content and tapes. See Appendix C and D.



## **Goal II. To field test the FCT program.**

The project field tested materials to determine the viability of the content and training process. The field test sites were identified in Medford and Albany, Oregon. After completion of testing and review by participants materials were updated to reflect feedback. The updating process continued through year 3 of the project at which point materials were finalized.

### **Objective 1.0: To conduct pretraining visit to participants.**

A pretraining visit was conducted at Linn-Benton Education Service District, the initial field test site. The Medford Early Head Start also received a pretraining visit prior to initial training. At that time, the project conducted an initial version of the REIP needs assessment to determine the baseline understanding participants had of family centered services.

### **Objective 2.0: To conduct the field test training sessions.**

An initial field test training session was completed for Linn-Benton Education Service District in Oregon in July, 1997. A second field test occurred in Medford during 1997. Participants completed a training evaluation from indicating the portions of training they felt were effective and those that needed improvement. Revisions were made based on trainee feedback.

### **Objective 3.0: To conduct the post/training follow up visits to sample and analyze the results.**

The participant evaluation will be followed by onsite evaluation. It was found that for many of the objectives, particularly those that involved systems change such as assessment and transition, that up to two years were needed for full implementation.

### **Objective 4.0: To make indicated modification to the training program.**

The project found that most sites chose to have technical assistance in the form of additional training with evaluation occurring on site as part of the training process.

GOAL	OBJECTIVES	ACTIVITIES	OUTCOME	ACCOMPLISHMENTS
<p>II. To field test the FCT Program.</p>	<p>1.0 To conduct pre-training visit to participants.</p>	<p>1.1 Select training participants based meetings with regional coordinators in Oregon. 1.2 Develop the survey and evaluation instrument. 1.3 Schedule visits to the participants. 1.4 Visit participants and collect data.</p>	<p>1.1.1-1.4.1 Summarize the pretraining data.</p>	<p>1.1.1.1. Initial participants were selected at Linn Benton ESD and Jackson County EHS. 1.2.1.1 See appendix A for summary of survey and evaluation instruments developed 1.3.1.1-1.4.1.1. Initial field test data has been collected at Linn &amp; Benton ESD</p>
	<p>2.0 To conduct the field test training sessions.</p>	<p>2.1 Schedule the field-test sessions. 2.2 Conduct the field-test training. 2.3 Collect and summarize formative data collected during the training.</p>	<p>2.1.1-2.3.1 Summarize the training data.</p>	<p>2.1.1.1.-2.3.1.1. Field test sessions were conducted and summarized. Modifications in training were made in response to this field test.</p>
	<p>3.0 To conduct the post-training/follow-up visits to the selected sample and analyze the results.</p>	<p>3.1 Schedule post training/-follow-up visits. 3.2 Visit the participants, provide follow-up technical assistance as needed and collect post-training data.</p>	<p>3.1.1-3.2.1 Summary of the pre/during/post training data and recommendations for modifications in the content or training as indicated by the data.</p>	<p>3.1.1.1.-1.2.1.1. Follow-up was completed at sites and modifications were made in the training schedule and content.</p>
	<p>4.0 To make indicated modifications to the training program.</p>	<p>4.1 Modify FCT program content as needed. 4.2 Modify FCT program training as needed.</p>	<p>4.1.1-4.2.1 Finalized FCT program.</p>	<p>4.1.1.1.-4.2.1.1. Modifications and updates were ongoing through year three with final changes made at the end of year three. See Appendix C for a sample module and listing of modules developed. See appendix D for a sample lecture.</p>



### **Goal III. To disseminate the FCT program**

The ultimate goal of dissemination activities is the stimulation of increased and improved services to infants and toddlers with disabilities, and their families, who are receiving early intervention services. This was accomplished through the dissemination of information and materials that will enhance knowledge about and interest in staff development (training) opportunities available through this special project.

#### **Objective 1: To develop awareness materials to advertise the availability of the program.**

A brochure that describes the FCT model was developed and disseminated at conference and was distributed through the Teaching Research Early Childhood & Training Department's mailing list which contains approximately 2,000 names of early childhood and early childhood special education personnel. In addition, we mailed the brochure in response to personal contacts, written and phone inquiries.

The project staff submitted three articles which were printed in the quarterly newsletter published by the Teaching Research Early Childhood/Training Department. In addition to early childhood practitioners, the newsletter also is sent to SEA Part H coordinators as well as Region X Early Head Start programs

The project had a web site describing the FCT project which has been incorporated into the Teaching Research Website with the completion of the project. Training that is continuing on a fee for service basis that uses FCT modules is located at <http://www.tr.wou.edu/train/>.

Copies of the training website and the brochure are located in Appendix E.

#### **Objective 2.0: To coordinate with the State Department of Education and other training agencies to advertise training.**

The project worked with state level personnel at the Department of Education, State Early Headstart personnel and others in the targeted states to assure that individuals identified for training

were appropriate and that information on the project was widely available.

**Objective 3.0: To present the FCT program at state, regional and national conferences.**

The project staff completed presentations at regional, state and national conferences during the project. The project presentations are summarized in Appendix E.

**Objective 4.0: To conduct ongoing training in the FCT program.**

The FCT model had twelve initial training objectives. Some of these objectives were deleted or collapsed into fewer with others added based on input from teams trained and follow-up provided to them. These objectives were reflected on the REIP, which was administered to participants and their supervisors before and after training. Training was delivered in response to training needs determined by the needs assessment process.

The trainee's performance on each training objective was scored on the Objective Summary Form and recorded on an on-going basis. In addition to the trainees' performance during training, demographic information was captured at the beginning of each training session and trainee satisfaction data was gathered at the end of each training session. All of the data collected during training was summarized, analyzed and reported. The project has provided training for teams in Albany, Oregon, Klamath Oregon, Medford, Oregon, Salem, Oregon, Lewiston, Idaho, and Coos Bay, Oregon (total of 160 individuals trained). Appendix F summarizes agencies impacted, individuals trained and the training objectives completed by members of each team trained. More than 1400 children and families were impacted by the training provided. The evaluation section summarizes feedback and comments collected from training sessions.

**Objective 5.0: To provide individualized follow-up/ training and evaluation to FCT participants at their work-site.**

The second portion of the FCT model training involved follow-up/technical assistance to the trainees. These are individually tailored to best meet the needs of each trainee. The format varied

depending upon the needs identified by each team. Technical assistance activities included on-site mentoring visits by project staff, conference calls on specific topics, telephone contact or submission of a completed IFSP for project staff to review and return with feedback and suggestions. Follow-up activities have been completed in Medford, Oregon; Albany, Oregon; Klamath Falls, Oregon; Coos Bay, Oregon and Lewiston, Idaho. The project staff found that many of the components such as use of curriculum based assessment, team function, transition and a family focused approach to working with families required system changes that did not occur immediately after the completion of training. In some instances, implementation at a quality level did not occur until two or two and one half years past the initial training session. Components that were more easily implemented and measured once initial training had been completed included more discrete teaching strategies such as routine based intervention, the use of positive touch as a way to encourage parent child interaction and teach communication and social skills and the mapping process for developing IFSPs or family plans. A summary of results is discussed in the evaluation section and in Appendix F. Figure 2 will provide a summary of Goal II.

GOAL	OBJECTIVES	ACTIVITIES	OUTCOME	ACCOMPLISHMENTS
<p>III. To disseminate the FCT Program.</p>	<p>1.0 To develop awareness materials to advertise availability of the program.</p> <p>2.0 To coordinate with the State Department of Education and other training agencies to advertise training.</p> <p>3.0 To present the FCT program at state, regional and national conferences.</p> <p>4.0 To conduct on-going training in the FCT program.</p> <p>5.0 To provide individualized follow-up training and evaluation to participants from the FCT program at their work site.</p>	<p>1.1 Design FCT program brochure.</p> <p>1.2 Obtain mailing lists from other agencies.</p> <p>1.3 Mail out brochures.</p> <p>1.4 Design the Internet home page.</p> <p>1.5 Edit and produce the Internet home page.</p> <p>2.1 To contact other agencies and make arrangements for dissemination of information about the FCT Program.</p> <p>2.2 Supply training information to the SDE and others for distribution in their newsletters and mailings.</p> <p>3.1 Prepare abstracts for submission to: - NAEYC - state, regional, national - DEC - state, regional, national - CEC - Early childhood strand - state, regional, national</p> <p>3.2 Prepare presentations for accepted conferences.</p> <p>3.3 Deliver presentations on FCT program.</p> <p>4.1 Contact participants interested in training and make arrangements.</p> <p>4.2 Schedule FCT program sessions.</p> <p>4.3 Conduct FCT program.</p> <p>4.4 Summarize results of FCT training.</p> <p>5.1 Conduct follow-up visits to direct service participants. Provide support/technical assistance training and collect implementation data.</p> <p>5.2 Summarize implementation data.</p> <p>5.3 Administer the post Brass Tacks to participant.</p>	<p>1.1.1-1.5.1 State, region, nationwide mailing on FCT program.</p> <p>2.1.1-2.2.1 Distribution of FCT information through existing agency communications.</p> <p>3.1.1-3.3.1 Conduct awareness level training in FCT program at state, regional, national conferences.</p> <p>4.1.1-4.4.1 Summary of FCT training to include: - demographics - % of training objectives successfully completed - participant evaluation of training</p> <p>5.1.1-5.2.1 Summary of FCT implementation to include: - extent of implementation - quality of components implemented</p> <p>5.3.1 Summarize the pre/post Brass Tacks data.</p>	<p>1.1.1.1-1.3.1.1.1 A brochure was developed and distributed. See appendix E</p> <p>1.4.1.1-1.5.1.1 Home page was developed. Training information was assimilated into the Teaching Research Early Childhood page at the conclusion of the grant...(Appendix E)</p> <p>2.1.1.1-2.2.1.1.1 Information was distributed to Oregon Department of Education personnel and was sent to regional contractors this summer.</p> <p>3.1.1.1-3.3.1.1.1 Presentations were made throughout the 4 project years. See Appendix E for a listing of presentations and workshops</p> <p>4.1.1.1-4.4.1.1.1 Training was provided for 160 participants during the project. A summary of participants, training objectives and evaluations are located in Appendix F.</p> <p>5.1.1.1-5.3.1.1.1 Follow-up was completed for Albany, Medford, Coos Bay, Klamath Falls, Salem and Lewiston, Idaho. See Appendix F for a summary.</p>

**Goal IV: To develop the training of trainers component.**

The development and implementation of training for trainers was perhaps the most significant aspect of the project in terms of ensuring longevity of the training program. This goal addressed the preparation of the trainer program.

**Objective 1.0: To update the review of commercial training materials for relevant techniques.**

A review of commercial and federally developed materials was completed to assist in determining appropriate formats for rural participants and local trainers. The review information was used as the project staff designed the trainer component.

**Objective 2.0: To design and develop the trainer/mentor training component.**

The trainer component of this project provided the participants with the skills that they will need in order to train others in the FCT model. The trainer training session included the participant in activities on ways to develop, implement and evaluate training using the FCT materials. The trainer training component was developed using the processes and procedures from the Teaching Research Inservice Model (TRIM). Competencies, objectives, activities and materials, and evaluation strategies were developed for the trainer training session (see appendix G).

**Objectives 3.0: To field test the trainers session**

The field test for the training occurred in Linn County. The project staff worked with the participants to identify areas that needed improvement and then modified the training manual and materials for subsequent trainings.

GOAL	OBJECTIVES	ACTIVITIES	OUTCOME	ACCOMPLISHMENTS
<p>IV. To develop the training of trainers component.</p>	<p>1.0 To update review of commercial training of trainer programs for relevant techniques.</p> <p>2.0 Design the FCT trainer program.</p> <p>3.0 To field-test the trainers session.</p>	<p>1.1 Review commercial materials, magazines and HRD journals for effective models/techniques for training trainers.</p> <p>1.2 Identify relevant techniques based on review findings.</p> <p>2.1 Identify and develop competencies needed by the trainer to conduct the FCT program.</p> <p>2.2 Develop the objectives for the trainer sessions.</p> <p>2.3 Develop activities for the trainer session.</p> <p>2.4 Design materials for the trainer session.</p> <p>2.5 To design the follow-up support and monitoring system for the trainers.</p> <p>3.1 Select participants for the field-test that have successfully completed the FCT program.</p> <p>3.2 Schedule the field-test and make necessary arrangements.</p> <p>3.3 Conduct the trainers field-test.</p> <p>3.4 Collect and analyze the results of the field-test session.</p>	<p>1.1.1-1.2.1 Identify techniques to be used for training trainers.</p> <p>2.1.1-2.4.1 The FCT trainer program completed.</p> <p>2.5.1 Technical assistance will be provided as necessary for the trainers.</p> <p>3.1.1-3.4.1 Recommendations for any changes in FCT trainer content or training as indicated by the data.</p>	<p>1.1.1.1-1.2.1.1. The review of trainer programs was completed.</p> <p>2.1.1.1.-2.5.1.1. See Appendix G for trainer objectives. The monitoring system was built into the trainer training.</p> <p>3.1.1.1.-3.4.1.1. The trainer materials were tested in Medford, Oregon and modifications were made to the training materials..</p>



**Goal V. To prepare trainers and install the program locally.**

Trainers were selected from Salem and Medford, Oregon and Arcata, California. Sites were selected based on the program's need to provide ongoing training to staff and their ability to support their trainers in the training process.

**Objective 1.0: To provide replication training for locally based trainer/mentors.**

The individuals identified to become trainers first completed training in the FCT model to obtain needed overview information on the content of the model. Training of trainers sessions were completed in Salem and Medford, Oregon and Arcata, California for 33 trainers. Many of the trainers selected had extensive experience in staff development and training and in some cases are part of regional training teams and indicated they had resources to complete ongoing training in the FCT model.

These sessions provided the participants with the skills and knowledge necessary to become a second generation training site (see table of contents and sample of training of trainers participant manual in Appendix F). The 33 participants completed 100% of the series of trainer objectives that will enable them to train other persons at their site or in their region. Feedback for these individuals indicated a willingness to use the materials in future staff training. See Appendix I for a listing of trainers completing training, objectives completed, trainer feedback and sample implementation plans.

**Objective 2.0: To support trainers as they conduct training locally.**

The trainer materials drew upon a variety of resources to ensure the integrity and success of the local training. To ensure the integrity of the training those parts of the training that call for a great deal of **content expertise** were scripted by project staff, or in some cases the content information is presented by key project personnel through video tape presentations. Individuals who were trained as trainer/mentors were supplied with a trainer's manual containing all lectures, copies of overhead

transparencies, role play and practica activity plans, and the opportunity to check out video tapes for training that will be conducted at their own site (Appendix F contains a sample section). The trainer's manual was set up in a manner that allows them to select sections that correspond to objectives that may be identified through the REIP. Two video tapes were developed on communication strategies and positive touch for infants, which support the training materials. Teaching Research has also established a video lending library for locally based trainers.

Follow-up technical assistance and support is a vital feature of the proposed project. Technical assistance is viewed by the applicant as an ongoing process that is individualized to meet the specific needs of each training site. The amount and type of technical assistance and support to trainers was individually negotiated. Trainers were provided with training materials that could be duplicated, lectures and overhead transparencies, as well as access to the extensive video library at Teaching Research. The purpose of technical assistance was to assist the local trainers to develop their own onsite training systems. In working with individual sites, the project staff found that trainers tended to complete training one module at a time, often over several weeks or a month and then follow up on trained material prior to moving to another module. Based on this information we modified our training materials so that modules were stand alone and could be identified as having basic or advanced information. Trainers used the materials to train both parents and staff in their programs, modifying the material as needed based on the information provided in the trainer training. To date the local trainers have completed training for 70 individuals across six objectives including, family systems, positive touch, routine based intervention, parent child interaction, communication and mapping. When surveyed, trainers indicated that they had plans to continue using the materials and information to provide training to their staff and to parents in their programs. Feedback from the trainers indicated that the trainer training improved their training capabilities by providing clear materials and instructions for designing and implementing training; planning time was reduced; their

training skills were improved by the addition of skills in the area of adult learning requirements; and that the observation, feedback and follow-up system improved implementation of what they taught.

**Objective 3.0: To monitor second generation training.**

The system for monitoring second generation training was built into the training of trainers process through training summary checklists and demographic forms that could be used by the trainers to assess and track the training they provide.

The following table summarizes the progress made in Goal V.

GOAL	OBJECTIVES	ACTIVITIES	OUTCOME	ACCOMPLISHMENTS
V. To prepare trainers and install the program locally.	1.0 To conduct training of trainers at state, regional, national level.	1.1 Select participants who have responded to awareness dissemination activities. 1.2 Schedule and arrange the trainer sessions.	1.1.1-1.2.1 Training of trainer sessions will be conducted.	1.1.1.1-1.2.1.1. Training of trainer sessions were held for 33 trainers during the third and fourth year of the project.
	2.0 To support trainers as they conduct training locally.	2.1 To provide necessary technical assistance to locally-based trainers as they conduct training sessions (on-site, telephone, written). 2.2 To provide follow-up assistance to locally-based trainers following local training sessions.	2.1.1-2.2.1 Technical assistance and follow-up will be provided as needed.	2.1.1.1-2.2.1.1. Trainers were supplied with manuals, overhead transparencies and videos and staff was available to assist with beginning training sessions.
	3.0 To monitor second generation training.	3.1 Locally-based trainers will provide follow-up/technical assistance to sites. 3.2 Trainers will collect implementation data. 3.3 Trainers will collect post-training <u>Brass Tacks</u> data. 3.4 Trainers will analyze data. 3.5 Trainers will report on data.	3.1.1-3.5.1 Trainers will report data summary to FCT project staff.	3.1.1.1-3.5.1.1. . Second generation trainers have completed second generation training for 70 individuals across a variety of objectives.

## **Goal VI. To evaluate the effectiveness of the FCT program.**

The major goal of this project was to develop a training process that increases the capacity of educational and other agencies to provide improved services to young children with disabilities, ages birth to three years, and their families through adoption and implementation of the Family Consultant Training Model on a nationwide basis.

In response to the challenge posed by the broadening role of home consultant, the project utilized a variety of evaluation approaches.

**Quantitative impact data** was gathered for the FCT Model as one means of documenting impact of outreach. This documentation occurred across four different areas:

1. Acquisition of trainee skills during the training session.
2. Measurement of trainee satisfaction at the conclusion of the training session.
3. Measurement of implementation of FCT model components by trainees.
4. Measurement of change in participant behavior prior to and following participation in FCT outreach training.

**Qualitative impact data** was gathered to supplement or illuminate the results of the above areas of quantitative documentation. The project used a quasi-case study approach in determining the outcomes of training and technical assistance since the technical assistance is individualized per trainee rather than a standardized approach.

### **Objective 1: To evaluate the effectiveness of the FCT field test sessions.**

The training sessions were designed to look at a number of evaluation measures. Pretraining data was collected at both field test sites and post training data was collected for comparison.

### **Objective 2: To measure the acquisition of trainee's skills during training.**

Each trainee participated in a series of training objectives during the course of a training session. These trainings were completed based on completion of the REIP, a needs assessment and inservice

planning tool developed by the project. Project staff assumed responsibility for insuring that each participant successfully completed identified training modules the training program by monitoring formative data reflecting the development of participant skills during the training. Each of the training activities has an evaluation measure ranging from knowledge tests to direct observation of performance with children. See Appendix B for a list of training objectives, activities and evaluation measures. The data collected are summarized as follows:

- FCT training courses were conducted for 167 participants representing Idaho and Oregon.
- To project number of children impacted by the project, we collected information on the total number of families serviced by each participant. Where possible we eliminated double counting of families by not including numbers overseen by supervisors. A total of 1440 families were served by participants.
- Demographic data indicates that the majority of individuals served were home visitors in early intervention and Early Head Start programs. The project also served public health nurses, case managers, program administrators, specialists including occupational, physical and speech therapists, and program assistants.
- Acquisition of skills during training: Participants were scored on their successful completion of each module. Of the ten modules available the 160 participants completed 50% of possible modules. Not all participants at each site completed each module since participation was determined by the REIP needs assessment. The modules that were completed by the greatest number of participants included the family systems module, communication and the mapping/IFSP process modules (these are considered basic information modules). The support module that was completed by the most trainees was the module on positive touch. Following is a summary of the percentage of participants completing each module and the percentage successfully completing each module:

- ❑ Family Systems and Culture 78% participated, 100% completed successfully
- ❑ Team Function 55%, participated, 100% completed successfully
- ❑ Curriculum Based Assessment 56%, participated, 100% completed successfully
- ❑ Communication Skills 75%, participated, 100% completed successfully
- ❑ Mapping and IFSP/Family Plan Process 52%, participated, 100% completed successfully
- ❑ Routine Based Intervention 27%, participated, 100% completed successfully
- ❑ Parent Child Interaction 27%, participated, 100% completed successfully
- ❑ Positive Touch 30%, participated, 100% completed successfully
- ❑ Families with Multiple Issues 60%, participated, 100% completed successfully

A summary of individual participant information and summaries is available in Appendix F.

**Objective 3: To measure trainee's satisfaction at the conclusion of training.**

At the conclusion of the training session, participants complete an evaluation form and report their reactions to the training. Not only are the model concepts probed, but also the trainees' comments concerning the training techniques of feedback, video and the mechanics of training such as the scheduling, project staff promptness and availability for questions. Any consensus in these comments over several sessions was used as a basis for revision and/or refinement of the training materials or procedures. Overall, it was noted that 86% of the responses indicated that respondents intended to implement the component that they had completed and/or would try to convince others of the merits of the module contents. 5% indicated that they were familiar with the information already. In probing with project participants and reading written feedback, it was determined that for most of these participants, this was not considered a drawback. Indeed, comments such as "I was familiar with this information, but it was presented in a way that opened new possibilities for me", or "this was a good review, sometimes we know these things but forget to use them" occurred throughout the written feedback. It was also expected that there would be redundancy for some of

the individuals since entire teams with a variety of skill levels were being trained. The project staff incorporated this feedback by making sure to determine the background of staff and include more experienced individuals and resources during the training activities (see Appendix D for a feedback summary). A sampling of comments regarding individual modules is included below:

What participants like about the FCT modules:

- This was one of the best trainings I've had.
- All the information was helpful. I appreciated how very relevant all aspects of the training were. It was adapted to meet the needs of our early head start program.
- This was extremely relevant to our organization
- The family focus was so very respectful.
- The information was extremely practical and immediately useful.
- Will use this to assist in collaborating with other agencies and supporting staff in general
- Focus on infants and family interactions and the importance of building family interactions critical
- Will be teaching positive touch to families

**Objective 4: To measure the extent and quality of implementation of the FCT model components at the participants work site.**

Follow-up included both quantitative and qualitative information. Specific information on components implemented was collected as well as information from a sample of participants on post attitudes following training. As mentioned earlier, programs implementing components of the FCT model often did not show marked progress immediately since changes in systems were required for implementation. The project staff monitored some sites by phone up to two years later, to determine which components had been implemented. The disadvantage to this length of time elapsing was the difficulty in determining effectiveness of components. The advantage is that changes that take place



over time tend to be more durable in nature, including both attitude and practice aspects. For each site the project completed an implementation plan post training. Initially, participants completed implementation plans for five or six modules at once. Although some sites eventually implemented most or all of the components at a quality level, in working with programs, the project staff found that it was frustrating for participants to have too many new procedures to implement at once and later implementation plans prioritized several items to start with before moving on to additional components. The components that were most frequently implemented included family systems, team function, assessment, Mapping process and routines. Summaries of implementation plans are included in Appendix J.

**Objective 5: To utilize qualitative evaluation measures to supplement quantitative data.**

These qualitative data, derived from a case study approach, was used to 1) judge the effectiveness of the training model and strategies for family intervention specialists, 2) revise or change the training approach, 3) explore benefits or other outcomes for families who have a activities. The key questions around which the quasi-case study approach was designed are listed below:

Questions:

1. To what extent does the project enhance or affect the skills, attitudes, practices of the project trainees?
2. Are there differential effects of the project for the trainees based in intervention experience, past education and training and entry level skills?
3. What elements of the project are related to or contribute to the success of the project?
4. How does the project affect the well being of children and families?

Effects of the project on the skills, attitudes, and practices of the participants: Two themes emerged as a result of interviews with program staff and pre/post evaluation of priority items for

home visiting.

- 1) *Practices that are implemented are impacted by what the interventionist values.* A diverse group of individuals participated in the training process. Follow-up measures indicated that practices that were valued during the training workshop and at the pretraining level had a greater likelihood of implementation in the work setting. Interestingly, some ratings indicated that items participants believed were being fully implemented at the time of training were rated as partially implemented post training. Informal interviews with individuals in the program indicate that this was a function of gaining more information on what constituted exemplary practice. The phenomenon was more common for individuals with less training and experience in home visiting.
- 2) *The lead agencies value of family focused service is not shared by all members of the home visiting team.* Even though policy making bodies and the contracting program advocate for a family focused service model, some of the individuals rated family involvement in goals as less than important. Over time, follow-up indicated more implementation of these types of goals reinforcing the idea of training teams of individuals rather than one or two individuals from an agency. All participants indicated that many of the practices related to the parent 's role in intervention increased in value for them over the course of training and follow-up activities.

The follow-up data (see Appendix J) indicates that participants incorporated new effective practices into their home visiting routines.

Differential effects of the project for the trainees based on intervention experience, past education and training and entry level skills. The follow-up evaluation completed by the project was not completed by individual trainee but by groups, so it was difficult to determine effects on individual participants. The project trained individuals with a wide variety of entry level skills at the same site

and was able to determine that changes that were made were systematized, supporting the concept of training teams rather than individuals.

Effects of the project on children and families. Case study information was collected for the Medford site which was the initial site that received training. Several parent focus groups were completed. Fifteen parents were involved in the groups. A significant number of parents (>10) indicated that they felt they were an important part of the team that determined child and family activities. They indicated that they were given options in determining what the home visit would look like and what their role would be. An indication of the family focus of the program is that a number of families commented that they felt comfortable talking with their home visitor about a variety of issues and that they were able to get information to obtain services. Several individuals commented that they felt that their opinions were respected and valued and that the home visitor used their input in working with their child.

An area that appeared to be in progress was the implementation of routines during the home visit. Only about half of the parents surveyed indicated that their home visitor built activities into daily routines. A majority of parents surveyed about the purpose of the home visit (12) indicated that they felt the purpose of the home visit was to provide them with skills to help their child to learn better and to provide information about other services as needed. This question addressed the issue of parent training and whether home visitors were actually providing parents with skills or working directly with the child as an expert. The responses indicated that parents felt they were an active part of learning activities for their child rather than an observer. The case study was completed during the second year of the project. Anecdotal information from the Early Head Start supervisor indicates that in the past year her staff have improved their skills in building activities into the family routine.

**Objectives 6 and 7: To evaluate the trainer component of the FCT program and the effectiveness of locally based trainers.**

The project provided training for 33 trainers at three regional locations which serve a variety of agencies in the surrounding areas. The programs in Oregon were surveyed seven months after completing training and had completed multiple training sessions for a variety of individuals. The second site in California had completed several cross agency trainings. Both programs indicated the intention to complete additional training since they had the support of materials, lectures, and the video library to draw on.

GOAL	OBJECTIVES	ACTIVITIES	OUTCOME	ACCOMPLISHMENTS
VI. To evaluate the effectiveness of the FCT program.	<p>1.0 To evaluate the effectiveness of the FCT field test training sessions.</p> <p>2.0 To evaluate the acquisition of participant skill during the on-going FCT training sessions.</p> <p>3.0 To evaluate the participant's satisfaction at the conclusion of the training session.</p>	<p>1.1 To analyze pre, during and post training data collected during Goal II.</p> <p>1.2 To make changes in the <u>content</u> of the FCT training as indicated by the data analysis and input from panel of experts.</p> <p>1.3 To analyze the quality of the <u>training</u> through the participants implementation of the training objectives.</p> <p>1.4 To make changes in the FCT <u>training</u> as indicated by the data analysis.</p> <p>2.1 Develop Objective Summary Form to record participant performance on training objectives.</p> <p>2.2 During the training session monitor the participants progress on the training objectives and activities by completing planned evaluation activities and recording performance on the Summary Form.</p> <p>2.3 Analyze training data collected during Goal III.</p> <p>2.4 Make changes in the FCT training program as indicated by the data.</p> <p>3.1 Develop Participant Satisfaction Form to be filled out by participants at the conclusion of the training session.</p> <p>3.2 Analyze participant satisfaction data and made recommended changes.</p> <p>3.3 Integrate changes into the FCT program.</p>	<p>1.1.1-1.2.1 Changes in the FCT training content will be made.</p> <p>1.3.1-1.4.1 Changes in the FCT training will be made.</p> <p>2.1.1 - 2.2.1 A report of training accomplishments will be completed.</p> <p>2.3.1 - 2.4.1 Updates made to the FCT program.</p> <p>3.1.1 A report of participant response to the FCT program will be completed.</p> <p>3.2.1 - 3.3.1 Updates will be made to the FCT program as indicated by the report.</p>	<p>1.1.1.-1.4.1.1. This was completed at the beginning of year 3 of the project. See Appendix C for outline of training manual.</p> <p>2.1.1.-2.4.1.1. Several objective summary forms have been developed. Program materials were updated and refined through the first 2 ½ years of the project.</p> <p>3.1.1.1. 3.2.1.1.-3.3.1.1.</p>



GOAL	OBJECTIVES	ACTIVITIES	OUTCOME	ACCOMPLISHMENTS
	<p>4.0 To analyze the extent and quality of implementation of the FCT training components at the participant's work site.</p>	<p>4.1 Develop FCT Project Follow-up Form that will be used at the time of the follow-up visit to measure the extent and quality of components implemented by the participant.</p> <p>4.2 Analyze follow-up data.</p> <p>4.3 Make modifications to the FCT program content and/or training as indicated by the data.</p> <p>5.1 The results of the completed Brass Tacks will be analyzed.</p> <p>5.2 The results of qualitative measures will be analyzed.</p>	<p>4.1.1 - 4.2.1 The number of program components implemented by the participant and the number implemented at criterion levels will be reported.</p> <p>4.3.1 Modifications to the FCT program will be made as needed.</p> <p>5.1.1 The pre and post data from the Brass Tacks will be reported well as case study reports.</p>	<p>4.1.1.1-4.2.1.1. See Appendix A for assessment and follow-up forms</p> <p>4.3.1.1. This activity was be ongoing throughout the project.</p> <p>5.1.1.15.2.1.1.. The REIP was used as a measure rather than the Brass Tacks as it was a more accurate representation of training content. The results were used to modify objectives and teaching techniques.</p>
<p>6.0 To evaluate the trainers component of the FCT program.</p>	<p>6.1 Analyze performance on objectives completed during trainer training.</p> <p>6.2 Make modifications to the trainer program as needed.</p>	<p>6.1.1 Analyze performance on objectives completed during trainer training.</p> <p>6.2.1 Make modifications to the trainer program as needed.</p>	<p>6.1.1 The number of training objectives successfully completed at criterion levels will be reported.</p> <p>6.2.1 An updated FCT trainer program.</p>	<p>6.1.1.1-6.2.1.1. See Appendix G and H for trainer objectives and materials.</p>
<p>7.0 To evaluate the effectiveness of the locally-based FCT trainers.</p>	<p>7.1 Track the number of participants trained by the locally-based trainers.</p> <p>7.2 To measure the satisfaction of the participants trained at the local sites.</p> <p>7.3 To measure the number of training objectives successfully completed at locally-based training sessions.</p> <p>7.4 To measure the implementation of the FCT components by locally trained participants.</p> <p>7.5 Provide follow-up/support as indicated by the data.</p> <p>7.6 Make needed modifications to the trainer program as needed.</p>	<p>7.1.1 - 7.4.1 The training and follow-up data from second generation trainers will be reported and analyzed</p> <p>7.5.1 - 7.6.1 An updated trainer program.</p>	<p>7.1.1.1-7.8.1.1. Seventy individuals were trained in the fourth year of the project across a wide variety of objectives by the regional trainers.</p>	



#### IV. SUMMARY

The primary goal of the project was to increase quality services to young children and families receiving home-based early intervention services. This was accomplished through the replication of the Family Consultant Training (FCT) Model within local community programs presently serving infants, toddlers and their families. Training in the FCT model was provided to administrators, Early Intervention Specialists, Paraeducators, Early Head Start Professionals, Healthy Start Home Visitors, Health Nurses and Case Managers serving or planning to serve infants and toddlers with disabilities and their families. The Model used a component or module training design paired with a corresponding pre training assessment tool (the Rating Scale of Early Intervention Practices) allowing for the effective delivery of individualized training. Because it was based on Recommended Practice from the field of Early Intervention and Family Friendly Services, successful implementation of practices by the 160 participants resulted in more family focused services for 1,400 young children and their families.

The training of trainers was an integral part of the project design and allow for cost effective dissemination of the Model and a mechanism to ensure extended training beyond the life of the grant. The 33 trainers involved have completed formal second generation training for 90 participants and informal training for many more. The trainers surveyed indicate that with the materials they have been provided they will plan to continue training using the FCT practices. In addition, Teaching Research is continuing to provide training in model components through fee for service sessions and has plans to publish the "Rating of Early Intervention Practices" (REIP) tool.

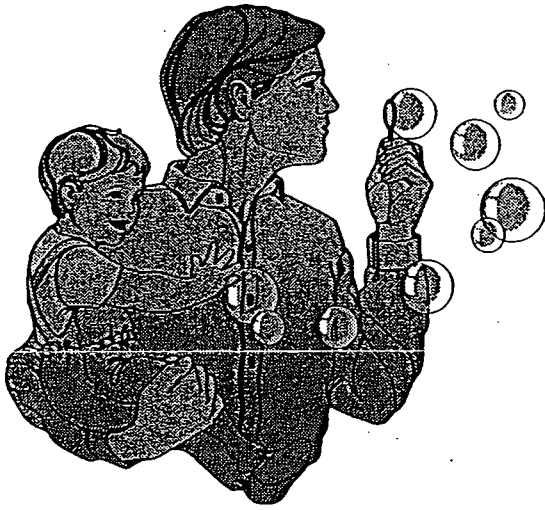
All major project activities were completed as outlined in the initial proposal. A twelve month no-cost time extension allowed for the completion of the trainer training, follow-up and technical assistance activities not accomplished prior to the end of the initial project period. Project Staff feel that the project clearly resulted in increased quality of services to young children and families

receiving home-based early intervention services.

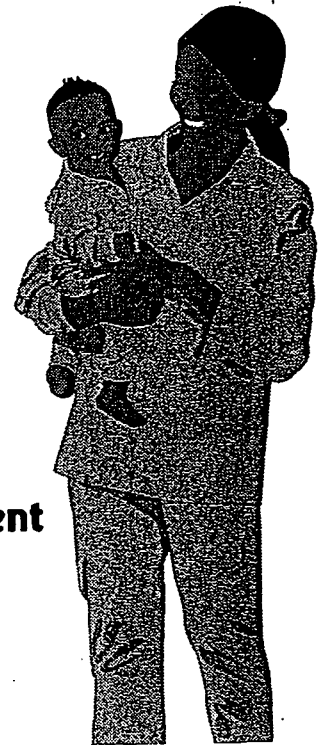


## **Appendix A**

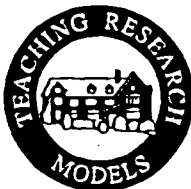
### **Project Needs Assessment (REIP) and Follow-up Form**



# **Team Member Rating of Early Intervention Practices**



**Family Consultant Training Project  
Teaching Research  
Early Childhood & Training Department  
Western Oregon University  
345 N. Monmouth Avenue  
Monmouth, OR 97361**



**Teaching Research Early Childhood and Training Department, Western Oregon University  
(Team Member form)**

This report is a way for your team to review your early intervention practices. It will also assist the FCT training team to modify training to fit the needs of your team and determine which training components are most useful to project participants.

Please check whether each component (shaded boxes) is a learning priority for you. Then rate each item listed under the component using the rating scale. An explanation of the rating scale follows.

Thank you for your input.

**Rating Scale:**

**New Idea/ Don 't do:** I have not heard of this before. Or, I have heard about it but don 't know much about it. Or, it may be something I've heard of but we don't do it in this program

**Know it:** I have some information about this (reading, talking with someone, taking a workshop) but it is not something I am currently using.

**Try it:** I know about this and I try to use it in my work. I don 't feel it is something I use consistently and effectively. I need to make sure that I 'm doing it the right way.

**Use it:** I know about this and use it consistently and effectively in my work.

**Teach it:** I use this consistently and feel I could show others how to do this. (Example: On a home visit, I could demonstrate an interaction technique and then pull the parent into the interaction so they are doing the interaction with their child and I am functioning as a facilitator.)

**Teaching Research Early Childhood and Training Department, Western Oregon University  
(Team Member Rating)**

Name: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

Family Centered Orientation	Learning Priority		New Idea / Don't do	Know it	Try it	Use it	Teach it
	Learning Priority	Learning Priority					
Adapt services you provide to fit cultural needs and values of family							
Respond to parents requests to talk about issues not directly related to their child's intervention activities (feelings, relationships, reactions of others to their children, future concerns)							
Accept the values of families that are served even if they conflict with yours							
Make it a priority to create opportunities for extended family members and friends to be involved in child's intervention activities							
Support parents request to discontinue or reduce services							
<b>Totals</b>							

Communication with colleagues and families	Learning Priority		New Idea / Don't do	Know it	Try it	Use it	Teach it
	Learning Priority	Learning Priority					
Use vocal cues and encouragers (um hum, then, so tell me, etc.)							
Accurately paraphrase main content of statement							
Pause before and after questions							
Use open questions to explore thoughts and feelings							
Summarize content and restate what you thought you heard							
<b>Totals</b>							

**Teaching Research Early Childhood and Training Department, Western Oregon University  
(Team Member Rating)**

Collaboration and Teaming	Learning Priority	New Idea/Don't do	Know it	Try it	Use it	Teach it
Identify task roles in team meetings						
Acknowledge and discuss conflicts in team meetings						
Use conflict resolution strategies to deal directly with issues						
Use teams mutual goals and common vision as a guide to problem solving						
Initiate and participate in cross training of co-workers, parents, other agencies						
<b>Totals</b>						

Assessment	Learning Priority	New Idea/Don't do	Know it	Try it	Use it	Teach it
Use criterion referenced assessment						
Use criterion referenced assessment to develop IFSP						
Complete assessment in natural environment for child(home, daycare, etc.)						
Encourage parents to ask questions during the assessment						
Explain purpose, content and scoring of assessment to parents before administering						
Get information about parents values, opinions, etc. before offering suggestions						
Explain all concepts and terms that are specialized (i.e., gross motor, IFSP, etc.)						
Review assessment results with parents						
Actively attempt to get parent input in the assessment process						
<b>Totals</b>						

**Teaching Research Early Childhood and Training Department, Western Oregon University  
(Team Member Rating)**

Individual Family Service Plans	Learning Priority?	New Idea - Don't do	Known	Try it	Use it	Teach it
Encourage parents to guide the identification of intervention goals						
Emphasize to parents what their child can do rather than what they can't						
Work with parents to develop intervention strategies to accomplish goals developed for their children						
Use a mapping process to facilitate family guided IFSP's						
Goals on IFSP's match activities that take place during home visits						
<b>Totals</b>						

Intervention Techniques	Learning Priority?	New Idea - Don't do	Known	Try it	Use it	Teach it
Encourage parent to contribute to each home visit agenda						
Have parents identify their role in the home visit process						
Be flexible in scheduling home visits						
Make it convenient and enjoyable for fathers to be involved in intervention activities						
Use toys and materials available in the home for intervention activities						
Encourage parents to suggest changes in the goals developed for their child						
Interaction between the parent and their child during routines forms the base for intervention activities						
Tell the parents something positive about their child every visit.						
Use strategies to increase positive parent child interaction						
Parent/child play rather than home visitor/child play is emphasized during home visits						
<b>Totals</b>						

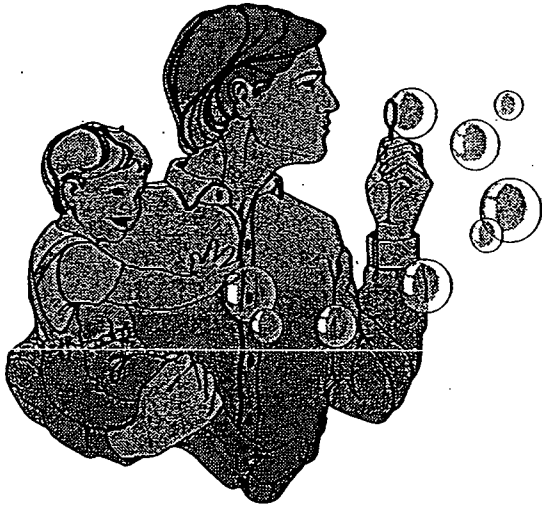
**Teaching Research Early Childhood and Training Department, Western Oregon University  
(Team Member Rating)**

Tracking Child Progress	Learning Priority	New Idea/Don't do	Know it	Try it	Use it	Teach it
Develop measurable goals and objectives						
Write appropriate descriptive instructional strategies into IFSP's						
Use a data system that is reflective of service provided						
<b>Totals</b>						

Transition	Learning Priority	New Idea/Don't do	Know it	Try it	Use it	Teach it
Do active transition planning with receiving agency prior to the transition						
Have visits with sending and receiving agency with parent involvement prior to transition						
Conduct parent and provider evaluations of transitions on a regular basis						
<b>Totals</b>						

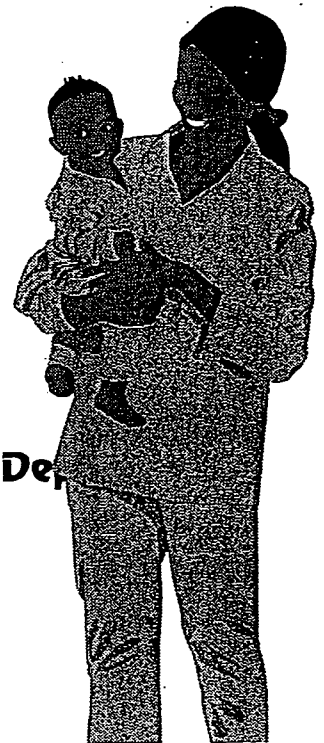
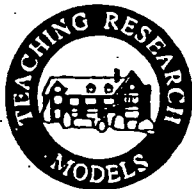
Partnering with Families who have Multiple Issues	Learning Priority	New Idea/Don't do	Know it	Try it	Use it	Teach it
Take into account the impact of substance abuse, violence and mental illness when working with families						
Identify issues that are not within my skill level and refer to other agencies						
Utilize solution focused communication in my interaction with colleagues and families						
<b>Totals</b>						

Positive Touch	Learning Priority	New Idea/Don't do	Know it	Try it	Use it	Teach it
Describe the benefits of touch to families						
Teach positive touch techniques to families						
<b>Totals</b>						



# **Supervisor Rating of Early Intervention Practices**

**Family Consultant Training Project  
Teaching Research Early Childhood & Training Dept.  
Western Oregon University  
345 N. Monmouth Avenue  
Monmouth, OR 97361  
(503) 838-8771**





Teaching Research Early Childhood and Training Department, Western Oregon University  
(Supervisor Form)

This report is a way for your team to review your early intervention practices. It will also assist the FCT training team to modify training to fit the needs of your team and determine which training components are most useful to project participants.

Please check whether each component (shaded boxes) is a learning priority for you. Then rate each item listed under the component using the rating scale. An explanation of the rating scale follows.

Thank you for your input.

**Rating Scale:**

**New Idea/ Don ' t do:** I have not heard of this before. Or, I have heard about it but don ' t know much about it. Or, it may be something I ' ve heard of but we don ' t do it in this program.

**Some Staff Know about or Do This:** Some of the staff know about this but not in regular use in our program.

**Some of Staff Try This:** Not used as a regular practice by all staff.

**Use it/Part of our System:** We do this as a regular practice in our program.

**Teach it:** Staff are comfortable enough with this technique to demonstrate/explain it to families they work with and new staff.

**Check the box at the top of each module if the area is a learning priority for your staff. Star it if you need technical assistance in this area.**

**Teaching Research Early Childhood/ Training Department, Western Oregon University  
(Supervisor Form)**

Name: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

Family Centered Orientation	Learning Priority	New Idea Don't do	Know about	Staff uses this	Part of System	Can Teach it
Adapt services you provide to fit cultural needs and values of family						
Respond to parents requests to talk about issues not directly related to their child 's intervention activities (feelings, relationships, reactions of others to their children, future concerns)						
Accept the values of families that are served even if they conflict with yours						
Make it a priority to create opportunities for extended family members and friends to be involved in child's intervention activities						
Support parents request to discontinue or reduce services						
<b>Totals</b>						

Communication with colleagues and families	Learning Priority	New Idea Don't do	Know about	Staff uses this	Part of System	Can Teach it
Use vocal cues and encouragers (um hum, then, so tell me, etc.)						
Accurately paraphrase main content of statement						
Pause before and after questions						
Use open ended questions to explore thoughts and feelings						
Summarize content and restate what you thought you heard						
<b>Totals</b>						

**Teaching Research Early Childhood /Training Department, Western Oregon University  
(Supervisor Form)**

Collaboration and Teaming	Learning Priority	New Idea / Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Identify task roles in team meetings						
Acknowledge and discuss conflicts in team meetings						
Use conflict resolution strategies to deal directly with issues						
Use teams mutual goals and common vision as a guide to problem solving						
Initiate and participate in cross training of co-workers, parents, other agencies						
<b>Totals</b>						

Assessment	Learning Priority	New Idea / Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Use criterion referenced assessment						
Use criterion referenced assessment to develop IFSP						
Complete assessment in natural environment for child(home, daycare, etc.)						
Encourage parents to ask questions during the assessment						
Explain purpose, content and scoring of assessment to parents before administering						
Get information about parents values, opinions, etc. before offering suggestions						
Explain all concepts and terms that are specialized (i.e. gross motor, IFSP, etc.)						
Actively attempt to get parent input in the assessment process						
Review assessment results with parents						
<b>Totals</b>						

**Teaching Research Early Childhood / Training Department, Western Oregon University  
(Supervisor Form)**

Individual Family Service Plans	Learning Priority	New Idea/ Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Encourage parents to guide the identification of intervention goals						
Emphasize to parents what their child can do rather than what they can't						
Work with parents to develop intervention strategies to accomplish goals developed for their children						
Use a mapping process to facilitate family guided IFSP's						
Goals on IFSP's match activities that take place during home visits						
<b>Totals</b>						

Intervention Techniques	Learning Priority	New Idea/ Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Encourage parent to contribute to each home visit agenda						
Have parents identify their role in the home visit process						
Be flexible in scheduling home visits						
Make it convenient and enjoyable for fathers to be involved in intervention activities						
Use toys and materials available in the home for intervention activities						
Encourage parents to suggest changes in the goals developed for their child						
Interaction between the parent and their child interaction play routines forms the base for intervention activities						
Tell the parents something positive about their child every visit						
Use strategies to increase positive parent child interaction						
Parent/child play rather than home visitor/ child play is emphasized during home visits						
<b>Totals</b>						

**Teaching Research Early Childhood and Training Department, Western Oregon University  
(Supervisor Form)**

Tracking Child Progress	Learning Priority	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Develop measurable goals and objectives						
Write appropriate descriptive instructional strategies into IFSP's						
Use a data system that is reflective of service provided						
<b>Totals</b>						

Transition	Learning Priority	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Do active transition planning with receiving agency prior to the transition						
Have joint visits between sending and receiving agency with parent involvement prior to transition						
Conduct parent and provider evaluations of transitions on a regular basis						
<b>Totals</b>						

Partnering with Families who have Multiple Issues	Learning Priority	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Identify issues that are not within my skill level and refer to other agencies						
Utilize solution focused communication in my interaction with colleagues and families						
<b>Totals</b>						

Positive Touch	Learning Priority	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Describe the benefits of touch to families						
Teach positive touch techniques to families						
<b>Totals</b>						

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# Rating of Early Intervention Practices Summary Form

Site: \_\_\_\_\_

Date: \_\_\_\_\_

Total # of staff: \_\_\_\_\_

Total # of supervisors: \_\_\_\_\_

Training Priority	FCT Objectives	Number of trainees					Learning priority
		New Idea/Don't do	Know it	Try it	Use it	Teach it	
	Family Centered Orientation (Objective #2)	Participants					
		Supervisors					
	Communication with Colleagues and Families (Objective #3)	Participants					
		Supervisors					
	Collaboration and Teaming (Objective #4)	Participants					
		Supervisors					
	Assessment (Objective #5)	Participants					
		Supervisors					
	Individual Family Service Plans (Objective #6)	Participants					
		Supervisors					
	Intervention Techniques (Objective #7)	Participants					
		Supervisors					
	Transition (Objective #8)	Participants					
		Supervisors					

## Rating of Early Intervention Practices Summary Form

Training Priority	ECT Objectives		Average Score					Learning priority
			New Idea/ Don't do	Know it	Try it	Use it	Teach it	
	Tracking Child Progress (Objective #9)	Participants						
		Supervisors						
	Partnering with Families who have Multiple Issues (Objective #10)	Participants						
		Supervisors						
	Positive Touch (Objective #11)	Participants						
		Supervisors						





## Family Consultant Training – Home Visit Observation Form FAMILY CENTERED SERVICES

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) (Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>• Can describe cultural or familial preferences and how visiting techniques acknowledge these unique preferences (or use Cultural Checklist from manual)</li> </ul>			
<ul style="list-style-type: none"> <li>• Talk with parents about issues not directly related to child's intervention activities</li> </ul>			
<ul style="list-style-type: none"> <li>• Other family members are involved in child's intervention activities</li> </ul>			

## Family Consultant Training – Home Visit Observation Form

### COMMUNICATION

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>• Use vocal cues and encouragers</li> </ul>			
<ul style="list-style-type: none"> <li>• Paraphrase main content of statements</li> </ul>			
<ul style="list-style-type: none"> <li>• Use open ended questions</li> </ul>			
<ul style="list-style-type: none"> <li>• Summarize content and restate what was heard.</li> </ul>			

## Family Consultant Training – Home Visit Observation Form ASSESSMENT

<b>Strategies:</b>	<b>Don't do or do rarely</b> Date:	<b>Do sometimes</b> (less than 50% of time) Date:	<b>Usually do</b> (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>• Use of criterion referenced assessment (list)</li> </ul>			
<ul style="list-style-type: none"> <li>• Assessment is done in a team format rather than separate assessments and at least part of assessment in home unless parent request center based</li> </ul>			
<ul style="list-style-type: none"> <li>• Check child goals to see that they are related to assessment information</li> </ul>			
<ul style="list-style-type: none"> <li>• Parent is an integral part of assessment team; is asked to indicate level of involvement; assessment results are described in jargon-free manner; parent's feedback is incorporated into assessment results</li> </ul>			

## Family Consultant Training – Home Visit Observation Form TEAM COLLABORATION

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>• Team function activities (examples: regular meeting times, agendas, growth activities, identification of team roles)</li> </ul>			
<ul style="list-style-type: none"> <li>• Cross training of staff and other agencies</li> </ul>			
<ul style="list-style-type: none"> <li>• Use teams mutual goals and conflict resolution strategies to problem solve</li> </ul>			

## Family Consultant Training – Home Visit Observation Form FAMILY CENTERED PLANNING

<b>Strategies:</b>	<b>Don't do or do rarely</b> Date:	<b>Do sometimes</b> (less than 50% of time) Date:	<b>Usually do</b> (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>• Use strategies that increase parent child interaction               <ul style="list-style-type: none"> <li>- Get family input on activities to work on</li> <li>- Have family members function as main teacher rather than the home visitor</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• Use ECO Map or interview process to get to know family</li> </ul>			
<ul style="list-style-type: none"> <li>• Use of MAPS for IFSPs or family plans (interview and review any that have been done)               <ul style="list-style-type: none"> <li>- Child or family description</li> <li>- Family dreams for child</li> <li>- Family concerns for child</li> <li>- Family priorities for child</li> <li>- Finished plan is related to MAPS information</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• Family plan includes the following               <ul style="list-style-type: none"> <li>- Plan emphasizes family and child strengths</li> <li>- Plan is family focused included jargon-free language, non-judgmental, family is listed as team member</li> <li>- Outcomes are listed that are developmentally appropriate, measurable, observable and have a specified criteria for completion</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• Goals on the family plan match the activities taking place in the home setting</li> </ul>			

## Family Consultant Training – Home Visit Observation Form

### ROUTINE BASED INTERVENTION

<b>Strategies:</b>	<b>Don't do or do rarely</b> Date:	<b>Do sometimes</b> (less than 50% of time) Date:	<b>Usually do</b> (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>Encourage parent to contribute to agenda and suggest changes – support involvement of all family members through flexible scheduling</li> </ul>			
<ul style="list-style-type: none"> <li>Have parents identify their role in the home visit process (ask them or see if they use the parent level of interaction checklist from manual)</li> </ul>			
<ul style="list-style-type: none"> <li>At least one skill is built into a routine</li> </ul>			
<ul style="list-style-type: none"> <li>Parent/child play and routines rather than home visitor/child play is emphasized during home visits</li> </ul>			
<ul style="list-style-type: none"> <li>Use toys and materials available in the home or have a materials checkout system</li> </ul>			
<ul style="list-style-type: none"> <li>Look for and comment on “sparks” or positive aspects of the parent child relationship</li> </ul>			

## Family Consultant Training – Home Visit Observation Form TRANSITION

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>Transition policy is established and known by both staff and parents</li> </ul>			
<ul style="list-style-type: none"> <li>Sending/receiving programs have been identified</li> </ul>			
<ul style="list-style-type: none"> <li>Interagency agreements been signed and are in effect with each program</li> </ul>			
<ul style="list-style-type: none"> <li>Full participation by parents and staff of sending/receiving program</li> </ul>			
<ul style="list-style-type: none"> <li>A written transition plan has been developed and includes:                             <ul style="list-style-type: none"> <li>- task list for entering/exiting</li> <li>- timelines for the year</li> <li>- responsibilities for tasks assigned</li> </ul> </li> </ul>			

**Family Consultant Training – Home Visit Observation Form**  
**DATA COLLECTION**

<b>Strategies:</b>	<b>Don't do or do rarely</b> Date:	<b>Do sometimes</b> (less than 50% of time) Date:	<b>Usually do</b> (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>Data is collected to monitor child progress at least monthly</li> </ul>			
<ul style="list-style-type: none"> <li>Changes in activities are made based on progress or lack of progress towards goals</li> </ul>			
<ul style="list-style-type: none"> <li>Goals and objectives are measurable and data collection reflects the service being delivered.</li> </ul>			



**Family Consultant Training – Home Visit Observation Form**  
**POSITIVE TOUCH**

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>• Can describe use of positive touch with families</li> </ul>			
<ul style="list-style-type: none"> <li>• Can demonstrate basic strokes for positive touch strategies</li> </ul>			
<ul style="list-style-type: none"> <li>• Positive touch activities are built into daily routines for families</li> </ul>			

## Family Consultant Training – Home Visit Observation Form FAMILIES WITH MULTIPLE ISSUES

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> <li>There is a match between family function and type of intervention provided (see house activity)</li> </ul>			
<ul style="list-style-type: none"> <li>Can describe how boundary information is used with specific families or in other work situations</li> </ul>			
<ul style="list-style-type: none"> <li>Can describe examples of solution focused questioning and results with families</li> </ul>			
<ul style="list-style-type: none"> <li>Can identify issues outside of expertise and identify who to refer to and how to go about the referral process</li> </ul>			

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## Family Consultant Follow-Up Form

Training Objective	Criteria/ Instrument	Progress Notes	Timeline	Degree of Implementation	Obj. Met Yes/No
1. Trainee will impact on program=s family centered focus.	Brass Tacks Parent Interview	Make an observation checklist from Brass Tacks, etc., to look at home visit on video. Videotape of home visit - Michael Trout Paper	V VII levels of family	involvement	
2. Trainee will utilize effective communication techniques.	conflict list communication T lists				
3. Trainee will impact on multidisciplinary team=s collaboration.	Parent interview on how team works Brass Tacks Discrepancy need to look at areas of importance, i.e., what is going on				
4. Trainee will utilize appropriate assessment tools for determining functional IFSP goals.	CBA instrument timely interview Parent interview--is your child	T list of appropriate instruments learning important things. Did you participate	in planning		
5. Trainee will demonstrate ability to develop an appropriate IFSP.	IFSP checklist Parent interview				
6. Trainee will effectively assist families to incorporate IFSP goals into family routines.	Parent video parent interviews parent levels of involvement samples				
7. Trainee will utilize appropriate data collection systems to monitor child/family progress.	Appropriate type of data changes are made based on data				

Degree of Implementation:

- 0 = No Implementation
- 1 = Implementation begun on >50% of objectives
- 2 = Implementation begun on < 50% of objectives
- 3 = Full Implementation in progress
- 4 = Objectives met for all attempted

## **Appendix B**

### **FCT training objectives**

**Teaching Research  
Family Consultant Training Objectives**

**Outcome: Trainee will be able to develop and implement a family centered plan.**

<b>OBJECTIVE</b>	<b>ACTIVITIES</b>	<b>EVALUATION</b>
1.0 Trainee will understand training objectives and identify one desired outcome.	1.1 Participate in introduction lecture/discussion. 1.2 Indicate one desired training outcome.	1.1.1-1.2.1 Participation in discussion and activity.
2.0 Trainee will demonstrate knowledge of family systems and family centered early intervention.	2.1 Participate in discussion/role play on family systems and ecology. 2.2 View <i>Lost Dreams</i> video and participate in a group discussion on supporting families as they grieve. 2.3 Participate in activity/discussion on aspects of family diversity. 2.4. Complete an Eco map on a partner using family conversation guidelines.	2.1.1 Participation in activity. 2.2.1 Completion of study guide and participation in discussion. 2.3.1 Completion of strategies for culturally diverse families checklist at 16/20 or 80%. 2.4.1 Completion of 5 areas in ECO map and 2 interview questions at 5/7 or 71%.
3.0 Trainee will demonstrate knowledge of skills relating to family friendly communication techniques.	3.1 Participate in lecture discussion on facilitative communication and building positive relationships with families. 3.2. View video vignette and participate in activity to illustrate parent concerns and professional responses.	3.1.1 Participation in lecture. 3.2.1 Completion of family needs interview checklist at 9/11 or 81%.
4.0 Trainee will have knowledge of team collaboration skills.	4.1 Complete assigned readings on various team models prior to the session. 4.2. Participate in Lecture/Discussion on team development. 4.3 View Change video. 4.4 Complete activity on team models and identify what type of team each trainee participates in. 4.5. Participate in activity/discussion of conflict resolution strategies.	4.1.1 Completion of study guide at 7/8 or 88%. 4.2.1-4.3.1 Completion of activity. 4.4.1 Participation in activity. 4.5.1 Participation in activity.

OBJECTIVES	ACTIVITIES	EVALUATION
<p>5.0 Trainee will demonstrate skills relating to assessment of infants and toddlers using a curriculum based assessment instrument.</p>	<p>5.1 View video on typical child development and review printed information prior to the training session and complete a self-study check.</p> <p>5.2 Read information on standardized/non-standardized assessments and complete information check.</p> <p>5.3 Observe video vignette, <i>The Assessment that Never Happened</i> and participate in discussion on assessment.</p> <p>5.4 Observe video <i>Reading Infant Cues</i> and complete checklist.</p> <p>5.5 Participate in assessment practica using the AEPS.</p> <p>5.6 Participate in group discussion using the Early Coping Inventory assessment. (OPTIONAL)</p>	<p>5.1.1 Completion of a self-study guide prior to attending training session. (OPTIONAL)</p> <p>5.2.1 Completion of Assessment Information Check at 5/6 or 83%.</p> <p>5.3.1 Participation in discussion.</p> <p>5.4.1 Completion of infant cues checklist.</p> <p>5.5.1 Completion of AEPS practica using 4/5 or 80% appropriate assessment techniques.</p> <p>5.6.1 Participation in discussion.</p>
<p>6.0 Trainee will have knowledge and skills related to developing a family centered IFSP or program plan.</p>	<p>6.1 View video vignette and participate in lecture/discussion on the IFSP process.</p> <p>6.2 Participate in development of a simulated IFSP or family plan using a MAPS process.</p> <p>6.3 Participate as a team in the development of one outcome statement and one objective for each identified concern or priority.</p>	<p>6.1.1 Participation in lecture.</p> <p>6.2.1 Completion of a simulated IFSP or family plan using family friendly MAPS checklist at 8/10 or 80%.</p> <p>6.3.1 Completion independently of two outcomes and one objective for each outcome, containing the elements of quality outcomes and objectives as measured by the Objectives and Outcomes quality measure at 18/24 or 75%.</p>
<p>7.0 Trainee will demonstrate skills related to intervention activities within the context of family routines and community settings.</p>	<p>7.1 Participate in discussion of guidelines and expectations for home visits including family expectations for involvement.</p> <p>7.2 Identify aspects of a child's physical environment after viewing a videotape of a child's routine.</p> <p>7.3 Participate in a discussion on facilitating parent-child interaction.</p> <p>7.4 Determine supports, barriers, and changes needed to implement goals for a child after viewing a video.</p> <p>7.5 Participate in discussion and view a video on tying IFSP outcomes to family routines incorporating routine based intervention.</p> <p>7.6. Complete a matrix with routine sequences using one outcome taken from a simulated IFSP or family plan.</p>	<p>7.1.1 Participation in discussion.</p> <p>7.2.1 Correctly identify 5/6 aspects of child's physical environment.</p> <p>7.3.1 Participation in discussion.</p> <p>7.4.1 Develop an implementation plan incorporating 3 supports, 2 barriers and one suggestion for change to implement child at 5/6 or 83%.</p> <p>7.5.1 Participation in discussion and view video.</p> <p>7.6.1 Completion of a matrix with 2 routines identified, and 2 objectives incorporated into the routines at 6/8 or 75%.</p>

OBJECTIVES	ACTIVITIES	EVALUATION
	7.7 Review one early intervention or early childhood education curriculum and discuss its strengths and weaknesses. (OPTIONAL)	7.7.1 Identify at least 3 strengths and 2 weaknesses of curriculum reviewed at 4/5 or 80%.
8.0 Trainee will demonstrate knowledge of effective transition planning with families	8.1 Participate in discussion on transition planning best practices. 8.2. Identify key items in a successful transition plan.	8.1.1-8.2.1 Identify changes for at least 2 transition items and the people involved at 5/6 or 83%.
9. Trainee will have knowledge of issues and strategies for monitoring child progress in a variety of settings.	9.1 Participate in a discussion of best practices regarding monitoring progress for infants and young children. 9.2 Review and discuss strategies for monitoring progress in home and community settings. 9.3 At follow up develop and implement appropriate monitoring strategies for a sample of children and families.	9.1.1 -9.2.1. Participation in discussion  9.3.1 At second and subsequent follow-ups, a sample of 25% of families will have 4/4 components of an appropriate monitoring system in place.
*** 10. Trainee will have knowledge of issues that impact families such as violence, substance abuse and mental illness and be able to use solution focused communication strategies.	10.1 Complete a pretraining reading packet. 10.2 Participate in lecture/discussion on addiction, domestic violence, mental illness. 10.3 Identify personal and family boundaries through activity. 10.4 Participate in solution focused lecture/discussion. 10.5 Watch video. 10.6 Create solution focused questions to respond to provided statements. 10.7 Participate in group analysis of a case study related to a family with multiple issues.	10.1.1.-10.2.1 Participation in a knowledge check using a card activity.  10.3.1. Completion of boundaries checklist and completion of boundaries plan at 3/3 or 100%.  10.4.1.-10.6.1. Completion of solution focused checklist in a group setting with 2 questions per group (2/2 100%) 10.7.1. Participate in case study activity in small group and generate 2 questions and 3 suggestions for activities for case study family
*** 11. Trainee will have information that will assist them to introduce positive touch during home visits in a family friendly manner.	11.1 Describe positive touch to families in a small group activity using positive touch video. 11.2 Demonstrate master strokes for positive touch with a partner during a practicum activity. 11.3 Determine ways to incorporate positive touch into daily routines when working in a small group. 11.4 Identify cautions and adaptations when using positive touch when working in a small group.	11.1.1. Completion of a written description containing at least three points completed by small group. 11.2.1. Completion of master strokes checklist at 80%  11.3.1. Completion of routines form at 2/2 or 100% 1.4.1. Completion of a written description by group with at least four cautions and adaptations.

## **Appendix C**

### **Sample FCT training module**



# Teaching Research Family Consultant Training

Introduction

Family Systems

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Communication Skills

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Team Collaboration

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Assessment

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IFSP/ MAPS

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## OBJECTIVES FOR FAMILY FRIENDLY COMMUNICATION

### OUTCOME:

Trainee will demonstrate knowledge of skills relating to family friendly communication techniques.

### OBJECTIVES:

Participate in lecture discussion on facilitative communication and building positive relationships with families.

View video vignette and participate in activity to illustrate parent concerns and professional responses.

## Family Relationship

The success of virtually all interventions  
depends on  
the quality of the service provider's  
relationship with the family.

Source: Kalmanson, B. & Seligman, S. (1992), Family-provider relationships: The basis of all interventions. *Infants and Young Children*, 4(4), 46-52.

## PREREQUISITE ATTITUDES TO BUILDING A POSITIVE RELATIONSHIP

### RESPECTFUL

1. You want to hear what the person has to say.

### COMMITTED

2. You sincerely want to help the person with his/her problem.

### ACCEPTING

3. You genuinely accept the other person's feelings, no matter how different they are from your own.

### TRUSTING

4. You trust the person's ability to handle, work through, and find solutions to his/her own problems.

### UNDERSTANDING

5. You realize that feelings are always changing, consequently you need not fear them.

### SEPARATE

6. You see the person as separate with different ways of looking at a situation.

Source: Gordon (1970) *Parent Effectiveness Training*. New York: Wyden

## COMMUNICATION OCCURS ON THREE LEVELS

**CONTENT =**

**FEELINGS =**

**INTENT =**

**LISTEN TO THE MESSAGES AT ALL LEVELS**

Source: Schuyler, V. and Rushmer, N. (1987) Parent Infant Habilitation. Portland, Oregon: IHR

# PREREQUISITE ATTITUDES TO BUILDING A POSITIVE RELATIONSHIP

**RESPECTFUL**

**COMMITTED**

**ACCEPTING**

**UNDERSTANDING**

**TRUSTING**

**SEPARATE**

**Attending**

**Reacting**

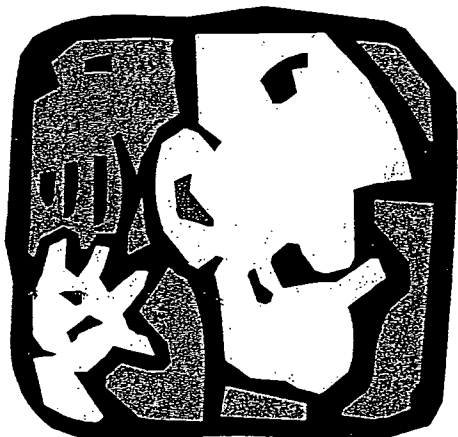
**Responding**

# NONVERBAL COMMUNICATION

WE CONVEY 80-90% OF A MESSAGE THROUGH:

## ✘ Body Movements

EYE CONTACT  
FACIAL EXPRESSION  
POSTURE  
GESTURES

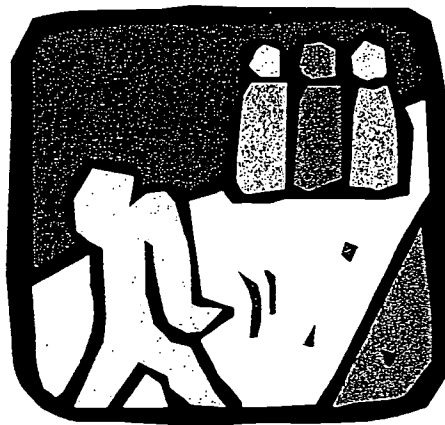


## ✘ Vocal Cues

VOICE TONE  
pitch  
vOLUME  
rhythm  
MINIMAL ENCOURAGERS

## ✘ Spatial Relations

INTIMATE  
PERSONAL  
SOCIAL  
public



# ATTENDING Checklist



## EYE CONTACT

Initiate eye contact  
 Vary gaze (short glance away)  
 Maintain eye contact  
 more than 60% of the time

Fixed stare

## POSTURE

Head nods  
 Head tilt  
 Puzzled face  
 Torso erect  
 Legs relaxed

Rigid posture  
 Body slumped  
 Torso slumped  
 Posture shifts (two or more  
 with legs and body)  
 Seated on edge of chair

## VOCAL CUES & MINIMAL ENCOURAGERS

Um hum....  
 Uh huh....  
 And....  
 So....  
 Stays with main thought  
 Then....  
 Tell me more....  
 Remains quiet during  
 "thought filled" silence

Switches topic before  
 person is finished  
 Interrupts  
 Jumps from topic to topic



## ATTENDING Skills

Positive attending conveys to the parent or other professional that you respect the person and that you care about what he/she has to say and how the person feels. Using positive attending enhances self-respect and establishes a secure atmosphere. This facilitates free expression.

The consultant's goal is to communicate a commitment to understand the parent or other professional.

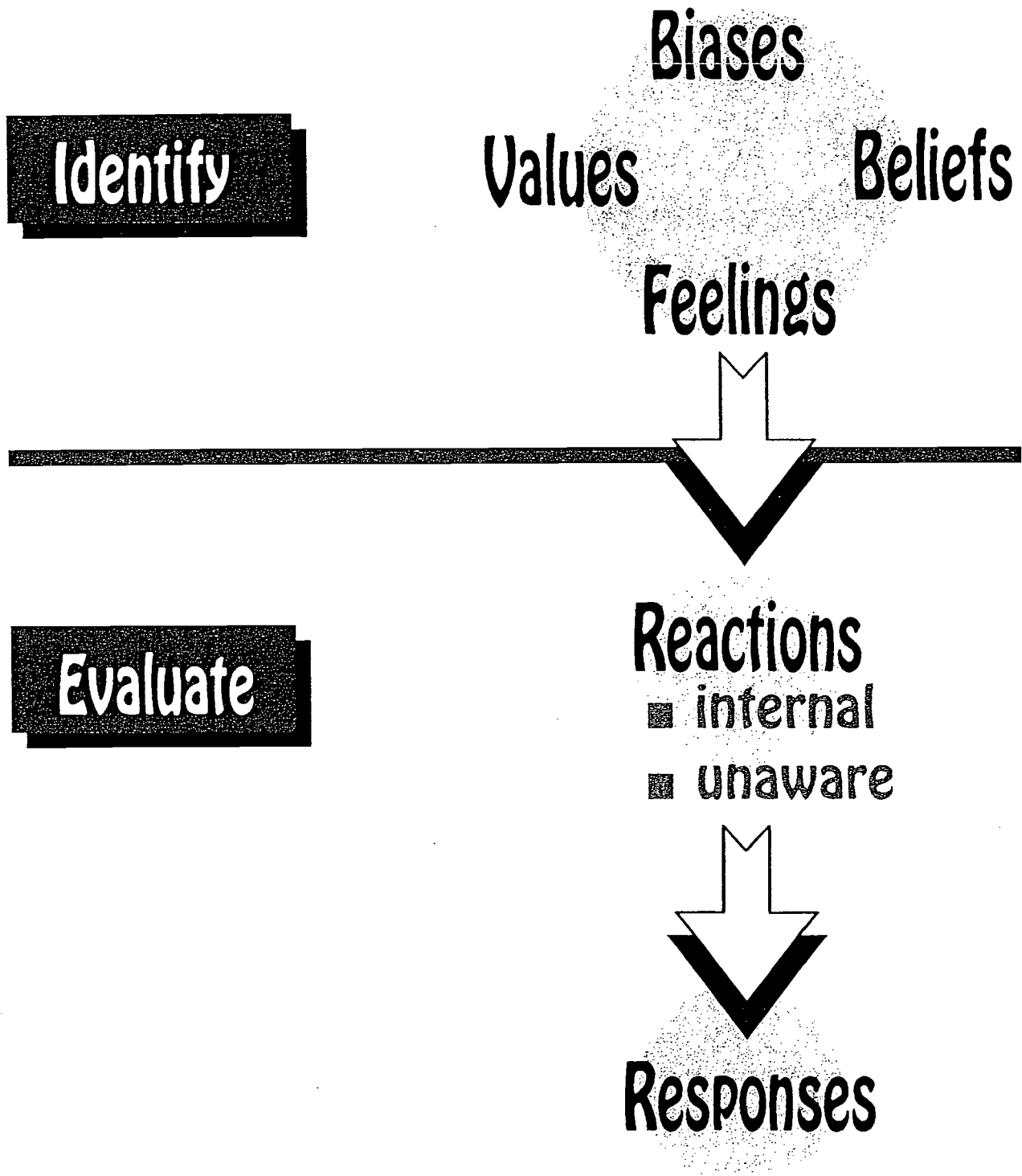
### Hints:

- Breathe and relax physically; feel the presence of the chair you are sitting on.
- Be comfortable and natural in your posture and movements.
- Initiate eye contact; vary your gaze.
- Follow what the parent or other professional is saying; take your cues from them. This encourages the person to continue communicating.
- Let your responses communicate to the other person that you want to understand what she/he is experiencing.

### Invitations to communication:

- "Tell me about that."
- "I'm interested in what you think."
- "This seems important to you."
- "Tell me more."

# REACTING PROCESS



## Obstacles

The consultant's commitment to understand the parent or other professional can be a difficult task. Several factors may be obstacles in the listening process:

- Attending to a person's feelings may feel scary.
- Assuming responsibility for the need to "fix things".
- Viewing expression of strong feelings as inappropriate.
- Being overwhelmed by time constraints.
- Being preoccupied by personal concerns.

## Reactions

Each consultant comes to the interaction with unique experiences, biases, values and beliefs. When a particular idea or feeling is heard there is a reaction. A consultant may not be aware of this since the reaction is usually an internal event.

Schuyler and Rushmer (1987) emphasize the need to be aware of the reaction process "because our reactions are very likely to determine our responses". By learning about personal reactions, a consultant may find that she/he is judging, evaluating and making assumptions about a parent's or professional's comments based on the consultant's frame of reference.

## Understanding

Rogers (1951) discusses the importance of "listening with understanding" that is "understanding with a person, not about him". When a parent or other professional perceives that the consultant "understands with" there is less defensiveness. The consultant will then be more open to the intent (the real message) and be capable of responding appropriately.

*Sources:* Schuyler, V. and Rushmer, N. (1987) Parent-Infant Habilitation. Portland, Oregon: IHR Publications.  
Rogers, C. (1951) Client-Centered Therapy. Boston, MA: Houghton Mifflin.

## REACTING STYLE

Rate yourself on the following personal characteristics:	<u>Strong</u>	<u>Adequate</u>	<u>Weak</u>
1. I am comfortable with acknowledging and experiencing my own feelings.	1	2	3
2. I am comfortable with the expression of feelings by others.	1	2	3
3. I am able to recognize and set aside my own biases and beliefs rather than impose them on others.	1	2	3
4. I appreciate people as they are and am able to accept the differences inherent in others.	1	2	3
5. I am able to listen to the feelings of others without needing to "fix", take responsibility for or deny the feelings.	1	2	3

Choose one characteristic and describe your plan to strengthen your skill in that area.

Source: *Adapted from Early Intervention Series I (1993) Infant Hearing Resource, Hearing and Speech Institute, Portland, Oregon.*

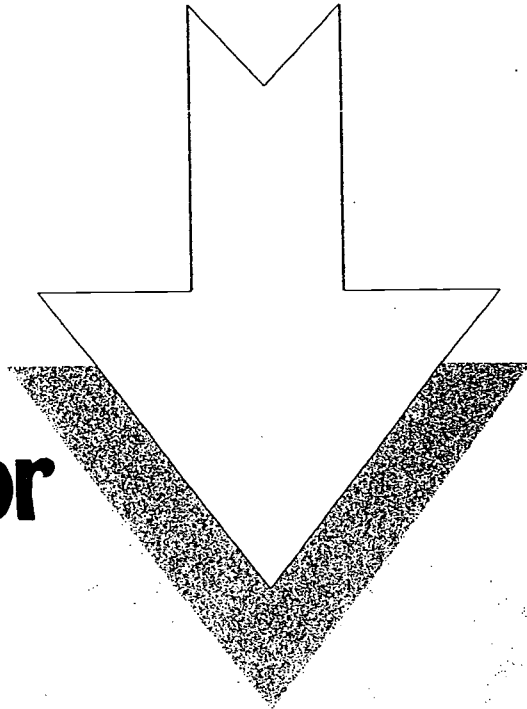
# Responding Checklist



PARAPHRASING	
<p>Accurate paraphrase</p> <p>Somewhat accurate paraphrase</p> <p>Paraphrase main content</p> <p>Appropriate frequency</p>	<p>Paraphrase peripheral content</p> <p>Completely inaccurate paraphrase</p>
QUESTIONS	
<p>Pause before questions</p> <p>Pause after questions</p> <p>Open questions</p> <p>Open questions to identify thoughts behind feelings</p> <p>Open questions to explore feelings in depth</p>	<p>Yes/no questions</p> <p>Open questions to collect facts only</p> <p>Closed questions</p>
SUMMARY	
<p>Summary to pull together several comments</p> <p>Summary to review past meeting</p> <p>Summary to begin further exploration of content</p>	<p>Summary for action planning without perception check</p>

# Responding Skills

- **Open door**
- **Closed door**
- **Paraphrase**
- **Question**
- **Summarize**



## Responding HINTS

1. A helpful response stays with the topic without adding new information.
2. A helpful response focuses on exploring the feeling content.
3. A helpful response encourages the person to talk further about feelings.
4. A helpful response conveys to the person that he/she can deal with feelings and can do something about concerns.
5. A helpful response does not attempt to “fix” situations or solve problems.
6. A helpful response is short.
7. A helpful response conveys to the person that her/his feelings are valid.

*Source: Adapted from Early Intervention Series I (1993) Infant Hearing Resource, Hearing and Speech Institute. Portland, Oregon.*

## Skills for Effective Communication

- ◆ **OBSERVE** Watch and listen for body language, opening & closing statement, repeated reference, gaps in information, points of stress.
- ◆ **LISTEN** Focus and follow what a family member has to say using verbal and nonverbal listening skills.
- ◆ **REFLECT FEELINGS** Accurately and sensitively identify and reflect a family member's feelings.
- ◆ **REFLECT CONTENT** Restate the content of a family member's message briefly and concisely by paraphrasing and summarizing.
- ◆ **OWN YOUR MESSAGE** Use "I" Statements
- ◆ **QUESTION** Structure questions in a way that promotes understanding and decision making.

Source: Bailey, D., et al. Chapel Hill, NC: CIRIPP. (1991) Implementing Family-Centered Services in Early Intervention: A Team-Based Model for Change.

## Issues in Family Interview

- ◆ What strategies to use?
- ◆ When should family interview be done?
- ◆ Will families view interview as intrusive?
- ◆ Whose job is family interview?
- ◆ Should we ask about needs we cannot help with?
- ◆ What if I see a need the family does not recognize?
- ◆ When is an assessment of resources appropriate?

Source: Bailey, C., et al. (1991) Implementing family-Centered Services in Early Intervention: A Team-Based Model for Change. Chapel Hill, NC: CIRIPP.



## FAMILY INTERVIEW Checklist

### The professional should:

- Establish rapport with the family.
- Conduct the interview in comfortable, private surroundings.
- Explain that participation is voluntary.
- Ensure confidentiality.
- State the purpose for gathering the information.
- Explain how the information will be used.
- Stress that there are no right or wrong answers.
- Select only relevant questions.
- Allow for flexibility by following parents' lead.
- Avoid repetition by not repeating "formal" questions answered informally.
- Record actual parent comments, not interpretations.

Source: *Turnbull, A., & Turnbull, R. (1990) Families, Professionals, and Exceptionality, A Special Partnership, 2nd Edition. Columbus, OH: Merrill Publishing Co.*

## WHAT DOES IDEA SAY ABOUT FAMILY ASSESSMENT?

- ◆ Designed to determine the resources, priorities and concerns of the family related to enhancing the development of the child.
- ◆ Voluntary on the part of the family.
- ◆ Conducted by personnel trained to utilize appropriate methods and procedures.
- ◆ Based on information provided by the family through a personal interview.
- ◆ Incorporates the family's description of its resources, priorities and concerns related to enhancing the child's development

Source: *Bailey, D., et al. (1991) Implementing Family-Centered Services in Early Intervention: A Team-Based Model for Change. Chapel Hill, NC: CIRIPP*

## DISCUSSION GUIDE: COMMUNICATION

**Which communication skills do you find most comfortable? Most difficult?**

**How might you build new communication skills into the way you interact with families and other professionals?**

**\*\*\* This information will be used to complete your implementation plan.**

# Enhancing Home Based Services with Positive Touch



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## Section 9 - Positive Touch

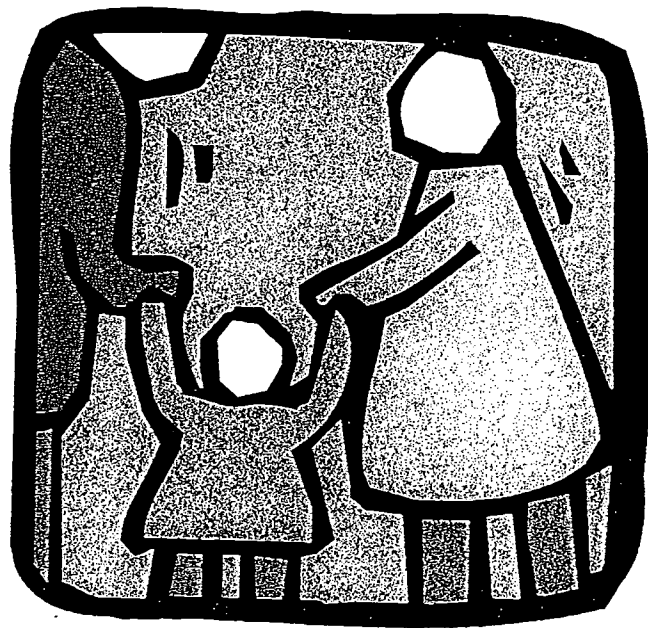
Objectives .....	9.1
Brief History of Positive Touch Experiments .....	9.2
Why Use Positive Touch.....	9.3
Growth of the Mind/The Child's Brain .....	9.4
Potential Benefits of Massage for Young Children .....	9.5
Guidelines in Using Positive Touch Techniques with Families .....	9.6
How Families Might Initially Perceive Positive Touch/Hints .....	9.7
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Positive Touch Strokes Practice Checklist.....	9.13
Cautions and Adaptations when using Positive Touch.....	9.14
Resources.....	9.15

**Outcome: Participants will have information that will assist them to introduce positive touch into home visits and toddler groups in a family friendly manner.**

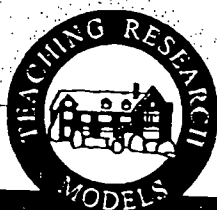
**Objectives:**

- 9.1 Be able to identify ways to describe positive touch to families**
- 9.2 Be able to identify ways to reinforce parent/child interactions**
- 9.3 Be able to identify master strokes for positive touch**
- 9.4 Be able to identify resources to assist in introducing positive touch to families.**

# PARTNERING WITH FAMILIES WHO HAVE MULTIPLE ISSUES



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## Objectives for Presentation

Participants will gain knowledge about the effects of addiction, mental illness and domestic violence on family function.

Participants will be aware that personal and programmatic boundaries effect the services we provide.

Participants will identify and practice solution focused communication strategies that can assist families in making decisions.

## **Appendix D**

### **Sample FCT lecture**

**Family Consultant Training**  
**Lecture: Family Friendly Communication**

**TRAINER INFORMATION**

**Objective:** Trainee will demonstrate knowledge of family friendly communication techniques.

**Materials:** FCT Training Manual  
Overheads for Section 3  
Communication Vignettes Video  
*First Impressions* Video

**Amount of Time:** 2 hours

**Evaluation:** Participation in lecture and activities  
Completion of Family Needs Interview Checklist at 9/11 or 81%

**Additional Readings:** Blackman, J. (1995) Working with Families in Early Intervention. Gaithersburg, MD: Aspen Publishers, Inc.  
Bromwich, R. (1981) Working with Parents and Infants. Austin, TX: Pro Ed, Inc.  
McWilliam, P.J. and Bailey, D.B. (1993) Working Together with Children and Families: Case Studies in Early Intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

I. Introduction

- A. A metaphor is a figure of speech that uses something from the physical world to describe a concept. Metaphors create an image, allow new connections to develop and generate new ways of thinking. They provide a way of understanding a situation you are part of and helped to create. Metaphors give you a new language, a more poetic, less scientific language to discuss a process.

**OVERHEAD #1**  
**Communication River**

- B. Communication is a river. Where a small headwater stream marks the beginning of a river, the water is narrow and shallow; you could walk across it. As miles go by, more streams join and the river expands to carve its path; you would need a boat to travel across it now. Later the mass of water goes through hazardous rapids, is constricted by submerged rocks, and goes over a waterfall; to cross it now, you would need to build a bridge or search out another way.
- C. The consultant role requires effective communication. You will need to “test the waters” and “build bridges” as you experience the rivers of communication in your work. In this

session, the information will be “trickling in” and will find its way to the “reservoir” of your mind where you may draw upon it when you need it. Communication is a two-way process. Ultimately you can change only your own behavior.

## II. Overview of Family Relationships

- A. You are meeting a new family for the first time. It is impossible to be aware of the complexities of this unique family system. Where do you begin? First and foremost, as service providers it is essential to pay attention to your relationship with the family.

**OVERHEAD #2**  
**Success of Interventions:**  
**Family Relationships**

- B. We know that the ability to establish relationships is essential to all aspects of working with families. Communication is the basis for relationships. Since the outcome of intervention depends on the Family Consultant’s relationship with the family, it is critical to learn and practice family friendly communication.
- C. How many of you think you are good communicators? Most of us are, yet being a good communicator may not be sufficient for working with families experiencing the grief and stress of a child with disabilities. Families often feel that these difficulties make them “different”; they need to be understood and supported. Effective communication and empathetic working relationships are what parents need to reinforce that it is the family’s efforts that ultimately make the difference in their child’s life.
- D. Without effective communication, rapport and trust will not develop. These are the foundations for a positive relationship. Building a positive relationship requires certain prerequisite attitudes.

**OVERHEAD #3**  
**Prerequisite Attitudes**

1. Respectful: you want to hear what the person has to say.
2. Committed: you want to help the person with the problem.
3. Accepting: you accept the person’s feelings, no matter how different from your own.
4. Trusting: you trust the person’s ability to find solutions to the problem.
5. Understanding: you realize that feelings are always changing, so you need not fear them.

6. Separate: you see the person as separate with different ways of looking at a situation.
- E. We need to take the personal responsibility to bring these attitudes into our interactions and families. An essential means of making these attitudes our own is being fully present during the interaction. True communication does not happen if we are “someplace else.”

### III. Levels of Communication

- A. Have you ever wanted to say this after an interaction?

*“I know you think you understand what you thought I said. But I am not sure that what you heard is what I meant.”* Author Unknown

- B. Why does this happen all too frequently?

**OVERHEAD#4**  
**Communication Levels**

- C. Three levels of communication

1. The content is the first level. These are the words that are said.
2. The feelings which accompany the words are the second level.
3. The third level is the intent of the speaker - the real message.
4. Listening to the message at all levels is crucial to understanding.

- D. We’ll talk more about listening when we look at the behaviors which reflect our personal interaction styles.

### IV. Building a Positive Relationship

**OVERHEAD #5**  
**Prerequisite Attitudes to**  
**Positive Relationships**

- A. Let’s look again at these six basic attitudes and the specific behaviors which let families know that these are the attitudes we bring to interactions.
  1. Attending is how we pay attention to a family’s communication style. This involves both nonverbal and verbal communication.
  2. Reacting is how we view a family’s idea or feeling through the filter of our own

value system.

3. Responding is how we encourage a family's exploration of a problem.
- B. Before we focus on the specific aspects of these three behaviors, we need to talk about nonverbal communication. The levels of communication, as discussed earlier, include not only the words, but more importantly, the feelings of the speaker. Research has shown that we actually convey 80-90% of the intent or real message through eye gaze, facial expression, body posture, gestures, and tone of voice. How many of you have had the experience of communicating with someone whose words did not match the message conveyed by the nonverbal expressions?

**OVERHEAD #6**  
**Nonverbal Communication**

*Trainer Note: Discuss aspects and give visual examples of each. E.g., eye contact ( may indicate degree of comfort; caution - be aware that this varies in different cultures); facial expression (animated, pensive, serious, questioning); body posture (attentive and alert, slumped ); tone of voice (sarcasm, enthusiasm, boredom); pitch (high may indicate emotionality); volume (loud, moderate, soft); rhythm /rate (too fast, too slow). Ask trainees how these factors change the perception and interpretation of the communication.*

**OVERHEAD #7**  
**Attending Checklist**

- C. This checklist describes the positive and negative attending behaviors

*Trainer Note: Compare and contrast positive and negative behaviors.*

**ACTIVITY:** *Have trainees work with a partner. Take three minutes to share a perception of an interaction that happened yesterday. Give each other feedback on use of eye contact and body posture.*

- D. Since communication is such a complex process, these behaviors can be subtle and we may not be aware of what we are doing. To give you more practice in observing, we have a video of role plays involving a parent and professional. Using the attending checklist as a guide, look for these specific behaviors and check them off as you view the video.

**VIDEO**  
**Communication Vignettes**

**Trainer Note:** Ask trainees to describe specific examples which they observed in the video. Remind trainees that p.3.6, *Attending Skills in the FCT manual* provides a summary/ review of these skills.

- E. When attending to a family's communication, our ability to listen may be hampered by personal reactions to what we hear. Reacting has an effect on attending and responding.
1. As James Lundy wrote, "Remember that you have two ears and one mouth and use them accordingly."
  2. A great amount of time and money has been spent on training courses for public speaking. Very little has been provided for professionals on learning to listen carefully.
  3. Listening is critical in communication and involves multiple skills - verbal and nonverbal as we have just focused on in our discussion of attending.
  4. Listening is essential in all aspects of developing relationships. It's probably easiest to understand how important listening is if you remember an experience when someone did not listen to you.

**Trainer Note:** Ask trainees to recall a recent communication when someone did not convey a listening attitude/behaviors. How did that feel? Discuss examples in groups (parallel conversations, no meaningful response, dissatisfaction, feeling misunderstood, devalued).

5. Listening is a complex difficult to measure process for attending to and accurately comprehending what another person is saying and then demonstrating that this has occurred (Brammer, 1993).
6. Have you ever found that you had good intentions to listen, but when the person was finished speaking you weren't sure what was really said? What gets in the way of listening? It seems "passive," but actually demands our full attention.

**Trainer Note:** Brainstorm a list of listening obstacles with trainees.

7. Additional obstacles to listening include:
  - a. Formulating your questions or statement while the other person is talking so you'll be "ready" when it's your turn to speak.
  - b. Having spare time to think even when you listen; you might find yourself planning another meeting, dinner tonight, etc.
  - c. Getting off task due to an emotional reaction to certain "hot" words like "inclusion"/"self-contained."

- d. Listening for awhile and then “tuning out”; filtering the information; selective attention causes inaccurate perceptions.
- e. Being distracted by extraneous details (physical, verbal, gestural, environmental).

**OVERHEAD #8**  
**Reacting**

- 8. Reactions are a result of our own set of biases, values, and beliefs which we bring to the communication process. We have a reaction to what we hear from families. Usually this is an internal event (a comment we make to ourselves) and most often, we are completely unaware of it. This lack of awareness causes difficulties in communication since “our reactions are very likely to determine responses” (Schuyler & Rushmer, 1987). If we are to communicate with openness it is necessary to identify our biases, values and beliefs and evaluate reactions so that we are capable of appropriate responses to families.

*Trainer Note: Briefly discuss concepts; refer trainees to FCT manual p.3.9, Listening.*

*ACTIVITY: Reacting Style Rating Scale, pg. 3.10 Ask trainees to take a few minutes to reflect on their personal characteristics and complete a self-rating and action plan for growth in one characteristic.*

**OVERHEAD #9**  
**Responding Checklist**

*Trainer Note: Compare and contrast positive & negative behaviors. Provide examples. Using the Responding Checklist as a guide, look for these specific behaviors as we view another communication role play.*

**VIDEO**  
**Communication Vignettes**

*Trainer Note: Ask trainees to describe specific examples which they observed in the video.*

**OVERHEAD #10:**  
**Responding**

F. Responding



1. The family or professional comes with an issue that is perceived as a problem. The consultant needs to provide a clear path for the person to explore the issue. To do this effectively, it is critical to “open the door” by inviting the person to talk more about the issue. Responses need to encourage the person to clarify the problem and convey the belief that a solution is possible.
2. A consultant “closes the door” when facts are emphasized and feelings are ignored. Responses will not be helpful if the consultant projects personal reactions onto the family’s comments. This denies any further exploration of feelings. Without feelings, the intent or real message is not clear and problem solving strategies become unproductive.
3. Helpful responses are characterized by three skills:
  - a. Paraphrasing
    - (1) Match content
    - (2) Restate the essence
    - (3) No new information introduced
    - (4) No interpretation of content
  - b. Questioning
    - (1) Decide type of response and then choose appropriate question.
    - (2) Pause before and after a question.
    - (3) Do not keep talking if the person does not answer immediately.
    - (4) Give the person time to formulate an answer.
    - (5) Do not follow one question with another.
    - (6) Do not propose an answer for the person.
  - c. Summarizing
    - (1) Crystallize the essence of what the person has communicated.
    - (2) Pull together information discussed during a home visit or meeting.
    - (3) Useful for mutual agreement on the next step.

**Trainer Note:** Briefly go over helpful responses listed on page 3.13, Responding Hints.

**ACTIVITY:** Divide participants into groups of three (an observer and two role players). The observer uses the attending and responding checklists to track skills. One person talks about what they will do on the weekend while the other person uses attending and responding communication skills.

**OVERHEAD #11**  
**Skills for Effective**  
**Communication**

**Trainer Note:** Discuss the content from OH #11 using the outline provided below.

- **Observe** - Watch / listen for body language; opening/ closing statements; repeated references; points of stress; gaps in information.
- **Listen** - Focus/ follow what the person has to say using verbal/nonverbal listening skills.
- **Reflect Feelings** - Accurately/ sensitively identify the person's feelings.
- **Reflect Content** - Restate the context of the person's message briefly/concisely by paraphrasing/summarizing.
- **Effective Questions** - Structure questions in a way that promotes understanding decision making.

G. Overview of effective communication skills. (Source: Johnson, D. (1990) Reaching Out : Englewood Cliffs, NJ Prentice Hall.)

1. Clearly "own" the message by using "I" and "my" statements.
2. Make your messages complete and specific.
3. Make your verbal and nonverbal messages congruent.
4. Repeat your message using varied channels of communication.
5. Request feedback.
6. Make your message appropriate for the person's frame of reference.
7. Describe your feelings by name.
8. Describe the other person's behavior without evaluating or interpreting.

V. Family Interview

A. Gathering information from families

**OVERHEAD #12**  
**Gathering Information**  
**from Families**

1. Not intrusive: parent-child interaction is viewed as an opportunity for observation and evaluation.
2. Values diversity: be sensitive to cultural beliefs and practices which are beneficial.
3. Respects different perspectives: all family members bring unique and different focus on the child depending on which routines are shared.
4. Takes an informal approach: rely on the natural rhythms of family daily life.
5. Remember the basics: find out where the gaps are (food, clothing, shelter, safety) and connect families to community agencies.

**OVERHEAD #13**  
**Issues in Family Interview**

**B. Issues in family interview**

1. Strategies - as a family consultant, you are a guest in the family's home; a process of comfortable conversation, focused discussion, needs/ interest surveys.
2. When - begins with the very first contact with the family; always ask permission before touching, picking up or playing with a child; the family knows the child best and can provide specific information for effective intervention; this is a partnership of the family and the family consultant for the benefit of the child.
3. How viewed - depends on how offered; options provide family with a choice. When family feels in control, they are more likely to take active responsibility for the child; important that family consultant does not promote passivity or dependence in the relationship.
4. Whose job - everyone on the team; be aware of and encourage family's expression of goals for the child; look for positive parenting behaviors already in the family's repertoire; use these as the foundation for communication about the child.
5. Other needs - support families in providing solutions to their own problems; work together to clarify the problem, solution and possible resources so family can be linked with appropriate agencies.
6. Family consultant view - encourage families to define their own needs; these may not be those you identify as priorities; if channels of communication are open, the

family will often reveal major concerns. If these are not related to the child, but reach crisis level, the family will have difficulty focusing on the child until the more immediate needs/concerns are addressed.

7. Resource assessment - look at availability within the context of the family identified concerns/ priorities.

C. Family interview checklist

**VIDEO**  
**First Impressions**

*Trainer Note: Describe the scene and characters. A clinic nurse arrives at a family's home after being referred by the clinic doctor. Mary is the mother of Chelsea who has Down syndrome, a heart defect and most recently has been having seizures. Julie is Mary's sister-in-law who is visiting and helping out. Karen is the nurse who primarily provides services in the clinic. She sent a letter to schedule the visit, but it was never received by Mary. Karen did not call to confirm the visit. Ask trainees to view the video using the Family Interview Checklist on page 3.15 as guide. Mark + for the behaviors which they observe in Karen's interactions and - if a behavior does not occur.*

VI. Family Assessment and P.L. 105-17

- A. What does the law say? (Refer to page 3.16 in the FCT Manual)
  1. P.L. 105-17 has specific guidelines about the process of family assessment. When we meet with families, we need to be sure that we understand these guidelines interact appropriately and respectfully. Any discussion of concerns, priorities, and resources is completely voluntary on the part of the family. The goal is enhancing the development of the child within the context of the family.

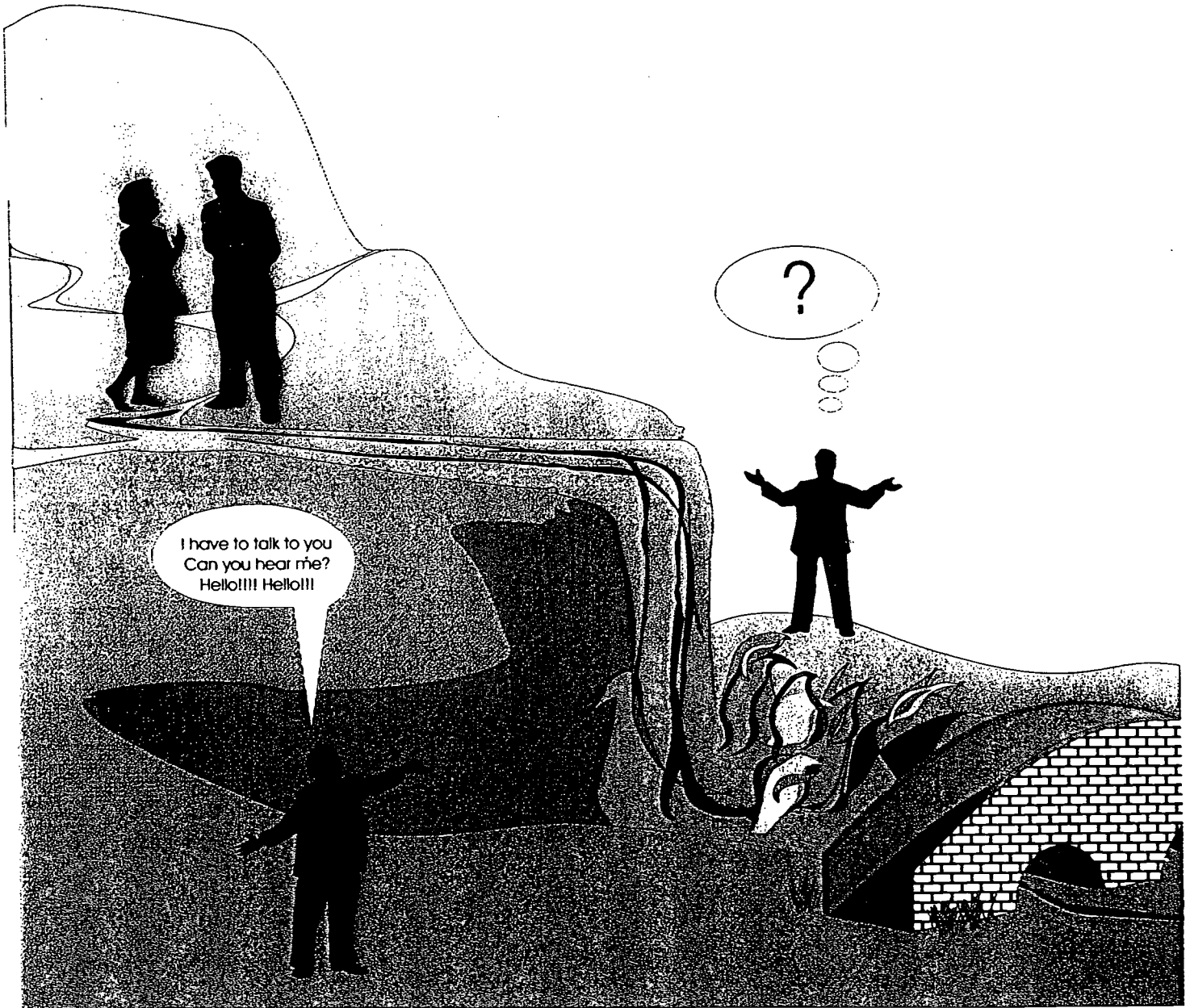
VII. Summary

- A. During this discussion we talked about communicating effectively with families, including obstacles to listening as well as specific communication strategies. We also talked about how to get information from the family through an interview process.

VIII. Discussion Guide: Communication (Page 3.16 in the FCT Manual)

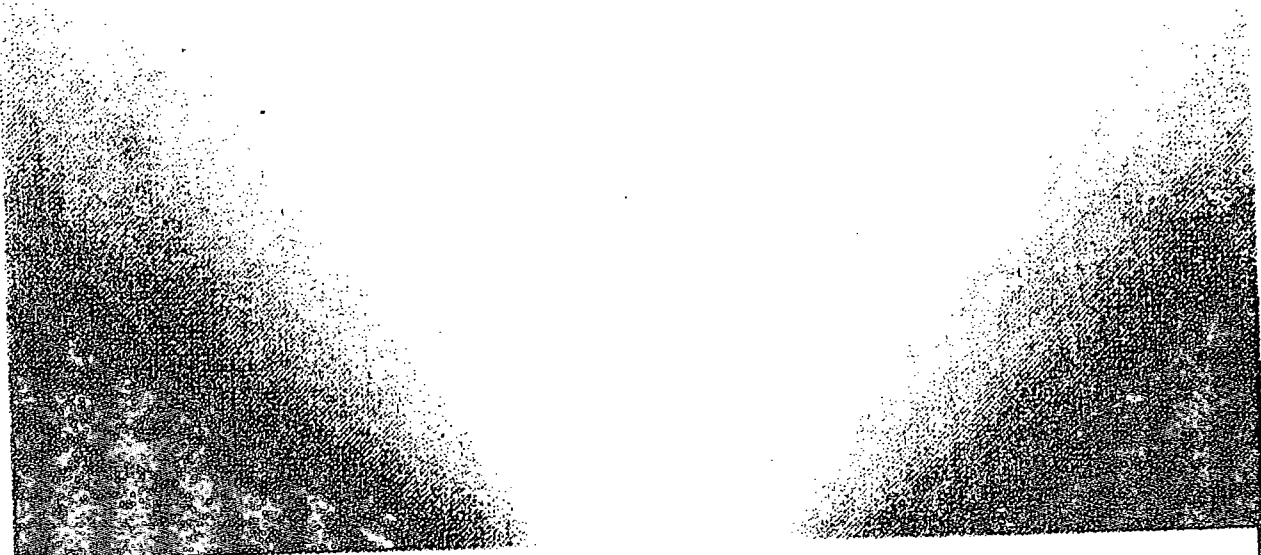
*Trainer Note: Ask trainees to read the two questions and take 10 minutes to respond. They will use this information to complete implementation plans.*

# COMMUNICATION IS A RIVER



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**THE SUCCESS OF  
VIRTUALLY ALL INTERVENTIONS  
DEPENDS ON THE QUALITY  
OF THE SERVICE PROVIDER'S  
RELATIONSHIP WITH THE FAMILY.**



Kalmanson, B. & Seligman, S. (1992), Family-provider relationships: The basis of all interventions. *Infants and Young Children*, 4(4), 46-52.

## **PREREQUISITE ATTITUDES TO BUILDING A POSITIVE RELATIONSHIP**

- ✘ RESPECTFUL**
- ✘ COMMITTED**
- ✘ ACCEPTING**
- ✘ TRUSTING**
- ✘ UNDERSTANDING**
- ✘ SEPARATE**

# COMMUNICATION OCCURS ON THREE LEVELS

## CONTENT



## FEELINGS

## INTENT

**LISTENING TO THE MESSAGE  
AT ALL LEVELS  
IS CRUCIAL TO UNDERSTANDING.**



# PREREQUISITE ATTITUDES TO BUILDING A POSITIVE RELATIONSHIP

**RESPECTFUL**

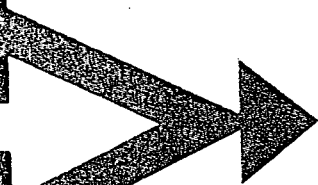
**COMMITTED**

**ACCEPTING**

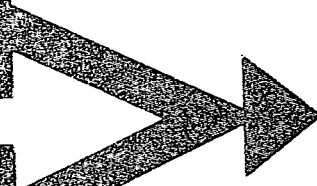
**UNDERSTANDING**

**TRUSTING**

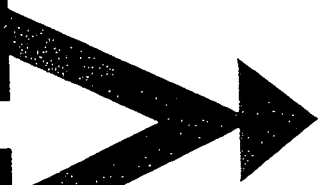
**SEPARATE**



**ATTENDING**



**REACTING**



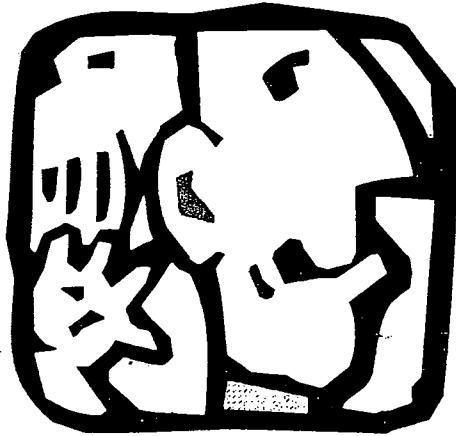
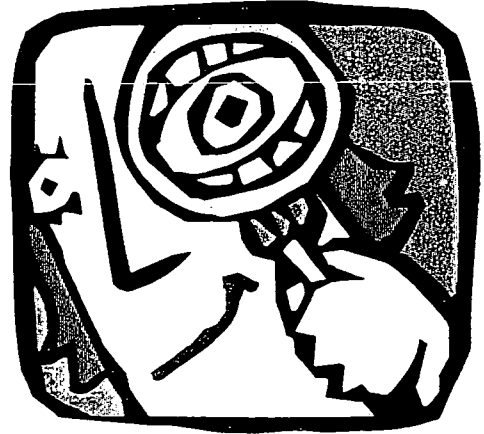
**RESPONDING**

# NONVERBAL COMMUNICATION

WE CONVEY 80-90% OF A MESSAGE THROUGH:

## ✘ Body MOVEMENTS

EYE CONTACT  
FACIAL EXPRESSION  
POSTURE  
GESTURES

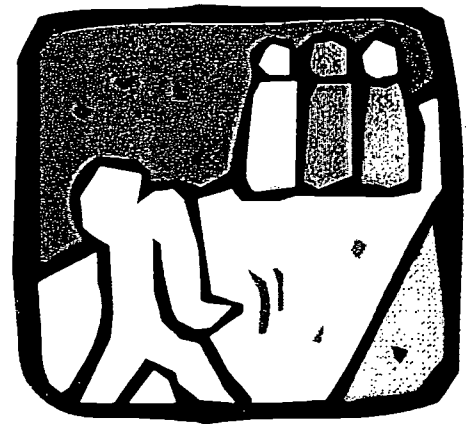


## ✘ VOCAL CUES

VOICE TONE  
pitch  
vOLUME  
RHYTHM  
MINIMAL ENCOURAGERS

## ✘ SPATIAL RELATIONS

INTIMATE  
PERSONAL  
SOCIAL  
PUBLIC



# ATTENDING Checklist



## EYE CONTACT

Initiate eye contact  
Vary gaze (short glance away)  
Maintain eye contact  
more than 60% of the time

Fixed stare

## POSTURE

Head nods  
Head tilt  
Puzzled face  
Torso erect  
Legs relaxed

Rigid posture  
Body slumped  
Torso slumped  
Posture shifts (two or more  
with legs and body)  
Seated on edge of chair

## VOCAL CUES & MINIMAL ENCOURAGERS

Um hum....  
Uh huh....  
And....  
So....  
Stays with main thought  
Then....  
Tell me more....  
Remains quiet during  
"thought filled" silence

Switches topic before  
person is finished  
Interrupts  
Jumps from topic to topic

# REACTING PROCESS

**Identify**

**Biases**  
**Values**      **Beliefs**  
**Feelings**

**Evaluate**

**Reactions**  
■ internal  
■ unaware

**Responses**

# Responding Checklist



## PARAPHRASING

Accurate paraphrase  
Somewhat accurate paraphrase  
Paraphrase main content  
Appropriate frequency

Paraphrase peripheral content  
Completely inaccurate paraphrase

## QUESTIONS

Pause before questions  
Pause after questions  
Open questions  
Open questions to identify thoughts behind feelings  
Open questions to explore feelings in depth

Yes/no questions  
Open questions to collect facts only  
Closed questions

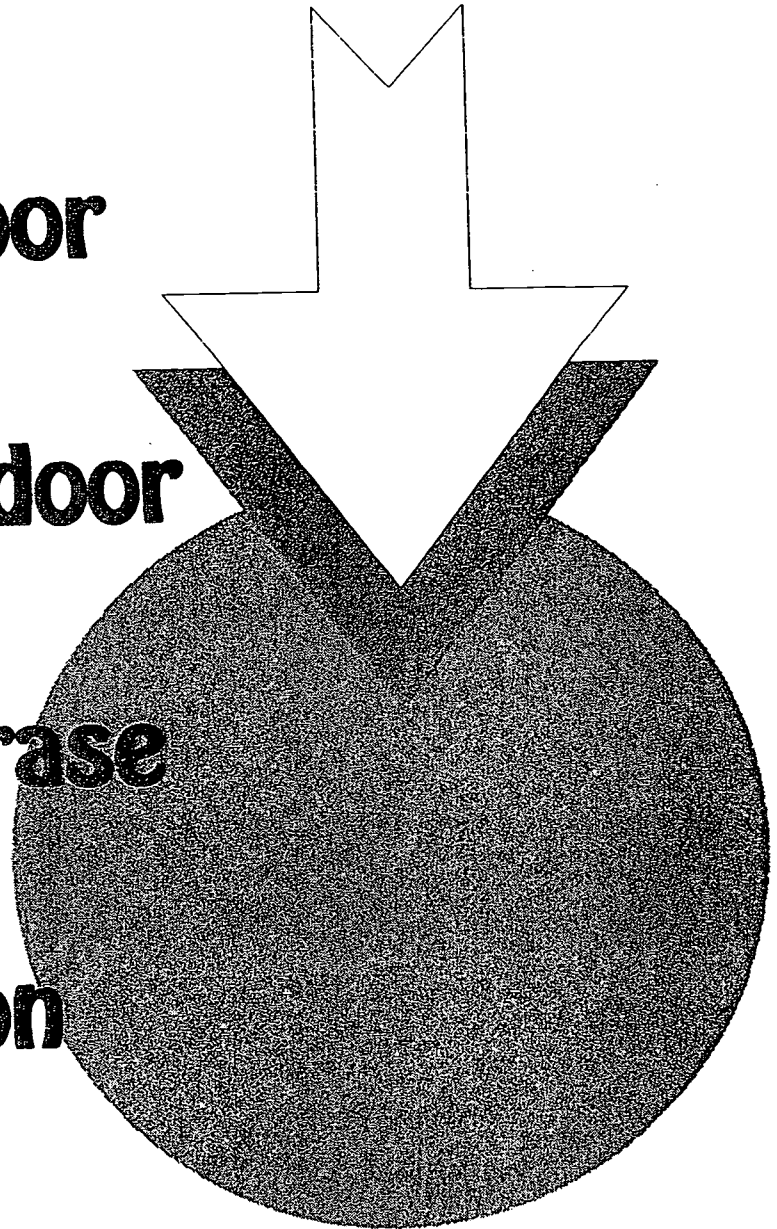
## SUMMARY

Summary to pull together several comments  
Summary to review past meeting  
Summary to begin further exploration of content

Summary for action planning without perception check

# Responding Skills

- **Open door**
- **Closed door**
- **Paraphrase**
- **Question**
- **Summarize**



# Skills for EFFECTIVE COMMUNICATION

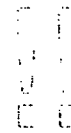
✦ **OBSERVATION Skills**



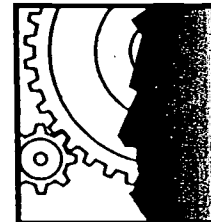
✦ **LISTENING Skills**



✦ **REFLECTING FEELINGS**



✦ **REFLECTING CONTENT**



✦ **EFFECTIVE QUESTIONING**

# Gathering Information from Families

- **be positive and nonintrusive**
- **value diversity**
- **respect family member's perspective**
- **honor family traditions**
- **remember the basics**



# Issues in Family Interview

- **strategies**
- **when**
- **how viewed**
- **whose job**
- **other needs**
- **family consultant view**

## **Appendix E**

### **Dissemination Information (Brochure, Webpage, Listing of Conference Presentations)**

[Mission](#) | [Newsletter](#) | [TR Chat](#) | [Links](#) | [Products](#) | [Staff](#)

Professional development for individuals **working with children who have disabilities in inclusive settings.**

- Developmentally Appropriate Practices in Early Childhood Programs
- Including Children with Disabilities in Early Childhood Programs
- Managing Challenging Behaviors in Early Childhood Programs
- Using a Developmentally Appropriate Curriculum in Early Childhood Environments



**TEACHING**  
Early Childhood & Training Department

**RESEARCH**

[Site Map](#)

Professional development for professionals **working with young children who have disabilities and their families.**

- Partnering with Families Who Have Multiple Issues
- Caregiver/Child Interaction within Routines
- Enhancing Home Based Services with Positive Touch

Professional development training for individuals who are responsible for the design, delivery and evaluation of professional development activities

**Welcome to the Teaching Research Early Childhood & Training Department's Homepage.** Our goal is to improve the quality of education for young children through the study, development and demonstration of innovative models of service. We provide a variety of training opportunities to educators, administrators, paraprofessional and related service personnel.



In addition to providing childcare to students, faculty and the community, the Teaching Research Child Development Center (CDC) located on campus at Western Oregon University is the demonstration and model site for the Teaching Research Early Childhood and Training Department.

Articles

Updated 12/15/2000

[Mission](#) | [Newsletter](#) | [TR Chat](#) | [Links](#) | [Products](#) | [Staff](#)

For more information, please contact: Gary Glasenapp  
Early Childhood & Training Dept.,  
Teaching Research Department,  
Western Oregon University

**W**

Monmouth, OR 97361  
(503) 838-8771  
e-mail [glaseng@wou.edu](mailto:glaseng@wou.edu)

## Who can benefit

The Family Consultant Training project is designed to provide personalized training for teams, including parents, working with children birth to three with disabilities or who are at risk for disabilities and their families.



## Training format

Teams are initially involved in a four day training that will include lecture, small group discussion, observation and practice with infants & families. After the initial training, project staff will work with each team to design an ongoing assistance and training plan to meet that team's specific needs.

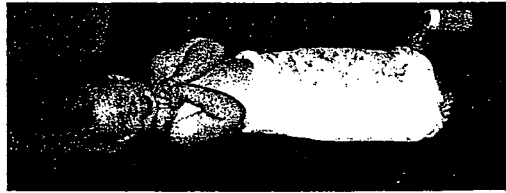


## Topics covered

Participants will receive in-depth, practical information that will enhance their effectiveness in providing high-quality services to children and families.

Participants will acquire knowledge and skills in the following areas:

- ☆ infant development
- ☆ family systems
- ☆ family friendly communication
- ☆ team approaches
- ☆ infant/toddler curricula and assessment
- ☆ program plan development
- ☆ teaching within family routines
- ☆ toddler groups
- ☆ practical tracking systems
- ☆ effective transition planning
- ☆ specialized techniques such as infant massage



## Cost

There is no fee for this training. The cost is covered through early childhood outreach and demonstration grants funded by the U.S. Department of Education, Office of Special Education.



For more information contact:

Carol Bunse, Project Director  
Phone: (503) 838-8774  
e-mail: bunsec@wou.osshe.edu.

## Continuing Education Credits

WOU Division of Continuing Education and Summer Programs will offer 1 - 2 hours of graduate credit for participation in this training. The cost is \$40.00 per credit hour.



## Training application

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_



Training Dates  
will be scheduled  
with each site on  
an individual basis.



mail registration to:

Gary Glasenapp  
Teaching Research  
Western Oregon University  
345 N. Monmouth Ave.  
Monmouth, OR 97361  
(503) 838-8771  
(e-mail) glaseng@wou.osshe.edu

# Family

## Teaching Research Division Early Childhood & Training Dept.



### WESTERN OREGON UNIVERSITY

Teaching Research, a division of Western Oregon University, has a mission of state, regional and national research, program development and dissemination in educational improvement. The Early Childhood & Training Department has a long history in providing services to young children with disabilities and their families. The department has been recognized nationally for training and model development.

*"Overall, one of the best trainings I've attended in the past 5 years."*

*"Presenters possessed a balance of hands-on experience with families."*

*"Positive, nurturing atmosphere which enhances learning new skills and information."*



For further information, please contact:

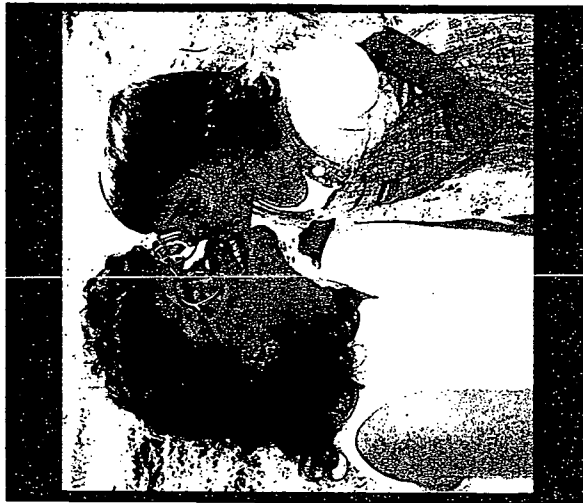
**Gary Glasenapp**  
Teaching Research Division  
Western Oregon University  
Monmouth, OR 97361  
(503) 838-8771  
FAX (503) 838-8150

e-mail - [glaseng@fstr.wou.osshe.edu](mailto:glaseng@fstr.wou.osshe.edu)  
<http://tr.wou.edu/train/FCT.htm>



Teaching Research Division  
Early Childhood & Training Department  
345 N. Monmouth Avenue  
Monmouth, OR 97361

Address Correction Requested



# Consultant Training

Early Childhood  
& Training Department  
Teaching Research Division  
Western Oregon University  
Monmouth, OR 97361  
(503) 838-8774

## Appendix A

### Listing of Conference Presentations

Home Visiting Strategies for the Extremely Premature Infant CaCoon Annual Conference, October, 2000, Portland, Oregon

A local training model for paraprofessional homevisitors. National Paraprofessional Conference, May, 2000. Portland, Oregon

Working with Families who Experience Multiple Issues. Statewide Conference for Home Visitors. May, 2000. Corvallis, Oregon.

Home Visiting Strategies for the Extremely Premature Infant CaCoon Annual Conference, October, 1999, Portland, Oregon.

Working with Families who Experience Multiple Issues. Oregon Division of Early Childhood Conference October, 1999, Eugene, Oregon.

Introducing Positive Touch as a Home Visiting Strategy. OAEYC Conference Spring 1999

Home Visiting Strategies for Families who Experience Multiple Issues. Oregon Division of Early Childhood conference, Salem, Oregon. March, 1998

Strategies for Home Visitors. OAEYC Spring Conference, Eugene, Oregon March, 1998.

Training for Home Visitors. Pacific Rim Conference, Honolulu, Hawaii. Winter 1997

Family Friendly Services for Home Visitors. Washington State Conference on Infants and Families, Spring, Seattle, Washington 1996

Family Friendly Home Visiting Techniques OAEYC Spring Conference Spring 1996

## **Appendix F**

**FCT training participants (Demographics, objectives completed,  
feedback summaries)**

## SUMMARY OF TRAINING COMPONENTS FAMILY CONSULTANT TRAINING

### Special Project

**Sites Included:**

- ✿ Albany, OR: Linn Benton Lincoln ESD/Albany Head Start.
- ✿ Klamath Falls, OR: Klamath Head Start, Klamath EI Program, Klamath Family Head Start, and Klamath Head Start.
- ✿ Arcata, Ca: Early Head Start/Mental Health Program.
- ✿ Medford/ Cave Junction, OR: Early Head Start.
- ✿ Salem, OR: Salem Healthy Start.
- ✿ Lewiston, Idaho: Idaho Infant Toddler Program, Asotin County Dev. Servers, Goodwill Industries EI Case Management, County Health Dept. 0-3, Lewiston EI, Nez Perz Early head Start, Health Welfare, AFS, Opp Unlimited, and Nez Perz High School
- ✿ Coos Bay, OR: Coos EI Program and Coos Public Health.

**Number of Participants: 167**

**Number of Children/Families Served: 1440**

TOTALS	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue
<b>Number participating/number possible</b>	130/167 78%	91/167 55%	92/167 56%	126/167 75%	87/167 52%	45/167 27%	45/167 27%	50/167 30%	101/167 60%
<b>Number completing attempted modules successfully</b>	130/130 100%	91/91 100%	92/92 100%	126/126 100%	87/87 100%	45/45 100%	45/45 100%	50/50 100%	101/101 100%
<b>Total Objectives attempted/ total possible</b>	<b>767/150</b> <b>3</b>								
<b>Total Objectives completed successfully /total objectives attempted</b>	<b>767/767</b> <b>100%</b>								



Training Summaries for FCT Project Lewiston Idaho Lewiston Early Intervention, Health Department, Nez Perz Head Start, Opportunities Unlimited, Adult and Family Services, Health and Welfare June 22-25, 1998

Name Job Date	Family	Team	Assess	Comm.	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Janette Wren Dev. Spec.	X	X	X	X	X		X	X		
Karen Laro EI Spec.	X	X	X	X	X	X	X	X		X
Alicia Powell Dev. Spec.	X	X	X	X	X		X	X		
Susan Church Health Nurse	X	X	X	X	X		X	X		
Jill Barnard AFC Service Coord.	X	X	X						X	
John Krovin DD Supervisor	X	X								
Linda Pladson Service coord.	X		X	X	X					
Joann Felkel DD Coord.	X		X	X	X					
Sherry Greenup Service coord.	X	X	X	X	X					

Training Summaries for FCT Project Lewiston Idaho Lewiston Early Intervention, Health Department, Nez Perz Head Start,  
 Opportunities Unlimited, Adult and Family Services, Health and Welfare June 22-25, 1998

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Sue Nelson EI program Manager	X	X	X	X	X				X	
Alice Rears Dev. Spec.	X	X	X	X	X				X	
Christine Riechers AFC Coord.	X	X	X	X	X					
Tammy Stone Dev. Spec.	X	X	X	X	X					
Robin Swanson Prog. Coord.										
Jodi Tharp V of Idaho	X	X	X	X	X					
Marcia Villegas Head stard coord.	X	X	X	X	X		X	X	X	
Angela Kennedy Dev. Spec.	X	X	X	X	X					
Susan Beier Dev. Spec.	X	X	X	X	X				X	

Training Summaries for FCT Project Lewiston Idaho Lewiston Early Intervention, Health Department, Nez Perz Head Start,  
 Opportunities Unlimited, Adult and Family Services, Health and Welfare June 22-25, 1998

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Jennifer Gordon Program coord.	X	X	X	X	X					
Solo Green Director Nez Perc Tribe HS coord.	X	X	X	X	X		X	X	X	
Margaret Harlo Dev. Spec.	X	X	X							
Cindy Harris Therapy Tech.	X	X	X							
Leah Hall Dev. Spec.	X	X	X	X	X					
Marie Klark Access Dev. Prog.	X	X	X	X	X					
Chris Lasswell AFS Service Coord.	X	X	X	X	X					
Vicki Malone Dev. Dis. Super.	X	X	X	X	X					
Jan Moore Access Dev.	X	X	X	X	X				X	



Training Summaries for FCT Project Lewiston Idaho Lewiston Early Intervention, Health Department, Nez Perz Head Start,  
 Opportunities Unlimited, Adult and Family Services, Health and Welfare October, 1999

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Karen Lombard Family Resource Coord.								X	X	
Teresa Carter Home visitor								X	X	
Carla Hearsey Home consult								X	X	
Jany Suesz Case mgr.								X	X	
Lynna Mattoon Case Mgr.								X	X	
Linda Pladson Purapro								X	X	
Judy Brown Case mgr.								X	X	
Betsy Stemrich Public Health Nurse								X	X	
Mickey Chamberlin PH Nurse								X	X	

Training Summaries for FCT Project Lewiston Idaho Lewiston Early Intervention, Health Department, Nez Perz Head Start,  
 Opportunities Unlimited, Adult and Family Services, Health and Welfare October, 1999

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Debi Titus Public Health Nurse								X	X	
Betsy Steinrich PHN								X	X	
Sharon Littlejohn PHN								X	X	
Donna Anderson PHN								X	X	
Teresa Personett PHN								X	X	
Peggy Snyder Social Worker								X	X	
Alice Reardon Dev. Dpec.								X	X	
Sue Nelson EI Coord.								X	X	
Janette Wren 0-3 Spec.								X	X	

Family Consultant Training Summaries Positive Touch May 15 & 16, 2000  
Early Head Start/Mental Health Program

Site: Arcata, CA

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Athena Csutons Supervisor							X	X	X	
Mary Ann Fallman Home visitor							X	X	X	
Janeice Campbell Home visitor							X	X	X	
Christy Page Home visitor							X	X	X	
April Quigly Home visitor							X	X	X	
Kimberly Shelton Home visitor							X	X	X	
AnaRita Perez Bilingual coord.							X	X	X	
Marta Curatolo Bilingual Home visitor							X	X	X	

Family Consultant Training Summaries Medford Early Head Start/Cave Junction 10/96, 5/97

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Laura Bellah Child Dev. Spec.	X	X	X	X	X	X	X	X	X	
Valerie Erceg Child Dev. Spec.							X	X	X	
Cari Dickson Child Dev. Spec.							X	X	X	
Leilani Humphries Child Dev. Spec.							X	X	X	
Amy Nolan Infant Spec.							X	X	X	
Paula Johnson Infant Spec.	X	X	X	X	X	X				
Sue McNally Child Family Spec.							X	X	X	
Judy Maxwell Child Family Spec.							X	X	X	
Marsha Bones Nutrition Super	X	X	X	X	X	X	X	X	X	
Tally Dunn Program Coord.	X	X	X	X	X	X	X	X	X	



Family Consultant Training Coos EI Program 8/97

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Lori Wilkerson EI Asst.	X	X	X	X	X					
Tammy Yeager EI Asst.	X	X	X	X	X					
Laura Yeager EI Asst.	X	X	X	X	X					
Gail Windem EI Consultan	X	X	X	X	X					
Julie Waldrop EI Consultan	X	X	X	X	X					
Jenny VanRooyan Speech Path.	X	X	X	X	X					
Debbie Thursk Preschool Asst.	X	X	X	X	X					
Eddie Tate EI Asst.	X	X	X	X	X					
Lauren Sproul Parent Educator	X	X	X	X	X					



Family Consultant Training Coos EI Program Coos Public Health 8/97

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Angela Moore Parent Educator	X	X	X	X	X					
Sylvia Mangan Public Health nurse	X	X	X	X	X					
Roseanne Ryan ECE Asst.	X	X	X	X	X					
Jean Onsrud Psychologist	X	X	X	X	X					
Judy Miles Administrator	X	X	X	X	X					
Shari McGlasson Speech Language Path.	X	X	X	X	X					
Crystal Landucci ECSE Teacher	X	X	X	X	X					
Brenda Landrum ECSE Asst.	X	X	X	X	X					
Sandra Kaplan Intake	X	X	X	X	X					

Family Consultant Training Coos EI Program 8/97

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Magi Cummins Speech Path.	X	X	X	X	X					
Janet Caprino ECSE Asst.	X	X	X	X	X					
Vicki Aspinal ECSE Asst.	X	X	X	X	X					
Melissa Bartell EI Specialist	X	X	X	X	X					
Diana Bowen ECSE Asst.	X	X	X	X	X					

Family Consultant Training Summaries Salem Healthy Start Salem, Oregon 7/97, 9/97

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Jeanice Saunders Fam. Support Worker	X	X	X	X	X	X		X	X	
Aimee Szama Fam. Support Worker	X	X	X	X	X	X		X	X	
Raquel Huggins FS Worker	X	X	X	X	X	X		X	X	
Debbie Coulter Intake	X	X	X	X	X	X				
Ginger Bentsman Program Worker	X	X	X	X	X	X		X	X	
Molly Wonal F Support Worker	X	X	X	X	X	X		X	X	
Corrine Elms FS Worker	X	X	X	X	X	X				
Kathy Gibbs Supervisor	X	X	X	X	X	X		X	X	
Elaine Smith Public Health Nurse	X	X	X	X	X	X				

Family Consultant Training Summaries Salem Healthy Start Salem, Oregon 7/97, 9/97

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Suzanne Dalton Fam. Support Worker	X	X	X	X	X	X				
Tula Gutierrez Bilingual Home visitor	X	X	X	X	X	X		X	X	
Mary Jackson Home visit intern	X	X	X	X	X	X				
Maria Barcyes Fam. Support Worker	X	X	X	X	X	X				
Romelle Witzke Fam. Support Worker	X	X	X	X	X	X				
Pamela Coberly Home visit intern	X	X	X	X	X	X				
Sandra Davis Intake	X	X	X	X	X	X				
Kristie Petile Fam. Support Worker	X	X	X	X	X	X		X		
Michelle Meader Fam. Support Worker	X	X	X	X	X	X		X		

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Heather Jenning Ed. Asst/	X	X	X	X	X	X	X		X	
Garyana Linhort Home visitor	X	X	X	X	X	X	X		X	
Judy Buagett Ed Asst.	X	X	X	X	X	X	X			
Ruth Esquor Fam. Support Worker	X	X	X	X	X	X	X			
Maryann Dougherty Ed. Asst.	X	X	X	X	X	X	X			
Sharon Hayes Ed. Asst.	X	X	X	X	X	X	X			
Jan Spencer Interviewer	X	X	X	X	X	X	X			
Sandy Montre EI Spec	X	X	X	X	X	X	X			
Jane Long Ed Asst.	X	X	X	X	X	X	X			

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Barb Nixon Ed. Asst.	X	X	X	X	X	X	X			
Elizabeth Nories EI Spec.	X	X	X	X	X	X	X			
Judy Treanor Healthy Start Coord.	X	X	X	X	X	X	X			
Kristi Griffin Speech Path.									X	
Peter Weis Speech Path.									X	
Michelle Mata Home visitor									X	
Terence Cadigan Home visitor									X	

Training Summary for FCT Project Klamath Falls, Oregon, Klamath Head Start Sept. 3-4, 1998

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Kootsie Cunical Family Educator	X			X					X	
Beverly Bloom PS Teach	X			X					X	
Linda Bouray Preschool Teach	X			X					X	
Lesla Duckett Preschool Teach	X			X					X	
Alta Cochran Health Manager	X			X					X	
Melinda Gomez Family Involvement mgr.	X			X					X	
Kathy Hunte Asst.	X			X					X	
Eileen Moore P.S. Asst.	X			X					X	
Lee Morgan Brooks PS Asst.	X			X					X	
Jenny Reed ECSE Tchr.	X			X					X	
Janice Douglas ECSE Tchr.	X			X					X	
Lori Collins Family Educator	X			X					X	

Training Summary for FCT Project Klamath Falls, Oregon, Klamath Head Start Sept. 3-4, 1998

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Crystal Scroggins PS Asst.	X			X					X	
Sheri Hansen PS Asst.	X			X					X	
Debra Ruiz Family Educator	X			X					X	
Graciela Alvorado Family Educator	X			X					X	
Estelle Vallejo PS Asst.	X			X					X	
Margaret Del Santo Admin.	X			X					X	
Mashelle Gilliam Home Visitor	X			X					X	
Patty Deam Home Visitor	X			X					X	
Jennifer Hollenbeak PS Teacher	X			X					X	
Heidi Eggleston Asst. Tchr.	X			X					X	
Evelyn Palmer Family Educator	X			X					X	



Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Louisa Flores PS Tchr.	X			X					X	
Norma Plata PS Tchr.	X			X					X	
Stacy Robinson PS Asst.	X			X					X	
Chantelle Lumbreras PS Asst.	X			X					X	
Sara Casebear PS Asst.	X			X					X	
Sylvia Cox PS Tchr.	X			X					X	
Erlanda Pena Family Educator	X			X					X	
Geri Kent Family Educator	X			X					X	
Cindy Walsh PS Asst.	X			X					X	

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Alice Hatch Case Manager	X	X	X	X	X	X	X			X
Mary Ross Program Coord.	X	X	X	X	X	X	X		X	X
Rosanna Dalton Motor Spec.	X	X	X	X	X	X	X			X
Anne Matlick Service Coordinator	X	X	X	X	X	X	X		X	X
Lucia Alfaro ECSE Asst.	X	X	X	X	X	X	X		X	X
Anita Harrington Service Coordinator	X	X	X	X	X	X	X		X	X

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Mayra Del Rosaio Family Consult	X			X					X	
Donna Goff ECSE Consult	X			X					X	
Sandy Zeigler ECSE Conslut	X			X					X	
Anita Herrington EI Spec.	X			X					X	
Anne Matlick Service Coordinator	X			X					X	
Donna Thomas Service Coordinator	X	X	X	X	X	X	X		X	X
Bertha Montelongo Service Coordinator	X	X	X	X	X	X	X		X	X
Wendy Millicard Program Director	X	X	X	X	X	X	X			X
Kimberly Wehrly Speech Lang. Asst.	X	X	X	X	X	X	X			X

**Family Consultant Training Feedback Through 1999**

	<b>Plan to Implement</b>	<b>Need More Practice</b>	<b>Doing</b>	<b>Won't Implement</b>
<b>Family Systems</b>	91/215 88%	23/215 11%	18/215 8%	6/215 3%
<b>Comm. Strat.</b>	219/231 95%	21/231 10%	11/231 5%	1/231 .05%
<b>Team</b>	143/159 90%	30/159 18%	15/159 9%	1/159 .05%
<b>Funct. Assess</b>	110/132 83%	13/132 1%	4/132 3%	18/132 17%
<b>MAPS</b>	148/159 93%	13/159 8%	8/159 5%	3/159 2%
<b>Curric.</b>	83/99 84%	12/99 12%	10/99 10%	6/99 6%
<b>Routine</b>	123/196 63%	28/196 14%	18/196 10%	5/196 3%
<b>Parent/Child</b>	133/136 98%	6/136 4%	3/136 2%	0/136 0%
<b>Trans</b>	63/70 90%	0/90 0%	2/90 2%	5/90 5%
<b>Multiple Issue</b>	240/240 100%	89/240 37%	2/240 1%	0/240 0%
<b>Pos. Touch</b>	413/413 100%	1/413 .02%	2/413 .04%	0/413 0%
<b>TOTALS</b>	1766/3101 57%	236/3101 8%	93/3101 3%	45/3101 1%

## **Appendix G**

### **Trainer Training Objectives**

**Project FCT  
Trainer Training**

**Outcome:** Participant will be able to conduct training in the components of Project FCT.

Objective	Activity	Evaluation
<p>1. Participant will demonstrate knowledge of key Project FCT practices that are based on a family centered philosophy.</p>	<p>1.1 Participate in a discussion of key Project FCT practices and philosophy.                      1.2 Participate in the Family Centered activity.                      1.3 Participate in the Team activity.                      1.4 Participate in the Challenge Bowl activity for functional assessment and routine based intervention components.</p>	<p>1.1.1-1.4.1 Participate in the discussion and activities.</p>
<p>2. Participant will demonstrate knowledge of effective training practices and procedures.</p>	<p>2.1 Pre-training, read the article <i>Elements of Quality Staff Development</i>.                      2.2 Participate in a discussion on current effective practices in the training field.                      2.3 Participate in a discussion on the key components of the Teaching Research Inservice Model.                      2.4 Participate in Effective Practices Puzzle activity.                      2.5 In small groups, complete a card activity that correctly categorizes outcome statements, objectives, activities, and evaluation measures.</p>	<p>2.1.1-2.2.1 Score 8/10 or 80% correct on the Effective Training Practices Quiz.                      2.3.1-2.5.1 Correctly place 4/5 or 80% of the statement on the cards in the appropriate category.</p>
<p>3. Participant will demonstrate knowledge of adult learner characteristics.</p>	<p>3.1 Identify characteristics of the adult learner by participating in a card activity.                      3.2 Participate in a discussion to expand and clarify adult learner characteristics identified during the card activity.                      3.3 Participate in the "Everyone Brings Something to the Table" activity.</p>	<p>3.1.1-3.4.1 Score 8/10 or 80% on the Adult Learner Quiz.</p>



Objective	Activity	Evaluation
	3.4 As homework, read <i>Core Project Strand One and 30 Things We Know For Sure About Adult Learners</i> .	
4. Participant will demonstrate presentation techniques.	<p>4.1 Participate in discussion on Presentation Skills.</p> <p>4.2. In partners, review one chapter of the CORE handbook and present content to the large group.</p> <p>4.3 Participate as partners present CORE information.</p> <p>4.4 Small groups present one activity/lecture from the FCT base module materials after review (see 6.1).</p>	<p>4.1.1 Participate in discussion.</p> <p>4.2.1 Partners will score 80% on the Presentation Checklist.</p> <p>4.3.1 Participate in discussions.</p> <p>4.4.1 Groups will score 80% on the Presentation Checklist</p>
5. Participant will be able to assess training needs and complete the site guided initial plan for delivery of FCT.	<p>5.1 Participate in a discussion on needs assessment and how to go about developing an individualized training plan.</p> <p>5.2 In small groups review sample needs assessments and develop a training plan.</p>	<p>5.1.1- 5.2.1 Trainee will develop a training plan from sample: needs assessments, identify objectives, and make modifications to activities as necessary with 80 % accuracy on the delivery plan checklist.</p>
6. Participant will be familiar with the content, materials and activities of Project FCT base training and modules.	<p>6.1 Small groups review portions of the FCT base module materials.</p> <p>6.2 Small group members choose one discussion/activity and present it to the large group.</p> <p>6.3 Individually review modules materials.</p>	<p>6.1.1 Complete the review form.</p> <p>6.2.1 Score 80% on the Presentation Checklist (see 4.4.1).</p> <p>6.3.1 Participate in review of modules materials.</p>
7. Participant will demonstrate the ability to develop post training technical assistance activities that may include ongoing assessment and training.	<p>7.1 Participate in a discussion on follow-up as a technical assistance and evaluation tool.</p> <p>7.2 In small groups, develop technical assistance activities based on the training plan developed as part of Objective 5.</p>	<p>7.1.1-7.2.1 Score 4/5 or 80/5 on the Technical Assistance Checklist.</p>
8. Participant will demonstrate knowledge of FCT training expectations and reporting procedures.	<p>8.1 Participate in a discussion on FCT training expectations.</p> <p>8.2 Participate in a discussion on reporting procedures.</p>	<p>8.1.1-8.2.1 Report demographic, training, and follow-up technical assistance data after conducting training sessions.</p>



## **Appendix H**

### **Trainer Training Materials**



Teaching Research  
Family Consultant Trainer Training

1	Introduction
2	FCT Philosophy
3	Effective Practices
4	Adult Learner
5	Presentation Skills
6	Assessing Training Needs
7	FCT Content
8	Follow-up Support
9	Training Expectations
10	Blank Form & Resources

**Family Consultant Training: Trainer Training**  
**Lecture: Presentation Delivery Skills**

**TRAINER INFORMATION**

- Objective:** Participant will demonstrate skill in presenting.
- Materials:** Core Handbook for each participant  
Five activity cards and 8 corresponding overheads  
Blank overheads and pens  
Presentation Evaluation  
Overheads 1-3
- Amount of time:** 2 hours 15 minutes total  
25 minutes to review Presentation Evaluation  
30 minutes to prepare for presentations  
1 hour 20 minutes for presentations
- Evaluation:** Groups will score 80% of the applicable items on the Presentation Evaluation at adequate or above.
- Suggested Readings on Subject:** Core Handbook

**I. Introduction**

- A. During the next couple of hours we are going to focus attention on presentation and related skills.
- B. We will first review some introductory information on presenting. Then we will give each of you opportunities to present in small groups and learn more in-depth information about presenting to groups.
- C. We have built this into this trainer training module because being comfortable with presenting is an essential part of providing training. Although it is essential, many people struggle with addressing groups in a presentation format.
- D. *Review of format.* After we have reviewed some information on presentation skill via reviewing an observation form that will be used to provide feedback about later presentations, we will divide into small groups, read written information on selected presentation topics and then those small groups will present the information back to the rest of the group. This approach has been called “jig-sawing.” This refers to each small group becoming an expert on “one piece” of the “puzzle” and bringing that information back to the rest of the group. I will explain how this is going to work in more detail later.

## II. Introductory Information on Presentation Skills

- A. *Have participants think of a presenter that was particularly effective in capturing their attention and delivering an entertaining presentation. Have three or four participants share a characteristic or skill that this presenter had.*
- B. *Review each of the following items from the Presentation Evaluation*

<p style="text-align: center;"><b>OVERHEAD #1</b> <b>Presentation Evaluation</b></p>
--

1. Well prepared and materials organized

Presenters need to know the material they are presenting. Take the time to be familiar with the content that will be presented. Have needed materials organized so you will not be fumbling around trying to find the right overhead or other material.

2. Followed outline or presented in logical order

Organize the material so that it is presented in a logical order. The information is easier for audience members to follow if there is a sequence or order. Developing an outline of the content is helpful in organizing the presentation.

3. Stated activity/discussion purpose and expectations in the introduction

Adult learners respond better when expectations are known and when information is relevant and meaningful to them. Begin a presentation by reviewing the purpose and stating what is expected of participants. All that is needed is a brief statement such as "Using indirect language stimulation is an important strategy for working with young children. We are going to watch a video demonstration and then practice one of the strategies with a partner."

4. Covered key content

For the small group presentation today the key content will be outlined for you. When you are planning your own presentations in the future it is important to determine what the key content that you feel is essential to cover and what supporting information you can be flexible with and skim or omit if time runs out.

5. Probed to determine if participants understood concepts

It is helpful to periodically probe participants to assess their understanding. This can be done by asking questions regarding content or simply asking if participants are comfortable with their understanding.

6. Used examples to clarify concepts

Relating content to real-life experiences through examples is an effective way to clarify new concepts.

7. Used questions to stimulate discussion

Using an open-ended question can generate discussion. Examples: "How might you apply this to your setting?" or "What problems might arise if you implemented this in your program?"

<p style="text-align: center;"><b>OVERHEAD #2</b> <b>Presentation Evaluation</b></p>
--

8. Stayed on task

It is easy sometimes to stray from the prescribed content of the discussion, especially when participants ask questions. If the information requested will be covered later, you can ask them to hold the question. If not, briefly respond to the question and then return to the task at hand.

9. Stayed within time limits

10. Used visuals effectively

Visuals should add to the presentation not distract. Position yourself so the participants can see you and the visual easily. Maintain contact with participants by facing them versus turning your back on them. Summarize information on the visual but do not read it to the participants.

11. Effectively used positioning, movement, and gestures

Position yourself so that you can maintain contact with your participants as well as reference your visuals. One suggestion is standing at a 45° angle between participants and your visuals. Standing to the participants' left (left of screen or visual in reference to the participant) is also suggested by many presenters. Fidgeting distracts from a presentation where strong intentional gestures can add to a presentation and be used to emphasize key points.

12. Established eye contact with participants

Effective presenters look at people. Eye contact is critical to the communication process and the more eye contact you make with people the more involved in the presentation they will feel.

13. Effectively addressed questions during the discussion

Answer questions in a clear and concise manner. Be honest in answering questions. If you don't know the answer, tell them and offer to find the answer and get back to them.

14. Incorporated demonstration

Demonstrating a concept or skill will increase participant retention so whenever appropriate build a demonstration into your presentation.

15. Related concepts to participants' past experiences

Remember that adults learn best when new or complicated information can be related to their past experiences.

- C. *Show trainees the copy of the Presentation Evaluation and ask participants if there are questions or comments on the Presentation Evaluation.*

<p style="text-align: center;"><b>OVERHEAD #3</b> <b>Presentation Evaluation Form</b></p>
---

III. Small Group Presentations

A. *Dividing into groups*

1. *Divide the group into five small groups keeping training partners together.*
2. *Give each group an activity card and overheads. (Have the largest group do Strand 9: Evaluation. It covers the most information.)*
3. *Review the information on the cards pointing out the suggested times.*

B. *Preparing for presentations*

1. *Allow groups to begin reading.*
2. *After 10 minutes prompt groups to move on to the planning phase.*
3. *Keep time for the groups. Let them know when ½ of the preparation time has passed and give them another warning toward the end of the time.*

C. *Presentations*

*Each group will present for 15 minutes. Summarize at the end of each presentation and*

*introduce the next group. Remember you are completing an evaluation on each group. Hand out evaluations after the last presentation and allow time to review and ask for questions or comments.*

#### IV. Summary

- A. During this section we have discussed some of the basic skills necessary for effective presentations. You have also been given an opportunity to practice using some of these skills. Later in the training you will be given another chance to present.

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April 26, 2000

# **Presentation Evaluation**

---

- Well prepared and materials organized**
- Followed outline or presented in logical order**
- Stated activity/discussion purpose and expectations in the introduction**
- Covered key content**
- Probed to determine if participants understood concepts**
- Used examples to clarify concepts**
- Used questions to stimulate discussion**
- Stayed on task**



# Presentation Evaluation

---

- Stayed within time limits
- Used visuals effectively
- Effectively used positioning, movement, and gestures
- Established eye contact with participants
- Effectively addressed questions during the discussion
- Incorporated demonstration
- Related concepts to participants past experiences





Group Members: \_\_\_\_\_

Topic/Activity: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation of Presentation	Excellent	Adequate	Needs Improvement	N/A
1. Well prepared and materials organized				
2. Followed outline or presented in logical order				
3. Stated activity/discussion purpose and expectations in the introduction				
4. Covered key content				
5. Probed to determine if participants understood concepts				
6. Used examples to clarify concepts				
7. Used questions to stimulate discussion				
8. Stayed on task				
9. Stayed within time limits				
10. Used visuals to effectively				
11. Effectively used positioning, movement, and gestures				
12. Established eye contact with participants				
13. Effectively addressed questions during the discussion				
14. Incorporated demonstration				
15. Related concepts to participants past experiences				
Criteria = 80% of applicable items adequate or above Score: / _____ = _____ Total				

Feedback:

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## Presentation Evaluation

- ☐ Well prepared and materials organized
- ☐ Followed outline or presented in logical order
- ☐ Stated activity/discussion purpose and expectations in the introduction
- ☐ Covered key content
- ☐ Probed to determine if participants understood concepts
- ☐ Used examples to clarify concepts
- ☐ Used questions to stimulate discussion
- ☐ Stayed on task
- ☐ Stayed within time limits
- ☐ Used visuals effectively
- ☐ Effectively used positioning, movement, and gestures
- ☐ Established eye contact with participants
- ☐ Effectively addressed questions during the discussion
- ☐ Incorporated demonstration
- ☐ Related concepts to participants' past experiences

## Small Group Presentations

### ☐ Strand 5: Using Visuals

- Considerations for developing good visuals
  - Lettering
  - Design
  - Variety
  - Handouts
- Prior preparation when using visuals
- Using Audiovisual equipment during your training
  - Overhead projectors
  - Chalkboards, dry-erase boards, and flip charts
  - Films and videos
- Using Visuals Checklist

### ☐ Strand 6: Involving Participants

- Introductory information about the importance of participation
- Levels of participant involvement
  - Level of participation in regard to retention

- Level of participation in regard to expected outcome

- Getting started or introduction activities
- Strategies for using questioning to stimulate discussion
- Strategies for forming small groups

☐ Strand 7: Handling Questions and Answers

- Planning and managing a question and answer period
- Setting the stage for questions
- What to do when you do not know the answer to a question
- Strategies for handling inappropriate questions

☐ Strand 8: Handling Difficult Situations

- Self-awareness in difficult situations
- Audience analysis
  - Before training
  - During training
- Ongoing audience assessment

- Heated discussions
- Lack of discussion
- Discussions that go on too long
- What to do when you make a mistake
- Handling difficult people
- ▣ **Strand 9: Evaluation Strategies**
  - Introductory information
    - The importance of evaluation
    - Evaluation during and after training
  - Determining if you accomplished your goals
    - Evaluating progress during training
    - Evaluating progress after training
  - Selecting strategies that match your outcomes
  - Providing feedback
  - Managing paper work
  - The importance of post training support

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## **Appendix I**

### **Trainer Training Participants (Demographics, Completion of Objectives)**

**SUMMARY OF TRAINER TRAINING COMPONENTS FOR FCT SPECIAL PROJECT**

**Sites Included:**

- ✿ Medford, OR: Southern Oregon Early Head Start.
- ✿ Arcata, CA: Early Head Start/Mental Health Program
- ✿ Salem, OR: Alphabet House

**Number of Participants: 33**

**Number of Children/Families Served: 330**

Totals	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Reg.
N=33	33/33 100%	33/33 100%	33/33 100%	33/33 100%	33/33 100%	33/33 100%	33/33 100%	33/33 100%
<b>Total Objectives Completed</b>	<b>264/264 100%</b>							



Family Consultant Trainer Training  
 Medford Oregon Southern Oregon Early Head Start May 3-5, 2000

Name Job Date	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Exp.
Valerie Erceg Family Dev. Spec.	X	X	X	X	X	X	X	X
Amy Nolan Infant/Todd. Spec.	X	X	X	X	X	X	X	X
Leilani Humphries Child Family Spec.	X	X	X	X	X	X	X	X
Pam White Child Fam. Spec.	X	X	X	X	X	X	X	X
Laura Bellan Child/Family Spec.	X	X	X	X	X	X	X	X
Sandra Graham Family Spec.	X	X	X	X	X	X	X	X





Family Consultant Trainer Training  
 June 13,14,15,16, 200  
 Early Head Start/ Mental Health Program  
 Early Head Start/ Mental Health Program

Site: Arcata, CA

Name Job Date	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Exp.
Clyde Connaally Health Special Needs	X	X	X	X	X	X	X	X
Pat Falor Health Coord.	X	X	X	X	X	X	X	X
Shelly Lima Mental Health Spec.	X	X	X	X	X	X	X	X
Dawn Dehart Social Service Coord.	X	X	X	X	X	X	X	X
Celeste Trepamer Home visitor	X	X	X	X	X	X	X	X
Barbara Ennis Parent Coordinator	X	X	X	X	X	X	X	X
Karen Athing Mental Health Coord.	X	X	X	X	X	X	X	X
Jackie Makakea Regional Supervisor	X	X	X	X	X	X	X	X
Gail Coonen Supervisor	X	X	X	X	X	X	X	X

Family Consultant Trainer Training  
 May 13-16, 2000  
 Early Head Start/ Mental Health program

Site: Arcata, CA

Name Job Date	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Exp.
Sheri Siegal Supervisor	X	X	X	X	X	X	X	X
Julie Oakes Nutrition Coord.	X	X	X	X	X	X	X	X
Nancy Ingram Supervisor	X	X	X	X	X	X	X	X
Noemi Hernandez Bilingual Home Visitor	X	X	X	X	X	X	X	X
Sue Ayer Home Visitor	X	X	X	X	X	X	X	X
Athena Csutoies Regional Coord.	X	X	X	X	X	X	X	X
Janeice Campbell Supervisor	X	X	X	X	X	X	X	X
Christy Page Supervisor	X	X	X	X	X	X	X	X



Family Consultant Trainer Training Alphabet House Trainer Training  
Sept. 13-16, 2000

Site:

Name Job Date	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Reg.
William Williams Director	X	X	X	X	X	X	X	X
William Howard Psychologist	X	X	X	X	X	X	X	X
Kathie Williams Nurse/Director	X	X	X	X	X	X	X	X
Patricia Ramos Health Coord.	X	X	X	X	X	X	X	X
Camille Self Parent Coord.	X	X	X	X	X	X	X	X
Carrie Self Care Staff	X	X	X	X	X	X	X	X
Millie Parker Volunteer Coord.	X	X	X	X	X	X	X	X
							X	X

## **Appendix J**

### **Follow-up Summaries and Implementation of Objectives**

### Summary of Followup on Programs Implementing FCT model

Training Module/Objectives	Present		Present at Criterion	
Families	6/6	100%	6/6	100%
Team Function	7/7	100%	7/7	100%
Curriculum Based Assessment	6/6	100%	6/6	100%
Communication	5/5	100%	4/5	80%
MAPS process	6/7	86%	6/7	86%
Routines	6/7	86%	3/7	22%
Parent Child Interaction	5/5	100%	4/5	80%
Positive Touch	5/5	100%	5/5	100%
Families w/multiple service needs	3/3	100%	2/3	66%
Transition	4/4	100%	4/4	100%

MEDFORD SUMMARY:

Total Number Trained: 8

Number of families served: 40

Environments where service is accomplished: home, extended family, day care, foster care, center based toddler groups, alcohol treatment center

Objective	Accomplished	In Progress
Family Centered Focus for program	<ul style="list-style-type: none"> <li>-use assessments in planning with families</li> <li>-respect family choices/values</li> <li>-parent meetings with speakers for education and support</li> <li>-use parent satisfaction survey</li> <li>-more participation by fathers</li> <li>-availability of sibling group parents vote on policies</li> </ul>	
Use of Communication Techniques	<ul style="list-style-type: none"> <li>-develop genuine trusting relationships</li> <li>-honor parents by listening</li> <li>-be flexible</li> <li>-get parent input/concerns</li> <li>-be supportive, not forceful</li> <li>-model partnerships and communicate rationale</li> <li>-check-in with parents "how is this going?"</li> </ul>	
Collaboration with team and other agencies		<ul style="list-style-type: none"> <li>-encourage families to have primary provider</li> <li>-work with other agencies to meet infants' health needs</li> <li>-more interaction with OT and SLP during home visits</li> <li>-time to address support/supervision of staff</li> </ul>
Use of family centered assessment	<ul style="list-style-type: none"> <li>-AEPS conducted and used by staff with parents</li> <li>-flow chart developed to clarify "user friendly" results to parents assessment used as a continuous process- not a one time event</li> <li>-practice observation skills</li> <li>-interpret parent-infant interactions</li> </ul>	
Use of MAPS process for program plans; IDEA acceptable IFSPs	Family partnerships emphasize strengths and focus on functional outcomes services listed and described	Use measurable criteria
Use of routine based intervention	<p>Help families embrace routines and schedules for predictability.            Give families more info about learning that takes place in caregiving routines.            Follow child's lead.            Look at routines within activities of centers.            Respect families' was to build routines.</p>	
Tracking progress	Are using AEPs for their at risk children, but are looking into more frequent observations.	
Transition	Done with the collaboration of Head Start for 3-5 year olds.	
Positive touch	More than 1/2 using positive touch with families.	

Site: Healthy Start -Salem

Training Module/Objectives	Accomplished	In Progress
Families	Working with families to develop their priority goals rather than just presenting program goals.	
Team Function	Trying to work more closely with early intervention program.	
Curriculum Based Assessment	Use ASQ as ongoing assessment tool.	
Communication	Use open ended questions. Use solution focused questioning techniques with families.	
MAPS process	Not using Maps across all staff but some staff are using.	
Routines	Many of staff discussed using family routines as a teaching tool.	Is an implementation goal for next year.
Parent Child Interaction	Reinforcing the parents strong skills and highlighting how they help child.	
Positive Touch	A number of visitors take out dolls and videos out to teach positive touch.	
Families w/multiple service needs		
Transition	Not using consistently.	

Site: Lewiston, Idaho

Training Module/Objectives	Accomplished	In Progress
Families	Use family interest survey. Give sample handouts	
Team Function	Are using team meeting strategies and are meeting to coordinate with other teams.	
Curriculum Based Assessment	Use criterion referenced assessment. Are doing arena assessment.	
Communication	Using communication techniques.	
MAPS process	About halpf of staff have begun using mapping process.	Are continuing to present to other staff.
Routines	Have not implemented routines on a wide basis, but IFSP's indicate that goals are being written into routines.	
Parent Child Interaction		
Positive Touch	About 1/3 staff are using positive touch and those staff are used as resources.	
Families w/multiple service needs		
Transition	All staff do transition based goals.	



Coos Bay, Oregon

Training Module/Objectives		
Families		
Team Function	Are meeting with other teams in area for transition, etc.	
Curriculum Based Assessment	Have begun using AEP's and team assessments.	
Communication		
MAPS process	Some of staff have started using MAPS.	
Routines	Staff have started incorporating into their home visiting techniques	
Parent Child Interaction		
Positive Touch		
Families w/multiple service needs		
Transition		

Albany, Oregon

Training Module/Objectives	Accomplished	In Progress
Families	Using mapping do parent priorities checklist – have many placement options.	
Team Function	Have regular team meetings – meet with other team members.	
Curriculum Based Assessment	Use curriculum based assessment and do play based assessment.	
Communication	Use communication skills in team meeting and with parents.	
MAPS process	Use MAPS to develop IFSP's to set up objectives.	
Routines	About half of the staff are using routines in their home visiting programs.	
Parent Child Interaction	Many of the staff focus on having parents do skills rather than coming to work with child and have parent watch.	
Positive Touch	About half staff using Positive Touch.	
Families w/multiple service needs	Are using solution-focused techniques with families	
Transition	Have developed formal transition plans	

Site: Klamath Falls

Training Module/Objectives	Accomplished	In Progress
Families	Follow through using same person from referral through evaluation. Have developed a data system.	
Team Function	Using in staff meetings. Discussing	
Curriculum Based Assessment	Using curriculum based assessment.	
Communication	Increase in referrals from other agencies working with other agencies that serve 0-3 regular meetings; have increased referral from Klamath tribe.	
MAPS process	Using MAPS for all kids	
Routines	Not yet using consistently in home visits.	
Parent Child Interaction	About 1/3 of staff have incorporated, others are working on.	
Positive Touch	Not using at this time.	
Families w/multiple service needs		
Transition		



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