Part C Service Delivery- Moving from Ideas to Sustaining New Practices

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Today we will

- Review where the field has come from and current impacts
- Understand the national approaches and terminology used to describe Early intervention services
- Examine some of the essential practices across the EI journey
- Identify some ideas for leading and supporting personal change
- Explore some frameworks for organizing and thinking about systemic change

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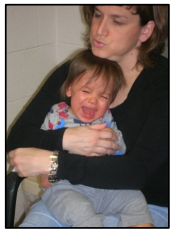
EXCITE YOU!!



Not this

Okay

YES!

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Discussion

* How many of you have been in this "Field" for 5 years, 10 years, 15 years, 20 years or more….
* What "trends", influences, training themes were common at the beginning or your work?
* What do you think has changed over the years?

Influencers

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Past, Present, and Future

"It is the policy of the United States to provide Financial Assistance to states to:

- Develop and implement a statewide, comprehensive, coordinated, multidisciplinary interagency system that provides early intervention services for infants and toddlers with disabilities and their families
- To facilitate the coordination of payment for early intervention services form Federal, State, local and private insurance (including public and private insurance)

...to:

- To enhance the state's capacity to provide quality early intervention services and expand and improve existing early intervention services begin provided to infants toddlers and their families; and,
- To encourage states to expand opportunities for children under the age of three who would be at risk of having substantial developmental delays if they did not receive early intervention services. (IDEA July 1997)

Part C was intended to be different than Part B

- Not intended to be a new "program" but to build on the programs and services already in existence
- Multi agency with various state "lead agencies"
- Dual focus on child and family
- Eligibility differences (known conditions)
- Services based on the needs and concerns of the family
- IFSP (Individualized **family** service plan)
- Type of and Location of services
- Funding!

Prior to Part H (now C)

- Some states extended special education services define in the federal law down to birth
- State laws supported this provision
- Called "Birth Mandate" states
- States include: MI, IA, NE, MN, MD
- Some "creative tension" between Special Education B and state laws and Federal Part H (now C)laws and regulations
- States have resolved these issues in various ways over the years.

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Laws and regulations tell us:

- What services are provided under the law
- General purpose of early intervention
- Who can provide the services
- States' responsibility of oversight and monitoring
- How services are paid for

States/Programs can then choose their service delivery approach: the program design to support their services and the actual how and what those services look like in practice.

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Many variations in state program design

- Lead agencies (Heath, Human Services DD, Education. Other)
- How staff are employed and who they work for
- Contracts and Memorandums of Agreement
- Level of local control in counties or school districts
- Which funding sources are used and how distributed
- Eligibility for services
- What children actually receive as "services"
- And who provides those services and supports

No one else is actually organized like Michigan!

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Many state and local variation in **What/how we "do" services**

Practices

- **Public Awareness and Referral,**
- **Evaluation &Assessment,,**
- **Eligibility Determination,**
- **IFSP Development,**
- **On-going Services and Supports,**
- **Adult interactions,**
- **Transition, Etc.**

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Some reasons states have given about changing or refining their service delivery approach:

- Help with staff shortages
- More effective services
- Shrinking dollars does it cost less?
- Less fragmented for families
- Research has caught up with practices
- It's the right thing to do
- Matches our mission and purpose of EI better
- We have had many in-services with similar ideas from a variety of people

What words do states use to describe their "approach" to delivering services? (2011, 2010)

- Transdisciplinary team-primary service provider -15 (9)
- Primary Service Provider (PSP)-13 (8)
- Coaching-Primary service provider -12 (5)
- RBI-with primary service provider – 8 (3)
- Family Centered services- 4 (2)
- Interdisciplinary model -2 (1)
- Multidisciplinary team – 2 (2)
- Everyday Routines, Activities and Places -2 (3)
- Team based service delivery with independent providers -1 (0)
- Consultative team model-1 (4)
- Individualized Supports and Services in Everyday Activities and Places- 1 (1)
- Direct therapy-consultative model-1 (0)
- Integrated service delivery-1 (0)

To explain, we are going to build a new neighborhood

- **Infrastructures**- Quality Part C system
- **Neighborhood name-**Essential Practices for Quality Services
- **HOA covenants**– Federal and state Rules and Regulations

Architectural plan and blueprints- Updated state application or systems plan

Bed Rock

- Long history of research and model projects-Over a 30 year + time period
- Aimed at improving one or more of the "how" services are delivered or organized
- Information is out there- overload!
- Not all speaking the same language
- Not very good record of long- term systemic change using these ideas or sustainability

Research and a projects created a new "soil"

Old Way

- Treatment models
- Experts know it all
- Seeing deficits
- Professional service based models
- Professionally centered approaches
- Child in isolation
- Teaching skills

Newer way

- Promotion models
- Capacity building of individuals
- Personal strengths and assets
- Resource-based models
- Family centered
- Child part of the larger family system
- Holistic learning

Foundational Pillars

- Family centered/ relationship based practices
- Quality teaming
- Adult learning practices
- Children's learning
- Natural Learning environments

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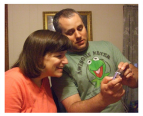
Foundational Pillar: Family- Centered, Relationship based Practices

Family-Centered Practices

- Term has been used by many helping fields since the 1980's
- Made up of a set of connected beliefs and attitudes
- Guides practices and behaviors

(Pletcher & McBride, 2000)



It is far more than simply being "nice" to families!

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Family Centered

- Treat families with dignity and respect
- Individualized and flexible
- Responsive to each family unique situation
- Provide unbiased and complete information so they can make informed decisions
- Build on family strengths and family sources of support

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And equally important:

- Always include opportunities for parent participation and engagement
- Use “helpful” helping behaviors interactions
- Focus on enhancing the parents existing knowledge and skills
- Promote new abilities by enhancing the families confidence, competence and even enjoyment of their child (Dunst et all)

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Federal Statue and Regulations Support a Family Focus

- Families are a primary referral source to make their own referral
- Families are actively involved in evaluation, assessment and IFSP meetings
- Family needs, concerns, and priorities guide the services
- Families are full team members throughout the early intervention journey
- Services are provided in the family's home and community setting
- Families have rights and protections
- The focus of early intervention has always been to enhance the family's ability to help their child grow and develop

Relationship-Based Practices

- Children learn in relationship to significant adults
- Adults learn in relationships: provider to provider and families to providers

Foundational Pillar- Quality Teams

* Multidisciplinary
* Interdisciplinary
* Transdisciplinary

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Multidisciplinary

* Separate disciplines work independently
* Families are not really consider part of the team (they do provide input when invited or ask)
* Lines of communication between members is informal and not regularly scheduled
* Staff development happens by discipline
* Members conduct separate assessments by discipline
* IFSP- members develop separate goals and intervention activities
* Activities are implemented by various providers

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Interdisciplinary

- Willing and able to share responsibilities for services
- Family is consider part of the team. Might work with whole team or one person
- Teams meet regularly for case consultation, review etc.
- Staff development often shared and cross disciplines
- Members conduct assessments by disciplines and share results with one another
- IFSP goals are developed by disciplines with rest of team (including family) forming into one service plan.
- On-going intervention still discipline specific but some co-visits occur when working on several outcomes or goals.

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Transdisciplinary

- Regularly scheduled meetings to teach and learn across disciplines- consultation/coaching and team building using case consultation as the focus
- Staff development is consider critical to team functioning
- Gather information from family about child and family that is used to design the assessment, goal areas and activities
- Assessment of child is “arena” style with all team members participating and observing across discipline; Functional assessment of child
- Plan is developed collaboratively with family and other members of team
- One person is the major implemental focusing on family. Other team members consult and coach or even teach the primary provider

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Primary Service Provider is not…

- a new concept
- the only person the family gets to see
- always the EI specialist out there on their own
- a watered down way of giving services
- a cheaper way of provider services
- what is used due to staff shortages
- the approach only for children with mild delays.

Advantages:

- ✓ Visits with families are more holistic and less fragmented for caregivers
- ✓ Emphasizes "joint thinking through multiple perspectives about what is working and then problem solving what isn't
- ✓ Supports the family/care-givers to promote the child's learning in "real" situations
- ✓ Less intrusive to families
- ✓ Transdisciplinary focus which is supported by ASHA, AOTA, APTA

(FIT fact Sheet #1- New Mexico 2010)

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Foundational Pillar – Adult Learning

- Often self directed to learn something
- Previous life experiences are built upon
- Internal or intrinsic motivation
- Needs to be practiced or used to make it stick
- Need to feel "safe" to try it out
- Have preference for a modality or style of learning (i.e. visual, auditory, hands-on)

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Methods of Adult learning- interactions.

All learning happens in relationships!

- **Coaching**
- **Consulting**
- **Modeling**
- **Mentoring**
- **Verbal instructions**
- **Handouts**

Which do you most often?

COACHING

"An adult learning strategy in which one person (the coach) promotes the learners ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinements and use of the action in immediate and future situations. "
(Rush and Shelden 2005, page 3)

Characteristics of Coaching

- Joint Planning
- Observation
- Action Practice
- Reflection
- Feedback

The coach facilitates reflective discussion and the process.

The coachee owns the problem, discovers their solution and owns the success of their actions.

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The Expert vs. the coach

Expert- does to

- Talks a lot
- Tells
- Attempts to be the fixer things
- Presumes
- Seeks Control
- Wants reasons for issues
- Assigns blame

The Coach- works with

- Listens a lot
- Asks
- Promotes the other behavior
- Explores
- Seeks commitment
- Seeks results
- Reflects not judges

Differences among the approaches:

- Rush and Shelden- teach (coach) a tight approach to “coaching” and it is the focus of their training
- McWilliam use open ended questions, consulting and other adult teaching strategies.
- Woods uses term “coaching” as the umbrella of all good quality adult interactions which also include mentoring, modeling, handouts etc.

All rely on providers knowing and demonstrating quality communication strategies and relationship building skills.

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Foundational Pillar- Natural Learning Environments

- It is far more than just the location or a move away from the “clinic” or special education classroom and doing things in the home.
- it is more than bringing your toy bag and lessons into the home and showing the family (and child) things to do
- It is seeing the whole day, all the activities that happen, all the places the family goes, are involved in as sources of children’s learning!
- It begins with what the family identifies as important , wants help with has hopes for.

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Foundational Pillar- Children's' Learning

Young children learn best…

- through naturalistic routine learning opportunities.

  Roper & Dunst, 2003; Dunst, Bruder, Trivette, Raab, & McLean, 2001

- by engaging in activities that interest them and in turn strengthen and promote their mastery of skills & behaviors.

  Dunst, Bruder, Trivette, Raab, & McLean, 2001; Shelden & Rush, 2001

- through authentic activities that are meaningful and developmentally appropriate for the child.

  Bricker, 2001; Roper & Dunst, 2003

Routines

Routines are not necessarily things that happen routinely.

They are simply the things that happen during the day.

All families have routines.

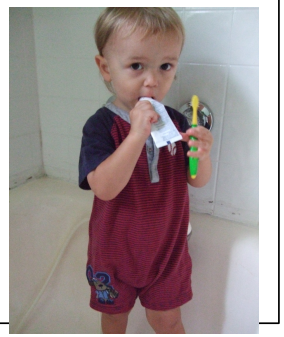
All families, wake up, eat, and go places.

A specific family's routines will not be the same as yours!

Routines provide natural Learning Opportunities

- Routine –getting ready for playschool
- Location- Bathroom
- Activity- Teeth brushing
- Learning opportunities- MANY!

Do the learning opportunities help with engagement, independence, participation in family life?



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Final comment on routines and activities..

To make the example we just did best practice it is :
Not about the providers fitting or embedding our ideas of what the child should learn and do into the families already busy day!

- We need to know :
  - What they family wants help with within that Activity/routine,
  - What the child likes and already does with in that routine
  - What other learning goals the family has identified that can be practiced in that activity or routine
  - What strategies the family feels they can do
  - What level of support from us do they feel they need

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Subfloor and flooring

- Dec Recommended practices 0-5 (2005)
  - Currently being revised (2014) 0-5
  - Will speak to Assessment, Teaming, Family,. Environment, Instruction, Child Interaction, Transition and Leadership/ administration
- OSEP Sponsored community of Practice service in natural environment
  - Vision and mission for Early intervention
  - 7 Key Principles
  - Practices for all steps of the EI journey (IFSP process) referral, evaluation and assessment, IFSP meeting, functional oucomes ongoing intervention, transistion

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CoP -Agreed Upon Principles and Practices

- National workgroup of "researchers, model developers, parents, provider, administrators and TA providers
- Came to agreement on many things!!
- Developed a mission or purpose, a set of 7 key principles, documents called "looks like and doesn't look like.
- Over half of the states have adopted the mission and 7 key principles for their state program
- TA providers have developed other training materials from documents
- Become the foundation for the Early Intervention Workbook
- Influenced the work of 619 folks to draft similar documents

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Children AND families are the focus of Early Intervention services

"Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities." **CoP mission of EI Services**

The "pillars" support the principles

Foundational Pillars / Seven Key Principles of EI	Family-Centered	Natural Environment	How Children Learn	Adult Learning	Teaming
1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts	x	x	x		
2. All families, with the necessary supports and resources, can enhance their children's learning and development.	x	x	x	x	x
3. The primary role of service providers in early intervention is to work with and support the family members and caregivers in children's lives.	x	x	x	x	x
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.	x			x	x
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.	x	x	x	x	x
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team	x			x	x
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.	x	x	x	x	x

CoP documents can be found at:

http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf
(Mission and key Principles)

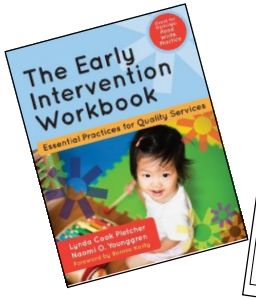
http://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf (Looks like doesn't look like)
http://ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf (Practices document)

National organization position statements. Documents from national organizations supporting different elements of the key concepts. http://ectacenter.org/topics/natemv/natemv_position.asp

RRCP compilation of the seven key principles cross walked with statements from discipline specific literature. http://www.rrcprogram.org/cms2/images/_rrcpdata/documents/KeyPrinciplesEI_effectivepractices.pdf

Searchable annotated bibliographic database of literature supporting the seven key principles. http://ectacenter.org/topics/natemv/natemvbibfinder.asp

A New Resource & More



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  9. Identifying Questionable Practices
  10. The Significance of Personal and Organizational Change

Interior Structure- Rooms

The steps on the EI Journey

- Public Awareness
- Referral and intake
- Evaluation and Assessment
- IFSP Meeting – outcomes, strategies, activities and services
- Ongoing intervention interactions
- Exiting/Transition

Framing – various approaches and common themes for the steps

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People associated with the most frequently mentioned EI approaches

- Using Everyday Settings, activities and learning opportunities- Carl Dunst/Mary Beth Bruder/ Carol Trivette
- Family Centered Practices- Dunst, Trivette and Deal
- Relationship based EI- Larry Edelman
- Key principles and practices paper) National CoP Recommended practices
- SMART outcomes- Lee Anne Jung
- Writing functional Outcomes (variety of people) McWilliam, Rush/Shelden
- Kari's Kit- Pip Campbell, Bonnie Keilty, others….

How many of these folks have you attended training from??

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Major Points of agreement

- A primary provider
- Quality teams supporting families and one another
- Adult learning principles
- Family centered relationship based helping
- Home and community as locations of real learning (natural environment)
- "Functional" assessment and IFSP outcomes
- Children's' learning with familiar people in familiar places engaged in meaningful activities
- Primary focus is with the parent/family who in turn helps the child to grow and development.

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Primary Coach Approach to Teaming- PSP with Coaching(Dathan Rush, M'Lisa Shelden and Barbara Hanft)

- Geographically located team
- Time devoted to coaching and supporting other team members
- One person designated as a primary service provider to a family
- Provides direct support to parents and the caregivers using coaching interactions with family
- Coaching practices are well defined (scripted)
- Natural Learning opportunities and activities

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Dathan Rush, M'Lisa Shelden and Barbara Hanft continued:

- Use of developmental enhancing strategies used throughout the families daily activities
- Respect parents and other care givers as adult learners
- Strengthen parents' competence and confidence while promoting child's learning and development

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For more information

http://www.coachinginearlychildhood.org/index.php

- Hanft, B.E. &Rush, D.D.& Shelden, M.L. (2004) Coaching families and colleagues in early childhood. Baltimore: Brookes
- Shelden, M.L.& Rush, D.D. (2010) "*A primary coach approach to teaming and supporting families in early childhood intervention*. In; Working with families of young children with special needs. R. A. McWilliam (ed) Guilford Press, NY.
- Shelden, M.L.& Rush, D.D. (2013) The Early Intervention Teaming Handbook-A primary Provider Approach. Baltimore: Brookes

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Routines Based Early Intervention in Natural Environments- Robin McWilliam

- Understanding the family ecology (ECO mapping)
- Functional Intervention Planning (RBI Routines based interview)
- Integrated services- a primary service provider works with family, with backing from a team of professionals to address the IFSP outcomes with family
- Consultation and joint home visits with the PSP when needed

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McWilliam (continued)

- Support based home visits with the Vanderbilt home visiting script to provide informational, emotional and material support
- Collaborative child care consultation
- Functional child outcomes to increase engagement, independence and social relationships throughout everyday routines

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For more information

http://www.siskin.org/www/docs/112.180

McWilliam, R.A. (2010) Routines-Based Early Intervention: Supporting Young Children and their Families. Brookes, MD.
McWilliam, R.A. (2010) volume Ed. Working with Families of Young Children with Special Needs. Guilford Press, N.Y.
McWilliam, R.A.& Casey, A.M. (2008) Engagement of every Child in the Preschool Classroom. Brookes, MD.

Family Guided Routines Based Intervention (FGRBI)- Julianne Woods

- Introduction of natural environments and welcoming the family
- Routine based assessment in natural environments (RBA)
- Linking assessment to intervention- Contextually relevant outcomes tied to family routines and activities; embedding outcomes into natural occurring routines
- Involving care givers in teaching and learning

Woods (continued)

- Monitoring progress
- Collaborative teams working together with families often with a primary provider
- Family guided, family focused
- Coaching interactions includes other adult teaching methodology such as modeling, prompting, direct teaching etc.

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For more information

- http://fgrbi.fsu.edu/
- http://tactics.fsu.edu

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Using Everyday Routines and Activities (Carl Dunst& Mary Beth Bruder)

- Everyday family and community opportunities, experiences and events as source of children's learning
- Locations yield activity settings, the settings are rich in learning opportunities
- Child engages in enjoyable activities- interest based learning
- "Contextually Mediated Practice (CMP)

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Dunst et. All continued

- Parent mediated child learning
- Home visits assist families to identify and engage in their meaningful activities and meet needs
- Family centered effective helping used by professionals ,
- Use of family strengths- competency enhancing interactions.

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For more information

http://www.everydaylearning.info/index.php
http://www.puckett.org
Dunst,C.J., Raab, M., Trivette,C.M.(2010) "community based everyday child learning opportunities" in R.A. McWilliam (ed.) Working with families of young children with special needs. Guilford Press, NY

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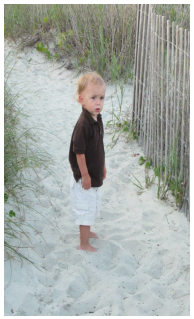
Reason for programs to make changes

- New information or ideas
- A newly define vision or mission
- Old ways are not getting the need- or desired outcomes
- Research is impacting practices
- A crisis
- A New mandate
- Changing resources
- Thoughtful decisions from leadership,

What might your reason be to go in a Different direction?



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What Changes??

Your program wants to:

- Improve your Transdisciplinary team practices
- Adopt a primary service provider approach to home visiting
- Use the RBI during intake
- Write functional outcomes
- Use coaching as a focus for home visiting interactions
- Have better IFSP meetings
- Change how you do evaluation and assessment

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People don't do complex things differently....

- After reading a book
- Attending a workshop
- Attending a multi-day training event
- Taking a class
- Being told it's the "way" to do things"
- After a supervision "event"
- Reading a policy of procedural manual

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Considering a change-getting started

- Identification of key stakeholders who share the interest and need for change
- Assessment of the degree to which these stakeholders perceive the issue or need to be a priority
- Willingness of leadership from multiple agencies and programs to support the change process over a period of time
- Identification of a leadership team responsible for the oversight of necessary aspects of the change process over time
- Desire to engage in discussions and gather information about potential solutions to identified needs
- Knowledge of implementation science and its application to the change process

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Changing practice is not easy

Changing or refining practice(s) is not easily done as the systems to support persons will also need to change.

"Systems make it possible. People make it happen

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Positive side.. Change can be

- Invigorating
- New ideas push you out of comfort zone but into a new learning reality
- It's personal growth and then feels good
- Satisfaction in working in an environment that wants to continually learn and improve
- Colleagues respect and support one another in new efforts
- Enhanced team work of support
- Children and families may benefit greatly!

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Change is personal- common reason for resisting change

- I've been doing it this way for 5, 10,15 years and it works for me.
- I don't know what you want me to really do differently?
- The change will make it more difficult and harder to work.
- I don't see any advantages.
- There is no basis for the new ideas: its not based on what I know.
- Change is always pushed do on us from the top and they don't have to "do" it.
- I don't have the skills and will look foolish.
- We will likely end up right back here as no change really sticks here……

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Individuals go through phases in accepting and doing changes in practices

- Awareness
- Information
- Personal
- Management
- Consequences
- Coloration
- Refocusing

From CBAM (Concerns Based Adoption Model)
See chapter 10 in Early Intervention Workbook-Essential Practices for Quality Services for leadership tips

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Frameworks for Organizing Change

"Implementation: the process of moving from and idea, concept to reality"

- Teams
- Drivers
- Innovation/Practices
- Stages and Steps
- Cycles

from the work of Fixsen, Blasé, Duda, Smith et all at
http://implementation.fpg.unc.edu/module-1-Frameworks
State Implementation and Scaling Up Evidence-Based Practices, (SISEP)

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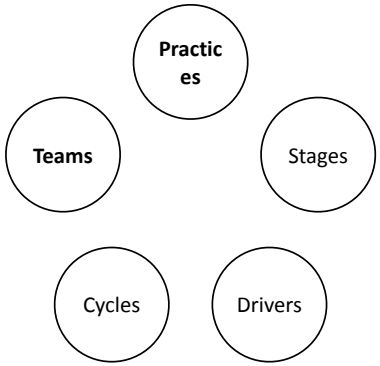
A way of thinking about the frameworks



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Need Teams to Lead

"Implementation (or Leadership) Teams are the "Who" of active Implementation.

"An Implementation Team is an organized and active group that supports the implementation, sustainability, and scale-up of usable interventions by integrating the use of implementation stages, drivers and improvement cycles."

http://implementation.fpg.unc.edu/module-3/introduction

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Teams make change happen!!

What do they do:

* Assessing and creating ongoing “buy-in” and readiness
* Installing and sustaining Implementation Drivers
* Monitoring implementation fidelity of the EBP/EII and related outcomes
* Action Planning: Aligning system functions and managing stage-based work
* Solving problems and building sustainability

They don’t watch it, or let it happen they MAKE IT happen!

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Do-able intervention/practices

Selecting the interventions (practices) that best fit what you are trying to change or improve upon

* They must be “teach-able”
* The must be “useful”
* They must be “do-able”
* They can be measured for fidelity
* Ultimately they improve outcomes for Children and families!

http://implementation.fpg.unc.edu/category/tags/module-1

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Drivers

"Implementation Drivers are the components of infrastructure needed to develop, improve and sustain the ability of teachers and staff to implement an intervention as intended as well as create an enabling context for the new ways of work".

http://implementation.fpg.unc.edu/module-2/implementation-drivers

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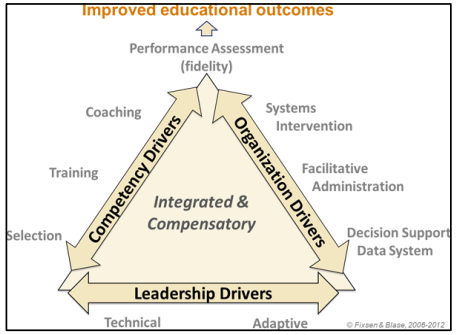
"Drivers" that must be in place to support the change



Stages- Exploration and Installation

Exploration-

The goals of the exploration stage are to identify the need for change, determine what innovation or set of practices are likely to meet that need, and to decide whether or not to move ahead with the implementation process.

Installation: Building System Capacity

The goal of the installation stage is to build system capacity to support the implementation of the new practices or innovation at selected sites. Installation includes establishing or enhancing system components to support the implementation of selected practices or innovation.

Initial and Full Implementation

Initial Implementation

The goals of initial implementation are to provide training and technical assistance (T&TA) to early implementation sites in order to field test and begin implementing the new practices or innovation.

Full Implementation

The goals of full implementation are to assure that the structures necessary to sustain high fidelity implementation of new practices or innovation are in place at the initial sites, and to begin the planning for expansion to new sites.

Expansion/Scale up

EXPANSION: SCALE-UP

The goal of expansion or scale-up is to increase the number of programs in the state using the practices or innovation with fidelity so that more children and their families have access to effective services.

From the very beginning there needs to be a commitment and plan to sustain the practices over many years!

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Improvement Cycles

"Improvement Cycles support the purposeful process of change. Implementation teams use improvement cycles to change on purpose. Improvement cycles are based on the Plan, Do, Study, Act process"

- Providers and leaders working together
- Active and transparent feedback loops
- Leadership address issues or problems immediately

http://implementation.fpg.unc.edu/module-1/improvement-cycles

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If anything is to really change and be sustained then:

- Need to understand personal and organizational change
- Involve people at various levels of the system and program
- Carefully planed
- Helped" to happen
- Understood by all
- Clearly describe practices
- Supported throughout the process by leadership
- Reviewed and evaluated regularly
- Adjusted as needed
- Measured for fidelity
- Time, energy and resources!

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Pam Thomas- MO Part C coordinator

"This is no easy task to change practices across the state. This will take years. You must plan carefully and make that plan known to a variety of people (providers, families, administrators, referral sources). It is hard, but exciting work, that really is never finished. To know we will have service providers using practices that have years of research and evidence supporting them, based on values and beliefs we feel are fundamental and that families across our state will receive services and supports consistently no matter where they live will be all worth it in the end!"

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