

Early Intervention Proposal Assisting Special Needs Children and Empowering Families

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Statistics: A survey carried out by the World Bank in Egypt, Jordan and Yemen estimated that between 5% and 10% of children under age 18 have at least one type of disability; many of these children face health, educational, social and psychological problems [World Bank, 2004]. A community-based study carried out in Jeddah, Saudi Arabia, found that speech, motor or mental disabilities were most common.

Mission: To actively seek out children from neglected and difficult to reach areas, and be sensitive to the families' needs. Our goal is to ensure the highest standards of excellence for evaluations, initial and ongoing service coordination, and home, community, and/or office facility based therapeutic services for all our families.

The Process

1. Initial referral for services
2. Individual evaluation process
 - Social History
 - Psychological
 - Educational
 - Speech
 - Occupational Therapy
 - Physical Therapy
3. Determining eligibility for services
4. Individualized Program
5. Services
6. Annual Review/Reevaluation

Referrals

- ▶ Children suspected of having difficulties or seems to be delayed are referred to the program.
- ▶ Parents may suspect developmental delays and may come forward with concerns.
- ▶ School teachers may suspect a learning delay in children in their classrooms, and share their concerns with parents.
- ▶ Daycare providers may also suspect developmental delays in children and share concerns with child's parents.
- ▶ Parents make the ultimate decision to reach out to the program and request to open a case.

The Role of the Intake Coordinator

- ▶ The Intake Coordinator will assess the child and family's needs on that first initial phone call. The Intake Coordinator will listen carefully to the concerns and priorities that are being discussed and be sensitive to the family's cultural and emotional needs.
- ▶ After all pertinent information is given by the referring party, the Intake Coordinator will discuss the needs of the child and family with the Service Coordinator Supervisor for the area in which the child resides. Additionally, the Service Coordinator Supervisors will be responsible for choosing an Initial Service Coordinator who will best meet the needs for that family.

The Role of the Service Coordinator Supervisor

- ▶ Conducting regularly scheduled supervisory meetings with individual Service Coordinators
- ▶ Conducting bi-weekly meetings for all Service Coordinators
- ▶ Tentative meeting topics for in house trainings by the Service Coordinator Supervisor will include, but not be limited to:
 - ▶ Preparing families for evaluations and the IFSP;
 - ▶ Document writing to ensure all Service Coordinators are prepared to document appropriate logs, updates etc.;
 - ▶ Understanding Foster Care and the proper written documentation that is needed;
 - ▶ Understanding the process; empowering the families and eliminating their fears.
- ▶ The Service Coordinator Supervisor will also monitor each Service Coordinator's caseload and read each Service Coordinator's logs on a daily basis. The logs will be monitored for appropriateness and fulfillment of service coordination duties as well as to ensure accurate recording of the child data.

The Role of the Service Coordinator

- ▶ Call the family, review the referral information to ensure all information listed is accurate, and set up a home visit.
- ▶ At the home visit, the Service Coordinator will provide and explain all consent forms to the family.
- ▶ The Service Coordinator will explain due process rights, the voluntary and confidentiality of the program.
- ▶ Each family will be educated on the difference between a home and center evaluation and the advantage and disadvantage of

each will be discussed.

- ▶ Upon being informed of the entire evaluation process including the explanation of the evaluation process, each family, along with the Service coordinator, will then choose what they believe to be the most optimal setting for their child to be evaluated. The family will be advised about the importance concerning policy deadline for the evaluations.
- ▶ The Initial Service Coordinator will then assure the family that the chosen evaluation site will be in contact with them and arrange for the evaluations as soon as possible, and that all evaluations will be conducted at a time and location mutually convenient to the family and child, and in their dominant language.

Initial Evaluations

- ▶ Due process rights and program procedures are explained to the parent prior to consent. Once consent is obtained, the evaluation coordinator makes arrangements for evaluations to be conducted.

The Role of the Evaluation Coordinator

- ▶ To ensure that all evaluations will be done professionally, with consideration to the families' language and culture.
- ▶ To ensure that reports are written in parent-friendly language, that all compliance rules are addressed, and that evaluations are completed within 30 days from consent.
- ▶ She will also check that the evaluation packets are completed in its entirety; making sure grids are completely filled out accurately, medical forms are attached to all evaluation packets.
- ▶ She will ensure that all the mandated requisites of the summary are answered and explained in a parent-friendly manner and in the dominant language as written on the initial referral.

The Role of the Psychologist

- ▶ The evaluation coordinator first assigns the evaluation to the psychologist.
- ▶ The psychologist is responsible to obtain social history information and to compile a report that includes child's educational, social, and medical background.

She will administer tests to assess:

- ▶ IQ
- ▶ Cognitive abilities
- ▶ Nonverbal reasoning skills
- ▶ Language skills
- ▶ Verbal and nonverbal visual spatial skills
- ▶ Quantitative skills
- ▶ Short-term memory skills.
- ▶ Based on results, the psychologist will decide whether additional speech, OT, and PT assessments are needed and will write rationale accordingly.

The Role of the Educational Evaluator

- ▶ The evaluation coordinator assigns the educational evaluator to the case secondly.
- ▶ The educational evaluator administers a test that measures different, but interrelated developmental abilities.
- ▶ The test measures
 - ▶ cognitive development
 - ▶ Communication
 - ▶ social-emotional development

- ▶ physical development
- ▶ Adaptive behavior.

The Role of the Speech Evaluator

- ▶ Based on the psychologist's recommendations, the evaluation coordinator assigns the speech evaluator to the case.
- ▶ The speech evaluator conducts an Oral Peripheral Examination to observe structures and functions for speech and feeding purposes. Facial symmetry is noted, as well as posture, and range of motion.
- ▶ The evaluator also tests
 - ▶ Hearing
 - ▶ articulation
 - ▶ Expressive and receptive language.
- ▶ Along with a report, the evaluator will write up a speech authorization with a diagnosis for the purpose of the evaluation.

The Role of the OT and PT

- ▶ Based on the psychologist's recommendations, the evaluation coordinator will assign the OT and/or PT to evaluate the child.
- ▶ The OT will assess:
 - fine motor skills
 - sensory integration
 - self-help skills
- ▶ The PT will assess:
 - Musculoskeletal status
 - Muscle strength
 - Gross motor skills, quality of movement
 - Motor skills and development

Determining Eligibility

- ▶ Once evaluations have been completed and have been sent to deciding committee, the committee will review results and determine whether child is eligible for services or not.
- ▶ Individualized Program:
- ▶ If the child is eligible to receive services, the Committee develops and implements an appropriate individualized plan, based on evaluation results, to meet the needs of the student.
- ▶ Based on the plan, the Committee must determine the student's placement, ensuring that services are provided in the least restrictive environment. Placement must be as close as possible to the student's home.
- ▶ Evaluators will include short term and long term goals specific to the child's needs in the individualized plan.
- ▶ Once the child is found eligible, the therapist coordinator will assign and ensure that services are implemented.
- ▶ The role of the Therapist Coordinator
- ▶ Once the agency is assigned as the provider, the therapist coordinator will assign therapists for the child. Careful consideration is given to the child's diagnosis, language and cultural needs.
- ▶ Assigned cases will only be given to therapists experienced with the child's outcomes addressed in the body of the individualized plan, and only to certified therapists.

Services child may be eligible for

- Applied Behavior Analysis Services
- Physical Therapy
- Occupational Therapy
- Special Instruction

- Speech/Language Therapy
- Feeding/Oral Motor Therapy
- Nutrition Services
- Vision Services
- Augmentative Devices
- Play Therapy
- Perceptual- Motor Therapy
- Music Therapy
- Equipment Clinics
- Auditory Training
- Basic Development Groups
- Parent/ Caretaker Child Group
- Provision of Small Group Therapy for all domains
- Transportation

Applied Behavior Analysis

- ▶ Applied Behavior Analysis (ABA) has been identified as the treatment of choice for children with Autism. ABA is the design, implementation and evaluation of environmental modifications to produce socially significant improvement in human behavior.
- ▶ ABA includes direct observation, measurement and functional analysis of the relations between factors and behavior.
- ▶ It is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors.

Socially Significant behaviors include

- Social Skills
- Academics
- Communication
- Daily Living Skills
- Community and Work Skills

ABA Services are not limited to children with Autism. ABA can help children who

- ▶ Need help with speech and conversation
- ▶ Need help with academic skills
- ▶ Need to learn self-help skills
- ▶ Need to learn how to play with others and make friends
- ▶ Are having a hard time getting potty trained by “traditional methods”
- ▶ Need to develop appropriate social skills
- ▶ Have high magnitude problem behavior (e.g., tantrums, aggression, self-injury)
- ▶ Have average problem behavior (e.g., non-compliance, talking back)
- ▶ Have low communication/language skills
- ▶ Have no language/communication
- ▶ Have obsessive/compulsive behavior
- ▶ Engage in self stimulatory behavior

Physical Therapy

- ▶ Pediatric physical therapy assists in early detection of health problems and uses a wide variety of modalities to treat disorders in the pediatric population.
- ▶ These therapists are specialized in the diagnosis, treatment, and management of infants, children, and adolescents with a variety of congenital, developmental, neuromuscular, skeletal, or acquired disorders/diseases.

Treatments focus on

- Gross and fine motor skills
- Improving balance and Coordination
- Strength and Endurance
- Cognitive and Sensory processing/integration

Pediatric Physical Therapists may treat children with the following:

- **Developmental Delays:** Significant lags in one or more areas of emotional, mental, or physical growth
- **Cerebral Palsy:** A group of disorders that can involve brain and nervous system functions, such as movement, learning, hearing, seeing, and thinking. There are several different types of cerebral palsy, including spastic, dyskinetic, ataxic, hypotonic, and mixed.
- **Spina Bifida:** A developmental congenital disorder caused by the incomplete closing of the embryonic neural tube. Some vertebrae overlying the spinal cord are not fully formed and remain un-fused and open. If the opening is large enough, this allows a portion of the spinal cord to protrude through the opening in the bones.
- **Torticollis:** Is a symptom defined by an abnormal, asymmetrical head or neck position.
- ▶ Occupational therapy treatment focuses on helping people achieve independence in all areas of their lives.
 - ▶ OT can help kids with various needs improve their
 - Cognitive
 - Physical
 - motor skills
 - self-esteem and sense of accomplishment.
 - ▶ Some people may think that occupational therapy is only for adults; kids, after all, do not have occupations. But a child's main job is playing and learning, and occupational therapists can evaluate kids' skills for playing, school performance, and daily activities and compare them with what is developmentally appropriate for that age group.
 - ▶ OT practitioners address Psychological, Social, and Environmental factors that can affect functioning in different ways.

Children who might need OT

- ▶ Children with these medical problems might benefit from OT:
 - Birth injuries or birth defects
 - Sensory processing disorders
 - Traumatic injuries (brain or spinal cord)
 - Learning problems
 - Autism/pervasive development disorders
 - Juvenile Rheumatoid arthritis
 - Mental health or behavioral problems
 - Broken bones or other orthopedic injuries
 - Developmental delays
 - Post-surgical conditions
 - Burns
 - Spina bifida
 - Traumatic amputations
 - Cancer
 - Severe hand injuries
 - Multiple sclerosis, cerebral palsy, and other chronic illnesses.

OT Treatment

- ▶ Occupational therapists might:
 - help kids work on fine motor skills so they can grasp and release toys and develop good handwriting skills
 - address hand-eye coordination to improve kids' play skills (hitting a target, batting a ball, copying from a blackboard, etc.)
 - help kids with severe developmental delays learn basic tasks (such as bathing, getting dressed, brushing their teeth, and feeding themselves)
 - help kids with behavioral disorders learn anger-management techniques (i.e., instead of hitting others or acting out, using positive ways to deal with anger, such as writing about feelings or participating in a physical activity)
 - teach kids with physical disabilities the coordination skills needed to feed themselves, use a computer, or increase the speed and legibility of their handwriting
 - evaluate a child's need for specialized equipment, such as wheelchairs, splints, bathing equipment, dressing devices, or communication aids
 - Work with kids who have sensory and attention issues to improve focus and social skills.

Speech and Language Therapy

- ▶ Speech-language pathologists specialize in the evaluation and treatment of communication disorders and swallowing disorders.
- ▶ The components of language include:
 - Phonology, manipulating sound according to the rules of a language;
 - Morphology, understanding and using minimal units of meaning;
 - Syntax, constructing sentences by using languages' grammar rules;
 - Semantics, interpreting signs or symbols of communication to construct meaning;
 - Pragmatics, social aspects of communication.

The components of speech production include:

- Phonation, producing sound;
- Resonance; the quality in a sound of being deep, full, and reverberating
- Intonation, variance of pitch;
- Voice,
- Respiration.

Speech and Language Pathologists treat the following

- ▶ Infants with injuries due to complications at birth, feeding and swallowing difficulties, including Dysphasia
- ▶ Children with mild, moderate or severe:
 - Genetic disorders that adversely affect speech, language and/or cognitive development including cleft palate, Down Syndrome, DiGeorge Syndrome
 - Attention Deficit Hyperactivity Disorder
 - Autism, including Aspergers
 - Developmental Delay
 - Feeding disorders – including motor deficits
 - Cranial nerve damage
 - Hearing loss
 - Craniofacial anomalies that adversely affect speech, language and/or cognitive development

- Language delay
- Specific language impairment
- Articulation disorders
- Pediatric traumatic brain injury
- Development verbal Dyspraxia

Special Instruction

- Special Education Itinerant Teacher (SEIT) services provide help to children from a special education teacher in a natural setting, such as a nursery school, summer camp or the child's home.
- SEIT services are provided by a certified special education teacher who:
 - Implements the child's Individualized Program
 - Collaborates with nursery school directors and teachers to meet the child's needs
 - Coordinates the child's educational goals with other providers and therapists.
 - The SEIT teacher is the team coordinator and is responsible for sharing information with the child's regular classroom teacher, parents, and therapists.

Children with the following may be eligible for Special Instruction Services:

- Speech/Language Delays
- Behavior difficulties
- Short attention span
- Impulsivity
- Cognitive Delays
- Motor Delays
- Low frustration tolerance

Annual Review/Reevaluation

- ▶ The Individualized Plan is reviewed and, if needed, modified or revised by the Committee at least once a year (annual review).
- ▶ The student has a reevaluation at least once every three years, to review the child/student's need for special education programs and services and to revise the IEP, as appropriate.
- ▶ A reevaluation may also occur when conditions warrant or when requested by a parent or teacher.
- ▶ Parents can request a second opinion evaluation if they have concerns with previous evaluations conducted.

Parental Involvement

- ▶ The early intervention process occurs sequentially with each step building on the previous one. In this way, comprehensive information about the child/student is obtained and considered. Timelines are in place so that delays are avoided. Parents are an integral part of this process, and their involvement is encouraged.
- ▶ Parents can choose to halt services at any given time, and services will be terminated and the child's case closed [1-7].

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