

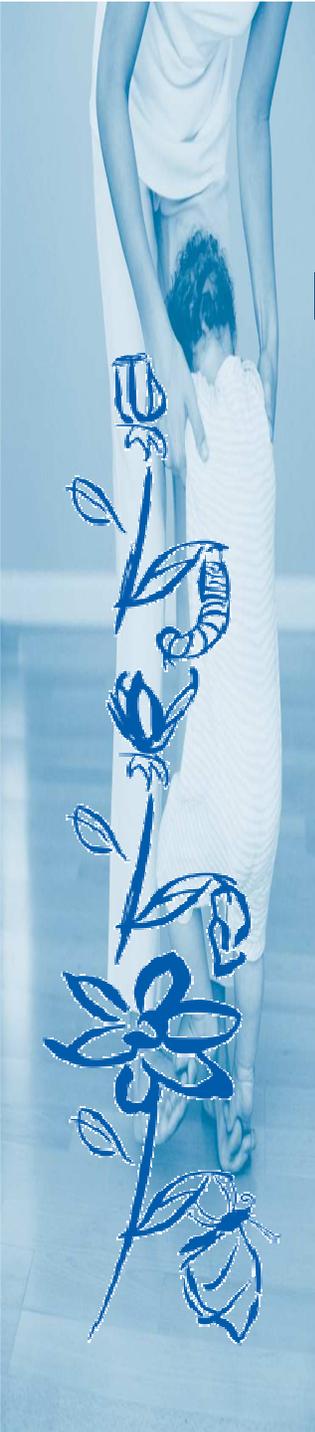


Determining the Frequency and Intensity of Services on the IFSP



ADVANCED

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Pat Grosz, Ph. D.



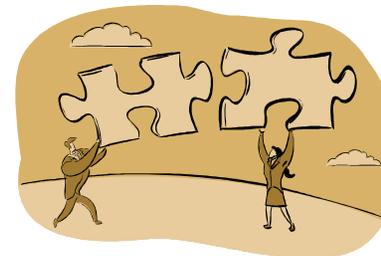
What We Will Discuss...

- Foundation of the IFSP: A Team Process
- Purpose of IFSP Team Process - Connection
- General Definition, Guidelines & Principles of the IFSP Team Process
- Appropriate Service Planning Based on Philosophy-Driven Decision Making

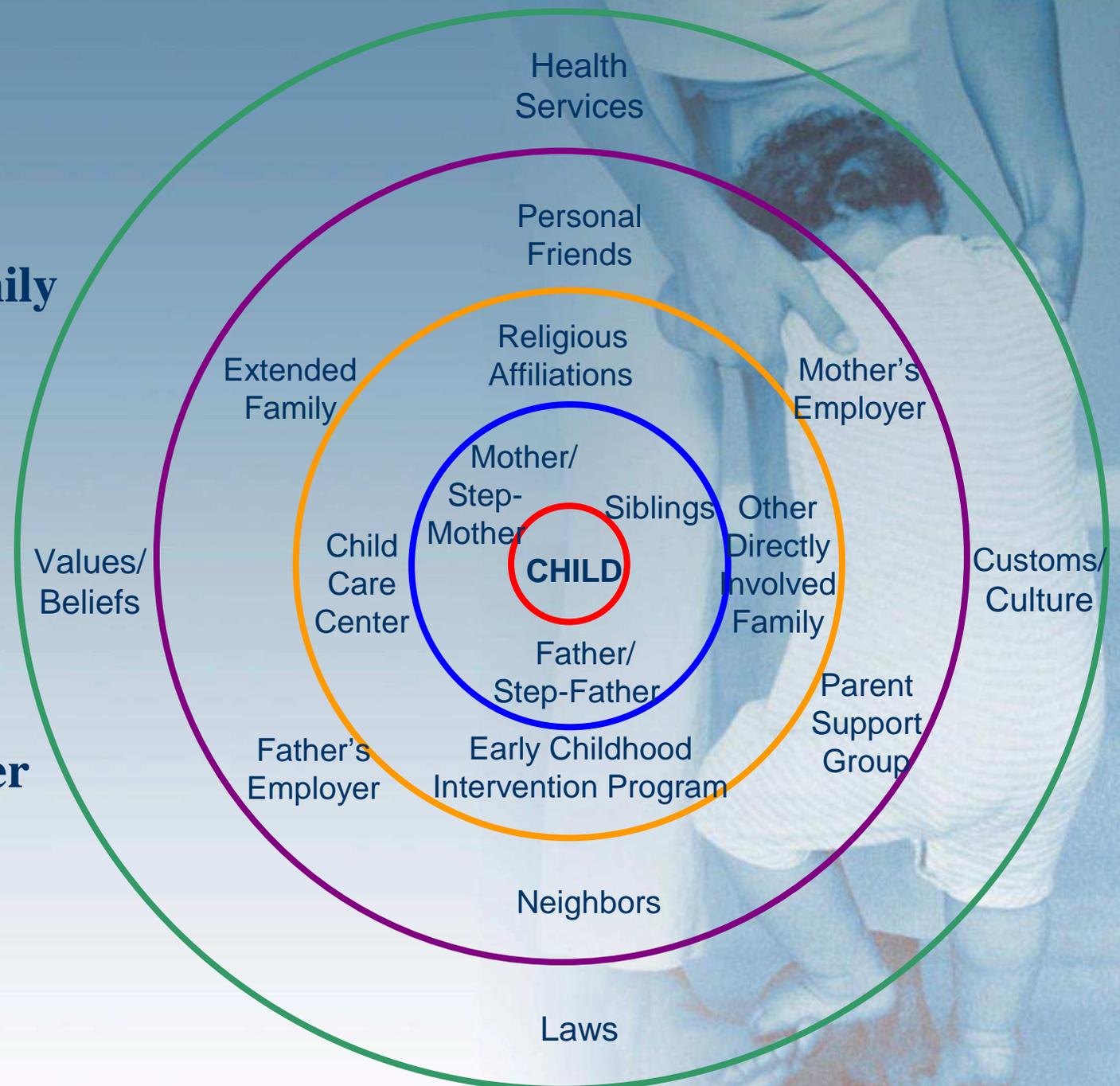


The IFSP is a Team Process

- We need all of the “parts” to make the team work effectively.
- Based on your knowledge of the family, identify **how** and **what** the parent or caregiver may **contribute** to the team.
- Identify team members that contribute missing “parts”.
- Ultimately, the IFSP process benefits when all the parts work *together!*



**Ecological
Mapping
of the
Child and Family
Embedded
Within Other
Social
Systems
According to
the Theory
of Urie
Bronfenbrenner**



To Find
Self-
Fulfillment

To Realize
One's
Potential

**Self
Actualization**

Aesthetic
Symmetry, Order, And Beauty

Cognitive
To Know, To Understand, To Explore

Esteem
To Achieve, Be Competent, And Gain Approval

Belongingness and Love
To Affiliate With Others, To Be Accepted And Belong

Safety
To Feel Secure, And Safe, And Out Of Danger

Physiological
Hunger, Thirst...

Child Development Time Line



Trust	Autonomy	Initiative	Industry
<i>VS</i>	<i>VS</i>	<i>VS</i>	<i>VS</i>
Mistrust	Shame & Doubt	Guilt	Inferiority
Sensorimotor	Pre-Operational		Concrete
Body	Toy	Play	Work

Concepts taken from the work of Erik Erikson, Jean Piaget, and Anna Freud



Connect!

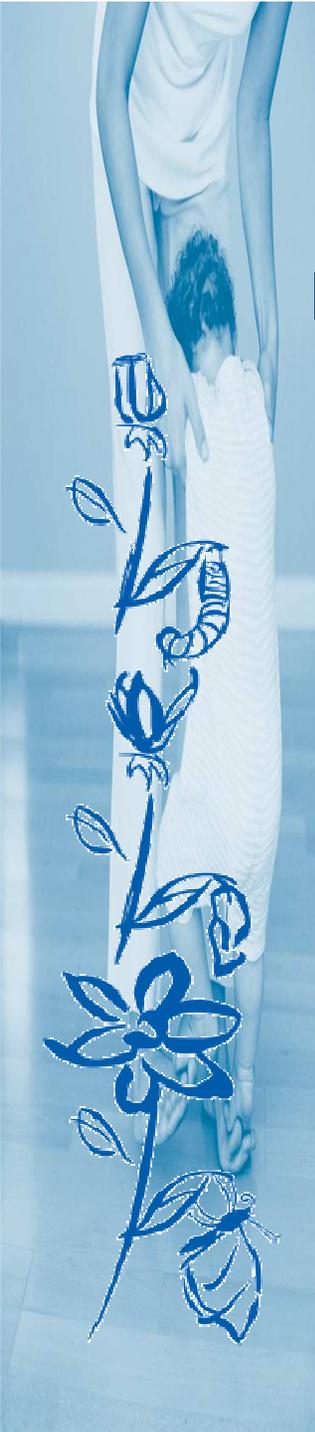


Establish Strong Connections to:

- Create confidence and trust.
- Help you identify routines & experiences that increase relevance, satisfaction & a sense of progress.
- Enhance the ability to assure cultural, economic, & religious sensitivity.
- Acknowledge preferred learning styles.

Strong connections increases the likelihood of sharing information and problem solving





I.F.S.P.

“**I**” stands for *individualized*. Each IFSP is unique and tailored to fit the priorities and needs of the child and family for which it is written.

“**F**” stands for *family*. The plan focuses on outcomes the family hopes to reach for their child and family through collaboration with early intervention

“**S**” is for *services and supports*. The plan will include details of the early intervention services and supports that the child and family will participate in, such as the who, how, when, where, and how often they will be delivered.

“**P**” is for *plan*. The plan is a written, dynamic document that can be modified as the child and family’s needs change over time.



IFSP: The Family's Roadmap

Where is the family going?

Functional outcomes: what a family wants to see for their child or family as a result of their involvement in Early Steps.

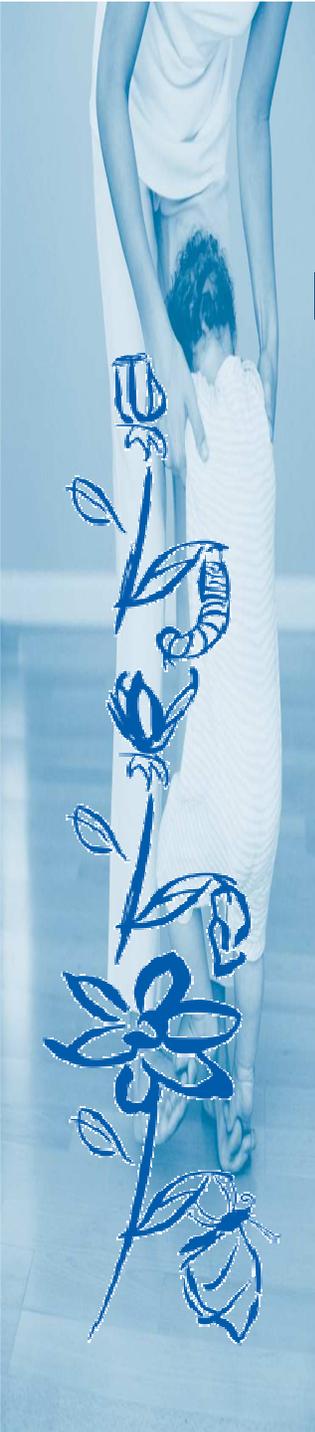


Functional Outcomes

- Family selected
- Context based

Hanft, 2004: Based on Rosenkoetter & Squires, 2000

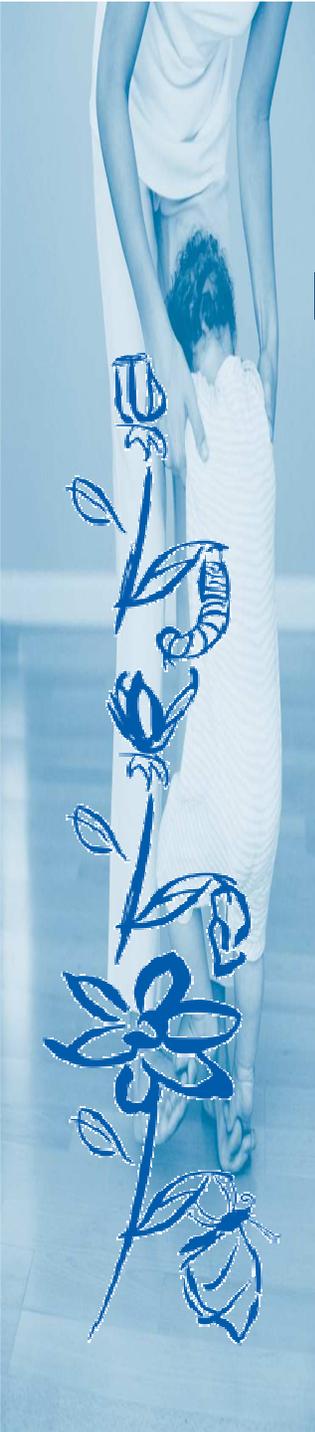




Choose outcomes to...

- ✿ Expand on activity settings in which the child already participates and address at least one of the following:
- ✿ Enhance the family's ability to care for or to engage in activity with their child
- ✿ Enhance the child's ability to participate in functional activities (feeding, dressing, moving, communicating, playing, etc)





Functional, measurable, long-term, and short-term goals

Include the following:

- Performance
 - “Who” is always the child or the family
 - “What” is the activity that the child or family will be able to do.
- It should be observable and repeatable having a definite beginning and ending
 - Criteria
 - Conditions
 - Time frame for goal achievement (target dates on the IFSP)



Family-Centeredness

CAREGIVERS

- ◆ Perspectives and Choice

PROFESSIONALS

- ◆ Expertise

EMPOWERMENT

- ◆ Mutual Respect
- ◆ Professional Expertise Valued
- ◆ Parent Knowledge Vital Contribution



Goodman, 1994

Case Example: Eddie

Name: Eddie DOB: 3/2/06 IFSP Date: 9/2/08
 ID#: 654321 Service Coordinator: Evie

Form G: Your Family's Supports and Services

Page 1 of Form G

Services authorized by the IFSP team to address identified family/child outcomes

Date	Service	Outcome #	Units	Frequency, Intensity, Group (G) or Individual (I)	Provider Information (Name/Agency) *Indicates the Primary Service Provider (PSP)	Location Code	Natural Environment Y / N	Start Date Authorization Period	End Date	Payer of Service
9/3	ITDS	1	1.0	W	Inez the ITDS	1	Y	9/3/08 - 3/3/09		CONT
9/3	ST	1	.5	M	Sally the ST	1	Y	9/3/08 - 3/3/09		TPIN
9/3	CONSF	1	.5	M	Sally	1	Y	9/3/08 - 3/3/09		CONT
9/3	CONIF	1	.5	M	Inez	1	Y	9/3/08 - 3/3/09		CONT

Location Codes: 1=Home 3=Hospital 4=School 5=Childcare Center 6=Other 7=Clinic 8=Residential Facility 9=Early Intervention Classroom A=Community Agency
 F=Family Daycare Home P=Public Place **Service Codes (optional):** See IFSP Guidance Document

Natural Environment Justification: Supports and services must be provided to your child in settings that are natural or typical for children of the same age (natural environments). If, as a team, we decide that we cannot provide a service in a natural environment, we need to explain how we made that decision:



A Starting Point For Strategies And How It Relates To Decisions On Intensity & Frequency Of Services

Body → Toys → Play → Work

Learning to Attend & Concentrate → Focusing on Details & Functioning → Interacting with Others in Meaningful Ways

- Impulse Control
- Sit Down
- Pay Attention
- Follow Directions
- Start & Finish Tasks
- Make Products
- Tell Stories



Eddie: 30 Months/ 26 D.A.



Expressive Language Delay

- Sensorimotor, Process Player
- Tries to Hit His Baby Brother & Push His Mother
- Shakes Milk from Sippy Cup onto the Big Screen Television
- Sensory-Seeking Behaviors
- “Hyperactive”—Runs, Bounces...
- Sleep Average = 5 Hours/Night
- Active Upon Awakening
- Throws His Toys or Bangs Them
- Difficult to Understand
- English Primary Language
- Father Travels Every Week
- Stable & Loving Home

Family priority: Stop pushing 2 month old brother out of the swing



Process

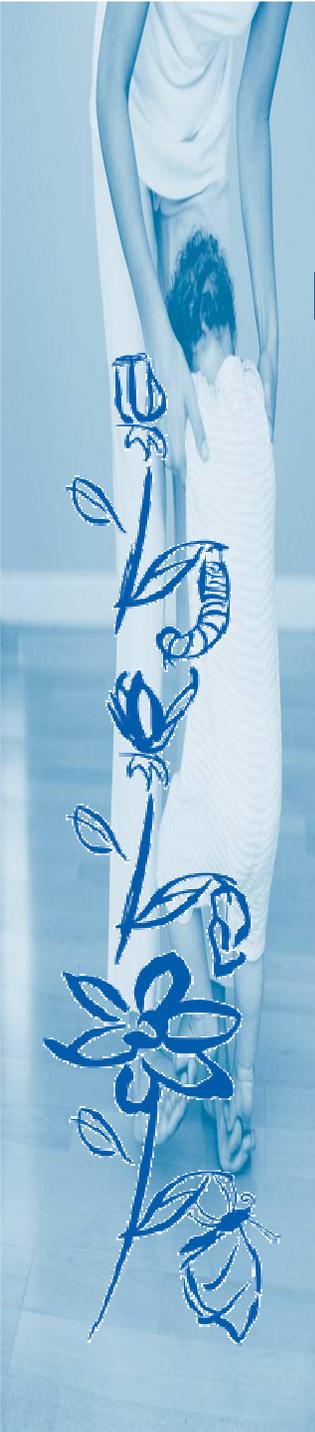


Practice...



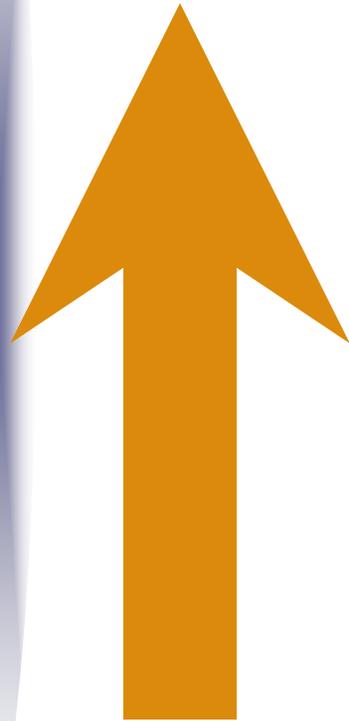
Product





Developmental Progression

(With awareness of body language and use of problem solving language)



- **Language**
- **Verbal Aggression**
- **Physical Aggression**
- **Passive**

Source: SCHOOL FOR YOUNG CHILDREN—Developmentally Appropriate Practice P. 161—Impulse Control as a Developmental Process. Written by Charles H. Wolfgang and Mary E. Wolfgang Published by Allyn and Bacon, Inc.



Case Example: Willie

Name: Willie DOB: 12/2/05 IFSP Date: 9/2/08
 ID#: 123456 Service Coordinator: Shelley

Form G: Your Family's Supports and Services

Page 1 of Form G

Services authorized by the IFSP team to address identified family/child outcomes

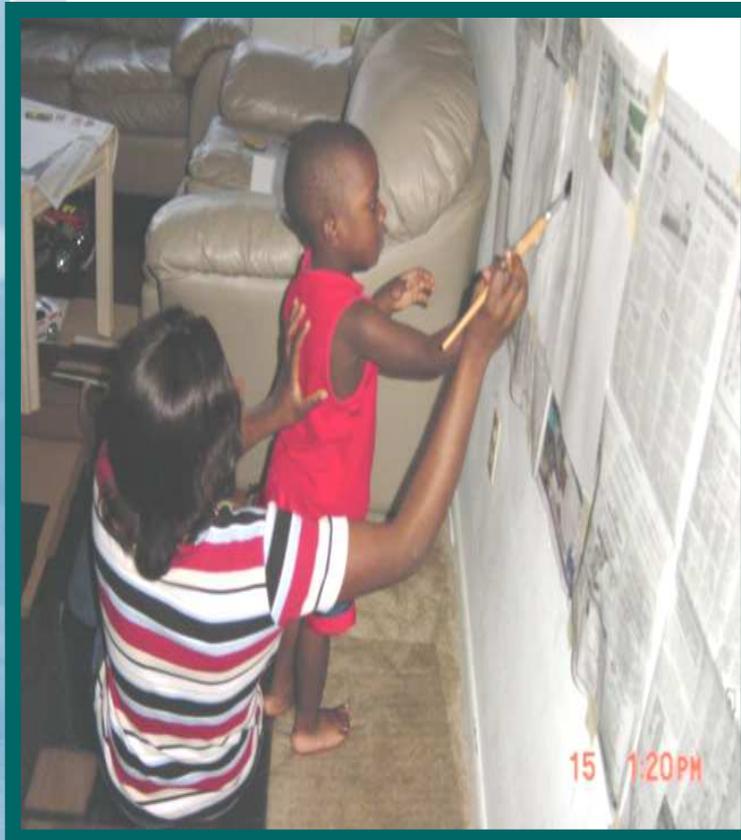
Date	Service	Outcome #	Units	Frequency, Intensity, Group (G) or Individual (I)	Provider Information (Name/Agency) *Indicates the Primary Service Provider (PSP)	Location Code	Natural Environment Y / N	Start Date Authorization Period	End Date	Payer of Service
9/3	ITDS	1	2.0	W	Irene the ITDS	1	Y	9/3/08 - 3/3/09		MED
9/3	OT	1	1.0	W	Olive the OT	1	Y	9/3/08 - 3/3/09		MED
9/3	ST	1	1.0	W	Susie the ST	1	Y	9/3/08 - 3/3/09		MED
9/3	CONIF	1	.5	M	Irene	1	Y	9/3/08 - 3/3/09		CONT
9/3	CONOF	1	.5	M	Olive	1	Y	9/3/08 - 3/3/09		CONT
9/3	CONSF	1	.5	M	Susie	1	Y	9/3/08 - 3/3/09		CONT

Location Codes: 1=Home 3=Hospital 4=School 5=Childcare Center 6=Other 7=Clinic 8=Residential Facility 9=Early Intervention Classroom A=Community Agency
 F=Family Daycare Home P=Public Place Service Codes (optional): See IFSP Guidance Document

Natural Environment Justification: Supports and services must be provided to your child in settings that are natural or typical for children of the same age (natural environments). If, as a team, we decide that we cannot provide a service in a natural environment, we need to explain how we made that decision:



Willie: 33 Months/8-18 D.A.



Autism

- Core Social Disability
- Speech & Language Communication Deficits
- Insistence in “Things” and “Sameness”
- Toe-Walking & Rocking
- Haitian Primary Language
- Stable & Loving Home

Family priority: To have him be Integrated into a regular environment



Body → Toy

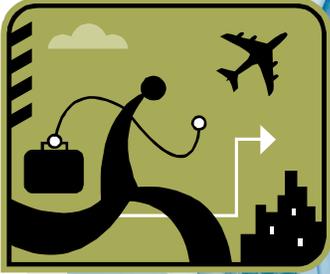


Sensorimotor Play

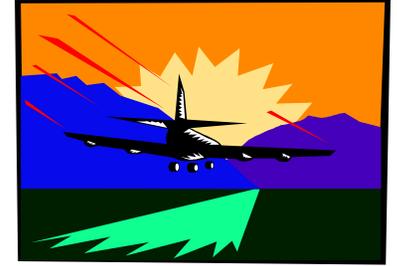


Trust





The IFSP is the Family's Roadmap



How will we get there?

Developing strategies to achieve outcomes:

- Providers help families adapt their interactions, actions, routines, and environment
- Utilize family and community resources

How will we know that we have arrived?

Measurable criteria

- Based on family's functional outcomes
- ***Can be seen or heard by the family***

Hanft, 2004: Based on National Research Council, 2000





IFSP: The Family's Roadmap – Getting Behind the Wheel...

- **NEW DRIVERS:** Depending on the family's outcomes and needs, more frequent services can occur in the first week(s), tapering off as the family becomes increasingly confident and competent
- **NOTE:** The minimum frequency and intensity of supports and services necessary to achieve progress toward an identified outcome must be used as the initial point of consideration by the IFSP team. *How much driving instruction is needed at the start?*





IFSP: The Family's Roadmap – Getting Behind the Wheel...



- **DRIVING INSTRUCTION:** Once families have an understanding of what they can do to achieve the identified outcomes, providers will continue to coach them on how to apply strategies to new activities and places – *How much driving instruction is needed to teach them the routes on their map?*
- The service coordinator will reflect the team's decision about changes in frequency/intensity on the IFSP

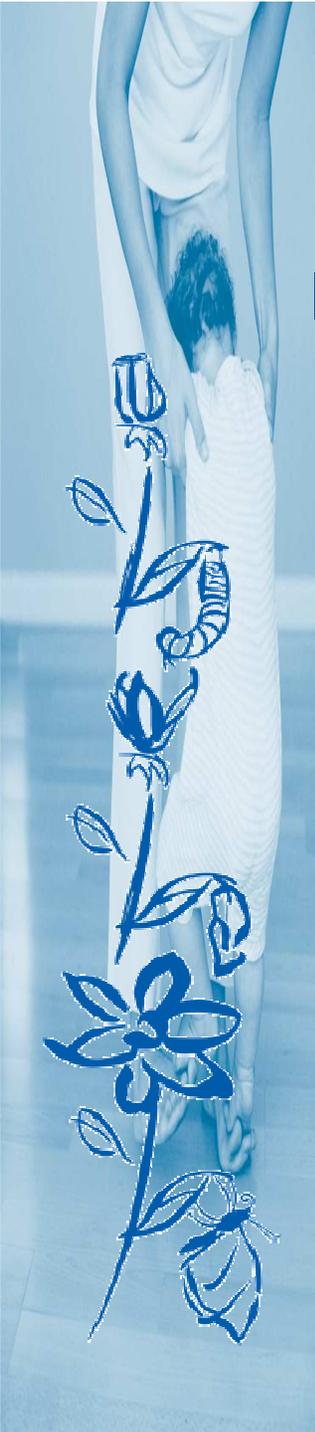




IFSP: The Family's Roadmap – Getting Behind the Wheel...

- **CHAUFFERS RARELY NEEDED:** Repetition of strategies throughout the day results in the most rapid skill development.
- Child-centered therapy should occur only as necessary to meet outcomes. All services are to occur in the natural environment to the maximum (or greatest) extent appropriate to meet the needs of the child. *To learn to drive you need to get behind the wheel...*





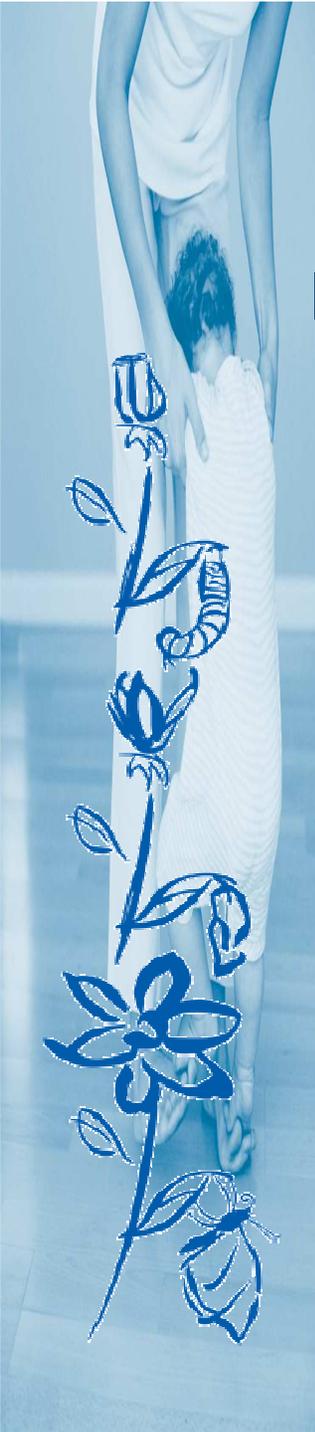
What Do People Say They Want?

Take a moment and consider the expectations you hear from:

- Physicians
- Therapists
- Families

Teams need to take the time to acknowledge and consider all expectations and presenting information within the context of early intervention practices





Terms:

- **Frequency:** how often or the number of days or sessions that a service will be provided (i.e., weekly, monthly) to accomplish outcomes. Frequency is stated in specific and measurable terms.
- **Intensity:** the length of time the service is provided during each session (i.e., 60 minutes). Intensity is stated in specific and measurable terms.



The FLEXIBILITY of Frequency & Intensity Decisions

Training and support services provided in the NE to the maximum extent

Primary service provider (PSP)* with one or more IFSP team members providing consultation support and/or joint sessions with the PSP.

Short term, multiple or direct services to child only when progress cannot be made satisfactorily in the NE with the PSP

Intense short-term child-centered therapy in the NE that fully involves the caregivers and are supported by the activities of the PSP; then moving as quickly as possible to fully family-centered coaching.

Short term child - centered therapies in clinic that fully involve caregivers, followed by child-centered therapy in-home and caregiver coaching, all with PSP collaboration and caregiver activity support in the NE; goal is for rapid transition to all services in the NE.

early steps

Helping parents understand routines based intervention

- Early intervention is not the same as therapy
- How can services be provided to give the family sufficient support as they learn to facilitate their child's learning without providing many sessions per month?
- How can a primary service provider be the primary contact with the family and still access the expertise of other IFSP team members in a meaningful way?

Consultation





Team-Based PSP Approach

- Research indicates that when more people are on the team, families may feel less supported, and diminished child outcomes can result (Dunst, 1999).
- Team-based primary service delivery model, which includes **consultation** between professionals, is more effective than individual direct services in facilitating functional outcomes (Jung 2005).



The Primary Service Provider Approach and Consultation

- The amount of consultation between the professionals is determined based on
 - the complexity of the needs of the child and family,
 - the knowledge of the primary service provider and other providers,
 - comfort coaching in the natural environment,
 - history of teaming and trust built between team members.



Consultation – How?

- Face-to-face
 - Periodic and annual evaluation of the IFSP meetings
 - Transition conferences
 - Other team meetings
 - Joint sessions with the family
- Let family know in advance and give opportunity to participate **(REQUIRED)**



Consultation – How?

- Telephone
 - Periodic and annual evaluation of the IFSP meetings
 - Transition conferences
 - Other team meetings
 - Teleconferencing
- Let family know in advance and give opportunity to participate **(REQUIRED)**



Joint visit decisions

- 1 person provides a regular session and another person consults
- Consultation can be:
 1. To provide “expert guidance” to the person providing the service - such as a therapist providing input on the way an ITDS conducts a session, **OR**



Joint visit decisions

- Consultation can be:
 1. To observe as a person with specific skills works with the family and ask questions so that the consultant can later reinforce the strategies suggested (such as an ITDS PSP observing how a therapist works with a family)
 2. To observe as a person with specific skills works with the family and ask questions so that the consultant can later reinforce the strategies suggested (such as an ITDS PSP observing how a therapist works with a family)
- The IFSP team must decide which person will provide the session and which will bill consultation. Roles can change over time.



Consultation Example



Meet Johnny

- Johnny is a 19 month old with mild cognitive, gross motor and fine motor delays. Johnny's team wrote 6 outcomes; examples of 2 of Johnny's outcomes are:
- Upon command, Johnny will walk to his toy box, pull out a toy of his choice and bring it to a family member to play with him.
- Johnny will climb onto his mother's lap in the rocking chair and point to objects in a book that his mom mentions while she reads a book to him after breakfast.

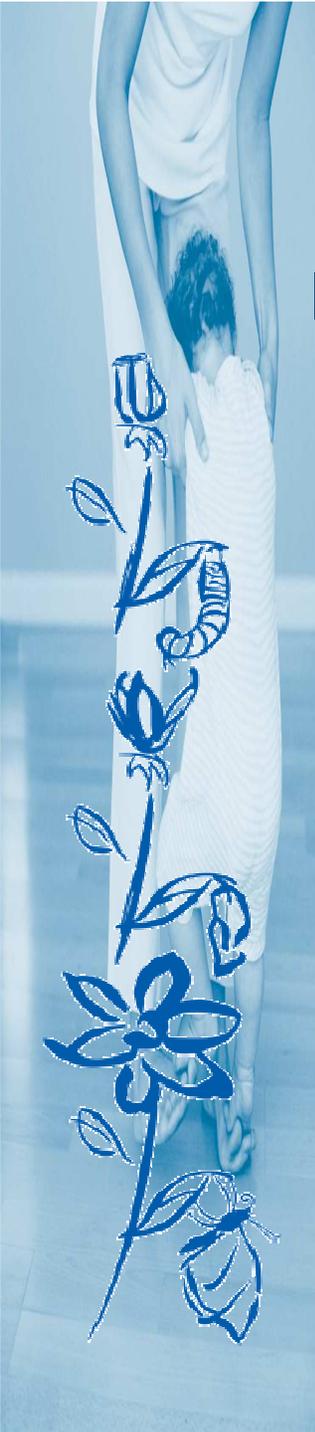


Developing Family Confidence and Competence

The IFSP team decided that sessions every 2 weeks from an ITDS in addition to joint sessions between a PT and the ITDS on alternating weeks were needed for the first 2 months to meet IFSP outcomes. The ITDS was chosen to be the PSP.

During these first 2 months the PT and ITDS both met at the home with the child, mother, and grandmother for the first visit and at two week intervals for 3 more visits.





Johnny's First 2 Months of Joint Sessions

During joint sessions, the PT worked with the family on the strategies on the IFSP and the ITDS observed, commented, asked questions and listened to the information and coaching that was provided by the PT so she could reinforce it later.

The ITDS met at the home with the child, mother, and grandmother every other Tuesday morning and worked with the family on the strategies on the IFSP using what she learned from the consultation from the PT.



Johnny's Services: Months 1 & 2

~ February 2009 ~

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6 JOINT VISIT PATTY PT & IRENE ITDS 3:00 - 4:00	7
8	9	10 VISIT BY IRENE ITDS 3:00 - 4:00	11	12	13	14
15	16	17 JOINT VISIT PATTY PT & IRENE ITDS 3:00 - 4:00	18	19	20	
22	23	24 VISIT BY IRENE ITDS 3:00 - 4:00	25	26	27	

~ March 2009 ~

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3 JOINT VISIT PATTY PT & IRENE ITDS 3:00 - 4:00	4	5	6	7
8	9	10 VISIT BY IRENE ITDS 3:00 - 4:00	11	12	13	14
15	16	17 JOINT VISIT PATTY PT & IRENE ITDS 3:00 - 4:00	18	19	20	21
22	23	24 VISIT BY IRENE ITDS 3:00 - 4:00	25	26	27	28
29	30	31 JOINT VISIT PATTY PT & IRENE ITDS 3:00 - 4:00	Notes:			



Johnny's Services: Months 1 & 2

Date	Service	Outcome #	Units	Frequency, Intensity, Group (G) or Individual (I)	Provider Information (Name/Agency) *Indicates the Primary Service Provider (PSP)	Location Code	Natural Environment Y/N	Start Date End Date Authorization Period	Payer of Service
2-2-09	Physical Therapy (PHY)	1,2	1	2x/ month 60 minutes (I) (Joint visit with ITDS every two weeks.)	Patty PT Agency XYZ	1	Y	2-3-09 to 3-31-09	MED
2-2-09	Travel (TRAV)	1,2	1	2x/ month 60 minutes	Patty PT Agency XYZ	1	Y	2-3-09 to 3-31-09	CONTM
2-2-09	ITDS Consultation face-to-face (CONIF)	1,2	1	2x/ month 60 minutes (Individual joint visit with PT every two weeks.)	*Irene ITDS Agency ABC	1	Y	2-3-09 to 3-31-09	CONTM
2-2-09	Early Intervention Sessions (EIIF)	1,2	1	2x/ month 60 minutes (Individual sessions with family alternating weeks.)	*Irene ITDS Agency ABC	1	Y	2-3-09 to 3-31-09	MED
2-2-09	Travel (TRAV)	1,2	1	1x/ week 60 minutes	*Irene ITDS Agency ABC	1	Y	2-3-09 to 3-31-09	CONTM

Johnny's 3rd and 4th Months of Services



- The IFSP team authorized telephone consultation by the PT to the ITDS to occur in the middle of month 3
- The ITDS continued early intervention sessions on alternating Tuesdays
- Joint ITDS and PT sessions occur at the end of the 3rd and 4th month
- At the last joint session between the PT and ITDS Johnny's progress was checked to determine if new outcomes or strategies were needed



Johnny's Services: Months 3 & 4

~ April 2009 ~

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7 VISIT BY IRENE ITDS 3:00 - 4:00	8	9	10	11
12	13	14 IRENE TO CALL PATTY 2:30 - 3:00	15	16	17	
19	20	21 VISIT BY IRENE ITDS 3:00 - 4:00	22	23	24	
26	27	28 JOINT VISIT PATTY PT & IRENE ITDS 3:00 - 4:00	29	30	Notes:	

~ May 2009 ~

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5 VISIT BY IRENE ITDS 3:00 - 4:00	6	7	8	9
10	11	12	13	14	15	16
17	18	19 VISIT BY IRENE ITDS 3:00 - 4:00	20	21	22	23
24	25	26 JOINT VISIT PATTY PT & IRENE ITDS 3:00 - 4:00	27	28	29	30
31	Notes:					



Johnny's Services: Months 3 & 4

2-2-09	Physical Therapy (PHY)	1,2	1	2x/ month 60 minutes (Individual joint visit with ITDS last half of month.)	Patty PT Agency XYZ	1	Y	4-1-09 to 5-31-09	MED
2-2-09	PT Consultation by Phone (CONPP)	1,2	.5	1x/ month 30 minutes (Call with ITDS first half of month.)	Patty PT Agency XYZ	1	Y	4-1-09 to 4-30-09	CONTM
2-2-09	ITDS Consultation by Phone (CONIP)	1,2	.5	1x/ month 30 minutes (Call with PT first half of month.)	*Irene ITDS Agency ABC	1	Y	4-1-09 to 4-30-09	CONTM
2-2-09	ITDS Consultation face-to-face (CONIF)	1,2	1	1x/ month 60 minutes (Individual joint visit with PT last half of month.)	*Irene ITDS Agency ABC	1	Y	4-1-09 to 5-31-09	CONTM
2-2-09	Early Intervention Sessions (EIIIF)	1,2	1	1x/ month 60 minutes (Individual sessions with family first half of month.)	*Irene ITDS Agency ABC	1	Y	4-1-09 to 5-31-09	MED
2-2-09	Travel (TRAV)	1,2	1	1x/ week 60 minutes	*Irene ITDS Agency ABC	1	Y	4-1-09 to 7-31-09	CONTM

Johnny's Services: Months 5 & 6

- The ITDS continued to meet with the family on alternating Tuesday mornings
- Telephone consultation sessions between the ITDS and the PT occurred on the last Tuesday of the fifth and sixth month of service.
- Progress information from the last telephone consultation was used for the IFSP review



Johnny's Service: Month 5 & 6

~ June 2009 ~

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2 VISIT BY IRENE ITDS 3:00 - 4:00	3	4	5	6
7	8	9	10	11	12	
14	15	16 VISIT BY IRENE ITDS 3:00 - 4:00	17	18	19	
21	22	23	24	25	26	
28	29	30 PHONE CONSULT 2:30 - 3:00 VISIT BY IRENE ITDS 3:00 - 4:00	Notes:			

~ July 2009 ~

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7 VISIT BY IRENE ITDS 3:00 - 4:00	8	9	10	11
12	13	14	15	16	17	18
19	20	21 VISIT BY IRENE ITDS 3:00 - 4:00	22	23	24	25
26	27	28 PHONE CONSULT 2:30 - 3:00 VISIT BY IRENE ITDS 3:00 - 4:00	29	30	31	Notes:

Johnny's 5th & 6th month

2/2/09	PT Consultation by Phone (CONPP)	1, 2	60	6x/mo 60 minutes	Patty PT Agency XYZ	1	Y	6-1-09 to 7-31-09	CONTM
2/2/09	ITDS Consultation by Phone (CONIP)	1, 2	.5	1x/mo 30 min (I) (call with PT)	*Irene ITDS Agency ABC	1	Y	6-1-09 to 7-31-09	CONTM
2/2/09	Early Intervention Sessions (EIF)	1, 2	1	2x/ month 60 minutes (Individual sessions with family.)	*Irene ITDS Agency ABC	1	Y	6-1-09 to 7-31-09	MED



IFSP: The Family's Roadmap

It's okay to take a detour!

The needs of children and families **change** over time so it's not unusual for intensity and frequency of services to **change**

Be flexible...gather the team back together or even change the team

Frequent IFSP changes:

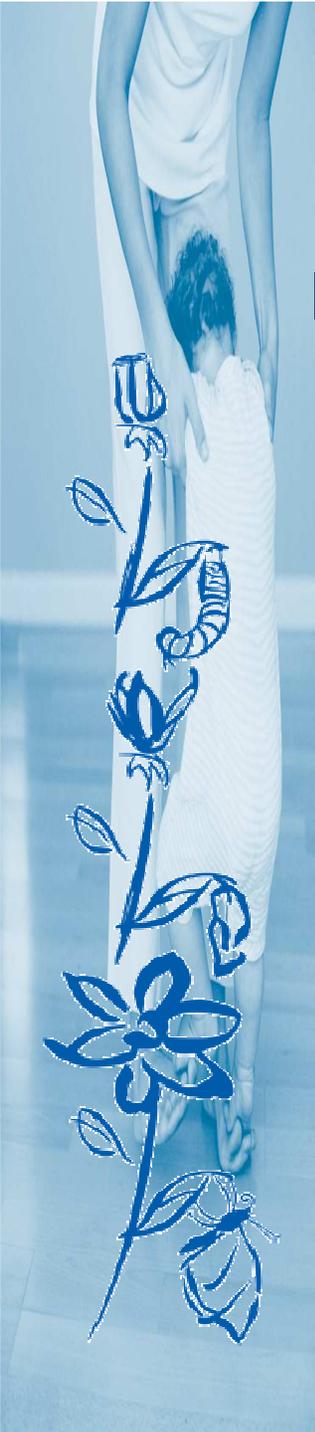
- Take more contact by service coordinators
- Take more flexibility in provider schedules
- Utilize true teaming, consultation, joint visits



Strategies for Service Coordinators

- What can the service coordinator say when a parent says:
 - “But the doctor said I would get therapy three times a week for my daughter.”
 - “I read on the website that my child needed X number of hours of therapy a week.”
 - “My friend’s son came through Early Steps and he got therapy 3 times a week.”
 - “I do not want any services in my home.”





Summary

- Functional outcomes and strategies are routines based focused and determined by the family's priorities and not the evaluation results
- Service intensity, frequency and service providers are based on the functional outcomes
- Consultation between the team members and the PSP is an important tool to facilitate family support and progress toward functional outcomes

**Thank you for
your attention
and participation.**

