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The Center to Mobilize Early Childhood Knowledge

CONNECT Modules: An Evidence-Based Practice Approach to Professional Development

Pam Winton & Chih-Ing Lim
325N Cohort 2 Webinar
April 12, 2012

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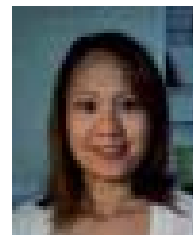Project Officer

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Context: Practitioners are Expected to Use Evidence-Based Practice

Context: PD Providers are Expected to Incorporate EBP on Inclusion into PD

But what does that mean?

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Evidence-Based Practice is......

identifying specific research-based practices

A decision-making process that **integrates** the best available research evidence with family & professional wisdom & values

been validated through a rigorous review pro

Buysse & Wesley, 2006; Buysse, Wesley, Snyder, & Winton, 2006, Odom, Brantlinger, Gersten, Horner, Thompson, & Harris, 2005

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Two Components of Evidence-Based Professional Development on Inclusion

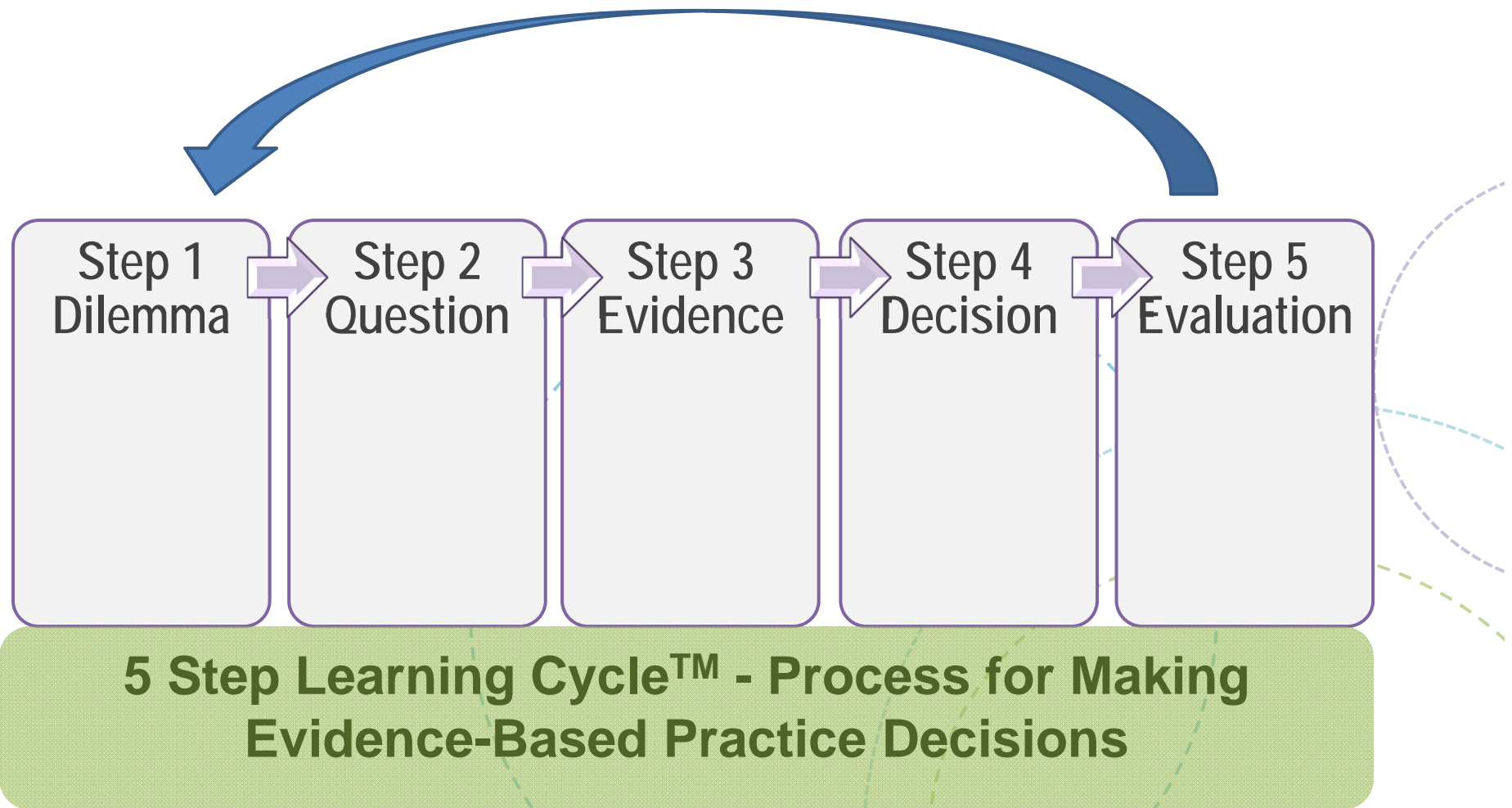The PD **content** focuses on specific research-based teaching and intervening practices

The PD **delivery** focuses on evidence-based methods for building practitioners' knowledge and application of evidence-based practices

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CONNECT Modules: Practice-focused approach

Research-Based Practices on Inclusion

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Innovation: An Approach for Incorporating EBP into PD

Step 1
Dilemma

Step 2
Question

Step 3
Evidence

Step 4
Decision

Step 5
Evaluation

5 Step Learning Cycle™ - Process for Making Evidence-Based Practice Decisions

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Context: Focus on Clinical Practice

NCATE

The Standard of Excellence
in Teacher Preparation

TRANSFORMING
TEACHER EDUCATION
THROUGH
CLINICAL PRACTICE:
A NATIONAL STRATEGY
TO PREPARE
EFFECTIVE TEACHERS

Fall, 2010

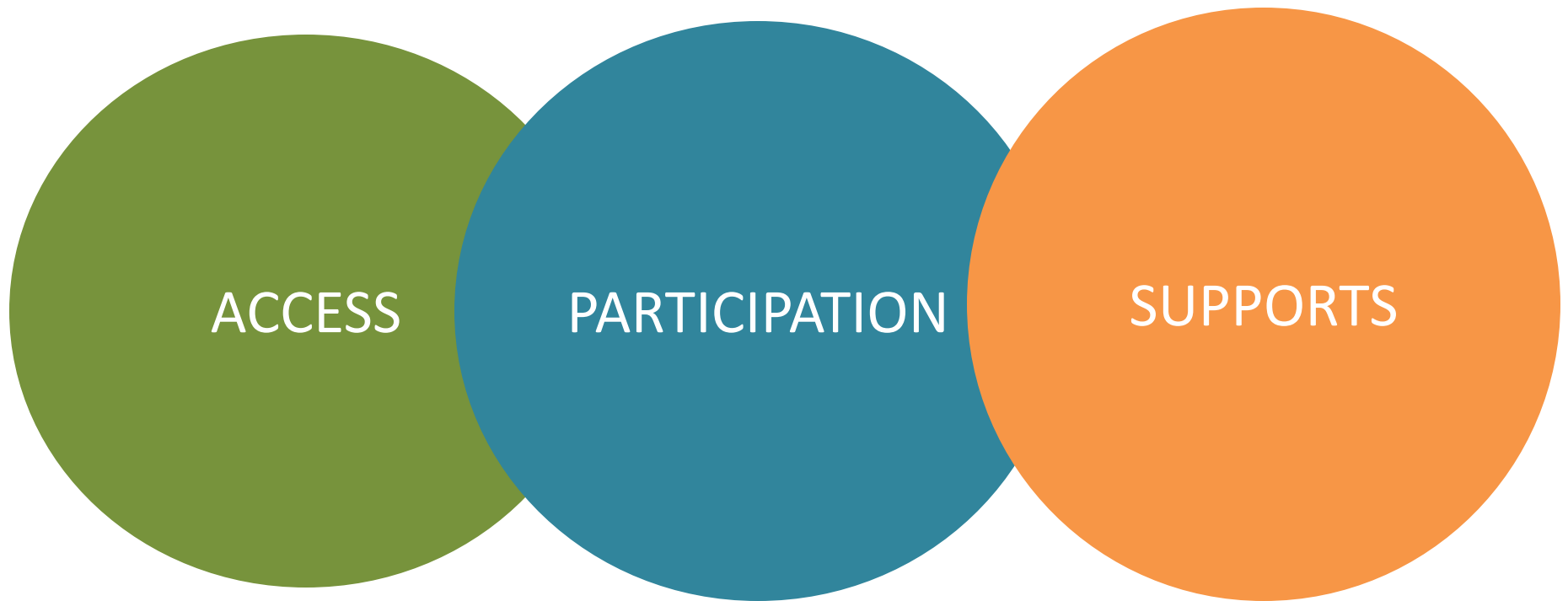| Step 1: Dilemma | Step 2: Question | Step 3: Evidence | Step 4: Decision | Step 5: Evaluation |

> > > >

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Defining Inclusion

Early Childhood Inclusion:
A Joint Position Statement of DEC and NAEYC

... three defining features of inclusion

ACCESS

PARTICIPATION

SUPPORTS

- Early Childhood Inclusion: A Joint Position Statement of DEC and NAEYC, 2009

Handout: Research Synthesis Points on Quality Inclusive Practices

Connecting Policies, Research & Practice

Defining Feature of Inclusion	Evidence-Based Practice	CONNECT Modules
ACCESS	Assistive Technology	Module 5
PARTICIPATION	Embedded Interventions Tiered Instruction	Module 1 Module 7
SUPPORTS	Collaboration Family-professional partnerships	Module 3 Modules 2 and 4

Our Target Audience

- 2-year and 4-year early childhood college faculty

- Other professional development providers

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What Faculty and PD Providers Want

- Short video clips that illustrate practice
- Activities
- 24/7 availability
- Flexibility & ease of use
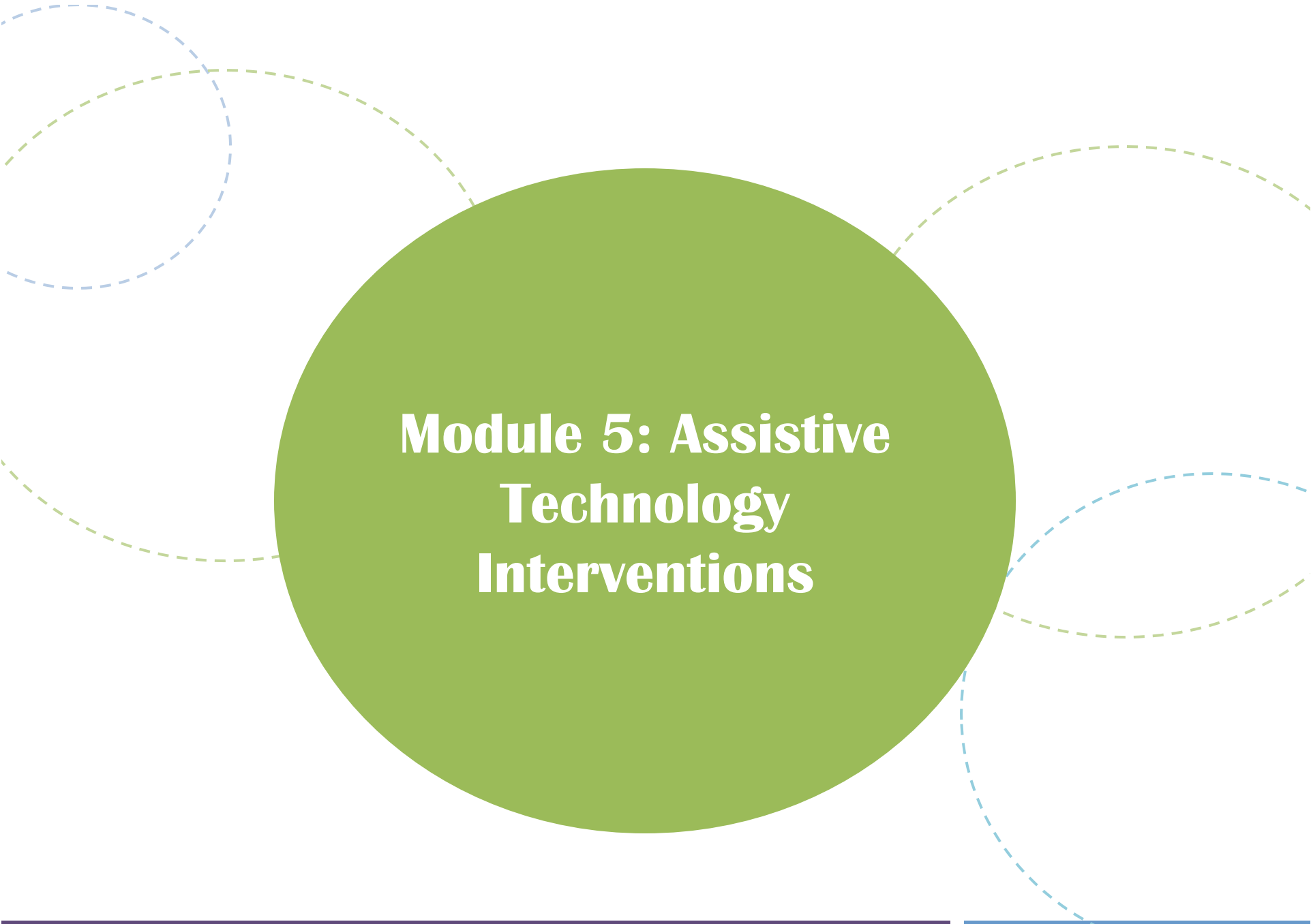
Now Available (English and Spanish versions)

- **Module 1: Embedded Interventions**
- **Module 2: Transition**
- **Module 3: Communication for Collaboration**
- **Module 4: Family-Professional Partnerships**
- **Module 5: Assistive Technology Interventions**
- **Module 6: Dialogic Reading Practices**

COMING SOON

- Module 7: Tiered Instruction (Academic and Social Emotional)
  - Portuguese translation of Module 1

Module 5: Assistive Technology Interventions

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Step 1: Dilemma

Family child care provider's perspective (Ms. Mary)

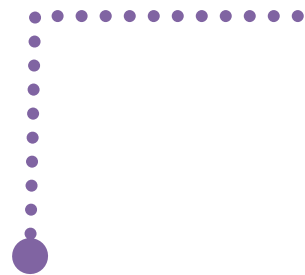Family's perspective (Holly)

Step 1: Dilemma > Step 2: Question > Step 3: Evidence > Step 4: Decision > Step 5: Evaluation

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Step 2: Question

For young children who have language and physical impairments, are assistive technology interventions effective in promoting learning and development?

Step 1: Dilemma > Step 2: Question > Step 3: Evidence > Step 4: Decision > Step 5: Evaluation

Step 3: Evidence

- Research
- Policies
- Experience-based knowledge

Evidence

Definition/ Demonstration of Practice

Teaching Component

Step 1: Dilemma	Step 2: Question	Step 3: Evidence	Step 4: Decision	Step 5: Evaluation

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Research

Research Summary on Assistive Technology Interventions

A research synthesis reviewed 104 articles published from 1980 through 2004 on the use of assistive technology (AT) with infants and young children (Campbell, Milbourne, Dugan, & Wilcox, 2006). Of the 104 articles, 77 were descriptive studies or discussion-oriented articles about recommended AT practices and 23 reported the results of studies that focused on teaching children how to use AT. All of the studies focused on whether children could learn how to use AT rather than the effects of AT on children's learning and development.

How were AT practices defined and implemented?

Most of the 23 studies focused on teaching children switch activation use (e.g., to activate computerized toys). A number of studies examined strategies to teach young children to use power mobility devices (e.g., motorized wheelchairs) and computers. Only one of the 23 studies reported on the effectiveness of teaching young children to use augmentative communication devices. Information about who facilitated children's use of AT was not provided in the review. Therefore, it is unclear whether teachers, family members, or researchers implemented the AT practices with children who participated in this research.

What were the characteristics of the participants and settings?

Across all studies, the sample size ranged from 1-120 children. The infants and young children ranged in ages from 2.5 to 60 months and were reported as having cerebral palsy, severe multiple disabilities, physical disabilities, global developmental delays, mild mental retardation, speech and language delays, and Down syndrome. The review did not describe the characteristics of the settings in which children used AT.

What were the key findings related to children's use of AT?

As a whole, the studies provided relatively strong evidence that children as young as 12 months with various types of disabilities and developmental delays could be taught to operate switches to activate toys and other devices. The results of studies examining children's use of augmentative communication, power mobility devices and computers were inconclusive due to insufficient research or problems with the research design. Across all studies and AT devices, the review found that the primary teaching strategy was providing opportunities for children to access the device and to practice using it, either alone or with minimal adult involvement.

Bottom line

Research on AT has shown that even very young children with physical disabilities and developmental delays can learn how to use AT devices successfully. However, further research is needed to evaluate the intervention effectiveness of AT not just on performing isolated skills but for promoting children's successful participation and learning within the context of everyday activities.

Step 1: Dilemma	Step 2: Question	Step 3: Evidence	Step 4: Decision	Step 5: Evaluation

Policies

Policy Advisory
The Law Concerning
Assistive Technology Interventions

How does the law define assistive technology for young children with disabilities? How do children, their families, and professionals such as you access the technology?

Bottom Line

The best methods for making assistive technology available to young children and their families and educators derive from the law itself. Below are your roles and responsibilities to better understanding the law as it relates to assistive technology (AT).

(1) Know how Congress defines assistive technology devices and services.
(2) Learn which types of devices and services are represented under assistive technology.
(3) Understand the immediate and long-term purposes of AT and how it can increase a child's functioning and learning.
(4) Know that IDEA and Sec. 504 provide that assistive technology devices and services are reasonable accommodations (Sec. 504) or related services (IDEA).
(5) Identify the name and functions of the state assistive technology agency.
(6) Identify which professions and disciplines are most expert in assistive technology for each child you serve and who the local experts are.

Definitions

Depending on who you ask and what context you are in, there are different definitions used for assistive technology.

A Practical and Basic Definition

The definition used in the module is practical and basic, the sort of definition educators and other professionals are well justified in using:

Assistive technology (AT) interventions involve a range of strategies to promote a child's access to learning opportunities, from making simple changes to the environment and materials to helping a child use special equipment. Combining AT with effective teaching promotes the child's participation in learning and relating to others.
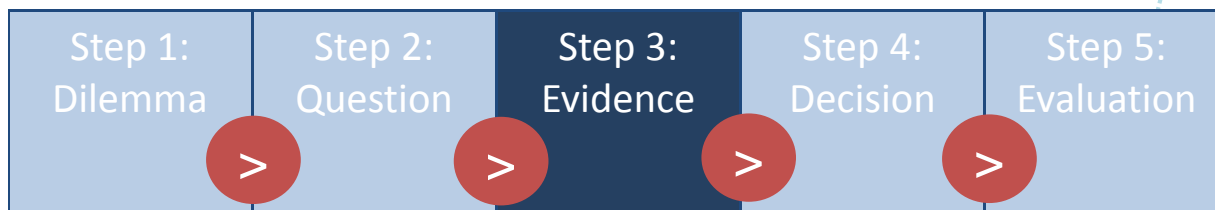
A Legal Definition

Second is the legal definition, the sort of definition that Congress uses in the Technology-Related Assistance Act of 1988, as amended and commonly known as the "Tech Act" (29 U.S.C. Sec. 3000 et seq.), the Individuals with Disabilities Education Act, and the Rehabilitation Act:

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Definition and Demonstration of the Practice

Step 1: Dilemma	Step 2: Question	Step 3: Evidence	Step 4: Decision	Step 5: Evaluation
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Handouts

Handout 5.3

Examples of Assistive Technology Adaptations

Adaptations for young children often involve modifications of existing toys, learning materials, or other everyday items. These adaptations can serve a wide variety of purposes so that children can participate in all types of learning opportunities. Below are some examples of adaptations for self-help, toys and play areas, communication and literacy, and mobility and positioning.

1. Self Help

A zipper pull makes dressing easier for a child. You can buy zipper pulls or make one using a key chain as seen here.

Non slip shelf liner can be used to stabilize objects, such as a plate or bowl during mealtime.

A child can use a bath mitt to more easily participate in bathing. Washing with a bath mitt could be easier than holding onto a wash cloth. Bath mitts can also be used to assist in grasping objects. Secure Velcro to the object and the bath mitts will cling to the Velcro making it easier for the child to pick up the object.

2. Toys & Play Areas
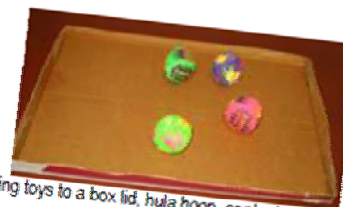
Confining toys to a box lid, hula hoop, or planter base keeps the toys within the child's reach and vision.

Page 1

Step 1: Dilemma	Step 2: Question	Step 3: Evidence	Step 4: Decision	Step 5: Evaluation

Activities

Activity 5.4a

Identify appropriate assistive technology equipment

Name _____ Date _____

To complete this activity form electronically, remember to first save your file.
If you need further assistance, see the *Help & FAQs on pdfs*.

Instructions

Review *Handout 5.2: Examples of Assistive Technology Equipment*. Then, answer the questions below about which types of assistive technology (AT) equipment each child might benefit from most.

1. Ronny is a nonverbal three-year-old boy. His mom has enrolled him in a family child care center, but she is worried Ronny will not be able to communicate with his teacher and other children at the center. Looking at *Handout 5.2*, what type(s) of AT equipment could Ronny use to help him communicate?

2. Maria is a two-year-old girl who loves playing with dolls and stuffed animals. One of Maria's favorite toys is Dolly, which has a small button on its back that you push to make it talk. Maria has physical impairments and struggles with fine motor skills. It is difficult for her to push the small button. Looking at *Handout 5.2*, what type of AT equipment could allow Maria to make Dolly talk?

3. Jaden is a four-year-old boy who cannot walk on his own. His teacher would like him to be able to participate more in the classroom, including in games such as *Red Light, Green Light*. Looking at *Handout 5.2*, what type of AT equipment could help Jaden participate more in class?

Hints

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Step 1: Dilemma	Step 2: Question	Step 3: Evidence	Step 4: Decision	Step 5: Evaluation

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Experience-based knowledge

CONNECT Modules

Patsy Pierce on Assistive Technology

Speech-Language Pathologist's Perspective

Parent's Perspective

www.aacinstitute.org

Robin Wisner on Assistive Technology

Researcher's perspective on working with diverse children

Sheila Bridges-Bond on Assistive Technology

Step 1: Dilemma > Step 2: Question > Step 3: Evidence > Step 4: Decision > Step 5: Evaluation

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Step 4: Decision

Unique Perspectives & Contexts of the Dilemma

Integrate →

Decision

Evidence
- Research
- Policies
- Experience-based knowledge

- **Plan for implementation**
- **Identify, review and select strategies**

Step 1: Dilemma	Step 2: Question	Step 3: Evidence	Step 4: Decision	Step 5: Evaluation
>	>	>	>	

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Implementation Plan

Handout 5.6

Sophie's Assistive Technology Plan

Learning or Participation Goal Sophie will make requests, express thoughts and share information with others throughout the day.

What is currently happening? Sophie has a few words, and uses some noises, and gestures to make requests. She gives hugs and is affectionate when she is happy and cries when she is upset. She generally does not interact with the other children at Ms. Mary's.

What would you like to see happen? The team would like Sophie to be able to make choices and requests during daily routines and activities, such as mealtime, playtime, outside time, story time, and bedtime. They would like Sophie to make comments about herself, others, and her environment.

Ideas for Assistive Technology

1. How can we change the environment?
Place picture boards throughout the home and at Ms. Mary's house.

2. How can we change the activity?
Encourage siblings at home and peers at Ms. Mary's to model and use the communication boards with Sophie.

3. How can we change the materials?
Holly and Ms. Mary will provide pictures of family members, peers, and some of Sophie's other "favorites" for use on her communication boards.

4. What equipment can we provide?
Communication boards will be created for individual activities and routines (mealtime, outside time, story time, doll play, block play, arts & crafts, and bedtime). A general or "core" board will also be created. The boards will be in a binder for Sophie to carry.

5. How can we change the schedule?
NA

6. How can we adapt the instructions?
NA

Teaching Strategies

How will you support the child in using AT? Holly and Ms. Mary will use **aided language stimulation** to model how to use the communication boards in as many opportunities as possible with Sophie. Initially, Holly and Ms. Mary can use hand-over-hand assistance to Sophie's finger and help her make a choice. Then that can fade to a more subtle pointing or to verbal cues as Sophie gains competence in ... interventions to promote participation in natural settings. *Infants and Young Children, 21(2), 94-*

Page 1

Step 1: Dilemma	Step 2: Question	Step 3: Evidence	Step 4: Decision	Step 5: Evaluation

Step 5: Evaluation

Determine if the intervention was implemented?

Determine if the intervention was effective?

Summarize and use assessment results to determine if the goal(s) are met.

| Step 1: Dilemma | > | Step 2: Question | > | Step 3: Evidence | > | Step 4: Decision | > | Step 5: Evaluation |

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Handout 5.7
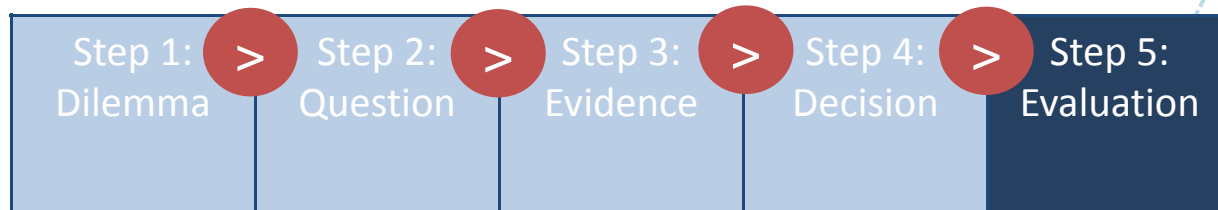
AT Implementation and Evaluation Checklist

Child's Name

Date

Activity/Routine: _____

What does the child want to do or what does the team want the child to do?

_____

We will use the following checked (☑) adaptations, AT, or instruction so that the child will be successful:

☑	Adaptation/AT Strategies	Describe what will occur	What will the child be expected to do?	How will the device be created/ obtained and by who?	Date we started using this strategy	Date Ended	How did this work?*
	Environmental Changes						
	Equipment						
	Schedule						
	Activity						
	Materials						
	Adapted Instructions						
	Teaching Strategies						
	Demonstration						
	Hand-over-Hand assistance						
	Time Delay						
	Other						
	Other						

*Rate the effectiveness of the strategy with + (worked well), - (did not work well), +/- (worked sometimes but not always)

Comments:

Identify appropriate assistive technology equipment

Objective(s)

Learners identify appropriate assistive technology (AT) equipment for children with disabilities.

Description

In this activity, learners review examples of AT equipment and identify which items could be helpful for three children described in the activity.

Required Materials/Resources

Learner Materials

- Handout 5.2: Examples of Assistive Technology Equipment

Detailed Facilitator Instructions

1. Have learners review the handout.
2. Have learners answer the activity questions.
3. Provide Feedback

Suggested Assessment

1. Augmentative communication devices (e.g., a picture or object communication board)
2. Switch adapted toys (e.g., use of a large switch to activate Dolly's talking)
3. Mobility devices (e.g., a scooter board or walker)

Hints provided to learner:

View Handout 5.1: Examples of Assistive Technology Equipment to find answers.

Facilitation Tips

- Learners can respond in class, online, or using the PDF Form; which can be printed, emailed, or submitted online.
- Break into groups to discuss and respond.

Alternate Version(s) (refers to different levels of difficulty)

- Activity 5.4b: Find types of assistive technology equipment (Structured Exercise)

Credits

The CONNECT Content Team

This activity is part of Module 5: Assistive Technology Interventions. To view the content related to this activity, go to Step 3: Evidence.

Instructional Method
Discovery

Level
Intermediate

Estimated Time Needed
10 minutes for instructor preparation

20-30 minutes for learner activity

Learner Form
Activity 5.4a

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CONNECT Module Discussions

Featured Discussions

CONNECT Module 5: Assistive Technology Interventions in an Online Course
By Kathy Allen

How have you engaged students to learn about effective practices in an online environment? Kathy Allen from Blue Ridge Community College shares her experience on using CONNECT Module 5 with her students. Read about what she did and share your examples.

Read More and Comment

NC B-K Consortium CONNECT Workshop Discussion Board
By CONNECT Team

The recent CONNECT workshop at the NC B-K consortium was a terrific way to dive deeper into using the modules. The CONNECT team so much enjoyed meeting everyone and hearing people who have used the modules share their experiences. Let's keep the conversation going!

Read More and Comment

Discussions by CONNECT Module

Module 1 Embedded Interventions	Module 2 Transition	Module 3 Communication for Collaboration	Module 4 Family-Professional Partnership
Embedding Module 1 into an In-Service Setting by Sandy Ginther and Linda Robinson (10+comments) *Setting*: In-Service *Primary discipline*: Early childhood special education *Format*: Face-to-Fac	**Transition and Therapy Services** by Christine Myers (10+ comments) *Setting*: 4-year IHE *Primary discipline*: Occupational Therap	**Communication - it's more than just words** by Hatice Dogan (20+ comments) *Setting*: Graduate *Primary discipline*: Early childhood *Course: Families and Teams* (Interdisciplinary) *Format*: Face-to-Face	**Using Module 4 Family-Professional Partnerships to Enhance Students' Understanding of Families and the NAEYC Professional Preparation Standards** by Nancy Grausam (30+ comments) *Setting*: 2-year IHE *Primary discipline*: Early childhood *Course: Young Children with Special Needs* *Format*: Face-to-Face

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Aligning CONNECT Modules with
NAEYC and DEC Personnel Preparation Standards

Module 1: Embedded Interventions

NAEYC Core Standards	CEC / DEC Initial Standards
for Initial and Advanced Early Childhood Preparation Programs	Knowledge and Skill Base for All Beginning Early Childhood Special Education/Early Intervention (Birth to Age 8) (CC= common core; EC = early childhood; K= knowledge; S= Skills)

NAEYC Standard 1: Promoting Child Development and Learning
 1a: Knowing and understanding young children's characteristics and needs.
 NAEYC Standard 4: Using Developmentally Effective Approaches to Connect with Children and Families
 4b: Knowing and understanding effective strategies and tools for early education.
 NAEYC Standard 6: Becoming a Professional
 6c: Engaging in continuous, collaborative learning to inform practice
 6d: Integrating knowledgeable, reflective, and critical perspectives on early education
	CEC/DEC Standard 1: Foundations—Know philosophies, evidence-based principles, laws, and diverse and historical points of view.
	   CC1K4 – Rights and responsibilities of students, parents, teachers, and other professionals, and schools related to exceptional learning needs.
	 CEC/DEC Standard 3: Individual Learning Differences—Know evidence-based practices validated for certain characteristics of learners. Understand the influence of culture, primary language, and social and physical environments.
	   EC3 S1 – Develop, implement, and evaluate learning experiences and strategies that respect the diversity of infants and young children, and their families.
	   EC3 S2 – Develop and match learning experiences and strategies to characteristics of infants and young children.
	 CEC/DEC Standard 4: Instructional Strategies—Possess and use a repertoire of evidence-based instructional strategies that promote the success of children.
	   CC4K1 – Evidence-based practices validated for specific characteristics of learners and settings.
	   CC4 S2 – Use strategies to facilitate integration into various settings.
	   CC4 S4 – Select, adapt, and use instructional strategies and materials according to characteristics of the individual with exceptional learning needs.
	   EC4 S1 – Plan, implement, and evaluate developmentally appropriate curricula, instruction, and adaptations based on knowledge of individual children, the family, and the community.
	   EC4 S2 – Facilitate child-initiated development and learning.
	 CEC/DEC Standard 5: Learning Environments and Social Interactions—Actively create learning environments that foster cultural understanding, safety, emotional well-being, positive social interactions, and active engagement.
	   CC5 S4 – Design learning environments that encourage active participation in individual and group activities.
	   EC5 S1 – Select, develop, and evaluate developmentally and functionally appropriate materials, equipment and environments.
	   EC5 S2 – Organize space, time, materials, peers, and adults to maximize progress in natural and structured environments.
	   EC5 S3 – Embed learning opportunities in everyday routines, relationships, activities, and places.
	   EC5 S4 – Structure social environments, using peer models and proximity, and responsive adults, to promote interactions among peers, parents, and caregivers.
	 CEC/DEC Standard 6: Language—Understand typical and atypical language development and individualized strategies to enhance language and communication skills.
	   CC6 S1 – Use strategies to support and enhance communication skills of individuals with exceptional learning needs.
	 CEC/DEC Standard 7: Instructional Planning—Develop long- and short-range goals.
	   EC7 S6 – Develop individualized plans that support development and learning as well as caregiver responsiveness.
	   EC7 S7 – Develop an individualized plan that supports the child's independent functioning in the child's natural environments.
	   EC7 S8 – Make adaptations for the unique developmental and learning needs of children, including those from diverse backgrounds.
	 CEC/DEC Standard 9: Professional and Ethical Practice
	   CC9 S13 – Demonstrate commitment to engage in evidence-based practices.
	   EC9 S6 – Apply evidence-based and recommended practices for infants and young children including those from diverse backgrounds.

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Aligning CONNECT Modules with OSEP Indicators and Outcomes

The state administrators in charge of early intervention services (Part C of IDEA) and preschool disabilities services (Part B Section 619 of IDEA) have certain reporting requirements to the US Department of Education – Office of Special Education Programs (OSEP).

Part C Early Intervention and Part B-Section 619 coordinators must demonstrate yearly progress in Annual Performance Reviews (APR) of their State Performance Plans (SPP) towards performance indicators in nine areas related to early childhood outcomes. Part C has 14 indicators and Part B has 20 indicators on the SPP/APR. All states must have an improvement plan which typically includes professional development activities.

The content, activities and resources of CONNECT Modules 1,2, 4, and 5 can be used by professional development providers to help states make progress towards the following **OSEP Indicators**: Part C Indicators =2, 3, 4, & 8. Part B Indicators=6, 7, 8, & 12. CONNECT Modules are free online resources for faculty and professional development providers. They can be found at http://community.fpg.unc.edu/

Module 1: Embedded Interventions

Part C

Indicator 2: Settings
Percent of infants and toddlers with IFPSs who primarily receive early intervention services in the home or community-based settings.
(20 U.S.C. 1416(a)(3)(A) and 1442)

Indicator 3: Child Outcomes
Percent of infants and toddlers with IFSPs who demonstrate improved:
    A. Positive social-emotional skills (including social relationships);
    B. Acquisition and use of knowledge and skills (including early language/communication); and
    C. Use of appropriate behaviors to meet their needs.
    (20 U.S.C. 1416(a)(3)(A) and 1442)

Indicator 4: Family Outcomes
Percent of families participating in Part C who report that early intervention services have helped the family:
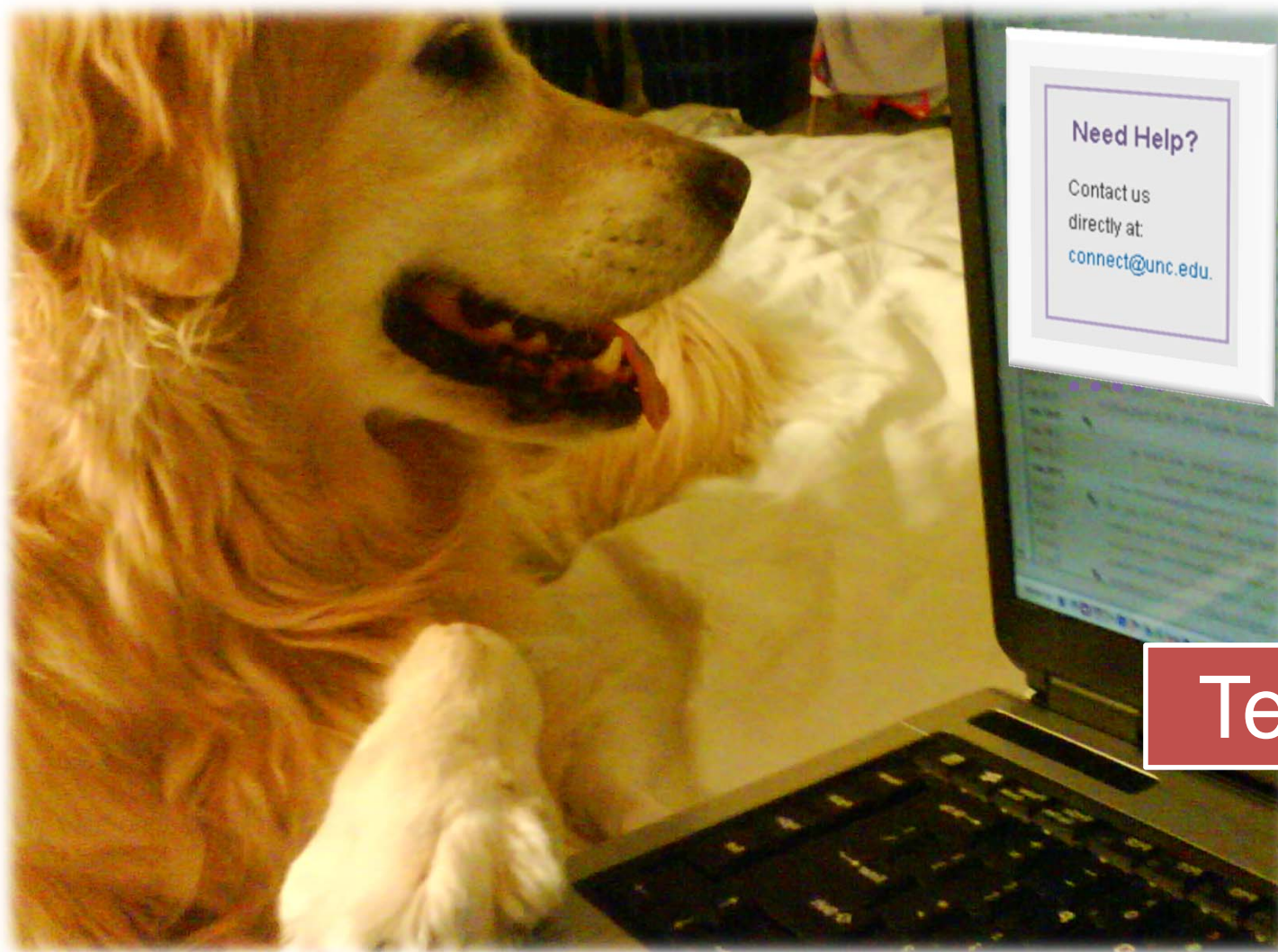   A. Know their rights;
    B. Effectively communicate their children's needs; and
    C. Help their children develop and learn.
    (20 U.S.C. 1416(a)(3)(A) and 1442)

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Need Help?

Contact us directly at: connect@unc.edu.

Tech Help

Email: connect@unc.edu

Join us at the 2012 National Early Childhood Inclusion Institute Pre-Conference Workshop

Transforming Your Professional Development: Applying an Evidence-based Practice Approach

Monday, May 14, 2012 - Chapel Hill, NC
8:30am to 12:00pm
Registration fee: $35 includes breakfast, a break, lunch and materials

http://inclusioninstitute.fpg.unc.edu/pre-conference

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http://community.fpg.unc.edu/connect-modules

Questions

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