True or false?

- Service coordination is an opportunity to work in partnership with families with young children who have special needs in a manner that is empowering and a way to create needed systems change.
- Service coordination is a Band-Aid on a set of dysfunctional health, educational, and social service systems.
- Service coordinators in early intervention may come from a variety of professional or experiential backgrounds.

Answering “false” to any of these statements indicates a need for instruction in early intervention service coordination. However, many people do not have a handle on the competencies associated with being a service coordinator. The case study of Janet in Chapter 1 shows her struggle with feelings related to her competency in providing family-centered, coordinated, community-based, interdisciplinary speech-language services. Many individuals in early intervention react similarly to Janet when providing service coordination.

Service coordination has revolutionized early intervention. Every state in the United States has agreed to fully implement a statewide system of early intervention for eligible infants and toddlers as mandated by the early intervention legislation (Part H) of the Individuals with Disabilities Education Act (IDEA) of 1990, PL 101-476. Service coordination is a required component of this early intervention system. Early intervention legislation also calls for states to ensure that qualified personnel provide early intervention services that best support the needs of infants and toddlers with disabilities and their families. Opportunities are needed for parents, service providers, and students from numerous disciplines involved in early intervention to enhance their knowledge and skills in the multiple and complex functions of service coordination.

The definition of recommended practice in service coordination has evolved and changed to reflect a family-centered philosophy. Approaches to service coordination in the 1990s challenge those who were instructed as “case managers” to reexamine their
approach as effective help givers (Bailey, 1989; Buysse & Wesley, 1993; Dunst, Trivette, & Deal, 1994). Whitehead (1996) recognized that new approaches to working with families must stress family strengths and capabilities and acknowledge the reciprocal nature of the family–provider relationship:

The philosophical shift represented in Part H deliberately broke with the traditional model of case management, a model that presumes dependency and helplessness. Part H replaces case management with a variety of innovative models of service coordination that support the interdependence, independence, capabilities, and decisions of the person and/or family receiving services and are therefore more consistent with the family-centered philosophy of Part H. (p. 209)

For many in early intervention, whether teacher, therapist, or health professional, there may not be opportunities to learn about service coordination, even though these professionals may be asked to serve as service coordinators. A number of studies have documented that professionals working in early intervention graduate from college and university programs without the competencies needed to work successfully as early intervention service coordinators (Bailey, Palsha, & Huntington, 1990; Bailey, Simeonsson, Yoder, & Huntington, 1990; Bruder & Nikitas, 1992; Hanson & Lovett, 1992).

Those graduating from training programs in the era before Part H will need new skills to implement models of helping built on empowerment and partnership. As Johnson (1994) stated, “Whether we call it the service coordinator or case manager, there is a new set of skills and a much broader professional orientation than we have been accustomed to in the past” (p. 7). Service coordination is viewed as a partnership with families, assisting them in locating, accessing, financing, coordinating, monitoring, and advocating for the services, resources, and supports needed to address their concerns and priorities. Most families receive service coordination or coordinate service for their child with disabilities by necessity, not by choice. In the early stages of involvement with early intervention, parents often do not realize that they are receiving service coordination or that they are doing it themselves. Both families and professionals need to learn skills to navigate the systems serving young children with disabilities and their families. All service coordinators need to enhance and expand their knowledge and skills to meet existing and emerging practices.

Inservice instruction in service coordination is consistently rated as a top priority at both the state and national levels (Bruder & Nikitas, 1992; Hanson & Lovett, 1992; McCollum & Bailey, 1991). In a 1994 survey of faculty, inservice instructors, and parents conducted by the Midwestern Consortium for Faculty Development (1994), service coordination was the highest-ranked instructional need across 13 states, giving evidence of a broader national need for instruction and technical assistance in this area. In Wisconsin, service coordination appears yearly on needs assessments of direct service providers conducted as part of the state’s comprehensive system of personnel development (Hains & Brown, 1990; Irwin & Pflugrad, 1989; Tuchman, 1991; Wisconsin Division of Health, 1994; Wisconsin Personnel Development Project, 1989, 1991, 1992, 1994).

This chapter addresses the instructional needs of two groups: 1) existing service coordinators who are learning on the job or through inservice training opportunities and 2) future service coordinators who will need to enter the field feeling prepared and confident to meet the myriad challenges associated with early intervention service coordination. This chapter provides the following: an overview of the competencies needed by individuals who provide service coordination; concrete ideas, instructional activities, and resources that compose an approach to service coordination instruction; a delineation of instructional challenges and strategies; and consideration of future needs in service
coordination instruction. The information in this chapter is based heavily on the Pathways Service Coordination Project, which is federally funded and administered through the Early Intervention Program at the Waisman Center of the University of Wisconsin–Madison. The interdisciplinary, professional, and parent staff of this project developed competencies and implemented and evaluated an options-based curriculum for instruction in service coordination.

AREAS OF KNOWLEDGE AND COMPETENCY IN EARLY INTERVENTION SERVICE COORDINATION

What knowledge and skills do service coordinators need to meet their responsibilities and the challenges they encounter? This question underlies the development of competencies for instruction in service coordination. To develop core competencies, the following sources were tapped: 1) needs assessments and focus groups with a variety of stakeholders, including family members, service coordinators, program coordinators, higher education faculty, and local and state agency representatives; 2) state and national advisory committees; 3) current literature and resources in early intervention (see Appendix A at the end of this chapter for a list of topics for service coordination instruction drawn from the literature); 4) several field tests of the Pathways Service Coordination Project’s curriculum using a variety of instruction options (e.g., for-credit university courses, 2- to 3-day institutes, workshops) with feedback on curriculum and instructional events from each group of participants; and 5) input from early intervention programs in four communities that helped to validate the areas of competency.

A distillation of the information gathered from these sources shaped the competencies and resultant curriculum. Fundamental to being a competent service coordinator are the attitudes and values brought to the job. Curricula need to allow for self-examination of and reflection on attitudes and values, especially as they relate to service coordination practice with families and others who may have perspectives and values different from the service coordinators’ values. In addition to the value-based content and activities, personal and job-related skills and knowledge emerged as two predominant categories in the curriculum, as noted in Table 11.1. These competencies form the basis for what service coordinators need to know and do to be effective in working with families in the early intervention process. The competencies form the basis for the content and activities for the approach to service coordination instruction in the next section.

AN APPROACH TO SERVICE COORDINATION INSTRUCTION

The approach described in this section can assist instructors in providing much-needed inservice and preservice instruction for parents and personnel involved in early intervention service coordination. Instructors are encouraged to model the targeted competencies throughout each instructional session, include parents at multiple levels in instruction, and be responsive to the individualized needs of participants. The approach is consistent with Winton’s (1990, 1994) thesis that professional development be synergistic with practices in early intervention. She strongly advocates that instructional procedures closely reflect the content of instruction. Thus, if the intent is to instruct service coordinators to enhance parental decision making, then participants also must be afforded frequent opportunities to make decisions and be supported in their decisions.

General Principles of the Instructional Approach

The instructional approach is participant centered and builds on parent–professional partnerships, which can be fostered through employing parents as staff members and con-
TABLE 11.1. Competencies for service coordination

**Personal skills and knowledge**
- Working in partnership with families
- Effective communication strategies: one to one, team, interagency
- Teamwork: roles and process
- Conflict and crisis management and strategies
- Taking care of yourself: personal safety, grief issues, stress
- Leadership and change agent skills

**Job-related skills and knowledge**
- Understanding federal and state rules and regulations related to Part H of IDEA
- Understanding of the early intervention system and its relationship to the broader community
- Knowing the components and time lines related to the individualized family service plan (IFSP) document and the importance of the process surrounding its development, implementation, and evaluation
- Understanding the various approaches to service coordination and the impact the use of different approaches may have on service coordination practice
- Knowing the importance of and differences among services, resources, and supports and how each may assist a family and child in meeting IFSP outcomes
- Having strategies for locating, gaining access to, and financing services, resources, and supports on the IFSP
- Applying effective techniques when coordinating early intervention services
- Providing appropriate follow-along while monitoring and evaluating the IFSP process
- Advocating for services with families
- Managing multiple priorities and responsibilities of the job
- Setting personal boundaries; knowing program and agency boundaries

Consultants, modeling parent and professional teams in instruction, inviting and supporting parents to be advisors in the instructional process, and supporting parents as learners along with their professional colleagues. Parents are experts on the needs of their family and children. Their collaboration in the design, planning, and implementation of personnel development activities ensures that all materials and practices fully recognize the critical, varied, and changing roles that parents play.

The participant-centered orientation can be achieved through tailoring experiences to meet individual participant’s needs and offering options so that participants exercise control and choice over their learning. Even though the format for organizing and disseminating content and activities can vary (e.g., for-credit course, correspondence course, workshop), some methods can be applied across formats, including 1) self-assessment and learning plans, 2) agenda-setting and action plans, 3) accommodating learning styles using principles of adult learning, and 4) applying a problem-solving approach to instruction.

**Self-Assessment and Learning Plans** One method of achieving the participant-centered orientation is through a self-assessment of strengths, concerns, priorities, and resources. Based on the self-assessment, the participant develops an individualized learn-
ing plan (ILP) listing desired outcomes from the instruction. Field-based experiences selected by the participants assist them in meeting these outcomes (see Appendix B at the end of this chapter for examples of field-based experiences). The ILP guides the selection of field-based experiences as well as any final project or product completed by the participant. A course facilitator acting as a service coordinator and mentor for the participant provides information, support, and access to material and human resources. This support is provided at a level determined by the participant to meet selected learning outcomes.

**Agenda Setting and Action Plans** The participant-centered orientation can be used in workshops and institutes with activities such as agenda setting (e.g., participants are asked to write what they hope to learn and the questions they want to discuss) at the beginning of the event and a Next Steps or a Commitment to Action at the end. This encourages participants to reflect on their accomplishments during the instruction and to set future outcomes. It also prompts participants to continue the learning process beyond the time limits of the specific event.

**Accommodating Learning Styles Using Principles of Adult Learning** A participant-centered orientation threads principles of adult learning through all elements of personnel development. In addition to the options that accommodate participants’ desired outcomes, a variety of instructional techniques accommodate their preferred learning styles. These techniques reflect the basic assumptions about how adults learn and optimize the likelihood that the content is relevant and practical. Based on these assumptions, information is presented in a variety of forms, including articles, overheads, handouts, lecture, panel presentation, discussion, skits, role plays, videotapes, case stories, vignettes, and games. Participants can be asked to explore the information individually, in small and large groups, and through field-based experiences.

**Applying a Problem-Solving Approach to Instruction** A problem-solving approach using case studies or stories is a powerful technique for moving from theory to practice in service coordination. These complex accounts highlight the issues and challenges confronting parents and service coordinators as they navigate multiple systems. A problem-solving approach affords participants an opportunity to do the following: practice problem solving and decision making, discuss real situations that may be unfamiliar or challenging, examine and practice interpersonal skills, ground theoretical learning into practice, and explore personal values and beliefs (McWilliam & Bailey, 1993).

**An Instructional Framework and Sample Instructional Activities**

A framework for service coordination instruction and activities that can be applied to address the service coordination core competencies are provided in this section. This framework for organizing a curriculum divides service coordination into four phases of activities that reflect the type of interaction that might occur between a service coordinator and a family. These phases are not necessarily sequential. For example, a family may experience a number of transitions during early intervention or may never experience what they consider to be a crisis. The framework, however, conceptualizes the individualized family service plan (IFSP) process for instructional purposes and assists in targeting specific skills and knowledge.

The four phases (Rosin, Green, Hecht, Tuchman, & Robbins, 1996) are 1) getting started in early intervention, which includes the initial contact through the development of the IFSP; 2) follow along with families, which covers the implementation and monitoring of the IFSP; 3) facing immediate needs or crisis, which reflects a time for the family or service coordinator when there is an urgent and immediate need for support and problem solving; and 4) facilitating transition, which represents the sharing of information
across the interface between early intervention and a system of community supports and services for children and families.

Using this framework, Figure 11.1 provides instructional activities that can be selected and tailored to meet participants’ needs in each of the four phases of service coordination. Activities 1–4, which can be found at the end of the chapter, are a sampling of detailed activities that correspond to each of the four phases.

These activities can be used with individual, small and large group, and field-based activities in both preservice and inservice instruction. Many of the individual activities involve personal reflection and self-examination but can be followed by large-group sharing. Individual activities focus on finding a reference point in personal experience as a stepping-off point on the topic. For example, an instructor might ask participants to think of an experience in which they felt supported, cared for, or listened to. Then ask them to reflect on the elements of that interaction that made it work for them. Subsequent discussion can highlight how the participants can adapt this personal experience into their work with families.

Group activities usually involve four to six trainees. These small groups can share their ideas with the larger group, looking for common threads and pooling new information. Small groups are opportunities for participants to draw on personal experience as a basis for problem solving. Each person’s struggles and successes are validated by similar experiences of other members of the group, allowing an opportunity for participants to benefit from the collective expertise of the group.

Field-based experiences are often pursued by an individual but also can be completed by two or more people with similar interests or concerns. Participants’ choices for field-based experiences are closely tied to the ILP. Excellent learning opportunities can be developed with families and community agencies that work with families. In general, families and agency personnel welcome an opportunity to share their knowledge and experience. Preservice participants may need more structured field-based experiences. For example, participants can be paired with a family mentor as a long-term practicum experience or shadow a family for a day (see Appendix B at the end of this chapter for additional examples of field-based experiences).

All activities presented in Figure 11.1 were evaluated by participants in the Pathways Service Coordination Project activities. Participants consistently rated the following as the most beneficial: 1) group discussion, particularly small groups in which participants were given time to share and benefit from each others’ expertise and experience; 2) the diversity of instructional staff and participants, in particular parents as participants; 3) the use of case studies for brainstorming and problem solving; 4) the opportunity for networking; and 5) parent panels and guest speakers. Participants clearly preferred those learning activities that allowed for individual sharing and validation of experience and expertise and those techniques that provided a context for new information within their own experiences. This summary of preferred instructional techniques can help instructors develop future curricula for instructing service coordinators.

CHALLENGES AND STRATEGIES IN SERVICE COORDINATION INSTRUCTION

Successful instruction in service coordination relies on the same principles that underlie any good instruction. The Pathways Service Coordination Project curriculum infuses principles of parent–professional collaboration and the participant-centered approach into all aspects of instructional content and process. However, a number of challenges emerged
### Core competencies

<table>
<thead>
<tr>
<th>Core competencies</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONAL SKILLS</strong></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>• One-to-one</td>
<td>Work Style Inventory(^1)</td>
</tr>
<tr>
<td>• Team</td>
<td>Values exercise(^2)</td>
</tr>
<tr>
<td>• Interagency</td>
<td>Two-person role play(^3)</td>
</tr>
<tr>
<td><strong>Conflict management</strong></td>
<td></td>
</tr>
<tr>
<td>• Personal strategies for</td>
<td>Reflect on a conflict you were involved with that had a positive</td>
</tr>
<tr>
<td>avoiding conflict</td>
<td>outcome. What happened?</td>
</tr>
<tr>
<td>• Finding common ground</td>
<td>Video segment(^4)</td>
</tr>
<tr>
<td>• Strategies for managing</td>
<td>Parent Panel(^5)</td>
</tr>
<tr>
<td>conflict</td>
<td>General ideas about working with conflict(^6)</td>
</tr>
<tr>
<td><strong>Taking care of yourself</strong></td>
<td></td>
</tr>
<tr>
<td>• Personal safety</td>
<td>List what you do when stressed.(^7)</td>
</tr>
<tr>
<td>• Grief counseling</td>
<td>Videotape segment(^8)</td>
</tr>
<tr>
<td>• Establish healthy</td>
<td>Discussion—How can you do more of what you like?(^9)</td>
</tr>
<tr>
<td>boundaries</td>
<td>Skit(^10)</td>
</tr>
<tr>
<td>• Stress reduction</td>
<td></td>
</tr>
<tr>
<td>**Leadership and change</td>
<td>SEL F Profile(^11)</td>
</tr>
<tr>
<td>agent skills</td>
<td></td>
</tr>
<tr>
<td>• Leadership styles</td>
<td>Draw your vision.</td>
</tr>
<tr>
<td>• When to lead and when to</td>
<td>Ask the group to draw their vision of a system of services and resources</td>
</tr>
<tr>
<td>follow</td>
<td>for children and families.(^12)</td>
</tr>
<tr>
<td>• Creating a vision</td>
<td></td>
</tr>
<tr>
<td>• “Keep your eye on the</td>
<td></td>
</tr>
<tr>
<td>prize”</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 11.1.** Training activities for learning core competencies in service coordination. (The numbers next to an activity correspond to a description of that activity at the end of the figure on pp. 286–287)
### SPECIFIC SKILLS AND KNOWLEDGE

#### Federal and state rules and regulations

- Legislation and service coordination
- Due processes and procedural safeguards

Ask participants to describe what they do as a service coordinator under current early intervention legislation.

Role-play on presenting rights and procedural safeguards to family members.

Call the state early intervention coordinator for a copy of your state’s rules and regulations.

#### The IFSP

- System entry through transition
- Partnerships
- Coordinating the evaluation process
- Completing the IFSP document
- Collaborative outcomes

Write three strategies for including parents before, during, and after the IFSP process.

Scenarios/role plays on developing collaborative outcomes.\(^\text{13}\)

Shadow a family or a service coordinator through the IFSP process.

#### Approaches to service coordination

- What are the different approaches?\(^\text{8}\)
- Why choose one approach or another?\(^\text{8}\)
- Co-service coordination

Reflect on the advantages and disadvantages of the model of service coordination in which you work.

The Great Debate\(^\text{14}\)

Visit or talk with early intervention personnel about their approach to service coordination.

#### Resources versus services

- Informal supports
- Creating options
- Community inclusion

Draw an eco-map of your own family.\(^\text{15}\)

Work together in a group and draw an eco-map using a case study.

Panel of experts\(^\text{16}\)

Attend a home visit or a family support group meeting as an observer. Think about the families' connectedness to each other and the community as you listen.

---

*(continued)*
## Figure 11.1. (continued)

<table>
<thead>
<tr>
<th>Locating, obtaining, and financing services, resources, and supports</th>
<th>Coordinating early intervention services</th>
<th>Monitoring and evaluating the IFSP process</th>
<th>Advocating for services</th>
<th>INTEGRATING THE ACTIVITIES AND FUNCTIONS OF SERVICE COORDINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you organize your resources? Find and review three resource guides related to community options for families.</td>
<td>Explore an analogy. Write how service coordination is like a river. . . .</td>
<td>Develop three questions to ask parents regarding their thoughts on progress toward the outcomes written in their IFSP.</td>
<td>Think about the targets for your advocacy efforts: parents, your program, or your agency and what that means in light of limited resources.</td>
<td>Case method</td>
</tr>
<tr>
<td>Design a dynamic resource file.</td>
<td>Chopsticks</td>
<td>Fish Bowl</td>
<td>Discuss and pool your ideas for advocacy services in your community.</td>
<td>Attend an interdisciplinary team staffing and then write down the contributions differing perspectives had on the discussion.</td>
</tr>
<tr>
<td>Find out what types of recreational activities are available to children with disabilities in your community.</td>
<td>Review written materials about the components of a well-run meeting and then attend a meeting and look for those components. What happened?</td>
<td>Talk with personnel at a local early intervention program about how they assess parent satisfaction or attend a parent support meeting or a parent advisory meeting.</td>
<td>Call several advocacy services and find out more about them.</td>
<td></td>
</tr>
</tbody>
</table>
Figure 11.1. (continued)

Description of Activities in Figure 11.1

1 The Work Style Inventory (How to be a more effective trainer, [1991]. Boulder, CO: Career Tracks, Inc.) is one tool for looking at personal communication styles and how different styles can interact together (available in Rosin et al., 1993).

2 Compose a list of true or false questions (e.g., Families who use alternative medicine are not taking their child’s health care issues seriously, The service coordinator should not be expected to go into an unsafe neighborhood) relevant to the topic being discussed. There are no right or wrong answers. Participants are then asked to form groups based on their answers and discuss with each other their choice and listen to the other groups’ reasons for their choice. Participants are also asked to reflect on how it felt to “take a stand” and be in the minority or majority.

3 Develop a skit (Rosin, Green, et al., 1996) that involves a first time meeting between a parent and a service coordinator. Model poor communication skills such as not asking open-ended questions. Have the trainees stop the action and discuss what is happening and what should be changed. Then continue the role play with the audience modifying the interactions at will.

4 Scenario I from the Pathways in Early Intervention Service Coordination videotape (Rosin, 1996) depicts the interaction between a service coordinator and two parents, divorced, who have different ideas about early intervention services. Discuss the scenario and decide on a plan of action using the problem-solving format provided on the videotape.

5 Invite three or four parents to come and talk with participants about their experiences with partnerships in early intervention. Prepare questions for the parents to respond to (e.g., What has helped? What have they found challenging?). Allow time for questions to discuss reactions to the panel afterward.

6 Groups are asked to think about conflict in one area (e.g., working with families, teams, or agencies). The issue is structured so it is not too general. Each person writes down his or her conflict on the outside of an envelope and passes it to the next person in his or her group. Each person in the group writes down strategies on a card in the envelope and passes it to the next person. Each person reads the previous strategies and adds any thoughts. The small group then discusses the suggestions with each other.


8 Scenario II from the Pathways in Early Intervention Service Coordination videotape (Rosin, 1996) depicts an interaction between a program director and a service coordinator concerning competing priorities and time management. Use a problem-solving format to discuss the issues.

9 Group members are asked to reflect on what each likes or looks forward to about their job as a service coordinator. What would they like more time to do? What strategies can they use to organize themselves to do more of what they like? Groups then share their strategies with the large group.

10 Develop a skit in which a parent, a service coordinator, and a program administrator are interacting with each other around daily issues as an entirely different internal dialogue is expressed concerning stress.

11 Use the SELF Profile (National Press Publications, 1987) as a tool to increase awareness about personal leadership styles and how different styles interact.

12 Provide chart paper and many color markers. Ask groups to share their vision of the early intervention system. Depending on the focus, a variety of discussions can follow: What do families want? What is a seamless system? How do service systems integrate with the community?

13 Present a family story to the group. Assign roles (e.g., mother, father, speech-language pathologist, service coordinator, early interventionist). Ask the group to develop
two to three collaborative outcomes for the IFSP based on the story and their specific perspectives. Have the group reflect on their process used to arrive at the outcomes (e.g., How did they reach agreement on the outcomes they focused on? What did they do when there was not agreement? Was everyone’s perspective heard? Did they have a process for making sure everyone’s perspective was heard?)

14 The Great Debate: An exploration of the different approaches to service coordination. Prepare a description of three different approaches to service coordination (e.g., interim, dedicated, parent, direct provider). Ask small groups to discuss the advantages and disadvantages of a particular approach. Have a group spokesperson present the advantages to the large group and be prepared to debate the merits of their approach. Follow with a large-group discussion. (Adapted from Hurth, J. [1991]. Providing case management services under Part H of IDEA: Different approaches to family-centered services coordination. Chapel Hill, NC: National Early Childhood Technical Assistance System.)

15 The eco-map is a picture that tells how a family interacts with the outside world. Map components are drawn in circles with lines connecting them showing the strength of the interaction. The map can reflect how a family experiences their resource network and support systems, the costs and benefits of interactions with people and resources, and sources of stress and relief. The process and the resulting picture can be both fun and informative (Rosin et al., 1993).

16 Invite three to five community and agency personnel who are well informed about resource and funding issues (e.g., Social Security income, child protective services, public health, medical assistance billing).

17 Resource guides are often out of date by the time they are published. Generate ideas for ways to 1) keep a resource file system current and 2) record the experiences of program staff using the resource (e.g., key contacts, good times to call). Think about organizing resources based on the needs of families in your community (Rosin, Green, et al., 1996).

18 Chopsticks is an activity that allows pairs to explore how they share new skills with another person and how they like to learn new skills. Choose an array of objects that can be picked up with chopsticks (e.g., paper, pencils, paper clips). Vary the kinds of chopsticks, the containers objects are placed in, and the visibility of participants by using blindfolds or sunglasses. Have people work in pairs as they learn to manipulate the objects they are given. Each pair decides who wants to teach and who wants to learn. Then share with the group impressions, frustrations, and what worked. You can use this activity as a point to talk about how skills are shared with families in a supportive way, based on what people found helpful in learning to use chopsticks.

19 Three trainers assume parts in an improvisational team role play as the rest of the group makes observations about what happened and what might have happened. The role play centers on a 6-month IFSP review in which the service coordinator, parent, and early interventionist are present. Those observing the role play make specific observations related to roles people play, decision making, facilitation, and strategies used to ensure the family members are included. The role play can be a catalyst for discussion of any one of these people.

20 The seven functions of service coordination are discussed within the context of four clusters of service coordination activities:

1. Getting started in the IFSP process
2. Follow along and implementation of the IFSP
3. Responding to immediate, unexpected needs
4. Transition—issues and challenges are illustrated

Use the case method of instruction to explore the four clusters of activity. Use a story from the references provided. Each story includes a parent–provider scenario and embeds skill building and problem solving. Each story ends with the service coordinator needing to resolve a dilemma. Use a problem-solving format to assist the participant in developing a plan of action (McWilliam & Bailey, 1993; Rosin, Green, et al., 1996).
during the field testing of the Pathways Service Coordination Project curriculum. A discussion of these challenges and possible strategies to address them can guide others preparing service coordination instruction.

Many of the challenges encountered in instructing service coordinators are similar to those faced when teaching any content area in early intervention. Table 11.2 outlines three categories of challenge: 1) support, 2) membership, and 3) instructional content and process challenges. Because support and membership challenges in service coordination instruction are comparable for any early intervention content area, they will not be elaborated on; however, several instructional content and process challenges specific to service coordination deserve further elaboration.

**Presenting the Family-Centered Care Philosophy**
Understanding and actualizing the philosophy of family-centered care in service coordination practice are critical. Participants often report that they understand what family-centered care means and do not need to hear more about the philosophical underpinnings of early intervention. However, sometimes participants’ comments or actions are incon-

<table>
<thead>
<tr>
<th>TABLE 11.2. Inservice and preservice personnel development challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support challenges</strong></td>
</tr>
<tr>
<td>• <strong>Time</strong>—sufficient time allocated</td>
</tr>
<tr>
<td>• <strong>Funding and incentives</strong>—money and other incentives to make personnel development a priority</td>
</tr>
<tr>
<td>• <strong>Administration</strong>—support for personnel development and its application to practice</td>
</tr>
<tr>
<td><strong>Membership challenges</strong></td>
</tr>
<tr>
<td>• <strong>Families</strong>—family members included in all stages of personnel development</td>
</tr>
<tr>
<td>• <strong>Teams</strong>—focus on team versus isolated individuals</td>
</tr>
<tr>
<td>• <strong>Comprehensive system of personnel development (CSPD)</strong>—efforts are coordinated with and integrated into the state’s CSPD</td>
</tr>
<tr>
<td>• <strong>Service coordinators</strong>—preplanned with service coordinators to ensure that needs of participants and of the field are met</td>
</tr>
<tr>
<td>• <strong>Diverse representation</strong>—diversity represented in instructors and participants, including families</td>
</tr>
<tr>
<td><strong>Instructional content and process challenges</strong></td>
</tr>
<tr>
<td>• <strong>Varying needs of participants</strong>—service coordination conducted by people from varying backgrounds with varying abilities and needs (e.g., discipline, values, knowledge, skills, life experience, education, parent and providers training together); therefore, personnel development needs differ</td>
</tr>
<tr>
<td>• <strong>Breadth of content</strong>—service coordinators called on to have a range of personal skills and abilities specific to the job</td>
</tr>
<tr>
<td>• <strong>Depth of content (awareness, knowledge, skill practice)</strong>—ongoing opportunities for practice and feedback needed to learn a new skill</td>
</tr>
<tr>
<td>• <strong>Personal skill training</strong>—many aspects of service coordination related to individual values</td>
</tr>
<tr>
<td>• <strong>Field-based experiences</strong>—needed to provide context or practica that give real-world experience to participants</td>
</tr>
</tbody>
</table>
gruous with family-centered care. For example, they may nod in agreement about empowerment and family-centered care while saying, “Yes, that is all well and good but what about “those” families,” with “those families” eventually being defined as families who have different concerns, priorities, and resources from the participant. Strategies for infusing the philosophy of family-centered care into instruction include the following:

- Embed the principles of family-centered care into every instructional activity.
- Support parents as participants and co-instructors.
- Use the “technical” aspects of the content such as the IFSP as a focus of the activity while incorporating philosophy into process discussions about the activity.
- Stress that service coordination is different for every family by giving examples or asking how certain approaches to service coordination practice might work for one family versus another.
- Bring discussion about obstacles or barriers in providing service coordination back to the question “What would this practice/service/resource/program look like if it were family centered?”
- Keep the vision of family-centered, interdisciplinary, comprehensive, community-based, culturally competent services in the foreground.

**Focusing on Relationship as the Basis for Service Coordination**

A service coordinator develops relationships with families, other team members, and agency personnel. At the heart of any relationship are personal and interpersonal skills. Communication is the thread that unites the skills that make service coordination effective. Having myriad communication strategies and techniques is important in daily conversations with families, teammates, and agency personnel but critical in other situations such as eliciting a family’s concerns, priorities, and resources for their child and themselves; resolving situations of conflict; negotiating with agencies; or facilitating a meeting. These are skills that must be practiced to be learned. Strategies include the following:

- Model the personal skills that are central to service coordination competencies throughout all instruction (e.g., question asking, open-ended comments, problem-solving format, empowering participants).
- Make clear to participants that many of the skills that underlie service coordination relationships or partnerships can be practiced and learned.
- Assign participants to teams to practice skills. Depending on whether the instruction is ongoing and on the objective, these teams could be kept constant or membership can change.
- Ask the participants to reflect on the communication aspects of any team activity.
- Explore cultural diversity and its potential influences on developing relationships. Families, teams, and agencies each have a culture that influences how a service coordinator approaches and interacts with them.

**Enhancing Personal Skills**

Enhancing personal skills is a form of self-improvement. A sense of self and values is inextricably linked. As service coordinators, it is essential to understand that values motivate responses and color perceptions of people and situations. It is necessary for participants to self-examine, self-reflect, and see situations and issues from other perspectives as they learn personal skills. This requirement for self-assessment and disclosure of areas of need and priority for skill enhancement can feel uncomfortable. Many participants may be less than forthcoming in a group situation or in a situation in which there may be a
perceived imbalance of power. For example, in a preservice setting the university student may not want to expose his or her limitations to a professor. In an inservice setting, a service coordinator may have a program supervisor acting as instructor and may not feel comfortable talking about areas needing growth. Several strategies can be applied to help alleviate some of this discomfort, including the following:

- Sequence the curriculum so that any type of personal skills work occurs after a level of trust is established.
- Allow participants options for participating in activities that can accommodate their comfort level, cultural background, and learning style.
- Acknowledge that personal skills instruction can be intimidating to participants.
- Discuss ground rules and generate with the group ways to create a safe place for participants to talk about values and feelings.
- Acknowledge that everyone sees things through his or her own perceptual filters, and investigate points of difference in a nonjudgmental way.
- Stress the importance of the language as reflecting participants’ thoughts. This may increase sensitivity to using words and descriptions with which people are comfortable.

Understanding that Service Coordination May Have Unintended Negative Consequences for Families

The intent of service coordination is to assist families in early intervention, at their desired level, to locate, reach, and receive the services, resources, and supports they need for their child and themselves. Even though service coordination is conceived as a helpful service, it may have adverse effects on families. Bill Schwab (personal communication, September 1994), a pediatrician, professor in the Department of Family Medicine at the Medical School of the University of Wisconsin–Madison, and parent of a child with disabilities, extended warnings about service coordination by citing some possible unintended negative consequences, including the following:

- Service coordination acts as a filter between the family and the system. The family members may not learn directly whom to contact and how to find resources and services. Conversely, service systems become less responsive to families because they do not work with them directly.
- Service coordinators are intermediaries between the family and the services and can make unintentional mistakes (e.g., making arrangements for others is difficult, making inaccurate assumptions).
- Service coordination is built on an assumption that it will bring consistency to families’ lives by knowing who can support them in having access to the system. Numerous factors work against consistency in early intervention service coordination (e.g., positions are often entry-level positions, with high turnover of staff or transitions; multiple agencies and funding sources competing for case management or service coordination).

The reality is that the health, educational, and social service systems are not easily negotiated; therefore, service coordination can be a beneficial service. Ideally, as service coordinators work to make the system accessible and empower families, the need for service coordination will diminish. The following strategies could be used to help clarify this issue:

- Explore with participants the positive and negative aspects of service coordination.
• Encourage the participants to reflect on the process of empowerment by keeping in mind the family’s desired outcomes and how the outcomes can be achieved through a partnership.

• Have participants develop strategies for transferring knowledge to parents about the system at a pace and level that is comfortable for the family.

Defining Roles and Boundaries in Service Coordination

Service coordinators need to set personal boundaries and understand discipline, program, and agency boundaries. Developing partnerships with families can lead to friendship and emotional connections with them. It is important for each service coordinator to know his or her own boundaries in working with families. These boundaries often relate to the service coordinator’s personal resources (e.g., emotional, financial, time). How does the service coordinator respond during a home visit when a family has run out of diapers for the baby and there is no money in the house? Is it all right for families to call the service coordinator on weekends? Many of these questions may be individually decided, or, in some cases, there may be existing program policies.

Knowledge of program and agency roles and boundaries is equally important. In early intervention the service coordinator is responsible for coordinating a team composed of the parents and a wide range of professionals. The service coordinator needs to understand the roles of all the providers with whom he or she interacts during early intervention. This knowledge helps the right people to be involved in the critical decisions made throughout the process. What is the early intervention program responsible for in relationship to the needs of the child and family? What are the responsibilities of other agencies, and how and when should they be involved? When coordinating services, resources, and supports across agencies, the service coordinator should know whether formal or informal interagency agreements exist. Strategies to assist participants in thinking about these roles and boundaries include the following:

• Explore the meaning of partnership and point out how it differs from friendship.

• Examine the notion of empowerment and how it relates to service coordination as a helping profession.

• Encourage participants to reflect on their own comfort level in setting personal boundaries.

• Provide an opportunity to distinguish between the roles of various providers and agencies.

• Review the contents of sample interagency agreements.

Moving Beyond the IFSP Form

The service coordinator is responsible for many aspects of the IFSP and its development, implementation, and evaluation. It is essential that the coordinator know the mandated components of the IFSP, associated time lines, and parents’ rights and procedural safeguards in the process. Among other things, the IFSP document reflects the child’s current developmental status and needs, outcomes desired, and strategies to meet those outcomes. Helping service coordinators view the IFSP in a broader context of family and community can be challenging. Strategies to help participants move beyond the IFSP form include the following:

• Provide participants with the legal aspects of the document and examples of IFSPs at the beginning of the instruction.
• Discuss the IFSP document, and answer questions related to the more concrete responsibilities of the form and process.
• Practice setting collaborative outcomes and consensus building.
• Use an eco-map, community mapping, or other strategy to show how the child and family fit into a much broader context and the family’s connections and interactions with their community-at-large.
• Explore with participants how early intervention services may be just one way to meet the desired IFSP outcomes and that there are many other formal and informal resources and supports for meeting these outcomes.
• Demonstrate various methods for eliciting family concerns, resources, and priorities, emphasizing conversation as the basis for eliciting this information.

Keeping Current in a Changing System
The service coordinator is responsible for having a broad system perspective. A frequent challenge is keeping track of changing health, education, and social service systems (e.g., managed care, welfare reform, the reauthorization of IDEA). In service coordination instruction, some strategies to address this challenge include the following:

• Share and discuss methods to map community agencies, services, and resources.
• Provide a needs-based taxonomy that shows the areas of need frequently cited by families.
• Assist participants with strategies for organization that work for them personally or that meet the early intervention program’s needs and resources.
• Develop methods for contacting key agency personnel with knowledge about various systems.
• Give samples of journals, newsletters, and Internet Web sites that can help service coordinators keep up to date.

Having Methods of Support for the Service Coordinator
A statewide group of parents, service coordinators, program administrators, faculty, and state agency representatives were asked, “What information, instruction, or resources do service coordinators need to have to be able to address the challenges they are likely to face?” An unexpected category of response emerged—taking care of one’s self or support for the service coordinator. In subsequent staff development efforts, the need for incorporating this topic area into the curriculum was reaffirmed. Service coordination can be a stressful job and service coordinators (parents and providers) need to stay healthy to meet the challenges of collaboration in coordinating services. The service coordination instruction could include a discussion of ways to

• Explore personal support systems within and outside the program.
• Develop formal or informal peer networks.
• Establish mentor relationships within the program.
• Build resources into the program for staff development and support.

Assisting Service Coordinators in Their Role as Change Agents
Service coordination can be viewed as an opportunity for systems change. The service coordinator is in the position to see what policies and practices work for families and which limit or set up barriers to families participating in early intervention. The service coordinator often may feel overwhelmed by the idea that in addition to all the other tasks of the job they now need to change the system too. Spending time on the topic of service
Service Coordination in Early Intervention 293

coordinator as change agent can make the role appear less threatening. Some strategies include the following:

- Acknowledge that change is a constant in all aspects of life.
- Define systems change.
- Show the wide range of activities that can have an effect on systems.
- Provide a framework and strategies for noting aspects of the system that are and are not working for families.

These strategies address some challenges facing service coordinators and are offered for consideration as instructors prepare both inservice and preservice participants to be competent in the provision of early intervention service coordination.

CONCLUSION

Future needs in service coordination personnel development parallel the daunting and complex challenges for coordinating the services, resources, and supports of families. Service coordinators work within a variety of systems (e.g., family, early intervention, health, social services, education) and need competencies in understanding the culture of systems and strategies for collaborating with and bridging systems. In the current political climate, there are dwindling resources for human services, making systems collaboration imperative. Service coordinators and program and agency personnel need to join forces with families to create a family-centered system with a shared vision that crosses boundaries and builds connections. This will encourage creative methods in reaching family outcomes, such as blending funding streams across programs or using informal community supports.

For service coordinators to gain competencies and to meet the challenges, a variety of accessible staff development options needs to be available. Some options include self-directed study and correspondence courses with the possibility of receiving continuing education or university credit. Instructional materials need to be developed that can be used for multiple purposes (e.g., orientation of new staff; ongoing training for staff development; working in a supervisory, mentor, or peer-to-peer relationship [see Chapter 8]; self-study modules, tutorials). The use of distance education technology (e.g., teleconferencing, compressed interactive two-way video, satellite television [see Chapter 19]) and computer-mediated communication systems (e.g., Web site on the Internet with a home page and links to relevant resources on the Web, e-mail, Listserve, discussion or chat groups) offer accessible options for the future. However, these methods also provide new challenges for instructors.

The diversity of people using the early intervention system is continuously adding to its complexity. In the 1990s, American children and families are in transition. According to the National Commission on Children (1991), dramatic demographic, social, and economic changes have transformed the meaning of family in the United States. Four sources of diversity offer particular challenges in early intervention. First, growing numbers of families seeking early intervention services come from ethnic and cultural backgrounds different from those of many early intervention service providers. Second, structural changes in families mean that fewer children live in two-parent families with mothers who are full-time homemakers. Third, the proportion of infants and toddlers living in poverty is increasing. And fourth, the number of families headed by parents with disabilities is growing (Rosin, 1996). Service coordinators need knowledge and skills to pro-
mote culturally competent attitudes, actions, and policies within themselves and the agencies and systems in which they work.

Diversity is a key concept for people responsible for providing inservice and preservice instruction on service coordination. In this context, diversity extends to the participants learning about service coordination; the families with whom service coordinators work; the teams, agencies, and systems with which service coordinators collaborate; and the instruction options and formats used to meet the instruction needs for personnel preparation for early intervention service coordination. The challenges are many in preparing competent service coordinators. The success of this chapter is in the reader understanding more clearly the challenges, strategies, and lessons learned in providing service coordination instruction.

RESOURCES


Specific activities and materials for facilitating instruction about service coordination. Step-by-step guide provides purpose, time required, learning strategies, and specific materials needed for each of eight activities on key issues (e.g., specific roles/activities associated with service coordination).


Edited collection of cases exemplifying the application of recommended practices in early intervention for use in preservice and inservice instruction. Text includes unsolved case dilemmas for use in teaching/instructing, decision making, and problem solving.


Videotape illustrates challenges faced in the provision of early intervention service coordination through four videotape scenarios. Accompanying guide highlights key issues and important skills and provides discussion questions and activities for promoting the development of skills in each area.


Curriculum designed to enhance skills and knowledge of service coordination for preservice and inservice audiences. Content is divided into four sections: 1) getting started in the IFSP process; 2) follow-along and implementation of the IFSP; 3) responding to unexpected, immediate needs or crises; and 4) facilitating transitions. Materials were designed to be used in conjunction with the Pathways in Early Intervention Service Coordination videotape.


Useful instructional guide with information, activities, and teaching materials on three aspects of early intervention service delivery (family–professional partnerships, interdisciplinary and interagency team building, and service coordination). Materials were designed to be used in conjunction with the Parents and Professionals: Partners in Co-Service Coordination videotape.

The three sections of this book focus on interrelated early intervention instruction themes: family-centered care, team building, and service coordination. Each section features a story, which is intended to facilitate creative problem solving on issues raised, as well as a variety of instructional aids (e.g., objectives, activities, discussion questions) skillfully interwoven with the content.


Twenty-minute videotape uses stories of three families with young children representing diversity in ethnicity, family structure, and disability to illustrate key concepts in service co-coordination. Accompanying discussion guide will facilitate the use of this videotape with differing inservice and preservice audiences.


Monograph designed as a resource to assist family members. It has definitions, basic facts, and useful strategies for seeking, recognizing, or advocating for effective service coordination.

REFERENCES


Midwestern Consortium for Faculty Development. (1994, Summer). Summary of higher education training needs. Paper presented at the Midwest Consortium on Higher Education Faculty Development Institutes, Minneapolis, MN.


ACTIVITY 1
PHASE 1: GETTING STARTED

“What’s Wrong with This Picture”

Objective:

- Participants explore ways of giving information to parents in a clear and sensitive manner and have an opportunity to look at strategies that draw parents into the conversation.

Instructions:

1. The participants watch a role play (script below). They freeze the action and offer suggestions to align the interaction with developing a partnership and good communication skills. They freeze the action simply by yelling, “Freeze.”

2. The role play is introduced. The setting is an initial meeting between a parent and the service coordinator to ask about the parent’s concerns, priorities, and resources.

- Peggy is the service coordinator; Liz is the parent. Peggy exhibits problems in communication: too much, too fast, not checking for clarification, taking control, not negotiating tasks, asking yes/no questions, and making assumptions. She is writing while Liz is talking, shuffling papers, not making eye contact. Liz exhibits problems in communication of not offering, not asking for clarification or repetition, and silence.

The Role Play:

Peggy: Well, Ms. Hecht. Hi, I’m glad to finally meet you. As you know, I am the service coordinator from the Gateway early intervention program. We are a program that . . . (give long explanation of program). Any questions?

Liz: No.

Peggy: During your daughter’s recent visit to the doctor’s office, you expressed a concern about your child’s development. The nurse completed a Denver Developmental Screening Test (Frankenburg, Dodds, Fandal, Kazuk, & Cohrs, 1975) and found that you were correct. Your child has delays in motor and speech and you made the call to our program for a more complete evaluation to determine eligibility for early intervention. Is that correct?

Liz: Uuhh. . .

Peggy: Well, let’s get some information about your daughter, okay? Let’s see—she was born at term, following an uncomplicated pregnancy, and was released from the hospital at 3 days, right? She has been healthy with the exception of a few bouts of ear infections and URI and is followed by her pediatrician, Dr. Flanders.

Liz: Yes.

Peggy: Your daughter is now 14 months and is having some delays in her motor and speech skills.
Liz: I think so... her older sister, Tammy, was doing much more at Betsy’s age. She was walking and saying words.

Peggy: It is hard not to compare children, isn’t it? But children do unfold at their own speed. We will take a look at her skills especially in light of her low scores on the Denver. And we have a whole team of professionals at Gateway who are experts in working with children and will be able to give you more information about Betsy’s abilities. So, what are some good times for you so that I can go ahead and set up an evaluation to determine whether Betsy’s delays are significant enough to make her eligible for early intervention, okay?

Liz: Yes, I do want to know if there is something I should be doing to help her.

Peggy: After the evaluation, we will be able to give you some suggestions.

Comments:
This activity can be used to talk about basic communication skills in the context of beginning a partnership with families as they enter early intervention. Participants can be asked to reflect on what they saw; how they would have felt if they were Liz or Peggy in this situation; how it feels to be listened to. They can then work together in pairs or small groups to generate a series of open-ended questions that Peggy can use to gather information and help increase Liz’s participation in the conversation or ways to ask questions that ensure the information being shared is understood.
ACTIVITY 2
PHASE 2: FOLLOW ALONG

“The Resource Map”
Objective:
• To develop an organizational framework for information and materials on early intervention resources and programs in the community that remains up to date, is specific to a program, and is easy to use regardless of an individual’s knowledge of the system. The goal is to build on the cumulative knowledge of the people in a program who are gaining access to and manipulating resources for families and to develop a strategy that uses the file to add information and experiences for that community. This helps familiarize a new service coordinator with local resources and allows veteran staff to benefit from each other’s experiences related to specific disabilities and resources.

Instructions:
Have participants work together in small groups to develop a taxonomy (see Appendix C at the end of this chapter for an example of a needs-based taxonomy) for organizing information about resources, services, and community programs for a new service coordinator in an early intervention program. In designing the system for use, think about how to gather and organize the information in a way that involves the entire group, and consider strategies to keep such a collection of information up to date.
ACTIVITY 3

PHASE 3: FACING IMMEDIATE NEEDS OR CRISIS

“Help, I’m in Over My Head”

Objective:

• To practice problem solving when the participants are not under pressure and to have an opportunity to receive others’ perspectives on the unresolved crisis.

Instructions:

• Divide participants into groups of five or six. Ask each group to sit in a circle. Provide a small blank envelope with 1–2 blank notecards inside for each participant. Ask each individual to describe an existing crisis situation or a past but unresolved crisis in writing on the outside of his or her envelope. Participants should not put names on their envelopes.
• Ask the participants to pass their envelope to the person to their right. When participants have received a new envelope with someone else’s crisis, ask them to write suggestions down on the notecards inside the envelope. Put the notecards back in the envelope, and pass them to the right again to enable participants to generate a variety of suggestions for resolving each different crisis. Continue passing the envelopes around the circle until all participants have had the opportunity to write down ideas about each crisis.
• When the originator gets the envelope, provide time for the participants to read the comments and get clarification and additional input. Ask participants to discuss what supports they use when they feel “in over their head.”
• When this activity is used in an inservice setting, ask participants to present a crisis situation specific to their work.
ACTIVITY 4
PHASE 4: FACILITATING TRANSITION

“Transition Guide”

Objective:
• To think about the components of a written, family-friendly transition guide that a program could use to organize the transition process for both service coordinators and families.

Instructions:
• Based on the following ideas about what families find helpful in the transition process, design a written transition guide that meets the requirements of current early intervention legislation (federal and/state) and addresses the needs most commonly expressed by families. What would the table of contents look like? Some things to consider including are a timeline that identifies the responsible person, a glossary of terms, community resources, information on IDEA, and child care options.

What Helps Families:
• Plan in advance.
• Explore all options.
• Prepare parent and child for separation.
• Learn about the new setting, make a personal contact.
• Create open lines of communication, formal and informal.
• Identify supports needed for child.
• Provide access to educational opportunities.
• Identify helpful people/programs to support child/family after transition.
• Identify other families with whom to talk.
Topics to Include in an Instructional Curriculum

Current literature and recommended practices suggest that the following topics should be included in an instructional curriculum on service coordination:

- Definition for service coordination as stipulated in current early intervention legislation with related functions and responsibilities
- Service coordination models or approaches with a historical perspective of the concept's evolution (Bailey, 1989; Dunst & Trivette, 1989; Hausslein, Kaufmann, & Hurth, 1992; Whitehead, 1996)
- Roles of service coordination (Bruder & Bologna, 1993; Dunst, Trivette, & Deal, 1994; Gilbert, Sciarillo, & Von Rembow, 1992; Hurth, 1991; Whitehead, 1996)
- Interagency coordination and collaboration (Jesien, 1996; Lowenthal, 1992; Melaville & Blank, 1991, 1993; Swan & Morgan, 1992)
- Personal skills such as communication skills and team building, including building partnerships between the family and the service coordinator (Bolton, 1979; Bruder & Bologna, 1993; Dinnebeil & Rule, 1994; Harbin, 1993; Herman & Murphy, 1990; Kinder, 1988; Maddux, 1988; Miller, 1991; Rosin, 1996; Salisbury & Dunst, 1997; Scholtes, 1988; Tuchman, 1996)
- IFSP process and development (Able-Boone, 1993; Beckman & Bristol, 1991; Elsayed, Maddux, & Bay, 1993; McGonigel, Kaufmann, & Johnson, 1991; Rosin, 1996)
- Family diversity (Harry, 1992; Locke, 1992; Lynch & Hanson, 1992; Mahoney, O’Sullivan, & Robinson, 1992; Rosin, 1996; Wayman, Lynch, & Hanson, 1990)
- Gaining access to and financing services and resources (Brown, Perry, & Kurland, 1994; Clifford & Bernier, 1993; Covey, 1990)
- Advocacy for families and the services needed for the integration of services around family priorities and preferences (Baroni, Tuthill, Feenan, & Schroeder, 1994; Edelman et al., 1992; Kelker, 1987; Zipper, Hinton, Weil, & Rounds, 1993)
EXAMPLES OF POSSIBLE FIELD-BASED EXPERIENCES

You are encouraged to select field experiences that will assist you in achieving your course outcomes. The following are examples of activities that could help you gain skills to meet your outcomes:

• Accompany a family to a medical appointment or other type of evaluation. Join the family members in their home before the appointment, and learn what is involved in preparing for the appointment. Observe the communication skills throughout the day. Think about waiting time for families.
• Provide respite for a family. Get a feel for what it’s like to be with a child in his or her home.
• Observe a team meeting, and analyze interactions from various perspectives. How would you describe the parent and professional interactions? How are parents supported? How do professionals from different agencies and disciplines interact with each other?
• Conduct a pre-assessment planning session with a family to identify their preferences for participation in their child’s evaluation or assessment.
• Work with a team to conduct an arena evaluation or assessment. Practice role-release skills: 1) Let a professional from another discipline and a parent know what information you would like and 2) practice getting information for a professional from another discipline.
• Volunteer to join or observe a team that will be working with a new family. Participate in the planning process for new referrals. Get involved with the development and monitoring of the IFSP.
• Meet with family members to learn about their concerns, priorities, resources, and preferences for their child. Practice interviewing and other communication skills required for getting to know a family. Keep a journal about the experience. What promoted communication? Where did communication break down? What strategies and questions guided the process?
• Participate in the transition-planning process for a child who is turning 3. Attend planning meetings; visit receiving programs; and work with a family to identify their concerns, priorities, and preferences related to their child’s transition.
• If you do not frequently facilitate team meetings, volunteer to facilitate a meeting. Ask one or more members of the team for feedback on your performance.
• Shadow a service coordinator. Learn about the roles and functions of the job.
• Meet with and interview personnel from an agency providing early intervention services to learn about the agency’s involvement in early intervention (e.g., philosophy, policies, practices, specialties, key contact people).
• Visit a neonatal intensive care unit (special care nursery). Talk with a family who has a child who spent time in a special care nursery. Find out what it was like for them.
• Visit an early intervention program. Observe and meet with parents and staff. Identify the program’s philosophy and practices. Which practices reflect recommended practices in early intervention?
• Investigate options in your community for integrated child care. Find out if any preschool programs integrate children with disabilities. Visit the program and talk with staff. Identify programs that may want to integrate children with disabilities. Talk about how your programs could work together to support children and families.
Resource files can be organized in a variety of ways. Resource directories are organized by agency, by disability, or alphabetically. Often knowledge of an agency’s structure is needed in order to use the directories. The following organizational framework is based on the needs of families being served by a particular program. This may be easier to use because service coordinators respond to family needs but may have widely varying knowledge about the community and the agencies responsible for services to meet these needs.
AN EXPANDED TAXONOMY FOR RESOURCE ORGANIZATION

BASIC NEEDS
housing emotional
respite spiritual
24-hour emergency counseling
food (Women, Infants & Children, food stamps)
furniture literacy/GED
Social Services—Alcohol & Other Drug Abuse, Child Protective Services
utilities child care

HEALTH CARE
well baby nutrition
medical specialties
Public Health Nurse pediatricians
specialty clinics
Maternal & Child Health—lead screening program
home health care agencies diagnostic services
Health Check (Early Periodic Screening, Diagnosis & Treatment [EPSDT])
personal care providers emergency service
Healthy Start

FINANCIAL RESOURCES
private insurance Health Check
EPSDT Medical Assistance Waiver
Programs
fund-raising Supplemental Security Income

Community Options Program
Family Support Program

EARLY INTERVENTION/ CORE THERAPIES
communication audiology
occupational therapy physical therapy
psychological social work
special instruction vision

IFSP assessment/evaluation

TRANSPORTATION
car seat

ASSISTIVE TECHNOLOGY/ SERVICES
home safety communication
mobility accessibility
customized adaptations vendors
carpenter/architect home modifications

PARENT RESOURCES AND SUPPORT
advocacy educational materials
parent to parent training opportunities
newsletters legal issues
financial planning bibliography
residential care national organizations
foster care (United Cerebral Palsy Associations, The Association for Retarded Citizens)

legal rights for foster parents
disability information
parenting classes

COMMUNITY RESOURCES
recreation child care
 camps playgrounds
activities

TRANSITIONS
neonatal intensive care unit schools
surgery materials

RESOURCES/ STAFF DEVELOPMENT
national state
training skill building

EDUCATION
transition IDEA

individualized education program