20 A TEAM-BASED MODEL TO IMPROVE EARLY INTERVENTION PROGRAMS: LINKING PRESERVICE AND INSERVICE

David Sexton
Patricia Snyder
Marcia Lobman
Pam Kimbrough
Kathy Matthews

How else but through these important forums could I ever have had the opportunity to hear about the perceptions and life experiences of Victoria, the foster parent of a previously abused child with significant developmental delays who was beginning to blossom under her care, and come to appreciate what Victoria valued both for herself and her children? John and Lakeisha, whose children also attended an early intervention program, came from very different backgrounds, yet descriptions of how they experienced family-centered practices in early intervention were as similar as they were different. Verbal pictures painted by these family members, as well as by the practitioners serving these families, vividly illuminated for me the many benefits derived by engaging in dialogues across team members. These opportunities to stop and listen to the individual and collective wisdom within each of the many groups convened enhanced my sensitivity to family concerns and realities and offered me a wealth of vivid naturalistic examples essential for conveying similar insight and understanding to future students.

This chapter describes a project in Louisiana that gave faculty members, families, practitioners, administrators, and researchers an opportunity to listen to each other's stories.

These stories were about the struggles and successes they experienced in trying to create supportive and nurturing environments for young children with disabilities. Each person's story was about a different aspect of the situation; however, a unifying theme was their shared desire to create the best possible early intervention system in their own community and the knowledge that there were changes that needed to be made in order for this to happen.

As illustrated in the opening quote, without the project we describe in this chapter, these people would not necessarily have connected with one another; and their stories would not have been shared. Each person, and the organization he or she represented, would have worked at making changes and improvements in a somewhat isolated fashion. This situation is not unique to Louisiana.

Early intervention personnel preparation efforts traditionally have been dichotomized into two separate systems: preservice and inservice. One long-standing premise has been that preservice instruction serves as an introduction to the world of practice, and inservice instruction develops, expands, or modifies the attitudes, knowledge, and skills of practitioners (Bailey, 1989). This dichotomy often is reflected at the practice level in the development and maintenance of separate systems for preparing personnel to deliver early intervention services. Lack of integration across these systems can result in a variety of negative outcomes, including wasting precious instructional resources through duplication of efforts, maintaining preservice instructors in universities where they may become isolated from real-world instructional needs, and failing to recognize that some individuals who seek preservice instruction for credentialing or licensing purposes have years of work and inservice instructional experiences. These individuals clearly are not seeking an introduction to the world of practice when they enroll in preservice coursework. In contrast to the traditional dichotomy, Fountain and Evans (1994) pointed out that preservice and inservice instruction should be viewed as a continuum that begins in higher education and extends throughout the career of an individual.

One issue faced by states participating in the federal early intervention program (Part H) is the need to develop and implement a comprehensive system for personnel development (CSPD) that reflects this continuum by maintaining systematic, meaningful linkages between preservice and inservice instructional efforts. The necessity for linkages is particularly acute for practitioners in the early intervention system who must meet established minimum entry-level standards for their profession while simultaneously providing early intervention services. Reliance on traditional personnel preparation definitions that perpetuate separate strategies for meeting instructional needs remains a major barrier to establishing linkages between preservice and inservice instruction. If personnel preparation needs are to be effectively and efficiently met, innovative instructional models and strategies must be devised and validated by service providers, consumers, faculty from institutions of higher education, and state- and local-level policy makers.

In this chapter, we describe our experiences and those of others in Louisiana who used a team-based model for change in their efforts to improve the quality of services to young children and their families. A secondary outcome of the model was to integrate preservice and inservice instructional efforts. The term *team-based model for change* refers to a set of activities designed to help early intervention teams, including families, examine current practices and set goals for change (Bailey, McWilliam, & Winton, 1992). A team-based model was chosen to guide the development and implementation of the early intervention CSPD in Louisiana because the model permitted us to design linkages between preservice and inservice efforts while emphasizing ecological, individualized, and locally directed perspectives on staff development and service quality. The model is based on the

existence of a common core of recommended practice indicators that can be translated into priorities for staff development, based on local resources, needs, priorities, and concerns. From the team-based perspective, staff development is viewed as a broad systems change effort in which attention is given across all levels (i.e., individual, family, agency, region) to inputs (e.g., Who are the individuals to be instructed? Who will provide the staff development?), processes (e.g., How will staff development be designed for individuals/families/agencies? How will staff development be delivered?), and outcomes (e.g., Who evaluated the effectiveness of the staff development activities? What kinds of immediate and lasting change result from staff development?). A unique adaptation we made to the team-based model for improving local programs was to include local university faculty as members of the ''team.''

This chapter begins with a description of the statewide personnel preparation context in which the model operated. This section is followed by an overview of the team-based model and how we adapted the model to improve service quality and link preservice and inservice instruction. Then, fiscal assistance obtained to support and expand model implementation is described. A case study of one site at which the model was carried out is presented to illustrate site-specific components of the model; provide examples of strategies, including instruments and processes; and highlight preservice and inservice linkages. The final sections of the chapter present information about model impact and reflect on the lessons learned during implementation.

THE LOUISIANA PERSONNEL PREPARATION CONTEXT

To understand how the team-based model was used in Louisiana, we provide an overview of our personnel preparation context. Like other states, Louisiana's context has been shaped by a unique history. The descriptions of our circumstances, provided here, are useful for understanding how the model evolved in our state and may prove useful as a guide for model replication. We believe, however, that each unique personnel preparation context determines how the model ultimately emerges in other locations.

Establishing a Statewide Personnel Preparation Planning Group

Experiential and research data gathered in the late 1980s indicated that the availability of appropriately prepared and credentialed personnel would determine the extent to which quality intervention would be provided for all eligible consumers (Bailey, Palsha, & Simeonsson, 1991; McCollum & Bailey, 1991; Miller, 1992; Palsha, Bailey, Vandiviere, & Munn, 1990; Sexton et al., 1996). In 1988, a decision was made to form a ChildNet Personnel Preparation Subcommittee to advise and assist Louisiana's State Interagency Coordinating Council (SICC) and the lead agency, the Louisiana State Department of Education, in addressing two required Part H programmatic components: CSPD and personnel standards.

An open invitation to join the ChildNet Personnel Preparation Subcommittee was issued to people who represented existing local structures most concerned with personnel preparation, for example, direct service provider agencies and institutions of higher education. Other key individuals targeted for committee membership included consumers of services, program administrators, and state and local decision makers charged with policy development and implementation. Approximately 25 individuals initially volunteered to undertake the design of the CSPD and to develop personnel standards. Because of the diversity of individual and agency interests represented, committee members often had

competing needs and priorities, yet shared several common goals related to personnel preparation.

Because participation on the subcommittee was the initial forum for the expression of competing interests, early efforts focused on establishing rapport, determining additional key representation, scheduling meeting dates and times, and obtaining information about similar efforts in other states. Eventually, the ChildNet Personnel Preparation Subcommittee developed a mission statement, and consensus was reached to target the 10 major objectives listed in Table 20.1.

Gathering Data to Clarify Needs and Goals

Despite the sentiment by some members of the SICC that instructional activities should begin immediately, the ChildNet Personnel Preparation Subcommittee recommended that a statewide assessment of preservice and inservice instructional needs be undertaken. These data would be used to support the design and implementation of strategies to address the adopted objectives, including establishing linkages between preservice and inservice instruction.

TABLE 20.1. Objectives of the ChildNet Personnel Preparation Subcommittee for Part H

Objective number	Description
1	Develop a plan for comprehensive, competency-based training across disciplines.
2	Develop an appropriate credentialing mechanism for service providers.
3	Promote the development of coordinated continuing education programs for currently practicing service providers.
4	Address administrative, statutory, and regulatory issues to effect the timely implementation of appropriate personnel preparation training.
5	Establish criteria for model multidisciplinary training sites for inservice and preservice purposes.
6	Establish coordination and cooperation among agencies, disciplines, and consumers in training efforts.
7	Identify and provide incentives for appropriate instruction of service providers.
8	Review and recommend adequate allocation of funds for implementation of a coordinated, multidisciplinary, multilevel, statewide personnel training effort.
9	Establish a statewide interdisciplinary consortium of key representatives from all institutions of higher education providing training specific to early intervention.
10	Monitor all matters relating to personnel preparation in all service disciplines, including certification, credentialing, and licensing standards.

With the endorsement of the SICC, the lead agency issued a request for proposals (RFP) and, in 1990, a contract was awarded to a six-member consortium of universities to conduct a statewide, multidisciplinary personnel preparation needs assessment. Many of these universities were represented on the ChildNet Personnel Preparation Subcommittee by faculty who came from various disciplines and departments.

Data were collected from 166 preservice instructional programs offering an associate degree or higher in disciplines identified as providing, or potentially providing, early intervention services. Inservice data were obtained from 296 early intervention practitioners who represented 15 different disciplines and 4 discipline-related fields. After reviewing these data, we drew implications for planning a linked instructional system to guide subsequent CSPD and personnel standard initiatives (see Sexton & Snyder, 1991).

Using Data to Guide System Development

The needs assessment data revealed that Louisiana had large numbers of early interventionists unable to meet even the most liberal entry-level requirements for their discipline. For example, many individuals providing special instruction to infants and toddlers and their families held no formal certification and, in some cases, lacked a baccalaureate degree. Becoming fully credentialed, usually a preservice function, became a common requirement in a population that also needed ongoing staff development opportunities because of new or emerging practices in the field (Winton, 1990). Linking preservice and inservice instructional experiences for these individuals, therefore, appeared to be a logical solution.

Statewide preservice data also supported linking higher education training efforts and staff development activities. The needs survey of 166 preservice programs in Louisiana found only 29.3% reporting that clinical experiences were available with families of young children with disabilities, and, perhaps more disconcerting, only 15.9% of the surveyed programs *required* clinical experience with families of infants or toddlers with disabilities (Sexton & Snyder, 1991). These data signaled the need for service providers to collaborate with faculty from institutions of higher education to link traditional preservice instructional strategies (e.g., didactic lectures) with opportunities to observe and apply information and recommended practices in early intervention settings.

Needs assessment findings had profound implications for the setting of personnel standards. At least three major issues, identified in other states as well (e.g., McCollum & Yates, 1994), had to be addressed: 1) how to ensure that personnel possessed the needed skills and knowledge to work effectively with infants and toddlers and their families, 2) how to develop reasonable and flexible standards without disqualifying large numbers of practicing early interventionists, and 3) how to link preservice and inservice instructional initiatives in ways that would facilitate access on a statewide basis.

Data from the needs assessment provided a better appreciation of the complexity and magnitude of developing a linked system. Most ChildNet Personnel Preparation Subcommittee members believed the data supported the need to design an inclusive, but flexible, instructional system. We agreed it was important to avoid a prescriptive "one-size-fits-all" approach to instruction. Efforts were undertaken to identify instructional processes and strategies adaptable and responsive to local realities. The ambitious goal set by the subcommittee was to develop an instructional system that would enable us to examine the interests and perspectives of diverse constituents; develop a shared vision across, for example, university and college faculty, early intervention service providers, and consumers; recognize and respect the uniqueness of each local context; promote transfer of in-

structional content to practice; build local capacities to initiate and sustain individual and systemic change; generate information useful for personnel preparation policy development and implementation; and identify, consolidate, and maximize resources. This instructional system would be part of a larger effort to improve the overall quality of services for children and families.

The majority of members on the ChildNet Personnel Preparation Subcommittee endorsed approaching personnel preparation and continuing professional development as a continuum. To meet this goal, an organizational framework was proposed to clarify the interrelationships among system levels, instructional needs, linkage strategies, and desired impacts. The framework, shown in Table 20.2, set the parameters for the subsequent adoption of the team-based model to guide personnel preparation efforts, including the development of preservice and inservice linkages.

TEAM-BASED MODEL FOR CHANGE

ChildNet Personnel Preparation Subcommittee members reached consensus that, with appropriate adaptations, the team-based model for change could be used to organize statewide early intervention personnel development. This model appeared consistent with the desired effects listed in Table 20.2. As described by Bailey, McWilliam, Winton, and Simeonsson (1992), the original model was implemented by conducting a series of workshops with early intervention teams of service providers, administrators, and family members to help them develop strategies for becoming more sensitive and responsive to the priorities and concerns of families.

Key Features of the Original Team-Based Model for Change

The stated intent of the team-based model for change, according to Bailey, McWilliam, and Winton (1992), was to improve the quality of services for children and families by implementing "a decision-making model [protocol] that provides early intervention teams a structure and framework for becoming more family centered in their work" (p. 74). This model represented an innovative alternative to traditional staff development approaches and was developed and field-tested as part of the Carolina Institute for Research on Infant Personnel Preparation at the University of North Carolina at Chapel Hill. The model encompasses three interrelated components: 1) roles played by individuals; 2) tools that can be used to inform and guide participants; and 3) processes that promote discussion, reflection, and sharing of perspectives. Key features of the model include involving entire teams, including families, in discussions about how to improve programs; conducting self-assessments of needs within the instructional context; providing information about family-centered principles and practices during instruction in the form of possibilities and alternatives; deemphasizing technical information about laws and regulations; modeling a shared decision-making process to guide team activities and instructional experiences; generating individualized action plans for implementing change that specify activities and responsible parties; and acknowledging that improving programs is cumulative and continuous, emphasizing the importance of ongoing staff development activities.

Additional guidance for implementing the original team-based model was offered by Winton, McWilliam, Harrison, Owens, and Bailey (1992) and Bailey, McWilliam, and Winton (1992). These authors described the roles that individuals on the team might assume. For example, a facilitator's role might include providing a framework and a context in which team members examine program practices as they relate to a family-centered approach. Direct service providers might describe "what their program is doing

TABLE 20.2.   Organizational framework for addressing Part H personnel preparation in Louisiana

System level	Preservice needs	Inservice needs	Linkage strategies	Desired impacts
1a. Individual • Direct service providers • Service consumers • Administrators • Decision makers 1b. Agency • Public • Private	• Recruit and retain sufficient numbers of fully credentialed personnel across disciplines and levels • Deliver instruction responsive to individual needs • Deliver instruction reflecting recommended practices • Provide support for preservice students • Provide instructional materials to faculty	• Improve existing practices • Facilitate emergence of needed new practices • Meet standards for practice of existing personnel • Deliver instruction responsive to individual needs • Deliver instruction resulting in practice changes • Provide instruction and materials • Familiarize administrator and decision makers with ChildNet • Instruct consumers already in ChildNet system	• Identify current and projected personnel needs • Identify relevant preservice instructional programs • Identify relevant ChildNet service providers • Identify personnel standards by discipline, role, and level • Provide participant and instruction incentives • Deliver instruction at sites and in formats that are participant friendly • Identify shared instructional needs across preservice students, inservice personnel, administrators, and consumers • Write change plans for individuals and agencies	• Increase the number and diversity of learners • Promote enduring practice change at service level • Increase number of fully credentialed ChildNet personnel • Improve knowledge base of administrators and decision makers • Improve instructional practices at all levels for all stakeholders • Help meet the instructional needs of consumers • Increase consumer participation when developing and delivering instructional content • Build agency capacity to meet personnel development needs

TABLE 20.2. *(continued)*

System level	Preservice needs	Inservice needs	Linkage strategies	Desired impacts
2. Interagency • Service agencies • Institutions of Higher education (IHE) • Lead agency	• Meet ChildNet entry-level standards • Develop practicum sites for preservice students • Provide opportunities for IHE faculty to develop/improve preservice course content • Facilitate IHEs support to deliver on- and off-campus coursework • Foster interagency development of opportunities to address CSPD priorities • Provide opportunities for ongoing consumer input and review	• Translate recommended practice to service delivery • Provide opportunities for personnel to observe desired practices • Provide ongoing technical support at agency level • Facilitate IHEs support to deliver on-site staff development opportunities • Foster interagency development of opportunities to address CSPD priorities • Provide opportunities for ongoing consumer input and review	• Procure resources to support interagency efforts • Form local instructional teams • Implement individual and agency change plans • Install ongoing local instructional team review and evaluation • Include lead agency personnel	• Operationalize instructional teams in all eight regions • Identify practicum sites identified in all eight regions • Increase opportunities for preservice/inservice instruction • Document improvement in instructional quality • Improve service delivery • Solicit consumer input on personnel preparation decision making • Develop interagency recommendations for CSPD

3. Policy	• Improve certification and credentialing standards • Install efficacious resource allocation and coordination • Install systematic consumer input and review on preservice policy issues	• Apply quality assurance standards for delivery and evaluation of staff development experiences • Install efficacious resource allocation and coordination • Install systematic consumer review on inservice policy issues	• Tie resource allocation to interagency efforts that link preservice and inservice efforts • Implement ongoing monitoring of personnel preparation efforts to ensure quality of content, instructional strategies, and linkages to practice changes • Modify CSPD changes to encourage strategies to link preservice and inservice efforts along the same continuum • Develop CSPD to reflect detailed, systematic strategies to link preservice and inservice instructional practices	• Revise personnel preparation practices to reflect recommended content and instructional format practices • Formulate policy at local, regional, and state levels that promotes a continuum of quality personnel preparation opportunities
4. Attitude and climate	• Demonstrate support for importance of high-quality preservice programs across disciplines and personnel levels	• Provide support for importance of widespread availability of ongoing staff development opportunities responsive to local needs and contexts	• Disseminate information about relationship between quality of personnel and quality of services provided to consumers	• Foster general society values, supports, and rewards for personnel providing quality early intervention services

right now, how that compares to a family-centered approach, and whether a change is needed'' (Bailey, McWilliam, & Winton, 1992, p. 76). Family members might offer their perspectives to increase the likelihood that team decisions are valued by consumers and reflect consumer values. Administrators should actively participate in or explicitly endorse team-based activities.

Several instruments were developed to facilitate implementation of the self-assessment and change processes. Two examples of these self-assessment instruments are Brass Tacks I: Program Policies and Practices (McWilliam & Winton, 1990) and Family Orientation of Community and Agency Services (Bailey, 1990). These instruments contain listings of quality indicators against which team members can evaluate existing and desired practices in an agency or program. Figure 20.1 shows a completed example of one page from Brass Tacks I. Following self-assessment, teams identify areas in which change is desired and rank priorities for change. Once priorities are identified, teams complete plans to help them structure and implement the change process. Figure 20.2 illustrates an example of a plan for change.

Bailey, McWilliam, and Winton (1992) offered guidance about how to promote discussion, reflection, and sharing of perspectives when implementing the team-based process. They suggested that team members be provided with information about recommended practices, rules and regulations that need to be followed, and a structure for group discussion and decision-making activities.

ADAPTING THE TEAM-BASED MODEL IN LOUISIANA

The ChildNet Personnel Preparation Subcommittee decided to select the team-based model for change to guide our efforts to improve early intervention programs (Lobman et al., 1994). We decided to adapt features of the team-based model so that we could involve preservice faculty in the process of improving programs. Little was known about the appropriateness of the original model for addressing recommended practices during preservice instruction or its usefulness in linking or unifying preservice and inservice initiatives.

Based on our recognition of the need to adapt selected features of the original model, we adopted what Darling-Hammond and McLaughlin (1995) labeled as top-down support for a bottom-up reform approach to staff development. School reform literature indicated that the failure of many staff development efforts targeted at change stemmed from their being top-down models that removed teachers, parents, and building-level administrators from the process (Kretovics, Farber, & Armaline, 1991). The efficacy of using locally constituted teams composed of service providers, consumers, and faculty in Part H personnel preparation efforts also had been documented consistently in early intervention preservice programs (Hanson, Hanline, & Petersen, 1987; McCollum & Thorp, 1988; Rowan, Thorp, & McCollum, 1990), in early intervention inservice programs (Eggbeer, Latzko, & Pratt, 1993; Rush, Shelden, & Stanfill, 1995; Trohanis, 1994), in the establishment of early intervention personnel standards (Hanson & Brekken, 1991), and in early intervention policy development (Samuelson, Elder, & Evans, 1990). We selected a strategy of top-down support for bottom-up change on the basis of extant literature that suggested sustainable changes are socially constructed within real-world contexts by individuals most directly affected by the innovations (Maeroff, 1993; Patton, 1987; Ragin, 1994); successful personnel preparation change initiatives require administrative involvement and support (McLaughlin, 1990; Trohanis, 1994; Winton, 1990); and multiple, often competing, stakeholders have vested interests in any change initiative (Greene, 1994; Larner & Phillips, 1994; Moss, 1994).

Area #1: First Encounters with Families (referral and program entry)								
	How Often?					Change	Priority	
Policy or practice	Never	Seldom	Sometimes	Usually	Always	needed	(Top 5)	Notes
1. Do you ask other agencies & professionals to encourage parents themselves to make the referral to your program (i.e., parents make first phone call or write a letter)?	1	2	3	4	5	Yes No		
2. Do you make your first face-to-face contact with families within 1 week of receiving the referral?	1	2	3	4	5	Yes No		
3. Do you have someone available to spend time talking to parents at the time of the initial referral as opposed to just taking down phone numbers, addresses, and child information?	1	2	3	4	5	Yes No		
4. Do you refrain from asking parents to complete forms until after the first face-to-face contact has been made?	1	2	3	4	5	Yes No	1	*All forms completed during initial meeting*
5. Are application forms and other information-gathering forms fully explained before parents are asked to complete them (e.g., why you want the info., how it will be used, and who will see it)?	1	2	3	4	5	Yes No	2	*I don't think families really understand why we need information*
6. Do you offer parents a choice as to where & when the first face-to-face contact will take place?	1	2	3	4	5	Yes No		

Figure 20.1.   An example of a completed page of Brass Tacks I. (From McWilliam, P.J., & Winton, P.J. [1990]. *Brass Tacks I & II: A self-rating of family-centered service provision in early intervention* [pp. 5–6]. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center; reprinted by permission.)

Figure 20.1. *continued*

7.	If a child is ineligible for your services, do you **actively** assist parents in obtaining other services or resources to meet their needs?	1	2	3	4	5	Yes No	
8.	If a child is eligible for your services but your caseload is full, do you assist the parents in obtaining other services or offer temporary, alternative services until a space is available?	1	2	3	4	5	Yes No	
9.	Do you make it clear to parents that they have the right to refuse your services, even if team members think the child needs the services?	1	2	3	4	5	Yes No	
10.	Do you ask parents to decide who will be at the initial meeting between program staff and the family?	1	2	3	4	5	Yes No	3 *Only if parents ask*

PRACTICE # *First Encounters*
(Refer to Brass Tacks Item Nos. 4 & 5)

OBJECTIVE:
(What do you specifically hope to accomplish?)
*Revise and pilot intake sheet so families are not asked for redundant information
and they are given options about how they want to share information with staff.*

RESOURCES NEEDED FOR ACCOMPLISHMENT:
(Check all that apply and make notes)

	Resource	**Notes**
X	Administrative support	*Mary will review drafts*
X	Family support or involvement	*Family member will be on workgroup*
X	Team support	*Team will comment on revisions*
	Money	
X	Time	*Workgroup will need time to meet*
X	Additional skills	*Denise will help format drafts of*
X	Additional knowledge or information	*revisions to intake sheet*

ACTIVITIES FOR ACCOMPLISHING OBJECTIVE:

Activity	Person(s) responsible	Date for completion	Team member's evaluation
1. Diane will develop a revised draft for the workgroup to consider.	Diane	7/1/93	1
2a. Diane will send the draft to Denise for formatting.	Diane	7/1/93	1
2b. Denise will format.	Denise	7/15/93	1
3. Draft of revised form will be circulated to team members for review and comments.	Denise Diane	8/1/93	1
4. Workgroup will meet to review revised format and generate a second draft.	Workgroup members	8/31/93	4

Figure 20.2. Example of a completed individual agency change plan (IACP). (1 = activity completely accomplished; 2 = activity mostly accomplished; 3 = activity partially accomplished; 4 = activity not accomplished, but still needed; 5 = situation changed, activity no longer needed.)

Adapting Team Composition and Roles

The adapted model was implemented in two communities. We agreed with developers of the original model that the number and roles of participants should not be prescribed or defined narrowly (Winton et al., 1992). We believed, however, that certain groups should be represented on each local team for successful implementation of the model. Individuals representing the following groups served on each of Louisiana's teams: policy

makers—representatives of the ChildNet lead agency; families—those who are consumers of early intervention services; program management—those individuals responsible for overseeing and coordinating the early intervention program; program staff—individuals responsible for actual delivery of early intervention services; facilitator—person representing the ChildNet Personnel Preparation Subcommittee who would facilitate group interactions; site liaison coordinator—individual employed by local agency who would assist the team facilitator; and higher education faculty member—person employed by an institution of higher education in proximity to the local agency. We believed adding the higher education faculty member to the team was a key to the establishment of preservice and inservice instructional linkages.

Adapting Tools

In the adapted model primary emphasis was placed on using a slightly modified version of the Brass Tacks I (McWilliam & Winton, 1990). The Brass Tacks I contains 78 items divided into four program component areas: 1) initial interactions, 2) assessments, 3) intervention planning, and 4) service provision. Use of this tool permitted teams in Louisiana to focus on overall program policies and practices, determine their status, and identify needed areas for change. Site-specific staff development activities emerged naturally through use of the Brass Tacks I. We made two modifications to the measure. First, additional items were generated for a new component that we labeled transition practices. Second, we made slight adjustments to the wording of items on the Brass Tacks I to make them apply more appropriately to all team members.

We adapted the change plan developed by McWilliam and Winton (1990) by adding a column that permitted teams to specify criteria for judging the completion of activities. This adapted change plan was labeled the Individual Agency Change Plan (IACP). An example of the adapted change plan shown in Figure 20.2 illustrates how evaluative criteria were used by one team to make judgments about their activities.

As teams reviewed the Brass Tacks I, the need to identify and complete other measures that could guide staff development efforts emerged. For example, when considering the section of the Brass Tacks I concerned with day-to-day service provision, classroom teachers on one team raised issues related to structuring classroom environments for young children. In response to this staff development need, agency personnel completed the Infant/Toddler Environment Rating Scale (ITERS) for each classroom (Harms, Cryer, & Clifford, 1990) as part of their self-assessment process.

Adapting Processes

We predicted that embedding instructional linkages into a broader change initiative to improve program quality would require substantially more time than typically involved in implementing the original model. Full implementation of the adapted model involved significant, sustained investments of time and resources by university and agency personnel. All participants on the teams learned that making changes in practices requires steady, prolonged work.

We followed the general guidance offered by Bailey, McWilliam, and Winton (1992) and Winton et al. (1992) related to promoting discussion, reflection, and sharing of perspectives during implementation of the model. Team members were provided general information about recommended practices in early intervention and ChildNet (Part H) policies and procedures.

Two additional adaptations to model processes were made. First, regional large-scale inservice instruction supplemented ongoing staff development efforts within the local agencies. These instructional events, planned by the local teams, increased general aware-

ness about selected recommended practices. Team members and individuals not directly involved in team-based processes participated in these instructional events. Second, preservice instructional courses were offered on site at the agency or at local universities. The content of these courses and selected assignments were linked, whenever possible, to ongoing team-based processes.

Fiscal Support for Implementation of the Adapted Team-Based Model

There were at least three reasons why we were able to procure lead agency and SICC support for implementation of the adapted team-based model in Louisiana. First, our needs assessment data confirmed the necessity of developing a CSPD that would forge meaningful linkages between preservice and inservice instruction. Second, personnel working in early intervention programs throughout the state were interested in staff development efforts that would help them systematically address program quality issues. These individuals wanted to become involved in ongoing personnel preparation efforts, including development of personnel standards and implementation of the CSPD. Finally, due to the existence of the ChildNet Personnel Preparation Subcommittee, we had an established infrastructure to provide leadership for model implementation efforts.

In early 1992, members of the ChildNet Personnel Preparation Subcommittee recommended that early intervention personnel preparation funds be distributed by the lead agency via an RFP to implement the model. The Human Development Center (HDC), Louisiana's university affiliated program, identified a consortium of service providers, consumers, and representatives of higher education who were interested and willing to be involved in implementing the model. The HDC developed a response to the RFP and, in December of 1992, was awarded $117,000 to implement the model in two of Louisiana's eight early intervention service regions. The majority of project funds was given to the local teams. These funds were used to support project personnel who provided on-site guidance and support, pay for agency personnel release time to attend planning meetings, contract with consumers as paid consultants, and provide release time and travel monies to support higher education faculty participation. A small percentage of the award was used by HDC to furnish facilitators and other project support staff. Beginning in January 1993, two local early intervention teams began to implement the model at their sites.

We wanted to continue activities at the two initial project sites and implement the model in other regions of the state. Due to the statewide focus and inherent nature of any sustained systems change effort, identification of additional, continuing funding sources was mandatory if continuation and expansion of model implementation were to occur. Considerable time and effort was expended by several members of the ChildNet Personnel Preparation Subcommittee toward securing additional implementation funds from the U.S. Department of Education, Office of Special Education and Rehabilitative Services. Relying on data and knowledge gained during the first phase of model planning and implementation, we were able to attract funds that enabled model implementation efforts to continue.

Funds were secured to initiate two complementary initiatives: 1) Common Infancy Core: A Collaborative Statewide Preservice Training Project, and 2) The Collaborative Model for Responsive Inservice and Outreach. During a 3-year period, each project, funded by the U.S. Department of Education, contributed more than $260,000 to efforts to improve the quality of early intervention programs and develop between preservice and inservice efforts linkages in Louisiana. During the final year of the preservice and inservice instructional projects, an additional contract from the Louisiana State Department of Education augmented the funding base by providing another year of funding ($117,000) to support the team-based model initiative.

The total amount of funding devoted to this complex statewide effort to link inservice and preservice instruction totaled almost $770,000 during 4 years. Six of eight regional teams used these funds to engage in the team-based process for 1–2 years. This reflects an average cost of a little more than $100,000 per regional team. Large percentages of these resources were used to encourage and fund comprehensive participation on local teams and to help support team-identified priorities for improving programs.

A CASE STUDY OF MODEL IMPLEMENTATION

In this section, we discuss selected aspects of how the adapted model was applied over 2½ years in one of Louisiana's eight early intervention service regions. We first describe the early intervention site where staff development activities occurred and then site-specific team composition and roles. We describe tools and processes used at this site, and discuss and describe a typical team meeting. Finally, we discuss how linkages between preservice and inservice activities were forged as an outgrowth of the team-based process at this site.

The Arc of Caddo-Bossier

The Arc of Caddo-Bossier (C-BARC) was one of the first sites to implement the adapted team-based model. The program is located in Shreveport and provides services to children and families eligible for early intervention services who reside in the northwest corner of the state (Region VII). The greater Shreveport-Bossier city area is the third largest metropolitan area in Louisiana. The remaining parts of Region VII, outside this metropolitan area, are best characterized as rural or rural-remote.

C-BARC has a long history of providing services to young children and their families. This private, nonprofit organization was founded in 1954 by a small group of parents. C-BARC was recognized as a primary provider of early intervention services in Louisiana, even before the passage of PL 99-457 in 1986.

Several features of the C-BARC program set a context for implementing the adapted model. Service delivery models in the agency had evolved over time. Many personnel working in the agency were involved in the evolutionary process, and customary ways of providing services were well established. Formal and informal program policies and procedures reflected the collective experience and wisdom of agency personnel and structured interactions among these personnel, families, and other service providers in the region. Not unlike other service providers, C-BARC personnel were challenged to examine their typical service delivery approaches to accommodate the family-centered requirements of Part H and the evolving ChildNet system in Louisiana. There also were significant numbers of personnel employed by C-BARC who were concerned about how they would meet emerging certification or licensing requirements while working full time at C-BARC.

Site-Specific Team Composition and Roles

Fifteen individuals served on the site-specific team at C-BARC during the first year of model implementation. Potential team members (e.g., service providers, faculty, family members) were identified as a result of discussions held among C-BARC personnel, members of the ChildNet Personnel Preparation Subcommittee, and grant-funded staff. Team members who were selected agreed to participate in the adapted team-based model project for at least 2 years.

The team facilitator was a member of the ChildNet Personnel Preparation Subcommittee who had primary responsibility for explaining key features of the adapted model and fostering group interactions. This individual also served as a resource to the team by providing information about early intervention recommended practices and ChildNet pol-

icies and procedures. The Children's Services Director at C-BARC served as the site liaison. She assisted the team facilitator by developing meeting agendas, disseminating information to other individuals in the agency who were not team members, and providing the team with background information about existing policies and procedures of the agency. The representative from the institution of higher education was a faculty member from the College of Human Ecology at Louisiana Tech University. This person attended team meetings to learn of real-world service delivery challenges and how she could help address identified inservice and preservice instructional needs. Three mothers of children enrolled in the C-BARC program also were members of the team. These consumers brought family perspectives to team deliberations, providing concrete examples of how program policies and procedures affected their lives, and helped revise agency policies and procedures. Family members also participated actively in the planning and delivery of large-scale inservice instructional events and served as instructors in preservice courses. Several direct service providers participated on the team. These individuals provided important information to the team about existing agency practices. Others who served on the team provided administrative endorsement for model processes, state-level policy perspectives, and linkages to other community-based agencies.

The team was expanded during the 2½ years of model implementation. Other agency administrative personnel, representatives from family service coordination agencies, and additional consumers and service providers joined the team.

Examples of Site-Specific Tools

Two primary tools were used at this site during each successive year of model implementation, Brass Tacks I and IACPs. Team members completed the Brass Tacks I independently, then engaged in team discussions about each of the 78 items. The team facilitator used a modified nominal group technique to gain consensus about priorities for change. These priorities were translated into targeted objectives with accompanying implementing activities and recorded on IACPs. A sample page of the Brass Tacks I and an IACP generated by the C-BARC team are shown in Figures 20.1 and 20.2, respectively.

A number of other site-specific tools were developed or adopted during successive years as specific staff development needs were identified. For example, in response to an identified need to build communication and teaming skills across agency personnel, two different tools were employed. Representatives of the site-specific team, with input from a national consultant, developed a screening tool to assess perspectives of agency personnel about the existing roles and relationships of team members. Figure 20.3 shows a completed example of this screening tool. A second tool, the Team Member Screening Scale, part of the Skills Inventory for Teams (Garland, Frank, Buck, & Seklemian, 1992), also was completed by C-BARC team members. This measure is designed to help individuals learn about their own teamwork skills and to assist with the planning of staff development activities that meet individual needs (Garland et al., 1992).

Both of these tools were used to implement a continuum of staff development activities occurring at C-BARC. First, members of the local team completed these measures during a regularly scheduled meeting. They believed the information generated from these tools provided valuable insights about team roles and functions. The experiences of the site-specific team served as a springboard for having all personnel who were affiliated with early intervention services in the agency complete the measures. These data helped team members plan and structure an agencywide workshop devoted to teaming issues. The measures also were completed immediately following, and 3 months after, the occurrence of the workshop. Finally, the faculty member from Louisiana Tech University

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TEAM SCREENING SCALE

Please answer the following questions before filling out the Team Performance
Scale:

1. As you go about your daily work as a Speech Pathologist, who do you believe
    are the people on your team?

    parents　　　　　　　　　　　*social worker*
    speech pathologist　　　　　*school psychologist*
    occupational therapist　　　*teacher*
    physical therapist　　　　　 *specialized instructor*
    service coordinator　　　　　*home interventionists*

2. List 3–5 characteristics that you think are critical if teams are to function
    effectively:

    communication　　　　　　　　*understanding of roles*
    compromise　　　　　　　　　 *positive attitudes and responses*

3. List what you think are 3–5 barriers that prevent teams from functioning
    effectively in our agency:

    lack of communication
    turf guarding
    defensive attitudes

4. List what you think are 3–5 barriers that prevent teams from functioning
    effectively in the ChildNet system:

    guidelines and regulations
    paperwork
    lack of communication between agencies and so forth

Figure 20.3.　Team screening scale.

incorporated these types of tools into her teaming course, which was taught at the local
agency, in order to link preservice course content with ongoing staff development
activities.

Site-Specific Processes

Initial site-specific activities concerned building awareness and interest on the part of C-
BARC personnel about the team-based model. At this point, a team facilitator from the
ChildNet Personnel Preparation Subcommittee was chosen to work with agency personnel
to explore interests and explain model site participation. When the decision was made to
begin involvement, specific members of the C-BARC team were identified. The site liaison
also was identified at this time. The site liaison's initial roles were to assist with arranging
places and times for the local team meetings and to promote adoption of team-based
processes within the agency.

　　During the first meetings of the local team, participants were provided with infor-
mation about the adapted team-based model for change. The team facilitator engaged
participants in discussions about the commitments and resources necessary for model
implementation. Team members were asked to confirm team composition to ensure that
appropriate representation was achieved.

The facilitator introduced team members to the primary tools that would be used for model implementation. Each participant was given copies of the adapted Brass Tacks I and the format for developing IACPs. Written guidelines for completing the Brass Tacks I were reviewed. The facilitator presented alternatives for how these measures could be used to structure the self-assessment process. Team members reached consensus about how they wanted to proceed and chose to complete one component area of the Brass Tacks I at a time, developing IACPs for that section of the measure before proceeding to the next section. A decision was made to devote a portion of each subsequent team meeting to the self-assessment process, using these tools and others, as appropriate.

At the initial meetings, preliminary discussions began on how instructional linkages might be established within the context of overall model implementation. The facilitator challenged team members to think about how traditional instructional approaches might be changed to organize staff development on a continuum, spanning preservice and in-service instruction. For example, team members might participate in the development of preservice instructional modules that were being produced by the faculty member from Louisiana Tech University. C-BARC could serve as a practicum placement site for students from Louisiana Tech. Team members also might be asked to participate in the planning and delivery of large-scale inservice instructional events, which would be carried out with support from state and national consultants. Team members endorsed the importance of linking preservice and inservice instruction to their ongoing local staff development efforts.

For 2½ years, the adapted model was implemented at C-BARC. The local team met each month at C-BARC for at least 2 days. At the end of each month's meeting, an agenda for the next meeting was developed by the team. The site liaison assumed primary responsibility for finalizing the agenda and distributing copies to each member before each meeting. A significant portion of team meeting time was devoted to ongoing self-assessment processes. However, there were also smaller workgroups that, between monthly visits, addressed activities specified on the IACPs. Members of these workgroups were not limited to C-BARC staff and families. For example, representatives from the ChildNet Personnel Preparation Subcommittee and Louisiana Tech participated in workgroup activities. Their participation included activities such as responding by facsimile transmissions to drafts of products being developed for use at C-BARC or providing resources for recommended practices in early intervention. Summaries of workgroup accomplishments were presented to all team members at the monthly meetings. As topics appropriate for large-scale inservice instructional events emerged, portions of the team meetings were devoted to planning these events. Because of the recursive nature of the adapted team-based model, a portion of the monthly meeting time was devoted to reviewing IACPs.

An Example of a Local Team Meeting

The agenda for the meeting of October 19, 1993, is illustrated in Figure 20.4. The agenda shows several interrelated team activities. The team reviewed and completed Section IV of the Brass Tacks I, which concerns day-to-day service provision. Plans for the large-scale inservice instructional event on teaming and communication skills were finalized. Members of the team met in smaller groups to continue work on several IACP objectives. For example, one workgroup met to address an IACP objective related to evaluation of classroom environments. A second group continued work on activities associated with making first contacts with families more family centered. This IACP objective and accompanying activities were generated after a review of the first section of the Brass Tacks I,

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C-BARC MODEL SITE PROJECT
SCHEDULE FOR OCTOBER 19, 1993, VISIT

I. MANAGEMENT TEAM MEETING— 9:00 A.M. until 12:00 P.M.

    A. Review Section IV of the Brass Tacks.

    B. Finalize plans for consultant's November visit.

    C. Discuss the overview of planned activities for Year II.

II. SMALL-GROUP MEETINGS

    A. Center-based program workgroup (Robert, Sandra, Ann)

        1:00 P.M.– 3:00 P.M.

        1. Discuss consultation visit summary.

        2. Develop plan for "next steps" with teacher.

        3. Discuss Infant/Toddler Environment Rating Scale findings.

    B. Intake and referral workgroup (Diane, Denise, Shirley, Mary, Sharon)

        1:00 P.M.–2:30 P.M.

        1. Review revised intake summary form.

        2. Develop plan for "next steps."

    C. Home-based program workgroup (Paula, Mary, Shirley)

        2:30 P.M.–4:00 P.M.

        1. Discuss consultation visit summary.

        2. Develop plan for "next steps."

    D. Family service coordination workgroup (Samantha, Terri, Peggy, Robin, Carl)

        1:00 P.M.–3:00 P.M.

        1. Review "Baby Lanser" forms.

        2. Discuss how to complete forms.

Figure 20.4. A sample agenda for a meeting.

entitled "First Encounters with Families." Finally, a third workgroup met to address on-going issues related to the development of a system for family service coordination in Louisiana. This group reviewed state-level policy documents and forms to determine how this system would affect the roles and duties of selected C-BARC personnel and the activities of the local site team.

Establishing Instructional Linkages at C-BARC

Many linkages between preservice and inservice instruction, illustrated in Table 20.3, were established during model implementation. The examples shown in Table 20.3 highlight how linkages were forged at the local site. Site-specific linkages were the unique expression of the instructional parameters listed in Table 20.2. To illustrate how team processes facilitated the development of instructional linkages, a representative series of interrelated

TABLE 20.3.   Examples of instructional linkages from the local site

- Courses were taught on site by faculty member from Louisiana Tech University for C-BARC personnel seeking certification in early intervention.

- Team-based processes helped generate competencies and assignments that were incorporated into preservice coursework required for certification.

- Course instructor got a real-world appreciation for challenges related to implementing family-centered early intervention through participation in team meetings and integrated examples into her courses.

- Input from family members was used in the planning and delivery of preservice and inservice instructional activities.

- Stipend support was provided for participation in preservice and inservice instruction to C-BARC personnel and family members.

- Team members provided substantial input to the development and implementation of statewide certification standards for early intervention.

- C-BARC served as a practicum site for its own employees and other students enrolled in preservice coursework at regional universities.

- Team members planned, implemented, and participated in the evaluation of five large-scale, regional instructional events that were an outgrowth of needs identified in team meetings.

- On-site technical assistance was used as a follow-up strategy after each large-scale workshop to facilitate transfer to the practice setting and to integrate instruction with ongoing team activities.

instructional events associated with the topic of arranging classroom environments for young children is now described.

During a team review of a section of Brass Tacks I related to day-to-day service provision, members identified the need to examine classroom environments in relation to recommended practices. An IACP was developed that specified a series of staff development activities that would be undertaken to address this identified need. The first activity involved having a national consultant observe classrooms at C-BARC before conducting a large-scale regional workshop devoted to classroom environments. After the workshop, the consultant met with team members and classroom teachers to provide verbal feedback and initial recommendations. He subsequently generated a written report of his visit to C-BARC, which contained suggestions for future staff development activities related to this topic. One recommendation was to develop a mechanism for systematically examining classroom environments periodically. As a result of this recommendation, the faculty member from Louisiana Tech University provided instruction on how to use the ITERS (Harms et al., 1990). Students enrolled in her preservice course, many of whom were C-BARC employees, received this instruction. The university faculty member established interrater reliability on the ITERS with the center-based coordinator, a graduate student at Louisiana Tech. Subsequent to these staff development activities, team members reported that many classroom teachers had made significant modifications to their classroom environments. Follow-up ITERS data gathered by the coordinator and university faculty member confirmed these observations.

EVALUATING THE IMPACT OF MODEL IMPLEMENTATION

Conducting evaluation activities to document the impact of implementing the adapted team-based model presented both opportunities and challenges. We had the opportunity

to collect standardized impact data from six different implementation sites using an array of evaluation strategies. Table 20.4 shows representative examples of data sources and types of data gathered and analyzed to assess impact at the agency level. Our standardized evaluation model was generic enough to substantiate major impacts, but we faced a challenge in capturing idiosyncratic impacts at each local site. We met this challenge by encouraging local teams to adopt additional evaluation techniques that honored their unique implementation context. For example, a center-based coordinator at one site conducted informal critical incident interviews with her teachers to gather their perspectives about the impact of an on-site consultation on examining classroom environments in relationship to recommended practices.

We also were very interested in determining the impact that model activities had on establishing linkages between preservice and inservice efforts. Outcomes achieved by local teams across the six sites support the conclusion that our strategy of forging instructional linkages within broader initiatives designed to improve Louisiana's Part H service system was productive. Selected impact data that substantiated positive statewide instructional linkages include the following:

- Many of the 93 students recruited and supported in preservice certification courses were working at one of the six sites.
- A total of 1,238 individuals participated in large-scale regional workshops that were planned, implemented, and evaluated by local teams.
- Site data indicated that the provision of on-site technical assistance linked to preservice and inservice instructional content helped service providers translate recommended practices to their unique work settings.
- Most certification courses were taught at agency sites, facilitating access to instruction and opportunities to practice new skills.
- Through ongoing student–instructor interactions, certification course syllabi were revised to incorporate real-world issues and challenges.
- Family members routinely became involved in the planning and conducting of staff development workshops and certification courses.

At the state level, multisite impact data provided members of the ChildNet Personnel Preparation Subcommittee, the SICC, and Louisiana's early intervention lead agency personnel with information from which to recognize and endorse additional opportunities for facilitating instructional linkages. One example of our ability to influence state policy involved the instructional needs of a large number of individuals providing special education services in Louisiana who lacked a baccalaureate degree. A previous recommendation from the ChildNet Personnel Preparation Subcommittee to develop entry-level standards for an associate early interventionist had not been adopted by the lead agency. Service agencies were facing the possibility of being unable to retain long-time employees as personnel standards became mandated, because the early intervention standards required providers to have a minimum of a baccalaureate degree. Impact data obtained during team-based model implementation ultimately convinced state-level decision makers that this large and important cadre of personnel could be incorporated into Louisiana's early intervention system. With endorsement from the SICC, the lead agency asked the ChildNet Personnel Preparation Subcommittee members to organize an ad hoc committee to make recommendations for establishing standards for associate-level personnel.

A second example of how data gathered from local sites had an impact on further linkage initiatives involves another population of special education providers who hold

TABLE 20.4. Data sources and representative types of data analyzed to assess agency impact at the agency level

Data sources	Representative types of data gathered and analyzed
Agendas from team meetings	What topics were addressed?
	Did team members assume planned roles?
	What percentage of meeting time was devoted to various team processes?
Minutes from team meetings	What topics were addressed?
	Which groups were represented at each team meeting (e.g., family member, provider)?
	Were all agenda items addressed?
	Were there ''unplanned'' agenda items addressed?
	How many times, on average, did various team members speak during team meetings?
	How many team members offered comments about a particular topic?
Brass Tacks I	Did ratings of program practices improve over time?
	Were priorities for change modified over time?
	Did the number of needed changes decrease over time?
	Did team member ratings become more congruent over time?
Created or revised documents	How many new documents were created?
	How many documents were revised?
	How many people, in which roles, were involved in creating documents?
	To whom were documents disseminated?
	How did family members rate the documents on acceptability and usefulness dimensions?
IACPs	Which Brass Tacks I component areas are reflected?
	What were the average number of activities associated with each objective?
	On average, how long did it take to complete the activities associated with each objective?
	How many activities were satisfactorily achieved?
	What were the primary resources needed to accomplish the objective?
	Which people were identified as being responsible for implementing activities?
	Did team members assume planned roles?
	Were priorities for change modified over time?

baccalaureate degrees but lack certification in any area of education. The typical route taken by these individuals when employed by local education agencies was to secure "T," or temporary, certifications that were renewed annually on completion of at least 6 semester hours of credit toward early intervention certification. Many of our model sites, however, were private, not-for-profit agencies and were ineligible to request "T" certification status for their personnel. These individuals constituted another population whose jobs were in jeopardy as minimal standards for early interventionists (i.e., certification in early intervention) were mandated. In response to impact data, Louisiana's early intervention lead agency, with SICC endorsement, allocated funds to support preservice stipends for these personnel and to compensate faculty from institutions of higher education. These additional funds were used to deliver more courses at additional sites, thus expanding instructional linkages throughout Louisiana.

LESSONS LEARNED FROM MODEL IMPLEMENTATION

The adapted team-based model was implemented in six of the eight regions of Louisiana during a 4-year period and continues to be implemented formally at several local sites. Some teams have continued to operate beyond the original team-based model funding period by leveraging local resources, securing administrative endorsement and support for ongoing model implementation, and expanding the number of individuals and agencies involved in team-based processes. Other teams have been somewhat less successful in sustaining locally directed personnel preparation change initiatives beyond the original funding period. The climate, resources, and people involved help explain the variety of directions taken over time by each local team.

Many important lessons that reflect both intended and unintended outcomes have been learned. Brief discussions of these lessons may prove useful to others facing complex statewide issues associated with early intervention personnel preparation. The following sections give voice to a number of individuals directly involved in implementing the adapted team-based model. Several individuals who had actively participated in model implementation were asked to provide their written personal perspectives (the names used are fictitious).

Lesson 1: Team Members Hold Multiple and Equally Valid Perspectives About Model Implementation

Many tenets of the original team-based model indicated that different individual agendas, values, and priorities would characterize efforts to improve program practices. Although this prediction originally appeared obvious and was taken for granted, actual model implementation brought a renewed appreciation and understanding of the extremely diverse, often competing, perspectives of team members as they give meaning to the same experiences. Perhaps this lesson is best illustrated by reflecting on the experiences described by three team members who worked together for several years at one local site. These perspectives provide important insights into how multiple perspectives influence model processes.

The Consumer's Perspective   Jane has a 2-year-old daughter, Ann, diagnosed with Prader-Willi syndrome, who is enrolled in the agency's center-based services. Jane consistently has been involved in Ann's intervention and care and has a good rapport with the agency staff. Jane was contacted by an agency administrator and agreed to serve as a site team member. She reported feeling honored to be asked, voicing the view that she could help the "professionals see things from a different point of view."

Sharing her perspectives on initial team discussions about agency practices, Jane offered the following comments:

I felt uneasy and unsure of myself at first, but, as time went on, I gained confidence and became quite verbal. During discussions regarding practices and implementation of services, I spoke up from the family point of view. I was able to help the professionals see things more realistically. The professional point of view was from their extensive instruction in a school setting. I, and the other parents on the team, gave a point of view from actual experience and day-to-day living in situations the professionals could not fully understand. When the professionals stated that the families they served did not follow what they suggested and they didn't understand why, I, and the other parents, explained things to them. When you live daily in certain situations you feel, as a parent, you know best how to handle things and why some suggestions will work and some won't. This seemed to help the professionals understand why some of their suggestions were not embraced by the families they served. Everyone began to realize through this experience that it is the family who ''drives the bus'' so to speak and that the family is the best source of information and implementation of services in the home.

Jane particularly seemed to value opportunities for joint instructional experiences with service providers that emphasized the consumer's perspective. Sharing her perspectives on the linked instructional experiences to address agency goals on the IACP, Jane made these observations:

I really enjoyed the workshop on teaming and family–professional collaboration. I got a chance to role-play during a case study scenario at the workshop. Everyone was given a scenario to read and actively take a role as a service team member, other than the position they currently held. Individual group discussion was encouraged, and then an open discussion was held. Everyone was very surprised when they realized they did not know about a given situation. Everyone realized that they could not assume outcomes and resolutions without consulting with the other team members who were serving the family. I felt that the most important aspect realized is that the service team needed to include the parents and/or family in any discussions and all decisions to be made. I was very happy about this realization. I also felt that role playing was a great way to understand the full scope of serving families and earning mutual respect for all. I feel that so much was learned and gained through these opportunities by all who participated. I wondered if this type of instruction would be implemented on an ongoing basis. It sure would be a lot easier on everyone if this type of inservice instruction would continue and be available to all across the United States. Seeing and understanding situations and families realistically would definitely be a plus in properly serving their clients to the fullest potential.

The Administrator's Perspective   Marie has spent many years working in early intervention programs. She has extensive experience in direct services provision as a teacher and has served as the agency administrator directly responsible for infant, toddler, and family services for several years. Marie has these perspectives to share on initial model implementation at her agency:

Upon our invitation to be a facility to be instructed in model site processes, and being a believer in the inherent value of quality inservice and preservice instruction, I jumped at the chance for our local program to be the recipient of instruction provided by nationally known leaders in the field of early intervention by our participation in this grant. My initial goal was very simple: to make an already

well-respected program that much better. "How hard could that be?" I thought. "Yes, there's always room for growth, so they'll just take what we've got and build on it!" Needless to say, it was not that simple.

Marie further reflected on ongoing team processes, placing much emphasis on the team facilitator and other project staff valuing local problem identification and solving while encouraging team consensus building and decision making.

Much time was initially spent by the grant staff conveying a positive attitude about what our program and its individual players were doing. Thus, the team members employed by the agency felt good about the prospect of working with project staff because they were already being treated as competent in their own right. The grant staff must have had to "bite their tongues" in order to avoid "jumping in" to address glaring areas of concern. For example, our developmental assessment clinic, which is well regarded across the state for its exemplary practices, did not include the parent as part of the poststaffing follow-up to clinic. This was observed immediately by project staff but not acknowledged until we stated that we needed to take a look at it, after examining our policy. The team-based model for change process is unique; it is not just filling out a needs assessment survey and developing instructional priorities. Using the Brass Tacks to develop our priorities for instruction was a key factor in the eventual success of each instructional activity. It was different from any other process in which we had participated. Allowing the local management team to jointly plan, develop, and implement instructional events helped team members "buy in" to the change process.

Marie also reported a lesson learned related to multiple perspectives and their importance to understanding team processes. She had this to say about her view of multiple perspectives gained as a result of model participation:

One fact became very clear . . . different people from different positions have different perceptions of the self-study process. From the administrator's side, I did not in any way feel "threatened" or concerned about potential recommendations made as a result of my participation. However, several direct service providers experienced apprehension, discomfort, and even anger during their involvement. In one particular case, differing perceptions became evident during the technical assistance portion of a visit by an outside consultant. I became very much aware of the fact that although WE had targeted this subject matter as an area of interest and concern, WE were at varying degrees of acceptance when it came to making some of the changes that were the eventual outcomes of instruction. As the administrator of the program, and although I feel very positive about the experience shared, I was left to do the "repair work" at the local level while the grant staff and outside consultants had all gone home. It was as if someone had opened Pandora's box.

Marie obviously valued the link between service providers and institutions of higher education. She shared these perspectives about the benefits of such linkages:

The higher education component of the model site project was viewed as an extremely positive resource. As the administrator of the program, I have always encouraged continuing education and professional growth for staff. In a way, the level of commitment to the change process required so much of our staff that I felt I wanted to be able to give them something in return. The agency prepaid tuition or facilitated tuition exemption stipends [for preservice courses], offered academic coursework on site, provided the site for specific course experiences, and allowed release time for on-site Child Development Associate instruction. In

addition, a pay increase upon certification completion was offered as an incentive to participants.

The Faculty Member's Perspective   Sue has 20 years of experience as a faculty member at several institutions of higher education in Louisiana. She has spent many years providing preservice education for early intervention personnel, ranging from the associate-degree level through graduate-level instruction. She also has been conducting staff development experiences for many of Louisiana's early intervention service providers.

Sue had believed that many obstacles to the implementation of effective services since the passage of the early intervention legislation in 1986 could have been averted by focusing on the personnel needs. After all, the critical relationship between the quality of early intervention services and the competence of the service providers was hardly a novel concept. Sue made the following observations:

Did we place the cart before the horse? Couldn't we have educated a sufficient number of well-prepared professionals before expecting them to offer family-centered services to infants and toddlers with disabilities and their families? Couldn't higher education instantly initiate needed coursework and new specialization programs in a variety of disciplines to large numbers of preservice students? Couldn't the essential skills needed to focus on the family unit and the ecology of the family rather than exclusively on the child be present first in all relevant curricula? Couldn't large-scale continuing education programs be mounted instantaneously to meet the new instructional needs of practitioners? Weren't we rushing headlong toward our goal of establishing a quality early intervention service system without having taken the requisite preliminary steps?

When asked to share how her team participation had changed her perspectives about personnel preparation issues, Sue had these observations:

If we had been afforded the time sufficient to design and implement preservice and inservice instructional programs in isolation from the contextual reality of the life experiences and needs of families and service providers, the resulting instruction would have been far less effective. If we had proceeded in isolation, we might never have involved all relevant people in ongoing face-to-face interactions, which set the occasion for sharing perspectives and engaging in thoughtful, collaborative exchanges. If we had not involved families on the teams who were actual recipients of services, ''professional'' parents who believed they possessed the perspectives needed to represent *all* families might have been the only voices heard by service providers and instructors.

Lesson 2: Different Stages of Trust Have Unique Influences on Team Processes and Outcomes

The collaborative team processes necessary to implement the model were dependent on individuals' openly communicating their values, beliefs, preferences, and priorities while inviting, valuing, and considering the perspectives of others. The time needed to establish a climate conducive to developing trust varied according to the dynamics operating within each group and service agency. As a result of different and often competing interests, group processes occasionally resulted in honest differences of opinion among team members. As different perspectives were validated by team members, individuals grew less apprehensive about their ability to make group contributions. The team's ability to discuss sensitive issues in creative, productive, and supportive ways improved over time. For

example, team facilitators initially and predictably were treated as outsiders and were hesitant to raise or comment on sensitive agency issues. In situations where team facilitators consistently clarified the values expressed by team members without making value judgments, they came to be viewed as insiders and were trusted with more sensitive information.

Lesson 3: Diversity, Not Uniformity, Characterizes Model Implementation Across Sites

Model components were expressed in extremely diverse ways across different sites. For example, some sites identified specific individuals who served on the team throughout model implementation. Other sites were more flexible, allowing individuals to serve on the team for specific discussions and then replacing them with other individuals as topics changed. A third approach was to supplement team impressions of existing agency practices with data obtained from surveys mailed to constituents throughout the whole region.

The relationship between completion of the Brass Tacks I and the development of IACPs also reflected variability. Some sites elected to complete the entire Brass Tacks before developing an IACP and identifying training possibilities. These teams believed that it was best to get a total view of program practices before attempting to prioritize targets for change. Other teams decided to stop at the end of each section of the Brass Tacks and develop an IACP based on priorities for that particular program component area. For example, one team decided that consumers were not prepared for or encouraged to participate fully in the initial agency assessment process designed to determine service eligibility. Several strategies were identified on the IACP, including modification of assessment forms to make them more family friendly, production of a videotape for families to view before actually scheduling the assessment activity, work with consumers to develop content for inservice staff instruction on how to use the materials, and collaboration with the institution of higher education team representative to incorporate information about the materials into appropriate certification coursework.

Lesson 4: Our Adapted Team-Based Model for Change Appears to Be a Two-Phase Process

We realized that implementing our adapted team-based model for change would be an inherently difficult undertaking. Due partly to the established nature of early intervention service practices and preferences at the local sites, it was necessary to devote much time to the preliminary activities of acquainting all team members with the roles, tools, and processes associated with the adapted team-based model. This sustained introductory period also involved establishing a climate favorable to change, allowing team members to learn more about each other and the agency in general, discussing how team members' perspectives of existing agency practices differed, determining what resources were required to support potential options for program change, identifying additional staff development needs and strategies, modeling team-based processes, and deciding if the required level of team consensus had emerged to develop an IACP. Over time, the site teams eventually decided what needed changing and how to implement the change process. This decision appeared to signal a second phase of model activities associated with developing, implementing, and monitoring a detailed set of change initiatives specified on the IACP. Generic processes and activities associated with each of these two phases are illustrated in Figure 20.5. Those teams that implemented Phase II activities were able to sustain activities associated with the team-based model after grant funding had ended.
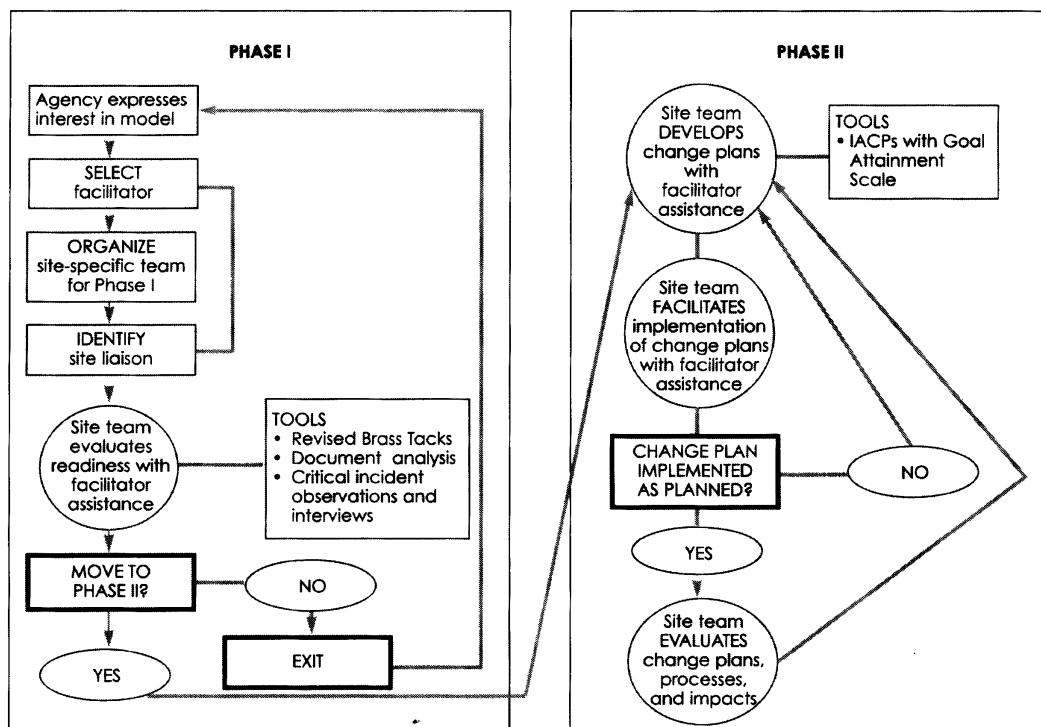
Figure 20.5. Processes and activities associated with two phases of model implementation.

However, teams that engaged only in Phase I activities still realized positive outcomes from model implementation.

Lesson 5: Linking Institutions of Higher Education with Early Intervention Service Providers Improves and Benefits Both Systems

Model processes that facilitated ongoing interactions between institutions of higher education and early intervention service agencies were extremely productive for both systems. Agency personnel benefited by gaining easier access to credit courses leading to early intervention certification. At one site, for example, a cohort of service providers was able to complete a sequence of required courses taught at their agency site by the team's higher education representative. Otherwise, these individuals would have had to drive more than 100 miles round-trip to take on-campus credit courses.

Individual faculty members were able to hear and see firsthand some of the issues facing personnel in the delivery of quality early intervention services. Such experiences benefited faculty in improving their ability to select course content and experiences that would be more easily linked to applied settings. Consider, for example, these perspectives of a team representative from an institution of higher education.

> **Higher education faculty may have remained in their ivory towers, gleaning information from theory and research and translating knowledge for practitioners without an authentic appreciation for the perspectives of families from diverse walks of life. I learned to appreciate the ongoing challenges we all face in translating recommended practices to the level where children and families receive**

services. Offering preservice course content in isolation from real-world experiences does not promote transfer beyond university classroom walls.

CONCLUSION

We have shared the perspectives of numerous individuals, positioned at many different levels, during one state's efforts to improve early intervention services through a large change initiative. This endeavor to bridge the traditional dichotomy between preservice and inservice instruction was initiated at six local sites using teams composed of those individuals most directly affected (e.g., service providers, agency administrators, service consumers, faculty from higher education). Impact data appear to support our initial belief that the adapted team-based model for change would set a context for making program improvements and establishing instructional linkages. However, these data alone do not answer a question we frequently are asked: "Were model implementation impacts worth the time and effort expended?" Our response is a qualified "yes." Because the team-based model was not compared directly with other models, we cannot offer conclusive support for the superiority of this model over others. However, as we view the many human and non-human linkages that endure throughout our state as a result of model implementation, we continue to assert that the adapted team-based model for change is one viable alternative to traditional personnel preparation approaches.

RESOURCES

Bailey, D.B., McWilliam, P.J., & Winton, P.J. (1992). Building family-centered practices in early intervention: A team-based model for change. *Infants and Young Children, 5*(1), 73–82.

   Describes five central components of this model of instruction: team-based instruction, family participation, a decision-oriented format, guided decision-making and goal-setting activities, and effective leadership, with discussion of the methods and materials that can assist with each component.

Bailey, D.B., McWilliam, P.J., Winton, P.J., & Simeonsson, R.J. (1992). *Implementing family-centered services in early intervention: A team-based model for change.* Cambridge, MA: Brookline Books. Cost: $19.95. (800) 666-2665.

   Monograph describes a team-based decision-making workshop for implementing family-centered services in early intervention. Developed to provide the structure for a 4-day workshop in which teams (e.g., of paraprofessionals, professionals, family members, administrators) progress from identification of the elements of a family-centered approach to identifying, establishing, and tracking their plans for ensuring that positive change occurs. Goals, handouts, and transparencies are provided.

Winton, P.J., McWilliam, P.J., Harrison, T., Owens, A.M., & Bailey, D.B. (1992). Lessons learned from implementing a team-based model for change. *Infants and Young Children, 5*(1), 49–57.

   Case example of one program's experience with a team-based model for building and sustaining family-centered practices.

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