

the spotlight

Infant Toddler Services of Riley County Quarterly

WHAT IS BAGLESS EARLY INTERVENTION?

Bagless Intervention is a term used to "describe early intervention services in which the provider refrains from bringing a bag of toys into the home for sessions" (Williams & Ostrosky, 2019). Early Interventionists use bagless intervention to help improve a parent's competence and confidence in supporting their child's development in the natural environment.

Bagless intervention has become the recommended practice by the Division for Early



MEET OUR TEAM

KELLEY BRUMMETT, M.S.

**DEVELOPMENTAL THERAPIST
LACTATION CONSULTANT**



How long have you worked in Education? In ITS?

I worked 3 years as an ECSE preschool teacher and I am on my 12th year with ITS.

What drew you to ITS?

I always knew that I wanted to work with children and working in ITS allows me not only to work directly with infants and toddlers but their whole family as well.

Where did you go to school?

I got my B.A. in Human Development and Family Life from KU. I got my M.S. in Early Childhood Special Education from KSU.

What do you do at work on a daily basis?

I work with children, ages 0-3, who have a developmental delay or are at risk for a developmental delay and their families. I work side by side with their family as they decided what goals they have for their children and the best way to meet those goals and needs. At age 3, I support the family as the child transitions out of our program onto any other needed service.

What do you do in your spare time?

I love spending time with family at the lake, going to my son's ball games, reading, walking and quilting.

Childhood of the Council for Exceptional Children's (DEC) for interventionists who

work with children birth to three. The DEC position statement states that children birth to three learn best when interventions occur within the context of the child and family routines (DEC, 2014). Toy bags that are brought by the interventionist are not part of the daily routine; therefore should not be the primary source of instruction for the child and parent during the intervention visit. When the interventionist uses toys and activities in the home, it contextualizes the instruction and makes it relevant to families. This helps parents participate more in early intervention and engage in similar activities with the child even when the interventionist is not present.

Bagless intervention encourages providers to focus on routines, activities, and materials that are familiar to the child when addressing IFSP outcomes. This allows the caregiver to observe and participate in an activity that happens naturally within the child's context. For example, a provider might focus on fine motor skills during a mealtime interaction. A toddler can peel a clementine or pick grapes off the vine. The provider can also observe the utensils that the family uses and determine what modifications are necessary, if any. A narrow handle on a spoon can be adapted by securing a sponge hair roller or a small stress ball around the handle.

Bagless intervention is flexible, individualized, and adaptable. The parent-child interaction continues long after the provider has left the home because the toys/supplies used during the visit are still with the children.

Williams, C. S., & Ostrosky, M. M. (2019). What About MY TOYS? Common Questions About Using a Bagless Approach in Early Intervention. *Young Exceptional Children*, 23(2), 76-86.

Division for Early Childhood of the Council for Exceptional Children. (2104). *DEC position statement: The role of special instruction in early intervention 2014.*

"The best way to promote child learning and development is to incorporate intervention into routines, activities, and materials that are familiar to the family."

Williams & Ostrosky, 2019

WHAT IS A DEVELOPMENTAL THERAPIST?

In early intervention, you have a team of specialist working with your child and family. One of those team members is a developmental therapist. This team member is uniquely qualified to consider the whole child and the impact of a child's development on the family.

A developmental therapist holds a degree in early childhood education or a related field and has also completed educational experiences or training in the following areas: typical and atypical child development, collaboration with families, intervention strategies, and assessment. The developmental therapist will view your child's overall development and enable families to help their children in areas of strengths and concerns. This might be done by

- helping to provide accommodations within different environments,
- recommending ways to use common household items to help achieve outcomes, and
- being a sounding board for a family's concerns.



A developmental therapist works closely with families and the other members of a child's team to ensure that the services provided are appropriate to a family's needs and desires.

The developmental therapist participates in the assessment process, assists in the development of the individualized family service plan (IFSP), and communicates services and strategies to all team members.

The developmental therapist also works with families to support the parent/child relationship, to help families find new ways

to support their child's development, and to help the family understand their rights

and responsibilities as the child transitions out of early intervention. In addition, the developmental therapist can support the family in learning to observe and interpret their child's behavior and help to identify resources that might be helpful to families.



The developmental therapist works with a child and family in the home or another place

that the child visits often (e.g., child care center). At each visit, the developmental therapist will review the child's progress with the family or provider, discuss any new concerns or updates, and then model play

interactions with the child. Upon completion of the visit, the developmental therapist reviews the day's activities and plans for the next session.

A developmental therapist is an important member of the EI team. By looking at a child's overall development, the developmental therapist can enable a family to support their child in all areas of development.



Enough Therapy, I Quit: Getting out of the Therapy World

2013 Interview with Kathie Snow. Kathie Snow is an author, public speaker, trainer, and consultant. Her interest in disability issues was born in 1987 with the birth of her son, Benjamin, who was diagnosed with cerebral palsy at four months.

Kathie Snow: Well, time passes. We move from Texas to Colorado. My son was still getting therapy. I mean I listened to the adults with disabilities but those other voices were bigger, more powerful because they're the professionals. They've got all those letters behind their names and all that kind of stuff. And by now my son is six and he's in the first grade in a wonderfully inclusive elementary school. This was way back in the early '90s and so we know that as far as inclusive education, we know it can be done. You've just got to do it.

And all the little kids, you know, I'm driving my kids home. I've got the carpool and my son's sitting over here next to me in his booster seat and my daughter and the other kids in the backseat. And all the little kids are talking in the car. When I get home I'm going to go play Nintendo.

Or when I get home, my mom's taking me to ballet class or whatever. And they said, "Benjamin, what are you going to do?" And he looked over at me and said, "Mommy, what day is it?" And if I said, Tuesday or Thursday, he'd say, "I've got to go to therapy. Mommy I don't want to go to therapy." I know, but you got to go. Right? I mean, mother has spoken. This is your life. You're a child with a disability. Therapy is your life.

And after about six weeks of this, he just got more upset every Tuesday and Thursday. And finally one day, just tears streaming down his face and he's just crying so hard he can't hardly talk and he just was screaming. And he says, "Mommy," he says, "I don't want to go to therapy anymore." He says, "I've been going all my life. I just want to go home after school like the other kids." He says, "Going to therapy doesn't make me feel like a regular person." Because he felt like a regular person at home, and he felt like a regular person at school. And he was playing T-ball, and he was the only kid with a disability on the T-ball team, and it didn't matter. It wasn't a big deal. He was in Cub Scouts. So he felt like a regular person everywhere but at therapy.

And that was the day that we got out of what I call Disability World. I mean Disability World is a world of special and of services and of segregation. And Benjamin did not go to therapy ever again. Some people think, "Oh, she's bashing therapists." No, we need therapists. Therapists can help us to help our kids do what they want to do. But we need to use them as consultants so that we are not sending our children... Just like we're therapy moms, we have therapy kids... I realized my son spent more of his time in therapy than doing anything else. And that at age six he already knew that. And I thought how incredibly sad. And my son, that's how he saw his entire life up until age six. And it was like... I mean that's really eye opening and powerful.

So we took what we learned from therapist and incorporated them into beneficial activities throughout Benjamin's day. And not in the form of home programs because Benjamin said to me, "Mommy, no more home programs either." Because kids don't want to see their parents as therapists. They want them to be mom and dad. And so we just, you know, instead of doing water therapy, just get in the hot tub and play, you know? Or the whole family can go swimming.

What so many therapies do is they take a child out of his or her natural environment and we put them in this artificial environment where, again, we're working on them. And I'm not... People equate that, well, you're saying don't get medical treatment. No, of course, our kid would have to get medical treatment. You've got to get a shot in the arm. It's going to make the baby cry and you have to do that.

But those kinds of events are not the same as this routine, ongoing, you know, therapy three times a week. And that we set goals for children that they're never going to be able to accomplish. I mean, we need to dream for our kids, but the dream is for them to live a wonderful life. And what adults with disabilities taught me years ago that you don't have to walk to have a good life, but you might need a power wheelchair. You don't need to talk to have a good life, but you might need a communication system or device of some kind. You don't need to do all these functional things.

SUCCESS STORY IN EARLY INTERVENTION

Sofia was diagnosed with cerebral palsy at 9 months old. Sofia's family was immediately connected with their local Early Intervention (EI) services. Sofia was extremely behind on her development, she had vision issues and didn't see well, she had trouble eating and swallowing, she couldn't sit up or roll over, she struggled with sensory issues, her muscles were very tight, she was uncomfortable and cried all the time. EI services helped the family set small reasonable goals to target motor, feeding and sensory needs at home in an environment where she was most comfortable. EI staff helped the family set up Sofia's environment and routines to encourage progress in her learning.

Sofia is now 3 and sits up on her own, she crawls, she went from using a walker to taking steps and walking with limited supports. Her feeding has improved incredibly. She is learning fine motor skills and ways to deal with sensory processing issues. She is nonverbal so she's learning sign language and using an iPad for communications.

Sofia's mom states that "being a mommy of an extra special little girl can feel isolating much of the time, but our lives have been touched by some of the most kindhearted and devoted people that walk the earth. EI gave me hope after her diagnosis and showed me there is life after diagnosis. We will forever be grateful for the services from EI. The work they do everyday changes lives and gives young children with disabilities a fair start and the opportunity they deserve to learn and reach their best potential. I cannot express enough the importance of early intervention services"

ENOUGH THERAPY CONTINUED

And so most therapies are focused on essentially trying to force a child to achieve functional skills. And I learned a long time ago to say, you know, if he could, he would. And if Benjamin could do it, he would do it. No amount of therapy is going to make him do something that his body cannot do. And even if he wants to do it, you know, cerebral palsy is a brain injury at birth. We can't make that go away, okay?

I mean, it's like, sort of like having a stroke and some kids are born with Down syndrome and some kids are born with autism. And, you know, if their bodies are wired differently or their brains are wired differently, we can't... You know, working on somebody's this, that, and the other, is not going to change that. and I think that we cannot allow our children to grow up feeling that they are less than.

And I realized years ago that we are very good - and I say we collectively - we, as parents, we as therapists, we as educators, you know, whatever kind of interventions we're doing - we're very good at being mechanics, that we can, we're very good at working on people's bodies and brains and in the process we can cause great harm to their hearts and minds. And I think that we need to focus more on their hearts and minds. That they know that we love them just the way they are. That they are perfect just the way they are. Just like I'm perfect just the way I am now. I've got gray hair now and I've this and I've got wrinkles.

And if somebody came and said, "Kathie, you know, we need to put you into therapy or we need to do these treatments on you so that you'll..." I mean I would be offended and say, "Get out of here." We don't give children the opportunity to do that.

The other big thing about therapy is that when I was in the Partners program and was meeting 35-year-olds and 50-year-olds or different ages, different disabilities, Down syndrome, cerebral palsy, whatever, and they're telling me that they received therapy all their lives. At that time, not only should I... I mean I should have listened to them right then and made some changes in my son's life, but it took me a while to get my head screwed on straight.

But I did start saying, "Wait a minute." I mean because as parents, when somebody tells us give your child therapy two days a week. And then we'd say if two days a week is good, more is better, so we want more. And nobody discourages us from that. Everybody, oh yeah, well, you want to do more? Yeah, great. You'll be a great parent. But I started realizing here.... We do that thinking well this has got to be good for our kids. And we have this

But we have this idea that if - and a lot of parents don't want to admit this, but it's like if we really are honest, we will admit it - we have this idea if you give your child enough therapy throughout their young lives, that at some point in the magical future, they won't have a disability anymore. I mean, if we didn't believe that, then why would we do this? I mean, why would we subject our children? Why would we subject ourselves, our entire families to these regimens and rigorous therapy? And sometimes it's ABA 40 hour week therapy and it changes a whole family.

And so when I was in the Partners program, and I met these 35, 45, 50-year-olds with developmental disabilities and they told me they got therapy from the time they were born or whatever until they were 25 years old or something, and you look at them and here, well, now they're 35 and they still have cerebral palsy or they still have Down syndrome. They still have artic problems or whatever. And so at some point we have to stop and question, you know, do these so-called therapies work? I mean, what is the purpose of them? image in the back of our heads, this idea. And nobody tells us this overtly.

Taken from: Snow, Kathie. "Enough Therapy, I quit! Getting out of the Disability World." Produced by Minnesota's Governor's Council on Developmental Disabilities produced in 2013. Transcript. mn.gov/mnddc/kathie-snow/kathie-snow-04.html.

WHAT THE EXPERTS SAY....

"All the intervention with the child occurs between specialists' visits. Children do not learn in massed trials. They learn over time. Although the argument has been made that practice is essential for learning, practice is what happens after acquisition of the skill, to make it fluent, to maintain it, and to generalize it. The acquisition itself does often involve "trial and error," but for immature brains these need to occur over time through the day, not bunched together in a session. Children are therefore learning throughout the day, whether we want them to or not! That's where the learning opportunities occur, so what should the relatively infrequent and short visits by professionals be concentrated on?"

Dr. Robin McWilliam, Division of Child Development, Department of Pediatrics, Vanderbilt University Medical Center



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DID YOU KNOW....

Routines provide the two key ingredients necessary for learning: relationships and repetition. -zerotothree.org