Leveraging the Joint Planning Process in Early Intervention: Building Caregiver Capacity

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Introductions

Who are you?

What are your experiences in Part C?

What are you experiences working with families?
Introduction

The joint planning process in early intervention supports partnerships with families and documents what transpires in the delivery of services.

This session shares preliminary results from a mixed-methods study conducted in partnership with an early intervention (EI) program which engaged in self-study.

The program sought to enhance documentation of practitioner efforts to provide effective, meaningful services as well as to capture changes in caregiver capacity related to promoting positive child and family outcomes.
Session Objectives

- **Discuss** research related to building caregiver capacity in early intervention (F6).

- **Identify** applications to their own work regarding promoting positive outcomes for children and families across the full spectrum of diversity (A6, F5, F6).

- **Enhance** knowledge and skills to engage families in opportunities that support and strengthen parenting knowledge, skills, competence and confidence in ways that are flexible, individualized, and tailored to each family’s preferences (F6).

- **Examine** future directions for leveraging the joint planning process to inform evaluation of services (A6).
DEC Recommended Practices

F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.

F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family’s preferences.

A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child’s family and other significant individuals in the child’s life.
Young children’s development is best facilitated within the context of supportive parent-child interactions (Mortensen & Mastergeorge, 2014).

In accordance with DEC Recommended Practices, service providers and caregivers partner to “promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities (F5).”

A central purpose of EI service delivery must be enhancing caregiver capacity by promoting responsive parent-child relationships.
Joint Planning can promote caregiver capacity to impact positive outcomes for the child and family and contribute to ongoing assessment of service delivery (A6; F5; F6).

An et al., (2018) noted that evaluation of caregiver coaching should examine both the service providers' capacity to identify and provide effective, meaningful supports as well as the capacity of the caregiver to implement agreed upon strategies.
Program Description

- One of 72 county Early Intervention programs in Wisconsin’s Birth to 3 Program
  - *County population: 102,000
  - *City population: 43,000; small towns/rural communities
  - *Median household income: $58,000; Poverty rate: 8.5%
  - **Race & Ethnicity: 90% white, 1.5% Asian, 0.7% African American, 2% more than one race & 5% Hispanic/Latino

- Team comprised of Program Coordinator, 4 ECSE/Service Coordinators, 2 SLP, 1 PT, & 1 OT

- IFSP’s per year: 175 avg.; Point in time: 90 avg.

*datausa.io
**factfinder.census.gov
Program Demographics at time of Study

- 92 children enrolled
Gender

- Female: 26%
- Male: 74%

Medicaid Eligible

- Medicaid Eligible: 55%
- Not Medicaid Eligible: 45%
How this all got started...

**May 2018** State if Wisconsin On-Site Birth to 3 Program Review: Quality of practice exercise to investigate evidence of Everyday Child Learning Opportunities

- Bulk of “evidence” was found in documentation on joint plans
- Implications for assessing family outcomes

**June 2018** Development of a County Performance Plan goal based on information gathered during the On-Site data collection & the team’s desire to document more than child skills

Goal: Joint plans will document the family’s participation in the community and parent carryover of strategies.

**August 2018** Implementation of initial action steps related to program goal & discussion regarding the potential for data collection and research implications
Guiding Question:

In what ways, if any, can documentation during the joint planning process be used to support and document ongoing practitioner reflection on family outcomes as well as changes in caregiver capacity.
Data Sources

- Joint Planning Documentation
- Electronic Survey of Providers and Caregivers
- Focus Group Interviews
- Program Meeting Documents and Recordings
Jodi records information about Marcus’ skills through reflections with Maria & observation during the visit.

Together, Maria & Jodi document their plan for new strategies/activities to increase communication.

A new joint plan emerges from all elements of the home visit.

Jodi uses Maria’s feedback about previous agreed upon strategies to document effectiveness.
Child's Name: [Redacted]
Date of Visit: 10/1/18
Time of Visit: [Redacted]
Location of Visit: HOME
People Present: [Redacted]

INTEGRATION

UPDATES: (health, appointments, insurance changes, contact info, etc.)

JT PLAN REVIEW/FEEDBACK: [Redacted]

FEEDING INTERACTION
USING DIFFERENT CUPS

JOINT PLAN REVIEW/FEEDBACK: [Redacted]

FEEDING INTERACTION USING DIFFERENT CUPS

OBSERVATION/ACTION/PRACTICE/REFLECTION: (Do you do what you say today? Can you show me how you did it?)

TOOK GOOD DANG TO BEDTIME ROUTINE

LOTS OF EYE CONTACT TODAY

NEW SIGNS TO TRY: EAT & DRINK

QUESTIONS FOR THE TEAM:

MATERIALS: [Redacted]
DATE & TIME OF NEXT VISIT: WED, OCT 10 @ 3:15

Joint Plan 1/2017
SURVEY

Sample:

- Survey was distributed electronically via email to:
  - Families (n=49)
  - Staff (n=8)

Participants:

- Total n=34 (60%)
- Parents/Caregivers = 28 (57%)
- Providers = 6 (75%)
Survey Participants - Age of Caregiver’s Child Involved with Program (n=28)

- 0-12 months old: 7%
- 12-18 months old: 18%
- 18-24 months old: 7%
- 24-36 months old: 68%
Survey Participants - Parent/Caregiver time with program (n=28)

- 39% 0-6 months
- 29% 6-12 months
- 11% 1-1/2 + years
- 21% 1 to 1-1/2 years
Survey Participants - Providers Time in 0-3 (n=6)
Survey Participants - Provider Disciplines (n=6)

Check all that apply for current role.

- SLP = 2
- OT = 0
- PT = 2
- ECSE/Service Coordinator = 3
Caregivers said...
To what extent do the conversations you have during the joint planning process during home visits help you see changes or progress in your child's development? (n=28)
To what extent do the joint planning forms help you see changes in your child? (n=28)

- 25% Always
- 54% Mostly/Most of the time
- 14% Somewhat/Sometimes
- 7% Not at all/Never
To what extent do the joint planning conversations during home visits help you see changes in your skills to help your child? (n=28)

32% Always
50% Mostly/Most of the time
7% Somewhat/Sometimes
11% Not at all/Never
To what extent do the **joint planning forms** help you see changes in **your skills** to help your child? (n=28)
Providers said...
To what extent does the joint planning paperwork document developmental changes in child? (n=6)
To what extent are the agreed upon strategies captured in joint planning forms aligned directly to IFSP goals? *(n=6)*

- 67% Mostly/Most of the time
- 17% Not at all/Never
- 17% Somewhat/Sometimes
- Always

*Graph showing distribution of responses.*
To what extent does the joint planning paperwork help you see changes in caregiver application of agreed upon strategies between sessions? (n=6)
Quotes from the Survey - Parents & Caregivers

- “It's nice to look back at the paperwork for certain days and know what was going on and what we were trying to work on at that time. To see where we started to where we ended.”

- “I think it would be beneficial to list out her current goals and where she is at with them using a visual rating scale. Then, include additional wording to describe where she is at with the goal and what we need to work on to accomplish the goal.”

- “Have more time to discuss joint planning worksheets.”

- “Could be longer and more detailed.”
Quotes from the Survey: Providers

- “I like the idea of reframing my verbage to put it in the caregivers perspective to give them more ownership of the strategies we practiced to improve on carryover and confidence.”

- “I think it would help to have a section dedicated to parent trial/parent reflection. Currently we have questions asking how did it work for the child, but little about how did it work for implementation for the parent.”

- “I do feel that it is difficult to write everything down that is discussed during visits due to time restraints. However, if more time is given for documentation, I think that could take away from family participation and learning.”
Staff Focus Group Insights - *Intentionality*

- “I think I'm definitely more intentional now, talking about who's going to do what.

- “One thing I feel like I am more conscientious about is really getting the parent input, in general.”

- I think a lot of us can attest that it's the way that you word the questions to the parents. So instead of just having a basic, "So how's this going?" Being very specific in what you're asking exactly.
Intentionality

- “I feel like the biggest thing for me is *verbiage of parents' participation*. I never really wrote that on there before at all. And so now that's the hugest thing and after I talk about a strategy and even if the parent would have participated, *I never would have wrote that. I would always just wrote the child's response or whatever it is*. Versus now, it's like, "Mother tried whatever. And then this is his response that he did. Mommy said this worked."

- “I think we're all being more *intentional* about what we're writing on there and not just even that but what we're also doing with families.”
Staff focus group –

**Structure of Paperwork; Balance; TIME**

- “We did talk a little bit .. about maybe switching some of the prompts on the sheet. Just to kind of get some of that information in there and use those to guide a little bit of what kind of specific question or prompt you would want to use. So that you're getting more of what are they doing in the community? Or what are they doing personally? Using the strategies versus what is the child's skill that they're displaying to you. Because this discussion has kind of really charged the whole, "How are we empowering the parent?" Which we all felt like we have been doing for a very long time. But it's about putting it on paper, which is not always the easiest thing.”
Challenges illuminated from focus group

- **BALANCE; TIME; Specificity of paperwork**
  - “To capture that all is almost impossible. Cause you're recording it, so sometimes you're mid-sentence and then you're another topic. So you're trying recap with them, but it's hard to capture all that sometimes. And then you still have to get into the actual session. So I feel it's always a balance.”
Providers report of families using the documentation over time: **Supportive**

“That's what families, the ones I asked about our use of the form, that's what they used it most as, is to be able to look, they'd saved all of them. And have been able to go back and kind of remind themselves, how much process they made. What they were doing three months ago, and what they're doing now, and that there was those change. Like Casey said, referring to it like, "Oh that's right, we were doing that or those words or that kind of stuff." So it's surprising. The families that I ask that they've been saving them. I wouldn't have thought that they were saving them.

I never would have thought they were ever looking at them again. But she was looking at them and has them and has referenced them. So I was kind of shocked
Preliminary Themes

- TIME
- Supportive
- Balance
- Structure of paperwork
- Intentionality
- Specificity of documentation
Next Steps - Research

- Further Analysis of Survey and Focus Group Data
  - Descriptive & Correlational Statistical Analysis
  - Initial & Axial Qualitative Coding
- Content Analysis of Joint Planning Documentation
- Share back with participants
Next Steps - Program

Since the study:

- Team check-in to revisit documentation practices
- Review of joint visit form

Going forward:

- Examine study results to improve practice
- Revision of joint plan form
How have you seen the process of joint planning documented?

How do providers and caregivers use that documentation?

Do you see connections between joint planning and assessment?

Child development?

Caregiver capacity?

Service delivery?
Feedback

Where would you like to see this go?

What other questions should we be asking?

Any additional thoughts?
Get in contact

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