

# Providing Early Intervention Services in Natural Environments - Concerns and Tips

by Paula Forney, MMSc, RPT  
Therapy Coordinator, Georgia PINES Program  
Atlanta, Georgia



Part C of the Individuals with Disabilities Education Act Amendment of 1997 says that, to the maximum extent appropriate, early intervention services must be provided in natural environments, including home and community settings where children without disabilities participate. This provision of service where the child lives, learns and plays makes good sense for children and their families. When services are focused on family training and are provided as part of a family's natural routines and activities, the family has more opportunities throughout the day to encourage their child to practice and learn new skills. The child is also more likely to achieve desired outcomes developed in partnership between the family and the rest of the early intervention team, as outlined on the Individualized Family Service Plan (IFSP).

How do we define natural environments in this context? Natural environments can be thought of as the day-to-day settings and activities that promote learning for young children in general. For example, children learn about "water" while playing in the bathtub, washing hands in the sink, getting a drink, splashing in a puddle or swimming in a pool. In addition to learning what water is, children performing these activities are simultaneously learning self-help skills such as pouring or drinking from a cup, cognitive skills involving space and mass, language skills including labeling objects and actions, as well as a wealth of fine and gross motor skills. Natural environments are places where these everyday activities take place and can include the bathroom, kitchen sink, backyard, or community pool. These environments are best defined by the family as they talk about the activities of their life.

So why is there so much controversy about providing early intervention services in natural environments? The requirement to shift to natural environments has not only meant a change in *where* services are provided but also in *how* they are provided. These changes have implications for many states, including issues related to policy and procedure, funding options, and training for providers and families. Most early intervention service providers, therapists and educators, have been trained in pre-service educational programs and have subsequent work experience in providing direct services to children. These services have traditionally been provided in a medical or classroom model where families have had little direct involvement. Providing services in the natural environment requires a paradigm shift for early intervention professionals, a refocusing from child-centered to family and community-centered services and a partnership with adult family members and other related adults. Professionals usually require additional training in this area in order to understand their new role and, unfortunately, frequently do not receive it.

A change in the way services are provided in natural environments also requires a change in the way professionals view their professional roles and responsibilities and their interaction with others who also provide services to the family. The *transdisciplinary team model* was actually introduced initially to serve the complex needs of high-risk infants. The model primarily recognized that the multiple needs of children are interrelated and that children do not

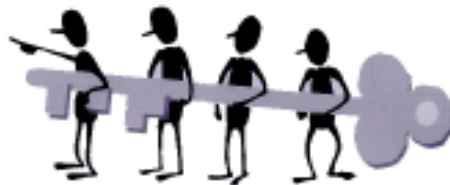
perform skills in isolation; that instead skills are directly related to function and occur in response to environmental demands.

The transdisciplinary team model is characterized by sharing information and skills across discipline-specific boundaries. In this model, team members include the family and others who may be involved with the child's daily care (e.g. individuals providing childcare), as well as teachers and therapists. These individuals all provide information and teach intervention techniques to each other, thereby promoting consistency for each child across daily activities. The transdisciplinary approach usually results in an indirect model of service delivery from the professional's point of view, in which one or two persons (usually the family members) act as the primary provider and other team members act as consultants to these individuals.

An integrated therapy approach is a vital part of the transdisciplinary team model. The three basic assumptions of an integrated therapy approach are that: 1) assessment of a child's motor, sensory, cognitive and communication abilities can best be conducted in a natural environment such as the home, 2) children should be taught basic motor, sensory, cognitive and communication skills through age-appropriate and functional activities that relate to every day life and occur at natural times in natural settings, and 3) "therapy" should occur throughout the day in situations and settings in which the child naturally functions. By receiving early intervention services in these real-life situations, families and children learn to generalize skills to various situations and therapy services support, rather than compete with, educational services and natural family routines.

Several key concepts are integral to the success of the transdisciplinary team approach. First of all, all team member's efforts, including the family's, must be focused on jointly developing and implementing meaningful and functional goals and objectives for the child that relate to real-life situations. Secondly, the roles of each discipline must become flexible and some functions related to one's own discipline must be "released" to be performed by another team member (e.g. the parent or a primary therapist who is assigned to follow and consult with the family). Lastly, an active and reciprocal learning process must occur in which team members teach each other new skills and learn new skills from other team members, as determined by family/child needs.

All that being said, how do we as service providers go about doing our job in this new arena? The following are tips for providing early intervention services in natural environments, developed from this therapist's years of on-the-job-training in families' homes. I thank the families for all that they taught me about this challenging, exciting and, yes, even fun process of service delivery.



## **Tips for Providing Services in Natural Environments**

- ✧ Natural environments can be anywhere a child lives, learns and plays. Open your mind to the learning possibilities inherent in many naturally occurring situations and activities.
- ✧ Remember that you are a guest in the family's home, the daycare, etc., and conduct yourself accordingly.
- ✧ Consider the needs of all who are the potential learners in the child's environment (e.g., mom, dad, grandma, babysitter, daycare provider, brother, sister, etc.) as well as the child's needs.

- ✧ Be flexible and consider options – get a feel for the environment, culture, lifestyle, etc., and respect each family’s individual differences.
- ✧ Services should initiate from the family/child needs, not from the professional’s evaluation data.
- ✧ Children learn best during naturally occurring situations rather than from imposed structured situations – try to train families to take advantage of natural opportunities during functional daily routines to apply therapeutic strategies. Recommendations should not interfere with natural routines but should enhance them.
- ✧ Don’t assume that skills learned by a young child in one environment will easily generalize to another environment.
- ✧ Follow the child’s lead during activities to encourage optimal learning. Your plans should be a guide, not rigid and dogmatic.
- ✧ Think of yourself more as a teacher and family coach than as a provider of direct service to the child.
- ✧ Use a lot of demonstration and hand-over-hand modeling of activities with the adult learners to ensure that they are comfortable repeating activities with the child.
- ✧ Help families get the technology supports they need to make the most of the natural environment (e.g., adaptive positioning equipment, adapted toys, communication devices, etc.) and be sure they know how to use them.
- ✧ Listen to what families/caregivers are telling you and encourage sharing of information and questioning. If you are not sure you are being understood, give examples and ask the individual to restate it to you in some format.
- ✧ Work together as a team with family members, educators, and others providing services to the family – share information and don’t be afraid to give up some territory to another as long as you have ensured they have the skills needed to perform without you.
- ✧ Learning should be fun for all involved – keep a sense of humor and revisit the child in you as you work with families.

## **References**

- Bruder, M.B. (1996). Interdisciplinary collaboration in service delivery. In R.A. McWilliam (Ed.), *Rethinking pull-out services in early intervention* (pp.27-48). Baltimore, MD: Paul H. Brookes Publishing Co.
- File, N., & Kontos, S. (1992). Indirect service delivery through consultation: Review and implications for early intervention. *Journal of Early Intervention, 16*(3), 221-234.
- Heller, K.W., Alberto A.A., Forney, P.E., & Schwartzman, M.N. (1996). Collaborative educational teams and the integration of services. In *Understanding physical, sensory, & health impairments* (pp.381-387). Pacific Grove, CA: Brooks/Cole Publishing Co.
- McGonigel, M.J., Woodruff, G, & Roszmann-Millican, M. (1994). The transdisciplinary team: A model for family-centered early intervention. In L.J. Johnson et al (Eds.), *Meeting early intervention challenges: Issues from birth to three* (pp.95-132). Baltimore, MD: Paul H. Brookes Publishing Co.
- McWilliams, R.A. (1996). How to provide integrated therapy. In R.A. McWilliam (Ed.), *Rethinking pull-out services in early intervention* (pp.49-69). Baltimore, MD: Paul H. Brookes Publishing Co.
- McWilliams, R.A. (2000). Recommended practices in interdisciplinary models. In S. Sandall, M. McLean, & B. Smith (Eds.), *DEC recommended practices in early intervention/early childhood special education*. Denver, CO: Division for Early Childhood/Council for Exceptional Children.
- Noonan, M., & McCormick, L. (1993). *Early intervention in natural environments: Methods and procedures*. Pacific Grove, CA: Brooks/Cole Publishing.
- Sheldon, M.L., & Rush, D.D. (2001). The ten myths about providing early intervention services in natural environments. *Infants and Young Children, 14*(1), 1-13.
- York, J., Rainforth, B., & Giangreco, M. (1990). Transdisciplinary teamwork and integrated therapy: Clarifying the misconceptions. *Journal of Learning Disabilities, 2*, 73-79.