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Writing Individualized Family Service Plan Strategies That Fit Into the ROUTINE

Sara is exhausted as she waves goodbye to the early intervention team members and closes her front door. The individualized family service plan (IFSP) was a bit overwhelming, but she was sure that this was mainly because this was the first one. And it would have been better if Bob could have been there, but he is traveling with work today. Surely the review will be easier because she will at least have a feel for the forms and what to expect. Regardless, this whole process feels like a whirlwind, and Sara isn't sure she can even remember the strategies suggested for each identified outcome. Everyone had some great ideas, but as

Sara sits down at the kitchen table and looks at the IFSP, the great practical ideas that were discussed don't appear to be on the paper. She is sure they made some great suggestions for helping Jakob, but the phrases on the IFSP don't really make sense, and she just can't remember all the details. Sara tries to remember what the team members discussed. She knows they will be back next week to talk about all of this, help her learn, and try out the strategies, but she thinks it sure would be nice if it were all clearer on the "big plan" so she and Bob can see how it all fits together for them.

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The individualized family service plan (IFSP) is the cornerstone document that guides supports for infants and toddlers receiving early intervention through Part C of the Individuals With Disabilities Education Act (IDEA). The outcomes included on the IFSP reflect what everyone in the child's life values as important for the child right now. The strategies developed to address the outcomes on the IFSP direct interventionists, family members, and caregivers on how to achieve these outcomes. The strategies on the IFSP must be meaningful to families and caregivers, providing them with information on how to help their child participate in and learn from the things they do every day. Unfortunately, researchers have found that many of the strategies presented on IFSP documents are inconsistent with family routines, are written using professional jargon, and sometimes do not relate to the identified outcome or a family-defined priority (Bailey, Winton, Rouse, & Turnbull, 1990; Boone, McBride, Swann, Moore, & Drew, 1998; Boone, Moore, & Coulter, 1995; Bruder, Staff, & McMurrer-Kaminer, 1997; Jung & Baird, 2003; McWilliam, Ferguson, Harbin, Porter, & Vaderviere, 1998). For example, Jung and Baird (2003) found that most IFSPs reviewed included strategies that were not consistent with recommended

practice for early intervention in natural environments (e.g., "Physical therapy will be provided to help Sarah learn to use her right arm more" and "The speech therapist will use oral motor stimulation activities with Jakob each week").

The purpose of this article is to present an organizing framework to assist infant/toddler early intervention teams in writing strategies that reflect recommended practice and can be used in the context of daily family routines. Specifically, a set of seven critical concepts that can guide teams as they write strategies for achieving identified outcomes on the IFSP are

presented. The acronym, ROUTINE, which stands for **R**outines based, **O**utcome related, **U**nderstandable, **T**ransdisciplinary, **I**mplemented by family and caregivers, **N**onjudgmental, and **E**vidence based, has been developed to aid in remembering the seven concepts (Jung, 2007; see *Table 1*). In the remainder of this article, each of the seven concepts in ROUTINE will be described, and illustrations of the concepts in action featuring Sara, Bob, and Jakob from the opening vignette will be provided. *Table 2* presents examples and nonexamples of strategies for each letter of the ROUTINE acronym.



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Routines Based

Strategies in the IFSP should be routines based. That is, they should articulate what everyone will do during daily routines to support the corresponding outcome. For example, in the opening vignette, embedding the intervention on Jakob’s communication during meal times might look like this: “At meal time, give Jakob a choice between at least two drinks and at least one other set of food choices (e.g., apple or grapes, peanut butter or ham sandwich).” By linking strategies to routines, team members know which routines are the focus for a specific outcome and can suggest how to intervene during that routine. Caregivers may suggest settings specific to child care, and families may do the same for home (Tisot & Thurman, 2002). By embedding intervention strategies in routines, caregivers and families do not have to take time away from

what they would normally do to work with the child. Instead, they may add to or modify the wonderful things they are already doing to include additional intervention, which makes implementing strategies much more manageable.

Outcome Related

Intervention strategies that IFSP team members suggest for children should be tied directly to an IFSP outcome that the team has agreed is important (Bernheimer & Keogh, 1995; Hanft & Pilkington, 2000; Scott, McWilliam, & Mayhew, 1999). Many intervention strategies could be suggested for any given child, but organizing them in a way that clearly relates to a specific outcome can help all team members evaluate whether the intervention strategy is actually affecting the child’s progress toward the outcome. For example, although pairing words and sounds with actions for Jakob may be a fantastic strategy, without tying it to an outcome, the rationale for why everyone should do this may not be clear. In Jakob’s case, this strategy could be directly tied to the outcome, “Jakob will participate in the centers at child care by using words to tell others what he sees or wants.” Making the explicit connection can be particularly important for families to see how the strategies that interventionists have suggested are specifically selected to address the outcome they decided was important.

Table 1
ROUTINE CHARACTERISTICS

Routines based
Outcome related
Understandable
Transdisciplinary
Implemented by family/ caregiver
Nonjudgmental
Evidence based

Table 2
Examples of Routines-Based Strategies

	Example	Nonexample
Routines based	During meals, Jakob will be given thick, pureed foods, which are easily picked up by a spoon. The occupational therapist will provide Sara and Bob with an adapted spoon.	Sara and Bob will use oral motor exercises with Jakob five times each day.
Outcome related	(Outcome) Jakob will use utensils to eat a complete meal by himself. (Strategy) Special instructor will watch Jakob eat and give Bob and Sara strategies to help him use utensils. Try thick foods such as mashed potatoes, which are easily picked up by utensils.	(Outcome) Jakob will use utensils to eat a complete meal by himself. (Strategy) Occupational therapist will do daily brushing of his palms for sensory integration.
Understandable	Jakob will be given small objects during daily routines. Try, for example, small finger foods at meal times, toys such as his favorite cars and bouncy balls during floor play, and crayons and small blocks (Legos) when he is at his table in the living room.	Bob and Sara will facilitate Jakob's use of more advanced grasps such as pincer and radial digital grasps by providing additional opportunities to manipulate small objects.
Transdisciplinary	To help Jakob participate in and learn from meal time, the special instructor (with consultation as needed from the physical therapist, occupational therapist, and speech-language pathologist) will share positioning strategies to help Jakob sit up independently, feeding techniques to help him feed himself, and the "Wait, Ask, Say, Show, Do" strategy to help him learn to ask for the food/drink items he wants.	The physical therapist will show Bob and Sara strategies to help Jakob learn to sit independently, the occupational therapist will demonstrate feeding techniques they can use at meal time, and the speech-language pathologist will use "Wait, Ask, Say, Show, Do" to teach Jakob to use words.
Implemented by caregiver	The special instructor will give Bob and Sara strategies to encourage Jakob to sit up and crawl throughout the day.	The special instructor will work with Jakob on sitting during weekly visits.
Nonjudgmental	The special instructor will give Bob and Sara strategies they can use at bath time and when playing with Jakob to help him learn to sit by himself.	Bob and Sara will spend more time playing on the floor with Jakob.
Evidence based	The physical therapist will demonstrate positioning and stretching activities Jakob's parents can use throughout the day to improve strength and movement in Jakob's neck.	Craniosacral therapy will be used to improve strength and movement in Jakob's neck.

Understandable

Because a number of adults in the child's life may be implementing the intervention strategies selected for addressing an outcome, everyone on the team needs to understand how this strategy looks (McWilliam et al., 1998). Interventionists often are very comfortable with words that may be jargon to others who are not working in the field. Words such as *mastery motivation*, *vestibular stimulation*, and *pincer grasp* and symbols such as "c" with a line over it may become a part of an interventionist's language but may have different or no meaning to other team members. It is easy to forget that these are not words and symbols used by the general public or individuals not within the specific discipline. Use of these words in evaluation and assessment reports, IFSPs, and intervention plans can be confusing and even intimidating to caregivers, family members, and even to interventionists from outside the specific discipline. Some interventionists find it helpful to invite a colleague from another discipline to read a report to help identify any jargon being used. Even though family members will likely become familiar with and begin using this language over time, the IFSP team should still be sensitive to other caregivers (e.g., extended family members, child care providers) and new team members who may be unfamiliar with the terms.

Transdisciplinary

IFSP outcomes often have been driven by individual discipline assessments (McWilliam et al., 1998) rather than by family priorities and concerns (Jung & Baird, 2003). In other words, there may have been a speech goal and a set of special instruction goals, each with corresponding discipline-specific intervention strategies. Discipline-specific outcomes may indicate that the IFSP was driven by professional assessments rather than guided by family routines, priorities, and concerns. Professionals in the field have long agreed that outcomes are more meaningful when they relate to routines and integrate all disciplines as needed (Cripe & Venn, 1997; Prizant & Bailey, 1992). Returning to the opening vignette, we can see how an integrated approach across disciplines would play out. To address Jakob's outcome of indicating his preferences, he may need a certain type of positional support that could be suggested by the physical therapist. The speech-language pathologist or special instructor may suggest the "Wait, Ask, Say, Show, Do" strategy (McGee, Morrier, & Daly, 1999). In addition, the vision specialist may suggest a particular color background for the photos to enhance the contrast and separate the figure from the background, thus making them easier to see. Each person would contribute to the intervention strategies, which are integrated for a single purpose and implemented by the individuals

naturally involved in the daily routines in which each set of strategies is needed.

Implemented by Family and Caregivers

Instructional strategies can be maximized when implemented throughout the day and when the target skills are needed (McWilliam, 2000). Interventionists are in contact with children for a relatively small portion of each week. By specifying how others can use selected strategies, much more intervention can occur. Consider a child who is in child care 32 hours per week and receives special instruction and therapy services for a total of 3 hours per week. If the early interventionist provides direct instruction only for the child, that child has 3 hours of opportunity for intervention each week. If instead, that provider wisely uses the 3 hours to plan and demonstrate strategies to the caregiver and family, the child now has significantly more opportunity for intervention each week (Jung, 2003). Certainly, no caregiver should be consumed with thinking about instructional strategies for a single child during every moment, but by including the caregiver as the implementer in this example, the number of opportunities is more than tripled.

Nonjudgmental

When writing strategies that families will be implementing at home, early



interventionists can support families best by writing these in a way that does not imply judgment (Pearl, 1993). IFSPs and intervention plans should articulate how a particular strategy can be used but should not look like a contract between the early interventionists and the family and other caregivers. For example, the phrases “family will follow through” or “the child care provider will implement recommendations” definitely demonstrate that the family and caregivers are the implementers but do not provide information on how to use a strategy and instead imply that the other party needs to be told to follow through.

One approach for supporting the adults in the child’s life is to

have conversations about the ways they are currently supporting and interacting with the child. Before selecting new empirically based intervention strategies, the early interventionists can highlight the strategies the family members and other caregivers are already using that are likely to lead to positive outcomes. These strategies can then be listed along with others suggested by team members. For example, Jakob’s speech and language pathologist, Dena, may notice that his child care provider gives Jakob a couple of choices each day at lunch. Dena could point out the potential benefits of this choice-making approach for reaching a communication outcome the team has identified. Dena could then extend

this by suggesting other times to use the choice-making strategy. The full team could also brainstorm ways to extend the choice strategy by requiring a more sophisticated communication response from Jakob. By following an approach that assumes that good things are already happening and then building on these strengths, the team can develop strategies that are judgment free.

Evidence Based

The final critical component in the ROUTINE approach reminds team members that selected intervention strategies should be based on evidence that progress toward the desired outcome can be expected. Early interventionists should be abreast of empirically based strategies described in the literature and present that information to the team as decisions regarding which strategies are the most appropriate for a given outcome and context are made. Similarly, early interventionists need to be aware of the strategies and approaches about which families may hear but are not supported by empirical evidence. Finally, early interventionists need to be knowledgeable about how to seek out, analyze, and make judgments about the empirical base for an

intervention strategy. The professional members of the IFSP team can then present the evidence, or lack thereof, to families who have questions when deciding among the various strategies for supporting child outcomes.

Although early interventionists certainly use evidence-based strategies, they may find that they tend to select the same strategies over and over, thus using a limited range of the many strategies available to the field. Multiple, excellent resources (e.g., Bailey & Wolery, 1992; Sandall, Hemmeter, Smith, & McLean, 2005) can help to support early interventionists' use of some of the strategies they may not have been using in recent experiences.

Conclusion

The outcomes and intervention strategies described to support achievement of a child and family's IFSP outcomes lay an important foundation for early intervention supports in natural environments. By considering the ROUTINE acronym, Jakob's early interventionists and other team members can facilitate discussion not only of what milestones are ahead but also of exactly how to support Sara and Bob within the

context of everyday life. By using the aforementioned acronym to develop intervention strategies, Jakob's team members developed an IFSP document that not only fit the federal and state requirements but also fit Jakob's family's ROUTINE.

Note

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