

The Ten Myths about Providing Early Intervention Services in Natural Environments

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ABSTRACT

The Individuals with Disabilities Education Act (IDEA) has always contained the provision that early intervention services for eligible infants, toddlers, and their families be provided in natural environments. The reemphasis on natural environments in the 1997 reauthorization of the IDEA, however, has caused states and early intervention programs to increase efforts to ensure that Part C services provide and support learning experiences within the context of the child's family and community. This emphasis on natural environments and, in some cases, the move away from segregated, clinic-based service delivery models have been challenging. This article presents 10 common myths about service delivery in natural environments and the literature available to refute them. Key words: *coaching, early intervention, natural environments*

MYTH #1

A LACK OF CURRENT LITERATURE EXISTS TO SUPPORT EARLY INTERVENTION

SERVICE DELIVERY IN NATURAL ENVIRONMENTS

Ample current literature to support early intervention service delivery in natural environments does exist. Appropriate literature exists within several related areas that can be applied to service provision in natural settings. These related areas

include, but are not limited to, naturalistic intervention, generalization, inclusion, home-based services, and consultation with care providers.

MYTH #2

REQUIRING THAT EARLY INTERVENTION SERVICES BE PROVIDED IN NATURAL ENVIRONMENTS RESTRICTS PARENT CHOICE AND IS NOT FAMILY CENTERED

When addressing the perceived loss of family-centered services and parent choice when providing services in natural environments the following issues are most often raised: the true meaning of family-centered services, opportunities for parent-to-parent interaction, and the need for respite and socialization.

MYTH #3

FAMILIES DO NOT RECEIVE STATE-OF-THE-ART SERVICES IN NATURAL ENVIRONMENTS

In the past, state-of-the-art services have been defined by clinical settings with the latest therapy equipment, private treatment rooms to inhibit distractibility, and therapists certified in popular therapeutic approaches. This definition has been replaced by naturalistic interventions that promote learning opportunities across environments with typical care providers and ordinary objects

MYTH #4

CHILD CARE PROVIDERS IN COMMUNITY-BASED SETTINGS DO NOT HAVE THE EXPERTISE TO IMPLEMENT THE INTERVENTION PLAN

Useful information, ongoing technical assistance, and timely support increase the competency and mastery of the care provider.

If the focus of intervention is on increasing learning opportunities in existing or desired settings, instead of embedding therapy into everyday routines, this should be viewed as effective parenting, not as therapy

Of the few studies examining inclusive child care, the outcomes have shown that the quality of care for all children improves when a child care setting includes a child with a disability and receives adequate supports.

MYTH #5

SEGREGATED PROGRAMS ARE NATURAL ENVIRONMENTS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

Parents report many benefits for their children and themselves as a result of the child being included in typical settings¹¹² such as increased expectations of their child, increased opportunities for meaningful socialization, and access to information about child development and parenting.

MYTH #6

PROVIDING SERVICES IN NATURAL ENVIRONMENTS DOES NOT ALLOW FOR INTERACTION WITH OTHER PROVIDERS OR CO-TREATMENT SESSIONS

Opportunities for collaborative assessment, intervention, and problem solving must occur, whatever the setting.

MYTH #7

THERAPIST SHORTAGES WILL BECOME MORE SEVERE IF SERVICES ARE PROVIDED IN NATURAL ENVIRONMENTS

If therapists are expecting to transplant existing service delivery models in clinic based settings to natural settings, more therapists will be required. In a model that supports family centered care, the decision of frequency and intensity shifts from the service provider to the multiple providers who care for the child, across the environments in which the child functions, and the supports needed by the care providers to achieve the desired outcomes

MYTH #8

IT IS AGAINST PROFESSIONAL ETHICS TO PROVIDE SERVICES IN NATURAL ENVIRONMENTS

Use of professional ethics as a reason for continuing to provide clinic-based services may reflect provider preferences related to a particular service delivery model and location, rather than a real barrier. Another concern voiced by providers is that of maintaining the confidentiality of the child and family when providing services within the community. Providers must follow established protocol for ensuring that confidentiality is maintained regardless of the location of service.

MYTH #9

PERSONAL SAFETY OF PROVIDERS IS AT RISK IN NATURAL ENVIRONMENTS

When services are provided within natural environments, the provider must make an objective evaluation of the safety of that environment giving every consideration to the diversity and values of the family.

MYTH #10

SERVICES IN NATURAL ENVIRONMENTS COST MORE

When using a transdisciplinary service delivery model in natural environments, more total children can be served because fewer providers are required to routinely serve each child. Children can be seen less often in natural environments as intervention by care providers becomes a part of daily life.⁶⁶ Providing coaching and support across settings and care providers enables the people in the child's life to gain skills, knowledge, and confidence in supporting the child in learning and growing.

CONCLUSION

Providers must strive to retool their intervention paradigms to support children with disabilities n being with people who they want and need to be with and doing what they want and need to do. The lessons we have learned from the literature and interactions with children and their care providers have given us a clear mandate to accept the challenge of remaining current and continually assessing and changing our practices. Current practice guides us to coach care providers in supporting the child's learning in everyday moments.