



We're Zoomin! Virtual Home Visiting in Birth to 3 Services

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Learning Objectives

- Participants will identify 3 positive aspects of using tele-intervention as a method of supporting children with visual impairments and their families.
- Participants will identify 3 promising practices for providing tele-intervention in early intervention.
- Participants will identify 3 barriers of teleintervention and discuss solutions.



What do we mean by “virtual”?

- Definition

Providing early intervention Part C services and supports via video conferencing tools rather than in person (physically in the family’s home)

- Lots of other terms

- Distance consultation
- Teletherapy
- Telemedicine
- Teleintervention
- Telepractice
- Virtual home visiting



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Today's Focus

- Review Routines Based Early Intervention
- Definitions of Virtual Home Visits (VHV)
- Benefits and Challenges of VHV
- Technology Considerations
- Research



The 5 Pillars of Early Intervention

1. Family Centered Practices
2. Natural Environments
3. Children's Learning
4. Adult Learning
5. Quality Teaming



MISSION OF PART C EARLY INTERVENTION SERVICES

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008). *Agreed upon mission and key principles for providing early intervention services in natural environments*. Retrieved from http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf

3 Types of Early Intervention Supports

1. Informational

- Visual diagnosis and functional vision
- Learning modalities
- Impacts of blindness/low vision on learning

1. Emotional

- Grief and acceptance
- Attachment and bonding

1. Material and Instructional

- Blindness related materials, like braille or white cane
- Coaching families/teams within routine activities
- Access to community resources



The “Toy Bag” Syndrome

Natural environment is not just a place...

Gives the message to families:

- Their home materials and toys are inadequate; therefore, **THEY** are inadequate
- Playtime are the only routines in which children learn

ACCESS: If specific materials are needed, then help family access them for use when you are not there.



Routines Based Early Intervention According to Robin McWilliam

- 2 meanings of “routines”
 1. Routines are the sequence of predictive events
 2. Routines are also THE event itself
- Is family-centered, following a collaboration focus not an “expert” focus
- Encompasses all 3 types of support
 - Informational, emotional, instructional/material
- Has specific practices that are similar to coaching models
 - i.e., assessment procedures
- Matches the demands of tele-practice

R.A. McWILLIAM

Routines-Based Early Intervention

Supporting Young Children
and Their Families



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Principles of the Routines Based Model

1. All the intervention occurs between visits
2. Family sets the agenda
3. Parents are competent adults
4. Family consultation is how we work
5. The 2-bucket principle
6. We provide support-based visits



Tele-Intervention Application

1. “Visits” build the family’s capacity to meet child and family needs
2. The Next Steps Form is virtually completed and reviewed during visits (Matrix Approach)
3. We collaborate to determine interventions parents will carry out
4. We ask many questions to help families arrive at solutions they want to implement
5. The visit includes discussion of family outcome/goals and other family needs
6. We provide emotional, materials, and informational support



Virtual Home Visiting: Benefits

- Reduce travel
- Continuation of services during disruptions (illness, weather, etc.)
- Increase frequency of services
- Flexibility for families and providers
- Parent engagement
- IFSP meetings and teaming



Virtual Home Visiting: Challenges

- Equity
- Provider knowledge and skills with “hands off” approach to services provision
- Assessments
- Parent engagement
- Scheduling
- Technology access for families and providers



A Hybrid Model

Benefits

- Flexibility
- Range of service options to meet all needs
- Less intrusive
- Creative

Challenges

- Scheduling logistics
- Consistency
- Equity



Technology Considerations

- Technology competencies
 - Familiarity and comfort with using tech, both families and providers
- Internet access
 - Wi-fi access, hotspot, data
- Hardware and Software
 - Computer, tablet, smartphone
 - Webcam, speaker, microphone, headset
 - Email, text messages
 - Video conferencing tools (Zoom, WhatsApp, Facetime, Skype, TheraNest, etc...)
- HIPAA and FERPA compliance
 - Ensure that your visit is safe and privacy is assured
 - Every agency / school district / state / system will have different requirements and assurances... ***know yours...***



Jam Board Activity

Please share you own benefits and challenges with virtual home visiting...

Research History in Virtual Home Visiting

Case Study Research in 2012

- Interviewed providers about family-centered practices
- Investigated the need for O&M services
- Explored the frequency of service provision

In 2014

- Teleintervention literature review
- Feasibility survey

Qualitative Research in 2015

- Perceptions about O&M for young children with BVI (birth - 3)
- Perceptions about the teleintervention service delivery model
- Reflections from Nana's and Cathy's journal

In 2019

- Dissertation



Current Research: Virtual Thoughts

Survey:

- 98 respondents
- 87% had used teleconferencing tools before the pandemic
- 71.4% were working full time remotely during the pandemic

Focus Groups:

Five groups of 5-7 individuals from states and private organizations

- Variations in teleconference infrastructure
- Equity for families
- Increased parent interactions
- Increased provider collaboration



Feedback

“A positive for me is that I think I have seen the families take on a more active role, empowering the families to help them realize that they can do these activities also, they can help benefit their child, even when the session is not taking place.”

“We need some more training about how to make it the most effective. How do you make this fun?”

“I think on a state level or even a federal level there needs to be some funding to help this because this is a privileged situation, is the way that I see it, and not all families and not all providers have the means to be able to provide it.”

“We are there to use more of the adult learning methods to teach the parents about their child and how to support their child so honestly, I think there are a ton of perks to doing things in a hybrid way, virtually, and in-person.”



Thank you!!!