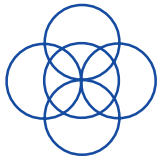


Birth to 6 EVENTS



A BULLETIN FOR THOSE WHO WANT TO LEARN MORE ABOUT SERVING YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

Issue 52—January 2006

Coaching Families in Early Childhood

“All the intervention for the child occurs between visits.”

—Robin McWilliams, Ph.D., October 26, 2005

Over 150 early childhood professionals met in Wisconsin Dells on October 26 for a conference on individualizing preschool inclusion led by Robin McWilliams, Ph.D. Although Dr. McWilliams discussed several topics during the day long conference, the importance of professionals as coaches to families and other professionals assisting children receiving early intervention and early childhood services was a recurring theme. Dr. McWilliams noted both the relationship of the family with the primary service provider as well as caregiver confidence and competence as strongly influencing child outcomes following early intervention. He emphasized the importance of primary service providers teaching family members the skills needed to facilitate their child’s development. Therapists’ and educators’ visits to a child’s home or classroom are actually interventions for the adults who are consistently with that child, he noted. All the interventions for the child take place between visits and are carried out by family members, teachers or other caregivers. To underscore the importance of this topic, conference participants received a copy of the book *Coaching Families and Colleagues in Early Childhood*, by Hanft, Rush and Shelden (2004).

In light of Dr. McWilliams’ emphasis on the central role of professionals as coaches in early intervention, this issue of Birth to 6 EVENTS will focus on various perspectives of this initiative, including that of a woman who has been on both the giving and receiving end of early intervention coaching services. In addition, this issue of EVENTS contains information on the State’s new accountability initiative, Birth to 3



program eligibility guidelines, and an inspiring story of one county’s Birth to 3 team’s trip to Azerbaijan.

Previous issues have highlighted the Wisconsin Early Childhood Comprehensive System, with its emphasis on the Medical Home initiative. We will continue to bring

you stories on the Medical Home concept; in this issue the National Medical Home Autism Initiative (NMHAI) is featured.

We are also introducing a new section called *Research Highlights*. It summarizes an article, published in an early childhood research journal, relevant to your daily work with children. The section will contain a mix of both review and primary research publications, and will focus on relatively common conditions, such as autism and other disorders affecting social and emotional development, hearing impairment, visual impairment, and mental retardation. These articles will also appear on the Interactive Learning section of the Birth to 3 Training and Technical Assistance website. <http://www.waisman.wisc.edu/birthto3/>

Please enjoy this issue of Birth to 6 EVENTS. We hope it supports you with your work in this crucial field.

Arianna Keil, editor

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COACHING FAMILIES

The Many Facets of Coaching in Early Intervention

Stephanie Schneider has known many aspects of coaching within the early intervention community. Trained as a special educator herself, she and her husband have adopted five children with special needs over the past 23 years. Her children include 25-year old Jonathan, 23-year old Benjamin, 19-year old Mac, and 12-year old twins Meghan and Calahan. During this time, Stephanie has known the role of parent, Birth to 3 teacher, infant stimulation teacher, and her current role of service coordinator for the Waukesha County Birth to 3 Program. In these roles she has had many opportunities to coach other parents and professionals, as well as be coached herself. She believes the primary goal of coaching is empowerment.

Stephanie began her career as a Birth to 3 educator for Milwaukee Easter Seals and Penfield Children's Center. In the 1980s, she and her husband began adopting children with special needs, including mild cerebral palsy, attachment disorder, and attention deficit-hyperactivity disorder. All of her children have received early intervention services from a number of different programs in southeastern Wisconsin. In her role as a parent of children with special needs, she has been coached not only by other parents, but parent liaisons, service coordinators, adoption agency social workers, therapists, psychiatrists, and many others. "Any person working on your child's team can be your coach," she noted.

"Everyone on the team is trying to do

what is best for the child. I have learned a lot from professionals, but also from other parents, too. Parents are good at networking and sharing practical information, such as who is a good physician or teacher."

Ever since Stephanie became involved in early intervention, she has benefitted from opportunities for families to get together to coach and support one another. She noted that some parents she met in the late 1980's continue to be connected. They strive to be active within the community by publishing a newsletter and mentoring other parents.

Stephanie currently works with Lutheran Social Services as a service coordinator for Waukesha County's Birth to 3 Program. In addition, she serves as a CESA #1 parent liaison for parents of children with special needs aged 3-21 years. She values the opportunity to coach other parents in her work. "I like to empower parents," she notes, "and to give them tools to work with their child and with the system." She considers it especially important that parents realize "it is OK to ask for things and to advocate for their child." As much as she coaches others in her current position, she still believes other parents, parent liaisons, and service coordinators regularly coach her.

Wisconsin Facets Southern Regional Conference

April 1, 2006 in Beloit (or TBA)

Contact: Dawn Wians
608-827-5234

<http://www.wifacets.org/>

In her work with the early intervention community for over two decades, Stephanie has witnessed numerous changes in coaching strategies. "In the previous programs, there was more parent-to-parent coaching," she said. "Current home-based services offer face-to-face time between parents and professionals, so there is more coaching of parents by therapists and teachers." As compared with Birth to 3 programs, she has found school-based programs often require parents be more active in seeking out opportunities to be coached. She believes, however, that schools are working toward becoming increasingly accessible to parents. She feels the Preschool Options programs beginning in Waukesha County in 2007 will help to facilitate greater inclusion of children with special needs into regular preschool classrooms, as well as provide more chances for parents to learn from and teach others.



COACHING FAMILIES

Coaching and Consultation: Tools for Professional Development

Linda Tuchman

Coaching and consultation practices have a pivotal role in defining new ways for practicing professionals to effect inclusive experiences for young children with disabilities and their families. The coach and learner relationship is at the heart of the process whether it is applied to support family members, early care and education providers, or other professionals in helping young children with disabilities succeed and learn in home and other inclusive community settings.

The coaching process is an adult learning strategy, that when systemically applied, is effective in promoting the application of new, evidence-based knowledge to practicing professionals and transforming service teams into learning teams within organizations. Coaching is a participatory, help-giving strategy in which the coach promotes a learner's ability "to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations (Rush & Selden, 2005, p.1)." It is a reciprocal process in which the coach is available to support the learner when, where and how the support is needed.

The key elements of coaching found across the literature are systematic collaborative processes that 1) are implemented in a planned or spontaneous manner, 2) integrate reflections and personal discoveries based on observations and interactions, 3) promote effective, active listening and other trust building communication skills, 4) center around mutually agreed upon goals and outcomes, 5) focus upon active problem solving and targeted actions, and 6) integrate ongoing feedback and evaluation throughout the process. The significance of using coaching strategies with practicing professionals is that the process mirrors the ways early childhood educators and therapists

will work with families and other early care and education professionals to provide integrated services in natural or least restrictive environments.

Collaborative consultation is a comprehensive approach to supporting young children in inclusive settings, placing greater emphasis on full partnerships, mutual decision-making and principles of self-determination than some models of coaching. It is a critical component of successful integrated therapy. McWilliams (2006) reported that applying a collaborative consultation model for integrating therapy into classroom routines results in four times as much communication between the child's teacher and therapist than when pull-out is used. Over time, families prefer their child to receive in-class therapy. Drawing on several behavioral and health models of consultation, Buysse and Wesley (2005) have established a collaborative consultation approach to train early childhood professionals that includes eight stages: gaining entry, building the relationship, gathering information through assessment, setting goals, selecting strategies, implementing the plan, evaluating the plan, and holding a summary conference. These strategies are consistent with effective teaching and learning cycles while also promoting greater partnerships and investments in the outcomes for children and families. Furthermore, the stages are compatible with the IFSP and IEP planning processes.

At last fall's Wisconsin Early Childhood Care and Education pre-conference day, a room full of early childhood special education teachers benefitted from Dr. Patricia Wesley's consultation. The group of migrant recipients working on improving preschool options in their communities spent the day walking through the collaborative consultation process. To help teams follow through with the workshop ideas at home, each person received a copy of her book *Consultation in Early Childhood Settings* (2005).

References

- Buysse, V. & Wesley, P. (2005). *Consultation in early childhood settings*. Baltimore, MD; Paul H. Brookes Publishing Co.
- Hanft, B.E., Rush, D.D., & Shelden, M. (2004). *Coaching families and colleagues in early childhood*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Horn, E. & Sandall, S. (2000). The visiting teacher: A model of inclusive ECSE service delivery. *Young Exceptional Children Monograph Series No. 2: Natural Environments and Inclusion* (pp. 49-58).
- Gallacher, K. (January 1995). *Coaching partnerships: Refining early intervention practices*. Missoula, MT: Project Class, University of Montana.
- Kruger, L., & Lifter, K. (2004). From service teams to learning teams: A reconceptualization of teamwork. *Young Exceptional Children Monograph Series No. 6: Interdisciplinary Teams* (pp.83-96).
- Rush, D.D. & Shelden, M. (2005). Coaching: Just a fad or an evidence-based practice in early intervention. (Presentation at Division for Early Childhood Annual Conference 2004).
- Trivette, C. M. (2005). Effectiveness of guided design learning strategy on the acquisition of adult problem-solving skills, *Bridges*, 3(1).
- McWilliams, R. & Scott, S. (2003). Integrating therapy into the classroom. *National Individualizing Preschool Inclusion Project (newsletter)*.
- McWilliams, R. (2006). *The National Individualizing Preschool Inclusion Project* Retrieved January 11, 2006 from www.individualizinginclusion.us/

Thoughts on Coaching and Consultation from Students in UW-Madison's Human Development and Family Studies 501: A Team-Based Approach to Working with Families Who Have Young Children with Disabilities

- "During the class discussion about coaching and consultation, I was impressed and excited about the reciprocation or empowerment through the communication of resources among families and professionals. When I think about 'coaching' families I think about the analogy [of] instead of giving one person a fish, you teach the person to fish. By coaching you are providing families with resources and guidance, rather than straight information or 'tools,' rather than different objects. Tools you learn to use, objects are simply objects without a learned component. Providing this useful empowerment to families, in turn, encourages professionals and teaches them new skills with every experience. Everyone is learning...everyone is empowered."
-Katie Lease
- "I realized how important and effective a team effort can be when utilized during therapy. This was a huge relief to me because as a new grad[uate] I am going to have a lot to learn so hopefully as a team, parents and I can teach each other in order to best benefit the child."
-Arianne Hanlon

MEDICAL HOME

National Medical Home Autism Initiative



Joey is two years old, the youngest in a family of three boys. As an infant, Joey's development seemed similar to that of his brothers, but his mother began to have concerns around his

first birthday. As compared with his brothers, Joey appeared less interested in the world around him, and less willing to engage in social interactions. Joey's mother raised her concerns with his pediatrician. Unfortunately, the doctor was reluctant to evaluate Joey further fearing she had not been sufficiently trained herself. In addition, the doctor knew of few resources available to families of children with developmental disorders.

The National Home Medical Autism Initiative (NHMAI) was created with families just like Joey's in mind. A Waisman Center Project, NHMAI is a 4-year project funded as a cooperative agreement between the federal Maternal and Child Health Bureau (MCHB), Health Resource and Service Administration, and US Department of Health and Social Services. By working with primary care medical practices, NHMAI aims to promote identification, appropriate service, and community integration of children with autism and autism spectrum disorders (ASD).

NHMAI Project Coordinator Christine Breunig, MS, identifies several project goals. "For parents," she states, "we want them to be able to recognize normal child development, and feel comfortable asking their physicians for more

information or evaluation if they have concerns about their child." Such partnerships between parents and physicians are a central component of the Medical Home concept. A medical home speaks not to a facility, but rather parents and physicians working together to obtain appropriate, high-quality services in a cost-effective manner.

A second, related goal of NHMAI is to develop partnerships with primary care practices throughout the country to promote developmental surveillance of all children, as well as adoption of medical home principles within such practices. "We want to help practices in their efforts to coordinate supports and services," notes Breunig. "We do this through offering technical assistance, training, and resources." NHMAI has identified four key functions to be incorporated as standard of care in practices serving patients with developmental disabilities. These include culturally competent and family-centered care, developmental surveillance and autism diagnoses, care coordination, and ongoing care and treatment (including specialty care).

Currently, NHMAI works with five primary care pediatric practices in Chippewa Falls, Fond du Lac, Rhinelander and Chicago. Additional relationships are being developed with practices in, Milwaukee, and Beaufort, South Carolina. All sites are entirely volunteer; they receive no financial compensation for their participation. Sites include both private practices as well as practices within large health maintenance systems. These practices are offered information and training on screening and identification of children with developmental disorders, referral resources, and family support

networks. All of the current Wisconsin practice sites are well connected to their regional Children with Special Health Care Needs Networks. During their involvement with NHMAI, practices evaluate screening tools and resources, and offer strategies for optimizing time expenditure and financial reimbursement. "Care coordination can be expensive," commented Breunig, "so many organizations want to see cost efficiencies generated by such models."

In addition, NHMAI is facilitating a federal level expert work group generating autism and ASD guidelines for service providers. These guidelines, expected to be finalized in late spring of 2006, aim to provide a set of core principles necessary for an integrated service system for people with autism and ASD. Guidance is provided on identification, diagnosis, management of ongoing services, care coordination and service integration, and youth transition to adult services. Along with Ms. Breunig, NHMAI staff includes Principal Investigator William Schwab, MD, Co-Investigators Daniel Bier, MPA, MSW and Linda Tuchman, PhD, Pediatric Consultant Mark Rosenberg, MD, and MCHB Project Officer Monique Fountain, MD. More information can be found at the NHMAI website

www.waisman.wisc.edu/nmhai/

Autism Society of Wisconsin Annual Statewide Conference, "Pride and Possibilities"

April 27-29, 2006 at Four Points Sheraton Milwaukee Airport Hotel, Milwaukee

Contact: Jane Pribek, toll free 888-428-8476; 920-553-0278, asw@asw4autism.org

RESEARCH HIGHLIGHTS

Introducing DC:0-3R

(Robert Emde, Helen Egger, Emily Fenichel, Antoine Guedeney, Brian Wise, and Harry Wright (2005), *Zero to Three*, 26 (1), 35-41.)

In an effort to facilitate communication between infant and toddler mental health professionals and thereby improve diagnostic accuracy and appropriate treatment of children with mental health concerns, the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood (DC: 0-3) was released in 1994. The original DC:0-3 was the result of seven years work by an expert workgroup through the National Center for Infants, Toddlers and Families, ZERO TO THREE. It was a unique classification system for this age group that accounted for the effects of rapid social-emotional development, the quality of primary relationships, individual differences among children, and the impact of the larger care giving environment.

Since its release 12 years ago, the field of infant and toddler mental health has seen substantial evolution. In this article, a revised classification system, DC:0-3R, is introduced. Like DC:0-3, the revised version

also features multiple diagnostic axis in which the clinical disorder is placed within the context of broader relationship, medical, and psychosocial issues. As compared with the original version, DC:0-3R is more operational in its definitions, contains new and revised scales, checklists and guidelines, and identifies areas of uncertainty warranting further research (such as the use of the diagnostic category Multisystem Developmental Disorder in children less than 2 years of age).

Authors describe three levels of training on the DC:0-3R for mental health professionals to facilitate its proper use. The article concludes with a discussion of potential issues to be addressed in future revisions, including assessing functional adaptation independent of diagnosis, distinguishing normal, transient, developmentally appropriate disruptive behavior in children under 3 years from early-emerging symptoms of disruptive behavior disorders, and the need for a Family Axis to underscore the importance of family dynamics in clinical assessment and treatment planning.

This newly revised tool will help Birth to 3 and Early Childhood Special Education teams in identifying and serving young children with social-emotional development difficulties.

The full text article may be viewed at: <http://www.zerotothree.org/imh/vol26-1a.pdf>

The Wisconsin Initiative for Infant Mental Health (WIIMH) is focused on promoting healthy social and emotional development of all Wisconsin children birth through age five.

<http://www.wiimh.org/>

WIIMH Electronic Newsletter

In an effort to keep interested individuals from around the state informed of WIIMH's current activities, we send out monthly updates via electronic newsletter. The newsletter includes information on our organization's undertakings as well the information on current activities in the field such as resources, articles, and upcoming events.

Download the latest issue of the newsletter (December 2005)

HTML version:

<http://www.wiimh.org/documents/dec05NEWS.htm>

How to Sign Up

The WIIMH Electronic Newsletter is published monthly and includes a variety of information for everyone from parents to teachers and professionals in the field. Each issue includes articles, upcoming events, resources, and current activities. Anyone can subscribe, so feel free to share the newsletter with your friends, coworkers, and family. To subscribe or unsubscribe to the mailing list, email Julie Bark at julie.infantmh@tds.net



Need an Interpreter?

Developmentally Based Diagnosis

ZERO TO THREE's *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R)* enhances your ability to assess, diagnose, and treat mental health problems in infants and toddlers by identifying and describing disorders not addressed in other classification systems. Mental health professionals, physicians, nurses, early interventionists, early childhood educators, and researchers will find DC:0-3R to be an indispensable guide to effective evaluation and treatment planning with young children and their families.

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OUTCOMES

Wisconsin's Birth to 5 Accountability Initiative

Do you know what an SPP is? How about an APR? These acronyms will soon become familiar to Birth to 3 and 3 to 5 year-old programs throughout the State. The Office of Special Education (OSEP) has mandated these programs begin tracking functional outcomes in the children they serve. Wisconsin's Birth to 3 (Part C) and Early Childhood Special Education (Part B-619) programs were recently required to submit State Performance Plans (SPPs) to OSEP outlining strategies for obtaining such information. On December 5, 2005 nearly twenty early interventionists met in Madison for a DPI-sponsored event to discuss SPP outcomes.

Mary McLean, Ph.D, UW-Milwaukee, began the discussion with historical perspectives and IDEA requirements. She noted that following initial SPP submission, OSEP is requiring each state to submit an Annual Performance Report (APR). The APR is to include data on three child outcomes: positive social relationships, acquiring and using knowledge and skills (including early language and communication in preschool-aged children), and taking appropriate actions to meet needs. For each of these outcomes, states will submit information on the percentage of children receiving services that maintained or achieved typical development, the percentage of children that made progress but did not yet achieve typical development, and the percentage of children that did not make progress.

To obtain such information, both Part C and Part B-619 programs have elected to use a Child Outcomes Summary Form created by the OSEP-sponsored Early Childhood Outcomes (ECO) Center. The form itself is not an

evaluation tool, but rather allows evaluators to combine information gathered from a variety of tools, including tests, informed clinical opinion, and parent interviews. Evaluators use this information to rate a child's functioning in positive social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet his or her needs on a seven-point scale. A score of one on the Child Outcomes Summary Form signifies a child has not yet acquired this skill, whereas a seven implies the skill has been completely mastered. All subsequent Child Outcomes Summary Forms completed on a child beyond the initial form will also ask whether the child has shown any new skills or behaviors related to each of the three outcome areas.

Mary Peters from DPI discussed the SPP for Part B-619 programs. She noted that in 2006, 12 districts will serve as pilot sites for collecting entry and exit data on a subset of children. In 2007 and subsequent years, a phase-in approach will be instituted in which 85 districts will be added yearly, until all districts are reporting on an annual basis. Given its size, Milwaukee County will always be included in such reporting.

Susan Abbey from DHFS discussed the SPP for Early Intervention programs. She emphasized DHFS will attempt to gather SPP information with a minimum of additional work from programs. Beginning in summer 2006, entry data will be collected from all counties. Pilot counties (representing each region of the State plus Milwaukee county) will collect entry and exit data on a subset of children. These counties will be provided with training and technical assistance to help them in their efforts. Statewide implementation of entry and exit

data collection is planned for 2008. A report of such findings from both Part B and Part C programs will be made available to the public in 2008.

Although a bit daunted by the magnitude of the task, most participants in the December 5 meeting acknowledged the mandatory nature of the OSEP requirements. In addition to SPP details, participants considered assessment tools and strategies currently utilized in the State. They recommended pilot strategies and sites for reporting child outcomes. Many hoped that, ultimately, the results of such reporting would help to highlight early intervention/childhood program strengths, as well as shape future programs to better serve children and families.

WECCP Meetings and Regional Video Conferences

- February 9, 2006
(Regional Meetings only)
- May 11, 2006
- August 10, 2006

Additional information pending. For updates, please refer to www.collaboratingpartners.com

Early Childhood Outcomes and Assessment Conference

May 8-9, 2006 at the Country Springs Hotel and Conference Center, Waukesha

Invited presenters: Samuel Meisels (EC outcomes), Toni Linder (play-based assessment)

Contact: Marianne Smith
262-787-9562
MSmith@cesa1.k12.wi.us

ELIGIBILITY

Birth to 3 Eligibility Guidelines 7-Site Video Conference

On November 17, 2005, video technology allowed over 300 participants throughout the State to share information on Wisconsin's newly revised *Birth to 3 Program Eligibility Guidelines*. The document was developed by numerous state early intervention professionals. It was made available on the State's Birth to 3 website one week prior to the conference.

The conference was opened in Madison by Donna Miller and Linda Tuchman, as well as Deb Kravik in Menomonie. Following these initial presentations, information was presented on each of the four developmental domains. Nicole Lauritzen presented information on cognitive development from Wausau, followed by presentations on gross and fine motor development by Seth Newman and Jan Stevens in Madison. Linda Tuchman highlighted the social emotional development section of the new document. Peggy Rosin's presentation on communication concluded the morning.

In the afternoon, individual sites held discussions on information presented in the morning. Most sites reported stimulating and engaging conversations. Common discussion topics included social-emotional development screening and evaluation tools, resource availability for families of children with social-emotional delays, required frequency of rescreening after initial determination of ineligibility, and factors affecting eligibility for children with expressive language delays only.

"The conference was the culmination of more than two years of work by the Eligibility Workgroup," noted DHFS' Donna Miller. "Twenty-five members from a variety of disciplines and roles in early intervention discussed and researched issues in eligibility determination. Their final recommendations and the extensive information contained in the Guidelines will assist Birth to 3 Programs across the state."

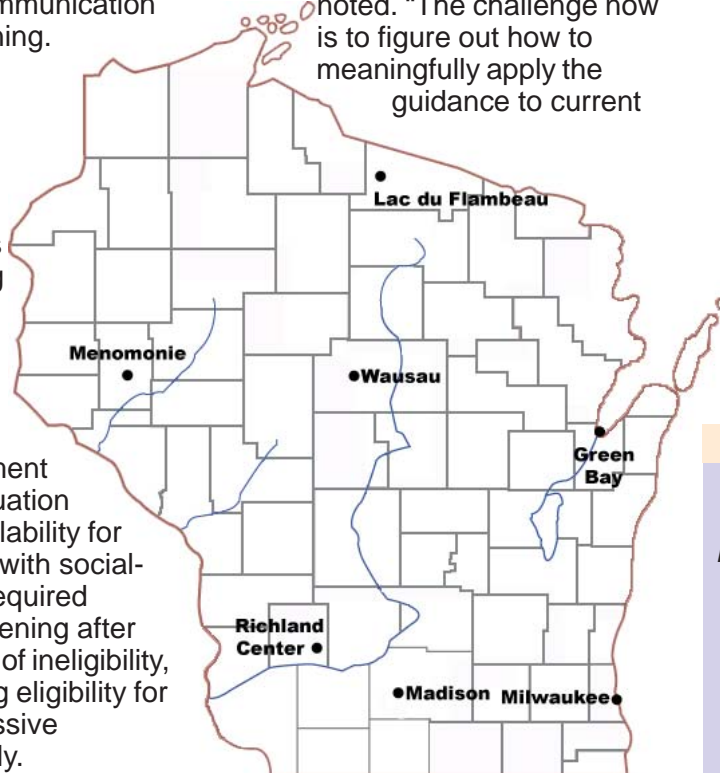
WPDP Director, Linda Tuchman, agreed: "As a member of the Eligibility Work Group, it was great to see the final product come together. We have completed our goal to share the results of a very thoughtful and thorough work group process that included Birth to 3 providers statewide."

Dr. Tuchman believes the impact of the Eligibility Guidelines and associated conference will be far-reaching. "I see the written guidance and the discussions that took place on November 17 as the beginning of new reflections among Birth to 3 teams," she

noted. "The challenge now is to figure out how to meaningfully apply the guidance to current

practices. Program staff will need to explore what they are already doing that fits with the guidance and what changes may need to occur. Program staff will also have to discover the most efficient ways to build any changes into their current routines and activities."

Some of these changes have already occurred: "We heard from the regional facilitators that these discussions have already begun," stated Tuchman. "We also know that we uncovered other questions and concerns that still require more attention and clarification, especially in the area of social emotional development." She and Donna Miller are compiling a list of questions not addressed during the conference. This list will be used to generate a follow-up question-and-answer document to be released in the near future.



Complete *Birth to 3* Program Eligibility Guidelines document now available:

<http://www.waisman.wisc.edu/birthto3/events.html>

COUNTY HIGHLIGHTS

Outagamie County Birth to 3 Team Trains Early Interventionists in Azerbaijan

Azerbaijan is a country of nearly eight million people in Southwestern Asia. It is located between Iran and Russia, and borders the Caspian Sea to the east, as well as Georgia and Armenia to the west. In the spring of 2004, a medical delegation from Azerbaijan and Russia visited Wisconsin. One physician from this delegation, Dr. Arzu Rustamova, was particularly interested in Outagamie County's Birth to 3 Program. She expressed interest in implementing such a system in Azerbaijan, and discussed hosting an American delegation of early interventionists. A partnership was born.

Despite mutual interest from both the Azerbaijanis and Americans, it took over a year to arrange the details necessary for such a trip. From October 14-24, 2005, seven members from Outagamie County's Birth to 3 Team visited the large city of Baku in Azerbaijan. Team members included occupational therapist Dawn Jones-VanEyck, physical therapist Gail Johnson, speech and language therapists Gail



Azeri mother and child participating in early intervention training

Zeamer and Jenifer Krezanowski, pediatrician Todd McKenzie, educator JoAnn Boisen, and program director Wendi Schreiter. Dr. Rustamova's organization sponsored five team members, and local Wisconsin businesses, including Valley Packaging Industries, sponsored the remaining two delegates. All team

members volunteered their time.

After traveling 27 hours, team members arrived in Baku. Team members spent the next four days presenting information on early intervention to a conference of 25-35 physicians at the Children's Rehabilitation Center in Baku. "It was like Early Childhood Special Education 101," noted program director Wendi Schreiter. "It should have been a 14-week course, but we did what we could in the time we had." Each team member presented on his or her area of specialization, and shared information on assessment tools, evaluation and intervention techniques, and non-pharmaceutical approaches to treatment. As compared with the U.S., the team found Azerbaijan's medical system to be highly specialized, with few therapy and special education professionals beyond physicians. In addition, greater emphasis was placed on pharmaceutical intervention for children with special needs. "We



Outagamie County Birth to 3 Team in Azerbaijan, from L to R: Dawn Jones-VanEyck, JoAnn Boisen, Gail Zeamer, Gail Johnson, Wendi Schreiter, and Todd McKenzie (missing: Jenifer Krezanowski)



Dr. Arzu Rustamova and Azeri child

notice the Azerbaijanis had begun providing home-based early intervention services to five children.

Schreiter and others from the team considered the trip to Azerbaijan a tremendous experience. They did receive criticism from some people in the community over their desire to serve children outside of the U.S. “It is all for the life of a child,” said Schreiter. “We wanted to help children regardless of where they lived.” Despite a coup attempt and riots near their hotel the day prior to their departure, Schreiter said the group did not feel threatened or that their safety was in danger. “It was an honor to do it [(be part of a U.S. delegation)]. Hopefully the information we shared with them will impact generations [of children].” Outagamie County hopes to host an Azeri delegation in the future for additional technical training.

felt like we were starting from scratch,” noted Schreiter. “The early intervention system didn’t exist, much like the U.S.’s [system] 40-50 years ago.”

Indeed, delegates noticed such discrepancies when touring outside of the conference center. They did not see any persons with disabilities when touring, and found accessibility was limited. “Many of the streets were paved with cobblestones,” recalled Schreiter, “and the sidewalks were not wide enough for wheelchairs. The Azeri people are just beginning to work on access, acceptance, and awareness [of people with disabilities].”

Language and cultural barriers, however, presented little challenge to the team. They found the Azeri physicians to be gracious hosts and very eager to learn. During the first two days of the conference, some team members expressed concern

over the gap in knowledge and experience between the two country’s interventionists. By the end of the week, however, this gap had diminished significantly, and the Azeri interventionists were “excited and animated when working in small groups,” noted Schreiter. She and others were very gratified when, two weeks after their trip, they received



Street scene from Baku, Azerbaijan

PERSONNEL HIGHLIGHTS

WDEC/WECA Awards for October Conference

Tammy Fish, WECA Conference Manager/EEM Training Coordinator

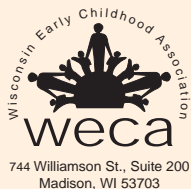
The 2005 WDEC/WECA award winners listed below were honored at the Professional Development lunch during the Wisconsin Early Childhood Education and Care Conference on October 6, 2005. As in past years, members of WDEC and WECA were invited to nominate leaders in the field.

- Outstanding Service Award: Joan Klinkner, Appleton, Instructor at Northeast Wisconsin Technical College
- Outstanding Service Award: Sue Albert, Madison, retired from Madison Metropolitan School District
- Early Childhood Teacher of the Year: Laura Baker, Jefferson, Family Child Care Provider
- Early Childhood Student Teacher of the Year: "Mr. Nick" Salimes, Janesville, Blackhawk Technical College
- Outstanding Partner in Early Education and Care: Linda Georgeson, Port Washington, Northern Ozaukee Schools, Early Childhood Special Education Paraprofessional
- Collaborative Team of the Year: Yahara Early Childhood Team, Stoughton Area School District; Team members: Lisa Buechner, Eloise Christensen, Amy Moll, Jessica Oakland, Jessica Wolff, Jane Dean, and Janet Fischer

WECA and WDEC congratulate all of the award winners, and thank them for their dedication to our field of early childhood education and care.

WECA Membership

Get four memberships for the price of one! When you join WECA, you also become a member of the National Association for the Education of Young Children, the Midwest Association for the Education of Young Children and a local affiliate in your community. Visit www.wecanaeyc.org to join today!



Division of Early Childhood (DEC) Membership

DEC is an international community of professionals and family members working together to support the development of young children with special needs and to create a system of support for all young children and their families. Professionals and parents look to DEC for information, resources, advocacy, and the opportunity to network with colleagues around the world. Members enjoy five journals, an international conference, regional training events, an extensive policy and advocacy network, listservs, and publications including DEC Recommended Practices in Early Intervention and Early Childhood Special Education.

Contact: (406) 543-0872, dec@dec-sped.org

Division for Early Childhood, 27 Fort Missoula Road, Suite 2, Missoula, Montana 59804

DEC Calendar of Events <http://www.dec-sped.org/calendar.html>

WI Early Childhood Education and Care Conference

November 2-4, 2006 at the Kalahari Resort, Wisconsin Dells

Contact: www.wecanaeyc.org

WECA-Designed Early Education Matters Initiative

2nd Annual Three-Part Training Series
To download informational flyer and registration form visit

<http://www.wecanaeyc.org/popup/index.aspx?src=62N3>

JoLyn Beeman Conference

March 31, 2006 at the Cranberry Country Lodge, Tomah

Kathy Hirsh-Paske, author of *Einstein Never Used Flash Cards*, will be presenting at this conference. A copy of the book will be given to each participant. There will be a book signing and reception with Ms. Hirsh-Paske the evening before the lecture.

Contacts: Mary Joslin, mjoslin@cesa10.k12.wi.us, or Gaye Tylka, gtlyka@cesa4.k12.wi.us

EVENTS CALENDAR

Wisconsin Birth to 3 Program: Schedule of Training Events for 2006

Wisconsin Birth to 3 Leadership Event

February 22, 2006, 8:30am-
4:30pm

This conference will be held at the Mead Hotel in Wisconsin Rapids and will focus on accountability and fiscal management and efficiencies. DHFS leadership will be represented, including Secretary Helene Nelson, Associate Administrator Judith Frye, and Office of Strategic Finance Director Chuck Wilhelm. The Birth to 3 Interagency Coordinating Council (ICC) will host a dessert reception the evening before the conference. Contact: Arianna Keil, WPDP, 608-890-0144, keil@waisman.wisc.edu

For more information visit <http://www.waisman.wisc.edu/birthto3/EVENTS.HTML>

Orientation to Best Practices in Birth to 3

- January 27, 2006: Appleton
- May 16, 2006: Chippewa Falls

Contact: Arianna Keil, WPDP,
608-890-0144

For conference information and registration:

<http://www.waisman.wisc.edu/birthto3/ORIENTATION.HTML>

Other Training Opportunities:

- **Wisconsin Head Start Association Annual Training Conference, “Strong Children, Strong Families, Strong Communities”**
February 13-15, 2006 at the Kalahari Resort, WI Dells.
Registration information pending. Please refer to www.whsaonline.org/events.htm for updates.
- **Preserving Early Childhood Conference**
March 7-8, 2006, Eau Claire
This conference is a leadership forum to promote collaborative approaches for all young children in Wisconsin. Guest speaker Peter Block, co-facilitated by Patrick Dolan.
Contact: Susan Donahoe, sdonahoe@cesa2.k12.wi.us, or Jill Haglund, jill.haglund@dpi.state.wi.us
- **Fourth Annual Statewide Parent Conference (for families with children of all ages who are deaf, hard of hearing, and deafblind), “Building Language and Literacy”**
March 10-12, 2006 at the Radisson Paper Valley Hotel, Appleton
Contact: Ann Henke, ahenke@charter.net or Marcy Dicker, marcy.dicker@wesp-dhh.wi.gov
- **Circles of Life**
May 4-5, 2006 at the Country Springs Hotel, Stevens Point
This conference is for families who have children with disabilities and the professionals who support and provide service for them. Parents and professionals will be representing their own perspectives, sharing experiences and approaches they have found helpful. Please refer to <http://www.wfv.org/circle/> for updates.



Circles of Life Conference

JOB POSTINGS

The Portage Project Birth to 3 Program at CESA 5 has a position open for a speech language pathologist. Competitive salary schedule and benefits offered. Please contact: Michelle Davies (608-742-8814, daviesm@cesa5.k12.wi.us) at Portage Project B-3/CESA 5, 626 E Silfer Street, PO Box 564, Portage, WI 53901.

The Langlade County Birth to Three Program has a position open for a part-time physical therapist. The PT will work with a team of professionals to evaluate, determine eligibility, develop and carry out IFSPs, and to communicate and educate parents and caregivers on the child's progress toward identified outcomes. She/he will provide part-time therapy services in both home and community-based environments. A Master's Degree is required. Please send resume to: Langlade County Birth to Three, 1225 Langlade Road, Antigo, WI 54409.

Birth to 6 EVENTS

Wisconsin Personnel Development Project

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For additional information, call 608-890-0144, 1-800-532-3321, or email keil@waisman.wisc.edu
Deadline for submissions to next Birth to 6 EVENTS: April 24, 2006.

WI Family Assistance Center for Education, Training and Support (Wisconsin FACETS)

Wednesday February 01,
2006
Good Morning !



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