



Tips and Techniques for Developing Participation- Based IFSP Outcome Statements

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Introduction

This *BriefCASE* contains strategies to assist early intervention practitioners in understanding how to write family-centered Individualized Family Service Plan (IFSP) outcome statements, which are participation-based and family-focused or child-focused and related to child learning within the context of everyday opportunities. For information about IFSP outcome statements related to identifying and obtaining family supports and resources, the reader is referred to *CASEinPoint* and *CASEtool* documents on resource-based intervention practices (Mott, 2005, 2006a, 2006b; Mott & Dunst, 2006). Participation-based outcome statements that are family-focused center on the desires and needs of the parents or other care providers and are based on their interest in building upon current knowledge and learning new skills that relate to enhancing the child's participation in everyday life. Child-focused, participation-based IFSP outcome statements have the child's enhanced active involvement in activities and routines that are important to the family as the focal point. Having as many opportunities as possible to participate in everyday activities helps a child to perfect already learned skills, elaborate on his or her abilities, and learn new ways to participate in different activities (Wilson, Mott, & Batman, 2004).

IFSP outcome statements are based upon identified priorities of the family and other care providers and reflect different types of foci to meet the needs of the child and family. The outcomes reflect statements of what the family would like to occur and identify the expected result (Dunst & Deal, 1994). IFSP outcomes are family-worded, positive statements that are action-oriented and indicate changes the family wants to see rather than a description of a need (Cripe, Hanline, & Daley, 1997; Rosin et al., 1996).

Family-focused, participation-based IFSP outcome statements correspond to the family's desire to acquire new knowledge or skills specifically related to their child's learning. When writing family-focused outcome statements, the parent or caregiver of the child is identified as the actor or learner. The focus of the outcome centers on the parents' or care providers' ability to promote the child's participation in activity settings (e.g., Mike and Pat will learn new ways of helping Joey join the family for meals at the dinner table); or targets learning regarding specified parenting topics (e.g., Mike and Pat will both be comfortable putting Joey to bed for naps and at bedtime).

Child-focused, participation-based outcomes are family and care provider priorities related to enhancing a child's participation within an existing or desired activity setting or routine of the family in order to promote child learning, growth, and development. Outcome statements that are child-focused and participation-based can target interest-based activity settings (e.g., Because Joey loves playing in water and gardening is a

favorite activity of the family an outcome could be, Joey will help his parents water the garden and houseplants) or focus on new activity settings and situations that the parents and care providers are interested in the child experiencing (e.g., Joey will join the family for meals at the dinner table on the weekends).

Characteristics of Family-Focused, Participation-Based IFSP Outcome Statements

- Family member or care provider is the actor or learner
- Based on a family priority or need
 - a family priority;
 - child participation in everyday activity settings;
 - child interests; and/or
 - parenting support

Characteristics of Child-Focused, Participation-Based IFSP Outcome Statements

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TIPS AND TECHNIQUES

Three Failsafe Steps for Writing Participation-Based IFSP Outcome Statements

In order to develop family-focused and child-focused, participation-based IFSP outcome statements, early intervention practitioners (1) *gather information* by identifying family and care provider priorities as they relate to child participation in everyday activity settings; (2) *observe* families and their children engaged in real-life, everyday activities across settings and with important people in their lives; and (3) *document* family-focused and/or child-focused, participation-based outcome statements on the IFSP.

Step 1: Gather Information

- a. Gather information about *child and family activity settings, routines, interests, current participation, and desired participation or possibilities* for suc-

- b. Vigilantly listen for possible IFSP outcome statements during conversations with family members and care providers as they share their priorities, questions, and ideas. When discussions revolve around daily life, parents and care providers are able to share insightful information about the child's current abilities and participation in everyday activity settings. As parents and care providers describe their interactions, observations, and questions, they often state desired outcomes as part of the conversation. If a child spends time in a child care setting or substantial time with an extended family member or friend, with parent permission these care providers should be included in the process as soon as possible. Great potential exists for IFSP outcome statements to be different based upon the environment and the people involved.
- c. When met with statements from parents and other care providers that are related to delayed skills, practitioners should be ready to probe further into how the delay influences child participation in existing or desired activity settings or routines. Family members may contact an early intervention program because their child has not yet achieved a specific developmental milestone or because their child has recently received a diagnosis of a condition or disability that causes delayed skill development. These types of priorities often lead to a focus on skill development yielding IFSP outcome statements that are skill-based (e.g., I want my child to talk; or Parents want Celeste to use two-word phrases). For example, if a parent states that his or her priority is for the child to be able to walk, then early interventionists should be prepared to discuss the implications of not walking on everyday activities. Asking the family to imagine one of their own specific activity settings (e.g., playing in the backyard with the puppy) in which the child who at the present time cannot walk and compare how the activity would look or change if the child could indeed walk on his or her own can be an effective strategy (Cripe et al., 1997). A parent might say, "Instead of carrying him down the steps off the porch, he could walk down on his own and I could carry out the toys we would play with," or "I'd like him to be able to explore some on his own instead of me always deciding where we go and what we do," or "He could go after the puppy when she wanders off, instead of screaming

- and crying.” Each of these parent statements could be written as an IFSP outcome statement. In addition to walking, each of these outcome statements involve elements of play, communication, social interaction, cognition, and motor development that could be expressed and enhanced during playing in the backyard with the puppy.
- d. By the time the IFSP meeting takes place, early interventionists should know the answers to questions like, “What are your concerns?” “Where would you like us to focus?” and “What are your goals?” No need exists to restate these questions just because they appear on most IFSP documents. Best practice at the IFSP meeting is to summarize the information gathered, and double-check with families making sure no priorities are going unaddressed. When engaged in a conversation about everyday activities and ideas about how the child’s participation might prove to be more successful or helpful to the family members, parents and other care providers *do know* what they would like to see.
 - e. Use context as the benchmark for how the child’s participation will be enhanced and or developed within and across activity settings. The outcome statements of targeted activity settings for how the child will participate serve as the measuring stick or snapshot of success. The practitioners then focus on breadth and depth of the supports assisting the family members and care providers to promote and challenge the child’s participation, growth, and development within and across activity settings.
- Step 2: Observe families and children*
- a. Plan when, where, and how observations of children and their families and care providers engaged in real life activities and situations can happen in a timely manner. Based upon the information gathered about family and care provider priorities, everyday activity settings, child interests, current participation, and desired participation, early intervention practitioners thoughtfully plan for these observations to happen prior to the IFSP meeting.

The following tools are particularly effective in gathering information about family and care provider priorities as they relate to child participation in everyday activity settings and needed or desired resources and supports:

- The *Asset-Based Context (ABC) Matrix (Wilson & Mott, 2006)*. The ABC Matrix is a contextually based assessment tool for implementing an approach to early childhood intervention practices that emphasizes the importance of children’s learning in natural environments. It is designed to be used by practitioners and parents for identifying children’s interests and assets and promoting children’s learning opportunities and participation in everyday life experiences and activities. Also available at http://www.fippcase.org/casetools/casetools_vol2_no4.pdf
- The *Interest-Based Everyday Activity Checklists (Swanson, Raab, Roper, & Dunst, 2006)*, consist of three different checklists; one for children birth to 15 months of age, one for children 15 to 36 months of age, and one for children 36 to 60 months of age. These assessment/intervention tools are designed as checklists, which are used to identify interest-based child learning opportunities occurring as part of everyday family and community life and to increase child participation in the activities. Available at http://www.fippcase.org/casetools/casetools_vol2_no5.pdf
- The *Routines-Based Interview (McWilliam & Clingenpeel, 2003)* is a conversational process that replaces a discussion of passes and failures on test protocols as the basis for deciding on intervention priorities to instead come up with a plan for helping the parents and care providers focus on their priorities for the children in their care. The interview process involves six steps that begin with talking about the day-to-day life of the child and family. By talking about everyday situations, the family members and care providers are asked to choose the things that are most meaningful to them. Available at http://www.collaboratingpartners.com/docs/R_Mcwilliam/RBI%20Flyer%20April%2005.pdf



- b. Observe children across different settings, people, and times of day. Observing during activity settings in which the child is successful as well as when the child is challenged provides information directly applicable to writing quality IFSP outcome statements.
- c. Involve parents and other care providers in the observations with the child. Their involvement is critical for obtaining authentic information. Observation in real-life activity settings more often involves the early interventionists stepping back and allowing family members and other care providers to demonstrate how things currently happen, what they usually do, and very importantly what they've already tried in similar situations.
- d. Use ecological assessment or observation during child participation in everyday activity settings. Ecological assessment requires the following: (1) a comfort level with watching others as they go about what they would typically be doing if the practitioner was not present, (2) knowledge of typical child development, (3) knowledge of responsive parenting and teaching, (4) ability to perform task analysis and think on one's feet while observing others, and (5) a willingness to be open to the possibilities of how families and care providers go through their everyday lives.

Step 3: Document quality IFSP outcome statements

- a. Write IFSP outcome statements that are discipline-free. For example, an IFSP document should not contain separate occupational therapy goals, physical therapy goals, speech-language therapy goals, or education-based goals. The outcome statements are identified by family priority and based upon child-participation in current or desired activity settings or a needed resource or support.
- b. Write IFSP outcome statements that are jargon-free. The statements should be written in words that all team members can understand and as close to how

the parent or care provider actually stated the outcome as possible. All team members can then engage in further conversation in order to share a common understanding of what progress toward the outcome would look like. This exchange of information is the insurance for a shared understanding of the "How will we know when we get there?" measurement that many states have adopted on their IFSP documents.

- c. The family measures progress on the IFSP outcome statements. Practitioners often express a concern regarding measurability of participation-based outcomes. Many practitioners have had prior experience with writing Individualized Education Program (IEP) outcomes that have historically required specific measurability criteria (e.g., three of five times for five consecutive days; 100% of the time; within six months; or every time she wears her coat to school). When writing quality IFSP outcome statements, the parents determine whether or not the IFSP outcome has been achieved. When developing the outcome statement, it is important to discuss the outcome in such a way that everyone involved feels comfortable with how progress will be measured.
- d. Use a special occasion or life event such as a birthday or holiday or a real-life point in time such as when grandma visits this summer or by the time school starts this fall (for the siblings) as the timeline on an IFSP outcome statement. This strategy can assist parents and other care providers in thinking in "real time" about the possibility of achieving outcomes within the context of the big picture of their family life. The time period of six months is meaningful to most early interventionists because it is the maximum time period allowed between reviews of IFSP documents. For most family members and care providers, however, this six month time period can be ambiguous.
- e. Apply the "third word rule." The third word in the child-focused, participation-based outcome statement should be a functional concept not a specific skill. The application of the "third word rule" can often serve as a litmus test regarding the functionality of the outcome statement. For example, consider a situation in which a particular family shared with the early intervention team that their son, Sanjay does not like taking a bath. They further describe bathtime as a rough time for the entire family. The family feels that Sanjay's inability to sit makes him uncomfortable and frightened so that he cannot enjoy his bath. A possible outcome statement for Sanjay could be, "Sanjay will sit in the bathtub during his bath." The third word is "sit" in this IFSP outcome statement. Sitting is a skill that Sanjay does not currently possess. Sitting is certainly an important skill, but a caution would be that the focus could be placed on the act or skill of sitting instead of Sanjay's enjoyment of bathtime. In contrast, "Sanjay will play with his

toys and be happy during bathtime while sitting up in the tub” has a third word of play, which is a contextualized activity that requires a variety of different skills. The caution is removed as the focus of playing with toys in the tub is a real-life contextualized activity setting. The “third word rule” does not hold true 100% of the time, but is an effective filter to use when developing participation-based IFSP outcome statements.

- f. Avoid the following passive words when writing child-focused, participation-based IFSP outcome statements: (1) tolerate, (2) receive, (3) increase or decrease, (4) improve, and (5) maintain. These words are not congruent with functional, meaningful outcome statements and are best avoided in the process of developing quality IFSP outcome statements. These words are generally descriptors of passive types of activities (e.g., tolerate a certain position; tolerate something being done; receive a specific service or treatment; maintain range of motion; and maintain eye contact) or are reflective of some type of skill enhancement or physical trait (e.g., increase range of motion; decrease spasticity; improve behavior; increase attention span; decrease tantrums; and increase oral-motor control). For quality child-focused IFSP outcomes to reflect enhanced participation, words that describe action, engagement, enjoyment, and involvement are required.



CONCLUSION

For the purpose of the IFSP document, families identify outcome statements that are visions of what they would like to see for themselves and/or their child in order to participate in real-life activity settings or events within existing or desired environments with typical people, objects and materials. When writing participation-based, family-focused and child-focused outcome statements during the IFSP process, using the family’s real-life context as the focal point is essential. Listening to families

and other care providers discuss everyday successes and challenges as well as observing them and the children in their care during real-life activities are key strategies for writing participation-based IFSP outcome statements.

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Example IFSP Family-Focused and Child-Focused Outcome Statements

Donovan Family: Mike, Pat and their two-year-old son Joey have recently moved to a farm just outside a rural community to be closer to their extended family members.

Step 1: Gathering Information

Using the Interest-Based Everyday Activity Checklist (Swanson, Raab, Roper, & Dunst, 2006), the early intervention team learned that Joey loves to play in and with water, so much so that the family has been required to lock toilet lids and decrease the temperature of the hot water tank in their home because of Joey’s interest in turning on/off the faucets. The family also shared that Joey likes to be outside.

Using the Asset-Based Context (ABC) Matrix (Wilson & Mott, 2006), the team learned more information about the activity settings and routines important to Joey and his family. They learned that Joey’s mom and dad are farmers and the family enjoys growing all of their own food. The Donovans have a large extended family. Joey has 10 cousins close to his age who live within 30 minutes from his new home. The Donovans attend church every Sunday with their extended family members and then share Sunday dinner together. Mike and Pat also stated that Joey is not fond of napping and does not sleep through the night.

Mike and Pat shared their priorities of learning more about Joey’s diagnosis of autism and how to help their family understand Joey better. Mike and Pat are anxious that Joey will not sit down at the dinner table for family meals, which they find particularly troublesome when the entire extended family share meals together on the weekend. Joey’s parents also worry that his lack of sleep contributes to some of his agitation.

Step 2: Observe Families and Children

Once the above information was gathered, a member of the early intervention team observed a family mealtime with Mike, Pat and Joey. During the mealtime, Joey was agitated and would not join his parents at the table. Mike and Pat demonstrated strategies they had tried in the past and the practitioner had a few ideas that they implemented during the observation. Overall, everyone felt they had better ideas of how to get started on improving the family’s mealtimes.

Step 3: Document IFSP Outcome Statements

During the IFSP meeting, the service coordinator reviewed and summarized the information that the Donovan family had shared as well as discussed the observations made by the early intervention team members. Together, the family and team decided upon the following outcomes.

1. Joey will join the family for meals at the dinner table on the weekends
2. Mike and Pat will know how to put Joey to bed for naps and at bedtime
3. Joey will help his parents water the garden and houseplants
4. Mike and Pat will feel comfortable discussing Joey’s diagnosis of autism with family and friends