Virginia Provider Implementation Survey
Practices and Professional Development of Early Intervention Providers

2018
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Background

The Virginia Provider Implementation Survey was modeled after the provider survey developed through the ENHANCE Project, a research project funded by the U.S. Department of Education to improve the quality of child outcome data. First implemented in 2016, the purpose of Virginia’s annual survey is to assess how functional assessment, the child outcome rating process, coaching and natural learning environment practices are being used in Virginia.

The most recent survey of early intervention administrators, service providers and service coordinators throughout Virginia was completed in November 2018. As this was the third year of survey implementation, we are now able to evaluate changes or trends in the data. Accordingly, data from this current survey period as well as that of the prior two years is included in this report. Information from the 2018 survey—along with earlier findings—will be used by the Infant & Toddler Connection of Virginia (ITC Virginia) state office and local systems to evaluate statewide improvement efforts and identify resources and supports needed in order to implement evidence-based practices.

Information about the Survey Respondents (2018)

- 473 providers and administrators responded to the survey (for a survey response rate of 58.3%).
- Respondents represented all 40 local Infant & Toddler Connection (ITC) systems and all ITC regions.
- 39% of respondents identified themselves as service coordinators—followed by speech-language pathologists (26%), developmental services providers (21%), physical therapists (16%) and occupational therapists (11%).
- 25 of 40 local system managers responded to the survey.
- All levels of experience were represented: 42% of respondents indicated that they have worked in early intervention for 11 years or more; 18% for 6-10 years; and 30% for 1-5 years.
- 52% of respondents are employed by local ITC lead agencies; others were either employed by local contracted agencies (40%) or self-employed (8%).

Functional Assessment and the Child Outcome Ratings Process

1 — Professional Development (PD) for Functional Assessment and Child Outcome Ratings

Each year, respondents are asked to indicate which method(s) they most often use to learn about functional assessment and the child outcome ratings process. For 2018, survey respondents identified the following top three methods:
• Child Indicators Booklet – 77.6% (323/416);
• ITC Virginia Practice Manual – 63.0% (262/416); and
• Information, training or support through local staff or team meetings – 55.5% (231/416).

Table 1 – Most often used methods for learning about functional assessment and child outcome ratings process in 2018 and 3-year comparison for use of these methods. These three methods are the only ones that have consistently been cited by more than half of all respondents since 2016.

The remaining eleven methods listed in the survey have all been used to a mostly lesser degree. Between 2016 and 2018, however, three methods showed marked increase in use (Table 2).

Table 2 – Between 2016 and 2018, three lesser-used methods showed marked increase in use. Only online/video training module has approached the same frequency of use as the items included in Table 1.

Respondents are also asked to indicate which method(s) have been most helpful when learning about functional assessment and the child outcomes rating process. Survey respondents in 2018 identified these three methods as most helpful:
- Child Indicators Booklet – 54.3% (226/416)
- Information, training or support through local staff or team meetings – 35.8% (149/416)
- Ongoing feedback from program supervisor or local system manager – 27.9% (116/416)

Table 3 – Most helpful methods for learning about functional assessment and child outcome ratings process in 2018 and 3-year comparison for helpfulness of these methods. Only the Child Indicators Booklet has a) surpassed 50% among all choices offered in any single year and b) remained consistently above 50% for all 3 years.

2 — Training Hours for the Child Outcome Ratings Process

Not unexpectedly, early intervention professionals are reporting that they have received additional hours of training related to the child outcome ratings process.

Table 4 – The percentages of individuals reporting they have received more than 9 and more than 15 hours of training in the child outcome ratings process have more than doubled from 2016 to 2018.
3—Assessment of Rating Practices at Entry

With each annual survey, respondents have been presented with a series of seven statements related to the child outcome ratings process at entry and asked whether or not the statement applies to: all children (100%); most children (76%-99%); many children (51%-75%); some children (26%-50%); few children (1%-25%); or no children (0%). These seven statements are:

1. The family provided input about the child’s functioning for the entry ratings;
2. The entry ratings were decided by a team that included at least two professionals;
3. Information from the child’s functioning from multiple settings and situations was used in deciding the entry ratings;
4. Multiple sources of information, including an assessment tool, were used in deciding the entry ratings;
5. The family was present during the discussion and decision of the child outcome entry ratings;
6. I was confident that the entry ratings given were accurate; and
7. The process for deciding the entry ratings matched my understanding of how it is supposed to be done.

Table 5 – Use of evidence-based practices at entry for ALL CHILDREN increased from 2016 to 2018 for 6 of the 7 survey items. Only one item—family provided input for the entry ratings—showed a (very slight) decline.
4—Assessment of Rating Practices at Exit

Similarly, survey respondents have been presented with a series of seven statements related to the child outcome ratings process at exit and asked whether or not the statement applies to all, most, many, some, few or no children. The seven statements for “at exit” are identical to those used “at entry”.

Table 6 – Use of evidence-based practices at exit for ALL CHILDREN increased from 2016 to 2018 for 4 of the 7 survey items. Of note are the decreases in the two items that evaluate the family’s participation and input in the ratings at exit.
5—Decision Tree Usage

As in 2017\(^1\), survey participants in 2018 were asked to report on their use of the Decision Tree.

- 69.6% (242/348) of respondents reported using the Decision Tree *always or almost always*.
- 4% (14/348) of respondents indicated that they *did not know* what the Decision Tree is.
- 26.4% (125/473) *skipped the question* about use of the Decision Tree.

Table 7 – Percentage of respondents in 2017 and 2018 reporting use of the Decision Tree “always” or “almost always”. Results indicate that the Decision Tree is being used more often.

6—Perspectives on Child Outcome Ratings

Respondents have been presented annually with a series of ten statements related to the child outcome ratings process *overall* and asked whether or not they strongly agree, mostly agree, somewhat agree, agree a little, or do not agree at all with each statement. These ten statements are:

1. I understand the meaning of each of the three child outcomes;
2. I understand how to apply the criteria to choose the appropriate statement for the Child’s Development in Relation to Other Children the Same Age in the Team Assessment Narrative of the IFSP (or the 7 point rating scale);
3. The ratings given are higher than the child’s actual level of functioning;
4. Child outcome ratings are too subjective;
5. Ratings are more accurate when parents are present for the rating decision;
6. Ratings are more accurate when the Decision Tree is used to guide the rating decision;
7. The ratings given are lower than the child’s actual level of functioning;
8. It is difficult for individuals participating in child outcome ratings to reach consensus on one or more of the outcomes;
9. I understand the difference between functional behaviors and discrete skills; and
10. I understand the annual results for my local system(s) on the three child outcomes.

\(^1\) This question was not included in the 2016 provider survey.
Table 8 – A comparison of the “strongly agree” responses from 2016-2018 for statements S1, S2, S5, S6, S9 and S10. (NOTE: Question re: Decision Tree not included in 2016 survey.) Results suggest that understanding of the child outcome ratings process has increased, as have provider perspectives on both parent involvement and the use of the Decision Tree.
Table 9 – A comparison of the “strongly disagree” responses from 2016-2018 for statements S3, S4, S7 and S8. We would hope to see more individuals disagreeing with these statements—which is the case for items S3, S7 and S8.

7—Feedback and Support for Child Outcome Ratings

Respondents were asked whether or not someone in the local system or program:

1. Reviews IFSP assessment narratives, child outcome ratings and the team process used for determining the ratings;
2. Provides feedback to those involved in the child outcome ratings process;
3. Is available to provide ongoing support if requested; and
4. Trains providers new to the child outcome rating process.
Table 10 – A comparison of the yes responses from 2016-2018. Results show significant increases over that two-year period in each of these components of local system support for evidence-based functional assessment and child outcome rating practices.

Coaching and Natural Learning Environment Practices

8 – Professional Development (PD) for Coaching and Natural Learning Environment Practices

Respondents were asked to indicate which method(s) were most often used to learn about coaching and natural learning environment practices. For 2018, the top three responses were:

- Online or video training module – 66.3% (266/401)
- Information, training or support through local staff or team meetings – 65.1% (261/401)
- ITC Virginia Practice Manual – 57.1% (229/401)

2 Sometimes was added as a response option in 2017; the “yes” and “sometimes” responses have been combined in the 2017 and 2018 results presented in Table 10.
Table 11 – Most *often used* methods for learning about coaching and natural learning environment practices in 2018 and 3-year comparison for use of these methods.

Respondents are also asked to indicate which method(s) have been most helpful when learning about coaching and natural learning environment practices. Survey respondents in 2018 identified these three methods as most helpful:

- Information, training or support through local staff or team meetings – 39.9% (160/401)
- Ongoing feedback from program supervisor or local system manager – 30.4% (122/401)
- Online or video training module – 30.2% (121/401)

Table 12 – Most *helpful* methods for learning about coaching and natural learning environment practices in 2018 and 3-year comparison for helpfulness of these methods.
9 – Training Hours for Coaching and Natural Learning Environment Practices

As the number of professional development resources has increased, so has the percentage of early intervention professionals reporting that they have received higher amounts of training related to coaching and natural learning environment practices.

Table 13 – In 2018, almost three-fourths of respondents report at least 9 hours and slightly more than half of all respondents have accumulated 15 hours or more of training related to coaching and natural learning environment practices, significant increases since 2016.

10 – Assessment of Coaching and Natural Learning Environment Practices

With each annual survey, respondents have been presented with a series of seven statements related to coaching and natural learning environment practices and asked whether or not the statement applies to: all children (100%); most children (76%-99%); many children (51%-75%); some children (26%-50%); few children (1%-25%); or no children (0%). These seven statements—each prefaced by “I either did myself, or observed that the provider…”—include:

1. At the beginning of the visit, asked the parent/caregiver what had worked well or not well in implementing the joint plan we developed last session;
2. Modeled a strategy or activity while the parent/caregiver observed;
3. Gave the parent/caregiver the opportunity to practice a strategy or activity while (being) observed;
4. Provided the opportunity for the parent/caregiver to reflect on their knowledge and/or skills related to potential or practices strategies;
5. Developed a joint plan with the parent/caregiver;
6. Asked mostly open-ended questions of the parent/caregiver; and
7. Brought a toy bag to the visit.
Table 14 – Use of evidence-based practices for ALL CHILDREN (2016-2018). Interestingly, the responses were strong in 2016...all dipped in 2017...and have since rebounded in 2018 (though not yet to 2016 levels for most statements.)

Based on discussion with local system managers and comments on fidelity assessment webinars, the decline from 2016 to 2017 appeared to reflect increased provider knowledge about and recognition of these evidence-based coaching and natural learning environment practices rather than an actual change in practice. It seemed that providers who previously believed they were using these practices with all children were better able to assess their own practices as they learned more about and received support to use these practices. Therefore, the significant rebound in 2018 suggests an actual improvement in evidence-based service delivery.
Table 15 – Overall, toy bags are being brought to fewer and fewer visits!

11 – Perspectives of Coaching and Natural Learning Environment Practices

Respondents have been presented annually with a series of five statements related to coaching and natural learning environment practices overall and asked whether or not they strongly agree, mostly agree, somewhat agree, agree a little, or do not agree at all with each statement. These ten statements are:

1. I am able to explain to families/caregivers their role in early intervention visits as well as the provider’s;
2. I am able to explain to families/caregivers the benefits of using everyday activities and routines as sources of child learning opportunities;
3. The time and place for visits with families/caregivers are scheduled based on the activity/routine the family would like to work on with their child;
4. Parent/caregiver is actively engaged in interacting with the child during visits; and
5. Coaching and natural learning environment practices are effective in helping families/caregivers help their child develop and learn.
Table 16 – A comparison of the “strongly agree” responses from 2016-2018. Percentages of “strongly agree” responses increased for all statements over the two-year period despite a dip in 2017.
12 – Feedback and Support

Respondents were asked whether or not someone in the local system or program:

1. Reviews intervention visit contact notes for documentation of coaching techniques and natural learning environment;
2. Observes providers on an intervention visit at least once a year;
3. Provides feedback to service providers on their use of coaching and natural learning environment practices;
4. Is available to provide me with ongoing support if I ask for it; and
5. Trains providers new to coaching and natural learning environment practices.

Table 17 – A comparison of the yes\(^3\) responses from 2016-2018. Results show significant increases over that two-year period in each of these components of local system support for evidence-based coaching and natural learning environment practices.

![Bar chart showing percentage responses from 2016 to 2018 for each component of feedback and support.

Summary

With three years of Provider Implementation Survey data available, there is clear evidence of a positive impact from state and local improvements activities that support implementation of evidence-based practices. While this data suggests increased use of evidence-based practices, it also indicates room for continued improvement in consistency in use of these practices.

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\( ^3 \) Sometimes was added as a response option in 2017; the “yes” and “sometimes” responses have been combined in the 2017 and 2018 results presented in Table 17.