

# Portage Project



## Introduction

The Portage Project began at CESA 5 in Portage, Wisconsin, USA as a home based program for young children with disabilities in a rural community. The mission of the project is to create and enhance quality programs that promote the development and education of all children and their families. Our story can best be told through the eyes of parents and children who have participated in our project. Twenty years ago Ben was born and his parents Martha and Brad were delighted with his birth and apprehensive about some of the unknowns they would face as new parents of a child with Down Syndrome. Brad and Martha had hopes and dreams for Ben: they wanted him to have friends, they wanted him to be a part of their neighborhood and community, and they wanted him to contribute to life in the community. One of their first contacts for information and support was with the Portage Project. This contact resulted in an ongoing relationship with a homevisitor who regularly came to their home and through conversations and observations worked with Martha and Brad to support Ben's development. Martha describes the relationship with the homevisitor as important to her; they were friends. The homevisits gave her an opportunity to talk about any questions or concerns she might have and the opportunity to work with the homevisitor on skills that she felt were important for Ben. Although the Portage Project checklist and materials were a guide, Martha was always encouraged to make suggestions based on her family routines and her hopes and dreams for Ben. Martha felt that the Portage Project program cared about her as an individual and parent as well

as about promoting Ben's development. As Ben became older, he transitioned out of the Portage Project into a school-based program. Martha continued to be a strong advocate for Ben and provided many opportunities for him to develop friendships and life skills that allow him to participate in his community. As a professional, Martha continues to work at CESA 5 to support other parents in developing leadership skills and in dreaming about the possibilities for their children.

### Relationship Based Intervention

During the past 30 years, the Portage Project has continued to provide direct services for young children with disabilities and to develop materials, which support that work. Four core values overlap and are enmeshed in both our work with children and families and the Portage Project materials. This paper will specifically address the core values as they relate to our Birth to 3 project which provides home based intervention to infants and toddlers with disabilities and our *Growing: Birth to Three* materials. The following paragraphs describe the core values and provide an example of the value in action through work with children and families in the Birth to 3 program.

#### **1. Relationship Based**

Relationships are the heart of our work. The path to our most effective work is through relationships; these relationships support us personally and form the basis of our work with others. The intervention process begins with the parent or caregiver rather than the child. Parents are the experts and the child's best teacher. Children learn new skills through interacting with those they love and trust. The homevisitor hopes to establish a trusting relationship with the parent and join them in their parenting journey. The homevisitor will encourage the parents' capacity to interact and play with their child. Strategies to encourage skill development are built

into play and established routines. The homevisitor builds the parents' confidence, identifying their competencies and pointing out the positive parent-child interactions.

### **Amy's Story**

*Amy, a speech and language pathologist in the Birth to 3 program, was visiting weekly with a little girl, Jana, who has a language delay. On her visits she saw mom and the child care provider occasionally, but mainly visited with grandma. Jana had been on Amy's caseload for about six months and she hadn't made much progress. Amy was feeling insecure about her skills and uncomfortable on the visits. Amy felt the little girl didn't like her visits and she was uncooperative with any of the fun games Amy suggested. Amy was frustrated! Following Christmas break, Amy decided to spend a visit talking with grandma and figure out where to go with their sessions. Amy and grandma talked and got to know each other better. Amy shared about her family and the things she's interested in and grandma did the same. They spent two visits getting to know each other better and didn't talk much about Jana and her delays. On the following visits grandma was much more involved and seemed pleased to see Amy come. In turn Jana was more involved and had more fun. Amy realized that developing a relationship with grandma was critical to working successfully with the child. As the relationship with grandma became stronger, Jana also began to make progress.*

### **2. Ecological Approach**

The ecological approach encourages a broader perspective including family rituals, play and daily routines as opportunities for intervention. It gives a homevisitor permission to look beyond therapy and child development. This broader look allows the homevisitor to explore other family situations, issues and perspectives. The homevisitor engages the family in conversation to learn about the child's world. When a visitor thinks more ecologically, it encourages her not

to make quick judgments regarding a family's choices and to realize that each visit is just a moment in a family's lifetime. It may be a great time in the family's existence or a not-so-great time, but the visit may not be reflective of all the family is and does. The family's routines and rituals are the medium for intervention strategies. Children learn skills in a functional manner. If we want a child to improve feeding skills then we need to visit during mealtime, have the child sitting in his highchair and be hungry. The visitor may need to think not only about the skills involved in feeding and the child's abilities, but also about the environment in which this event happens and the parent perspective about feeding. The visitor may ask the parent to explain a typical meal: Is it stressful? Is it loud? Is it slow paced? She may also explore the parents' feelings around eating and feeding. Mom may feel that feeding her child is a reflection on her ability to parent or she may be afraid the child will choke and die. The parent's expectations and feelings are a key part of intervention.

### **Micki's Story**

*Micki, an occupational therapist with the Birth to 3 program, visits a little boy named Evan who has cerebral palsy. Evan has been part of our program since he was a newborn. He attended a quality childcare center in his community. Micki visited at the center and at the parents' home each week. Micki had a good relationship with both the parents and the childcare providers. The family and providers seemed to disagree on some of Evan's needs, though they both had his best interest in mind. Evan was having some difficulty in the childcare setting, despite the efforts the center made to accommodate him. The center and parents saw different things when caring for Evan. Micki tried to encourage a better relationship between the two of them. She encouraged meetings, she had mom spend time at the center, she encouraged mom to share the family's routines and strategies that work at home with the center. Mom still seemed unhappy*

*and so did Evan. Micki supported the family and childcare staff with each visit. She accepted the family's choices and tried hard not to judge the situation. Eventually, Evan's family and the center agreed that he would be better off if mom quit her job and stayed home with him. Micki unconditionally supported this family's journey in deciding what was best for them. Micki didn't make judgments about the family or center's choices. Through questions and ongoing conversations, she helped the family find the perfect solution. The Birth to 3 program gives the staff permission to look beyond therapy and skills and allows the staff to support the family in ways they define.*

### **3. Family Centered**

The family guides the intervention process. Through questions and ongoing conversations with a family, the visitor will gain insight to support intervention that is individualized for the family. The strategies the visitor uses are based on what the family shares. To be family centered, a visitor must follow the family's lead and respect their individual differences and choices. The visit may include the other family members such as children and extended family. This way the parents can encourage new skills in the context of their real world. Intervention uses the toys and object in the family's home. Visitors don't make child success toy specific. Using the family's toys and objects mean the child can practice this new skill in their daily life. The visitor can work with a family activity to make it more developmentally appropriate, rather than suggest a new one. Visitors put their own values aside and leave their egos at the doorstep. Intervention focuses on what the family views as most important. This is a change from the traditional therapy model where a therapist and child interact and where the therapist sets the goals and does the work. Parents determine the intervention goals that the team follows. Intervention encourages parents to be hands on and therapist hands off. Often the visitor feels like a coach.

## **Kathy's Story**

*Kathy, a physical therapist came to a Birth to 3 team meeting needing some help with a new family she was visiting. Bob was a young child with overall developmental delays. Kathy felt that Ann, Bob's mom, was not interested in her homevisits and may not find value in the Birth to 3 program. She planned activities for her visits and felt mom ignored the suggestions. Kathy thought another homevisitor might better meet the family's needs. Our team encouraged Kathy to think about the situation by asking her to find her strengths and the strengths of the family. The team also helped her by asking questions and wondering about possible solutions. At the end of a long team conversation, the team gave Kathy some new insight. When Kathy next visited the family she asked Ann what she wanted for Bob and how Birth to 3 could be helpful. Kathy found out that mom recently injured her hip and was in pain. She also learned that Bob was waking in the night and Ann had to climb stairs to comfort him. Ann was exhausted and in pain. Kathy found a new focus to her visits and was more in touch with the family. Kathy helped mom set up new sleeping arrangements and Kathy was able to make some therapy suggestions for mom to increase her health and better manage her injury. By addressing mom's immediate needs, Kathy was later able to focus with mom on Bob's needs. Being in-touch with the family and following their lead is a critical factor in early intervention.*

## **4. Strength Based**

All people and families have strengths and our work focuses on these strengths. Finding these strengths and building on them guides the intervention process. It is often easy to focus on all the daily routines that are challenges, all the skills the child needs to develop and to become overwhelmed with the negatives. Being strength based creates energy and hope. When you find

those interactions that work, those routines that work, you can blend them into new experiences and behaviors.

**Examples:**

*During intervention home visitors use many strategies to focus on strengths. They may videotape parents interacting with their child and play the video for them. Following the replay, parents and the visitors discuss the interactions and specifically point out the touches, eye contact, and verbalizations that promoted positive interactions during the tape. Report writing and record keeping offers another opportunity to focus on what the child can do rather than what the child cannot do. Following each visit, the home visitor completes a Home Visit Summary. The purpose of this document is not only to summarize the visit but also to point out what went well and give family affirmations.*



*Growing: Birth to Three*

In the early 1990's, the Portage Project staff utilized their knowledge of early intervention, their experience in working with families and young children, and their commitment to the above core values to develop the

*Growing: Birth to Three* materials. These materials offer formats and strategies to incorporate the multifaceted perspective of families into an intervention process that is ecological, strengths based, family centered, relational and reflective. *Growing: Birth to Three* is a system of materials designed to support relationship based intervention and may be best understood through

comparison with a quilt. The multiple fabrics, designs, and textures of a quilt are analogous to the many pieces of information, the conversations, and the observations that occur between a family and a homevisitor or interventionist during the intervention process.

A number of unique features characterize *Growing: Birth to Three*. The materials provide a prototype for an intervention process which begins with the parent rather than the child, and which focuses on parent-child interactions occurring within the family as well as the larger community. The suggested process is sensitive to family uniqueness, accepting each family's individual plan for child rearing and facilitating the development of their child. The extensive use of observation and conversations with the family helps assure that the intervention is guided by the family and incorporated into their individual lifestyle. The *Growing: Birth to Three* materials can help acknowledge and respond to the importance of multiple environmental influences on child and family life, the power and influence of interactions between parent and child, and the rights of families to fully guide the course and shape the content of the intervention program.

The design of *Growing: Birth to Three* makes it appropriate for a wide variety of programs serving children from birth to three and involving families as an integral part of the intervention process. This includes, but is not limited to, early interventionists working with children with disabilities and their families, therapists working with children and their families, Early Head Start and migrant programs, childcare centers, family childcare providers, family resource centers, social workers, and hospital personnel working with infants and premature babies. The materials are also useful as a training tool in university personnel preparation programs for early

intervention, social work, nursing, and other related disciplines. As with any materials and intervention process, training and supervision are essential to insure efficacy and quality of intervention activities. The *Growing: Birth to Three* materials have been translated into Norwegian and are available through the Sorlandet Resource Center in Kristiansand. The materials contain the following components.

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1. **PIECING IT ALL TOGETHER**

A brief monograph describes the research and theoretical basis for the materials. This monograph also presents the overall framework for the materials, highlighting steps in the intervention process and their connection to the various *Growing* components.

2. **DEVELOPMENT GUIDE**

The *Development Guide* describes a series of behaviors typically observed in young children between the ages of birth through thirty-six months. The *Guide* is designed to be given to the parent and to encourage ongoing discussions between providers and caregivers related to the child's activities and behaviors. Providers and family talk together about their observations, interests, and concerns in order to identify existing and new ways to support the child's growth and development during typical family interactions and routines. The *Guide* is not designed to be completed in its entirety for each individual child; only the sections that are important to the family are completed. The family and staff then explore together how to best support the child as he/she learns these skills during the natural activities of family life. Completing the *Development Guide* helps family members and program staff collaborate to develop the family plan for intervention.

3. **INTERACTIONS & DAILY ROUTINES**

The *Interactions and Daily Routines Books* offer activity suggestions for each behavior or skill listed in the *Development Guide*. Each activity is color coded and numbered to correlate with the related skill in the *Development Guide*. The activities suggested are to be embedded into daily routines, rituals, and play.

4. **BUILDING AND SUSTAINING RELATIONSHIPS**

The heart of *Growing: Birth to Three* is the suggested strategies to facilitate mutually satisfying interactions between parents and children. The *Building and Sustaining Relationships* provides specific ideas for enhancing interactions as well as a planning tool for family use. In addition to supporting interactions between parent and child, this

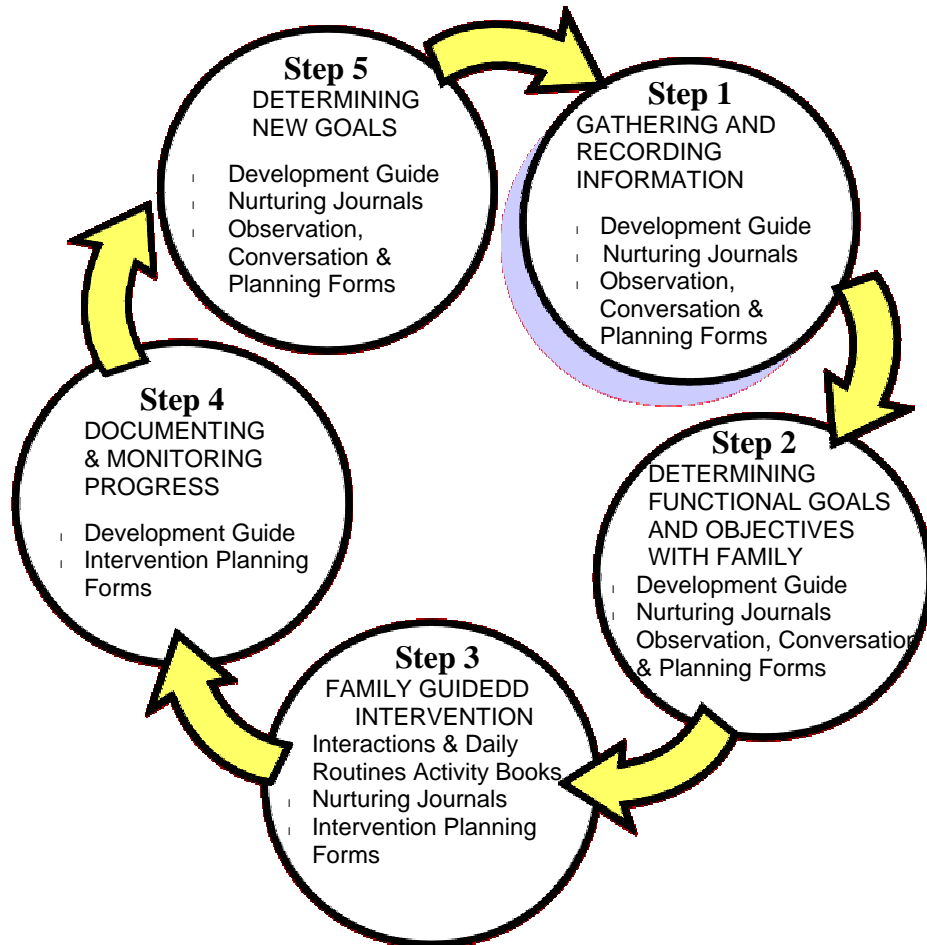
booklet offers communication strategies that support interaction between parents and interventionists. Specific examples demonstrating use of these communication strategies are contained in the Case Study. The *Building and Sustaining Relationships* also contains 36 Daily Routine Situation Examples frequently encountered by interventionists. The examples are designed to trigger thoughts about how to support and shape parent-child interactions.

## 5. NURTURING JOURNALS

The *Nurturing Journals* are designed for optional use by parents or primary caregivers. Each book contains open-ended questions or statements to help parents reflect on their relationship with their child. The two *Journals* reflect the increasing levels of skill and knowledge that parents gain through their ongoing caregiving experiences with their child.

The intervention process utilizing the *Growing* materials follows a 5-step process. The *Growing* materials are often used in conjunction with other tools to support intervention and offer a guide to be supplemented by the knowledge of both interventions and families. The steps in this process allow the intervention process to proceed from a base of conversations and observations with the child and family. These lead to a plan for intervention that is always guided by the family and will change based on input from the family and interventionists. This process also provides an opportunity for reflection on the intervention process and development of new goals based on this reflection. The materials in *Growing* offer multiple strategies for supporting conversations with families, environmental observations, goal setting and planning, supporting positive communication and interactions, and utilizing family routines as the medium for intervention. This set of materials is designed to provide a toolkit for interventionists that can be individualized for each family and intervention situation.

## *Growing: Birth to Three: 5-Step Process*



### Conclusion

In the Portage Project, we are committed to continued learning about how to best provide early intervention, how to enter in to relationships with families, and how to support staff in working with families. Currently, we are involved in developing materials to support organizations in implementing relationship based intervention, this work and resulting materials emphasize the importance of reflective supervision in organizations that provide early intervention. The opportunity to share knowledge and experiences with

professionals, organizations, and parents in the United States and other countries strengthens our work and the stories of parents like Martha and Brad remind us of the power of families in our work.

Authors:

Portage Project staff Michelle Davies and Julia Herwig presented this paper. The Portage Project Birth to 3 staff provided intervention stories. Information about the *Growing: Birth to Three* materials comes directly from the Piecing it all Together monograph. Authors of the *Growing* materials include Mary Anne Doan-Sampon, Karen Wollenburg, Ann Campbell, Annette Copa, Loraine Lucinski, and Elizabeth Olsen. Graphics were developed by Fernando Hernandez. For more information about the Portage Project materials, visit the website: [www.portageproject.org](http://www.portageproject.org).