

## APPENDIX 5D



# Mitchell Family Case Study

### EXAMPLE 1

The early intervention team for the area serving the Mitchell family is responsible for about 100 families. They serve a five county area, and the drive out to the Mitchell's house from the office is about 45 minutes (one way). The team uses a blended service coordination model and a PSP approach to teaming. Their local team currently consists of the following members.

- One full-time early intervention coordinator (EIC) (Greta). Greta has worked for the early intervention program for 20 years. She is the first (and only) EIC for this area. She is from the area and is a well-respected leader in the community. She is divorced and has three grown children, two living close by. She has 12 grandchildren and spends as much time as she can with them. Greta is an avid Seahawks fan.
- One full-time early childhood special educator (ECSE) (Mandi). Mandi has 2 years of experience working in early intervention. She is 30 years old and has a master's degree from an in-state university. She is single and her favorite activities are sewing her own clothes and quilting. Mandi previously worked in a program supporting parents of newborns with disabilities. She prefers indoor activities to outdoor activities.
- One full-time occupational therapist (OT) (Roger). Roger is 42 years old and has lived in this area his entire life. He has a master's degree from a state university and has worked in early intervention for almost 15 years. Roger grew up on a farm. He is married to his high school sweetheart and has 9 children. Roger is the team's feeding specialist and has a lot of experience working with children with sensory needs.
- Two physical therapists (PTs) (Ginger works 2 days per week and Martine is full time). Ginger works full time for the regional hospital, and the hospital contracts with the early intervention program for Ginger to work with them 2 days each week. Ginger is 55 years old, has a master's degree in physical therapy, and has worked in pediatrics for about 10 years. Ginger was a PT assistant and went back to school for her physical therapy degree about 15 years ago so she could work with young children. She is divorced, recently moved to the area, and has worked at this hospital for about 9 months. Ginger is very comfortable with all aspects of pediatric physical therapy.

Martine is 26 years old. This is her first job as a PT. She has a doctorate in physical therapy from an out-of-state university. She had always wanted to move out to the country and accepted this position to do so. She is recently married and has no children. Martine is very athletic and runs marathons to stay in shape. She completed an elective fieldwork experience in her physical therapy program in an orthotics lab.

- Two part-time speech-language pathologists (SLPs) (Tristan works 2 days per week and Stella works 3 days per week). Tristan is originally from the area and moved back last year.

He is 35 years old, married, and has twin boys that are 18 months old. He works 3 days a week for the local school district. Tristan grew up on a farm, but currently lives in town near the early intervention office. Tristan has extensive experience in the area of augmentative and alternative communication.

Stella is new to the area. She works for a traveling therapist practice and agreed to accept this position for 2 years. She works 2 days each week for the regional hospital where Ginger works. Stella is single, has no children, and is new to small-town life. She is 28 years of age, is an avid reader, and loves to cook. Stella is very comfortable working with children with feeding issues and does not have much experience with assistive technology.

Greta received the telephone call from Mrs. Mitchell late on Wednesday afternoon. Greta was aware that the Mitchells were moving back to the area. Greta's parents are long-time friends of the Mitchell family, and Greta's younger brother is actually a friend of Mr. Mitchell. Mrs. Mitchell was calling about her youngest son, Ezra. He has a diagnosis of cerebral palsy and had been enrolled in an early intervention program in another part of the state. Greta knew that she needed some basic information from Mrs. Mitchell in order to get the team member who might be the PSP involved with the Mitchells as early in the process as possible. Greta inquired about the family and asked Mrs. Mitchell to share why she had called. Greta also asked generally about the Mitchell family routines as well as what they enjoyed doing together. Greta knew that the team would be meeting on Friday and told Mrs. Mitchell that someone from the team would be in contact with them following the meeting on Friday to begin gathering more information. Based on her telephone call with Mrs. Mitchell, Greta shared the following information with the team.

The Mitchell family lives in a rural, isolated part of the county and Mrs. Mitchell home-schools all five of her children. Mr. Mitchell is a farmer and has recently moved the family back "home" to operate his great-grandparents' family farm. The youngest son, Ezra, a 2-year-old, has cerebral palsy and uses a wheelchair, a stander, or just rolls around on the floor, depending on the time of day and what the rest of the family members are doing. Ezra is described as a happy boy by his mom. He has three older brothers and a younger sister; Malakai (15 years old); Isaiah (13 years old); Elijah (10 years old); and Rebekah (4 months old). Ezra was enrolled in an early intervention program in another part of the state prior to the family's recent move. Mrs. Mitchell has Ezra's current IFSP and a copy of all of his paperwork. According to the IFSP, Ezra was receiving weekly visits from the PT and SLP and the early childhood special educator visited them twice monthly. Mrs. Mitchell shared that Ezra had recently been evaluated by an OT who had planned to start seeing Ezra weekly, but did not have time to get therapy started prior to the family's move. Mrs. Mitchell explained that Ezra's therapists usually worked with him while she was schooling the older children. When asked to describe Ezra further, Mrs. Mitchell stated that he smiles all the time and says one word, *mom*. She explained that the family can tell what Ezra likes by the degree to which he laughs and smiles. When asked how he participates in family activities, Ezra's mom proudly explained that there is nothing he cannot do with the family. He participates in everything the family is doing by watching. When Greta asked Mrs. Mitchell what they would like to see Ezra doing, she stated that she needed some ideas on how to involve him in homeschool activities and family chores. When Greta asked for more detailed information, Mrs. Mitchell also indicated that the family spent a lot of time outdoors and all of the children had chores, except the infant. She stated that they all struggle with how to include Ezra, especially in the outdoor activities.

Greta shared with the team that she took the opportunity to explain to Mrs. Mitchell that the program in this part of the state was different than where Ezra had previously been enrolled. She described that the approach in this area emphasized evidence-based practices that relied on parent involvement and using natural learning opportunities as the basis for intervention as well as a PSP approach to teaming. She further explained to the team that Mrs. Mitchell particularly liked the notion of the early intervention team helping her find ways to include Ezra in all of the family's activities. She also said, however, that she does not

really know how it is possible because Ezra cannot walk, talk, or even sit up without assistance. Greta shared further that Mrs. Mitchell was somewhat skeptical of having a primary provider, but was open to the idea. She admitted that the visits from all of the other providers in their previous program were a lot to manage.

Let's listen in on the team as they discuss options for the most likely PSP/family service coordinator:

Greta: So that's all we know now. I told Mrs. Mitchell that we would pick up the records on our first visit with her. I thought we should take a look at those records before I call the other program.

Martine: That sounds good, Greta. I'm glad you took the opportunity to talk about our approach. It sounds really different than what the Mitchells are accustomed to.

Greta: Thanks, Martine. They will need to hear all of it again. As you stated, we do things very differently than their previous program.

Stella: Well, I already see Nettie and her family. They live out that way. We've been really busy lately because Nettie has been making so much progress. I've been out there pretty regularly, at least twice a week. I'm not sure that I'm really the best match. Tristan is our go-to guy for augmentative and alternative communication and it sounds like Ezra is most likely a candidate.

Greta: Hang on, guys. Let's think this through using our new worksheet. This seems like a good opportunity for being systematic about this process. I also think this will assist us as we continue to discuss our teaming approach with the Mitchells.

Tristan: I was thinking the same thing, Stella. The information that you shared is really about us (the practitioners). How do we shift our thinking to focus first on the Mitchell family and Ezra before we jump in with our availability and expertise?

Martine: It's tough. I was going to the same place in my head, too. Let's get the worksheet out and really give this a try.

Greta: Great job, guys. Here is the worksheet. Tier 1, Factor 1, is parent/family factors. This comprises the family's priorities or requests, including anything we might receive from the physician.

Mandi: Okay, then, we don't know much. How do we proceed?

Greta: Let's write down what we know. First off, you are all going to be listed up at the top of the worksheet.

Stella: Even if we don't have time in our schedule?

Greta: Yes. Everyone is an option as we begin our discussion. We'll talk about individual availability as a final factor in Tier 3.

Tristan: Okay. We know that Mrs. Mitchell homeschools all of the older children and wants ideas for how to include Ezra. We know that Mr. Mitchell is out working on the farm, but we'll need more detail about all of that. We know that the entire family spends a good deal of time outside and that Mrs. Mitchell said they all have a tough time trying to figure out how to include Ezra.

Greta: Nice summary, Tristan. Can anyone think of anything else related to the parent/family factors in Tier 1?

Roger: We know that Ezra was receiving ECSE, PT, and SLP services and that the family had just received an order from the physician for OT. So, is this where we take that into consideration?

- Greta: Yes. I think that does fit here. What else?
- Ginger: I think we're ready to move onto child factors. Let's list all of that equipment that Ezra already has in place. Greta, did you say a wheelchair and a standing frame?
- Greta: Yes, and there might be additional items. Mrs. Mitchell just happened to mention these specific items.
- Ginger: She also said that he can't walk, talk, or really move very well on his own. The fact that he's 24 months old and already has this type of equipment makes me think that he probably has quadriplegia. We'll have to just go with this for now until we lay our eyes on him.
- Tristan: Ginger, I was thinking the same thing. I'm really interested in what approach they're taking to Ezra's communication. If he does have spastic quadriplegia or athetoid-type cerebral palsy, then he will probably have substantial long-term assistive technology needs in this area.
- Roger: We'll definitely need to assess, but if we're going with this line of thinking, then his independence related to self-care and all of the issues related to eating are probably going to surface.
- Greta: Great discussion. What about Ezra's interests and activity settings? What do we know?
- Mandi: Not much. We know that his mom wants to include him in homeschooling, but we don't know anything about what Ezra likes or wants to do.
- Roger: Same with outside. We don't even know if he likes going outside, but if his family is always out and about, we'll need to think about ways for Ezra to participate.
- Stella: I just feel like we need so much more information.
- Greta: We do. Definitely. Remember, this is just to get us started. So, this is a nice segue to environmental factors. What do we know?
- Martine: Well, we know he's at home on the farm. We don't know much more.
- Greta: The rest of the extended family attends my church. I have a hunch they will too. We'll just need to ask. I think it is important to note that he doesn't attend child care. So we don't have to worry right now about contacting anyone regarding involvement in the IFSP process.
- (See Table 5D.1 for the factors just discussed for Ezra.)
- Mandi: It sounds like we're ready to talk about where we all fit in. So, let's take a look at our knowledge and expertise—professional and personal. I have to jump in and say that I'm feeling a bit overwhelmed. I just keep thinking about all of those activity settings—the farm, all the kids, all of Ezra's needs. What do you guys think about all of the equipment he has? I would really need a lot of help with all of that. I feel like I wouldn't really know where to start.
- Ginger: I feel really comfortable helping address all of the equipment issues, but I am not sure it is the best use of my time to drive all the way out there when I'm only available 2 days a week.
- Greta: Ginger, you began with sharing your expertise and knowledge, but it shifted to your availability. We have a lot more to talk about before we get there.
- Ginger: Oops! You're right. This is really challenging to separate the two issues. I'm surprised at how much I've been thinking about my schedule.

**Table 5D.1.** Individualized family service plan factors for the Mitchell family

Tier	Parent/family factors	Child factors	Environmental factors
Tier 1	Ideas for homeschooling Ezra How to include Ezra in chores (feeding the horses, watering/ feeding the dogs) Help Ezra to be more independent (eating). Mrs. Mitchell would like time to spend with Rebekah while the boys include Ezra in enjoyable activities (fishing, riding the four-wheeler, riding the horses). Previously received early childhood special education, physical therapy, speech-language therapy, and occupational therapy was soon to begin	Ezra is 2 years old. Ezra has cerebral palsy (quadriplegia). Ezra lights up when his siblings and parents interact with him. Ezra loves to hold Rebekah. Ezra enjoys being outside. Ezra loves the dogs and horses (petting and feeding them).	Ezra spends all of his time at home and with the family at church on Sundays. Parents and Rebekah visit extended family on a neighboring farm once monthly for dinner while Malakai cares for the other children.
Tier 2	Family members include <ul style="list-style-type: none"> <li>▪ Mrs. Mitchell (Mary)</li> <li>▪ Mr. Mitchell (Jeb)</li> <li>▪ Malakai (brother; 15 years old)</li> <li>▪ Isaiah (brother; 13 years old)</li> <li>▪ Elijah (brother; 10 years old)</li> <li>▪ Rebekah (sister; 4 months old)</li> </ul> Mary homeschools all children Family occupation is farming, and the three older boys assist with chores		Live 45 miles from early intervention office on their farm
Tier 3	Mary is available any time Monday through Friday Jeb is available at lunchtime (11:30 a.m.) and evenings (after 6:00 p.m.) Homeschool schedule is <ul style="list-style-type: none"> <li>▪ 8:30 a.m.-11:30 a.m.</li> <li>▪ 12:30 p.m.-2:30 p.m.</li> </ul>		

(The team all comments on the same idea of how pervasive the issue of the practitioners' availability looms as they consider the possibilities of who might serve as primary provider.)

Greta: I agree. The availability consideration is an important one. It's just that we're jumping to it too soon.

Martine: So, I feel comfortable supporting the family, but I'm trying to keep the long-term perspective. Maybe I could go in and help the PSP with all of the equipment needs up front.

Roger: Well, I've been thinking along the same lines. I'd love to step in and serve as the primary for Ezra and his family. You guys know that I'm comfortable with a lot of kids being around (having nine myself), and you also know that my wife homeschools our children. Also, I've lived on a farm all my life, so I would feel right at home. I'm just worried about all the time he might need, and I know that I would need some help from Tristan, early on, related to the communication issues.

Greta: Everyone remember, we're not making the decision without the Mitchells and before we write the IFSP outcomes. We just want to be thinking about the best options from our point of view. Who else feels comfortable addressing the priorities we know about at this time?

Stella: Well, I'm definitely comfortable with the feeding issues, but so is Roger. I'm not the one to help with the augmentative and alternative communication issues that we'll probably face. I also can't say that I'm too excited about tromping around on the farm. I wonder if they have horses?

Mandi: Me neither. I'm nervous about dogs, too.

(The team members all laugh together.)

Greta: This is good discussion. This is where this all fits together. So, let's write out to the side here who we think we're still considering as most likely PSP.

Roger: I think I'm in.

Tristan: Me, too.

Ginger: I'm not sure how this works, but I think that both Martine and I might be in. But I think we're really better for secondary support. What do you guys think?

Roger: That makes more sense to me.

Greta: Then I'll write Roger and Tristan in for PSP and Ginger and Martine in for SSP. Stella and Mandi, does this make sense to you?

Stella and Mandi: Yes (in unison).

Greta: Now we're to Tier 2, family dynamics. What do we know here?

Ginger: I don't think we really know anything here. What do the rest of you think?

Roger: I agree. Greta, can we just move on?

Greta: Yes. I think this just emphasizes how much work we have to do to get to know the family. Safety and distance from the office is the next factor to reconsider on Tier 2. We know it is about a 45-minute drive on a clear, no-tractor-on-the-roads day.

(The team members laugh about the issues they face driving country roads.)

Tristan: We don't have any safety concerns at this point, but that drive is a big issue for us regarding availability. Can we talk about that now?

Greta: Not really. We need to consider issues such as prior relationship, rapport with the family, and billing. We can certainly bill for anyone's services. Don't you all agree?

(The team confirms that billing isn't a complicating factor, initially, but needs to be considered for the future.)

Roger: This seems premature because we haven't met the family. Do we revisit this once we start the process?

Greta: Absolutely. We'll keep these factors in mind as we move forward with the family. So, has our list changed regarding Tier 2?

Team: No.

Greta: Tier 3 is...

Team: Availability! (The team members laugh, as this is a new way of thinking for them.)

Greta: Yes. But first, it's about the family's availability. What do we know?

- Martine: Do we know anything?
- Roger: I think we can probably assume this family won't require regular evening visits because of Mrs. Mitchell's request about homeschooling and outside time. We'll need to be open, but it seems that visits during the day will be an option.
- Ginger: What about our availability?
- Tristan: I feel like I have the expertise to support Ezra and his family, but my schedule is really packed. I'm not sure that I can meet all of their needs and expectations at this point and time.
- Roger: I have time in my schedule and I'm already out that way a few times each week. Like I said, Tristan, I know I'm going to need help from you.
- Tristan: I know. I'm going to take a hard look at my schedule to see when I can free up some time. I can definitely find some time for joint visits.
- Ginger: Roger, how comfortable are you checking out all of the assistive technology already in place?
- Roger: I'm very comfortable looking at how it fits and how the family is currently using the different pieces of equipment to support Ezra's participation. I will need some help with the wheelchair. But we don't have to do that right away. I'm really anticipating needing some assistance around Ezra being able to communicate more effectively. How about I contact Mrs. Mitchell, explain the program again, and schedule to go out on Tuesday morning if she is available? I'll get the paperwork started and really try to move on to the functional assessment. I'll also check out specifically if it's okay for both Tristan and me to come out together. Sometimes, it can be uncomfortable for a mom with two male practitioners. In fact, Greta, what do you think about calling her back to ask about that? That way, if she does have some discomfort, then she won't feel pressure from me and we can move to an alternate plan.
- Greta: I think that's a good idea. I can also check out how much Mr. Mitchell is going to be involved. And I know the older boys will be around, so that should help out, too.
- (See Table 5D.2.)
- Martine: It sounds good to me. Roger, what support do you need from Ginger or me?
- Roger: As I said, I'll need some help with the wheelchair, but I feel okay about getting started, unless anything comes up right away.
- Martine: How about I serve as your backup on the equipment because I've got more flexibility in my schedule. Does that sound okay, Ginger?
- Ginger: Sounds excellent to me.
- Greta: Let's summarize. Roger, it appears that based on what we know now, you are our best option for the most likely PSP with support from Tristan and Martine. Is this correct?
- Team: Yes, all good.
- Greta: Okay, then I'll call Mrs. Mitchell and then contact you, Roger. Will you be around this afternoon?
- Roger: Yes, I'll be back by about 2:30. (See Figure 5D.1.)

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