

# A History of the DEC Recommended Practices

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During the half time of the Kansas-North Carolina NCAA basketball game in 1991, a small group of members from the Division for Early Childhood (DEC) Executive Board met to discuss a process for identifying recommended practices in the field. Although our discussion was interrupted by the second-half of the game and then the great celebration by the Jayhawk fans in the room, a subsequent discussion ensued. The DEC Recommended Practices Task Force was formed. (McLean & Odom, 1996)

## **The Initial DEC Recommended Practices**

**A**T THE TIME OF THE BEGINNING OF THE RECOMMENDED PRACTICES in 1991, the Division for Early Childhood (DEC), the professional organization for the field of early intervention/early childhood special education, was not yet 20 years old. In 1973, the Board of Governors of the Council for Exceptional Children (CEC), after an initial refusal, approved the establishment of a 10th CEC division, the Division for Early Childhood (DEC). It was the first division to be defined by an age group rather than by a category of disability. The new division moved quickly to establish services for its members and also quickly became politically active. In partnership with CEC, DEC submitted recommendations on bills to create birth to age 5 services under the Education of the Handicapped Act in 1985 and 1986, and in 1986, DEC testified before Congress on S. 2294, the Senate bill precursor to P.L. 99-457, which initiated federal funding for services for all children with disabilities from birth through age 5 (McLean, Sandall, & Smith, in press).

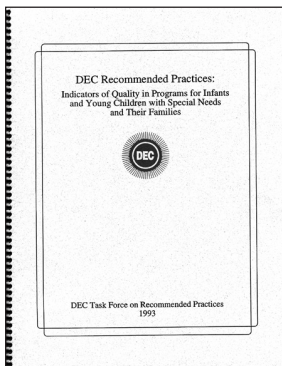
The passage of P.L. 99-457, a celebrated accomplishment, had the effect of greatly increasing the amount of work faced by the young DEC organization. Many states had no services in place, no teacher certification or professional development programs, and no standards for services for the population of young children with disabilities. By 1991, it became clear to the DEC Executive Board that guidance was needed on a national level, and the idea of creating DEC recommendations for practice was born.

The DEC Recommended Practices Task Force, mentioned above, was chaired by Sam Odom and Mary McLean and included eight members from the DEC Executive Committee: Susan Fowler, then president of DEC, Larry Johnson, Mary McEvoy, Susie Perrett, Chris Salisbury, Vicki Stayton, Daphne Thomas, and Barbara Smith, the DEC executive director. The task force developed and carried out plans for identifying what initially was called *best practices*. However, the task force realized that what is determined to be best for one child may not be best for all children. In addition, there was a realization that the practices should change over time as new strategies are proposed and determined through research to be effective. As a result, *recommended practices* was adopted as a more appropriate term.

The task force developed a plan for identifying the initial set of practices. Fourteen strands were identified by the task force and are listed at the end of this article along with the individuals who chaired each strand. The task force decided that a broad base of input would be best for identifying recommended practices within each strand and, as a result, plans were developed to hold workgroups for each strand at the 1991 DEC Conference in St. Louis. Three groups of individuals were asked to come together around each strand at the conference: researchers, practitioners, and families. All DEC members were invited to join a group at the conference. Individual strand chairs invited researchers with a strong knowledge base to participate in their meetings, and the DEC Family Concerns Committee invited families to attend and financially supported their travel to the conference. Input was also possible through mail or phone. Strand groups were asked to consider practices appropriate for children from birth to age 6 with disabilities or delays in development. In addition, six philosophical criteria were identified to guide the work, specifying that the practices should be research-based or values-based, family-centered, multicultural, cross-disciplinary, developmentally and chronologically age appropriate, and normalized.

When the meetings in St. Louis were finished, the practices suggested by each strand group were edited by the corresponding strand chairs and then edited by the task force chairs. A total of 415 practices were identified. The final list of practices was edited into a validation survey that was distributed to 500 people, who were asked whether each practice should become a recommended practice. The criterion was set at 50% for ratings of either *agree* or *strongly agree*. Every practice met this criterion, so all were identified as recommended practices.

Survey participants also were asked how much they thought a practice could be used in settings they are familiar with by rating *frequently*, *sometimes*, *rarely*, or *never*. An initial criterion was set at 50% of respondents rating a practice as *frequently*. Eleven of the 14 strands had four or fewer items that met this criterion. A second criterion, which was set at 50% of respondents rating a practice



For three years, this spiral-bound document was the only source for the first version of the DEC Recommended Practices (DEC Task Force on Recommended Practices, 1993).

as either *frequently* or *sometimes*, resulted in most of the practices meeting the criterion (Odom, McLean, Johnson, & LaMontagne, 1995). The difference in the results of using these two criteria have been interpreted as indicating that the field was moving toward implementation of the practices. However, it is important to point out that the initial effort to identify recommended practices for EI/ECSE did not include development of implementation strategies. That work would come later as DEC recognized the importance of implementation strategies for the practices.

The work on the initial DEC Recommended Practices was completed at very little cost. Information about the initial set of recommended practices was contained in two publications (DEC Task Force on Recommended Practices, 1993; Odom & McLean, 1996). The first publication, which was primarily a listing of the practices in each strand, was printed at the local printing shop in Auburn, Alabama, where the author resided. At a time when most people still did not have Internet access, this spiral-bound document was the first and, for three years, the only source for the DEC Recommended Practices. In 1996, the first book about the DEC Recommended Practices was published (Odom & McLean, 1996). This monograph includes articles written by the strand chairs to describe and provide background information on the practices in each strand.

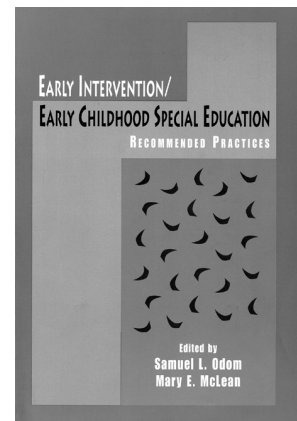
Interestingly, the final paragraph of the introduction to the 1993 document on the DEC Recommended Practices foreshadowed what would become one of the major challenges for the recommended practices effort over time:

These recommended practices reflect the “state of the art” of EI/ECSE as it exists today. What is “state of the art” today may be archaic five years from now. Only a continuing process of review and revision will maintain the quality of a set of indicators that essentially defines the field. Therefore, with this work we hope that we have begun a process which will involve periodic and continual review and discussion of recommended practice for our field. (DEC Task Force on Recommended Practices, 1993, p. 9)

## DEC Recommended Practices Revised

It would be about seven years before the DEC Recommended Practices were revised (Sandall, McLean, & Smith, 2000). As the new century approached, conversations about the initial set of practices included questions about whether the practices were current, whether they reflected the current evidence base, and whether the practices were being used. The data collected in the validation and use study of the initial practices had indicated that they were not widely used in the field (Odom et al., 1995), and it was not clear that use in the field was increasing.

Research in the field was changing, however. In 1997, Michael Guralnick (1997) wrote a book on the effectiveness of early intervention in which he proposed that it was time to stop asking whether early intervention is effective, a question he referred to as “first-generation research.” Instead, Guralnick suggested it was time to begin asking what works for which children and under which

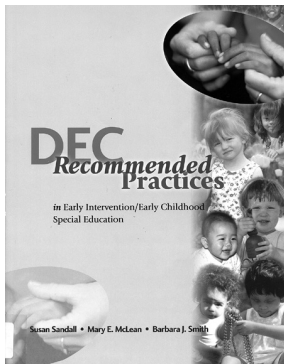


In 1996, the first book about the DEC Recommended Practices was published (Odom & McLean, 1996).

conditions, questions he referred to as “second-generation research.” Guralnick argued that the passage of P.L. 99-457, which mandated services to children with disabilities from birth through age 5, had essentially changed the nature of research that is needed in our field.

Discussions about second-generation research were timely as David Sexton, then vice president of DEC, and Barbara Smith, executive director of DEC, initiated an effort to revise the DEC Recommended Practices. Through a grant proposal to the Office of Special Education Programs of the U.S. Department of Education, funding to revise and update the practices was obtained in 1998. Revision of the recommended practices was focused on two primary goals:

1. To produce an empirically supported set of recommendations for practice with young children with disabilities birth through age 5, their families, and those who work with them.
2. To increase the likelihood of the use and adoption of the recommended practices by identifying “indirect supports” necessary for improving direct service practice, and by formatting and disseminating the practices to increase their use by stakeholder groups such as families, personnel trainers, practitioners, and administrators. (Smith, McLean, Sandall, Snyder, & Ramsey, 2005, pp. 27–28)



Seven years after the initial DEC Recommended Practices were released, a revised set of practices was published (Sandall, McLean, & Smith, 2000).

A “management team” consisting of Barbara Smith, David Sexton, Susan Sandall, and Mary McLean led this work along with strand coordinator Sam Odom; methodology consultants Patricia Snyder, Phil Strain, and Bruce Thompson; and strand chairs as listed at the end of this article. Ten strands were initially identified and were later organized into five direct service strands and two indirect support strands.

**Empirical support.** A major difference in the development of the second version of the recommended practices was the addition of research evidence for the practices as well as the experiences and values of the field. Focus groups were again held to gather recommendations for practices from stakeholders, including researchers, families, administrators, and practitioners. At the 1998 DEC Conference, initial focus groups were held with those having research expertise in the strand areas. Focus groups with families, practitioners, and administrators were held later in the year. Eventually, the policy/procedures strand was combined with the systems change/leadership strand into the policy, procedures, and systems change strand. The learning environments and cultural/linguistic sensitivity strands were integrated across all strands. The final list of practices included a total of seven strands: five related to direct services and two indirect support strands.

As mentioned above, a major difference between the first set of recommended practices and the second set was the addition of a review of the evidence base during the development of the practices. Initially, the field was asked to recommend professional journals that should be included in the research review. Journals nominated included many from related fields in addition to those in early childhood education and early childhood special education. A total of 48 journals were reviewed for research articles between 1990 and 1998 that met the

criteria. The methodology consultants recommended the inclusion of research from randomized controlled trials as well as other methodologies in the effort to identify evidence-based practices (Snyder, Thompson, McLean, & Smith, 2002). Coding sheets were developed for the methodology consultants for group quantitative, single subject, descriptive, qualitative, and mixed method research designs.

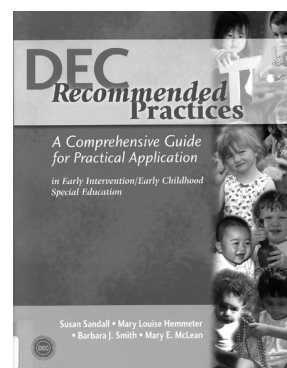
A total of 1,018 articles were read and coded by 42 volunteer coders; both a generic and a specialized coding sheet by methodology were completed for each article. Coders were asked to record information about each article and the methodology used and to also identify the recommended practices supported by the research as well as the strand to which the practices should be assigned. To ensure consistency of coding, an additional 29 coders read 33% of the articles and validated the recommended practices identified as well as the strand placement. As a result of the literature review, 835 articles contributed information for the practices. Some articles contributed to more than one practice, leading to a total of 977 recommendations from the literature for practices across the strands.

Once the literature review was completed, the remaining task was to synthesize the practice recommendations from the literature review with the practice recommendations from the researcher focus groups and the stakeholder groups (families, administrators, and practitioners). The result was 250 practices—considerably reduced from the original 415 practices. These 250 practices then were included in the field validation study (McLean, Snyder, Smith, & Sandall, 2002). Like the first set of practices, this field validation asked respondents whether the practice should be a recommended practice (*strongly agree, agree, disagree, or strongly disagree*) and the extent to which they see it in practice in programs they are familiar with (*frequently, sometimes, rarely, and never*).

Eight hundred individuals representing families, practitioners, higher education personnel, and administrators were asked to respond to the validation questionnaire. All of the practices met the criterion of 50% of the respondents rating each item as *strongly agree* or *agree* for the first question. The most common response to the question about how frequently the practice would be used in programs was *sometimes* for all practices. The second most frequent response was *frequently* for all strands, with the exception of technology and policy/systems change, where *rarely* was the second most frequent response.

**Use and adoption of the practices.** The first set of DEC Recommended Practices was available only in print. As indicated above, for the first three years, a spiral-bound document was the only print version available. To increase the use and adoption of the second version of the practices, four focus groups were held to determine what formats would be most useful to stakeholders. The stakeholders indicated that they wanted examples of the practices and that they also wanted materials available in different formats: print, video, and Web-based products (Smith et al., 2005). In addition, DEC produced a variety of products to facilitate implementation of the practices: a video demonstrating several of the practices (Division for Early Childhood, 2001), a program assessment (Hemmeter, Joseph, Smith, & Sandall, 2001), and a book devoted to personnel preparation (Stayton, Miller, & Dinnebeil, 2002).

In 2005, a “comprehensive guide for practical application” of the DEC

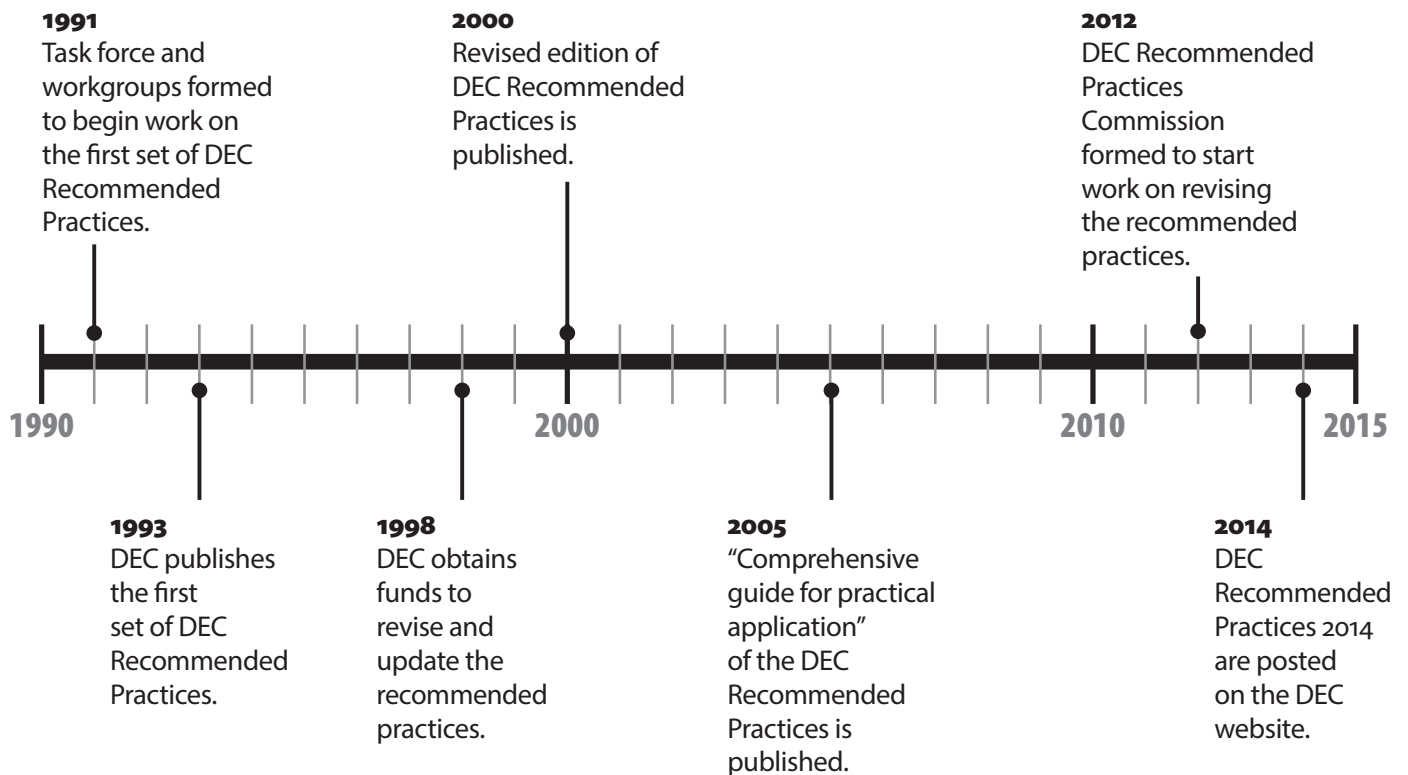


Five years after publication of the revised recommended practices, a “comprehensive guide for practical application” of the practices was published (Sandall, Hemmeter, Smith, & McLean, 2005).

Recommended Practices was published. Among other things, this guide included examples of the practices as well as lists of resources for each strand that might be useful for implementation (Sandall, Hemmeter, Smith, & McLean, 2005). Also in 2005, DEC published the *DEC Recommended Practices Workbook* (Hemmeter, Smith, Sandall, & Askew, 2005), which facilitated the use of the recommended practices not only by strand but also by activities, such as monitoring child progress and preventing and addressing challenging behavior, by selecting practices from across the strands that support each activity.

In addition to these products, a grant from the Office of Special Education Programs in the U.S. Department of Education awarded to the University of Colorado Denver in partnership with DEC under the leadership of Barbara Smith, then executive director, allowed DEC to study the implementation of the recommended practices in two high-quality programs in Colorado: the Douglas County School District and the Sewall Child Development Center. Focused on the systems developed for implementation of the DEC Recommended Practices in these two sites using the DEC program assessment and action planning forms (Hemmeter, Joseph, et al., 2001), this grant led to documentation of lessons learned in the process and suggestions at the state level for sustaining the change over time (Askew, Smith, Frederick, Heissenbuttel, & Whitman, 2005).

## DEC Recommended Practices Timeline



## Looking Back

Since that first meeting during halftime of the Kansas-North Carolina basketball game in 1991, hundreds of volunteers filling various roles—practitioners, families, administrators, researchers, and more—have offered their expertise and their time to the development and implementation of the DEC Recommended Practices. As explained in the next article of this monograph by Patricia Snyder and Betsy Ayankoya, work on the recommended practices continued after the second version of the practices. DEC welcomed a third version of the practices in 2014. The vision for the DEC Recommended Practices now includes a process for ongoing review and revision with a clear and continually updated connection to the evidence base. DEC members and others are invited to join DEC in this important work.

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### Strands and Strand Chairs for Original DEC Recommended Practices (1993)

*Assessment*  
John Neisworth

*Family Participation*  
Lisbeth Vincent and Julie Beckett

*IFSPs/IEPs*  
Ann Turnbull and Corrine Garland

*Service Delivery Models*  
Robin McWilliam and Phil Strain

*General Curriculum /Intervention  
Strategies*  
Mark Wolery

*Cognitive Skills Interventions*  
Carl Dunst

*Communication Intervention  
Strategies*  
Howard Goldstein

*Social/Emotional Intervention  
Strategies*  
Mary McEvoy and Paul Yoder

*Adaptive Skills Intervention Strategies*  
Eva Horn

*Motor Skills Intervention Strategies*  
Rebecca Fewell

*Transition*  
Mary Beth Bruder  
Lynette Chandler

*Personnel Competence*  
Patricia Miller and Vicki Stayton

*Program Evaluation*  
Scott Snyder

*Programs for Gifted Children*  
Steve Stile

### Strands and Strand Chairs for 1998–1999 Focus Groups

#### Direct Service Strands

*Assessment*  
John Neisworth and Stephen Bagnato

*Child-Focused Practices*  
Mark Wolery

*Cultural/Linguistic Sensitivity*  
Rosa Milagros Santos

*Family-based Practices*  
Carol M. Trivette and Carl Dunst

*Interdisciplinary Models*  
Robin McWilliam

*Learning Environments*  
Mary Beth Bruder

*Technology Applications*  
Kathleen Stremel

#### Indirect Support Strands

*Personnel Preparation*  
Patricia Miller and Vicki Stayton

*Policy/Procedures*  
Gloria Harbin

*Systems Change/Leadership*  
Chris Salisbury



# Revising the Division for Early Childhood Recommended Practices: When, Who, and How

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THE DIVISION FOR EARLY CHILDHOOD (DEC) RECOMMENDED PRACTICES offer general guidance for practitioners, families, administrators, and other stakeholders about which practices, when implemented as intended, are most likely to be associated with desired outcomes for young children with disabilities or delays, their families, or those working with or on their behalf. The appropriateness or effectiveness of the practices for an individual child and family, however, depends on their characteristics, priorities, and needs; the circumstances under which practices will be used; and the knowledge, skills, and dispositions of those implementing the practices (McLean & Odom, 1996; Snyder, 2006). This is where evidence-based practice comes into play. Evidence-based practice, when the word *practice* is used as a verb, refers to systematic processes used by a family and practitioners to make *individualized* decisions about practice implementation. In evidence-based practice, attention should be focused on child and family characteristics, family values, and in-depth knowledge about a child and family (Buisse, Wesley, Snyder, & Winton, 2006). The recommended practices are useful for helping to guide and inform decisions that result from engaging in evidence-based practice.

Since 2000, practices designated as “recommended” by the Division for Early Childhood (DEC) have been generated by appraising the best-available research evidence, gathering experiential knowledge and wisdom from the field using consensus methods such as focus groups, and conducting field validation activities to verify that identified practices are viewed as important and should be implemented regularly (Smith, McLean, Sandall, Snyder, & Broudy Ramsey, 2005). In addition, five criteria suggested by Peters and Heron (1993) have continued to guide the designation of a practice as recommended: (1) Does the practice



The DEC board was particularly interested in a plan that would help ensure the recommended practices would not become static and could be modified or revised, when appropriate.

have a sound theoretical base? (2) Is the methodological integrity of the research supporting the practice convincing and compelling? (3) Is there consensus about how the practice is defined and implemented within the existing literature? (4) Is there evidence that desired outcomes are consistently produced when the practice is implemented as intended? and (5) Is there evidence of social validity for the practice? Answers to these five questions might change over time as empirical research continues to accumulate or knowledge gained through experiences with implementing recommended practices evolves. Practices might need to be modified or revised as the knowledge base in the field evolves, as views about what constitutes effective practice change, and as new or updated policies that guide practice are disseminated (McLean & Odom, 1996; Snyder, 2006).

In the previous article, McLean describes the history of the DEC recommended practices, beginning with the initial set of practices published in 1993 through the set of practices included in the 2005 volume co-edited by Sandall, Hemmeter, Smith, and McLean. The purpose of this article is to detail the processes used to undertake the revisions to the 2005 recommended practices that resulted in the dissemination of the 2014 DEC Recommended Practices. In addition, we describe the partnership that the Recommended Practices Commission, the Division for Early Childhood, and the Early Childhood Technical Assistance Center (ECTA) have had throughout the revision processes. Finally, we describe how DEC and ECTA continue to work in partnership to support dissemination and implementation of the practices.

### **Workgroup Appointed to Advise Whether and How to Update Practices**

In November 2010, then DEC President Rosa Milagros Santos, with the approval of the DEC Executive Board, convened a workgroup of three members: Judith Carta, Kathleen Hebbeler, and Patricia Snyder. The workgroup received operational support from Sarah Mulligan, a former DEC executive director. The workgroup was asked to meet with representatives from the DEC board and executive director and was charged with the following tasks: (a) gather background information from previous workgroups and individuals involved in the DEC Recommended Practices, (b) propose a plan and scope of work for review by the DEC board for updating the 2005 recommended practices, and (c) ensure the plan included sustainable processes for ongoing review and revision of the recommended practices. The DEC board was particularly interested in a plan that would help ensure the recommended practices would not become static and could be modified or revised, when appropriate. The rationale developed by the workgroup for revising the practices and reviewing and updating the practices on a regular basis was:

The DEC Recommended Practices are a set of empirically supported recommendations for practice with young children with disabilities birth through age 5, their families, and those who work with them. Given research is ongoing and the contexts in which the practices are enacted are changing, the Recommended Practices need to be

reviewed for possible revision on a regular basis to ensure they reflect current knowledge about effective practices and are relevant and useful for their intended audiences. Also, changes in services delivery, new technologies, and ongoing research on practice implementation underscore the need to reexamine how to disseminate and support utilization of the practices.

## **Gathering Input From the Field About Recommended Practices**

While the workgroup was engaged in its assigned tasks, the DEC Executive Board was simultaneously gathering input from stakeholders about the utility of the recommended practices and issues related to their implementation. Board members also interacted with the workgroup to draft potential taxonomies and frameworks to guide the revision processes. Under the leadership of then President Kristie Pretti-Frontczak, Past President Rosa Milagros Santos, President-Elect Bonnie Keilty, and Vice President Carol M. Trivette, DEC gathered information from previous recommended practices authors and conducted surveys of the DEC membership to gather input from the field. Forums were also held at the annual conference about plans for updating the recommended practices. The results of the information gathering and surveys were shared with the DEC membership through the website and at sessions held at the DEC Conference. In addition, a page on the DEC website provided updated information about what was happening with the recommended practices and to invite participation of the field.

## **Linking DEC Recommended Practices Revisions and the Early Childhood Technical Assistance Center**

In mid-2012, the Office of Special Education Programs released a request for applications (RFA) for the Early Childhood Technical Assistance Center. The RFA included language related to collaborating with DEC to update the 2005 set of recommended practices:

In year one of the project, collaborate with the DEC to update the current set of DEC recommended practices related to: (1) policies that promote a high-quality, coordinated, and integrated early childhood system and provide a foundation necessary to facilitate the use of recommended practices by providers serving infants, toddlers, and preschool children with disabilities and their families; and (2) effective services and evidence-based interventions that result in positive developmental and learning outcomes for infants, toddlers, and preschool children with disabilities and their families. (U.S. Department of Education, 2012, p. B-11)

Building off the proposed plan and scope of work developed by the workgroup and DEC board as well as input gathered from the field, in mid-2012, DEC prepared a plan of action to revise the recommended practices. This plan was available to any entity responding to the RFA for the ECTA Center. In late 2012, it was announced that the Early Childhood Technical Assistance Center (ECTA)

would be awarded to the University of North Carolina at Chapel Hill. Thus, the partnership between DEC and ECTA for updating and revising the recommended practices began.

### **Plan of Action for Updating and Revising the DEC Recommended Practices**

The DEC plan of action included four major components: (1) appoint a national Recommended Practices Commission consisting of 11 to 15 DEC members in good standing who would direct and oversee the revision of the recommended practices; (2) within one year, produce a revised set of DEC Recommended Practices using the initial parameters and framework developed by the workgroup and DEC and endorsed by the field; (3) create multiple platforms to ensure that individuals working with young children with disabilities and their families have access to the practices; and (4) ensure ongoing access to the practices and create a plan to continually update both the practices and the supporting materials and make resources available to professionals and family members.

Under the initial action plan, DEC's Recommended Practices would be revised using a key set of parameters to create a smaller set of recommended practices than the 240 existing practices in the 2005 version. Table 1 shows the parameters specified in the initial plan. The plan described that these parameters and other criteria developed by the Recommended Practices Commission would be systematically applied to the 240 practices to identify a core set of revised practices. The practices would undergo careful review and be fine-tuned by the commission with input from the field. The commission was responsible for verifying that, when implemented as intended, the practices would be expected to inform and improve the quality and outcomes of supports and services provided to young children with disabilities, their families, or the personnel who serve them. Technical advisors would be made available to assist with designing and implementing field validation, empirical literature reviews, and the creation of supporting resources to ensure successful implementation.

### **Appointment of the DEC Recommended Practices Commission**

As part of the DEC action plan and consistent with the processes specified in the ECTA grant application, in late 2012 DEC appointed seven initial members of the DEC Recommended Practices Commission: Judith Carta, Kathy Hebbeler, Mary Louise Hemmeter, Mary McLean, Susan Sandall, Barbara Smith, and Patricia Snyder. These individuals had contributed significantly to either the previous recommended practices activities or to setting the parameters and proposing a plan and associated processes for revising the practices. The initial commission members were asked to partner with ECTA to hold an open forum at the 2012 DEC Conference to discuss the proposed changes to the recommended practices and gather stakeholder input. Betsy Ayankoya and Dale Epstein from the Early Childhood Technical Assistance Center were appointed as the ECTA liaisons to the commission, and they worked with the initial members to complete these activities. They actively supported and helped inform the commission's initial and

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The commission was responsible for verifying that, when implemented as intended, the practices would be expected to inform and improve the quality and outcomes of supports and services.

**Table 1**

Parameters Contained in Initial Plan to Update DEC Recommended Practices

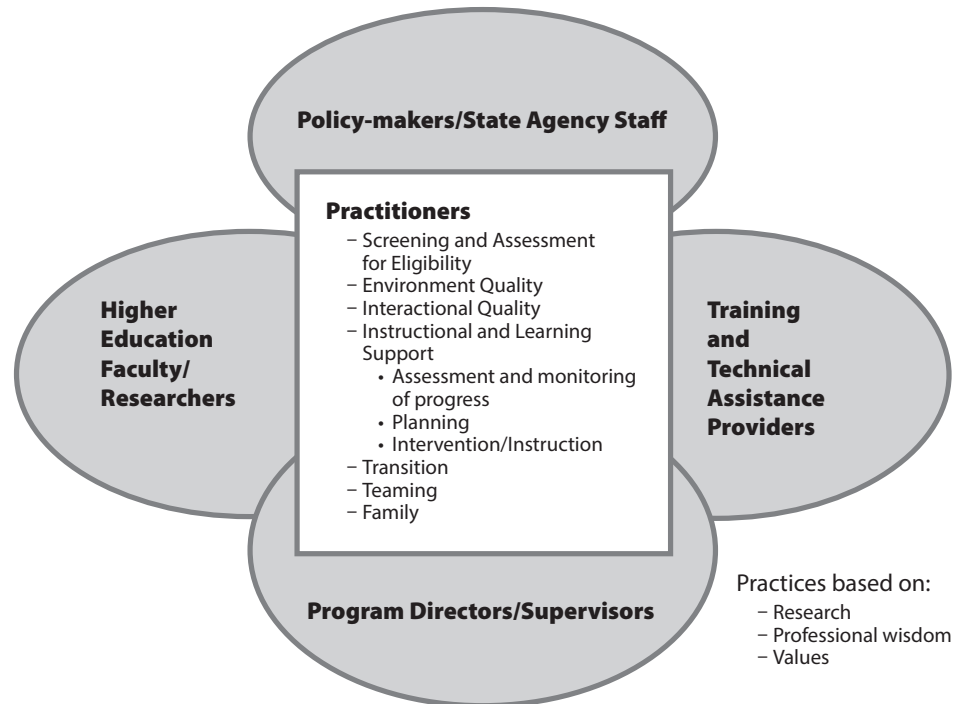
| Parameter  | Description  |
|--|--|
| Inform interactions and interventions  | DEC Recommended Practices should help inform practitioners' interactions and interventions with young children with disabilities and other special needs and their families.   |
| Build upon and extend foundational practices   | DEC Recommended Practices should build upon and extend foundational practices in early childhood education and care, including developmentally appropriate practices for young children (Copple & Bredekamp, 2009).  |
| Include principles and strategies applicable to children, birth to age 5, with disabilities and other special needs and their families | DEC Recommended Practices should highlight those practices specifically known to promote the outcomes of young children who have or are at risk for developmental delays/disabilities and to support their families in accordance with the DEC/NAEYC (2009) position statement on early childhood inclusion. |
| Reflect universal practices that have applicability across settings, contexts, and groupings   | DEC Recommended Practices should be applicable across settings (e.g., classroom, home, community), contexts, and age groups (e.g., birth to 3, 3 to 5).  |
| Based on combination of research-based evidence and knowledge or wisdom gained through experience                                      | DEC Recommended Practices should be based on the best-available research evidence, knowledge, or wisdom gained through implementation experience and field validation.   |

ongoing work. ECTA created a new page on its website to enable the commission to share its activities and to inform the field about the revision processes.

The initial commission members were charged by DEC with creating a process to review the initial action plan and appointing the remaining commission members following an open call to the field for applications. The call was posted on the DEC website, distributed at the 2012 DEC Conference, and included in DEC publications. The DEC Executive Board set the following guidelines for appointments: (1) no more than 15 members; (2) at least one member who is a parent or family member; (3) at least one individual whose primary role is a practitioner; (4) at least one member representing a related discipline (e.g., speech/language, physical therapy, occupational therapy); and (5) at least one member who is a student enrolled in a personnel preparation program in early intervention/early childhood special education; and (6) all commission members must be DEC members in good standing.

The initial commission members met in December 2012 and selected seven additional commission members from the applicant pool. Appointment letters were sent in January 2013, and six of the seven individuals invited to join the commission accepted: Rashida Banerjee, Tricia Catalino, Chelsea Guillen, Lori E. Meyer, Judy Swett, and Pam Winton. In addition, at the December 2012 meeting, the initial commission members elected a chair, Barbara Smith, and developed a preliminary and updated plan of action and accompanying timelines to guide

**Figure 1**  
Initial Recommended Practices Framework: Practitioner Topic Areas  
and Other Stakeholders Who Use or Support Implementation



their activities. Once all members were appointed, the commission began its work through conference calls and face-to-face meetings.

### **Framework, Parameters, Plan of Action, and Timelines for Revision**

A framework was developed by the commission to guide the revision process (see Figure 1). As this figure illustrates, based on field input and discussions among commission members, the revised recommended practices would be organized under seven topic areas: assessment, environment, interactional, instructional, transition, teaming, and family. In addition to these seven topic areas, a revised set of leadership practices would be developed.

After the topic areas were identified, the commission developed parameters and definitions for revising the practices under each of the topic areas. Parameters for the practices were described, and key definitions were developed to ensure common understanding of relevant terms. Tables 2 and 3 show examples of key parameters and definitions. In addition to the definitions shown in Table 3, the commission developed working definitions for each of the topic areas. For example, *instructional practices* were defined as intentional and systematic procedures for organizing and structuring children's experiences and observations to maximize learning (Wolery, 2012).

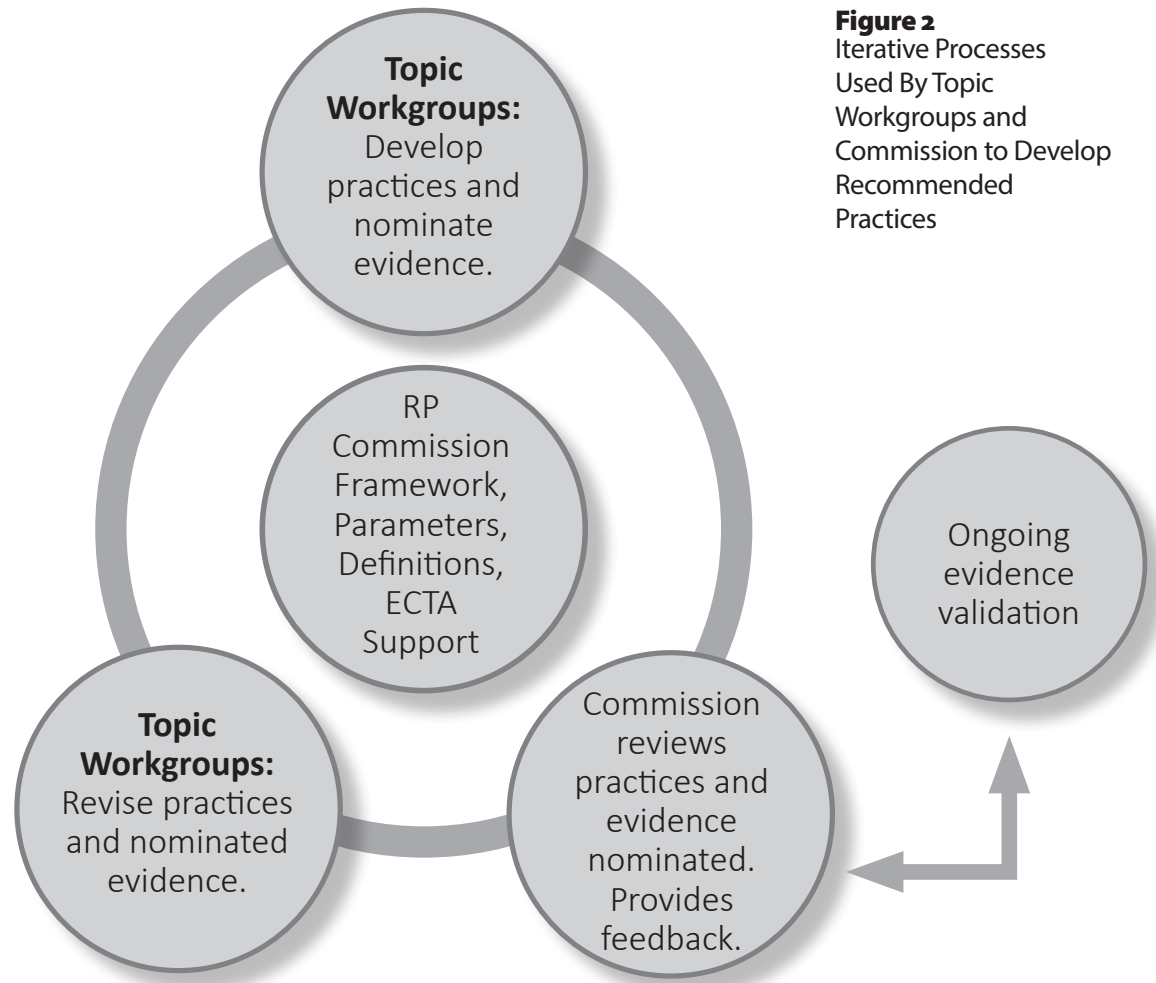


**Table 2**  
Parameters Used to Inform Revisions to the Recommended Practices

| Parameter                                    | Description  |
|--|--|
| Population                                   | Young children birth through age 5 who have or are at risk for developmental delays and disabilities. Not limited to those eligible for services under the Individuals with Disabilities Education Act (e.g., children with severe challenging behavior)               |
| High-leverage practices                      | Practices that are essential to support development and learning of young children birth through age 5, their families, or personnel who work on their behalf and practices most likely to be associated with desired outcomes or impacts when implemented as intended |
| Sufficient breadth                           | Number of practices for each topic area is sufficient based on available research, knowledge gained through experience, and values of the field  |
| Observable                                   | Practices should be written so they are observable and clearly describe the actions or behaviors of practitioners  |
| Active voice                                 | Practices should be written in an active voice   |
| Not disability specific                      | Practices should not be specific to a particular category or type of disability  |
| Build upon and extend foundational practices | Practices should build upon and extend foundational practices in early childhood education and care, including developmentally appropriate practices for young children (DEC/NAEYC, 2009)  |

**Table 3**  
Key Terms and Definitions Used to Inform Recommended Practices Revisions

| Term                     | Definition   |
|--------------------------|--|
| Practice                 | Approach used to promote development and learning that adults implement within or across contexts when interacting with children, other adults, or materials. To be considered a practice, the approach must be clearly described and commonly understood in the field and literature. Several terms may be used in the literature to refer to the same practice. It is also possible for a named practice to refer to an array of specific procedures or for several practices to be combined as part of a comprehensive approach to promote development and learning (adapted from What Works Clearinghouse, n.d.).              |
| Practitioner             | Person who is responsible for and paid to enhance the optimal development of young children who have or are at risk for developmental delays and disabilities. Enhancing the optimal development of young children includes providing care, education, or therapy to the child as well as providing support to the child's family.   |
| Research-based practices | Practices that have been demonstrated to be effective and are supported by evidence in the research literature (Odom et al., 2005). To the extent possible, the evidence base for these practices comes from studies that meet the following criteria: (1) use methodologically sound and high-quality designs (randomized control group, quasi-experimental, and/or single-case experimental design); (2) are reported in the research literature, published in peer-reviewed journals, and replicated by a variety of researchers and research teams; and (3) demonstrate positive effects on specific child or family outcomes. |



**Figure 2**  
Iterative Processes  
Used By Topic  
Workgroups and  
Commission to Develop  
Recommended  
Practices

Given the revision processes had to be completed in about a year, the commission refined its action plan and associated timelines for accomplishing the work. As part of the action plan, the commission decided to identify and recruit individuals with recognized expertise in each of the seven topic areas who would take an active role in the revision processes. These individuals were designated as topic area leaders or co-leaders and were tasked and supported by the commission and ECTA to create topic area workgroups with three to five members. One or two commissioner members served as a liaison to each topic workgroup. The “Participants” section of this book lists the leaders or co-leaders, workgroup members, and the associated commission liaisons.

Each topic workgroup was asked to review the 2005 recommended practices, consider the extant literature related to the topic, and develop a set of 15 or fewer research-based practices using the parameters and definitions developed by the commission. They were asked to provide supporting empirical evidence with accompanying citations for each of the nominated practices. Compiled together, the topic leads submitted the first draft of their proposed practices to the commission in March 2013.

## Processes Used to Produce Revised Set of Recommended Practices

After the first draft of revised practices was submitted, several cycles of review by the commission, feedback to the topic workgroups from the commission, and revision by the topic workgroups occurred. Figure 2 illustrates these revision cycles. By December 2013, the revisions had undergone eight review cycles. This version of the practices was distributed for field review via surveys, web-enhanced phone conferences, and listening sessions. In addition, this version was used to conduct further validation of the evidence submitted in support of each of the practices by a group of technical advisors known as the Gap Analysis Group. The processes used to gather stakeholder input at listening sessions, conduct the surveys, and validate the evidence are described in the sections below.

### Gathering Stakeholder Input at Listening Sessions

While the various revisions were being made, the commission created opportunities at five national conferences to heighten awareness about the revised practices, to share updates about revision processes, and to gather feedback about the current and revised practices from multiple stakeholders, including researchers, administrators, policy makers, family leaders, family members, and practitioners. These listening sessions enabled the commission to gather information from the field about how the current practices were being used as well as existing barriers to using the practices. Suggestions for revising the practices were solicited. In addition, stakeholders were asked to share ideas about the kind of recommended practices materials and products that would be most useful for them, suggestions about what would enhance their knowledge about and use of the practices, and strategies for helping practitioners and families to implement the practices. Notes from each listening session were reviewed during the commission meetings to inform successive revisions.

### Field Surveys About the Draft Practices

The commission decided to conduct field surveys to gather additional input about the revised practices. Version 8, which consisted of 48 practices from the seven topic areas along with the 14 leadership practices, was used to gather this feedback. The ECTA Center planned three web-enhanced phone calls to gather input from the field. The script used to conduct the phone calls is shown in Table 4. Representatives from different stakeholder groups (e.g., state Part C, Section 619, family members, higher education faculty, practitioners, administrators) were invited to participate in the calls.

The overall reaction to the practices was positive. Participants indicated the revised practices were comprehensive, well laid out, and offered a solid foundation for helping to guide practices in the field. Participants commented that the subtopics under Leadership were helpful in understanding key practices. On a call to gather family input, individuals suggested adding a glossary of terms and associated definitions as well as examples of how the practices would look

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The overall reaction to the practices was positive. Participants indicated the revised practices were comprehensive, well laid out, and offered a solid foundation for helping to guide practices in the field.

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**Table 4**

Questions Used to Gather Field Input about DEC Recommended Practices Version 8

**Questions**

1. What is your overall impression of the scope of the practices presented in this topical area?
  - a. What is your reaction to seeing the practices in this topic area?
  - b. How well do you think the practices relate to the topic area?
  - c. How well do the practices seem to fit in this area?
  - d. What do you think about consistency of presentation?
2. Which practices need more clarity or explanation?
  - a. Specifically, what is confusing about the wording of the practice?
  - b. What word or words might add more clarity to the practice?
  - c. What specific question do you have about the particular practice?
3. What practices are missing?
  - a. What should be added to the practices in this topic?
  - b. Would you provide an example of that practice?
  - c. Would you share the reason for making sure this practice is added?
4. Is there anything else you want to share with the commission about the practices in this topic area?
  - a. Regarding kinds of products
  - b. Formats of products
  - c. Ways to implement

when implemented to help family members understand and use the practices. Although information provided from participants was useful, overall participation numbers were low (fewer than 30 participants total across all calls). Because the commission wanted to gather input from a larger number of constituents, it decided to conduct an online survey.

The ECTA Center created the online survey, which was posted on the commission website along with a PDF of Version 8 of the recommended practices. A web link with “voice-over” instructions for completing the survey was distributed through DEC listservs and the ECTA Center newsletter. The survey displayed each practice. Respondents were asked to respond to two questions about each practice using a five-point Likert-type scale ranging from *strongly disagree* (1) to *strongly agree* (5). The questions were: (1) Do you understand the content and intent of the practice as written? and (2) Do you think this practice is important and does it merit being a “recommended practice”? Respondents were provided one space under each practice to enter comments and another space to submit suggested edits to the practice.

Survey participants were not required to respond to the practices listed under all of the topic areas; they could choose the number of topic areas and associated practices to which they wanted to respond. Practices under the Assessment topic area received the most responses ( $n = 247$ ), while practices under the Interaction topic area received the fewest responses ( $n = 132$ ). Across all topic areas and practices, there were 1,439 responses submitted. More than 50% of respondents were current DEC members, and more than 20% were families that had a member with a disability or delay. Results showed that, on average, respondents understood the content and intent of the practices as written (means

ranged from 4.3 to 4.75). Respondents thought most of the practices were important and merited being a recommended practice (means ranged from 4.25 to 4.78). Responses to the open-ended sections of the survey were summarized and themes were identified.

To gather additional field input, the commission created targeted opportunities for participants at two conferences to review the draft practices and participate in group discussions about the practices, their utility, and resources that would be useful to support their implementation. Consistent with the online survey, information was also gathered about the content and intent of each practice and whether the practice warranted inclusion in the revised practices.

At the first conference, more than 30 administrators at the 2013 national Improving Data, Improving Outcomes conference reviewed and provided suggestions for the Leadership practices. They outlined the necessary supports and structures that would enable practitioners to implement practices. Participants suggested revised wording for several of the Leadership practices and recommended a glossary of terms and accompanying definitions be developed.

At the second conference, approximately 20 participants in two “early-bird” sessions at the 2013 DEC Conference reviewed the practices from the seven practitioner-focused topic areas. Participants discussed the topic areas in small groups facilitated by commission members and ECTA. They provided feedback about wording changes for some practices, recommended revised sequencing, and suggested combining several practices to reduce redundancy. The participants also suggested that implementation of the practices would be enhanced with supports, resources, and materials, including examples, glossaries, and videos showing how the practices could be implemented.

Summaries from the phone calls, results from the online survey, and information gathered at the conferences were shared with the commission. These data, along with information from the evidence validation activities, were used to revise the recommended practices and to produce the final version (Division for Early Childhood, 2014).

## Evidence Validation Activities

Given the accelerated timelines for producing a revised set of recommended practices in one year, the commission determined it would not be feasible to conduct comprehensive literature reviews to gather information about the status of the best-available evidence. Instead, processes for validating the evidence nominated by the topic workgroups and for aligning relevant studies from the database of the empirical literature used to inform the 2000 and 2005 recommended practices were developed and approved by the commission, ECTA, and the DEC Executive Board. The evidence validation processes were overseen by a group of technical advisors from the commission, ECTA, the DEC research community, and the DEC board known as the Gap Analysis Group. The “Participants” section of this book lists members of this group. A three-step evidence validation process was used.

The first step involved aligning relevant studies from the empirical research literature database used when the 2000 and 2005 versions of the recommended



Participants suggested that implementation of the practices would be enhanced with supports, resources, and materials, including examples, glossaries, and videos showing how the practices could be implemented.

practices were developed. Two technical advisors from the Gap Analysis Group obtained the database and aligned relevant studies from this database with the revised recommended practices. A “crosswalk” document was created. This document showed how the study aligned with a previous recommended practice and its proposed alignment with a revised practice. Five other technical advisors reviewed the proposed alignment between the empirical study and the revised recommended practice. They agreed or disagreed that a study aligned with a revised practice. Percent of agreement was calculated and exceeded an 80% standard.

The second step was to validate evidence nominated by the topic workgroups in support of each revised practice. The purpose was to determine whether studies cited as evidence for a practice demonstrated reliable associations between implementation of the practice (or aspects of the practice) and discernable outcomes or benefits for children, families, or practitioners. In addition, the type of evidence (e.g., experimental, quasi-experimental, single-case design) that supports each recommended practice (Dunst, in press) was categorized. Using systematic processes and a coding framework developed by Dunst, nominated evidence was reviewed. Evidence “gaps” were identified to guide future systematic evidence reviews and to help advance research agendas in the field.

The third step, which is ongoing, is to develop, pilot, and disseminate systematic and ongoing processes that can be used by the field to appraise the best-available research evidence in support of the revised practices and to inform the conduct of summative, systematic, and meta-analytic reviews of the empirical literature related to each of the recommended practices. This work will further build the evidence base for the revised recommended practices and indicate for the commission and the field when practices might need to be modified or new practices developed.

### **Support Dissemination and Implementation in Collaboration With ECTA and Others**

As noted previously, the revised recommended practices were disseminated to the field in June 2014. A glossary of terms and accompanying definitions and examples have been developed by the commission and are scheduled for distribution in early 2015. The evidence validation work in support of the recommended practices is ongoing.

The ECTA Center has been particularly interested in highlighting the recommended practices as they were revised and developing ways to support their use to improve outcomes for young children and their families. For example, the ECTA Center created and invited individuals to participate in a Family Collaborative Partner Group, which consists of representatives from family organizations and family members of children with disabilities in state leadership roles (e.g., members of state Interagency Coordinating Councils [ICCs], advocacy groups). The first activity the group was invited to participate in was a meeting in conjunction with the IDEA Leadership Conference. The group discussed the development of the recommended practices and how the ECTA Center could make these practices more relevant to the field and particularly for families of

young children with disabilities. The members have continued to share the critical perspectives about how to make the practices more accessible to families and the types of products (e.g., written materials, training packages, videos) that are needed to help families support their children's development and learning.

To address issues of implementation and sustainability of the DEC Recommended Practices, the ECTA Center provides intensive training and technical assistance (TA) to a limited number of states on implementing, scaling up, and sustaining evidence-based approaches for improving outcomes for young children through RP<sup>2</sup>: Reaching Potentials through Recommended Practices. This effort focuses on the practices that are most likely to increase child engagement. All tools, processes, and materials that are developed through the intensive TA efforts are available for use by all states. In addition to tools developed for intensive work, the ECTA Center is engaged in developing complementary materials, including practice guides and self-assessment instruments, to support widespread use of the recommended practices.

Through systematic planning, collaborations between DEC and ECTA, and substantial efforts of the DEC Executive Board, DEC Executive Office, and the membership, including the topic workgroups, the commission, and the Gap Analysis Group, the recommended practices have been revised. Moreover, processes have been put into place to ensure reviews and updates occur on a regular basis. The revised set of practices has been made widely available and support for their implementation is ongoing.

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