

# NEWS EXCHANGE



AMERICAN ASSOCIATION FOR HOME-BASED EARLY INTERVENTIONISTS

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## The ABCs of Parent Support



By Kristine Pilkington, OTR/L  
Santa Barbara, CA

Early intervention brings parents, families, and professionals together in a journey that is exciting, challenging, and rewarding. Since the passage is a short one, all know that we must make the most of our time together. Our goal is to assist parents in meeting their child's developmental needs and to help them live the life they desire. Working through the everyday learning opportunities afforded in natural environments, we can

support parents in their roles as nurturers of their children's development and learning. As early interventionists we have unique interests, preferences, and skills, just like the families we serve. Our self-awareness enhances effective practice as we negotiate the

challenging terrain of providing early intervention services and supports in a family's natural environment.

A common foundation for our professional interaction with children and families, and with other providers, helps our work proceed smoothly. A foundation characterized by respectful attention and responsiveness to each family can enhance the effectiveness of our practice through the natural learning opportunities of individual children and their parents. One way of

describing such a foundation is the use of the "ABCs," discussed below. Consider how these evidence-based and family-centered concepts mesh with your own practice.

### A is for Alliance

A former elementary principal once said, "You can't help kids by alienating their parents." When families invite us into their homes, we enter a very special place that is not our own but one with which we will become very familiar over time. As we interact with a family, a picture of the baby or toddler with special needs unfolds, and provides details that go beyond discipline-specific assessments and perspectives to yield a shared view of the child. We begin to build an alliance of trust with parents by honoring

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#### Special points of interest:

- NOMINATIONS FOR GOVERNING BOARD POSITIONS OPEN UNTIL MARCH 20, 2009.
- THE AAHBEI SOUTHEAST CONFERENCE WILL NOT BE HELD THIS YEAR.
- AAHBEI NEWSLETTER WILL BE ONLINE ONLY. GO TO THE WEBSITE TO DOWNLOAD YOUR COPY: [WWW.AAHBEI.ORG](http://WWW.AAHBEI.ORG)

## My Toy Bag Story

By Angela Ziehmke  
Milwaukee, WI

My career as a speech-language pathologist began in 1998, and after several years I began to direct my energies towards the field of Early Intervention (EI). My first position in EI was at an agency in Chicago, which did a combination of home and clinic visits. The clinic had a

large closet filled to the brim with all sorts of children's toys, and these were a primary focal point for children during their visits to the clinic.

The agency also "instructed" us to take toys along with us when conducting home visits. When preparing to visit a home, we perused the agency's toy closet, and

packed up some fun and interesting toys to take along. As I grew accustomed to this tradition, the thought of not taking a toy bag to a client's home never even entered my mind. So when my career began to expand, and I started my private practice, quite naturally I continued the tradition of doing home visits with my toy bag.

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## President's Message



Robert Yemm, President  
AAHBEI

“FAMILIES ARE FORCED TO FIND WAYS TO DO MORE WITH LESS, TO MAKE DO WITH WHAT THEY HAVE, WHETHER IT BE MONEY, TIME OR EVEN HOPE.”

Heraclitus, commenting on the ups and downs of life in Greece in the 5th and 6th centuries B.C.E., said you can't step into the same river twice, since it is always changing. I suspect the majority of interventionists would say the same thing about their home visits. Obviously, no two families are alike, just as no two visits to the same family are the same.

There are countless variables, both positive and negative, that influence the dynamics of an individual home visit. These days, more and more families are under severe amounts of stress as they cope with the impact of the economic recession on home foreclosures and unemployment. Their ability to provide even the basics of “food, clothing, and shelter” is increasingly uncertain. For families with young children with developmental needs, the “basics” may also include necessities such as medication, therapy, and transportation costs.

Even in good times, families with very young children with developmental needs are likely to be stressed nearly every waking moment for any number of reasons – meetings with doctors and other providers, developing IFSPs, ongoing medical procedures and therapy sessions, personal guilt feelings, marital strife. Add the fallout from the current economic threats to the mix, and the early interventionist can find it more and more challenging to come up with some ideas for supporting families.

Families are forced to find ways to do more with less, to make do with what they have, whether it be money, time or even hope. The early interventionist who can establish and build relationships that empower parents and caregivers in the current environment is someone who truly supports a family's and child's success. As Kris Pilkington says in her article, *The ABCs of Parent Support*, the early interventionist who forms “a relationship that is

based on mutual competence – not setting ourselves as the experts – enables parents to identify and use their own strengths and creativity toward supporting their child's development... Our focus is on the relationship of the child with parents and other key players, not on what we should be *doing* with the child ourselves.” Angela Ziehmke in *My Toy Bag Story* shares personal discoveries made in the course of her journey from relying on her toy bag to being able to “truly provide therapy to children in their natural environment.”

These economic times are not likely to turn around soon. The extra pressures they place on families with young children with developmental needs are likely to intensify before they get better. All the more reason for the early interventionist to help parents gain confidence in their own abilities to help their child, and experience success in promoting their child's participation in daily family life.

Robert Yemm, President

## ABCs (continued from page 1)

their view of their child and learning to see, as they do, their child's role in the family and their hopes for the future.

A baby evokes many feelings and memories for parents. When a baby has medical issues and/or developmental delays, the parents may have even more intense emotions. They may need to share experiences with others who have taken this emotional

journey. In many instances, the first way to support parents is to offer them referral to other parents of young children with special needs who have “been through it” and can mentor and support new families entering and navigating the early intervention system of care. Compared to the parent-provider relationships begun and generally completed during the birth-to-

three years, connections with other families of children with special needs may last a lifetime. We can demonstrate our care by helping parents access an array of resources that are meaningful and valued in their everyday experience.

By demonstrating our care for parents and nurturing the

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## Twelve Steps to Getting Rid of Your Toy Bag

Angela Ziehmke  
MA, CCC-SLP

1. Consider why you think you need your toy bag and how families and children will benefit if you don't bring it.
2. Recognize that it is easier to take out toys one by one and conduct a session with the child, but is that the purpose of early intervention?
3. Identify how bringing in unfamiliar toys alters a child's familiar environment and disrupts the natural learning opportunities with parents, siblings, and friends.
4. Think about familiar environments, and identify opportunities for learning in all of a child's natural environments (home, neighborhood, community).
5. Look carefully for what can be used that is already in each family's home and community to illustrate a concept that you typically "teach" with a specific toy.
6. Recruit key players who are interested in being "right there" with a child. Figure out strategies with them to e-x-p-a-n-d play and participate in daily life.
7. Think about how you will talk with parents to find and use what is familiar, meaningful, and accessible to them and their children.
8. Consider varying the settings for visits, exploring, and adapting within a variety of family preferred locations, both inside and outside their home.
9. Talk about the family's routines and identify with the parents what is already working for them in supporting their child's development.
10. Dialogue with parents about adapting their existing routines, celebrations, and special activities to promote their child's learning and enjoyment.
11. Model an interaction or technique for a parent using a child's familiar toys, play, and activity situations.
12. Take a deep breath, and leave your toy bag behind!



**"LOOK CAREFULLY FOR WHAT CAN BE USED THAT IS ALREADY IN EACH FAMILY'S HOME AND COMMUNITY TO ILLUSTRATE A CONCEPT THAT YOU TYPICALLY "TEACH" WITH A SPECIFIC TOY."**

## ABCs (continued from page 2)

alliance we form together, we enable parents to nurture relationships with their children and other key caregivers. This is known as the parallel process, and is also part of the relationships we form with our peers and supervisors. Pawl and St. John (1998) stated clearly "Do unto others as you would have others do unto others." Our neutrality and objectivity in our relationships help us find a

balance between becoming a trusted ally for a family and maintaining appropriate personal and professional boundaries (Cook, 2008).

Our ability to form a strong alliance with parents can have challenges. Some families have cultural and social practices and lifestyles very different from our own. They represent a full range of socio-economic backgrounds

with which we may have little or no experience. Yet, each family offers rich opportunities for exploration of natural contexts for play and learning. It is our responsibility to help parents identify their expectations for their child's future, and to accept that they may differ from ours. If a parent wants and believes that her child will

*(Continued on page 4)*



## ABCs (continued from page 3)



“IT IS OUR RESPONSIBILITY TO HELP PARENTS IDENTIFY THEIR EXPECTATIONS FOR THEIR CHILD’S FUTURE, AND TO ACCEPT THAT THEY MAY DIFFER FROM OURS.”



walk, even when we do not see this happening in the near future, we must ally ourselves with the parent’s priority. This means selecting achievable short-term objectives and small steps toward reaching the family’s dream. Many children have learned skills that interventionists thought unattainable, perhaps after early intervention services ended! Through asking open-ended questions and reflecting with parents on their child’s strengths and needs, the interactive relationship we build with parents will support them in supporting their children – the parallel process.

Forming a relationship that is based on mutual competence – not setting ourselves as the experts – enables parents to identify and use their own strengths and creativity to support their child’s development. We can avoid being “the expert” while gathering parents’ thoughts, feelings, and concerns. For example, asking “How is that for you?” invites further comment when a parent describes a challenging behavior from her two-year-old with autism. Responding “Are you wondering what else you can do when he does that?” or “That sounds frustrating” helps us join with parents to explore feelings and next steps for meaningful intervention. It also assures parents that we are on their side, and want to work with them to find useful strategies for meeting their outcomes.

One further note – we must be cautious in giving praise as it may serve to diminish parent confidence, putting us in the position of the expert who awards judgment. Consider the difference between the statements “You are such a great Mom” and “I can see how much time you’ve put into figuring out how to help him

learn this.” In reality, parents teach us more than we teach them, and through our alliance, information flows in both directions, enabling us to attach importance to another’s experience (Pilkington, 2006).

### B is for *Being With Versus Doing For*

Providing early intervention supports and services in natural environments offers a way of interacting with families that differs from center-based or clinic-based services. Pre-service training for many practitioners may not have prepared us for work in natural environments. We may see ourselves facilitating child learning and development rather than focusing on the relationships and opportunities that form the context for learning. In early intervention, we move alongside the parents, share perspectives, and explore together how to help a child develop and participate in family life. We look, listen, and learn about what is already working for the family rather than inventing new and unfamiliar activities that families often experience as disruptive.

We do not need to create natural environments for families – they already exist! (Pilkington and Malinowski, 2002). If we focus on being with a family through their everyday routines and activities, we will find the learning opportunities to enhance their child’s development. Our focus is on supporting the relationships between children, their parents, and other key people, not on what we do with a child ourselves. Consider that a “spotlight” shines not on us, but on a child and other family members as

we help them explore new ways to build confidence and competence in mastering daily challenges and responsibilities related to caring for a child with special needs.

Hanft, Rush & Shelden (2004) identify this as “hands-off versus hands-on intervention” and describe the early interventionist as a coach rather than as the doer in an intervention session. “Just as a football coach leaves carrying the ball to the players on the field, the coach in early childhood supports learners in developing (or refining) their ability to facilitate a child’s active involvement in his or her community and family.”

For example, rather than bringing a bag of toys into the family home to promote child engagement, we should focus on fostering parent competence and confidence in caring for and engaging their child in daily life (See “Twelve Steps to Getting Rid of Your Toy Bag” in this issue). If there are few toys or play activities available in the home, we can create learning situations with parents and children. Something as simple as a length of light rope or string and a bucket of clothes pins offers many fun learning opportunities. Build on children’s interests and attention to adapt family routines and activities by using “what exists now” and “what works for us.”

These natural learning opportunities will be difficult for us to observe if we are immersed in *doing for* rather than *being with* the child and family. Our expertise should help us reflect with parents on the experience of raising their children and how to best

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## Governing Board Appoints New Parent Representative

Ms. Terri Patterson of Acworth, Georgia, is the newest member of the AAHBEI Governing Board. Terri began serving on the Board in January 2009 as a parent representative.

Terri and her husband have two children, a 12-year-old daughter, Molly, and a 9 year old son, Riley, who has a bilateral cochlear implant. "After Riley was born," Terri explains, "we had a lot of questions and our life took on a new direction. The early intervention services we received were invaluable and

very empowering during an unsure time."

In addition to her very important role as a mother of two, Terri has worked as a parent educator for four and a half years and has coordinated several family events and workshops for her district's early intervention program. She is also involved in both local and state Early Hearing Detection and Intervention (EHDI) task forces and is often asked to provide the parent's perspective as a speaker for regional and national conferences. Her

newest role is as the Director of the recently established Georgia chapter of *Hands and Voices*.

Terri describes herself as "having a lot of enthusiasm (most days!) and always being willing to participate and engage. I have come to a point where being involved with families as they navigate their way through the childhood of their special child, and with professionals who support and guide us, is where I want to be. Not because I was thrust into it, but because I have found my passion."



Terri Patterson with her husband, Matt, and children, Molly and Riley.

## Toy Bag (continued from page 1)

The first time I ever heard mention of not taking a toy bag was four or five years after I had started working in EI. A colleague brought an article to a provider meeting to share. The article had the audacity to suggest we not take a toy bag on our home visits. I thought the article was interesting, and tucked that information away in my mind, though I continued to use my toy bag for home visits. I definitely felt more confident and professional going into a family's home with a toy bag on my shoulder. It was fun to bring toys into a child's home, and watch the excitement on the child's face as he or she played with them.

However, as the weeks marched on since first reading the article, I began to reflect upon how unfair it might be to ask a mother to do the same activities I was doing with my toys, when she might not have the same toys. What would she use? Shouldn't I have talked to her about what she might use in her home for toys? For the next few years, I put considerable effort into how I could better leverage

my toy bag. I would bring in specific toys, do activities with the child, pack up and ask the mom to continue these activities during the week. I thought more and more about a natural environment, and if my "magic" bag of toys was reflective of a family's natural environment. One of the first strategies I employed was to loan families some of my toys on a weekly basis. For example, I would leave a puzzle, book, or Mr. Potato Head for them to practice during the week.

I began to consider what exactly *would* be the best way to empower parents in interacting with their child. I started talking to the parents more and began making suggestions about what they could do with their child throughout the week. Some of the mothers jumped in right away and immediately began implementing the activities we did during therapy or ideas we had talked about.

However, several other mothers continued to expect me to come in with my own bag full of toys and interact with their child for the entire

hour. My challenge was to somehow shift the interaction in these visits from me and the child to the mother and the child. One of my first approaches in these situations was to bring the same toys for every therapy session. By doing so, I hoped to demonstrate that it does not always need be a new and novel toy to facilitate engagement of the child. I would model language activities with these toys and then encourage the mother to then do the same activities during our session.

While satisfied with the results, I continued to struggle with the idea of completely losing my toy bag. In the summer of 2008, I had the opportunity to hear Robin McWilliam speak at the SE Regional AAHBEI Conference, Relationship-based Early Intervention. He talked about providing home-based therapy in a natural environment. He noted that a toy bag is not representative of a family's natural environment within their daily routine. We should use accessible

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"I THOUGHT MORE AND MORE ABOUT A NATURAL ENVIRONMENT, AND IF MY "MAGIC" BAG OF TOYS WAS REFLECTIVE OF A FAMILY'S NATURAL ENVIRONMENT."



## ABCs (continued from page 4)



“WE DO NOT  
NEED TO CREATE  
NATURAL  
ENVIRONMENTS  
FOR FAMILIES –  
THEY ALREADY  
EXIST!”



enhance their naturally-occurring opportunities for learning. Listening, reflecting, and reviewing are critical to nurturing a side-by-side relationship with the parents. Even taking a baby from her mother's arms to perform a certain therapeutic activity may convey a message that the mother is less able to care for her child than the early interventionist. As soon as parents view us as experts who have answers or cures, we have lost the opportunity to build upon the everyday learning opportunities that exist when we are not present.

### C is for Collaboration and Coaching

As we establish a positive relationship with parents and a shared view of their child in the context of each family's culture, preferences, and practices, we can explore the potential to enhance the baby's or toddler's learning everyday and everywhere. We can help parents identify the learning settings (e.g., going to the supermarket, visiting grandparents, getting in and out of the car seat, unloading laundry, etc.) and the discreet learning opportunities within them (e.g., sorting cans from boxes/fruits from breads, pushing the doorbell and giving a greeting, expanding postural adaptation and motor planning, and folding a t-shirt). If we observe that a mother struggles with getting her toddler to turn around and come back when walking outside, we can suggest that the mother use the sign for “stop” (i.e., one hand with extended fingers coming down vertically across the other hand held horizontally) to reinforce her parental authority, especially in a

potentially dangerous setting.

Collaborating means teaming with family members to make use of what exists in their world, rather than bringing in toys or creating activities that do not fit. It means listening and observing to help parents enhance their child's development and participation via a journey of mutual support and discovery rather than an expert-learner interaction. Coaching encourages a parent to share ideas, and then to work out with them meaningful changes and adaptations.

Anticipatory guidance can be a helpful tool to set the stage for future interactions with families, by creating a script or story about what a parent and child can do together between early intervention visits. For example, build partnerships with parents around promoting a child's positive behavior and development, e.g., “We noticed how much she liked trying that today. Next time please tell me how it worked out during your regular routines – we'll make adjustments as needed.” Then talk about the next steps that will support the child's learning and participation in home and community life.

If we foster a parent's dependence on ourselves, we have failed the family. Kalmanson (2004) says that our aim is to help the child become “an agent on his own behalf in the world,” and to do this we must maintain our role alongside the family rather than in the highlighted center. No one wins if parents do not know what to do when we are not there (Dunst, 2006). If we discover ways the family has adapted to the child's disability, we are better equipped to

collaborate with parents on taking next steps to enhance learning opportunities (McWilliam, Winton & Crais, 1996).

In early intervention, team collaboration is key. Having an alliance with parents and a shared view of the child is essential. Observing the parallel process makes work meaningful. Being with the parents rather than doing for the parents or the child is at the heart of early intervention practice. The growth of parents' competence and confidence in their ability to meet the developmental needs of their children is the prize we seek. Once we learn the early intervention ABC's, we become more competent and effective in facilitating child and family competence, independence, and enjoyment in their daily lives, and into the future.

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## Toy Bag (continued from page 5)

materials that are in a family's home and that they use within their daily routines. Dr. McWilliam mentioned that when he has attempted to get therapists to not bring a toy bag to a home therapy session, they often act like drug addicts, engaging in lying, sneaking, cheating, and other untoward behaviors. The words he spoke went right to my heart; I could so relate! I wanted to be able to say I was truly following El philosophy, but still was not ready to quit "cold turkey" with my toy bag.

Shortly after the conference, I filled in for a colleague, interpreting for a physical therapy session. As the physical therapist and I entered the family's home, I was shocked to discover he carried only his folder and a peanut therapy ball. He began the session by encouraging the little boy to pull up on a small table the family had in their home. I watched in amazement as he pulled the family's own toys out of their toy bin to encourage the little boy. I was astonished to see the physical therapist successfully motivate this child using the little boy's own toys. It was the first time I had watched someone not bring in a toy bag of their own, and yet still have a successful therapy session. Yet, while this physical therapist did not bring in a toy bag, favoring instead the materials within the family's home, he was still interacting directly with the child, instead of having the parents interact with their child.

In the fall of 2008, I had the opportunity to talk to a mother whose son, now a young adult, had received physical therapy, both through El and at a private clinic. At the clinic, the therapist performed the therapy with

the son, gave the mother a summary, and then sent the two of them on their way. The mother shared with me how the physical therapist, who also came to their home, would model stretches and exercises to her, and then while still in the presence of the therapist, have her repeat the stretches and exercises with her son. She discussed how gratifying it was to be able to do the exercises with the physical therapist present, so she could receive guidance as she was modeling them with her son. She felt this had made her much more confident in carrying out these exercises on a daily basis, which subsequently had a greater impact on her son.

Her face beamed with appreciation as she praised this physical therapist, who had empowered her to help her son, and shared with me how this newfound empowerment continued on through his childhood. I was touched to see how this simple act of transference had given this mother the satisfaction of knowing she could carry out the strategies and have a greater impact on her child's progress. What hit me most was how this had occurred when her son was under three years of age, yet this feeling of providing such a positive impact lasted the rest of his childhood.

It occurred to me that when we empower parents to do the activities that we, as therapists, typically do with the children, we tend to lose some recognition as a therapist. If we teach a mother the strategies to use with her child, it is she rather than us who has the success, and ultimately is responsible for her child's success. This has the potential to remove some of the glamour and fun of being considered "the one" who helped the child progress

in her development. However, shouldn't our primary motivation lie within providing the most impact to a child's life?

To this very day, the thought of losing my toy bag tugs at my heart strings and it remains somewhat hard to let go. While I am working more and more directly with parents, I continue to have separation anxiety issues with my toy bag, but it is getting lighter and lighter with time. I spend more of my visits talking with the parent and explaining why we are doing what we're doing. Eventually my toy bag will be left to languish on its own, relegated to the far reaches of the trunk of my car for some other use, but for now it remains a willing companion. It is my firm commitment this year, to break free of my toy bag and to truly provide therapy to children and their families in their own natural environment. For I have come to realize that when the parents are the ones who feel the success, they become empowered to do more to further their child's development, long after I have gone. And that is a gift that all of us can share in as it endures for the lifetime of the child.

*Angela Ziehmke is a bilingual speech-language pathologist, who has been providing therapy for more than ten years. She graduated from the University of Wisconsin at Madison with bachelor's degrees in both Communication Disorders and Spanish. In 1998 she received her Masters of Science degree in Communication Disorders, also from the University of Wisconsin at Madison. She has been working in Early Intervention since 2000 and has been able to combine her love of the Spanish language with providing speech-language therapy to children and their families. She is the founder and current president of Speech Solutions LLC, catering to clients in Illinois and Wisconsin, providing speech-language therapy and Spanish to English interpreting and translating. She is the current Vice President on the AAHBEL Governing Board and can be reached at [angela@ziehmke.com](mailto:angela@ziehmke.com).*



"WE SHOULD USE ACCESSIBLE MATERIALS THAT ARE IN A FAMILY'S HOME AND THAT THEY USE WITHIN THEIR DAILY ROUTINES."



Families and providers working together in natural environments for young children with special needs.

## AMERICAN ASSOCIATION FOR HOME-BASED EARLY INTERVENTIONISTS

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We're on the Web:  
[www.aabei.org](http://www.aabei.org)

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*AAHBEI provides leadership in a transdisciplinary forum involving families, providers, teachers, administrators, and advocates where best practices about working together in natural environments for young children with special needs can be shared, discussed, supported, and promoted.*

### Call for Nominations

AAHBEI President, Bob Yemm, has appointed three Board members to serve as the Nominating Committee charged with the task of identifying and recommending new Board members to fill positions that will become vacant at the end of June 2009. They are Barbara Hanft, Lynn McFarland, and Angela Ziehmke. In addition Kathy de la Pena will serve as advisor to the Committee.

Nominations are now open for the following Governing Board positions:

- Member-at-large Southeast Region
- Member-at-large North Central Region
- Member-at-large Western Region
- Physician
- University Representative

Term of office for these positions is two years beginning July 1, 2009, and ending June 30, 2011. Any current member of AAHBEI can make a nomination and members may nominate themselves. All nominations should be submitted to the Governing Board Nominating Committee, postmarked no later than March 20, 2009. They may be submitted via letter, fax, or E-mail, but must be in writing and must include the name and contact information of the individual being nominated as well as a brief biographical description of their experience and current connection to early intervention. Approval of the new Board members will take place at the April 2009 Governing Board meeting.

Board member nominations may be submitted to:

AAHBEI Nominations  
Utah State University  
6500 Old Main Hill  
Logan, UT 84322-6500  
FAX: 435-797-5580  
E-mail: [fran.payne@usu.edu](mailto:fran.payne@usu.edu)

AAHBEI members are asked to seriously consider nominating themselves or another qualified individual for a Board position. Serving on the AAHBEI Board is a great opportunity to support families of young children with developmental delays by volunteering on a national level and to meet individuals from all over the country who share a common interest in early intervention. Any questions regarding the nominating process or the responsibilities of the Governing Board may be directed to the AAHBEI Nominating Committee using the contact information listed above.