

Early Intervention Support for a Unique Population: Serving Those Who Serve

May 28, 2026

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About OneOp

Supporting your work so you can better support military families.



Who We Are

A DoW & Cooperative Extension partnership supporting professionals who serve military families.

Our Mission

Strengthening military family service providers through accessible, research-informed learning.

What We Offer

Free, online professional development through webinars, podcasts, courses, and more.



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Today's Presenters

Learning Objectives

Webinar Overview

This presentation reviews challenges faced by children in military families and how these challenges can affect development. It highlights how providers use Division for Early Childhood Recommended Practices and the EDIS coaching framework to support families and improve child outcomes.

1

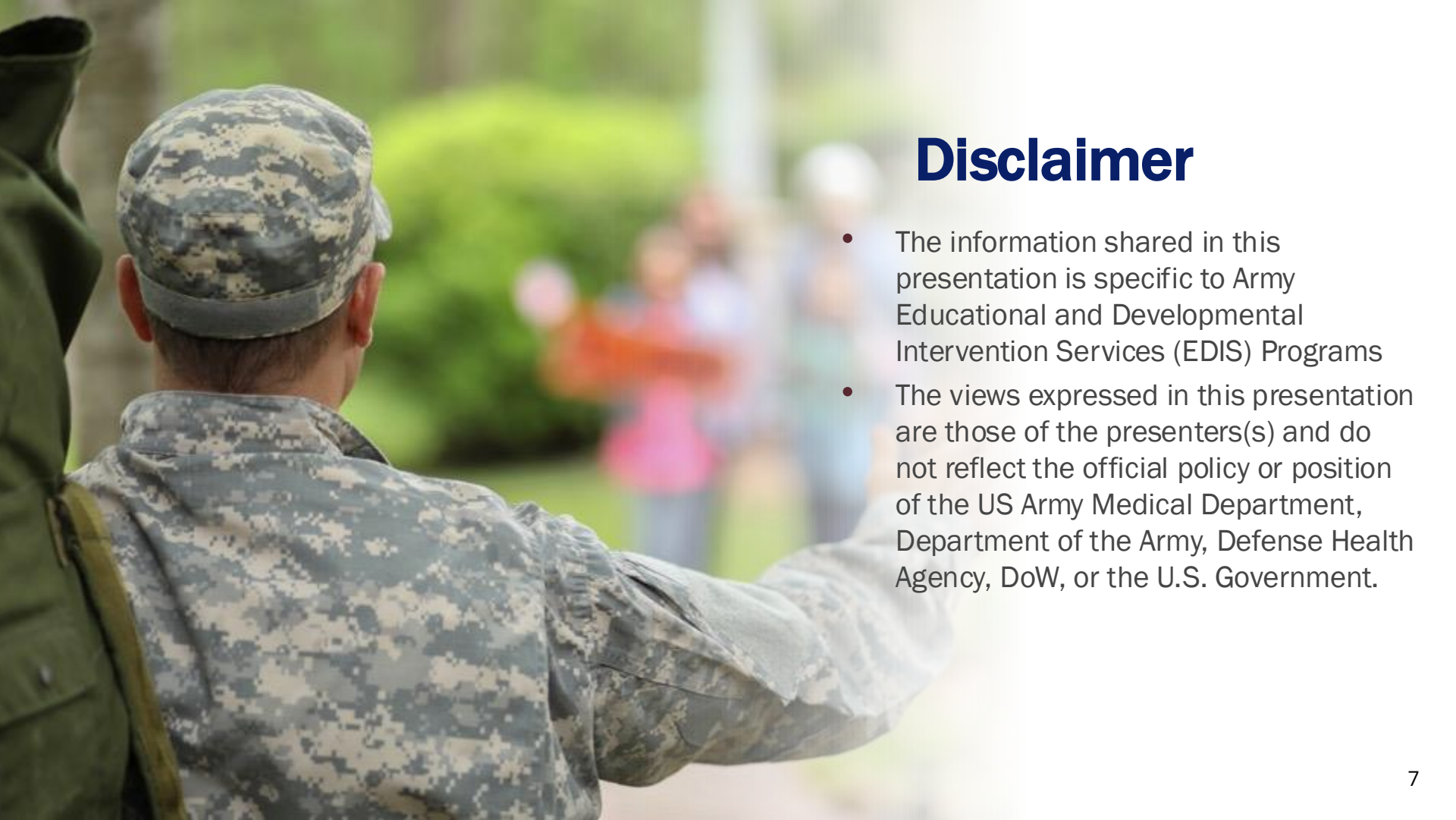
Describe challenges faced by military-connected children and their impact on development

2

Explain how Division for Early Childhood Recommended Practices support positive outcomes for military families

3

Summarize how the Educational Developmental Intervention Services (EDIS) coaching framework empowers families and supports child development



Disclaimer

- The information shared in this presentation is specific to Army Educational and Developmental Intervention Services (EDIS) Programs
- The views expressed in this presentation are those of the presenters(s) and do not reflect the official policy or position of the US Army Medical Department, Department of the Army, Defense Health Agency, DoW, or the U.S. Government.

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AGENDA

- Introduction
- Resilience of Military Children
- Common Stressors for Military Children (0-5)
- Impact of Stress on Early Childhood Development
- Early Intervention Support for Military Families and their Children (0-3)
- Strategies to Support Military Children (0-5)
- Conclusion/Questions





Introduction

Purpose of the Presentation

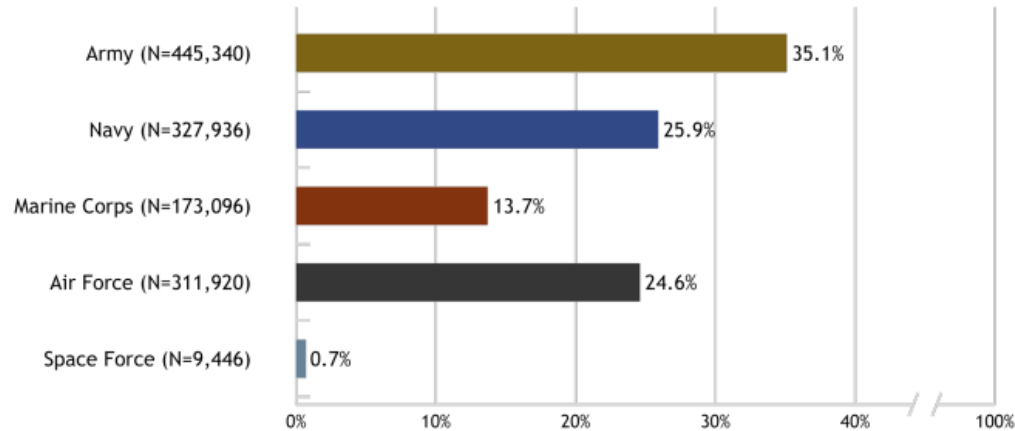
- To help providers understand the unique challenges of military children.
- To identify stressors and their impact on early childhood development.
- To identify how early intervention supports the needs of military children and their families.
- To learn how the (EDIS) early intervention FLARE coaching framework is utilized to empower families to help their children develop.



Active-Duty Personnel by Service Branch

2.03 | Active-Duty Personnel by Service Branch (N=1,267,738)

The Army (35.1%) comprises more than one-third of active-duty personnel, while the Navy (25.9%) and Air Force (24.6%) each comprise about one-quarter of active-duty personnel. Space Force comprises the smallest percentage (0.7%) of active-duty personnel.



Note: Displayed percentages may not total to 100% due to rounding.
Source: DMDC Active-Duty Military Personnel Master File (September 2024)

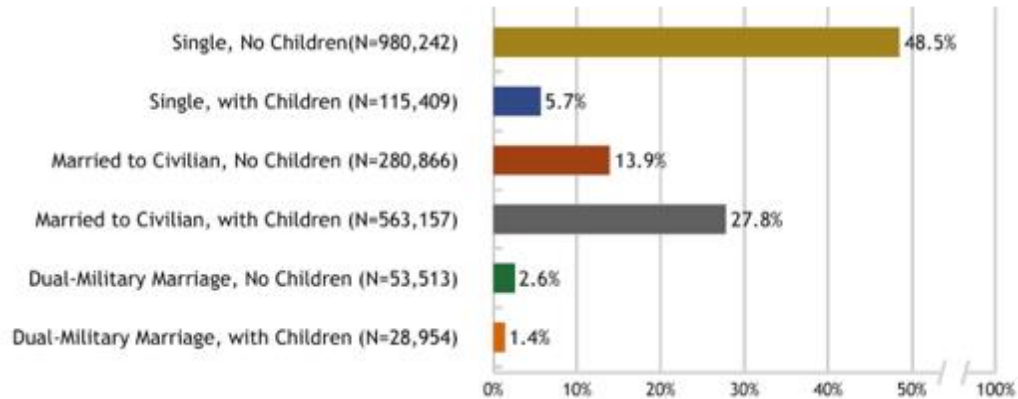
(U. S. Department of Defense, 2024)



Total DOD Force Family Status

4.03 | Total DOD Force Family Status (N=2,022,141)

Of total DOD force personnel, 48.5 percent are single with no children, while 29.3 percent are married with children.



Note: Single includes annulled, divorced, and widowed. Children include dependents age 20 or younger and dependents age 22 or younger enrolled as full-time students.

Note: Displayed percentages may not total 100% due to rounding.

Source: DMDC Active-Duty Military Personnel Master File (September 2024); DMDC Reserve Components Common Personnel Data System (September 2024); DMDC Defense Enrollment Eligibility Reporting System, Point-in-Time Extract (September 2024).

(U. S. Department of Defense, 2024)

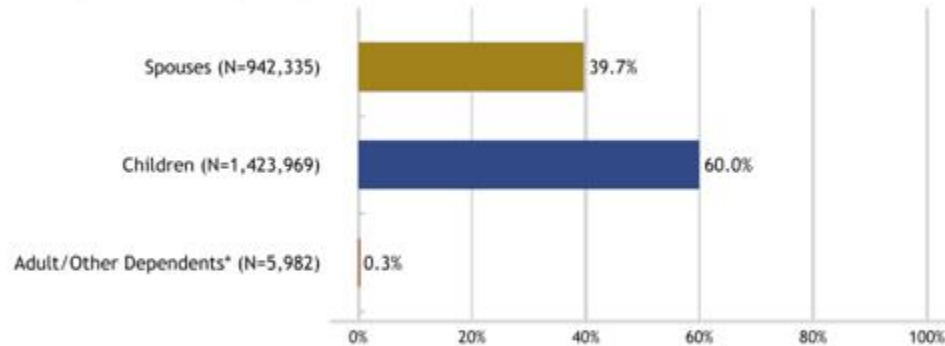


Total DOD Force Family Members

Total DOD Force Family Members

4.06 | Total DOD Force Family Members (N=2,372,286)

Almost two-thirds of family members of the total DOD force are children (60.0%), and over one-third of family members are spouses (39.7%).



* Adult/Other Dependents refers to a parent, grandparent, former spouse, sibling, disabled older child, or any other individuals over the age of 22 claimed as a dependent in DEERS, as well as dependents under age 21 who are not spouses or children.

Note: Children include dependents age 20 or younger and dependents age 22 or younger enrolled as full-time students.

Note: Displayed percentages may not total 100% due to rounding.

Source: DMDC Defense Enrollment Eligibility Reporting System, Point-in-Time Extract (September 2024)

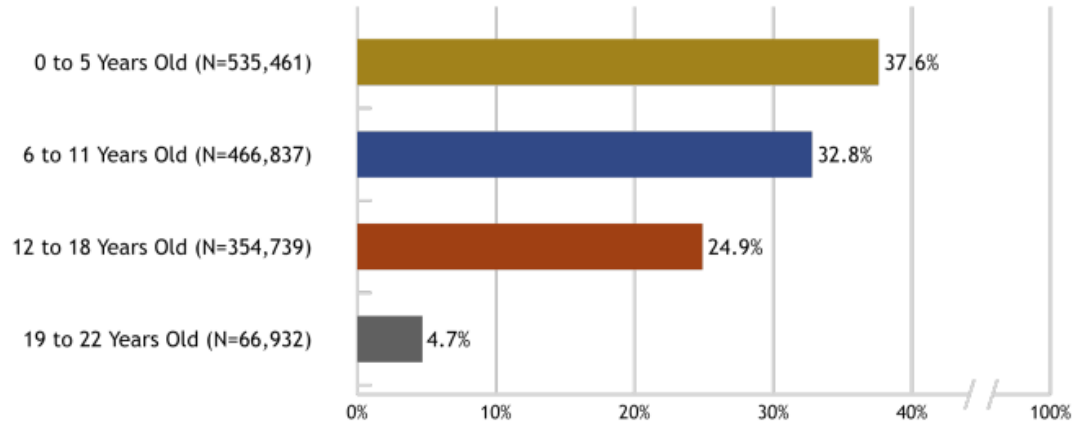
(U. S. Department of Defense, 2024)



Age of DOD Force Children

4.08 | Age of DOD Force Children (N=1,423,969)

Of the 1,423,969 military children, more than two-thirds (70.4%) are 11 years old or younger.



Note: Children ages 21 to 22 must be enrolled as full-time students in order to qualify as dependents.

Note: Displayed percentages may not total 100% due to rounding.

Source: DMDC Defense Enrollment Eligibility Reporting System, Point-in-Time Extract (September 2024)

(U. S. Department of Defense, 2024)





Resilience of Military Children

Understanding Resilience



The manifestation of capacities, resources, or skills that allow some children, families, and communities to respond to adversity in a healthy, adaptive manner.

(Garner et al., 2021)



The Resilience of Military Children

- Their adaptability to change
- Their emotional strength and independence
- Their strong sense of responsibility and leadership





In your day-to-day work, what is the most effective strategy you use to help children build resilience and handle big emotions?



Improving Health and Building Readiness. Anytime, Anywhere — Always





Common Stressors for Military Children (0-5 Years Old)

Injury Stress

- Coping with a deployed or injured parent
- Fear of potential loss in military conflicts



Deployment Stress

- Emotional distress from absence of parent
- Difficulty understanding why a parent is gone



(Huebner et al., 2018)

Family Stress

- Frequent moves and relocations
- Disruption in routines
- Difficulty forming stable attachments to caregivers and peers
- Parent stress and mental health challenges
- Impact of parental PTSD, anxiety, or depression
- Emotion contagion from stressed caregivers
- Access to care in OCONUS (Outside the Continental US) locations





Considering the unique stressors of military life, which stressor do you think is most underestimated in how it impacts a child's daily routines and behavior?





Impact of Stress on Early Childhood Development

Importance of Early Childhood Mental and Emotional Health

- Infant mental health (IMH) is synonymous with healthy social and emotional development.
- Understanding brain development in the early years
 - IMH is the developing capacity of the child from birth to 3 to experience, regulate (manage), and express emotions; form close and secure interpersonal relationships; and explore and master the environment and learning in the context of family, community, and cultural expectations for young children.

(CSEFEL, n.d.)



Effects of Stress on Young Children

Social Developmental Challenges

- Difficulty forming stable friendships due to frequent moves
- Trust and attachment issues

Emotional and Behavioral Effects

- Increased anxiety, clinginess, or withdrawal
- Regression in behaviors (bedwetting, thumb-sucking, tantrums)

Cognitive and Learning Impacts

- Delays in speech and language development
- Reduced focus and adaptability

(Briggs et al., 2019; Shonkoff et al., 2011)





When you realize a child's challenging behavior is stemming from stress, what specific tools from your 'toolkit' do you rely on most?





**Early Intervention Support for Military Families and their Children
(0-3 Years Old)**

What is EDIS?

- EDIS stands for Educational and Developmental Intervention Services
- Started in 1985
- EDIS provides Early Intervention (EI) services to families of the military community; we also provide related services for overseas locations.
 - Three branches of services:
 - Army
 - Air Force
 - Navy/Marines
 - Within and outside the Continental U.S. on military installations
 - Provide services to families on and off military installations



Mission, Vision and Goal of EDIS

- The **Mission** of Educational Developmental Intervention Services is to fulfill the requirements of Public Law 102-119, directing the Department of Defense (DoD) to implement the requirements of the Individuals with Disabilities Education Act (IDEA) for eligible children of DoD families in certain/specific locations.
- The **Vision** of EDIS is to provide relationship- and routines-based support and services to eligible children and Families that maximize children's potential to learn and become successful people.
- The **Goal** of EDIS is to provide high-quality, evidence-based services resulting in positive outcomes for children and Families.

(EDIS, 2026)

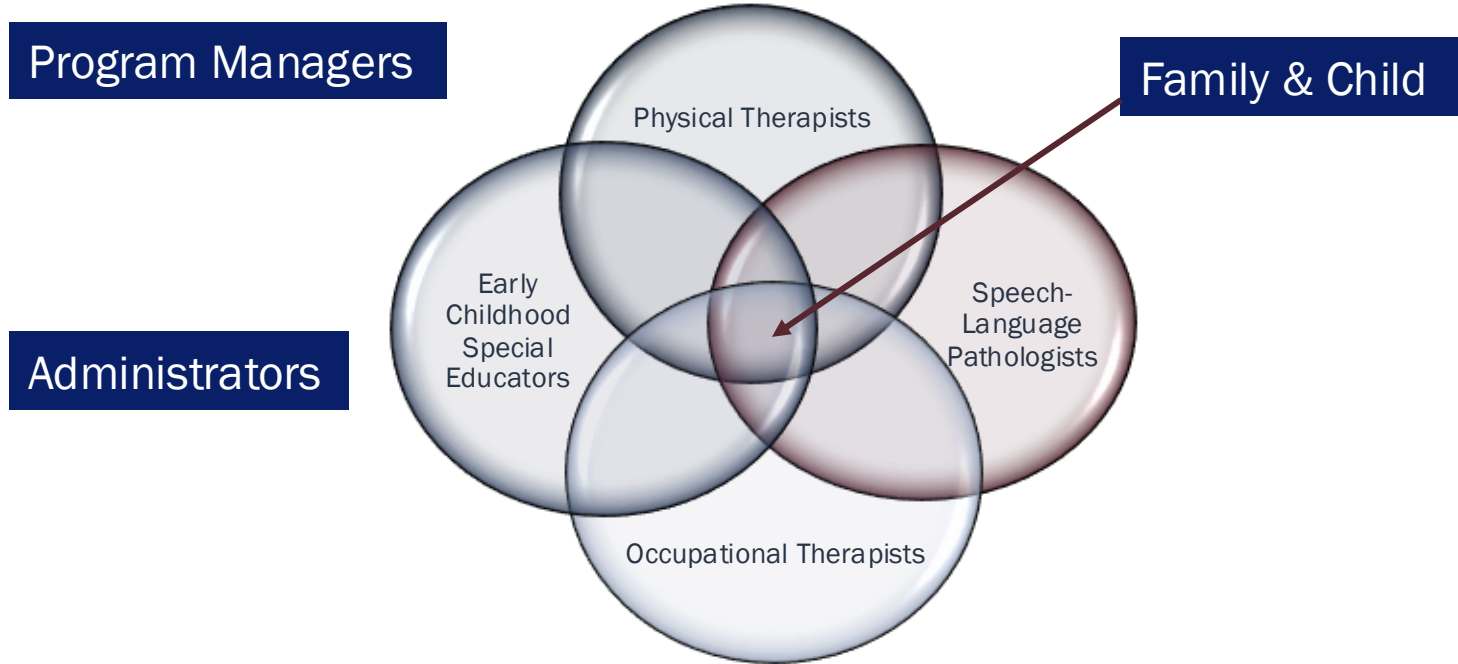


EDIS Army Programs and Locations

- Continental United States (CONUS)-Nine programs
 - Fort Campbell
 - Fort Stewart
 - Fort Knox
 - Fort Bragg
 - Fort Moore
 - Fort Novosel
 - West Point
 - Fort Jackson
 - Fort Buchanan
- Outside Continental United States (OCONUS)- Three programs
 - Germany
 - Italy
 - South Korea



EI Team & Transdisciplinary Model



Related Services EDIS

- In the overseas theater, EDIS provides related services to the school-aged population
 - Occupational Therapy
 - Physical Therapy
 - **Psychologist
 - **Developmental Pediatrician

**Provide support via the Military Treatment Facility (MTF), not EDIS





DEC Recommended Practices and EDIS

Improving Health and Building Readiness. Anytime, Anywhere — Always



Guiding Principles of Early Intervention (EI) EDIS

- Importance of Family in the development of their young children
- First three years are critical for learning
- Children learn best when interacting with familiar people during everyday routines
- Primary provider model



Poll

How familiar are you with the DEC Recommended Practices?

- A. Very Familiar
- B. Somewhat Familiar
- C. Somewhat Unfamiliar
- D. Very Unfamiliar



Division for Early Childhood (DEC) Recommended Practices

- Guides practitioners and families *to improve learning and developmental outcomes for young children* (birth to age five) who have or are at risk for developmental delays or disabilities.
- Bridges the gap between research and practice by highlighting strategies *grounded in the best available empirical evidence and field experience*.
- Focuses on the specialized practices this population needs to *meaningfully engage in daily routines*, building upon (but distinct from) foundational early childhood practices.
- Supports children's access and participation in *inclusive, natural environments* while addressing cultural, linguistic, and ability diversity.
- Organized into eight interconnected topic areas that should be viewed holistically, *with family practices serving as a fundamental component* across all areas.
- Assumes that implementers possess *foundational early childhood knowledge, adhere to professional and ethical codes*, and commit to *ongoing professional development*.

(DEC, 2014)



Division for Early Childhood (DEC) Recommended Practices

- Assessment
- Environment
- **Family**
- Instruction
- Interaction
- Teaming and Collaboration
- Transition



DEC Recommended Practice: Family Practices Themes

1. **Family-centered practices:** Practices that treat families with dignity and respect; are individualized, flexible, and responsive to each family's unique circumstances; provide family members complete and unbiased information to make informed decisions; and involve family members in acting on choices to strengthen child, parent, and family functioning.
2. **Family capacity-building practices:** Practices that include the participatory opportunities and experiences afforded to families to strengthen existing parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy beliefs and practices.
3. **Family and professional collaboration:** Practices that build relationships between families and professionals who work together to achieve mutually agreed upon outcomes and goals that promote family competencies and support the development of the child.

(DEC, 2014)



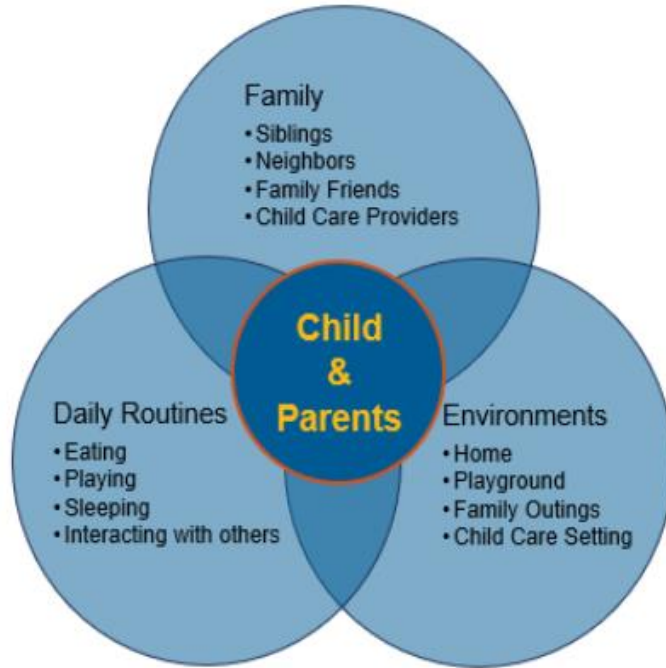
Key Concepts of Family-Centered Services

- Recognizing that families are the constant in the child's life and the experts on their child
- Facilitating parent-professional collaboration
- Honoring the unique characteristics and make up of each family
- Recognizing and respecting family strengths, individuality, and coping methods
- Sharing complete unbiased information so families can make informed decisions
- Facilitating family-to-family support
- Recognizing that the system of the family is central to how services should be tailored for the family
- Respecting families as key decision makers throughout the process
- Acknowledging the strengths and interests of the family

(Younggren, 2002)



Family-Focused



- EDIS is grounded in the Division for Early Childhood's (DEC) evidence-based practices, which emphasize a family-centered approach.
- The core principle is to build family capacity—strengthening parents' knowledge, skills, and confidence to support their child's development.
- This focuses on collaboration between professionals and families to achieve shared goals, respecting the family as the expert on their child.



EI Service Model: Parent Education & Coaching

- 3 Different models
 - Primary Provider
 - Monitoring
 - Consultation
- Parent education and coaching
 - Parent's learning style
 - Provide and/or model strategies
 - Support during daily routines



What is Coaching?

- An **adult learning strategy** in which the coach promotes the learner's ability to:
 - Reflect on his or her actions to determine the effectiveness of an action or practice
 - Develop a plan for refinement and use of the action in immediate and future situations



Building Capacity

- Increased confidence and competence leads to independence in accomplishing their desired outcomes now and in the future



Building on Adult Learning Principles

- **Voluntary Participation**
 - The learner decides what is important to learn
 - The early interventionist's role is to guide what the parents have already decided that they want to learn
- **Reciprocal Respect**
 - The learner needs to feel respected and valued so that they feel comfortable to share their opinions, views, ideas and impressions
 - The early intervention provider must understand that the parents have their own perspectives, and their role is to respect those perspectives
- **Collaborative Exchange**
 - The learner has a wealth of past experiences and knowledge that is a reference point for new learning
 - The role of the early intervention provider is to dive into what the parent already knows and acknowledge what was shared as valuable learning experiences

(Younggren, 2018b)



Building on Adult Learning Principles

- **Praxis**
 - The learner needs opportunities to practice what they are learning in contexts that are meaningful for them
 - The role of the Early Intervention (EI) provider is to encourage opportunities to practice
- **Critical Reflection**
 - The learner needs opportunities and encouragement to question and reflect on what they practiced or what was shared
 - The EI provider's role is to stimulate new ways of looking at what is being discussed from a variety of angles
- **Self-Direction**
 - The learner can establish and maintain personal learning goals.
 - The role of the EI provider is to promote the learner's ability to see themselves as agents of change

(Younggren, 2018b)



Coaching Strategies

- Information Exchange
- Problem Solving
- Indirect Teaching
- Direct Teaching
- Practice with Feedback
- Joint Planning





As a learner, which of the adult learning principles do you feel most skilled in using?



A hand holding a lit flare against a blue sky. The flare is bright orange and yellow with a large flame and a trail of white smoke rising into the sky. The hand is wearing a yellow wristband.

F.L.A.R.E. Framework

Improving Health and Building Readiness. Anytime, Anywhere — Always



Coaching with FLARE in EDIS

- Functional IFSP Outcomes to Guide the Intervention Visit
- Learning More to Ensure a Deeper Understanding
- **A**ction and Trying Strategies
- **R**eflection and **R**esponsive Feedback
- **E**nd Visit Planning for Between & Next Visit Actions

(Younggren, 2018a)








Coaching with FLARE in EDIS

- FLARE is the specific coaching framework EDIS uses to put DEC practices into action during every intervention visit.
- It provides a clear structure for collaboration with the service provider and the parents/caregivers.

(Younggren, 2018a)



FLARE Framework

Middle Of the Visit Escort MOVE			
Template with Prompts - Try planning for an intervention visit with FLARE			
Functional Outcome	Learning More	Action (Possible things to try)	Reflection & Responsive Feedback
<p> Enter an outcome from the family's IFSP</p>	<p> Insert possible questions that could help you and the parent better understand the desire reflected in the outcome. For example:</p> <ul style="list-style-type: none"> • What does this look like now? • Would you like to show me? • What are some things you've tried? • What other ideas do you have? • What will have the greatest impact? • What is most or least doable? • What has worked/not worked? Why do you think that is? • What do you know about how children learn this skill? • What would this look like if it was going the way you want it to? • What does your child like about this routine/activity? Not like? <p>Possible strategy follow up questions:</p> <ul style="list-style-type: none"> • How did it go with ___? • What was most successful/challenging? • Would you like to show me? • How should we follow up with this today? 	<p> What are possible strategies that could be used to address this outcome. Insert ideas/actions (strategies) to possibly try or add to actions already in place to address the outcome. Think of evidence-based strategies and how you might help the family tailor them to meet their needs.</p>	<p> Insert questions that might help the parent reflect on strategies tried or discussed related to the outcome. For example:</p> <ul style="list-style-type: none"> • What worked? • What did you notice when ...? • What other strategies came to mind? • How do you feel about using the strategy? • What else do you need to do this? • Do you feel like you have enough/ not enough/ too much to try? • How would you like to proceed with this strategy/outcome? <p>Remember to provide feedback in response to the parent reflection and action.</p>
			<p>End Plan</p> <p> Insert questions about what the caregiver would like to work on between now and the next visit and what they would like to address at the next visit. For example:</p> <ul style="list-style-type: none"> • What do you want to try during [routine/activity] before our next visit? • What should we review/try/focus on [related to this and/or another outcome] during our next visit?
<p>Signs of Readiness</p>	<p>Review assessment tools (e.g., MEISR, HELP) to identify the developmental steps or skills that are important for achieving the outcome and record those here.</p>		
<p>Evidence-Based Resource</p>	<p>Note articles, parent handouts, checklists, websites and other resources that speak to evidence-based practices and strategies related to the outcome.</p>		

(Younggren, 2018a)



FLARE Framework

Middle Of the Visit Escort MOVE Template			
Functional Outcome	Learning More	Action (Possible things to try)	Reflection & Responsive Feedback
			End Plan
Signs of Readiness			
Evidence-Based Resource			

(Younggren, 2018a)



Looking at the F.L.A.R.E. framework, which step—
Functional Outcomes, Learning, Action, Reflection, or End
Planning—do you feel would be the most powerful for
supporting a parent?



Meet Bailey

- Bailey, 21 months old
- Receiving EDIS services for communication, cognitive, and social-emotional delays
- Michelle (mom) uses questions, lengthy language and directed play ideas but Bailey disengages
- Through coaching and modeling, Michelle practices:
 - Following Bailey's lead
 - Using simpler language
 - Modeling sounds and key words
- Bailey becomes more engaged and imitates several sounds and words



FLARE Practice: Functional Outcome

F

Bailey will participate in mealtime and play time using words to communicate what she wants.

L

How did it go with “focusing on simple actions, following Bailey’s idea and modeling animal sounds?” What was the most successful? What was the most challenging? Would you like to show me?

A

Spend time observing Parent and child. Spend time problem-solving with Parent to identify the problem and figure out the solution. Tweak strategy or try a new one. Use indirect teaching to build Parent’s confidence

R

What happened when you tried ____ strategy? For your child? And for you? How did you feel as you tried it? How did your child’s response match what you expected to happen?

E

Describe how you want this to go for the rest of the week until we meet again?



Reflection

To view this video, visit <https://www.youtube.com/watch?v=6-U6perQEec>



A More Resilient Family

- By marrying the family-centered philosophy of DEC with the practical steps of the FLARE model, EDIS creates a powerful system of support.
- This approach supports families by meeting parents where they are and empowering them to become the primary agents of change, fostering a resilient family environment where children can thrive.



Utilizing Community and Military Support Programs

- Accessing military family support services
 - Army Community Services
 - ✓ New Parent Support
 - ✓ Military Family Life Counselors
 - ✓ Family Advocacy Program
 - ✓ Exceptional Family Member Program
- Encouraging participation in play groups or counseling
 - Romp and Stomp
 - Adore and Explore
 - Tummy Time



What families have to say...

Ashley Simpson and Ashlyn Myers from EDIS went above and beyond to ensure a smooth transition of our son, Elias, to our next duty. We were unable to set up a transition meeting with the school to set up an IEP due to our PCS timeline, but Ashley and Ashlyn contacted Fort Knox and collaborated with them to ensure they were aware of our arrival and set up that meeting for us. They advocated for us. Once we arrived, all our services continued, and we were able to get our son the resources he needed in a timely manner. I couldn't be happier with our EDIS support. Our son is thriving with the support they provided for us.

It was great working with Ms. Simpson. I was worried about how my baby was developing and she provided for so many resources. She came to my home which was convenient. She is so warm and incredibly knowledgeable. Thanks so much for helping me. We've been implementing some of the exercises she recommended and my baby's reaching more milestones. My family appreciates the work that you do!

Miss Ashley and her team have been an incredible help in helping me navigate the limited resources in the area. She has been so kind, patient, and informative in this new process of understanding my child and always goes out of her way to make sure kiddos are safe and being heard. Having a child that requires more help can be really intimidating and sometimes the environment out here can be very ignorant or dismissive, but EDIS as a whole has made me, and several other families feel more confident and at ease.



Ms. Gaylen was so central to our child's successful development. Every time she showed up to the house, she brought a cheerful and fun energy; Oliver was skeptical about people at first but after about a week or two with Gaylen he was always happy to see her. She provided me with great exercises and details and things I could do or should see around base or during certain stages with him. I would not have been as informed or able to be successful with Oliver without her help. She deserves a raise and a promotion; she is truly an expert. Her title should be "the baby whisperer". We hope to see her again; they need to let her start a playgroup.

Antoinette was a wonderful speech therapy early childhood intervention specialist for our family. She came to every session with a big smile and such a positive attitude, which made working with her really easy and enjoyable. Her deep knowledge of speech development, paired with her thoughtful approach, gave us the tools and confidence we needed to support our child's growth. In less than a year, our child went from saying just a few words at age one to hitting all her two-year-old speech goals. We're so grateful for Antoinette's support! Her guidance really made all the difference!

I am so grateful for the EDIS team that worked with our family (daughter ZH) between February 2024 and August 2025. Kristen Buff was our primary therapist - she was/is wonderful, both during and in between our sessions, including coordinating with other specialists as ZH progressed and her needs changed. ZH will start PSCD next week, and we know she will do amazing thanks to the EDIS team that has supported her - Kristen (OT), Karen (speech), and Candace (PT). Thank you!



Presentation Conclusion: Key Takeaways

- We examined the unique developmental challenges and stressors military children face due to deployment, injury, and transitions, while also recognizing their remarkable resilience.
- We underscored the vital role of Infant Mental Health, emphasizing that consistent caregiver relationships are the foundation for how infants and toddlers learn to communicate and regulate their emotions.
- We demonstrated how early intervention, guided by frameworks like FLARE, aligns with DEC Recommended Practices to provide family-centered support, build parental capacity, and address the specific needs of military families.
- Finally, we identified a network of community support agencies that are crucial partners in providing comprehensive assistance to this unique and deserving population.



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Questions/Comments?



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June 3, 2026

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