

A New Look at 0-3 Services

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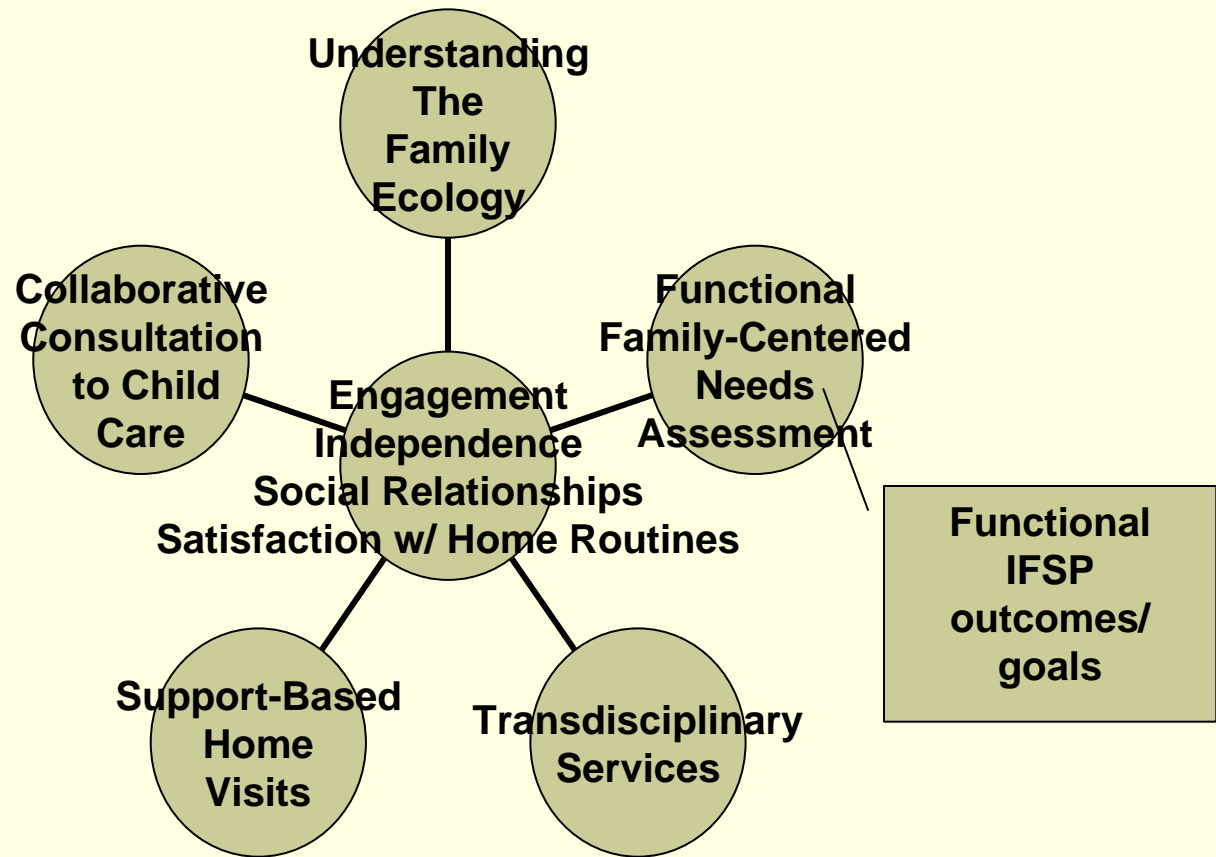


The only credentials that matter this weekend

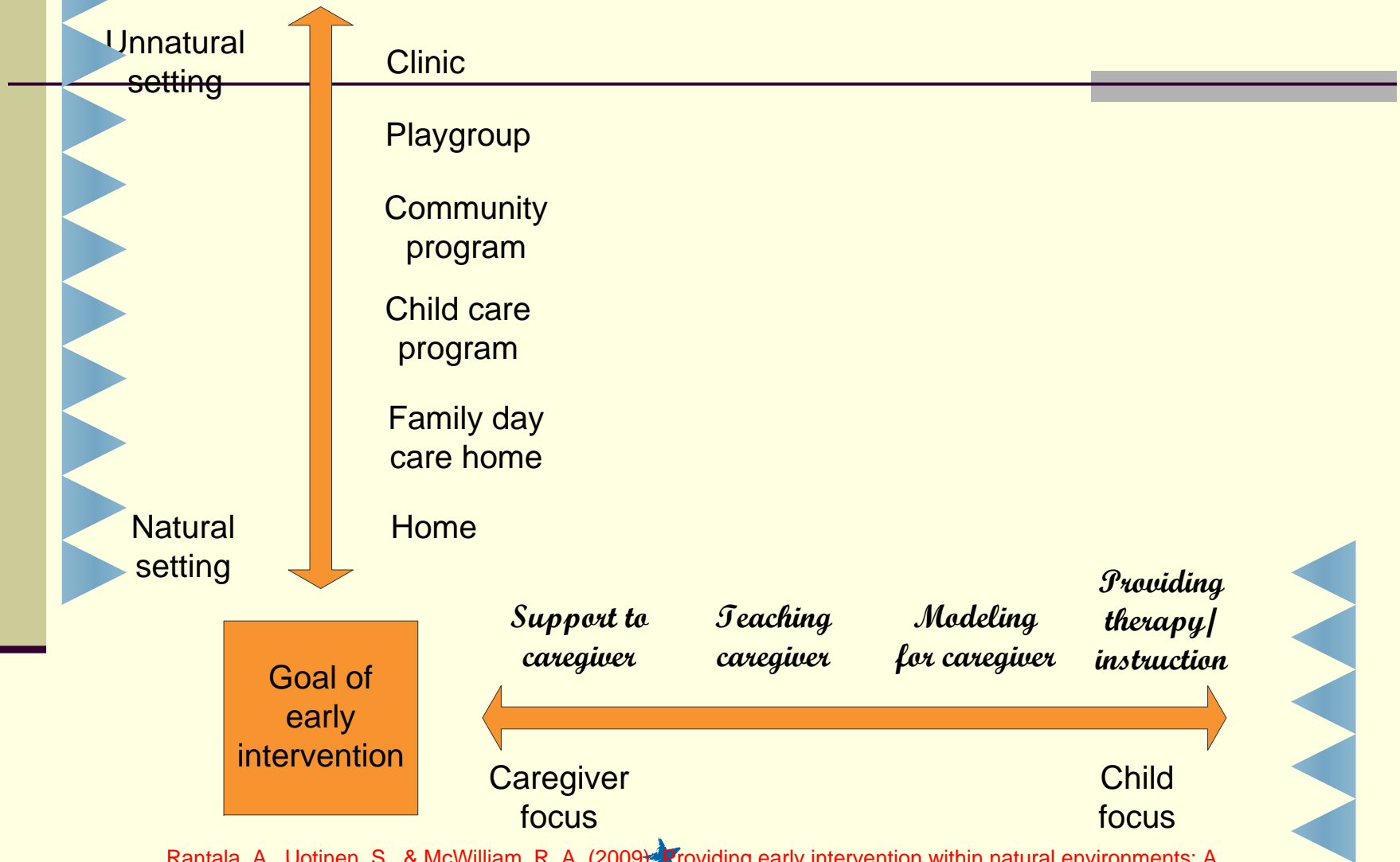
- Bachelor of Arts, University of North Carolina 1978
- Ph.D., University of North Carolina 1992
- Faculty, University of North Carolina 1992-2002



The 5-Component Model for Early Intervention in Natural Environments



Setting and adult versus child focus as service delivery dimensions



Rantala, A., Uotinen, S., & McWilliam, R. A. (2009). Providing early intervention within natural environments: A cross-cultural comparison. *Infants & Young Children*, 22, 119-131.

Problems in Early Intervention

- A pernicious slide towards overspecialization
- An erroneous belief that more is better
- An objective distancing between professionals and parents
- A clinic- or classroom-based model dumped on the living room floor

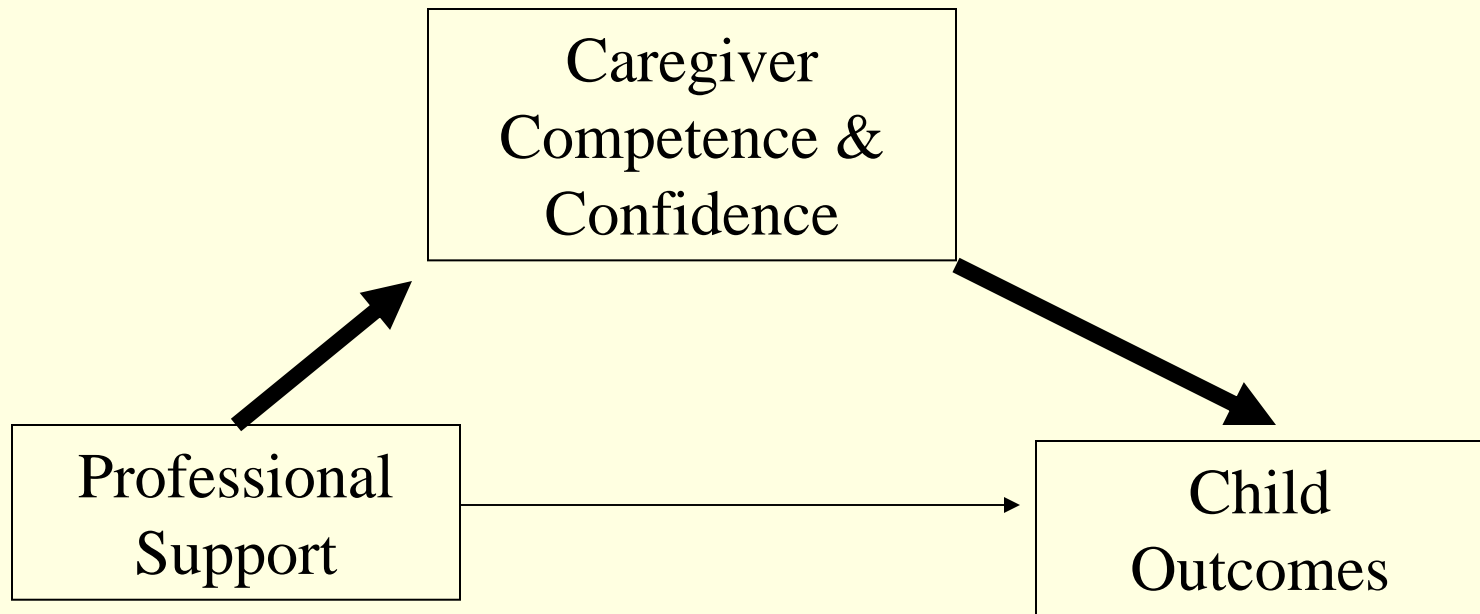
What Makes Early Interventionists So Great—According to Research

- The strongest predictor of the outcomes of early intervention is the relationship of the primary service provider with the family
- Most families love their service providers
- Home-based service providers, especially generalists, use the most family-centered practices

Principles

- All the intervention occurs between specialists' visits.
- Therapy and instruction are not golf lessons.
- Regular caregivers (i.e., parents and teachers) need to own the goals.

Who Has How Much Influence on What?



How Children Learn

The Environment

The Child

Through repeated interactions with the environment,
distributed over time.

Not in massed trials.

Between Visits

Home Visit

Home Visit

Family

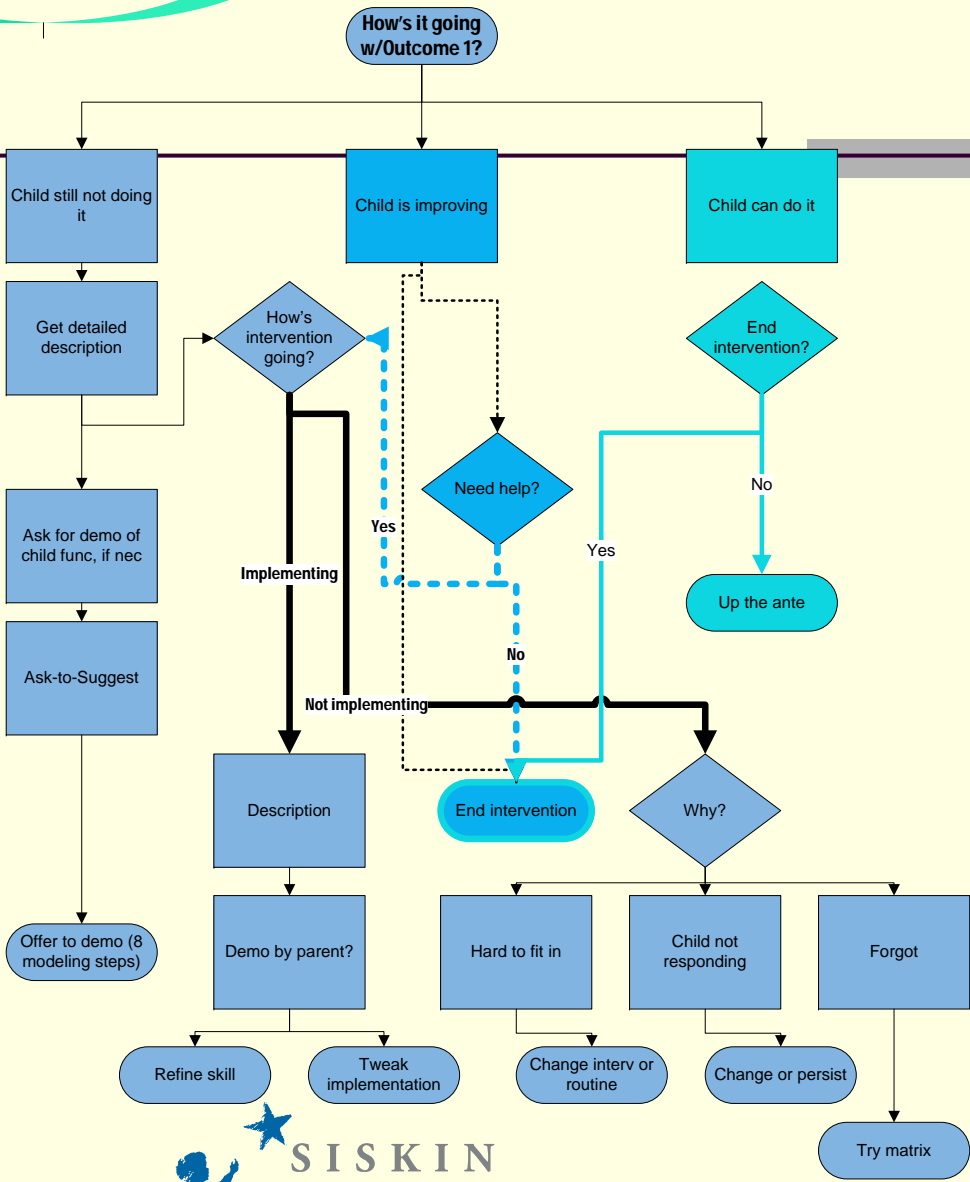
Family

Family-Child Interactions
&
Other Learning Opportunities

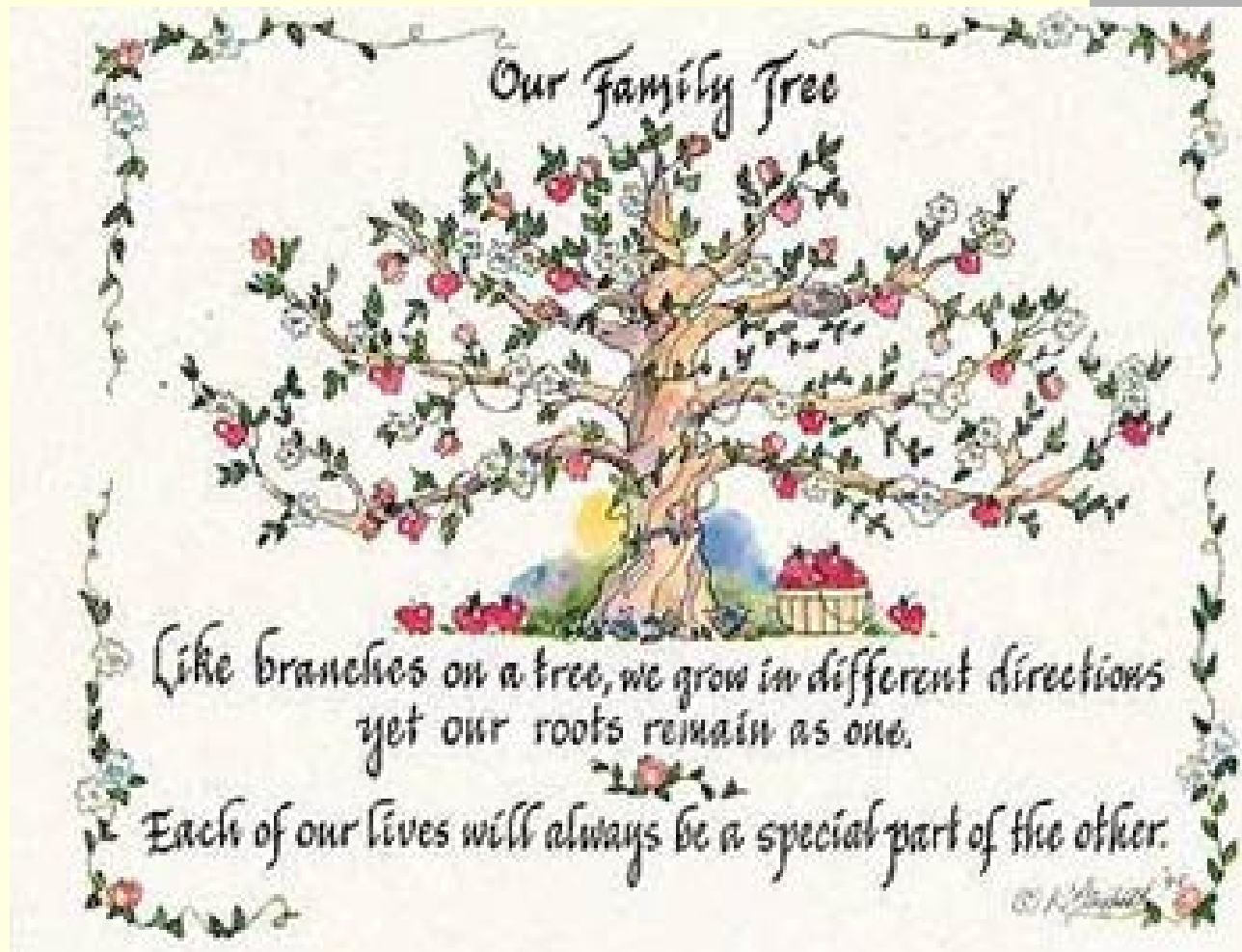
Child Learning



Behavioral Consultation in Home Visits



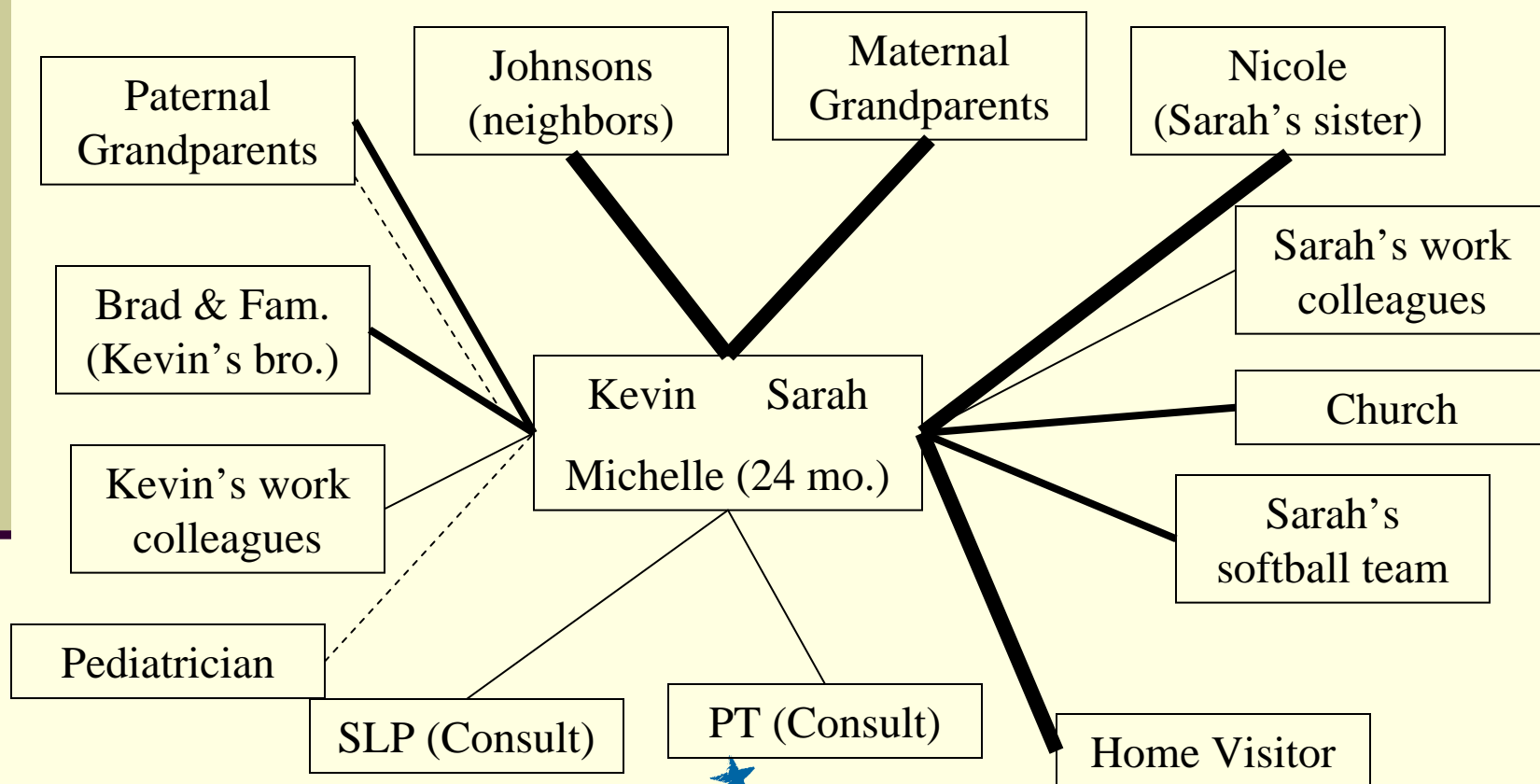
The Ecomap



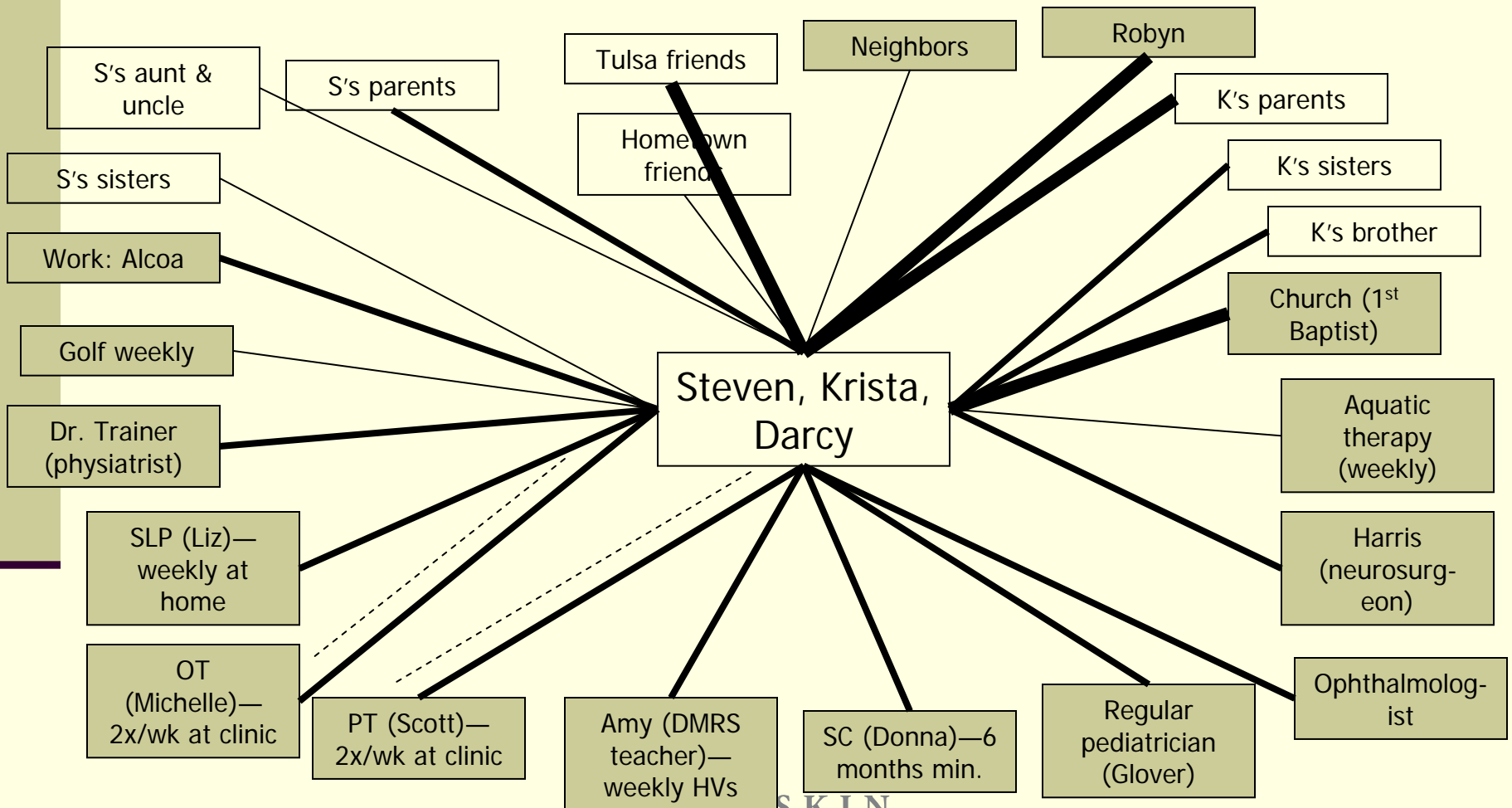
Family Ecology

- We need a method to show we're interested in the family, not just the child
 - Children live in families
- We need something to establish a friendly, interested relationship
- We need an alternative to the checklist method of doing intakes

A Quick Look at an Ecomap



Krista has little time for friends, but doesn't know what to do with her afternoons (the worst time of day)



New Instrument

1. Waking Up (18 items)
2. Meal Times (36 items)
3. Getting Dressed (15 items)
4. Toileting/Diaper (16 items)
5. Going Out (21 items)
6. Plays With Others (21 items)
7. Independent Play (21 items)
8. Nap (11 items)
9. Bath (21 items)
10. Hanging Out/Watching TV/Books (26 items)
11. Grocery Store (17 items)
12. Outdoors (20 items)
13. Bedtime (14 items)

- **Measure of Engagement, Independence, and Social Relationships (MEISR)**
- Authors: R. A. McWilliam & Shana E. Hornstein
- 236 items for children birth-5 years of age
- Purpose: To assess strengths and needs within routines
 - (a) to help families identify goals
 - (b) to monitor functional progress
- Currently being field-tested with children with deafblindness

Beginning of MEISR

| | Does not do this yet | Does this some-times | Does this often | Past this; used to do it | N/A | Domain CG=Cognitive CM=Communication A=Adaptive S=Social M=Motor |
|---|----------------------|----------------------|-----------------|--------------------------|-----|---|
| 1.Waking Up | | | | | | |
| Shows interest in crib toys | 1 | 2 | 3 | 4 | | CG |
| Tries to get hold of objects in the crib or bed | 1 | 2 | 3 | 4 | | M |
| Plays with crib toys | 1 | 2 | 3 | 4 | | CG |
| Makes vocal sounds | 1 | 2 | 3 | 4 | | CM |
| Calls out for adults | 1 | 2 | 3 | 4 | | CM, S |
| Wakes up without crying immediately | 1 | 2 | 3 | 4 | | A |
| Turns towards the sound of someone's voice | 1 | 2 | 3 | 4 | | CM |
| Seems happy to see adults | 1 | 2 | 3 | 4 | | S |

Want Functional Profile of Your Kids?

- Get 5 families to complete the MEISR and mail it to us
- Write Robin.McWilliam@Siskin.org
- What will you and the family get out of this?
 - A profile of strengths and needs by routines
 - Can help families identify priorities for IFSP



7 Steps to Writing Functional, Measurable Child-Level Outcomes

1. Read the informal functional outcome
2. Determine the routines involved
3. Write “[The child] will participate in [those routines]”
4. Write “...by _____ing,” inserting the desired behavior
5. Consider *We will know this when he or she _____* and add a measurable acquisition criterion
6. Add a generalization criterion
7. Add the criterion specifying the amount of time over which the behavior needs to be displayed (e.g., “in one week”)

Gina's Goals

1. Emily will extend arms at dressing
2. Play without head-banging (because of child care)
3. Time for Gina to play with Maria and Emily (15-30 mins)
4. Communicate Mama, no, up, cup, Dada, etc.
5. Down time before dinner for family
6. Sit in car seat without self-stimulating with middle strap (for social reasons)
7. Walk faster
8. Find child care
9. Maria cooperate

In groups...

1. Select 1 goal

- If child goal, use 7 steps
- If parent-level goal, propose 1 measurable criterion
- Recall the routines for which each child goal is needed
 - That's what the child will participate in

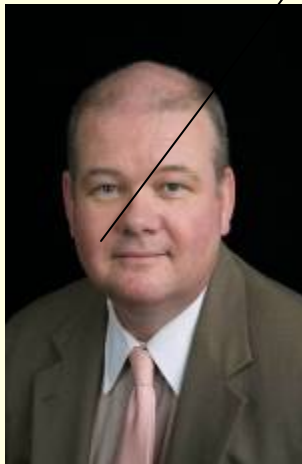
Why We Should Apologize for Too Much Early Intervention Service

Robin McWilliam, Ph.D.

Presented at 2008 TASH Conference,
Nashville, TN



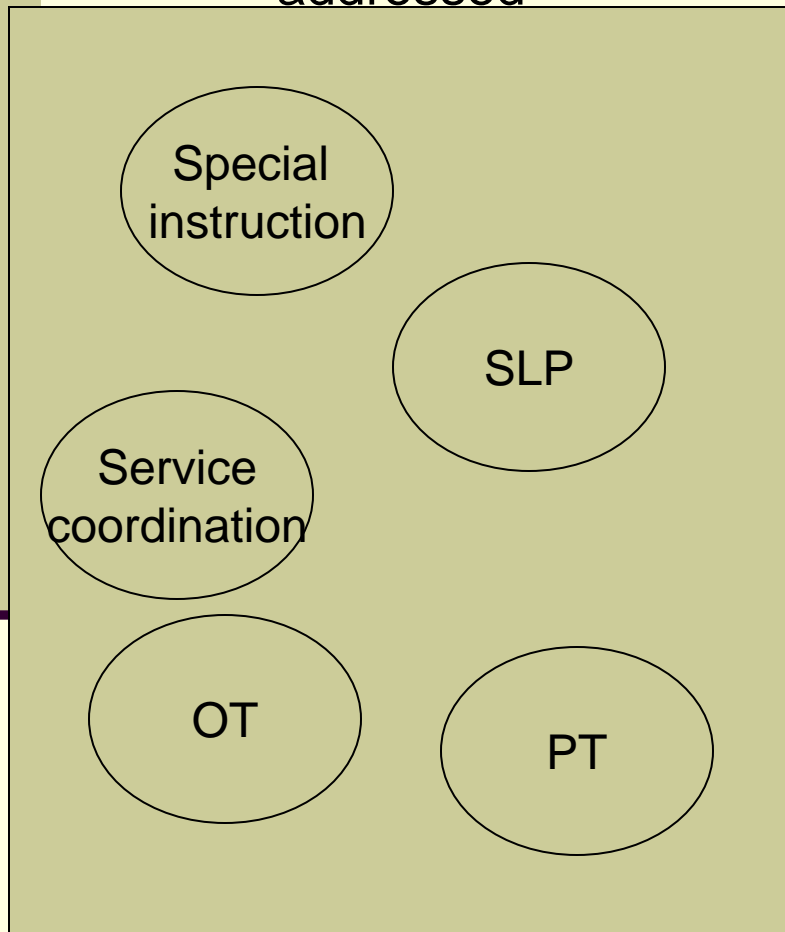
The Conversation



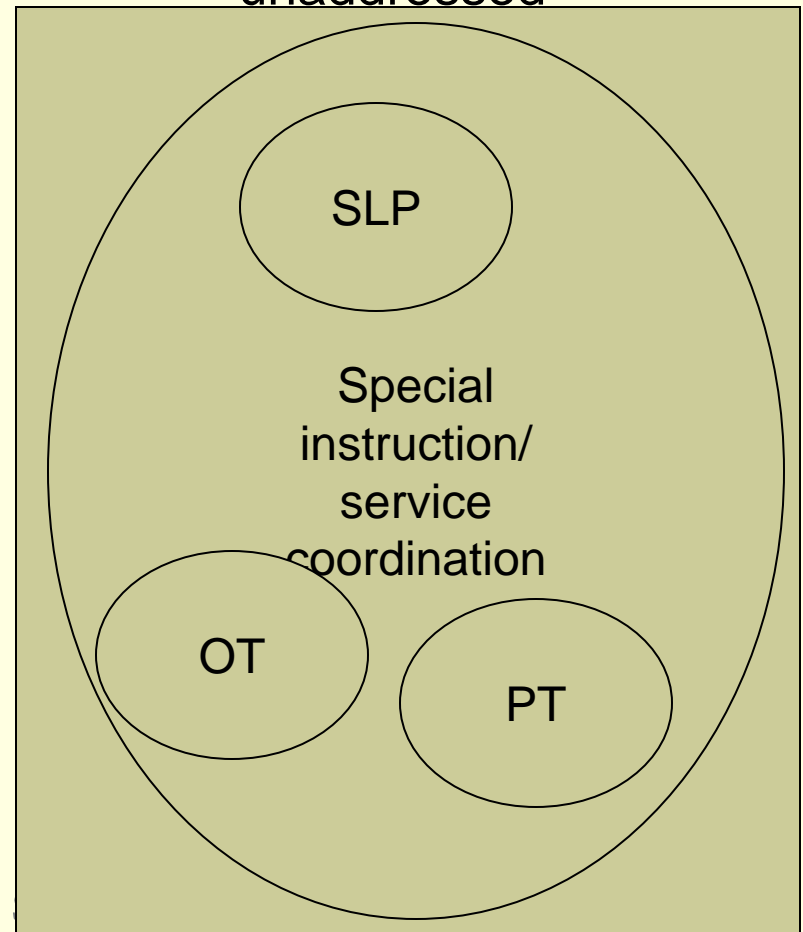
- I've just moved here and I'm having difficulty getting all the services my child needs. Where I came from, he got speech twice a week, PT twice a week, OT once a week, and he had a service coordinator.
- Oh, I'm so sorry.
- No. You don't understand. This was a good thing.
- But your child deserves so much more than that.
- Even more service. Um, OK. Cool, I guess.
- No. Less service, more intervention.

The Whole Child and Family

Look how much is not addressed



Look how little is left unaddressed



Multidisciplinary Child-Directed Services

Child-Directed
Speech
Therapy

Child-Directed
Occupational
Therapy

Child-Directed
Physical
Therapy

Child-Directed
ECSE

The Child's Week

General Parenting, Leaving "Intervention" to the Specialists

Multidisciplinary Family-Directed Services

Family-Directed
Speech
Therapy

Family-Directed
Occupational
Therapy

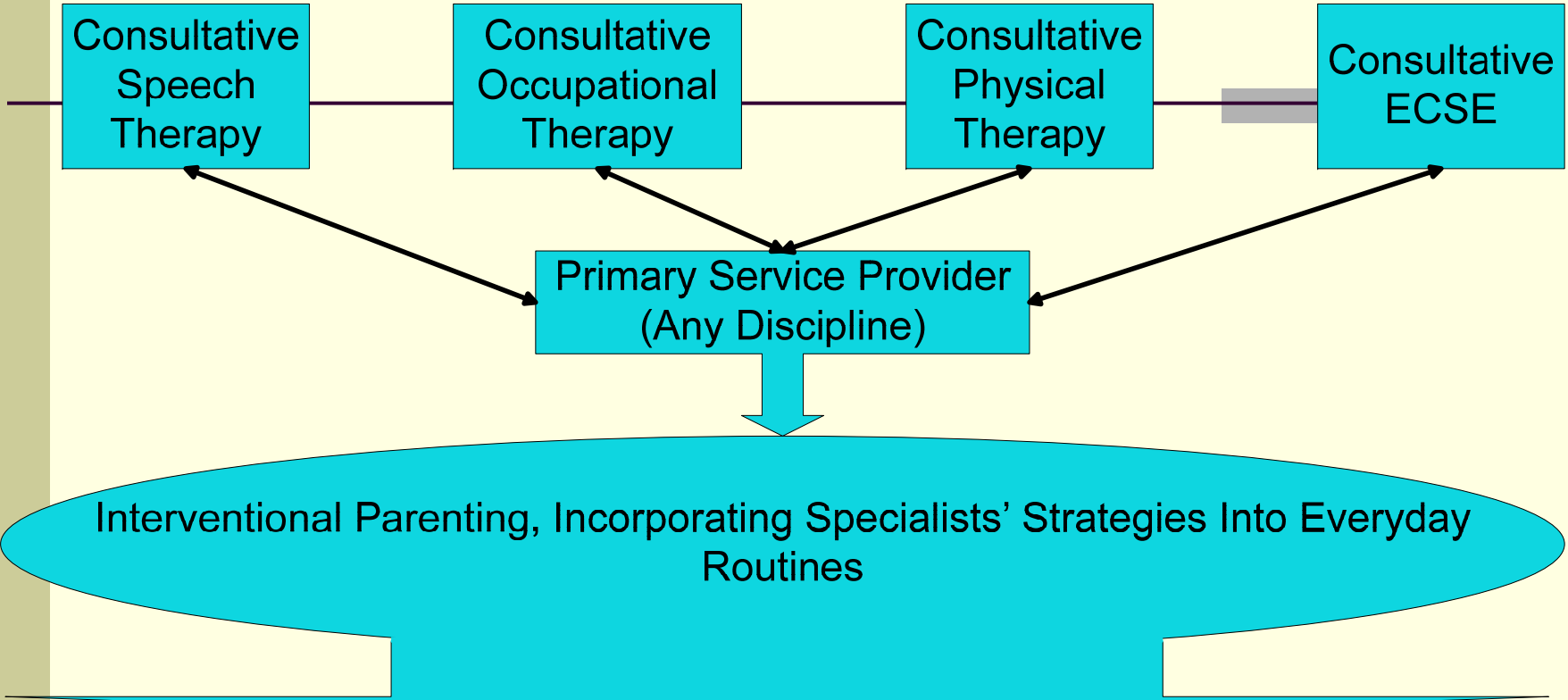
Family-Directed
Physical
Therapy

Family-Directed
ECSE

Interventional Parenting, Incorporating Specialists' Strategies Into Everyday Routines

The Child's Week

Transdisciplinary Family-Directed Services



The Child's Week

Family Needs

Problems With the Multidisciplinary Model

- Imply that interventions for the child occur during the home visits
- Imply that the family needs massive doses of demonstration
- Separates child functioning into domains
- Requires much family time
- Allocates scarce resources inappropriately

Transdisciplinary Service Delivery

- **Multidisciplinary:** Different specialists do their own thing, from assessment to intervention
- **Interdisciplinary:** Different specialists do their own thing but exchange information and plan together
- **Pure transdisciplinary:** One primary specialist works with the family and receives consultation from other specialists
- **Modified transdisciplinary:** One generalist (e.g., “family resource coordinator,” “early interventionist”) is the primary service provider, receiving consultation from specialists



Definition

- One professional provides weekly support to the family, backed up by a team of other professionals who provide services to the child and family through joint home visits with the primary service provider. The intensity of joint home visits depends on child, family, and primary-service-provider needs.

Cost Implications of Multidisciplinary vs. Transdisciplinary Home-Based Services

Multidisciplinary

Paying for multiple visits per child
Might be center-based, reducing travel costs

Transdisciplinary

Paying for one visit per child with occasional joint visits
Travel costs offset by personnel/contract savings

Reasons Integrated (Transdisciplinary) Services Are Appropriate

- All the child-level intervention occurs **between** visits (i.e., the purpose of sessions is to provide informational support to regular caregivers).
- There's more than one way to skin a cat (i.e., no specific intervention is so necessary that a normalized alternative can't be found).
- Therapy and instruction are not tennis lessons (i.e., children cannot transfer therapy-time skills to nontherapy times).
- Not every need requires a service.
- More is not necessarily better.



Myths About the PSP Model

- People of one discipline are practicing another discipline
 - “I’m a speech-language pathologist; I can’t do occupational therapy.”
 - “She’s a speech-language pathologist; she can’t do occupational therapy.”
- The model violates scope of practice, licensure, or ethics
- Children don’t get services
- Children get less intervention

Multidisciplinary Time Allotment

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| X | X | X | X | X |
| X | X | X | X | X |
| X | X | X | X | X |
| X | X | X | X | X |

The Numbers

- 20 visits
- 20 children

Transdisciplinary Time Allotment

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| P | P | P | P | P |
| C | C | C | C | C |
| C | C | C | C | C |
| C | C | C | C | C |

The Numbers

- 20 visits (same \$!)
- 5 children as PSP
- 15 children consulting

In 1 month...

- Multidisciplinary = 20 children
- Transdisciplinary = 5 as PSP
15 as consultant X 4 weeks = 60 children
= 65 children
- Same \$!

2-Year-Old With Down Syndrome

Combining PSP and Blended SC

- OT once a week (\$65)
- PT once a week (\$65)
- SLP once a week (\$65)
- Special instruction once a week (\$45)
- Subtotal x 50 weeks = \$12,000
- Service coordination twice a year (\$280/yr.)
- Total = **\$12,280/yr.**
- Service coordinator/ Interventionist once a week (\$65)
- Other specialist twice a month—generous! (\$130/mo.)
- Total = **\$4,810**

Add more as necessary

2-Year-Old With Down Syndrome

PSP and Dedicated SC

- OT once a week (\$65)
- PT once a week (\$65)
- SLP once a week (\$65)
- Special instruction once a week (\$45)
- Subtotal x 50 weeks = \$12,000
- Service coordination twice a year (\$280/yr.)
- Total = **\$12,280/yr.**
- Interventionist once a week (\$65)
- Other specialist twice a month—generous! (\$130/mo.)
- Service coordination twice a year (\$280/yr.)
- Total = **\$5,090**

Conclusions

- With the PSP approach, generalists spend most of their time seeing their own families, and specialists spend most of their time seeing others' families
- Generalists are sometimes specialist consultants to other PSPs
- Specialists are sometimes PSPs
- The problem with dedicated service coordination is that services are generally fragmented and using a multidisciplinary approach and therefore expensive
- Furthermore, you have to pay for the SC on top of all the other services
- Don't get me started on cost models for evaluations!
- What would we do with the money saved?
 - Increased intensity for families who need more of their PSP's time
 - Hire more people to be PSPs
 - Pay providers better—but then expect commensurate performance
 - Provide training to ensure the model continues to work
 - Provide educational materials for referral sources and families



What Would We Do With the Money Saved?

- Increase intensity for families who need more of their PSP's time
- Hire more people to be PSPs
- Pay providers better—but then expect commensurate performance
- Provide training to ensure the model continues to work
- Provide educational materials for referral sources and families
- Fund developmentally and individually appropriate child care opportunities for children who need intensity family's can't provide

There are so many needs, it's ridiculous NOT to find ways to contain costs that happen to serve families well!



The Routines-Based Interview

- Go through each “routine” (i.e., time of day or activity)
- Get a sense of family’s and child’s functioning
- Write down significant information
- Star concerns
- Recap concerns with the family, showing them the starred items
- Ask what the family would like to concentrate on
- Write down these outcomes
- Ask them for the priority order

Structure

Within Each Routine

1. What does everyone else do?
2. What does this child do?
 - a) Engagement
 - b) Independence
 - c) Social relationships
3. How satisfactory is this routine?

Home Routine

Waking
Changing diaper
Going to kitchen
Breakfast
Parent getting ready
Going outside
In shops
Lunch
Going to park
Other family members
coming home
Dinner preparation
Dinner
Bath
TV
Bedtime

Outside
Music
Story
Lunch
Nap
Entertainment
Departure

3. How well is this routine working for the child ("goodness of fit")

The 3 Foundations of Learning

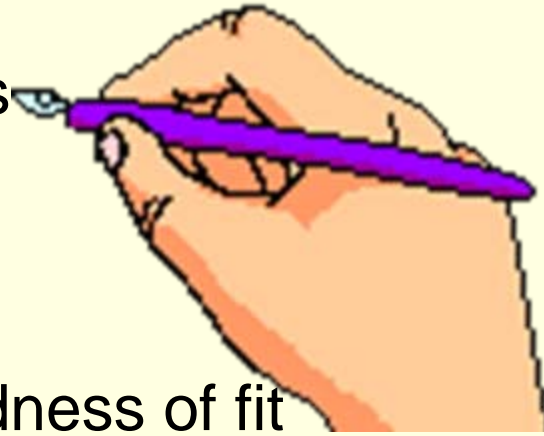


Satisfaction With Routines

- How smoothly does the routine go?
- How easy is this time of day?
- How would you like it to be different?
- Rate it on a scale of 1-5

RBI Report Form

- State the routine
- Prompts the new domains
 - Engagement
 - Independence
 - Social Relationships
- Score satisfaction or goodness of fit
- What Part C domains are addressed
- Is this a concern?



Assessing What?

- Child
 - Engagement
 - Independence
 - Social relationships
- Family
 - Satisfaction with routines

Noting Potential Outcomes

- Write down, in short notes, important information
- Especially note concerns (potential outcomes)
 - Maybe put stars (★) next to them
- These are not the parent's chosen outcomes yet
- This will be a list of 10-20 or more concerns!
- At the end of the interview, use these to remind the parent

Outcome Selection

- Interviewer reads aloud notes about potential problem areas.
- The family selects 6-10 outcomes (goals)
- The family put outcomes into priority order

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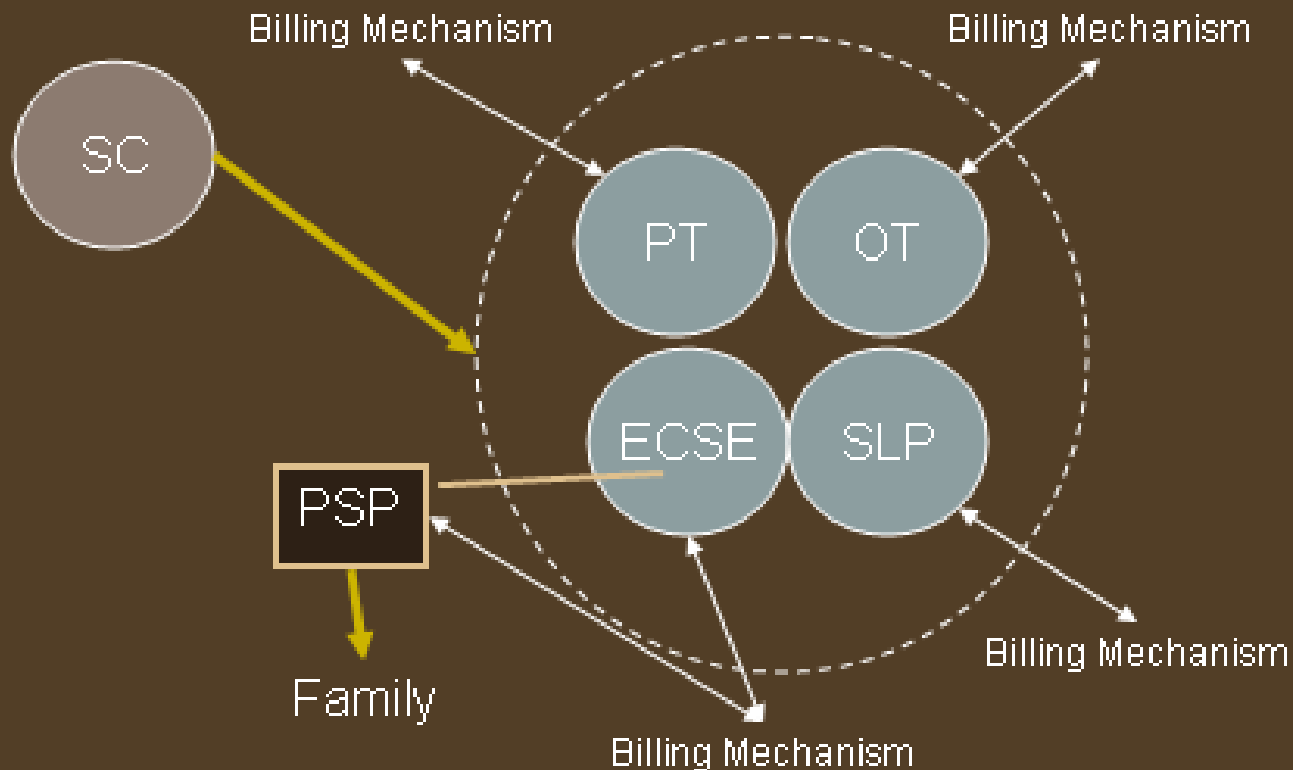
Incremental Procedure for Deciding on Services

- Principle: You add services only as needed; you don't just pile on services
- Practice: Begin with a primary service provider
- Question: Starting with Outcome/Goal 1, can this PSP help the family with this outcome?
 - If no, who can? Add 'em!
 - If yes, does the PSP need help?
 - If yes, add 'em!

Incremental Procedure (cont.)

- Once someone else is added, the question becomes, for the next outcome/goal
 - Can this PSP or the person we added help the family with this outcome?
- Intensity: If people are added, at what intensity?
 - Never the same as the PSP, ongoing
 - They are consultants
 - Can change—more intense at the beginning, then lessening (be careful of seduction and sabotage!)

What Do We Do in a Vendor Model?



Support-Based Home Visits



Home-Based Integrated Services

- We need an alternative to dumping clinic-based models on the living room floor.
- What's wrong with the toy bag?
- We need to attend to the complex, interrelated needs of developing children and their families.
- We can achieve these by having *support* as the goal of services: emotional, material, informational.



Influences

- Bruder
- Campbell
- Dunst & Trivette
- Guralnick
- Peterson & McBride
- Roberts & Innocenti
- Robinson & Edelman
- Shelden & Rush
 - See www.coachinginearlychildhood.org
- Woods

Support-Based Home Visits

■ Emotional Support

- Positiveness
- Responsiveness
- Orientation to the whole family
- Friendliness
- Sensitivity

■ Material Support

- Equipment and materials
- Financial resources

■ Informational Support

- Child development
- Child's disability
- Services and resources
- What to do with the child

The Vanderbilt Home Visit Script

- Directions
 - Rationale
 - Written for HVs by primary service providers
 - Adaptation required for use by multidisciplinary providers
 - At any time, provide support to the family, including information

VHVS: The Questions

1. How have things been going?
2. Do you have anything new you want to ask me about?
3. Outcomes in priority order
4. Is there a time of day that's not going well for you?
5. How is [family member] doing?
6. Have you had any appointments in the past week? Any coming up?
7. Do you have enough or too much to do with [your child]?



Follow-Up Prompts for All Script Questions

- The 4 Es
 - Ears (listen)
 - Elicit (ask)
 - Empathize
 - Encourage
- Do you need any information to help with this?
- Should we try to solve this?
- Would you like me to show you?

Listening

- * Listen.
- * Don't interrupt.
- * Don't finish the other person's sentences.
- * Don't say 'I knew that.'
- * Don't even agree with the other person (even if he praises you, just say, 'Thank you')
- * Don't use the words 'no,' 'but,' and 'however.'
- * Don't be distracted. Don't let your eyes or attention wander elsewhere while the other person is talking.
- * Maintain your end of the dialogue by asking questions that (a) show you are paying attention, (b) move the dialogue forward, or (c) require the other person to talk (while you listen).
- * Eliminate any striving to impress the other person with how smart or funny you are. ...

[You will learn, and as an ancillary benefit] you'll uncover a glaring paradox: The more you subsume your desire to shine [and truly listen], the more you will shine in the other person's eyes."

Marshall Goldsmith, *What Got You Here Won't Get You There*, Hyperion, Copyright 2007 by Marshall Goldsmith, pp. 148-156.



1. How have things been going?

- Gives the family an opportunity to set the agenda
- Make notes
 - The 4 Es
 - Ears (listen)
 - Elicit (ask)
 - Empathize
 - Encourage
 - Do you need any information to help with this?
 - **Would you like me to show you?**

2. Do you have anything new you want to ask me about?

- More specific opportunity to think about
 - New issues
 - Skills
 - Problems
 - Etc.
- The 4 Es
 - Ears (listen)
 - Elicit (ask)
 - Empathize
 - Encourage
- Do you need any information to help with this?
- **Would you like me to show you?**

3. Outcomes in Priority Order

- Functional, preferably from RBI
- In family's order of priority
- How have things been going with [priority]?
- Discuss in context of routines

- The 4 Es
 - Ears (listen)
 - Elicit (ask)
 - Empathize
 - Encourage
- Do you need any information to help with this?
- **Would you like me to show you?**



~~4. Is there a time of day that's not going well for you?~~

- The 4 Es
 - Ears (listen)
 - Elicit (ask)
 - Empathize
 - Encourage
- Do you need any information to help with this?
- **Would you like me to show you?**

5. How is [family member] doing?

- Child lives in the context of a whole family
 - The 4 Es
 - Ears (listen)
 - Elicit (ask)
 - Empathize
 - Encourage
 - Do you need any information to help with this?
 - **Would you like me to show you?**

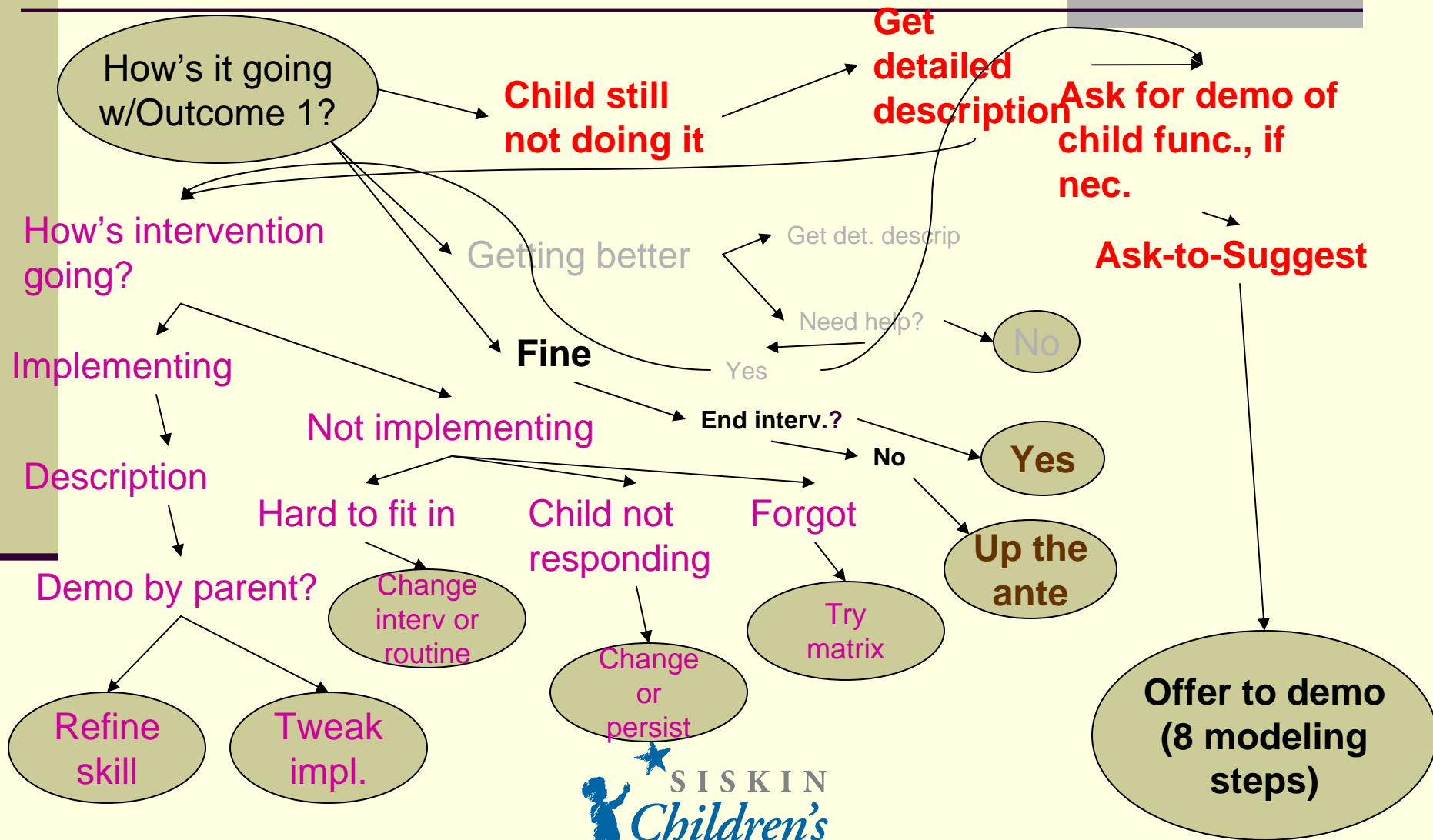
6. Have you had any appointments in the past week? Any coming up?

- Organizes information and questions to ask professionals

7. Do you have enough or too much to do with [your child]?

- Demonstrates sensitivity and responsiveness

Behavioral Consultation in the Context of Support-Based Home Visits



The 8 Steps of Modeling



The 8 Steps of Modeling: Avoiding the Model-&-Pray Approach

1. Talk to the parent about your suggestion
2. If the parent appears not to understand, ask if he or she would like to be shown
3. Tell the parent what you're going to do
4. Do it
5. Tell the parent what you did and point out the consequence
6. Ask the parent if he or she would like to try it
7. If the answer's yes, watch the parent trying it; if the answer's no, leave it alone
8. If yes, praise the parent and give a limited amount of corrective feedback

Integrated Specialized Services

DEFINITION

When therapy and specialized instruction occur in the classroom with other children usually present, and in the context of ongoing routines and activities.

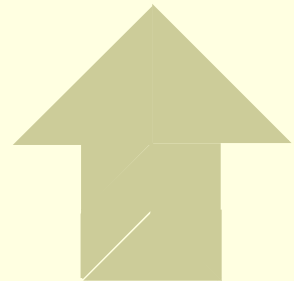
Everybody's Roles

■ In this model,

- The teacher's primary role is to teach and care for children, including embedding individualized instruction in developmentally appropriate routines
- The specialist's primary role is to support caregivers through informational support, material support, and emotional support

Continuum of Service Delivery Models

- 1-on-1 pull-out
- Small-group pull-out
- 1-on-1 in classroom
- Group activity
- Individualized within routines
- Pure consultation



Research Findings

- Individualized within routines most effective, followed by group activity
- 4 times as much communication occurs in in-class methods vs. out-of-class methods
- It's not just a location issue

Research Findings (cont.)

- Teachers more satisfied with integrated than pull-out
 - Especially when they like the therapist
- It can take parents over a year to acknowledge the benefits, if they are predisposed to segregated models
- ECSE is the most integrated, followed by OT

Research Findings (cont.)

- Most practitioners say their choice of method depends on the child
- In fact, after controlling for
 - Discipline
 - Goals worked on
 - Family choice of method
 - Teacher characteristics

Child characteristics accounted for only 10% of the variance in choice