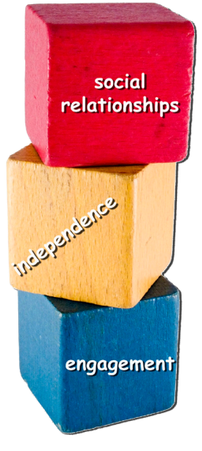
Understanding the

Engagement Classroom Model

siskin children's institute

The Engagement Classroom Model is an innovative approach to early childhood development and education.

Grounded in 26 years of research, the Engagement Classroom Model (ECM) is a child- and family-centered, developmentally appropriate approach to early childhood learning. Developed by researchers from the Siskin Center for Child and Family Research, it is a model that is shaping schools of thought throughout the community of early childhood professionals and one that is being implemented in programs across the world.



The logic behind the model

The most important time in human development occurs between birth and age 6. Therefore, it is vital for developmentally appropriate teaching practices to be provided to all children during these crucial and vulnerable early years. The Engagement Classroom Model fills that need.

The ECM is an evidence-based method of teaching children, providing interventions to them and working with their families. The model's three outcomes are engagement, independence and social relationships. The more a child is engaged the more positive the outcomes in behavior, problem solving and interactions with others. Along with independence and social relationships, engagement plays an important role in preparing children for kindergarten and beyond.

Learn more at www.siskin.org/engagement

Evidence confirms the Engagement Classroom Model works.

The Engagement Classroom Model is proving effective with the more than 300 children in the Institute's two Early Learning Centers. The ECM has been studied since 1985, and the findings have been reported in peer-reviewed, high-impact scholarly journals. The work was summarized by Institute researchers Robin McWilliam, Ph.D., and Amy Casey, Ph.D., BCBA, in the book *Engagement of Every Child in the Preschool Classroom* published in 2008. Dr. McWilliam, the foremost investigator of engagement in children with disabilities and director of the Siskin Center for Child and Family Research, travels nationally and internationally to teach professionals to use the ECM, and several U.S. states have adopted the full model or components of it.

Evidence-based studies reveal:

- The way a child development program is organized has an influence on child engagement. More inclusive, play-based, developmentally appropriate programs produce more engagement than do disability-only, highly structured, traditional special-education programs.
- A series of studies in the 1990s found that (a) the warmer teachers were in their interactions with children, the more engagement was seen in the children; (b) engagement levels were associated with developmental test scores; and (c) one can reliably measure different levels of engagement sophistication.
- Findings show integrating therapies (see page 4) into classroom routines (vs. pulling the child out) resulted in better acquisition of goals and better overall development.
- Children receive more intervention if natural caregivers, like teachers and parents, under the guidance of therapists and special educators, provide it than if therapists and special educators provide it directly.
- In classrooms that have been studied, research on incidental teaching (see page 3) has shown that children receive very little incidental teaching, but focused feedback to teachers can increase the amount.
- As early as the 1970s, researchers reported that shorter transitions with high levels of engagement were characteristic of the zone defense schedule (see page 3); whereas, long transitions with low levels of engagement were characteristic of "man-to-man" staff assignments (an organization in which each teacher is assigned to a specific group of children).

Meet the Researchers

The Engagement Classroom Model was developed by Robin McWilliam, Ph.D., and his research partner Amy Casey, Ph.D., BCBA. Drs. McWilliam and Casey are part of the research team at the Siskin Center for Child and Family Research. To learn more about them and the studies they have conducted and currently have underway, visit www.siskin.org/research.

In the Engagement Classroom approach, a variety of strategies are used to promote functional and learning skills: 1) incidental teaching, 2) zone defense scheduling, 3) integrated therapy services, 4) family-centered needs assessment, 5) functional goals and 6) data collection.

1

Incidental Teaching

Incidental teaching embeds learning in play, routines and interest areas rather than separating out learning time from everyday events and activities.

Let's use learning the alphabet as an example. Using incidental teaching, a teacher will promote learning into every aspect of the child's day, not just a limited 20-minute activity at a desk. The teacher might (a) notice a child is having fun in the sandbox, (b) respond to the child's interest in the sand by (c) getting him or her to make an "s," and (d) making sure the whole episode was fun. Similarly, letters might be sculpted out of clay during art. Or the child may form a letter using his or her body during creative movement. This process ensures learning occurs all day in contexts that make sense to children and is effective for children of all abilities. Using this technique, teachers are successful at meeting the educational goals individualized for each child. At Siskin Children's Institute, we have adapted this well-researched language intervention method for teaching all sorts of skills.

Incidental teaching isn't a technique only for the classroom, either. Most parents use the technique and don't even realize it!

2

Zone Defense Scheduling

The term *zone defense* is borrowed from basketball, where players are responsible for a specific area, or zone, of the court. In the preschool classroom, the zone defense schedule (ZDS) is a way of organizing the staff during activities and transitions to new activities as a way of maximizing child engagement. ZDS also involves the physical set-up of the room whereby the space is compartmentalized to prevent aimless wandering and conflicts among children.

Let's consider an example of a classroom's morning schedule using ZDS. It's February 2, Groundhog Day, and several of the day's activities will revolve around the holiday. At 9 a.m., the children listen to Ms. Tina read a story about a groundhog seeing its shadow. Meanwhile, Ms. Melisa is setting-up for the next activity where the children will use flashlights to look for a stuffed groundhog hiding in the room. After the children finish listening to the story Ms. Tina is reading, Ms. Melisa welcomes them to the next activity. Ms. Tina remains with the children who are the last to leave story time and who might need help going over to Ms. Melisa's activity. The staff member in the set-up role also greets visitors to the classroom, handles phone calls, completes diaper changes and so on.

With ZDS, wherever children go, a teacher is responsible for that part of the classroom. Consequently, children spend more time engaged during activities and transitions and less time in unoccupied behavior, such as waiting needlessly, wandering with no purpose, crying, whining, and so on. ZDS also empowers the classroom staff by alternating weekly roles among adults, ensuring that each staff member rotates through all the classroom activities and giving everyone—not just the lead teacher—a chance to plan activities.

3

Integrated Therapy

Research has shown that children younger than five make more developmental progress when therapy services are "integrated" into ongoing classroom routines versus the child having one-on-one "pull-out" sessions with a therapist.

Using integrated therapy, teachers work with children on their individualized goals during typical classroom activities based on collaboration with therapists. This technique results in the child receiving more therapy during the week than he or she would in one or two typical 30-minute therapy sessions.

The integrated therapy method considered most effective is called "individualized within routines." An example of this technique would be a speech language pathologist coming into a classroom and observing a child engaged in an activity. The therapist would join the child during the activity already in progress to work on communication goals, demonstrating to the teacher how this can be incorporated, then following up to ensure the teaching team understands how to carry out the intervention. Now teachers are prepared to use the intervention throughout everyday activities, and the therapy will have benefit all the children in the classroom.

Integrated therapy allows teachers and therapists to focus on skills that are immediately useful for children. Children benefit from learning new skills in contexts in which they will use them, and they have many more opportunities to practice their skills during the day. Integrated therapy also creates a stronger team of professionals working with the child by increasing the team's knowledge and skills and enhancing communication and collaboration. This approach favors therapy interventions that teach children rather than those where children just have therapy done to them.

4

Functional Family-Centered Needs Assessment

The Engagement Classroom Model is a family-centered approach that acknowledges a child's natural caregivers as a child's most influential teachers. Making the preschool experience a supplement to parenting rather than the other way around reverses the usual concept of "parent involvement." Families who have children entering the Institute's Early Learning Centers through referral from Tennessee's Early Intervention System (TEIS) meet with an early interventionist who conducts The Routines-Based Interview™ (RBI). For the family, the RBI is a relaxed, informal conversation about everyday events, places and activities. For the professionals, it is the means to

- establish a positive relationship with a child's family,
- obtain a rich and thick description of child and family daily activities and functioning,
- create a list of functional outcomes/goals chosen and prioritized by the family.

The RBI is conducted with children with special needs upon entry to the program and annually thereafter. It is an internationally recognized way of assessing children's and families' needs—and it was developed by Siskin Children's Institute researchers!

5

Functional Goals

The individualized family service plan (IFSP) or individualized education program (IEP) is the backbone of early intervention/early childhood special education delivered in the United States under the Individuals with Disabilities Education Improvement Act (IDEA '04). Effective IFSPs/IEPs are those with the most functional goals/outcomes.

Yet all too often, goals/outcomes are developed by identifying and correcting deficits, taking a child-centered rather than family-centered approach, and giving little consideration to the context of a child's and family's needs. The result is nonfunctional outcomes and a pile-on of disjointed services that may do little to improve a child's outcomes.

By contrast, functional goals address the development of a child's skills in all the child's natural environments—the home, classroom and community. They promote the success of the child and the family and are individualized and strength-based, rather than deficits-based. They come from the RBI process described earlier, which usually produces no fewer than six goals and often as many as 12.

The true test of functionality is asking why the child is working on a given goal. If the goal is functional, the answer is apparent: The child will be more engaged with this skill. For example, a goal might be that *Mary will participate in meal times by using her spoon five times during lunch at least four days a week*. Why is this a functional goal? If Mary cannot hold a spoon, her engagement at mealtime is compromised. While Mary might be able to participate at some level without the skill of using utensils, it will be less efficient for her. What made it a functional goal was that, without the skill, Mary's engagement in mealtimes was compromised.

6

Data Collection

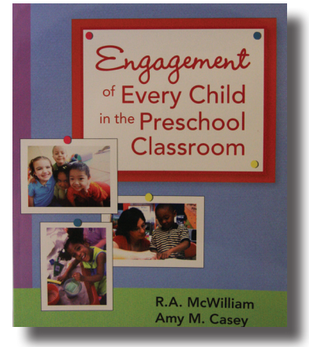
In the ECM, the collection of data is critical to keep the staff focused on what's most important and to make decisions about changes to make in programming for the child or professional development for the staff. Tools for measuring staff and child performance are

- the Incidental Teaching Checklist, Integrated Therapy Checklist and Zone Defense Schedule Implementation Checklist;
- the MEISR (Measure of Engagement, Independence and Social Relationships); and
- STARE (Scale for Teachers' Assessment of Routines Engagement).

At the Institute, a classroom coach periodically observes in the classroom and offers checklist-based performance feedback as well as other suggestions to the staff on furthering children's engagement, independence and social relationships.

For questions and answers about the Engagement Classroom Model, visit www.siskin.org/engagementq&a.

The literature on the effectiveness of child engagement is extensive.



The foremost book on engagement for early childhood professionals.

- McWilliam, R. A. (Ed.) (2010). Working with families of young children with special needs. New York: Guilford Publications.
- McWilliam, R. A. & Casey, A. M., (2008). *Engagement of every child in the preschool classroom.* Baltimore, MD: Paul H. Brookes Co.
- McWilliam, R. A., Scarborough, A. A., & Kim, H. (2003). *Adult interactions and child engagement. Early Education & Development, 14*, 7-27.
- Ridley, S. M., & McWilliam, R. A. (2000). Observing children at play: Using engagement to evaluate activities and the classroom environment. *Children and Families, 14*(3), 36-38.
- Ridley, S. L., McWilliam, R. A., & Oates, C. S. (2000). Observed engagement as an indicator of child care program quality. *Early Education & Development, 11*, 143-146.
- McWilliam, R. A., Trivette, C. M., & Dunst, C. J. (1985). Behavior engagement as a measure of the efficacy of early intervention. *Analysis and Intervention in Developmental Disabilities, 5*, 59-71.
- Dunst, C. J., McWilliam, R. A., & Holbert, K. (1986). *Assessment of preschool classroom environments. Diagnostique, 11*, 212-232.
- McWilliam, R. A. (1991). Targeting teaching at children's use of time: Perspectives on preschoolers' engagement. *TEACHING Exceptional Children, 23*(4), 42-43.
- McWilliam, R. A., & Ware, W. B. (1994). The reliability of observations of young children's engagement: An application of generalizability theory. *Journal of Early Intervention, 18*, 34-47.
- McWilliam, R. A., & Bailey, D. B. (1995). Effects of classroom social structure and disability on engagement. *Topics in Early Childhood Special Education, 15*, 123-147.
- de Kruif, R. E. L., & McWilliam, R. A. (1999). Multivariate relationships among developmental age, global engagement, and observed child engagement. *Early Childhood Research Quarterly, 14*, 515-536.
- Raspa, M. J., McWilliam, R. A., & Ridley, S. M. (2001). Child care quality and children's engagement. *Early Education and Development, 12*, 209-224.
- Casey, A. M., & McWilliam, R. A. (2005). Where is everybody? Organizing adults to promote child engagement. *Young Exceptional Children, 8*(2), 2-10.
- Casey, A. M., & McWilliam, R. A. (2007). The STARE: The Scale for Teachers' Assessment of Routines Engagement. *Young Exceptional Children, 11*(1), 2-15.
- McWilliam, R. A., & Bailey, D. B. (1992). *Promoting engagement and mastery.* In D.B. Bailey & M. Wolery (Eds.), Teaching infants and preschoolers with disabilities (pp. 229-255). Columbus, OH: Merrill.