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Early Intervention in Natural Environments

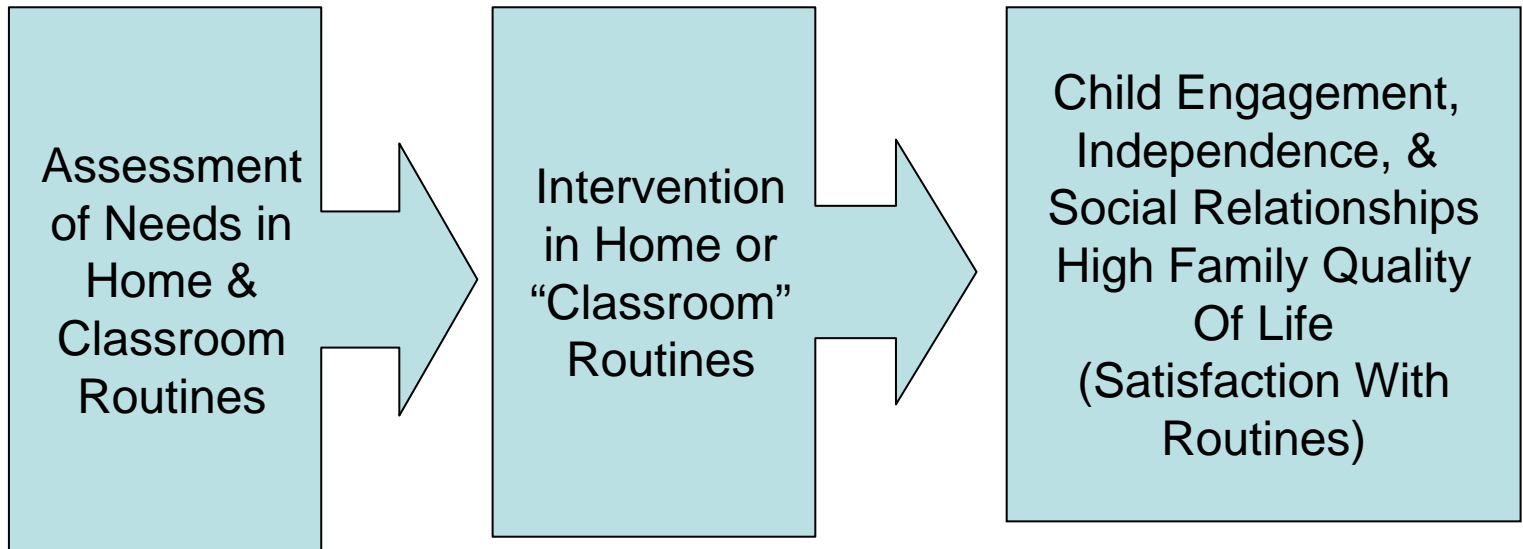
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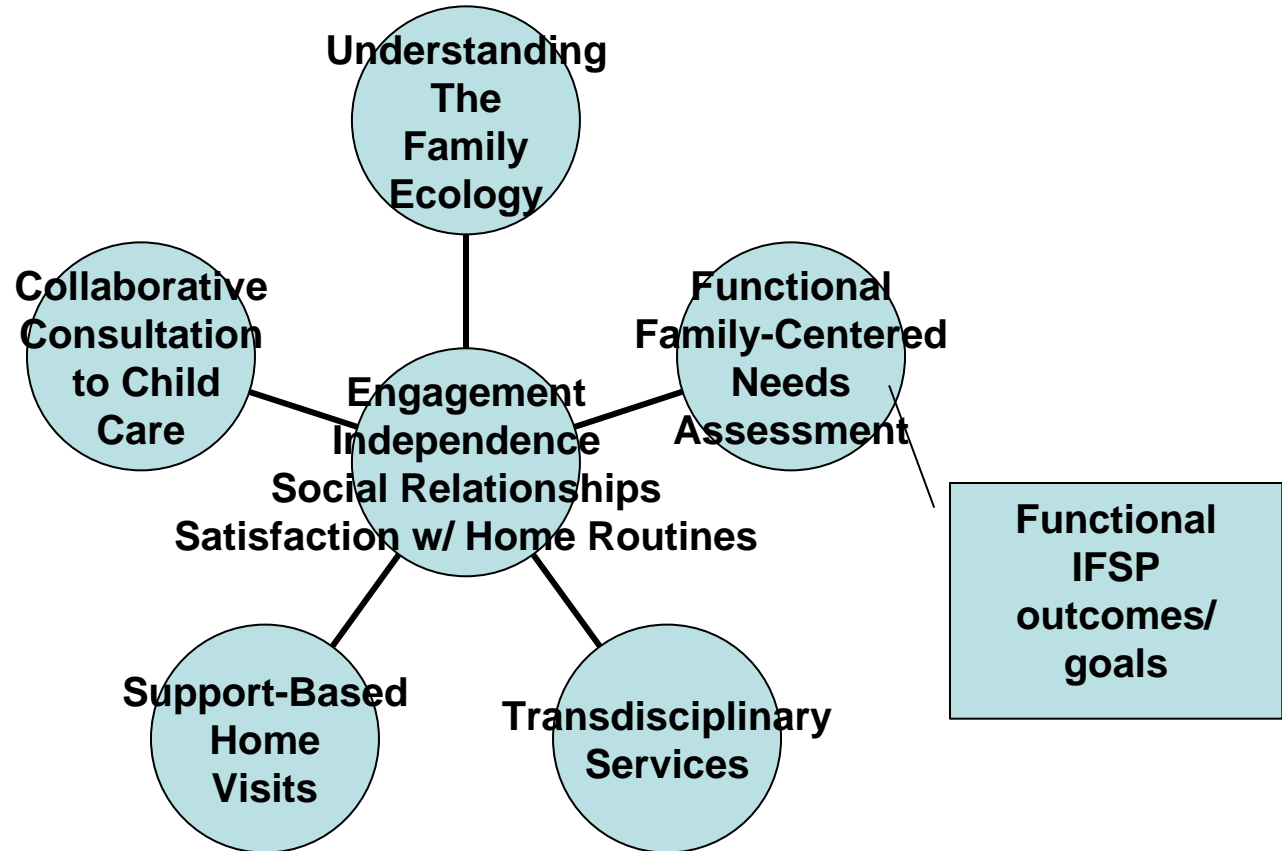
Logic Model for a Routines-Based Approach



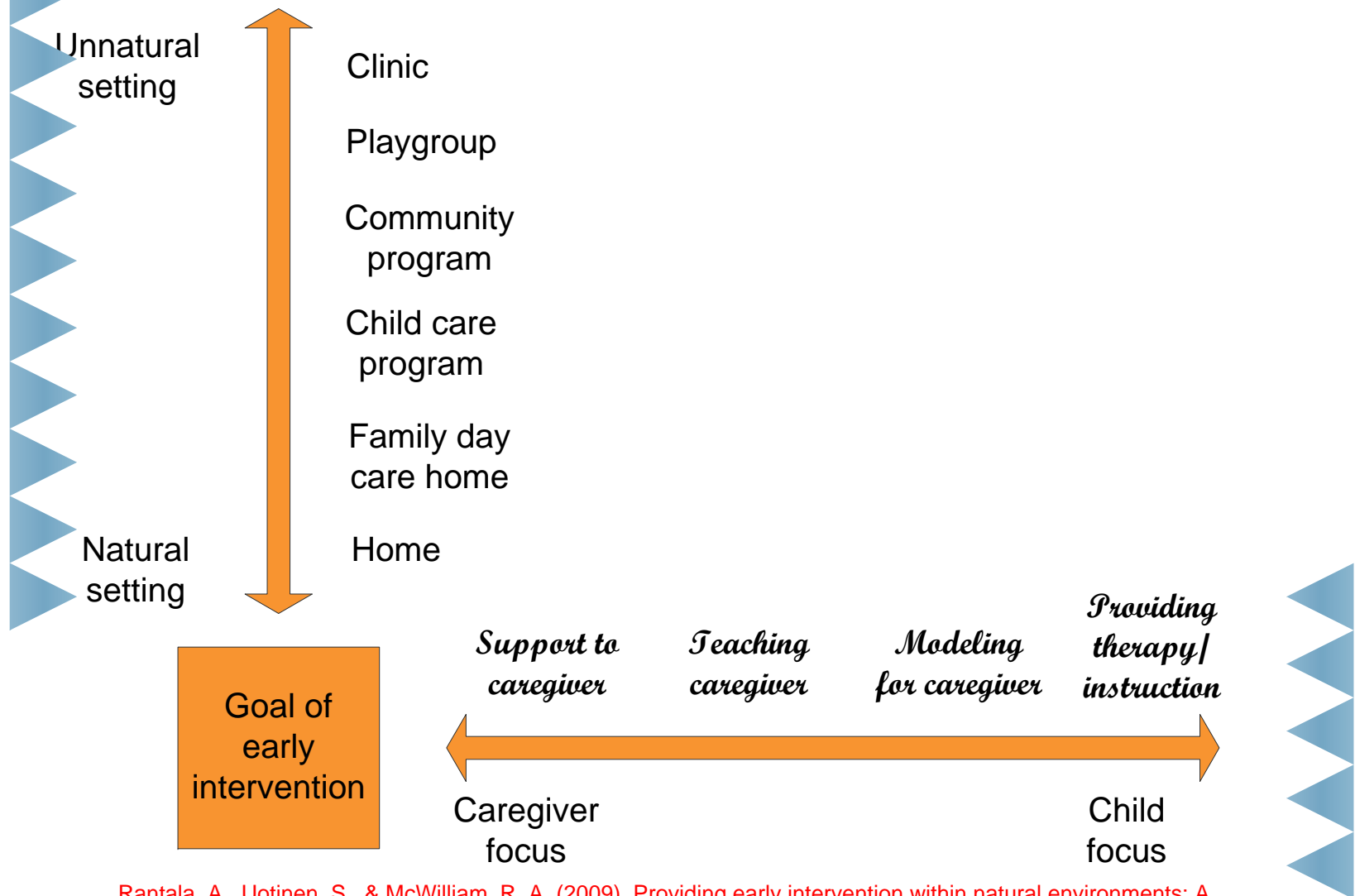
Advances in Early Intervention: Family Centeredness

- “From **parent training** and **involvement**, the field made important steps forward in conceptualizing family centeredness when **empowerment** and **partnerships** were embraced. Refinement of the concept might well come with an acceptance of the goal of **improving family quality of life.**”
- In *Routines-Based Early Intervention* (McWilliam, in press)

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



Mission and Key Principles for Providing Early Intervention Services in Natural Environments

MISSION

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Workgroup on Principles and Practices in Natural Environments (November, 2007) *Mission and principles for providing services in natural environments.*

OSEP TA Community of Practice-Part C Settings.

<http://www.nectac.org/topics/families/families.asp>

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
Entertainers
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

Brande's Outcomes

1. Brande feel OK about Brandon's lung development and his O2 status
2. Brandon gain weight steadily to 5th %ile
3. Communicate mama, dada, more, done
4. Move independently, shifting weight
5. Fingerfeeding
6. Be more vocal
7. Throw things
8. Swallow liquid from cup
9. Clap by himself
10. Megan and Hayley get along
11. Hayley not scream at dinner prep time

Ana's and Andrew's Outcomes

1. Jenevae will move independently (like crawling)
2. Time for Ana and Andrew
3. Learn to play with more complicated toys
4. Hobby for Andrew (not video, not car)
5. Andrew to college
6. Info re: financial help
7. Say words
8. Pulling to stand
9. Come to sitting
10. Lower Ana's stress
11. Time for Ana for herself (trustworthy child care)
12. Info on child care

Virgen's Outcomes

1. Virgen make decision about back to school
2. Bedtime—Anthony going to sleep without fussing
3. Parents learn about Anthony's breathing
4. Anthony playing to make sounds
5. Anthony grabbing
6. Virgen learn baby games

Dulcie's Goals

1. Natalie know colors (meals, dressing, school)
2. Stay in bed, including through the night
3. Play independently or in parallel play
4. Talk clearly to be understood
5. Consistency between Dulcie's and children's dad's
6. Natalie play and talk back and forth with others
7. Dulcie in school and finish and decide what to do
8. Natalie pulling up pants
9. Follow rules at supper
10. Natalie and Blake busy longer at dinner prep
11. Natalie recognize name in writing
12. Kids play in bath with little splashing

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

						Domain CG=Cognitive CM=Communication A=Adaptive S=Social M=Motor
	Does not do this yet	Does this some-times	Does this often	Past this; used to do it	N/A	
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

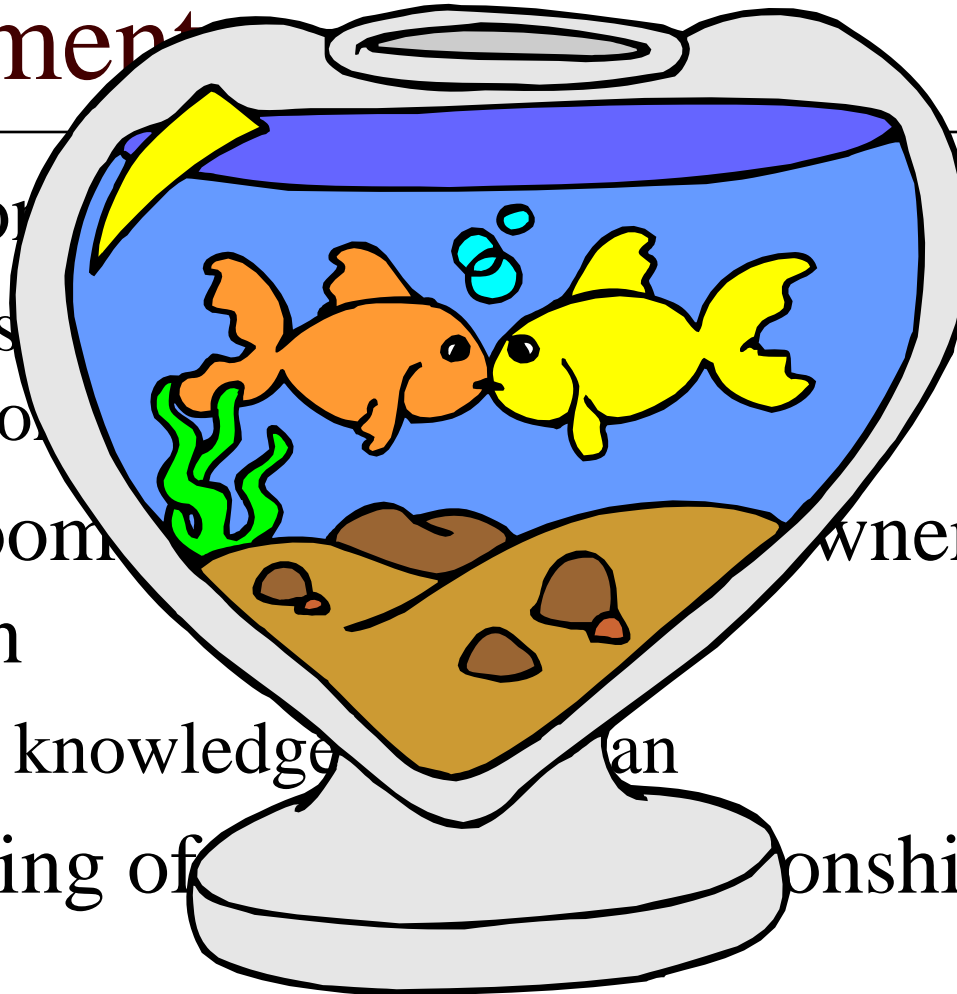
1. Read the informal functional outcome
2. Determine the routines involved
3. Write “[The child] will participate in [those routines]”
4. Write “...by _____ing,” inserting the desired behavior
5. Consider *We will know this when he or she _____* and add a measurable acquisition criterion
6. Add a generalization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

Collaboration



Outcome of Collaboration at Assessment

- Function
 - Focus on relationship and social
- Classroom ownership over the plan
 - Even knowledge and
- Beginning of relationship



Collaborative Consultation

Collaborative	Expert
Decide on the problem together	Consultant decides what the problem is
Decide on the solution together	Consultant decides what the solution is
Evaluate the solution together	Consultant evaluates whether the solution has worked

Basic Principles of Adult Learning (Andragogy)

1. Adults maintain the ability to learn.
2. Adults are a highly diversified group of individuals with widely differing preferences, needs, backgrounds, and skills.
3. Adults experience a variety of physical/sensory capabilities.
4. Experiences of the learner is a major resource in learning situations.
5. Self-concept moves from dependency to independency (sic) as individuals grow in responsibilities, experiences and confidence.
6. Adults tend to be life-centered in their orientation to learning.
7. Adults are motivated to learn by a variety of factors.
8. Active learner participation contributes to learning.
9. A comfortable supportive environment is a key to successful learning.

James (1982) in Brookfield, S. D. (1987). Understanding and facilitating adult learning (p. 38). San Francisco: Jossey-Bass.



Gaining Trust and Credibility

Social

- Get to know the teachers and let them get to know you

Task

- Show you know what you're talking about

Consulta



*"From the violent nature of the multiple stab wounds,
I'd say the victim was probably a consultant."*

Conjoint Behavioral Consultation (Sue Sheridan)

1. Identify the problem
 - Collect baseline data
2. Develop the intervention plan (strategies)
 - Caregiver implements it and collects data
3. Evaluate the intervention

Rules of Consultation

1. Work in the classroom (don't pull the child out)
2. Establish ground rules with the teachers
3. Respect whose turf you're on
4. Aim to make routines more successful for teachers and the child
5. Communicate during the activity
6. Position yourself to model and to observe
7. Model incidental teaching
8. Aim for child engagement, independence, and social relationships
9. Debrief before leaving
10. Make friends with the teachers





Sucking Up Behaviors

- ❑ Sniff out poopy diapers
- ❑ Clean up after an activity
- ❑ Distract a disruptive child
- ❑ Bring in something of *personal* interest to the teacher
- ❑ If meeting at lunch, bring lunch

Activity

- Three people in the group each name a teacher they work with; write down these names
- For the first teacher, list one personal thing you know about him or her
- Group comes up with suggestions about things you can do for that teacher, related to that personal thing
- Do the same for the other two teachers

Integrated Therapy and Special Education

- Needed so interventions are exchanged between specialists and regular teachers
- Use approaches called *individualized within routines* and *group activities*—the most effective (McWilliam, 1996)



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.

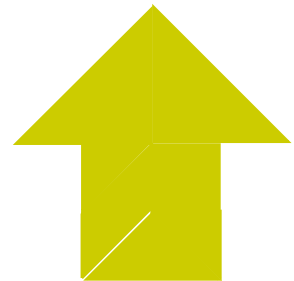


Everybody's Roles

- 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





Integrated Special Education & Related Services

- Communicate about expectations
- Pay attention to each other
- Check in all the time about what's working and what's not



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