

Home-Visiting Practices

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- This PPT will be posted on www.siskinresearch.org; see Presentations

10 Advantages of Routines-Based Early Intervention

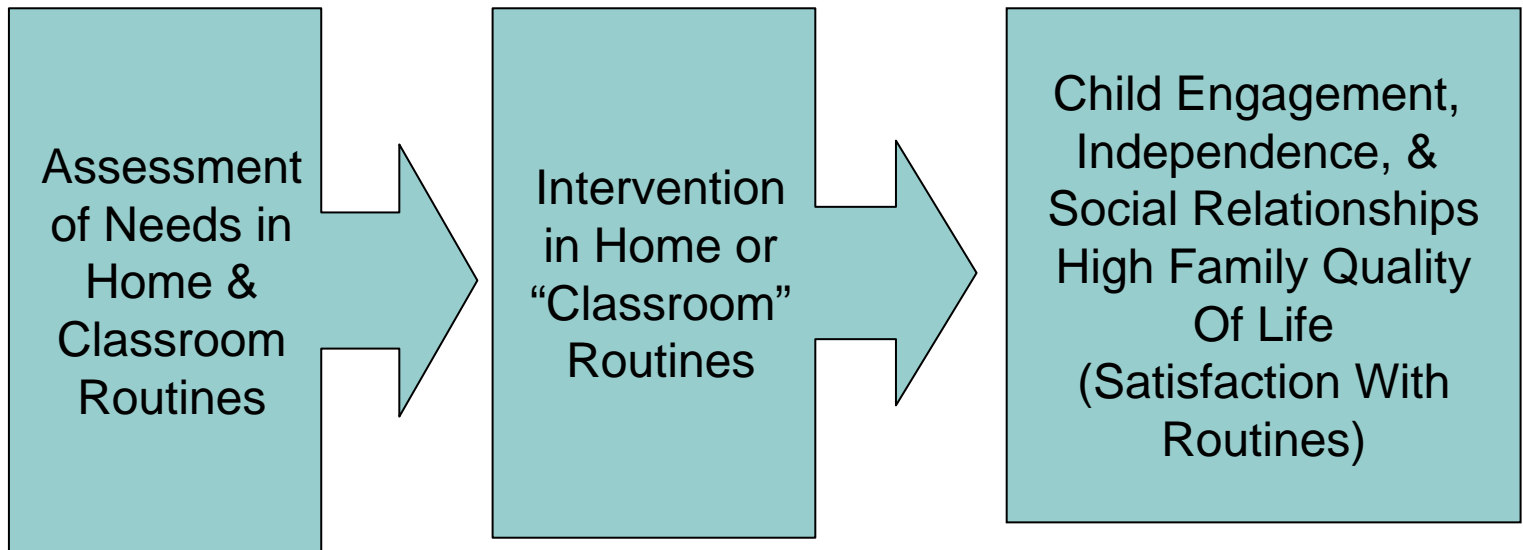
Which of these are you most interested in?

1. Children get more intervention because their caregivers do it throughout the day
2. Parents are not becoming therapists or teachers; they are doing their thing
3. Families get more help because we work on things to fill their bucket; we don't only "train" or "educate" them
4. Relationships are stronger because we help them fill their bucket
5. We use anyone available in the family's network
6. We use community resources
7. Outcomes/goals are functional and measurable
8. Parents choose outcomes/goals that help the child participate in home, school, and community routines
9. Parents choose outcomes/goals that strengthen the family
10. Child progress is monitored in terms of engagement, independence, and social relationships in routines

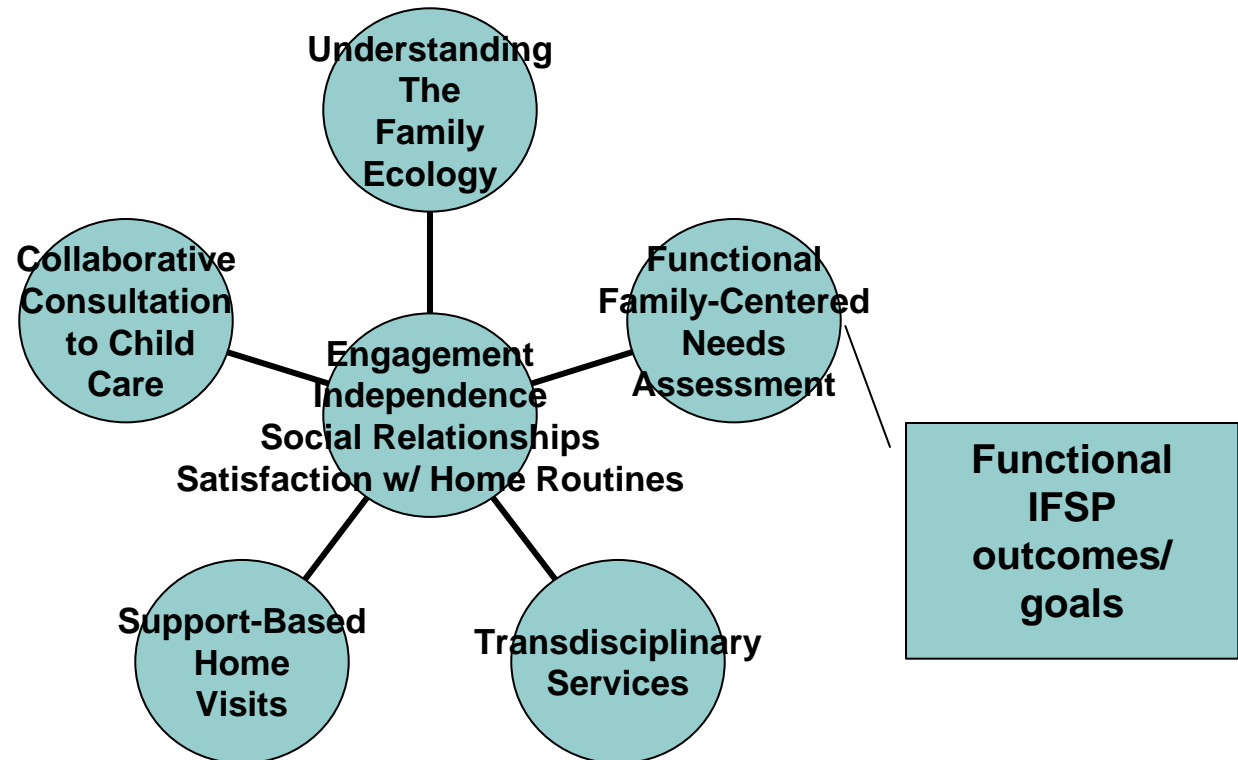
Outline

- Routines-based early intervention
- Support-based home visits
 - what visits should look like without the toy bag,
 - effective programming using the routines-based interview goals,
 - [how to link families when they are with foster families, grandparents]
- Collaborative consultation to child care

Logic Model for a Routines-Based Approach



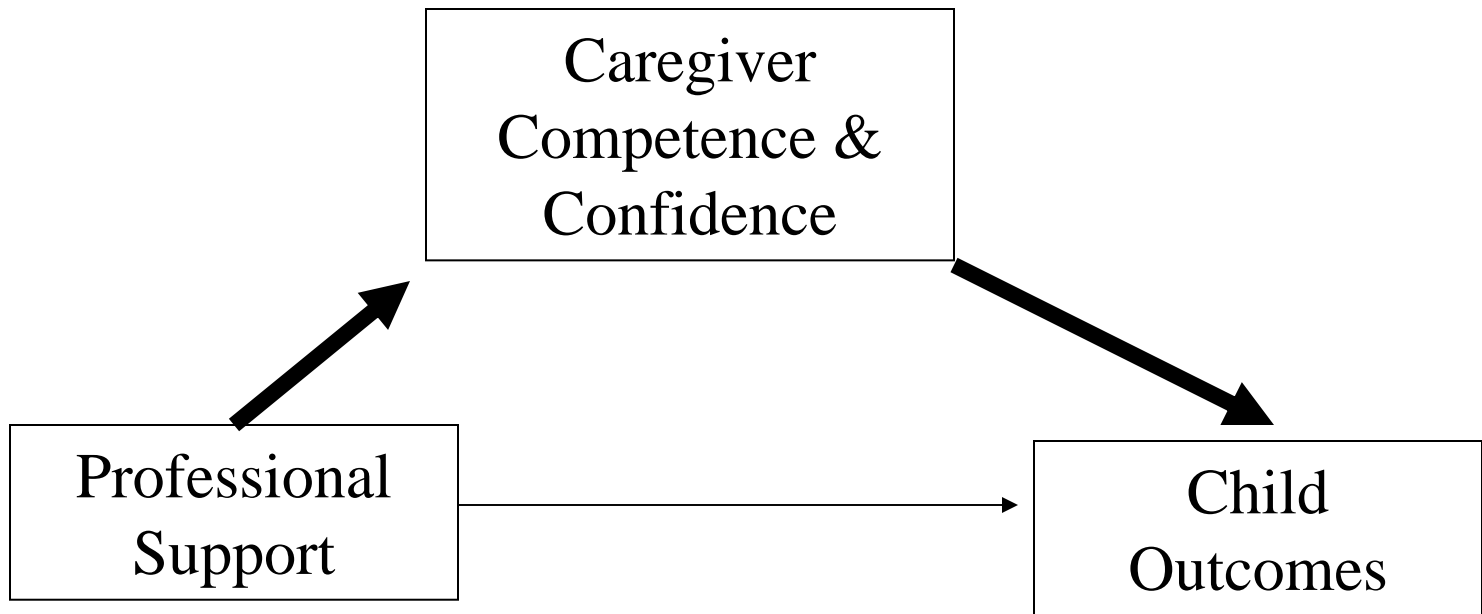
The 5-Component Model for Early Intervention in Natural Environments



Principles

- All the intervention occurs between specialists' visits.
- Families are like mobiles

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

Routines-Based Interview

- Assesses functional child and family needs
 - Engagement
 - Independence
 - Social relationships
 - Family satisfaction with routine
- Includes family needs not *directly* tied to routines or to child functioning
- Produces 6-12 specific goals

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

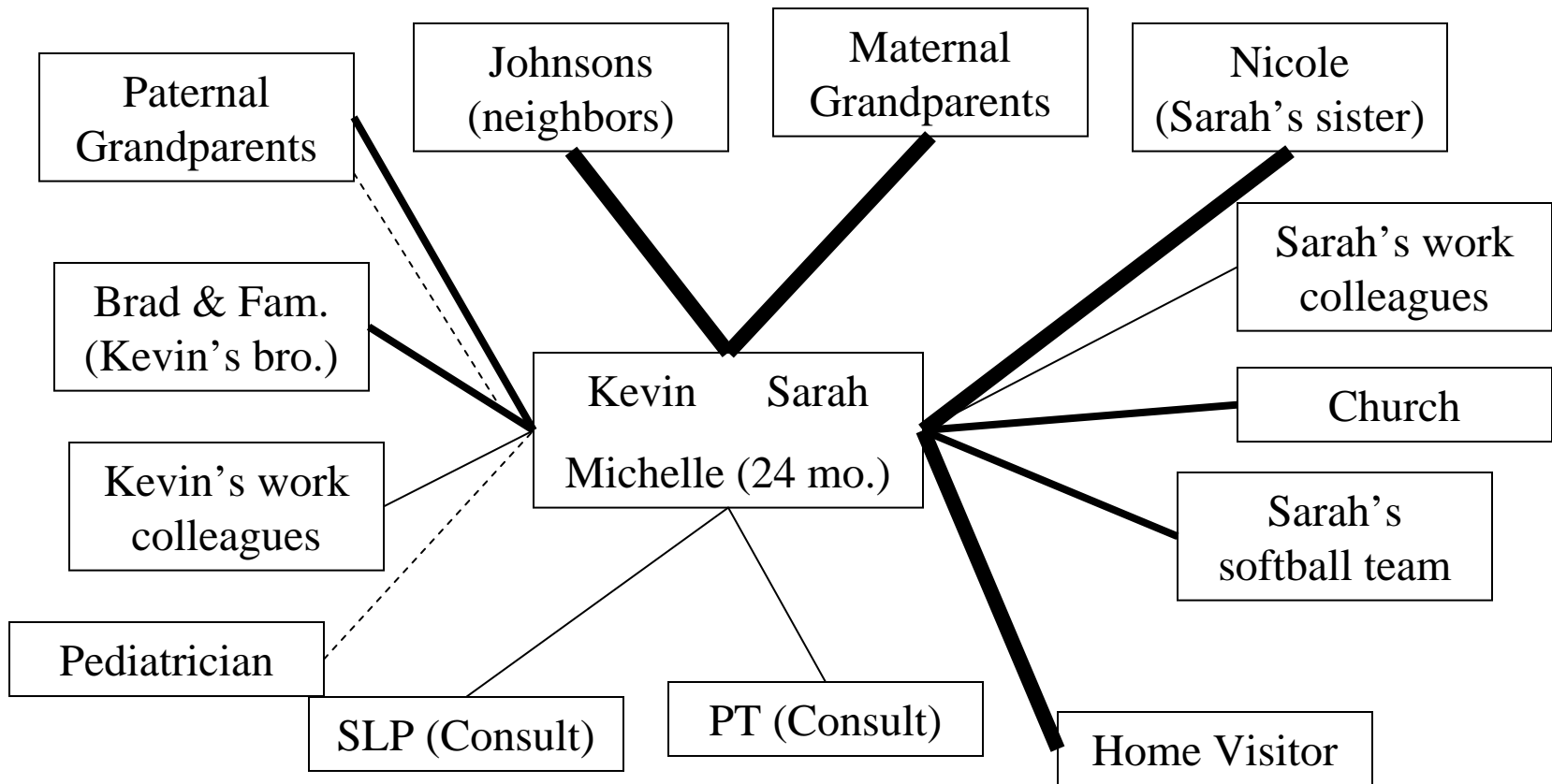
The Ecomap

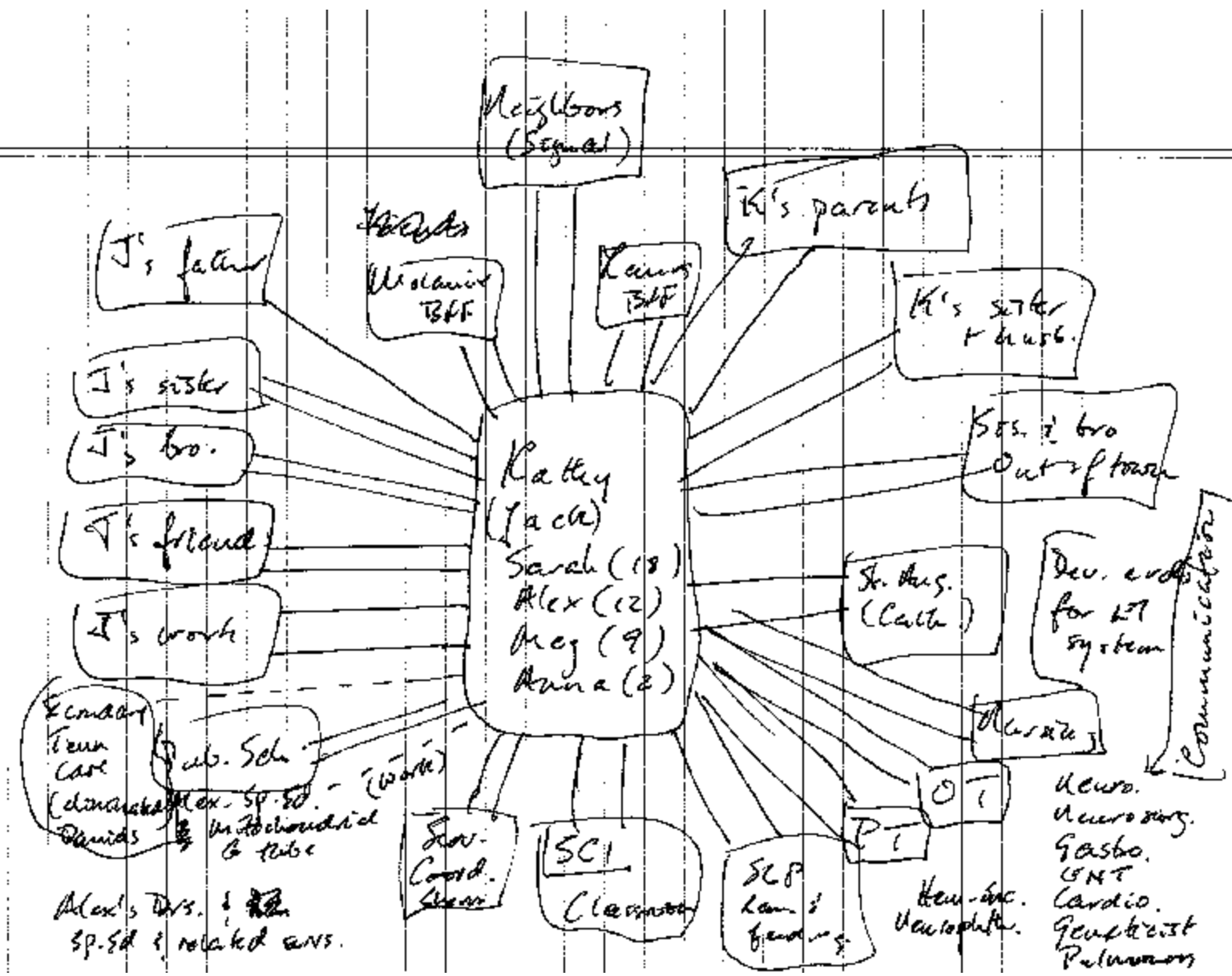


Family Ecology

- 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





Secondary
 Team
 Care
 (diagnostic)
 David's

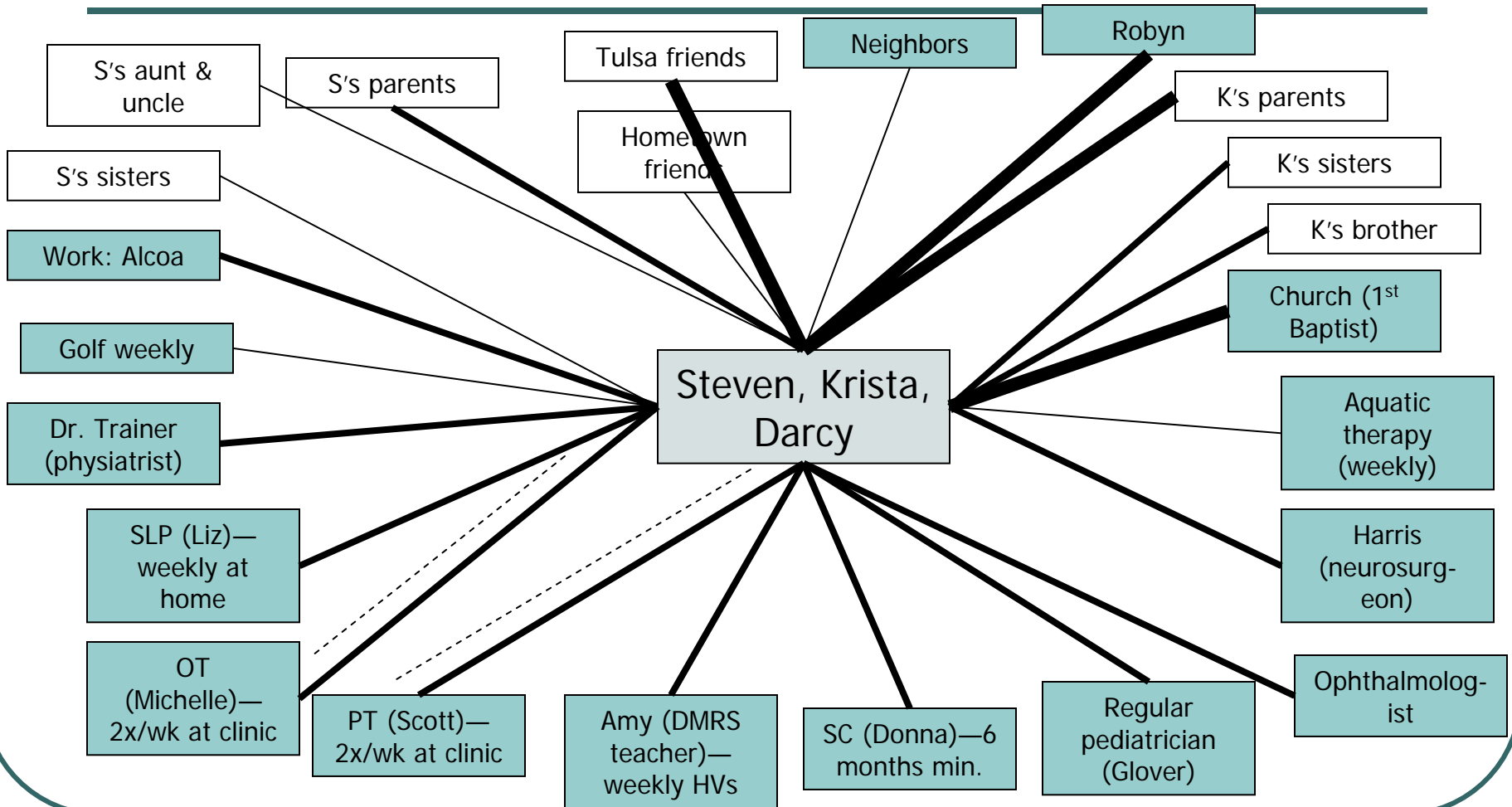
Pub. Sch.
 Alex - sp. ed.
 In Individual
 & tube

Alex's Dvs. & sp. ed. & related ans.

Communication

Neuro.
 Neuro surg.
 Gastro.
 GNT
 Cardio.
 Genet
 Pulmonology

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



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.

Support-Based Home Visits

- Emotional Support

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

- Material Support

- Equipment and materials
- Financial resources

- Informational Support

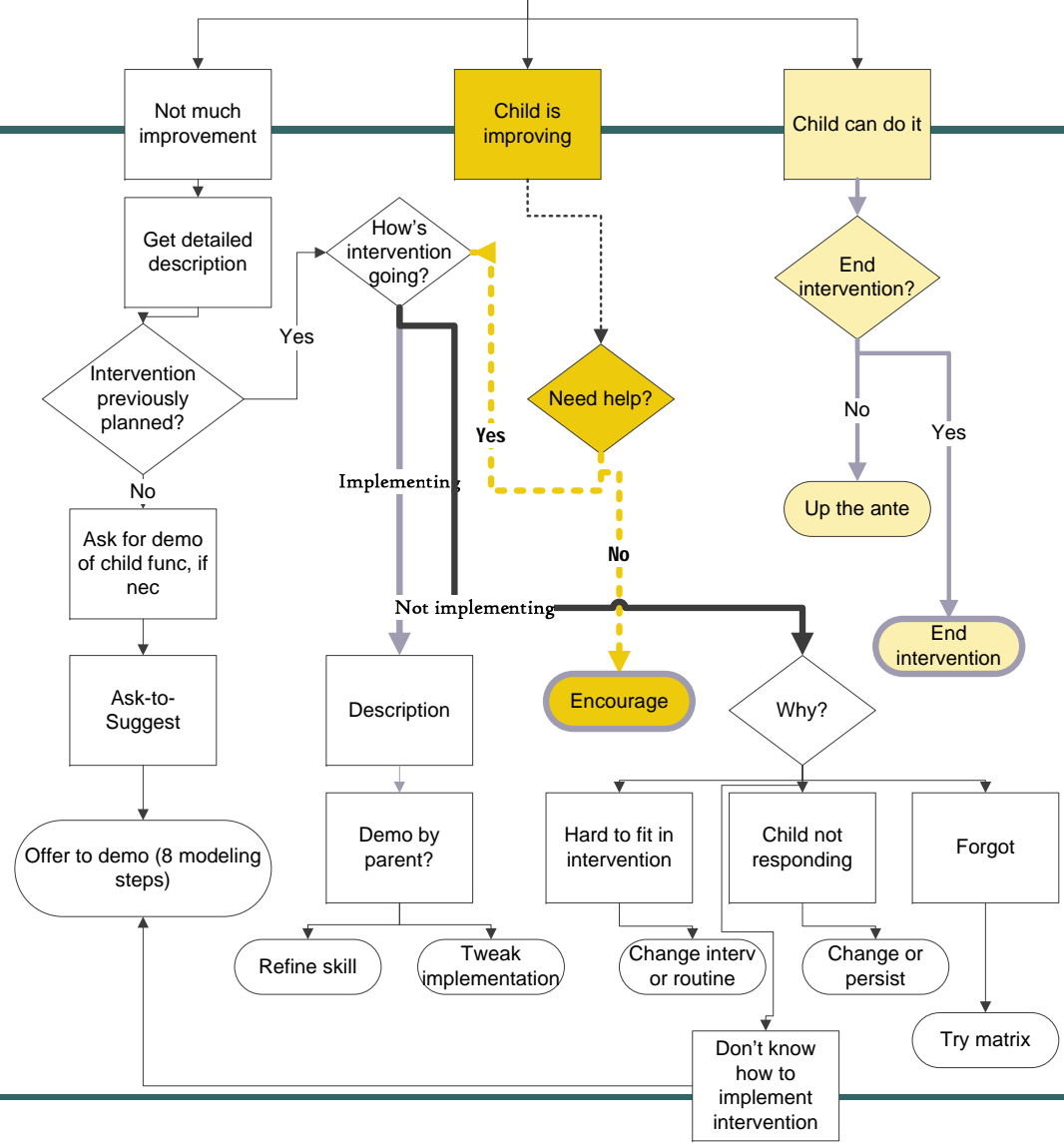
- Child development
- Child's disability
- Services and resources
- What to do with the child



"Your mother and I are feeling overwhelmed, so you'll have to bring yourselves up."

Behavioral Consultation in Home Visits

How's it going w/ each outcome?



Child Outcomes Behavioral Consultation in Home Visits Checklist 1: Not Much Improvement on This Outcome/Goal

1. Get detailed description of what child is doing
2. If intervention was previously planned, ask how implementation of previously discussed intervention is going
 1. Go to Home Visit Checklist 2: Intervention Evaluation
3. If intervention was not previously planned, ask for demonstration of child functioning, if necessary
4. Use *Ask-to-Suggest*
 1. “Have you tried this? Have you tried that?”
5. Offer to demonstrate, if necessary
 1. Go to Home Visit Checklist 3: Modeling Steps

Child Outcomes Behavioral Consultation in Home Visits

Checklist 2: Intervention Evaluation

1. Ask how implementation of previously discussed intervention is going
2. If the family has been implementing the intervention, obtain a description of what they have been doing
 1. If they have not been implementing the intervention, jump to Step 5
3. Decide whether to ask the parent for a demonstration of what he or she has been doing
4. After the demonstration, either
 1. Refine the skill (i.e., adjust the target behavior) or
 2. Tweak implementation (i.e., adjust slightly the intervention the family will carry out)
5. If the family has not been implementing the intervention, find out why
6. If the **intervention was hard to fit into family routines**, change
 1. The intervention (i.e., use Ask-to-Suggest—"Have you tried this? Have you tried that?") or
 2. The routine (i.e., how things are done at that time of day)
7. If the **child has not been responding to the intervention**, decide whether to change the intervention or persist
8. If the family forgot to implement the intervention, try a matrix (see Home Visits Checklist 4: Matrix)
9. If the **family didn't know how to implement the intervention**, offer to demonstrate (see Home Visits Checklist 3: Modeling Steps)

Child Outcomes Behavioral Consultation in Home Visits Checklist 3: Modeling Steps

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

Child Outcomes Behavioral Consultation in Home Visits Checklist 4: Matrix

1. Decide with caregiver on home, school, and community routines during which interventions on all child-level outcomes/goals might occur
2. Make these routines column headings on a grid
3. Write short-hand version of outcomes/goals or specific interventions in the left-hand column, as row headers
4. Put Xs in cells indicating in which routines the intervention is needed or would be helpful
5. Check to make sure each child outcome/goal has at least one routine assigned to it

Child Outcomes Behavioral Consultation in Home Visits
Checklist 5: Child Is Improving on This Outcome/Goal

1. Ask whether the family needs help addressing this outcome/goal?
2. If yes, follow Home Visits Checklist 2: Intervention Evaluation
3. If no, encourage the family to continue with what they're doing

Child Outcomes Behavioral Consultation in Home Visits Checklist 6: Child Has Met This Outcome/Goal

1. Ask the family whether they would like to end intervention on this target behavior
2. If no, up the ante: Change one or more of the criteria for
 1. acquisition (e.g., frequency, duration),
 2. generalization (e.g., across routines, people, objects, times, places), or
 3. fluency (e.g., rate, quality of behavioral topography)
3. If yes, close out the outcome/goal on the IFSP/IEP

Family Issue Behavioral Consultation in Home Visits Checklist 7

1. Decide whether the issue is
 1. Resource need
 2. Intrafamilial need, not target child; if it is about interaction with target child, see Child Outcomes Checklists
 3. Other need
2. Has an intervention previously been planned?
 1. If yes, change
 1. Outcome/goal
 2. Criterion
 3. Strategy (intervention)
3. If no, problem solve with family
 1. Can they use informal sources of support to meet the need?
 1. If yes, the family handles it
 2. If no, decide what the home visitor can do
 2. Should the home visitor listen and advise?
 1. If yes, is a change in services needed/
 1. If yes, involve the service coordinator
 2. If no, continue to listen and advise
 2. If no, is a referral to formal sources of support advisable?
 1. If yes, involve the service coordinator
 2. If no, continue to listen and advise
 3. Is a referral to formal sources of support advisable?
 1. If yes, involve the service coordinator
 2. If no, listen and advise

What Will Home Visits Look Like

- You will spend a lot of time talking to the family—visiting
- 80% of the time you'll still have your hands on the child!
- What are the three reasons for putting your hands on the child?

IFSP Development & Examination in Collaboration With SC



Siskin Supports for HCBEIs

- *Routines-Based Early Intervention* (McWilliam, 2010)
- Almost-daily communication through Google group
 - Including intervention suggestions, based on the MEISR
- Checklist-based performance feedback through joint home visit
- Monthly workdays

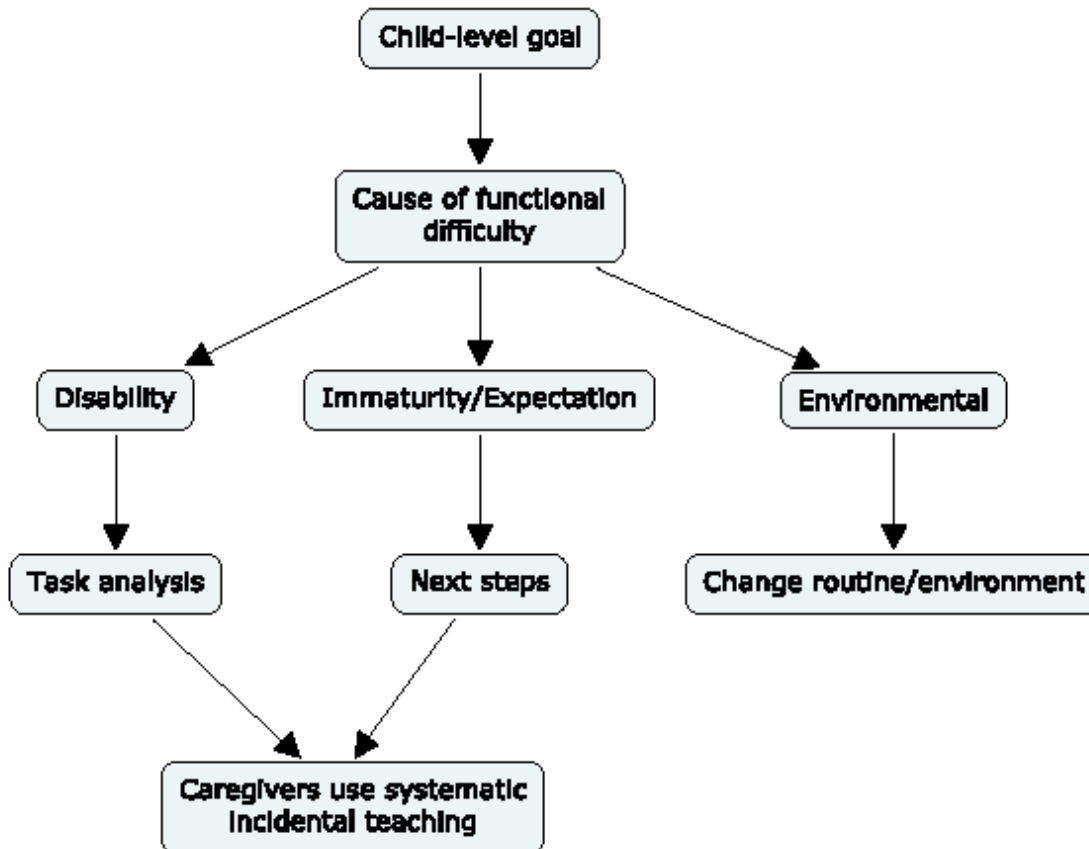
Measure of Engagement, Independence, and Social Relationships (MEISR)

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)
- 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 200 families

Beginning of MEISR

	Does not do this yet	Does this sometimes	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	1	2	3	4		CM

Task Analysis in Behavioral Consultation



Evaluation of HCBEI Program

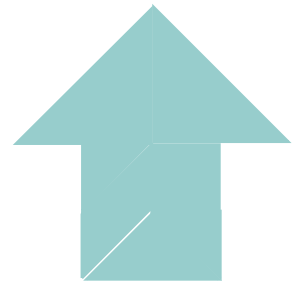
- Within first 30 days, ask families to complete
 - MEISR
 - SHoRE
 - FaQoL
- These will be completed again at 6-month updates, annual IFSPs, and exit

DEFINITION OF INTEGRATED SERVICES

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

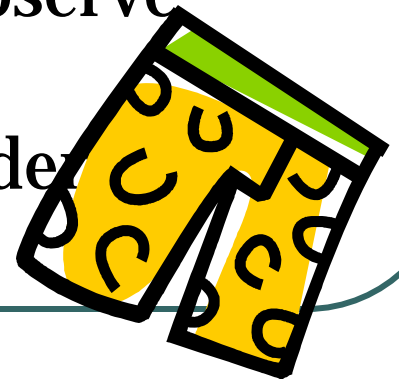
Continuum of Service Delivery Models

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



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

Implementation

- Three thoughts/ideas/practices you liked
 - Decide on all three before proceeding
- For each thought/idea/practice, identify at least one barrier
- For each barrier, identify at least one solution
- Schedule conference call with me for 1 month from now