



RBI... Home Run... Is This Baseball? No, It's Early Intervention!

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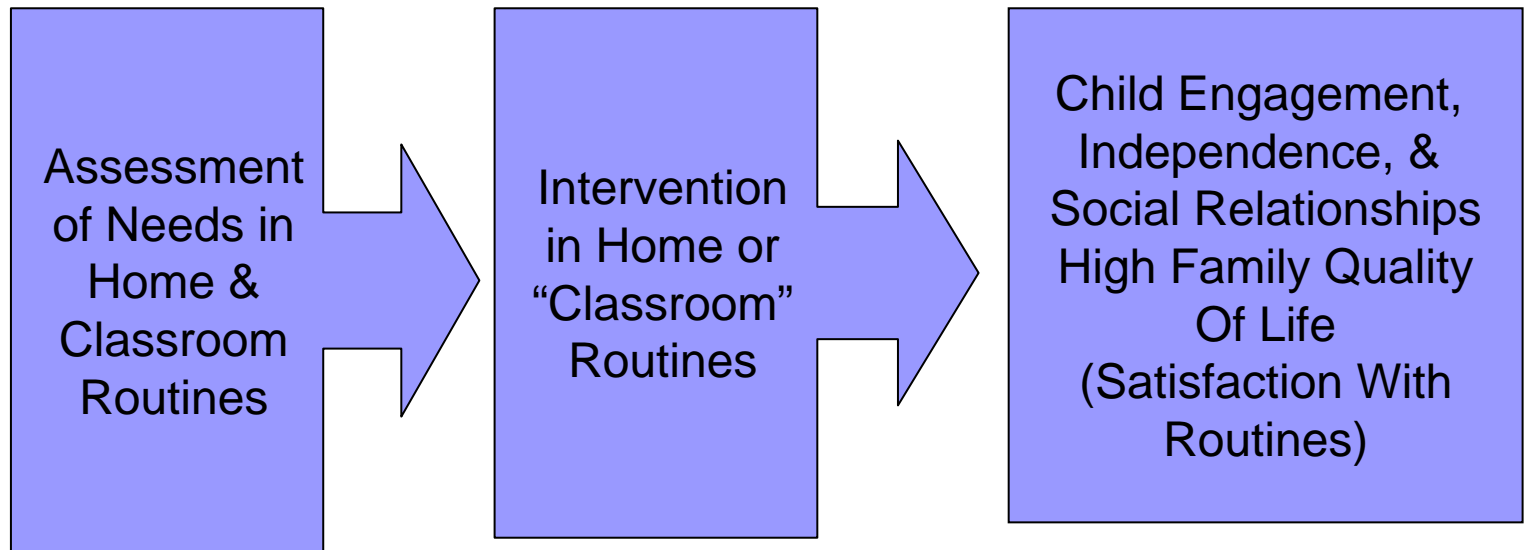
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- <http://naturalenvironments.blogspot.com/>
- This PPT will be posted on www.siskinresearch.org; see Presentations

Outline

- Support-based home visits
- Behavioral consultation
- Collaborative consultation to child care
- Your follow-up plans

Logic Model for a Routines-Based Approach

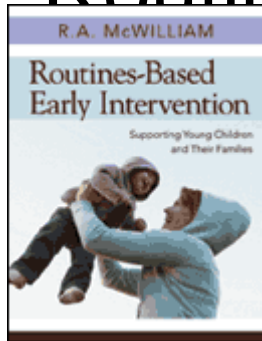


Advances in Early Intervention: Family Centeredness

- “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)

Model Described in...

Routines-Based Early Intervention



by

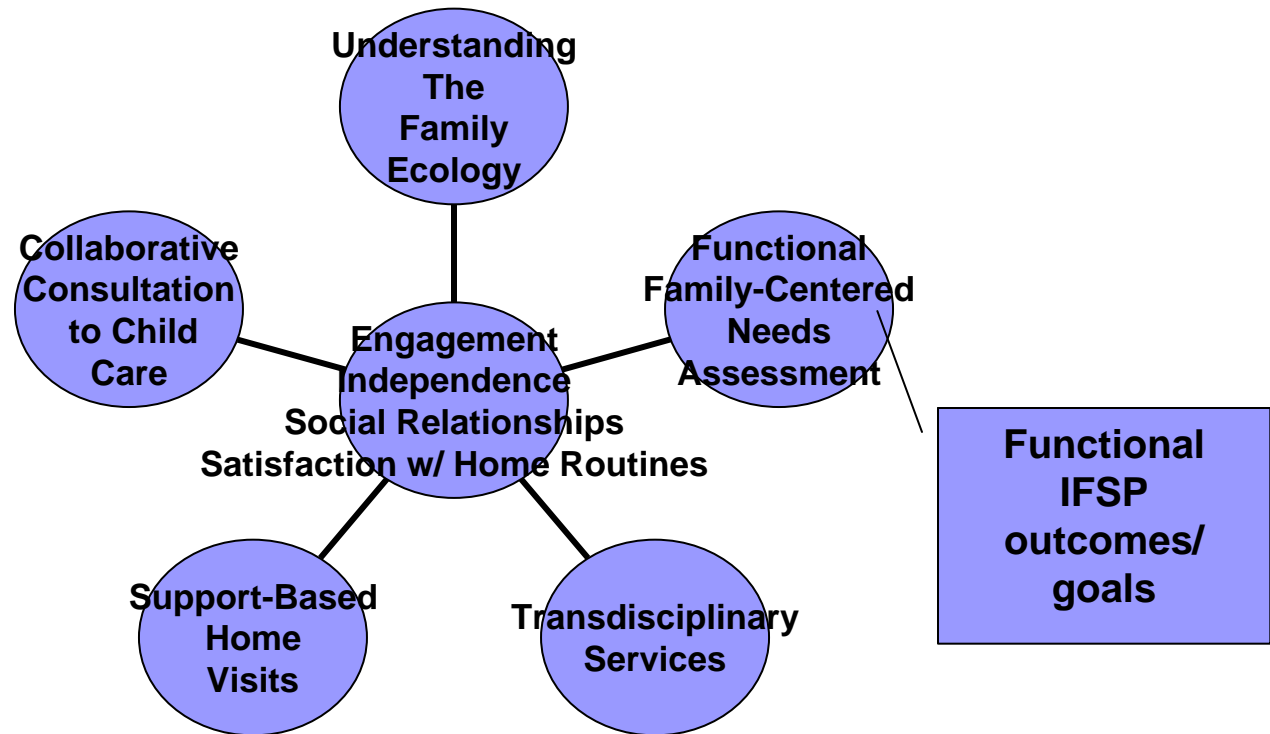
R. A. McWilliam

2010

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www.brookespublishing.com

The 5-Component Model for Early Intervention in Natural Environments



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.nedac.org/topics/families/families.asp>

SEVEN KEY PRINCIPLES:

- LOOKS LIKE /DOESN'T LOOK LIKE
- <http://www.tacommunities.org/community/view/id/1029>

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Community: Part C Settings - Services in Natural Environments

Members of this community are professionals, parents and administrators who work with young children birth to age three. Our overall purpose is to share information and resources for improving practices in providing services and supports in natural environments.

This community is a "place" to share and discuss improvement activities and tough issues related to states' Annual Performance Report's Indicator 2: services provided in the home and community settings; Indicator 1: early intervention services on the IFSP provided timely; and Indicator 7: evaluation, assessment and the initial IFSP meeting conducted within the 45 day timeline.

Please ask questions, start discussions or post articles including policies, training materials, IFSP examples or evidenced based practices that will assist states to maintain or improve performance in these important areas.

NEW :

Go to documents tab and find document titled "Models/Names States are Using.." to see the most current named approaches states identify as using in providing services in Early Intervention (updated 7/2009)

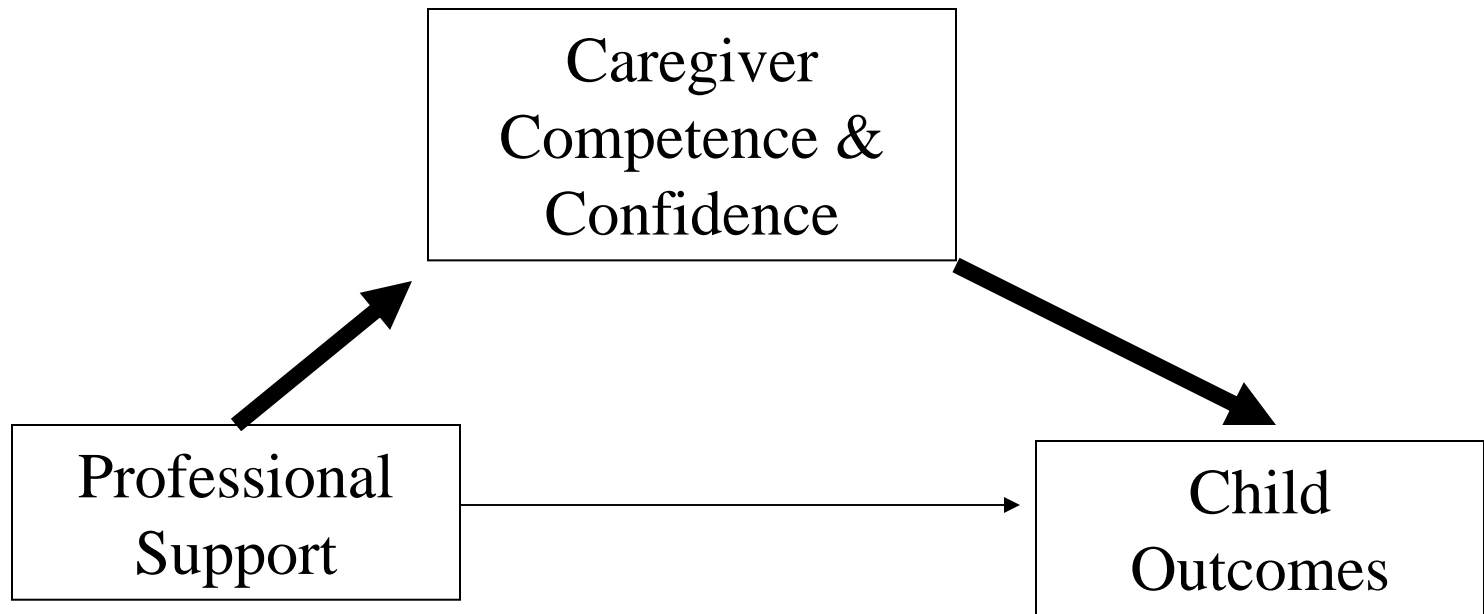
- Download the Powerpoint from the December 2008 OSEP National Early Childhood Conference "[Early Intervention Services- Who is doing What and What does it Mean?](#)"
- You can use the discussion feature to post comments or questions for the presenters or your colleagues. [Discussion tab](#)

Principles and Practices

Principles

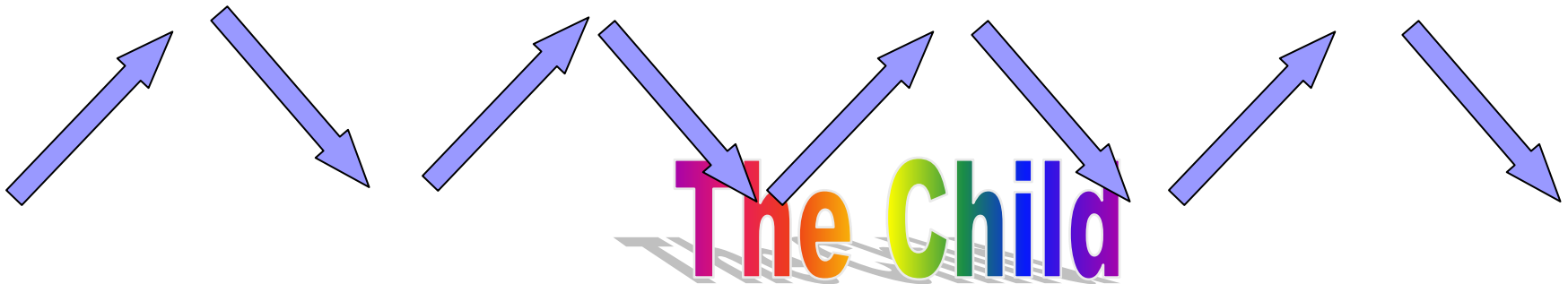
- All the intervention occurs between specialists' visits.
- Therapy and instruction are not golf lessons.
- Regular caregivers (i.e., parents and teachers) need to own the goals.

Who Has How Much Influence on What?



How Children Learn

The Environment



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

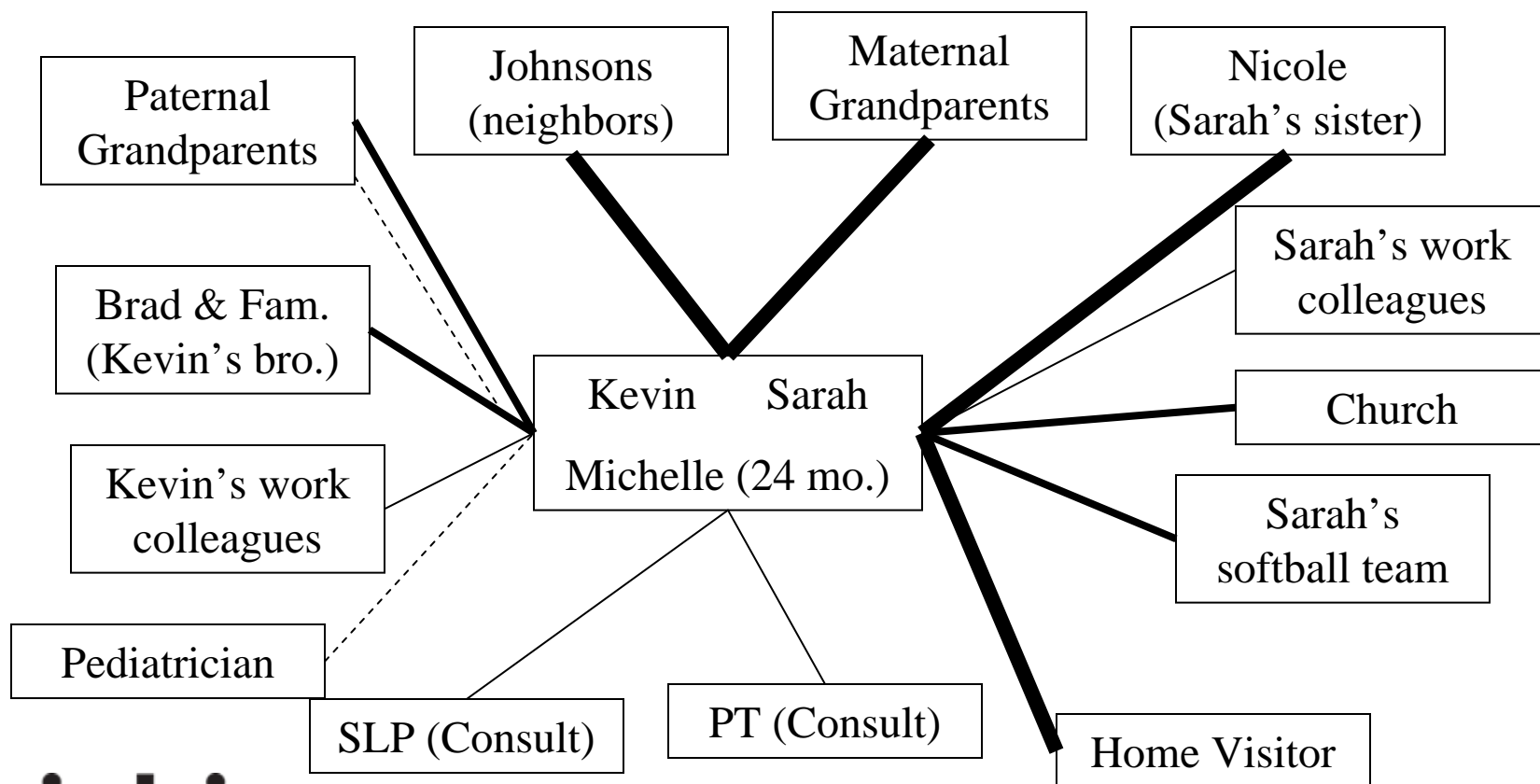
The Ecomap

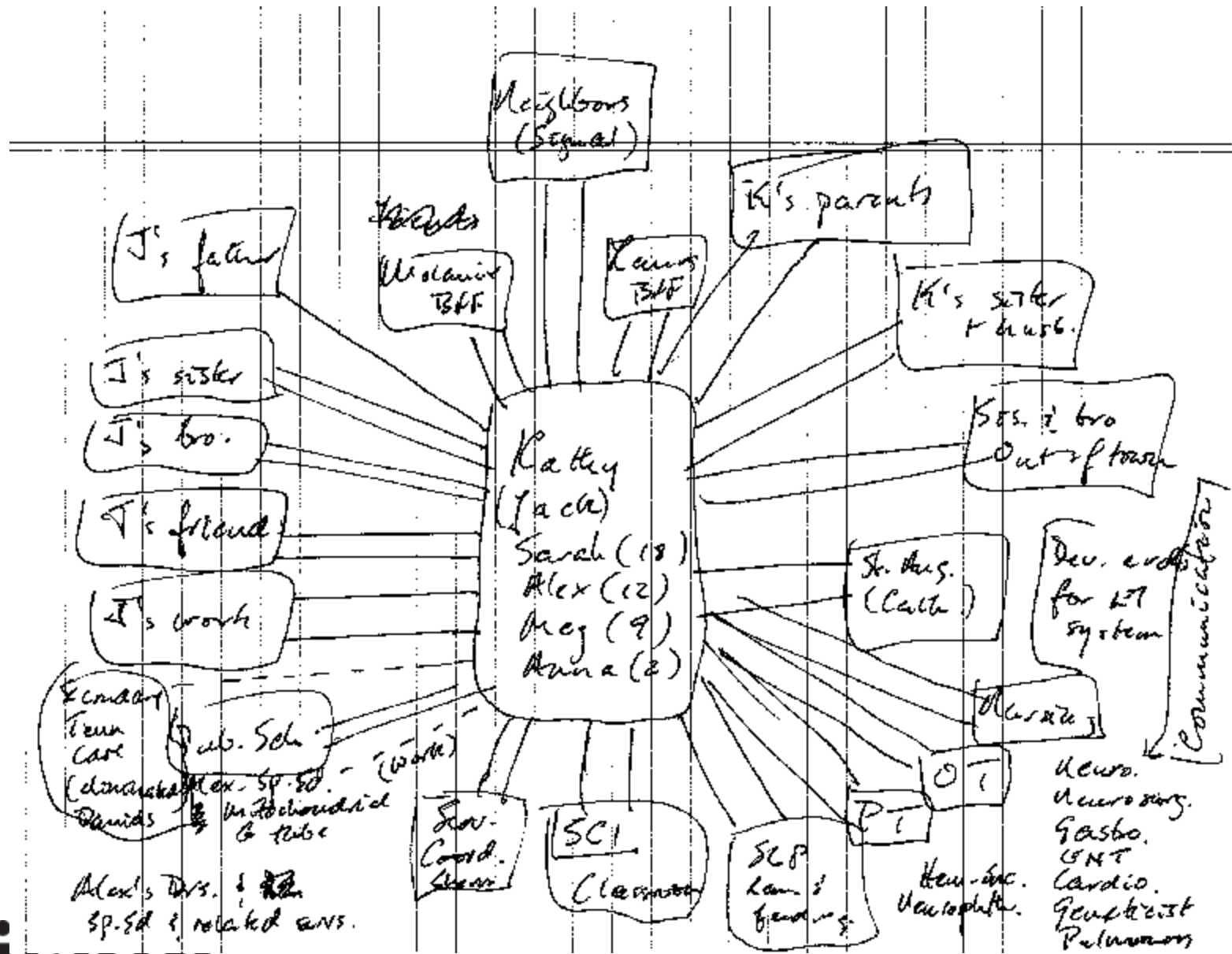


Family Ecology

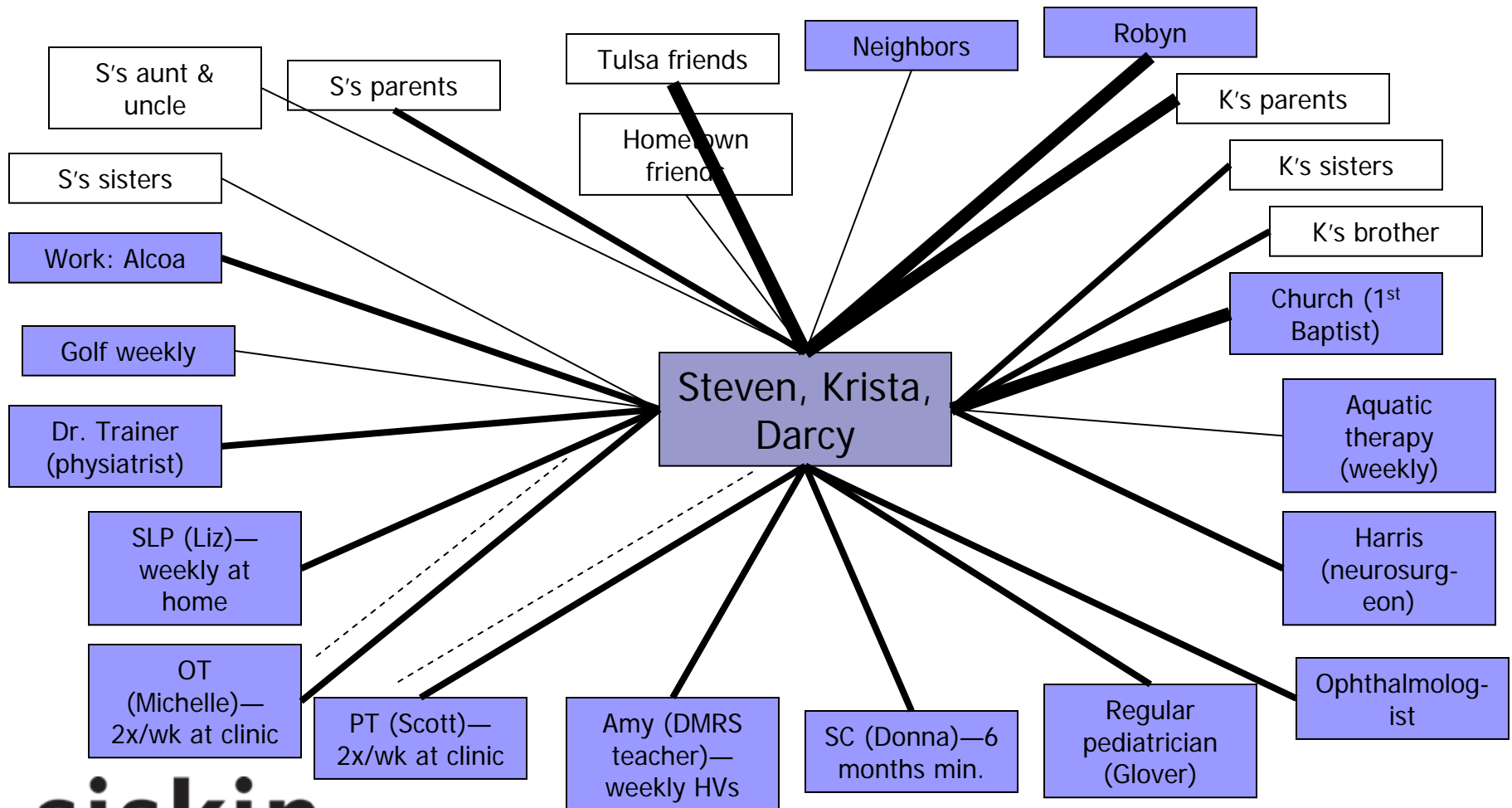
- We need a method to show we're interested in the family, not just the child
 - Children live in families
- We need something to establish a friendly, interested relationship
- We need an alternative to the checklist method of doing intakes

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)



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
Entertains
Departure

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

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

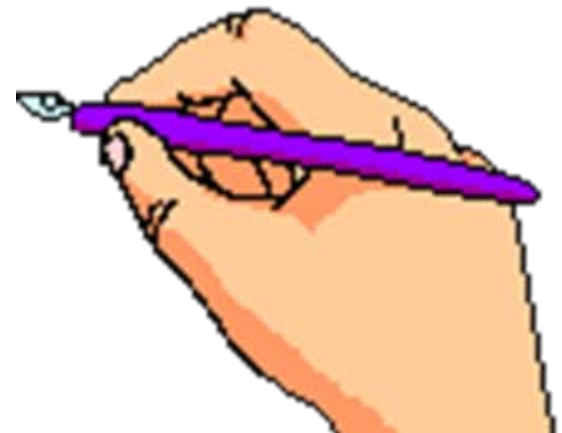
RBI Protocol

- Exact script for important questions
- Space to insert all information
- Available for \$20 from www.siskinresearch.org; see Purchase Materials

PROTOCOL FOR THE
ROUTINES-BASED INTERVIEW™

R. A. McWilliam

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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

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

	Wake up	Breakfast	Toilet	Car	Hanging out	Dinner prep	Dinner	Bath	Outside
Jenevae will move independently (like crawling)					X				X
Time for Ana and Andrew									
Learn to play with more complicated toys					X				
Hobby for Andrew (not video, not car)									
Andrew to college									
Info re: financial help									
Say words	X	X		X	X		X	X	
Pulling to stand	X				X				X
Come to sitting	X				X				X

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

What Foods Can You Pair This Wine With?

■ Outcomes reporting framework

□ RBI addresses federal child outcomes

- 1. Positive social-emotional skills (including *social relationships*);
- 2. Acquisition and use of knowledge and skills (including early language/communication [and early literacy]; *engagement, independence*); and
- 3. Use of appropriate behaviors to meet their needs (*engagement, independence*).

More Foods

- RBI addresses some federal family outcomes:
 - Know their rights;
 - Effectively communicate their children's needs (*provides method for families to do this*); and
 - Help their children develop and learn (*leads to parenting goals*).
- *Addresses more important outcomes of high family quality of life, including satisfaction with routines*

More Foods

- RBI can be paired with curriculum-based assessments
 - RBI, not assessments, used to assess NEEDS IN CONTEXT
 - RBI, not assessments, used to select goals/outcomes
 - Assessments used to determine month levels
 - Assessments might provide additional information about child's functional capacity and limitations
 - Curricula might provide intervention ideas—careful to keep them in routines!

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

Support-Based Home Visits

"The Funniest, Most Romantic
Comedy Of The Year!"
— *Academy Award*

Sometimes What You're Looking For
Is Right Where You Left It.

REESE WITHERSPOON
**SWEET HOME
ALABAMA**



FOURCASTING PICTURES PRESENTS A NEAL H. MORITZ PRODUCTION A REESE WITHERSPOON FILM "SWEET HOME ALABAMA" JACKIE MACAGNAN PATRICK DEWAPLEY TEE WARD WENDY LYNN PLUNK
JAN TRACY AND SANDY BRISER WRITTEN BY GREGG KRYNEN AND DIRECTED BY MICHAEL FETTEL CASTING BY JUDITH TAYLOR A.S.C. TRACY WARDLAW-SMITH "MUSIC BY A. GUSTAFSON
JOSH ANDREW BORN B.S.C. JOSHUA JACSON HOWARD AND MICHAEL FETTEL COSTUME DESIGNER STACY CRAYTON "PRODUCTION DESIGNER JIM COY "PLANNING

Own It On DVD And Video.

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



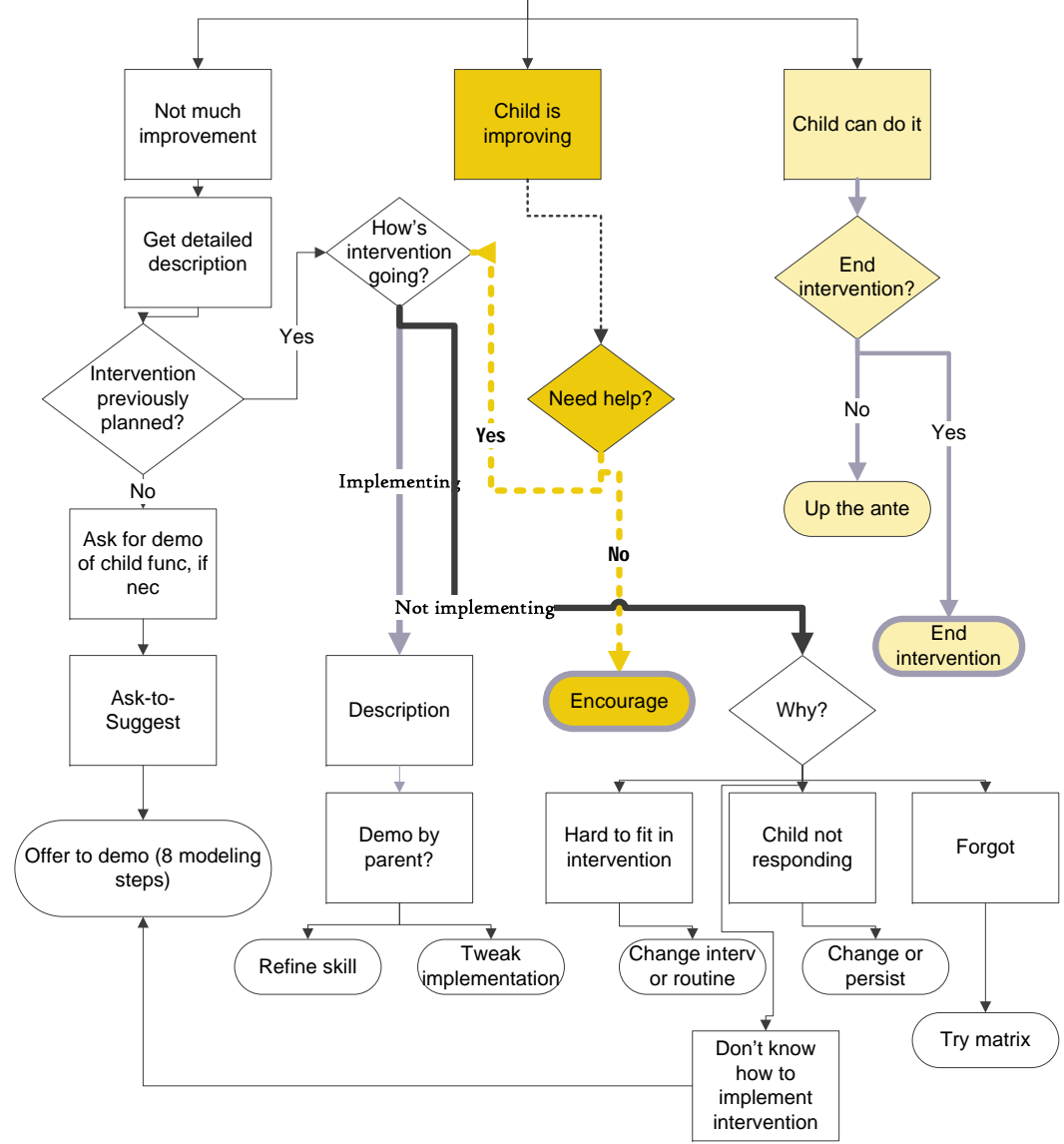
"Your mother and I are feeling overwhelmed, so you'll have to bring yourselves up."

The Vanderbilt Home Visit Script

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]?

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

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

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

9 Parenting Intervention Strategies

1. Ask-to-suggest
2. Demonstration (8 modeling steps)
3. Refine skill
4. Tweak implementation
5. Change intervention
6. Change routine
7. Persist
8. Up the ante

Ask-to-suggest

- What have you tried?
- Have you tried this?
- Have you tried that?
- No? Let me tell you how this might work.
- What do you think? Is this something you can do at the time(s) of day we're talking about?
- Would it help if I showed you?

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

Refine Skill

- When family is implementing the intervention, but child is still not performing the target behavior
- “Maybe we’re asking too much of her”
- “Maybe we’re asking the wrong thing of her”
- “Maybe there’s another way she could do this”
- “What do you think might work?”
- “What about _____?”
- “Would this be easy for you to do at this time of day?”
- “Would it help if I showed you what I’m talking about?”

Tweak Implementation

- Again, when family is implementing the intervention, but child is still not performing the target behavior
- “Instead of that, what would happen if you did this?”
- “Would this slightly different way of helping your child fit into this time of day?”
- “Would it help if I showed you what I’m talking about?”

Change Intervention

- When family is not implementing intervention because it's hard to fit in or child isn't responding
- “Let's think of a different way of helping the child—a way that's easy for you at this time of day”
- “Can you think of anything?”
- “What about trying this...?”
- “Would that be easier to fit in?”
- “Would it help if I showed you?”

Change Routine

- Again, when family is not implementing intervention because it's hard to fit in or child isn't responding
- “Is there another time of day when you'd like to see the child do this?”
- “How would this other time be easier for you to fit in helping the child?”

Persist

- When family is not implementing intervention because child isn't responding
- “Do you want to keep trying?”
- “Sometimes children actually do worse when you start trying to teach them something—when you change up what they're used to”

Up the Ante

- When the child can do it, but the family doesn't want to end intervention on this skill
- What's the next most sophisticated form of this skill?
- Would it be helpful for the child to do it longer?
- Should he do it in more places, with more people, with more objects, at more times?
- Should he do it more fluently or at a faster rate?
- Is there a similar skill you'd like to see him be able to do?

Try Matrix (when family forgot)

Outcomes	Waking up	Meals	Hanging out	Toileting	Outside	In car	Dinner prep	Bath	Bedtime
Using single words		X	X		X	X		X	
Simple back-&-forth games			X					X	
Parents time for each other									
Getting up from floor			X		X				
Playing with toys approp	X		X						
Etc.									

9 Parenting Intervention Strategies

1. Ask-to-suggest
2. Demonstration (8 modeling steps)
3. Refine skill
4. Tweak implementation
5. Change intervention
6. Change routine
7. Persist
8. Up the ante

The Early Interventionist as Consultant and Andragogist

- Families and other caregivers as naturally available interventionists

The Andragogy of Home Visits

■ Level 1: Suggestion

- Ask and listen
 - For what they need and want
 - For what they currently do
- Assess, hands-on, as needed
- Ask and suggest
- Demonstrate, as needed (following the 8 Steps of Modeling)
- Offer Level 2

■ Level 2: Performance Feedback (Checklist Training)

- Collaborate on a child intervention checklist
- Offer to demonstrate, with parent observing
- Self-monitoring: Parent checks own behavior during the week
- Observation: Home visitor observes parent

How to Use Functional Outcomes

- Ditch the toy bag!
- Use the Vanderbilt Home Visit Script



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?

Dos and Don'ts of Home Visiting According to the Routines- and Support-Based Early Intervention Approach

- [Word document](#)

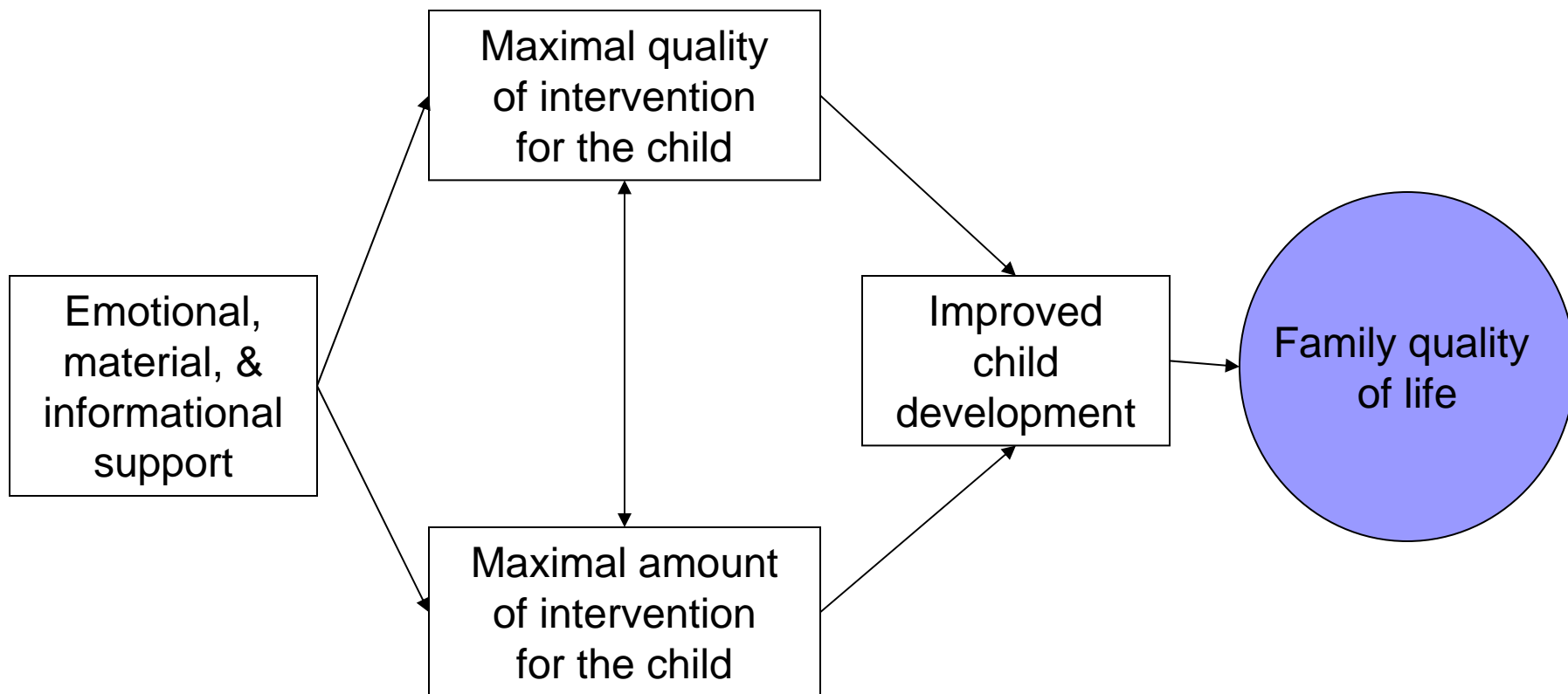
What Home Visits Would Look Like in Jenavae's Home

- Going through VHVS
- Some discussion

- **Some modeling (slides to come)**

Always keeping in mind the goal of improving the child's development, through maximizing the quality and quantity of intervention he or she receives, through the provision of emotional, material, and informational support, with a desired eventual outcome of securing the highest quality of life for the family

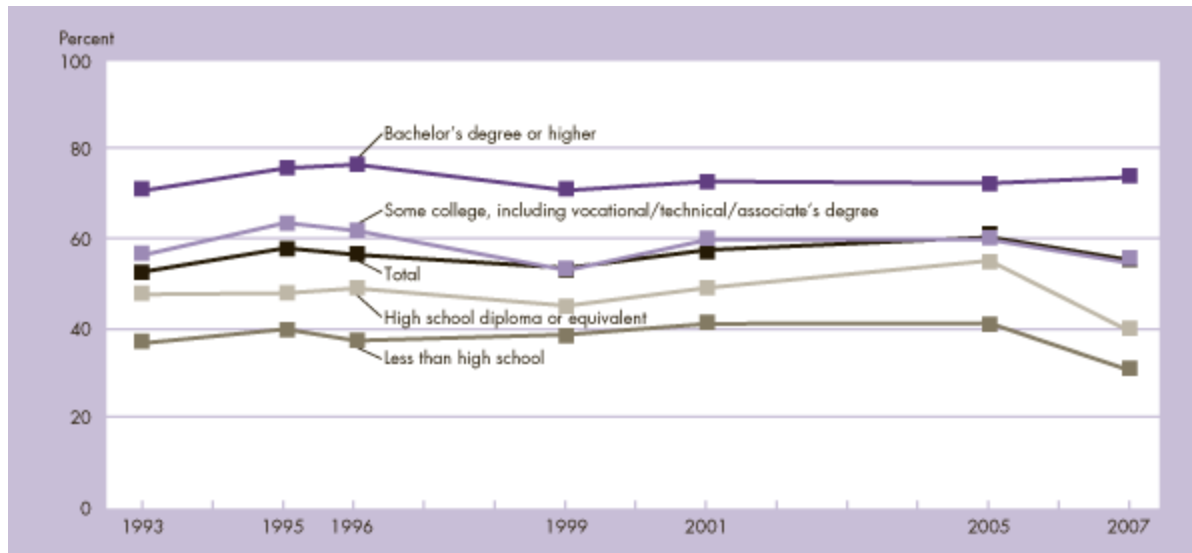
Logic Model for Support-Based Home Visits



Parent-Implemented Interventions

- In a review of 12 parent-implemented intervention studies published between 1997 and 2007,
 - All 12 teams of researchers reported that parents [of children with ASD] were able to learn and implement new strategies with their young children in natural environments. In addition, all research teams reported that parents' positive behavior changes resulted in positive changes in children's target behaviors. (p. 102)
- (Meadan, Ostrosky, Zaghlawan, & Yu, 2009)

Percentage of children ages 3-5 who were read to every day in the last week by a family member by mother's education, selected years 1993-1997



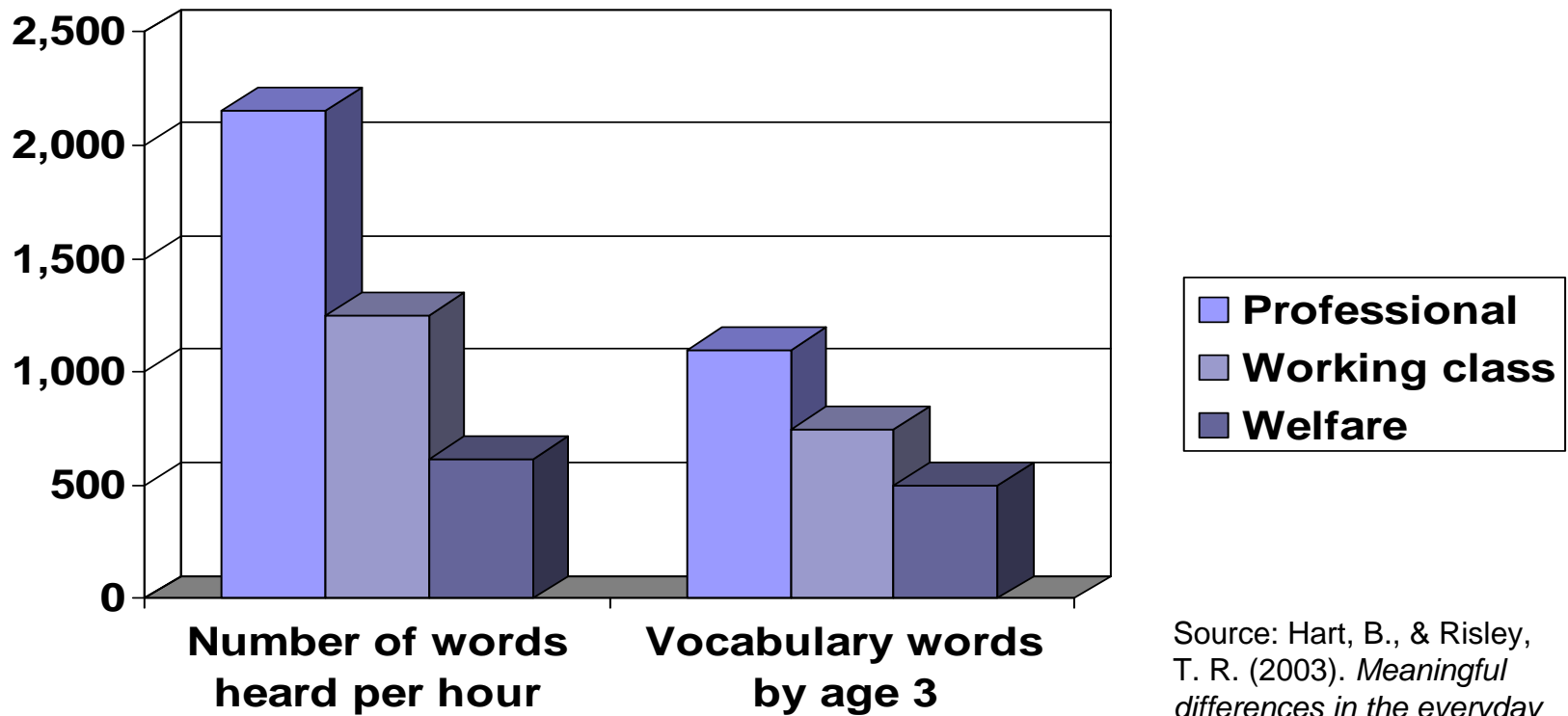
Source: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program

Use evidence-based practices!

I'M ON THE
PACIFIER PATCH.



Verbal Interactions of Children Age 10 Months to 3 Years, by SES

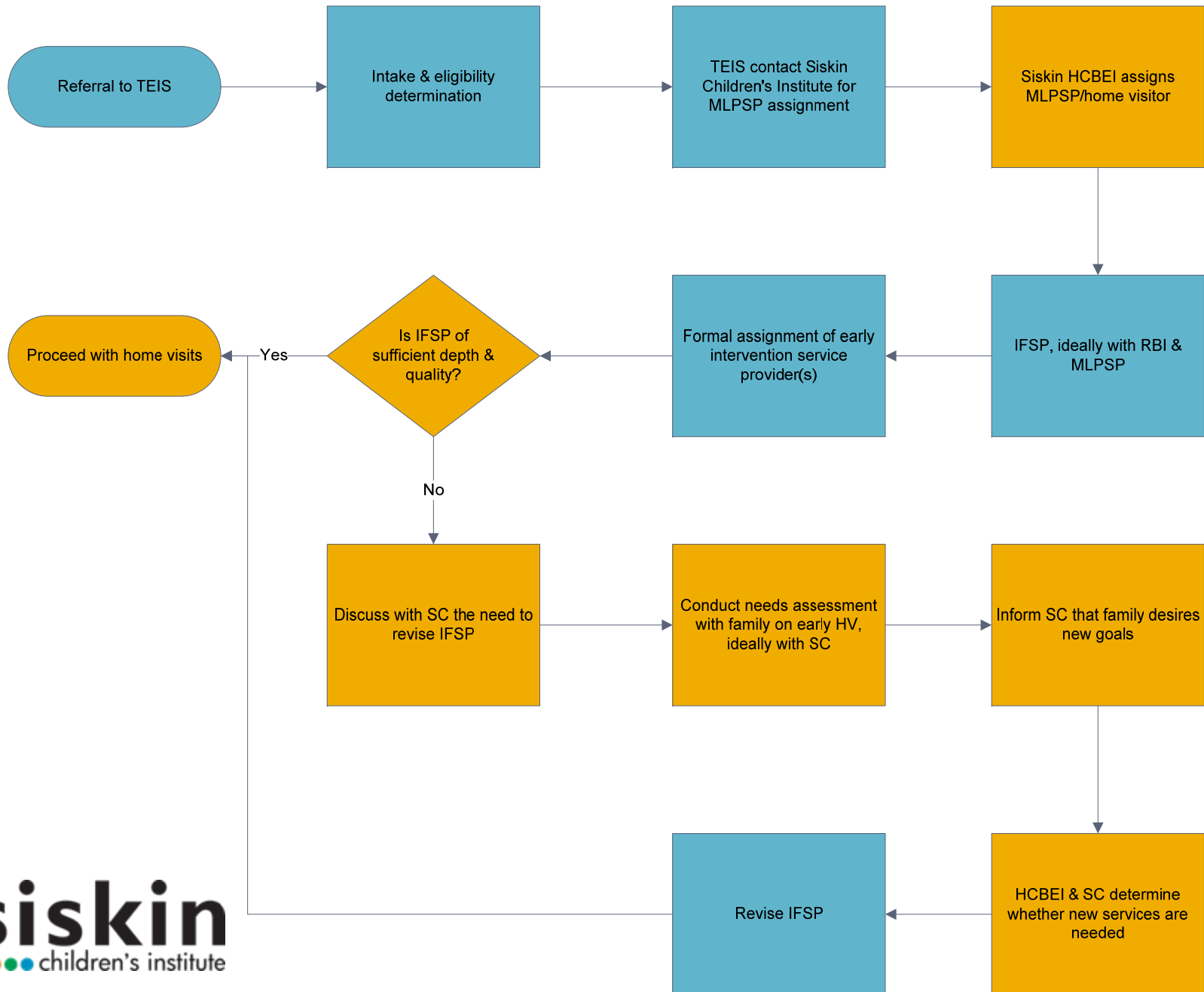


Source: Hart, B., & Risley, T. R. (2003). *Meaningful differences in the everyday experience of young children*. Baltimore, MD: Paul H. Brookes Publishing Co.



Process

IFSP Development & Examination in Collaboration With SC

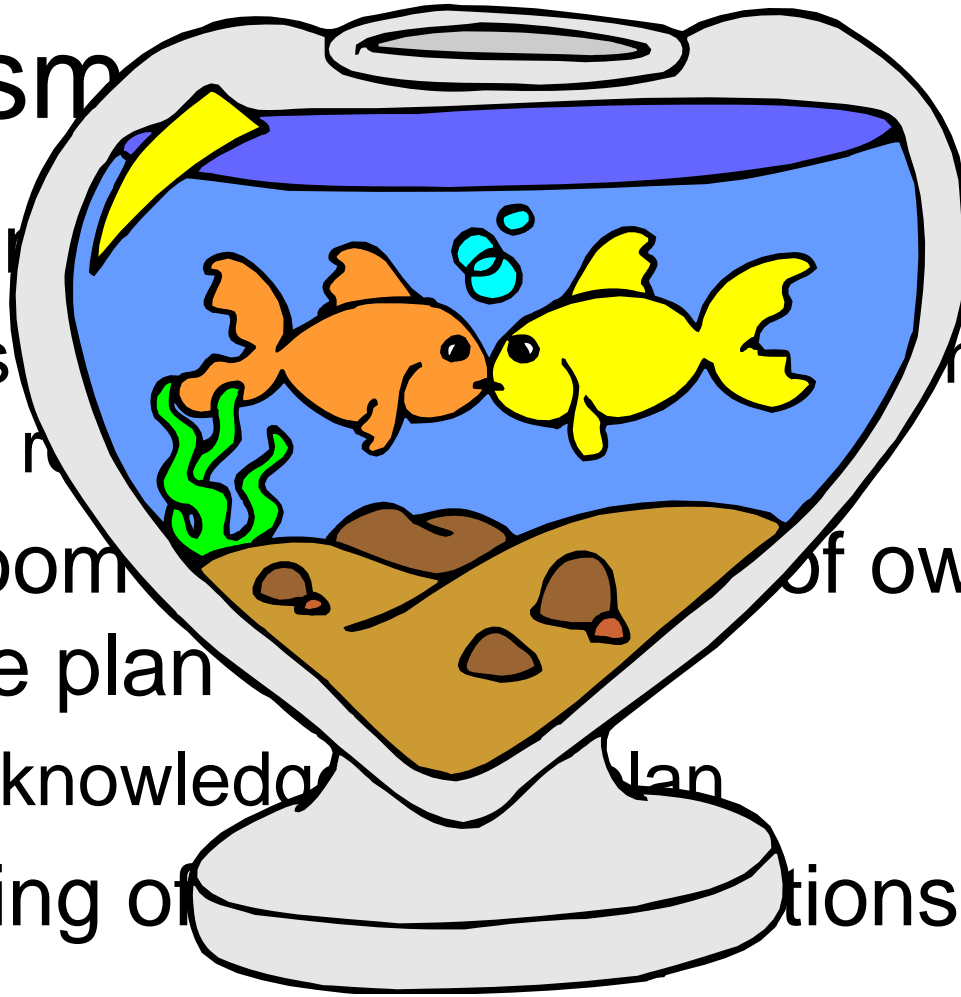


Collaboration



Outcome of Collaboration at Assessment

- Function
 - Focus on...ance, and social n
- Classroom... of ownership over the plan
 - Even knowledge...lan
- Beginning of...tationship



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

Consultants are not always popular



"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, independent social relationships
9. Debrief before leaving



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

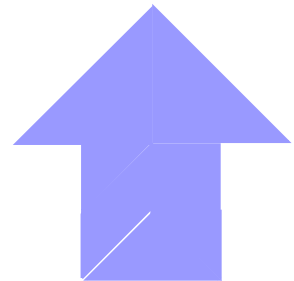
Integrated Specialized Services

DEFINITION

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

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



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

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

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

Take-Home Plans

- Groups of 4-8
- Appoint scribe
- Group members write names and e-mail addresses
- Group decides on three ideas or practices discussed today that they like
 - Pick all three before proceeding
 - Scribe writes these down with room below or to the side for the following two items
- For each of the three ideas or practices, decide on at least one barrier (scribe write)
- For each barrier, decide on at least one solution (scribe write)
- After large-group discussion,
- Hand in papers; the information will be returned to you