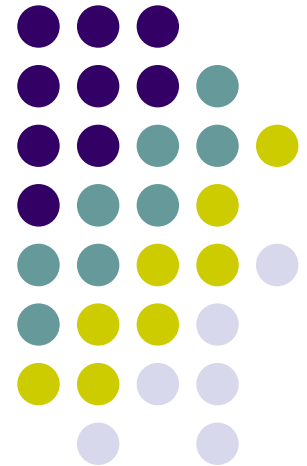
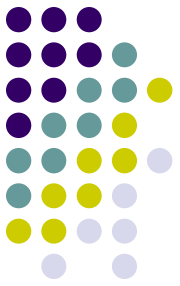


Enhancing Practices to Support Families

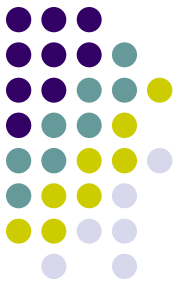
Robin McWilliam, Ph.D.
Director, Siskin Center for Child and
Family Research
Chattanooga, TN





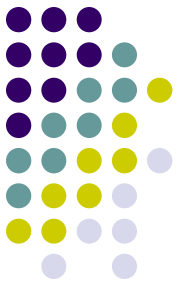
KW(L)

- What do you know?
- What do you want to know?
- Average time for RBI
- Average number of outcomes
- What visits occur up to the IFSP visit?



Outline

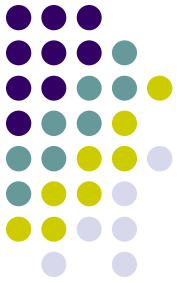
- Rationale for RBI
- Essential components
- Steps
- Sensitive and appropriate interactions
- Practice RBIs
- Functional IFSP outcomes
- How to address RBI-identified priorities
- The early interventionist as consultant and andragogist
- Follow up to this workshop



Contact

- Robin.McWilliam@Siskin.org
- www.siskinresearch.org
- www.naturalenvironments.blogspot.com

Rationale



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



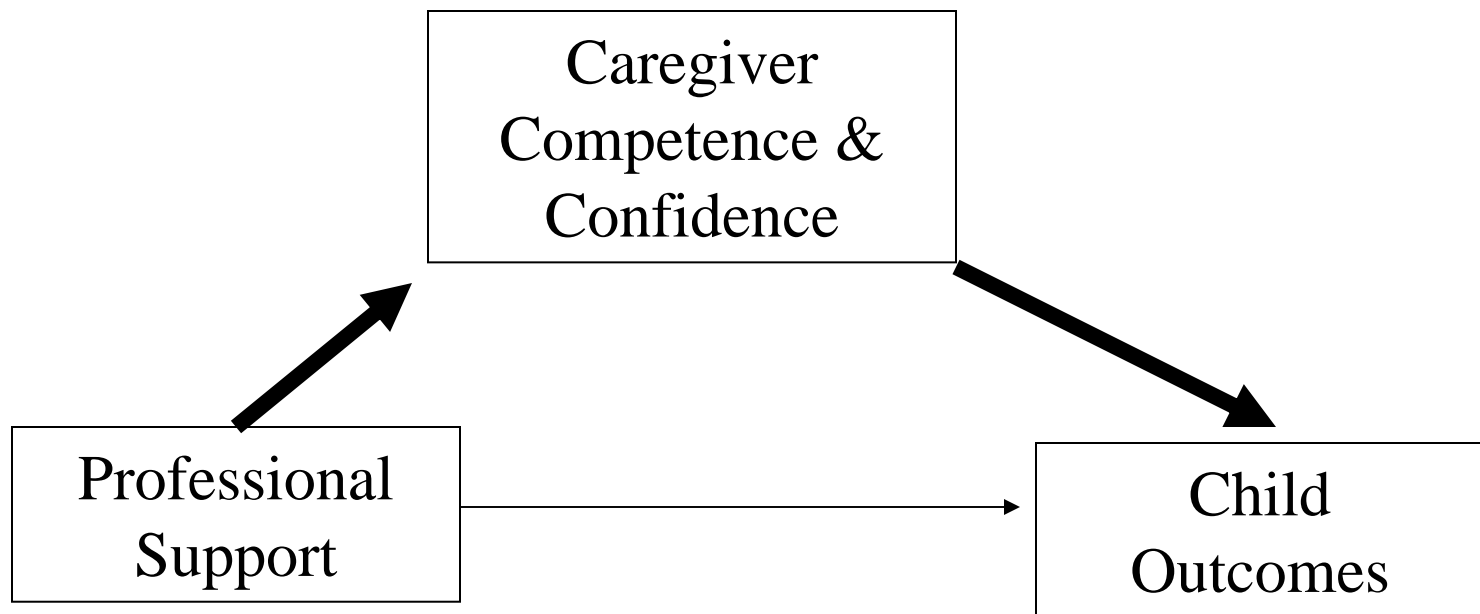
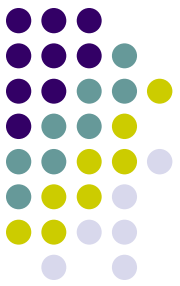
- The strongest predictor of the outcomes of early intervention is the relationship of the primary service provider with the family
- Most families love their service providers
- Home-based service providers, especially generalists, use the most family-centered practices



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.

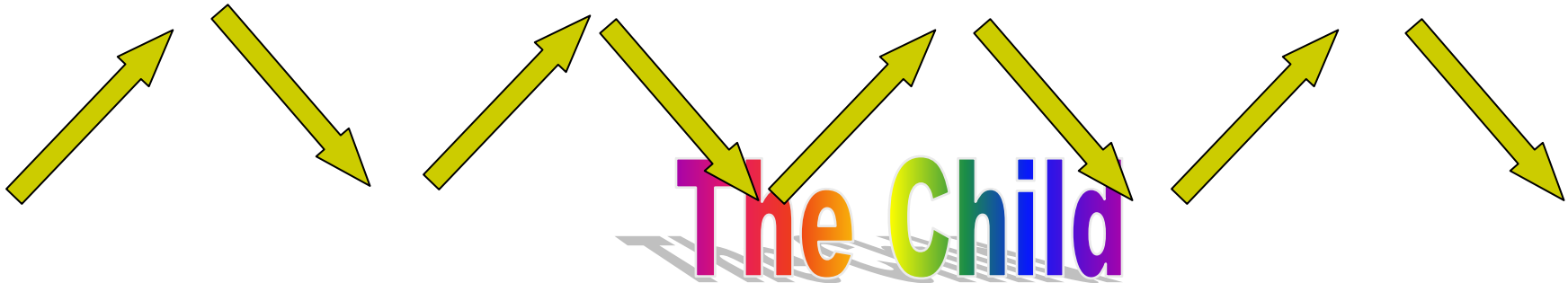
Who Has How Much Influence on What?



How Children Learn



The Environment



Through repeated interactions with the environment,
distributed over time.

Not in massed trials.



Between Visits

Home Visit

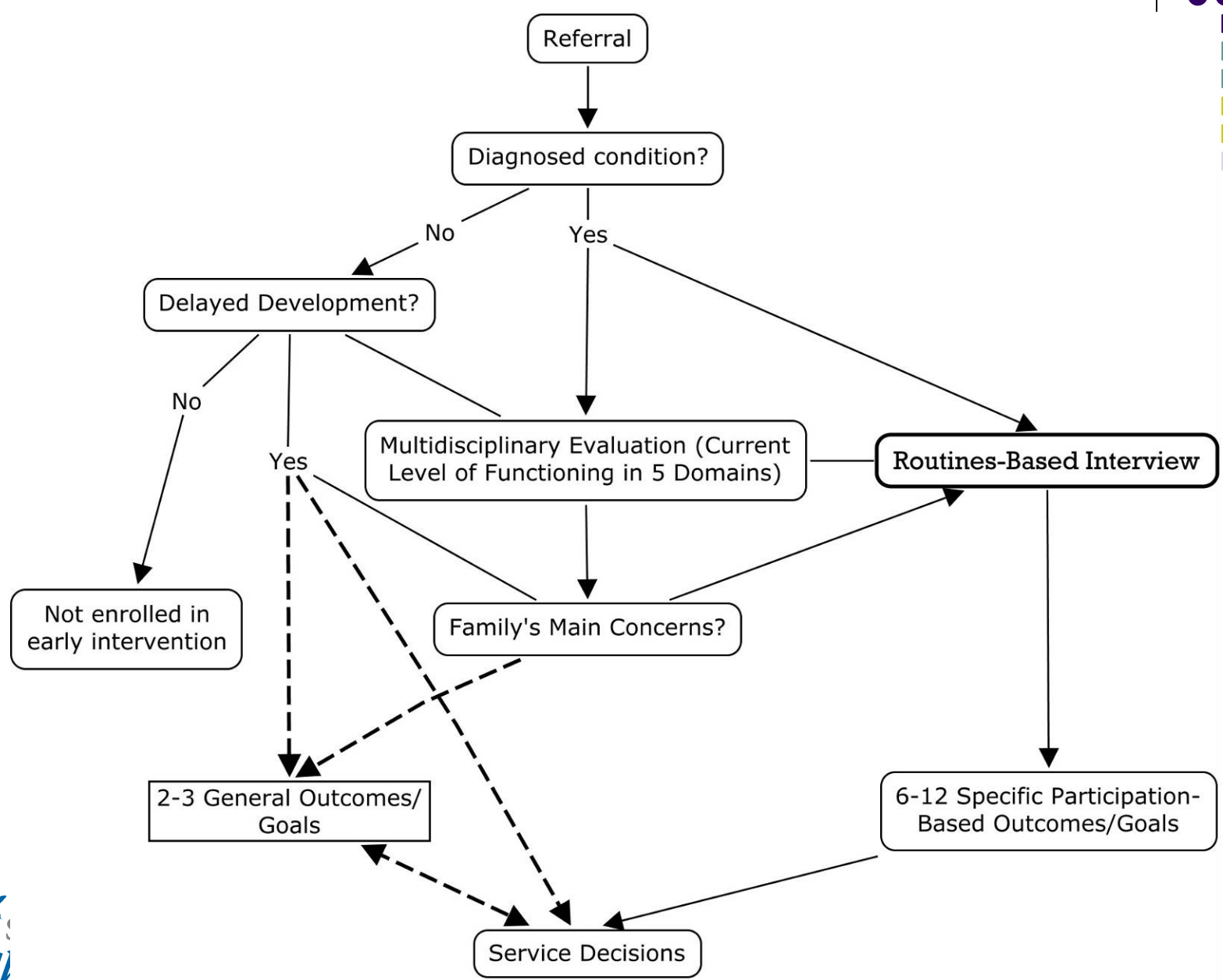
Home Visit

↓
Family

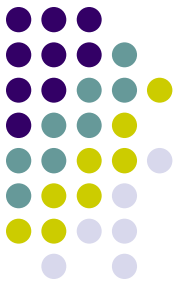
↓
Family

Family-Child Interactions
&
Other Learning Opportunities

↓
Child Learning



Need for Routines-Based Assessment

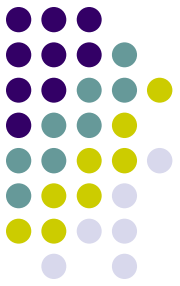


- Functional goals (target behaviors)
 - Address *participation* needs
 - Address *independence* needs
 - Address *social relationships* needs
- Family priorities reflected in the IFSP
- Outcomes broad enough yet specific enough
- Strategies that aim directly at function problem (i.e., teach first)
- Investment by caregivers other than the family in the IFSP

Essential Components (Details Follow)



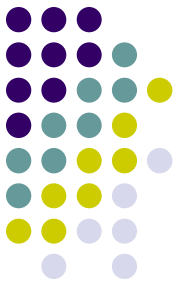
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- Who lives in the home?
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- “How does your day begin?”
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- 6 questions
 - What everyone else is doing
 - What this child does
 - Engagement
 - Independence
 - Social relationships
 - Satisfaction rating (1-5)
- Stars next to concerns
- “What might the child do next?” for routines with no needs
- “What’s next?” for transitions
- Hours from Hell?
- Worry question
- Change question
- Recap concerns (starred items), just as reminder
 - *These are not chosen outcomes*
- Blank sheet of paper: “What would you like to work on?”
 - Do not simply pick starred items but can look at them for reminder
- Put outcomes into priority order

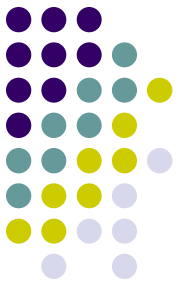


Tongue Twister

- The Leith police dismisseth us
They thought we sought to stay;
The Leith police dismisseth us
They thought we'd stay all day.
The Leith police dismisseth us,
We both sighed sighs apiece;
And the sighs that we sighed as we said
goodbye
Were the size of the Leith police

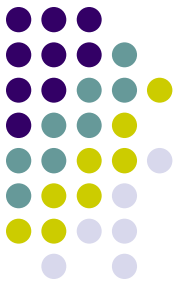
Steps





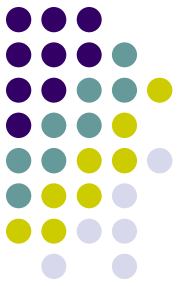
Who lives in the home?

- Write names in upper right-hand side of paper
- Get ages of children
- You'll be returning to ask about each of these people in most routines?



Main Concerns

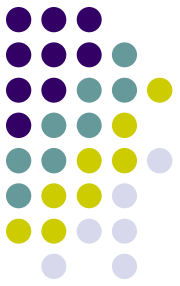
- Generally 2 or 3
 - Where traditional IFSP outcomes/goals end
- Do not engage in much discussion
- “I’ll ask you more about these as we go through the day.”



Through the Day

- “How does your day begin?”
 - Slow down the report
 - Divide the morning routines into small chunks
 - Waking up
 - Changing diaper
 - Feeding/breakfast
 - Hanging out
 - Dressing
 - Parent taking care of sibling

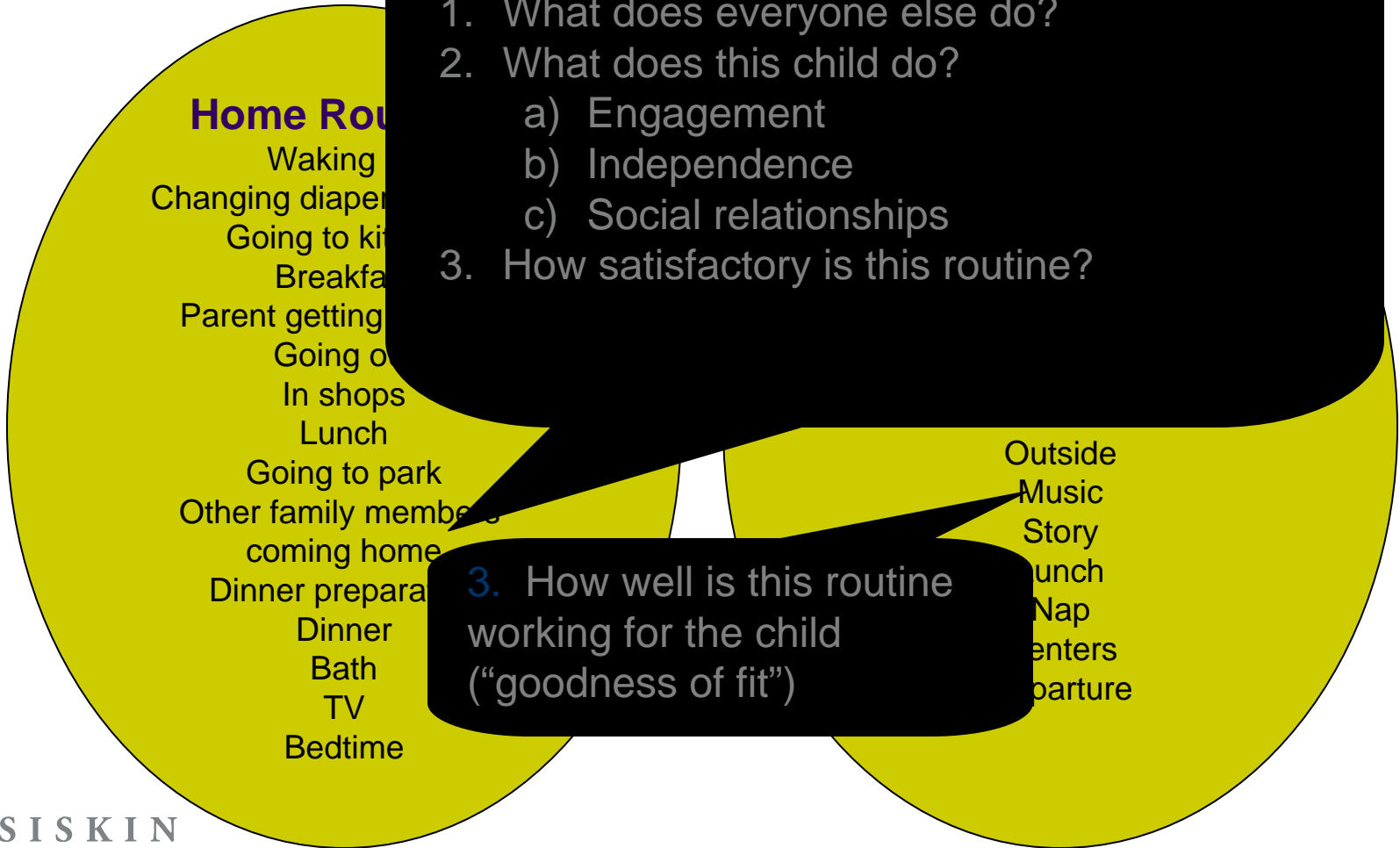
Overview of the Routines-Based Discussion



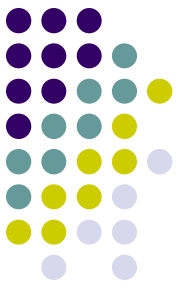
- Go through each “routine” (i.e., time of day or activity)
- Get a sense of family’s and child’s functioning
- Write down significant information
- Star concerns
- Recap concerns with the family, showing them the starred items
- Ask what the family would like to concentrate on
- Write down these outcomes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

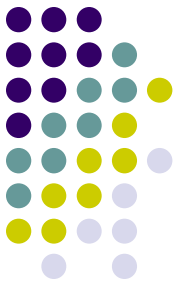


Structure



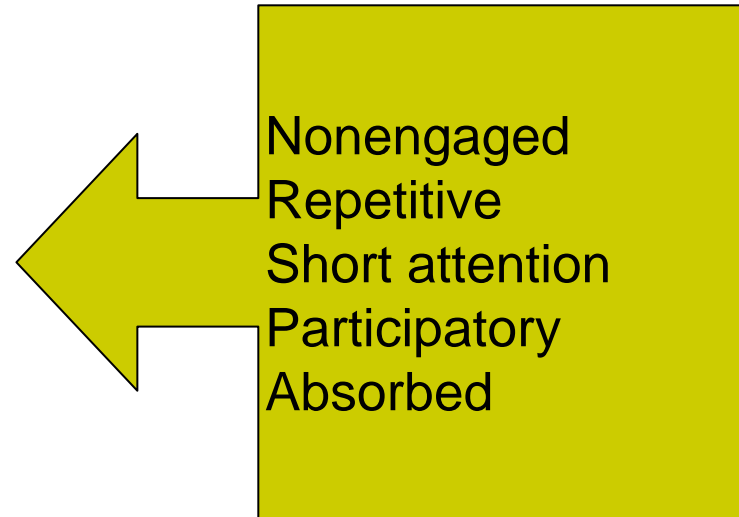
The 3 Foundations of Learning

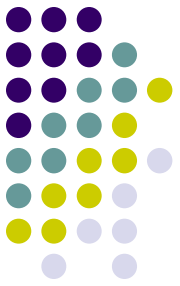




Asking About Engagement

- Describe what the child generally does during this activity
- How much participation?
- How sophisticated is the behavior?
- Stay busy?
- Appropriate
- What parent does to help with engagement

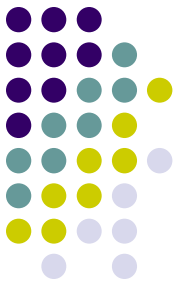




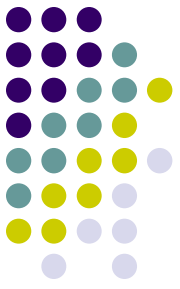
Asking About Independence

- What can the child do on his or her own?
- How much help does the child need?
- What does the parent do to encourage independence?

Asking About Social Relationships

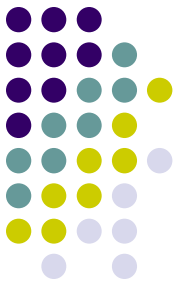


- Describe the child's communication during this activity
 - Is it understandable?
 - Is it conventionalized?
 - What does the parent do to help the child communicate?
- Describe the child's getting along with others during this activity?
 - Is it prosocial?
 - How does the child react to others?
 - What does the parent do to help the child get along with people?



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
- Generally, do not question the rating
- Use it as the signal that discussion about this routine is over: “What happens next?”



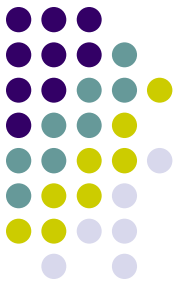
Roles of 2nd Person

- Help with questions
- Take notes
- Handle interruptions
- Score developmental test?



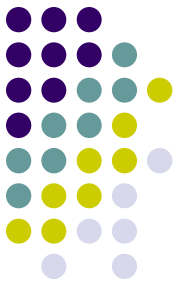
Practice RBIs

- Groups of 3-5
- Mother
- Interviewer 1
- Interviewer 2
- Observers
- Mothers get assignments
- Mothers read vignettes
- Interview teams get organized



Three Families

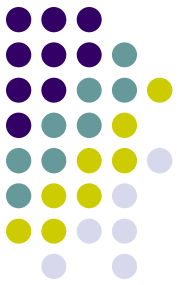
- Lynn
 - Husband Mike, daughter Nona (22 mo.), born with hydrocephaly
- Ophelia
 - Husband Peter, son Quentin (20 mo.), does not eat or sleep much
- Ruth
 - Son Samuel (7 mo.), gets stiff when held

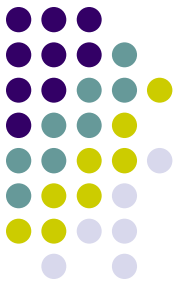


Essential Components

- Ecomap, if not done earlier
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- Put outcomes into priority order

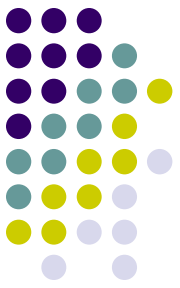
Sensitive and Appropriate Interactions





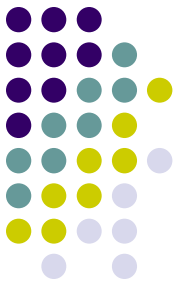
Interview Skills

- Knowledge of child development
 - To be able to ask sensible follow-up questions
- Knowledge of family functioning
 - To be able to ask sensible follow-up questions
- Interview skills
 - To be able to keep an easy conversation going



Critical Interview Behaviors

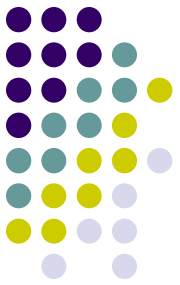
- Be natural and as informal as is appropriate;
- Put the parent at ease with this naturalness and informality;
- Look the parent in the eye when he or she is talking;
- Avoid the use of jargon; if the parent uses jargon, ask what he or she means;
- Nod and in other ways affirm what the parent is saying;
- From time to time, express admiration for what the parent does with his or her family;
- Express understanding about how the parent might feel (e.g., “I bet you feel really good about that,” or “I bet that’s really frustrating”); more safely, ask the parent how he or she feels;
- Place papers being written on flat, so the parent can see what is being written—distance notwithstanding;
- Find a point of personal contact and very briefly use “self-disclosure” or “therapeutic use of self”;
- If the parent cries, offer to stop the conversation;



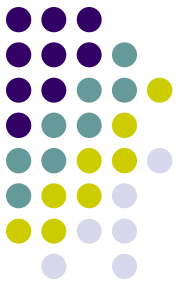
More Interview Behaviors

- If the parent becomes emotional, either move on to another topic or ask if something else should be talked about;
- As much as possible, refrain from engaging in judgmental talk about the other parent, if only interviewing one parent;
- Ask about later, specific routines to move the interview along, if it is taking a long time; the goal is to end in 90 minutes;
- Ask detailed questions at the beginning of the interview to show the parent the level of detail required; and
- Keep the structure of the six questions *per routine*:
 - What's everyone doing?
 - What's this child doing?
 - What's this child's engagement like?
 - What's this child's independence like?
 - What are this child's social relationships like?
 - How satisfactory is this time of day (home) or how good as fit are this routine and the child (classroom)?

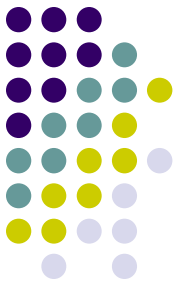
Functional IFSP Outcomes



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”)



Family-Level Outcomes

- Preserve as much of the wording as is appropriate
- Add at least 1 measurable criterion

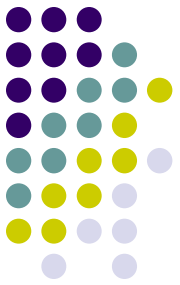
Rachel do more things with Paige and Hailey	Rachel will do 3 activities with Paige & Hailey, together, in 1 week for 3 consecutive weeks
Rachel—info on sleep & ASD	Rachel will receive 1 article about sleep & ASD & the name of 1 expert she can contact

Write Participation- (aka Routines-) Based Outcomes

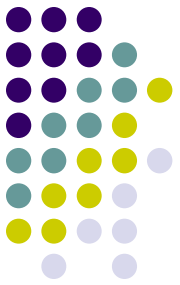


- In teams, for the interviews you have done
 - Write child-level outcomes, following the seven steps
 - Write family-level outcomes with at least 1 criterion

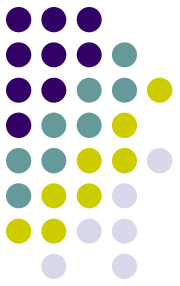
How to Address RBI-Identified Priorities



Support-Based Home Visits



Home-Based Integrated Services



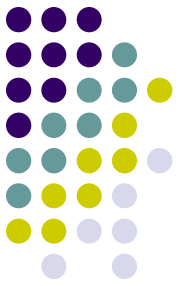
- We need an alternative to dumping clinic-based models on the living room floor.
- What's wrong with the toy bag?
- We need to attend to the complex, interrelated needs of developing children and their families.
- We can achieve these by having *support* as the goal of services: emotional, material,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

Influences



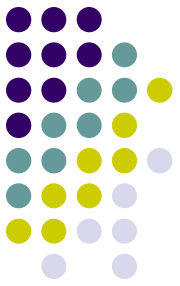
- Bruder
- Campbell
- Dunst & Trivette
- Guralnick
- Peterson & McBride
- Roberts & Innocenti
- Robinson & Edelman
- Shelden & Rush
 - See www.coachinginearlychildhood.org
- Woods

Support-Based Home Visits

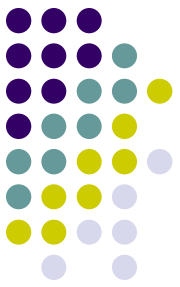


- Emotional Support
 - Positiveness
 - Responsiveness
 - Orientation to the whole family
 - Friendliness
 - Sensitivity
- Material Support
 - Equipment and materials
 - Financial resources
- Informational Support
 - Child development
 - Child's disability
 - Services and resources
 - What to do with the child

The Vanderbilt Home Visit Script



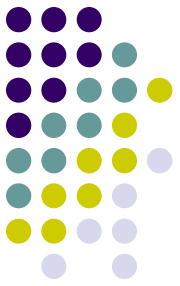
- Directions
 - Rationale
 - Written for HVs by primary service providers
 - Adaptation required for use by multidisciplinary providers
 - At any time, provide support to the family, including information



VHVS: The Questions

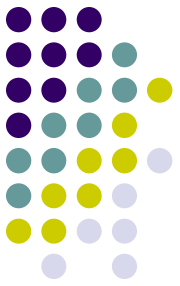
1. How have things been going?
2. Do you have anything new you want to ask me about?
3. Outcomes in priority order
4. Is there a time of day that's not going well for you?
5. How is [family member] doing?
6. Have you had any appointments in the past week? Any coming up?
7. Do you have enough or too much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

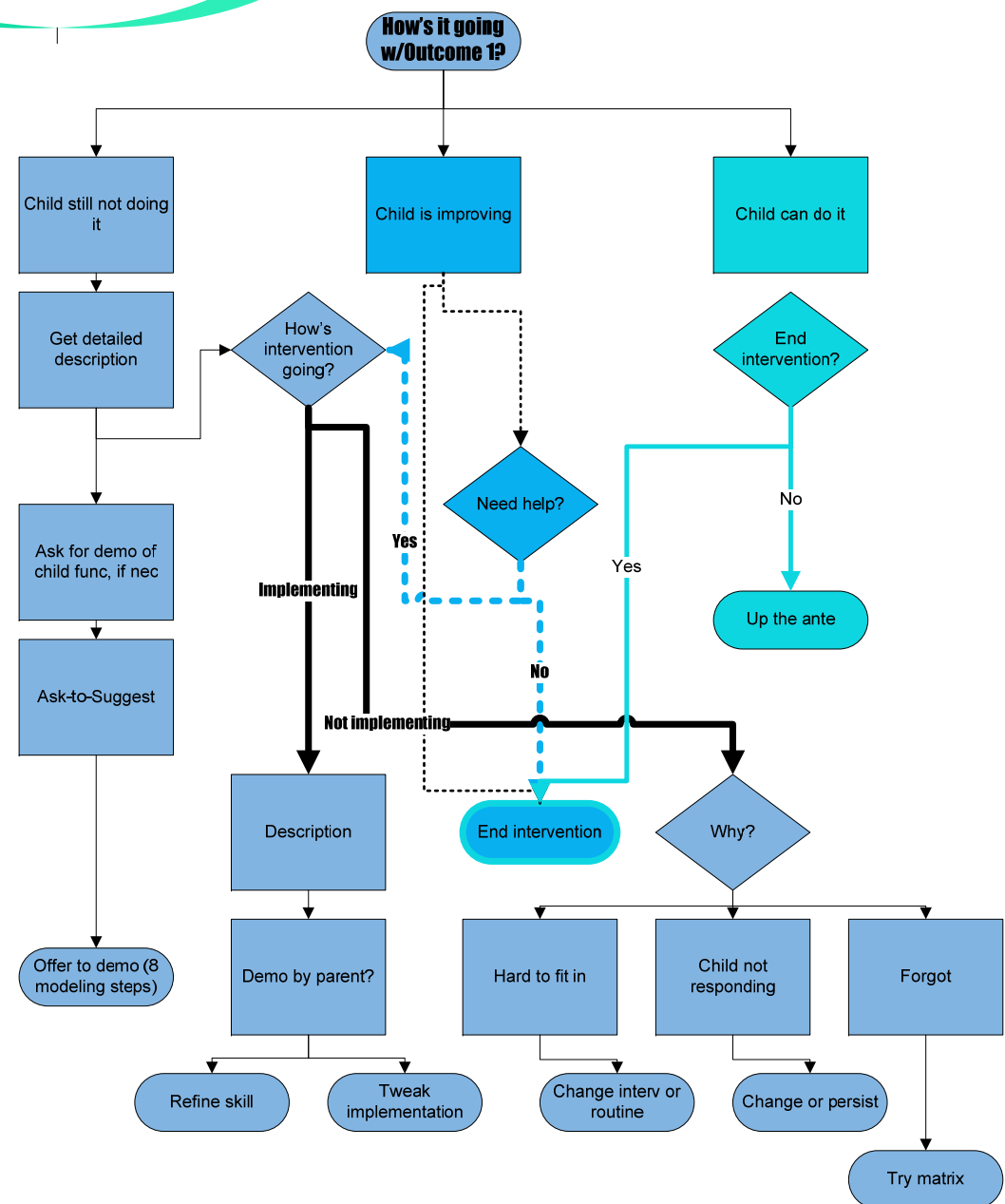


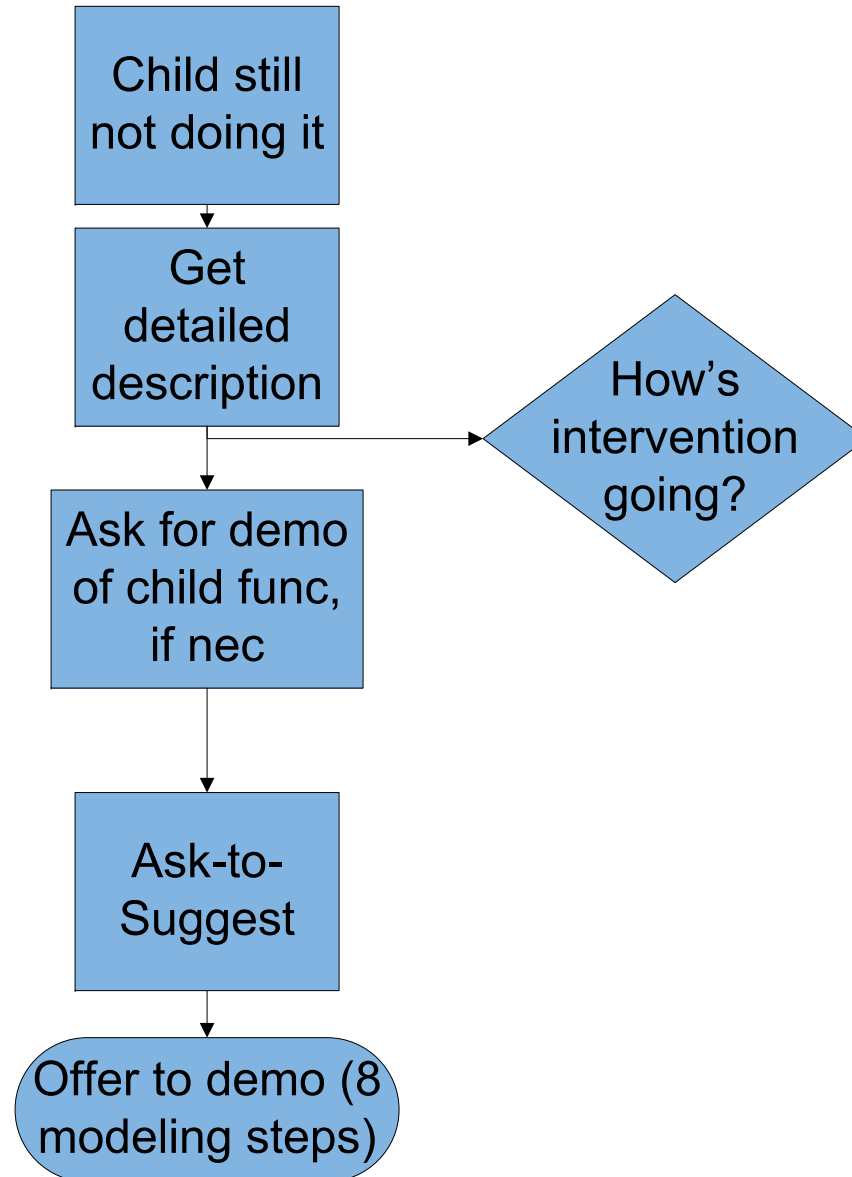
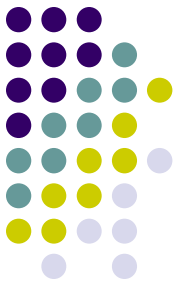
- * Listen.
- * Don't interrupt.
- * Don't finish the other person's sentences.
- * Don't say 'I knew that.'
- * Don't even agree with the other person (even if he praises you, just say, 'Thank you')
- * Don't use the words 'no,' 'but,' and 'however.'
- * Don't be distracted. Don't let your eyes or attention 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. ...

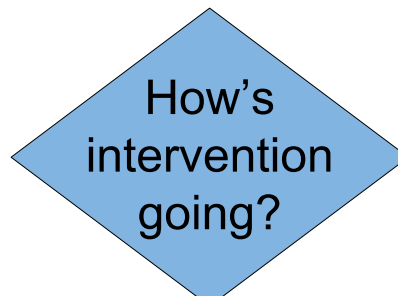
[You will learn, and as an ancillary benefit] you'll uncover a glaring paradox: The more you subsume your desire to shine [and truly listen], the more you will shine in the other person's eyes."

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

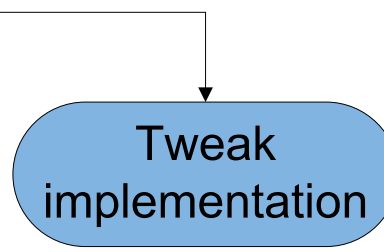
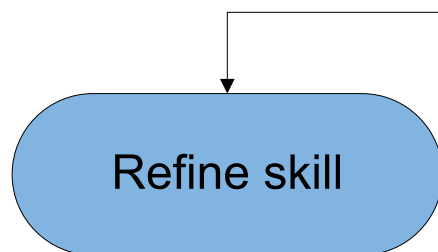
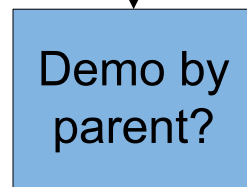
Behavioral Consultation in Home Visits

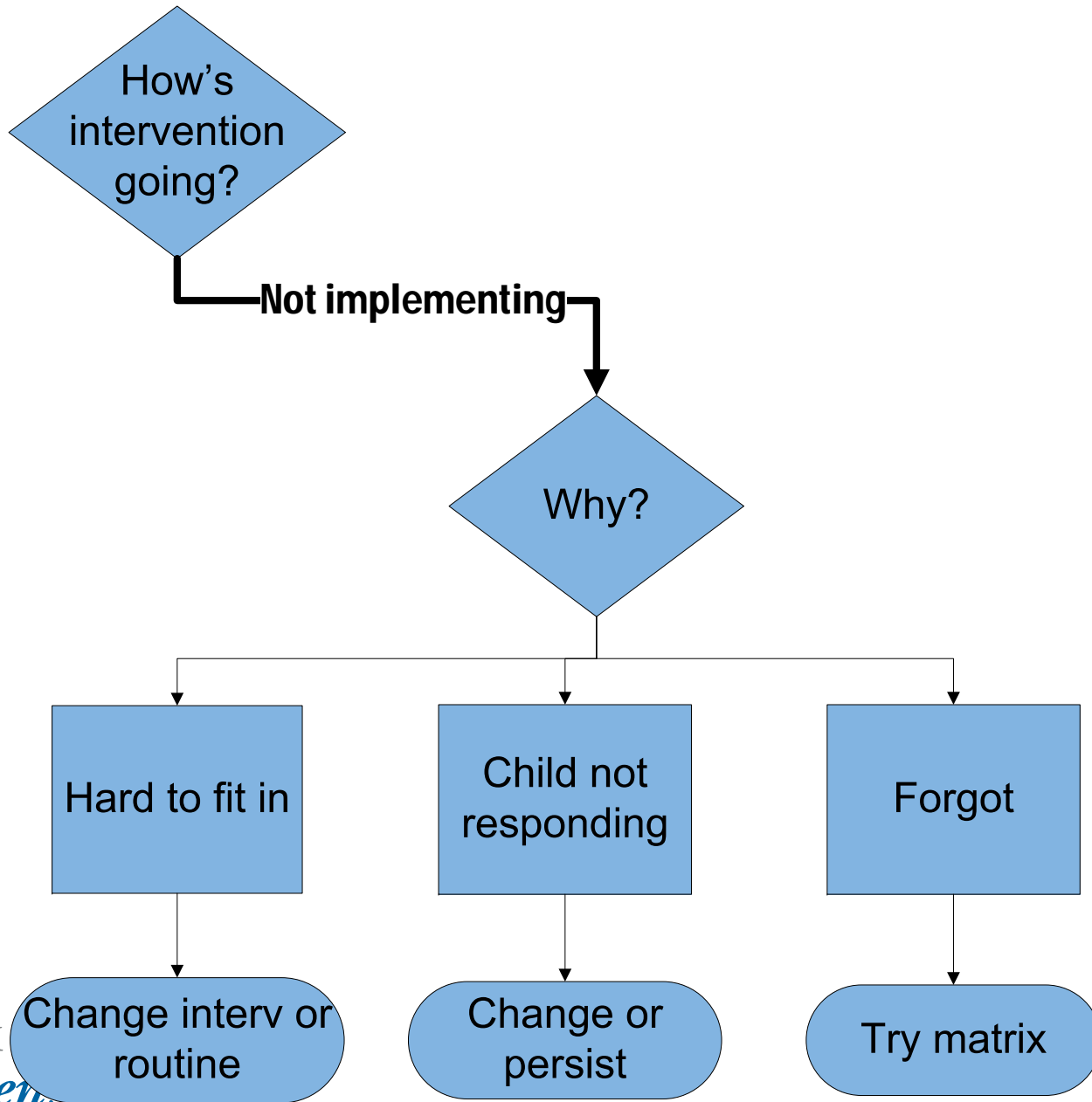


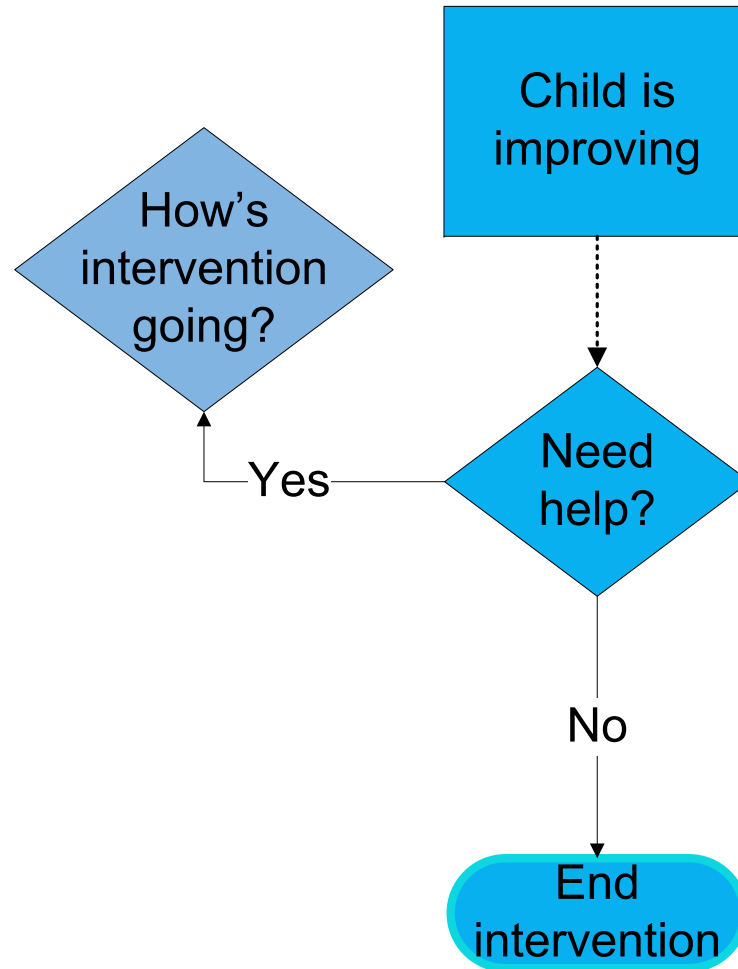
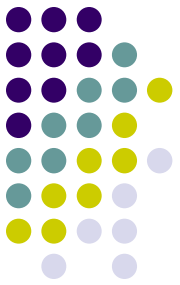


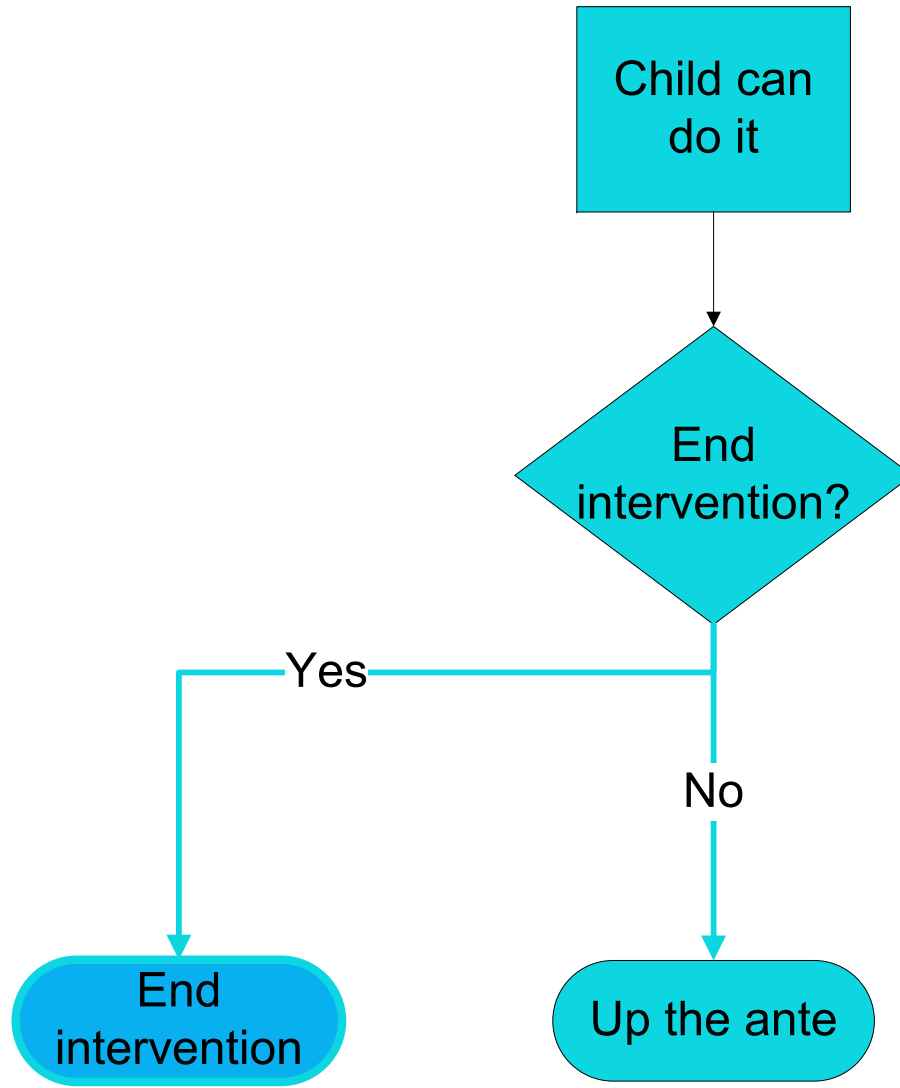
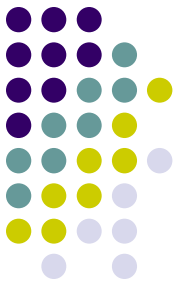


Implementing

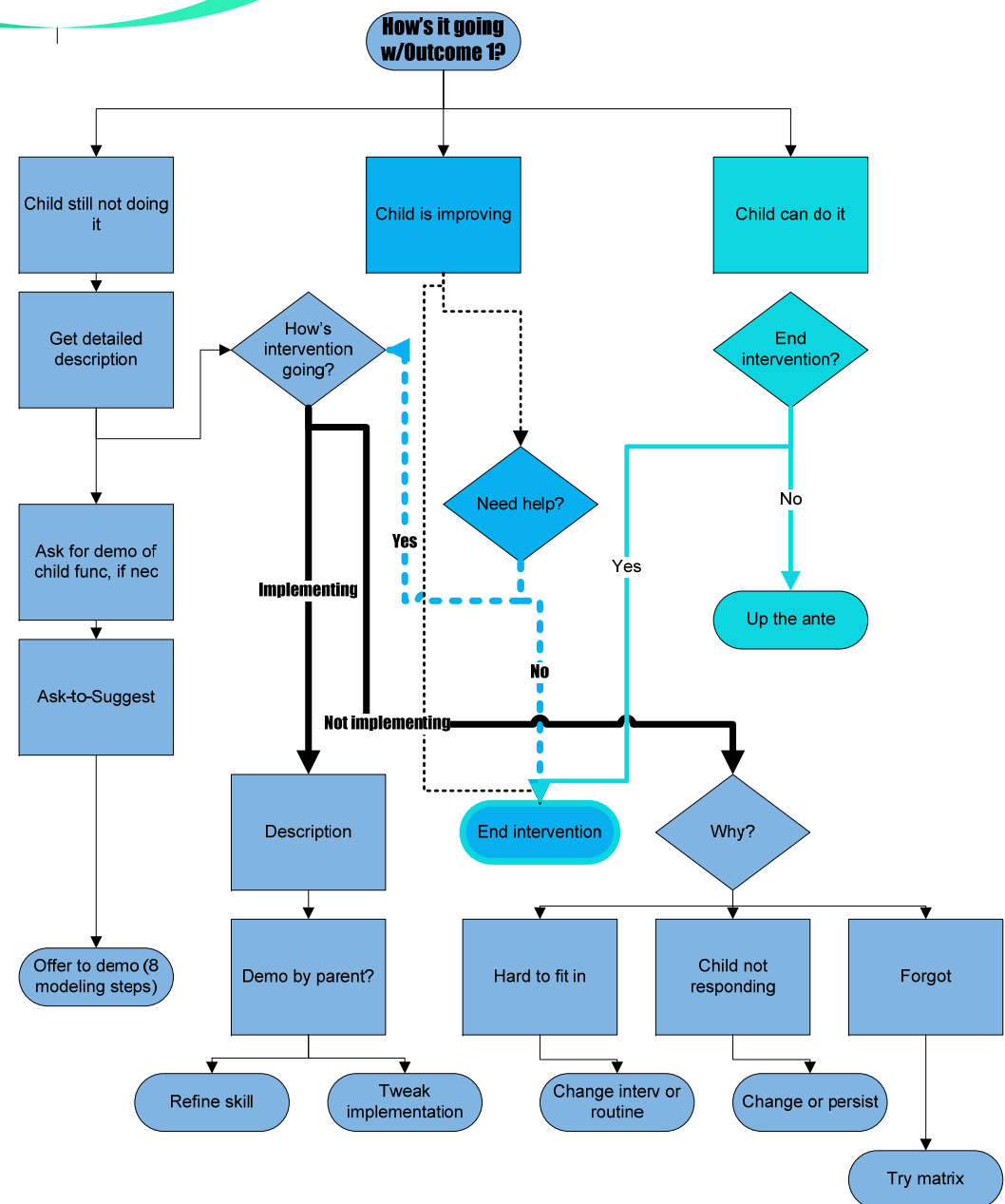




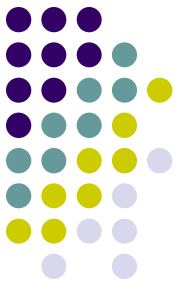




Behavioral Consultation in Home Visits



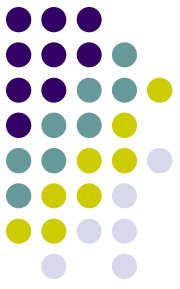
9 Parenting Intervention Strategies



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

9. Matrix

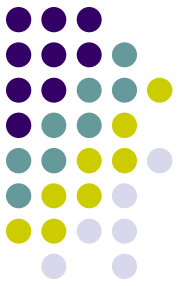




Ask-to-suggest

- 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 Modelina



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

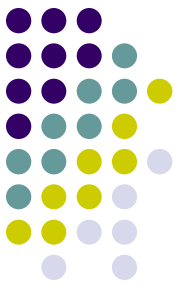


1. Talk to the parent about your suggestion
2. If the parent appears not to understand, ask if he or she would like to be shown
3. Tell the parent what you're going to do
4. Do it
5. Tell the parent what you did and point out the consequence
6. Ask the parent if he or she would like to try it
7. If the 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?”



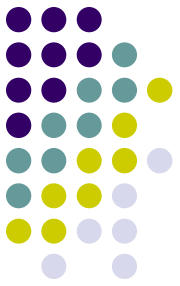
Change Intervention

- 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?”



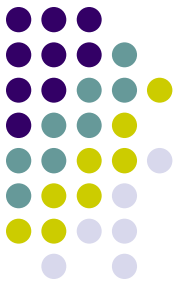
Change Routine

- 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

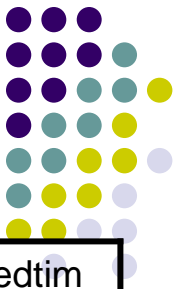
- When family is not implementing intervention because child isn't responding
- “Do you want to keep trying?”
- “Sometimes children actually do worse when you start trying to teach them something—when you change up what they're used to”



Up the Ante

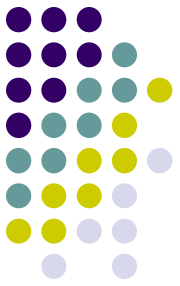
- When the child can do it, but the family doesn't want to end intervention on this skill
- What's the next most sophisticated form of this skill?
- Would it be helpful for the child to do it longer?
- Should he do it in more places, with more people, with more objects, at more times?
- Should he do 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

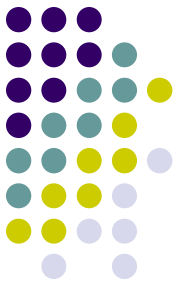


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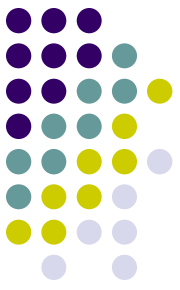
9. Matrix



The Early Interventionist as Consultant and Andragogist

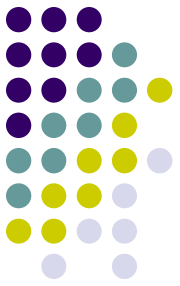


- Families and other caregivers as naturally available interventionists



The Andragogy of Home Visits

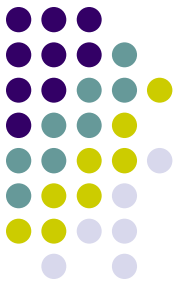
- Level 1: Suggestion
 - Ask and listen
 - For what they need and want
 - For what they currently do
 - Assess, hands-on, as needed
 - Ask and suggest
 - Demonstrate, as needed (following the 8 Steps of Modeling)
 - Offer Level 2
- Level 2: Performance Feedback (Checklist Training)
 - Collaborate on a child intervention checklist
 - Offer to demonstrate, with parent observing
 - Self-monitoring: Parent checks own behavior during the week
 - Observation: Home visitor observes parent



Performance Feedback

- Show the parent (checks on checklist, graph, etc.) how many steps correct on checklist
- Praise correct steps appropriately
- Discuss steps missed

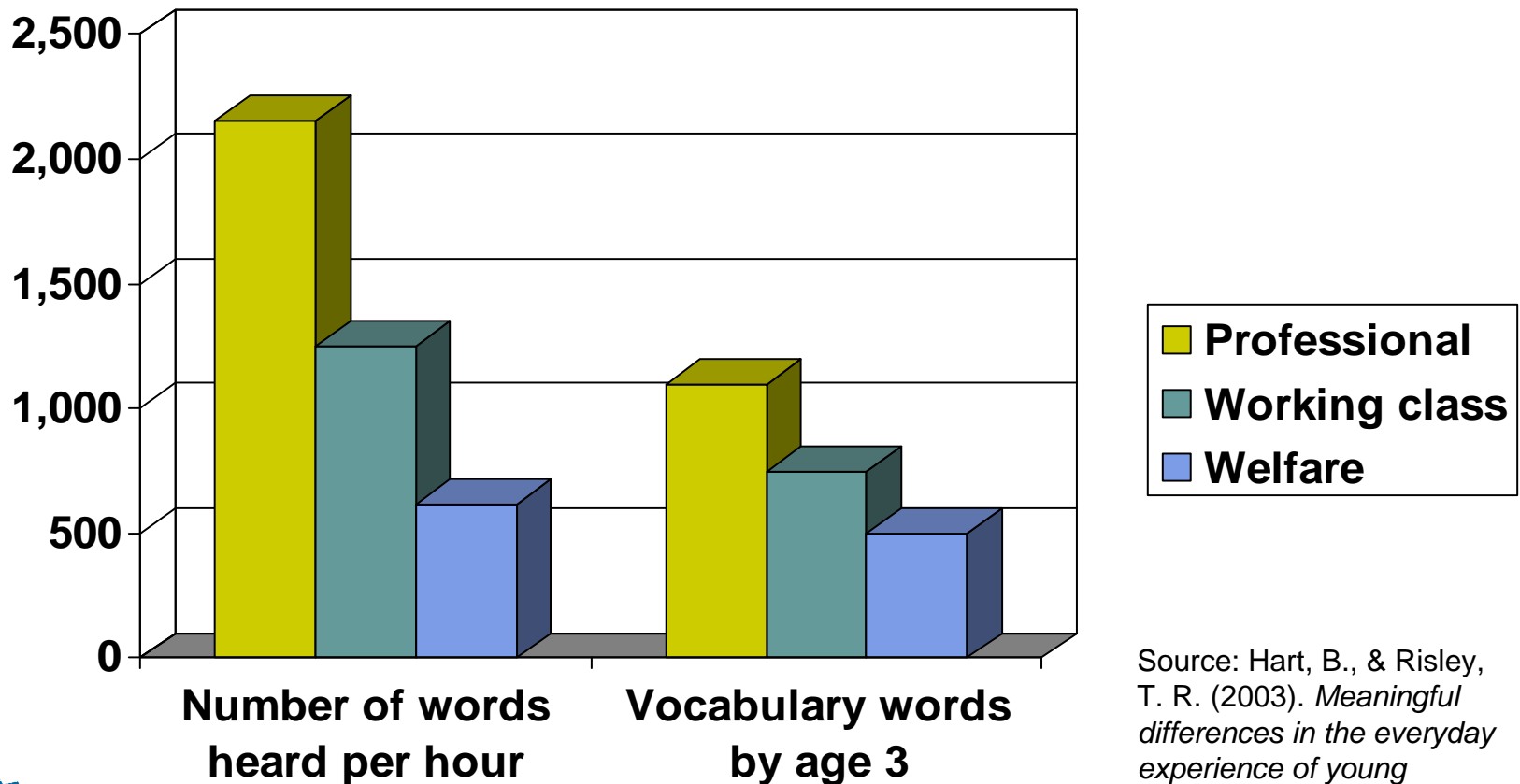
Performance Other Than Checklists



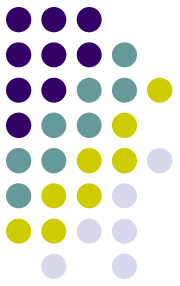
- Parent's rate of an intervention (f / t)
- Parent's frequency of an interaction
- Parent's duration of an activity

**Aim for self-monitoring, by
parent, and observation**

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



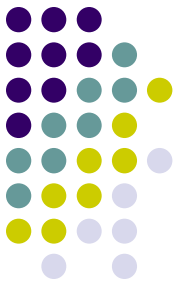
Source: Hart, B., & Risley, T. R. (2003). *Meaningful differences in the everyday experience of young children*. Baltimore, MD: Paul H. Brookes Publishing Co.



Planning

- In groups of 5-8
- Select scribe
- Find 3 ideas you want to incorporate into your work
- Then (i.e., after deciding on 3 ideas), identify 1 challenge to implementing each idea
- For each challenge, determine a solution

Follow Up to This Workshop



What Research Questions About the RBI Would You Ask?



- ***Research Questions***
- How do (a) child outcomes and (b) family outcomes vary by whether the RBI was used or not?
- To what extent do (a) the amount of time professionals spend on each outcome, (b) the amount of time professionals spend on any child-level skills, and (c) the amount of time professionals spend on any family-level issues explain group differences on child and family outcomes?
- Is there a difference between RBI-nonRBI groups in (a) the quality of IFSPs and (b) the number of outcomes and, if so, does this difference affect the three mediators listed above? Then, in turn, to what extent does that variance explained account for noteworthy variance in child and family outcomes?
- Is there a difference between groups on the amount of time regular caregivers (i.e., parents, care providers, teachers) spend on each outcome, and how does that difference affect the impact of the three mediators on the outcomes?
- How do the above relationships vary by specific child, family, and service characteristics?
- To what extent does fidelity of implementation explain variance in outcomes (experimental group only)?

