

Support-Based Home Visits and Collaborative Consultation to Child Care

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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

Behind Every Good Home Visit

- Is a good IFSP/IEP
- Outcomes/goals
 - Functional
 - Meaningful to families
 - Lots of 'em
 - Including family-level needs
- You can't write functional goals without functional assessment
 - Otherwise, you just have a well-written nonfunctional outcome/goal

Routines-Based Targets

- In groups
- List 5 skills children should learn to be able to do
 - At meal times
 - At hanging-out (play) times at home
 - At bath time
 - At bedtime
 - At outside time

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

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?

-
- See Support-Based Home Visiting Checklist

Listening

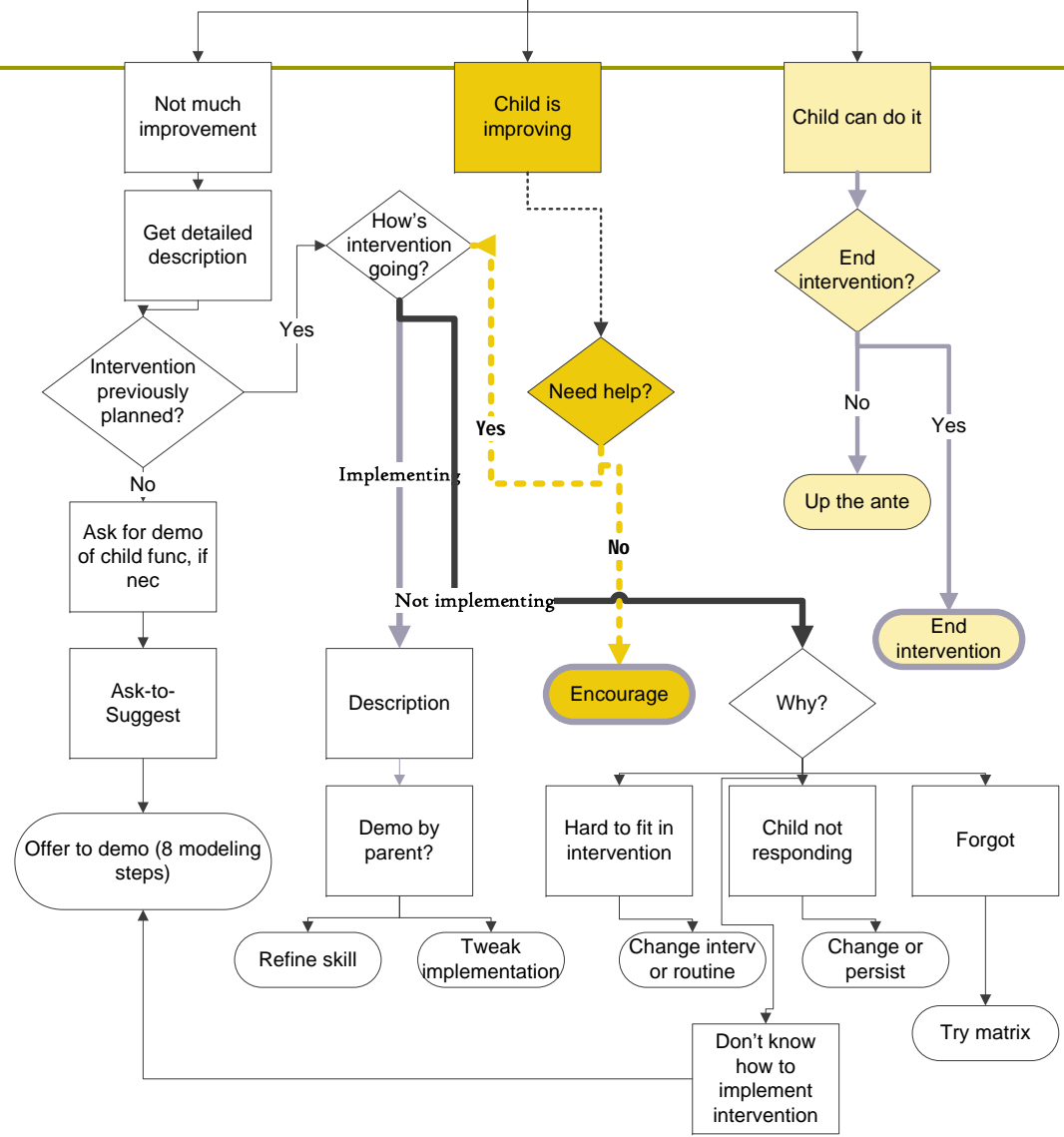
- * Listen.
- * Don't interrupt.
- * Don't finish the other person's sentences.
- * Don't say 'I knew that.'
- * Don't even agree with the other person (even if he praises you, just say, 'Thank you')
- * Don't use the words 'no,' 'but,' and 'however.'
- * Don't be distracted. Don't let your eyes or attention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

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

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

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 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						

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

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

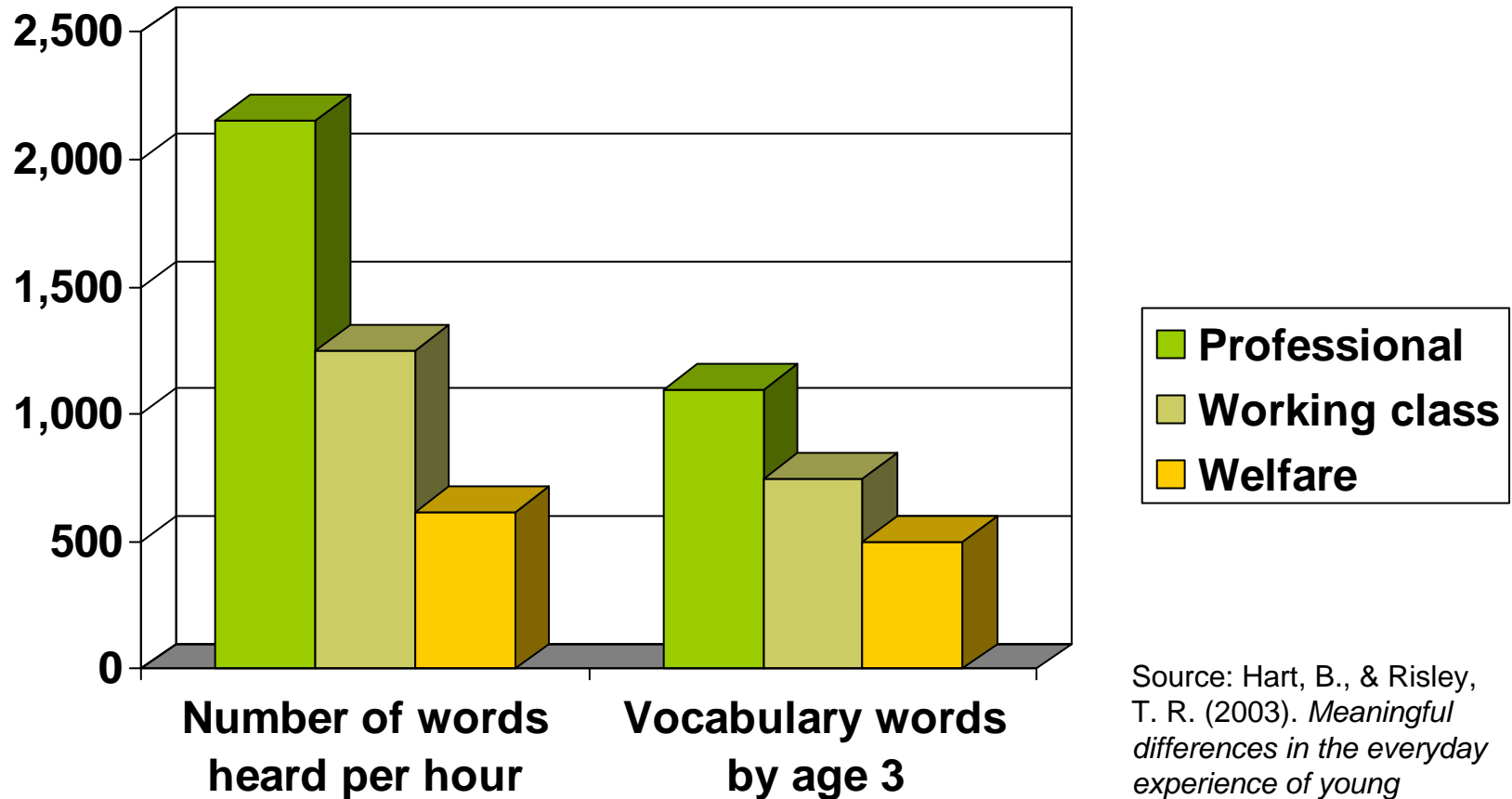
- Show the parent (checks on checklist, graph, etc.) how many steps correct on checklist
- Praise correct steps appropriately
- Discuss steps missed

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



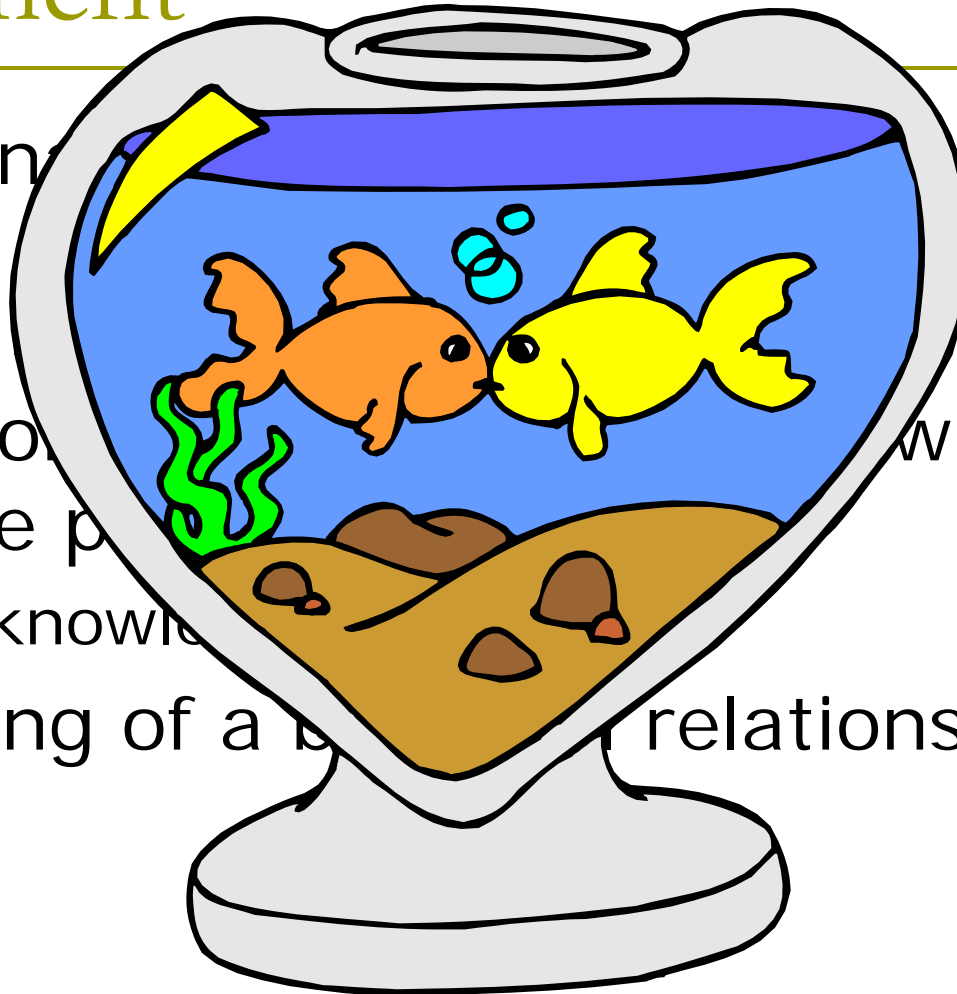
Source: Hart, B., & Risley, T. R. (2003). *Meaningful differences in the everyday experience of young children*. Baltimore, MD: Paul H. Brookes Publishing Co.

Collaboration



Outcome of Collaboration at Assessment

- Function
 - Focus on social interaction, and
- Classroom ownership
 - over the process
 - Even knowledge
- Beginning of a positive 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

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, 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.

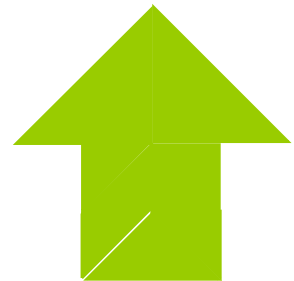
Everybody's Roles

□ 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