

Memphis Day 3 Workshop

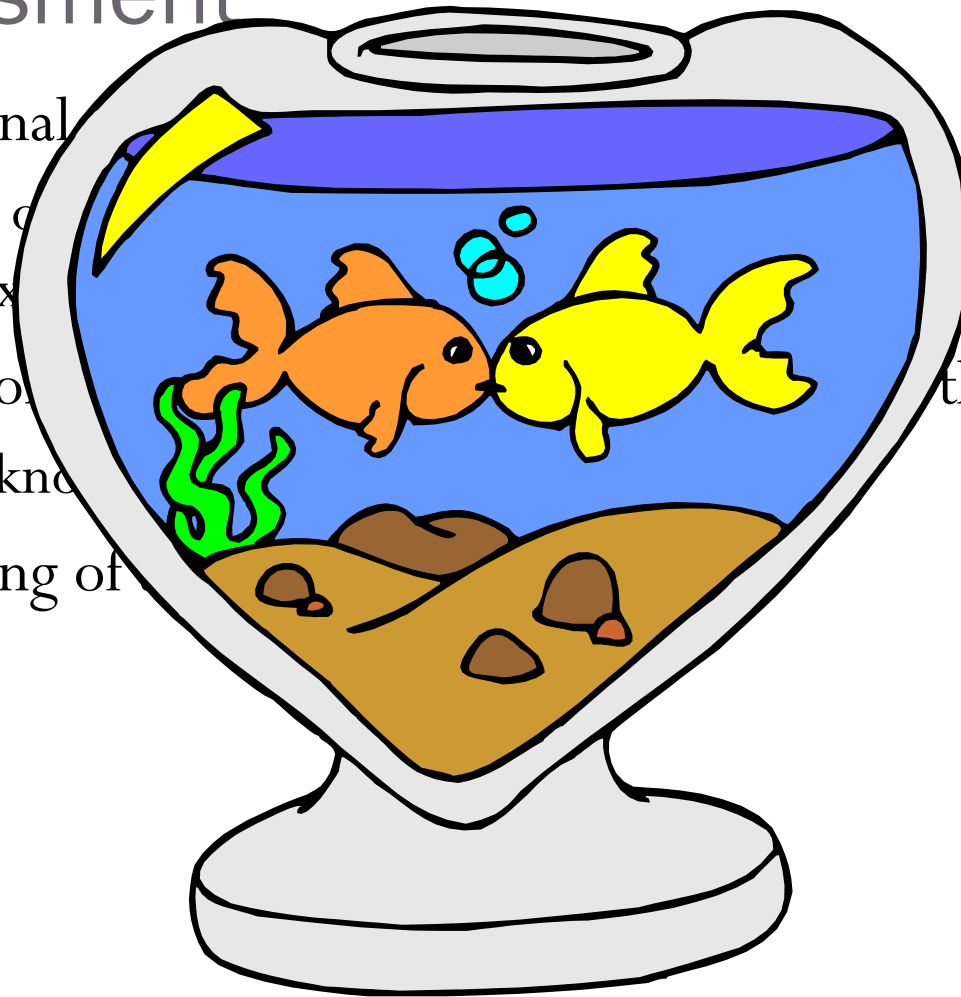
1. Collaborative consultation to child care
2. How to use the MEISR
3. Family Consultation on Home Visits 201
4. Family-Centered Philosophy
5. Recommendations to District Leadership
6. Shared-Family Activity
7. Teaming Across Approaches

Collaboration



Outcome of Collaboration at Assessment

- Functional
 - Focus of context
- Classroom
 - Even knowledge
- Beginning of



relationships in

the plan

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. Experience 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



Contact

- www.siskinresearch.org
 - Click on Presentations
- Robin.mcwilliam@[siskin.org](mailto:Robin.mcwilliam@siskin.org)

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

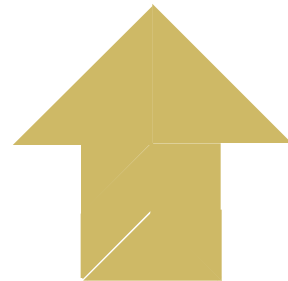
Integrated Specialized Services

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

How to Use the MEISR

- Family completes it
- Review completed MEISR with family to determine if there are child skills the family wants addressed
 - Don't let families think low scores require intervention

Request Review of IFSP

- If new child goals emerged, request review
- If IFSP has no family-level goals, consider whether
 - RBI needs to be done
 - Family has needs that should be added
 - Informational needs
 - Material needs
 - Time to themselves
 - Life goals
 - Sibling issues

Family Consultation on Home Visits 201

To acknowledge that families are adult learners, use *family consultation*



Use family (behavioral) consultation flow chart or checklists

How's it going with
[Outcome 1]?

Child still can't do
it

Child is
improving

Child can now do it!

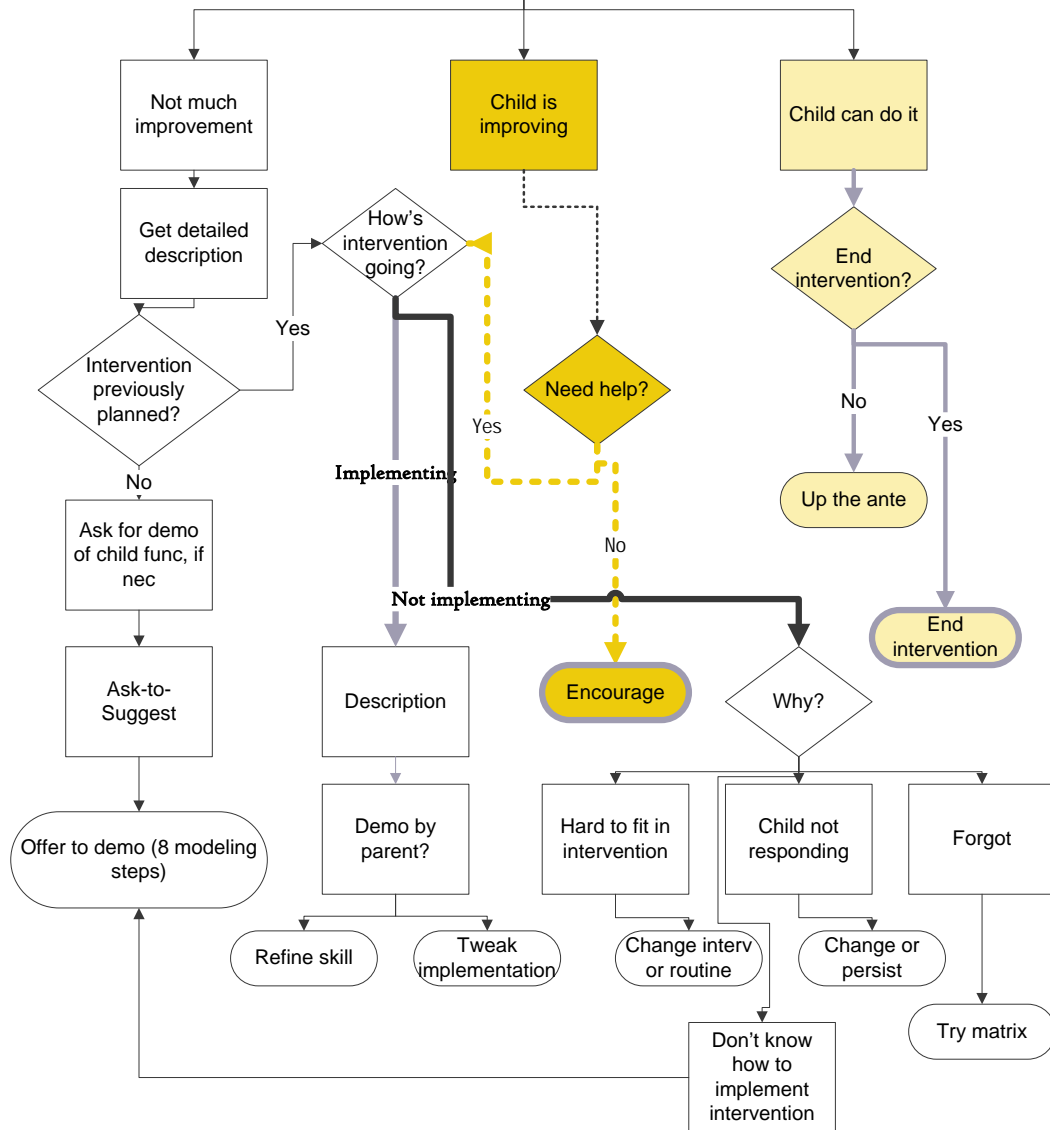
Intervention OK?

You demonstrate? I demonstrate?

Joint problem solving
Joint solution finding

Behavioral Consultation in Home Visits

How's it going w/ each outcome?



Checklists

1. Not Much Improvement on This Outcome/ Goal
2. Intervention Evaluation
 1. Implementing intervention?
 2. If not, why not?
 1. Hard to fit in
 2. Child not responding
 3. Family forgot
 4. Family didn't know how
3. Modeling (Demonstration) Steps
4. Matrix
5. Child Is Improving on This Outcome/ Goal
6. Child Has Met This Outcome Goal

Family Consultation Techniques

- Ask-to-suggest
- 8 demonstration steps
- Refine skill (target behavior)
- Tweak intervention implementation
- Change intervention
- Change routine
- Persist
- Up the ante
- Matrix

Move from questions to suggestions to teaching

Questions

Suggestions

Teaching

Conceptual Framework for Family Consultation Study

Family Consultation



```
graph TD; A[Family Consultation] --> B[Family Intervention With Child]; B --> C[Child and Family Outcomes]
```

Family Intervention
With Child

Child and Family
Outcomes

Family Consultation

- Joint problem solving and solution finding
- Collaborative, not expert, approach to consultation
- Consistent with adult-learning principles

Family Consultation Checklist

- In groups,
- Which three items do you do the most consistently?
- Which three items do you do the least consistently?
 - Why? What's the problem?

Family Centeredness

- In groups,
- What are the 3-5 key components of being family centered?
- How we interact with families
- Content of our interactions (family-level needs)
- Meaningful decision making

Goodness of Fit

- How well is this routine working for the child?
- If not well
 - Change routine
 - Change child
 - Change expectations

Teaming Across Approaches

When Multidisciplinary Is Used Instead of Transdisciplinary

- Best: Avoid the problem by using the primary-service-provider approach
 - Don't assign more than one person weekly
- Next best: Agree across agencies to designate one person on multidisciplinary team to be the “family consultant”
 - Avoids “primary service provider,” which should be reserved for transdisciplinary

Teaming Across Approaches

When Multidisciplinary Is Used Instead of Transdisciplinary

- One person needs to
 - Ensure plan addresses functional needs of family
 - Take responsibility for helping family with all goals
 - Be open to new needs
 - Ensure family's capacity for helping child's development is high (beyond tips on specific skills)
 - Other team members
 - Help family with focused areas of development
- The “family consultant” can be from any discipline;** it does not necessarily belong to an EI specialist/DT, who might help family with focused areas of development

What do we do with nurses?!

Recommendations for District Leadership

- In mixed-up groups,
- What 3-5 steps or goals should be discussed among program leaders and the District Administrator to allow implementation of the routines-based early intervention approach?

Shared-Families Activity

- One by one,
- Identify fellow IFSP-team member (you share a family) from another agency
- In pairs, decide if approach with that family should change in light of the routines-based approach (stuff covered in these workshops)
- Others observe discussions
- Limited reporting back to large group

Activity

- Commitments
 - Individually, make three commitments related to serving families using this “routines-based early intervention approach”
 - “I commit to helping families _____” [something to do with their interventions with children]
 - “I commit to helping families _____” [something to do with addressing family-level needs]
 - “I commit to _____” [something to do with working with other professionals]