

Omaha, NE 9/22/10
Kearney, NE 9/24/10

Routines-Based Early Intervention

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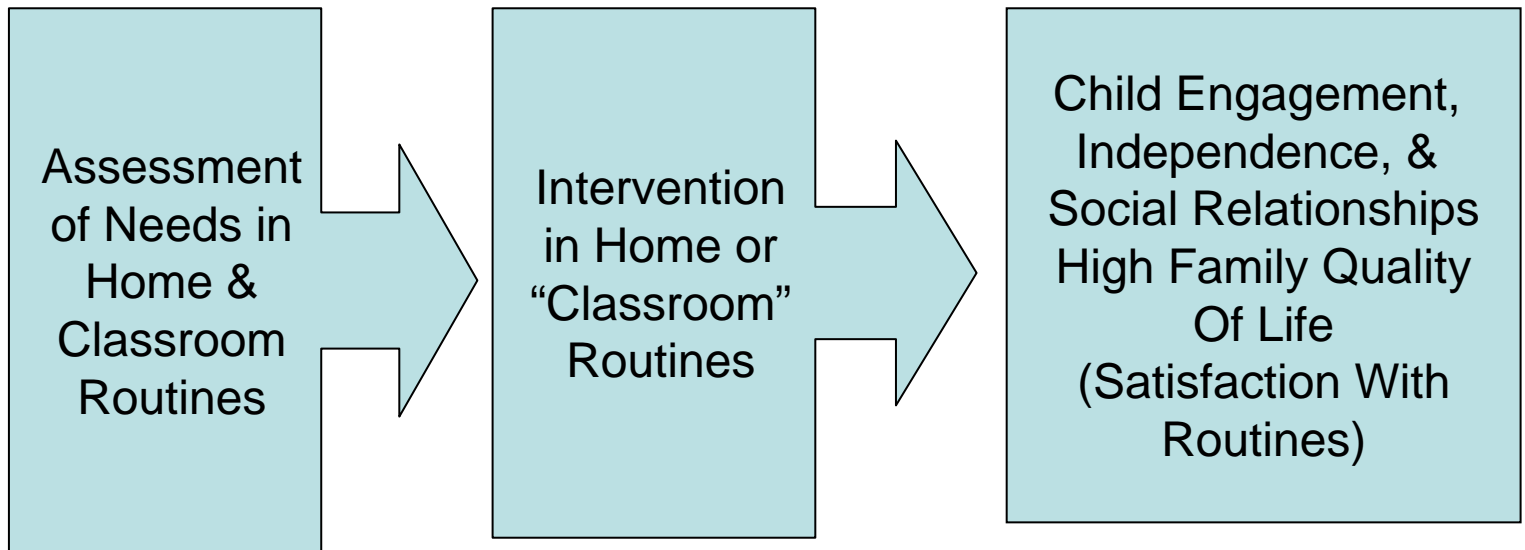
Happy to be in Nebraska!



Outline

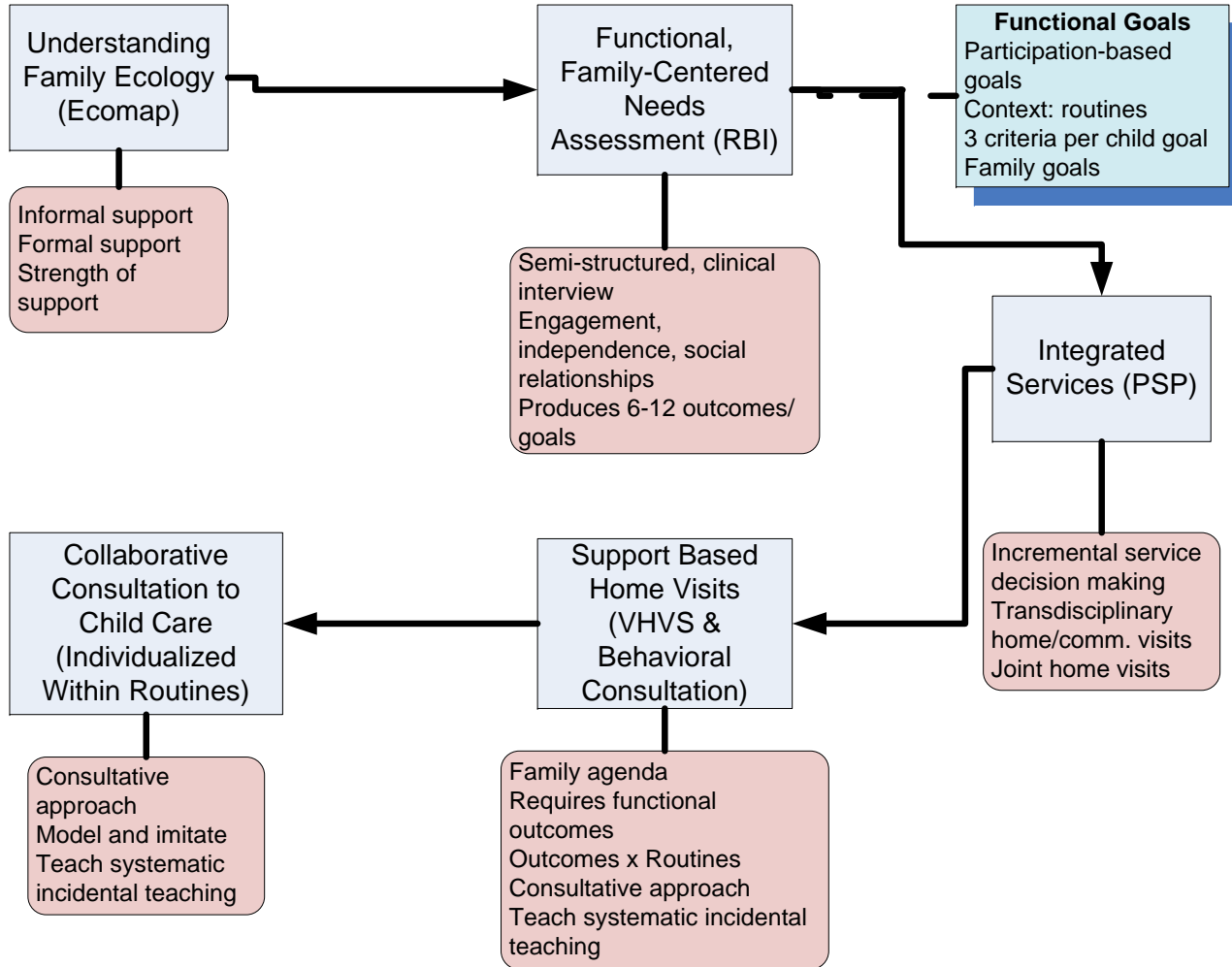
1. 5 Components of Routines-Based Early Intervention
2. Integrated Service Delivery Decisions
3. Support-Based Home Visits
4. Consultation to Child Care

Logic Model for a Routines-Based Approach

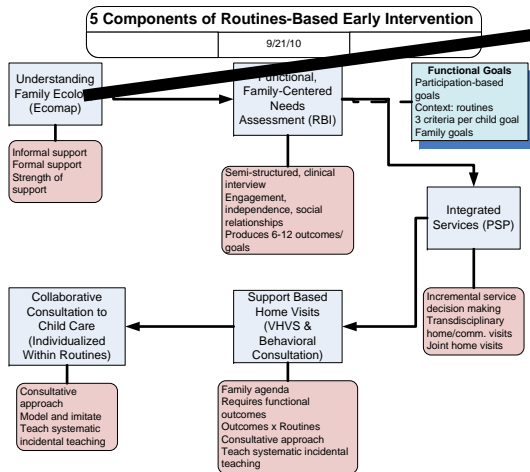


5 Components of Routines-Based Early Intervention

9/21/10

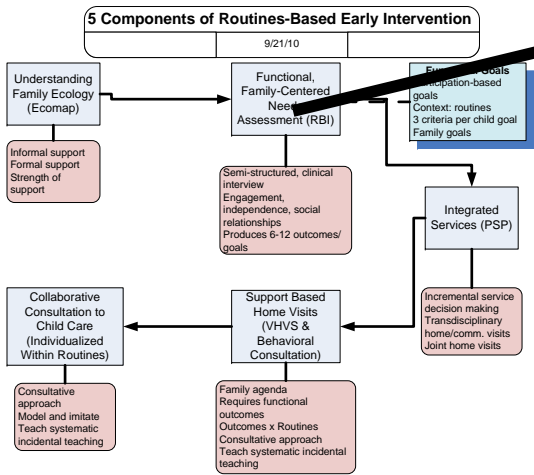


Understanding Family Ecology (Ecomap)



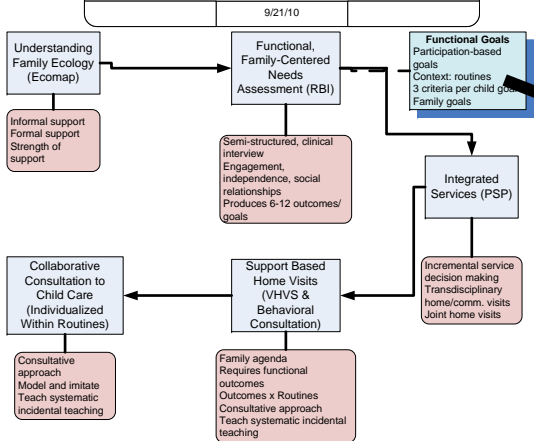
Informal support
Formal support
Strength of support

Functional, Family-Centered Needs Assessment (RBI)

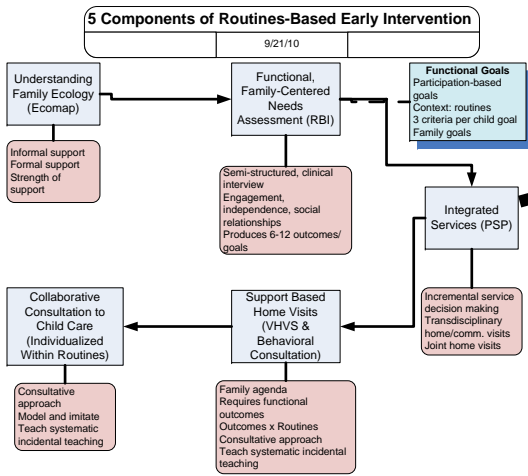


Semi-structured, clinical interview
Engagement, independence, social relationships
Produces 6-12 outcomes/goals

5 Components of Routines-Based Early Intervention

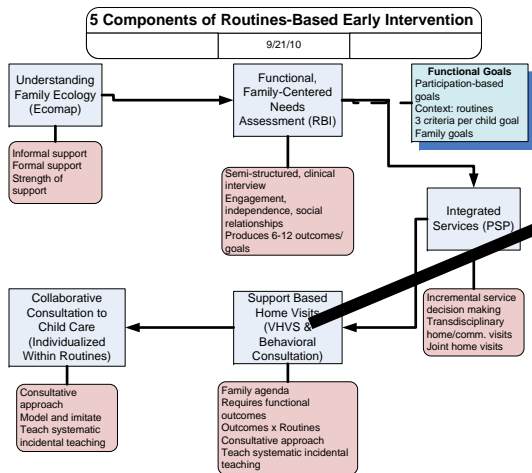


Functional Goals
 Participation-based goals
 Context: routines
 3 criteria per child goal
 Family goals



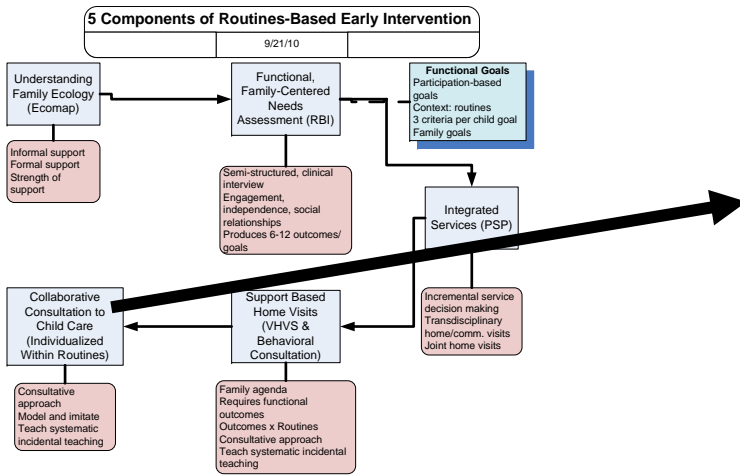
Integrated Services (PSP)

Incremental service
decision making
Transdisciplinary
home/comm. visits
Joint home visits



Support Based Home Visits (VHVS & Behavioral Consultation)

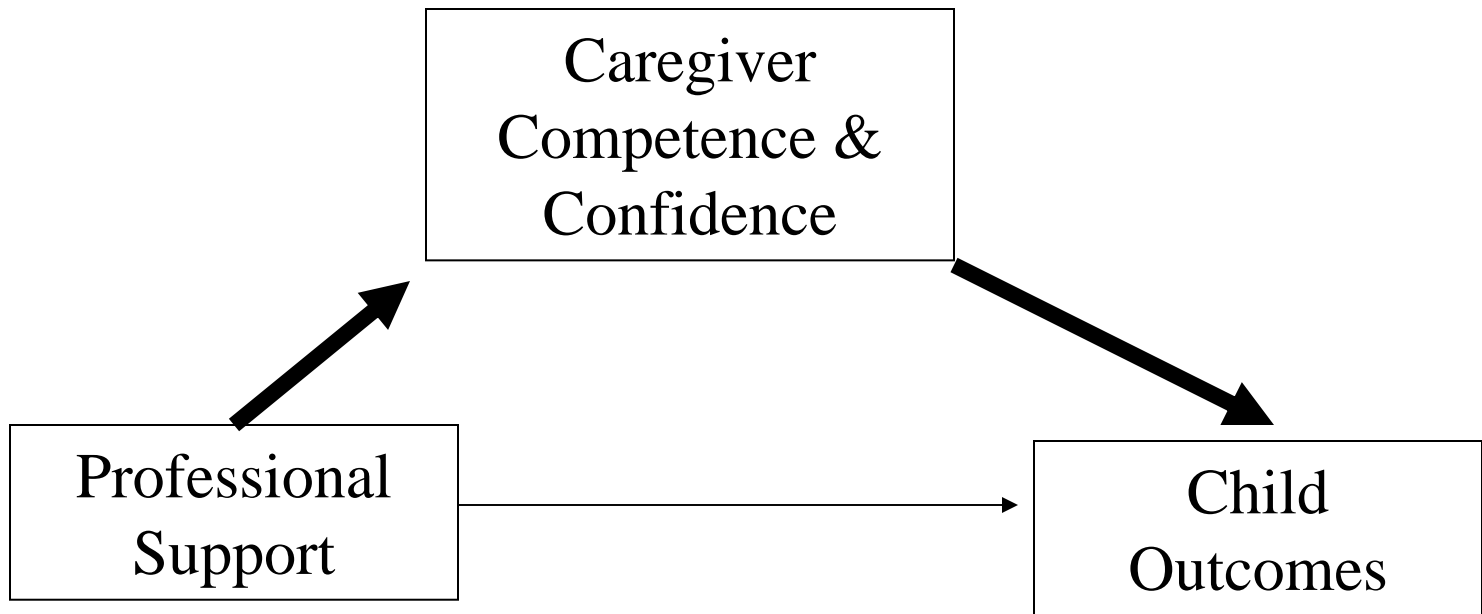
Family agenda
Requires functional outcomes
Outcomes x Routines
Consultative approach
Teach systematic incidental teaching



Collaborative Consultation to Child Care (Individualized Within Routines)

Consultative approach
Model and imitate
Teach systematic incidental teaching

Who Has How Much Influence on What?



How Children Learn

The Environment

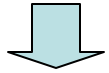


Through repeated interactions with the environment,
distributed over time.

Not in massed trials.

Between Visits

Home Visit



Family

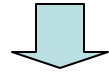


**Family-Child Interactions
&
Other Learning Opportunities**




Child Learning

Home Visit



Family





Do we need to justify the primary service provider/coach approach?

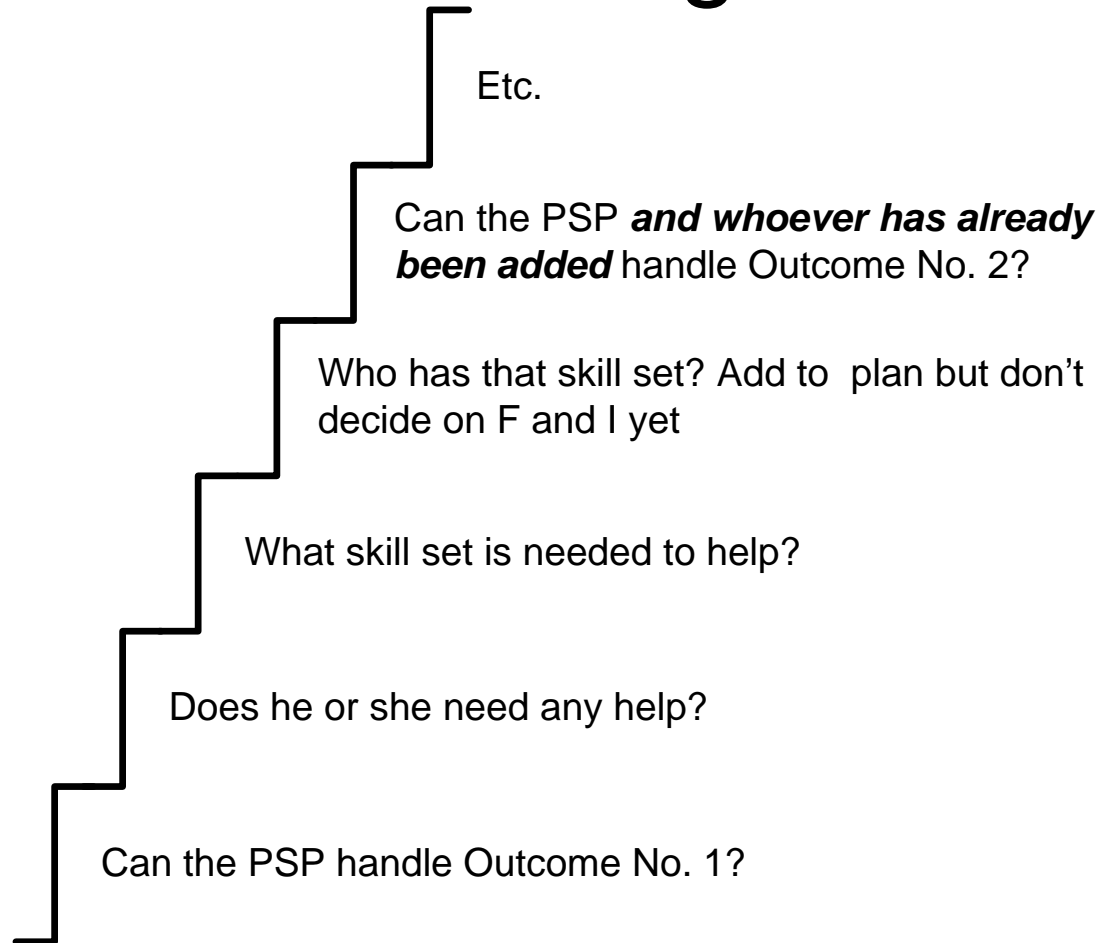
Who should be the primary?



- Expertise
- Geography
- Caseload size
- Match with family

Why do we need a system for decision-making about services?

Incremental Service Decision Making





**Let's
practice
this
scenario**

Brande's Outcomes

1. Brande feel OK about Brandon's lung development and his O2 status
2. Brandon gain weight steadily to 5th %ile
3. Communicate mama, dada, more, done
4. Move independently, shifting weight
5. Fingerfeeding
6. Be more vocal
7. Throw things
8. Swallow liquid from cup
9. Clap by himself
10. Megan and Hayley get along
11. Hayley not scream at dinner prep time

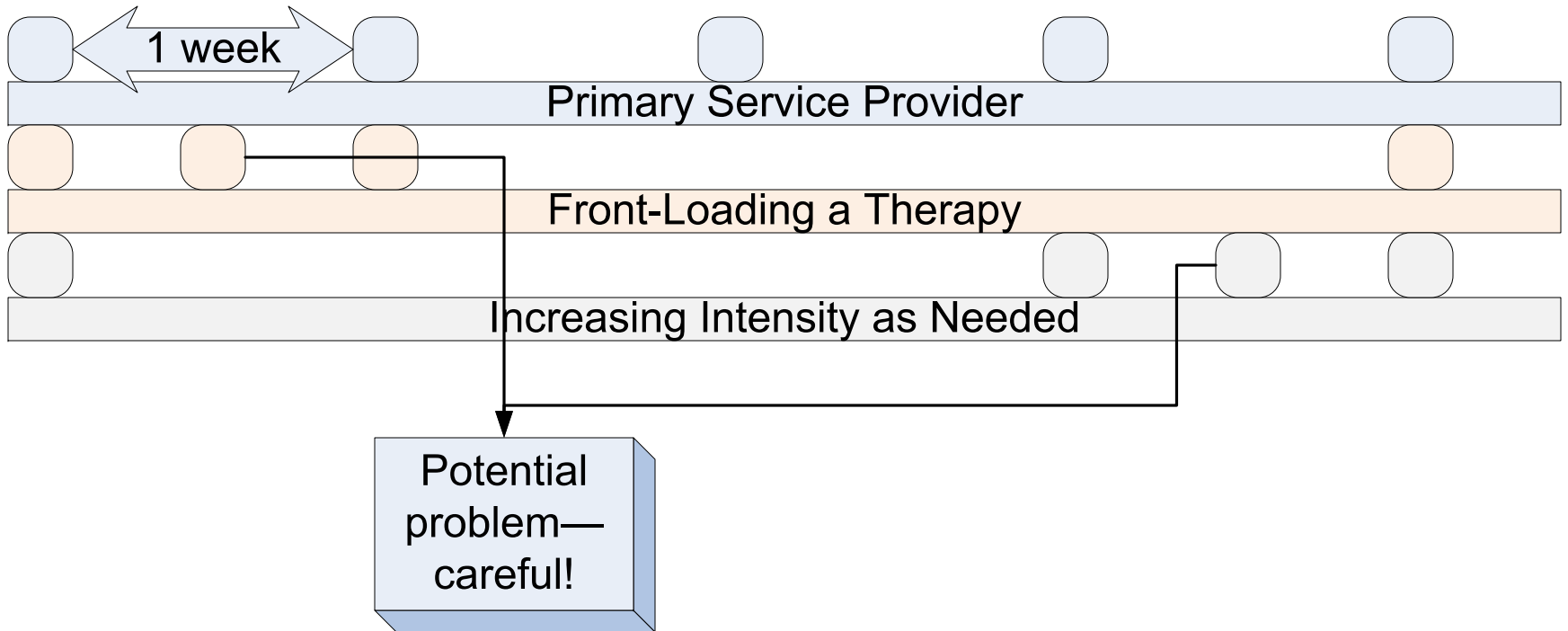
Ana's and Andrew's Outcomes

1. Jenevae will move independently (like crawling)
2. Time for Ana and Andrew
3. Learn to play with more complicated toys
4. Hobby for Andrew (not video, not car)
5. Andrew to college
6. Info re: financial help
7. Say words
8. Pulling to stand
9. Come to sitting
10. Lower Ana's stress
11. Time for Ana for herself (trustworthy child care)
12. Info on child care

Virgen's Outcomes

1. Virgen make decision about back to school
2. Bedtime—Anthony going to sleep without fussing
3. Parents learn about Anthony's breathing
4. Anthony playing to make sounds
5. Anthony grabbing
6. Virgen learn baby games

Frequency and Intensity



Support-Based Home Visits

Why we need 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
- Sheldon & Rush
 - See www.coachinginearlychildhood.org
- Woods

Support-Based Home Visits

Support-Based Home Visits

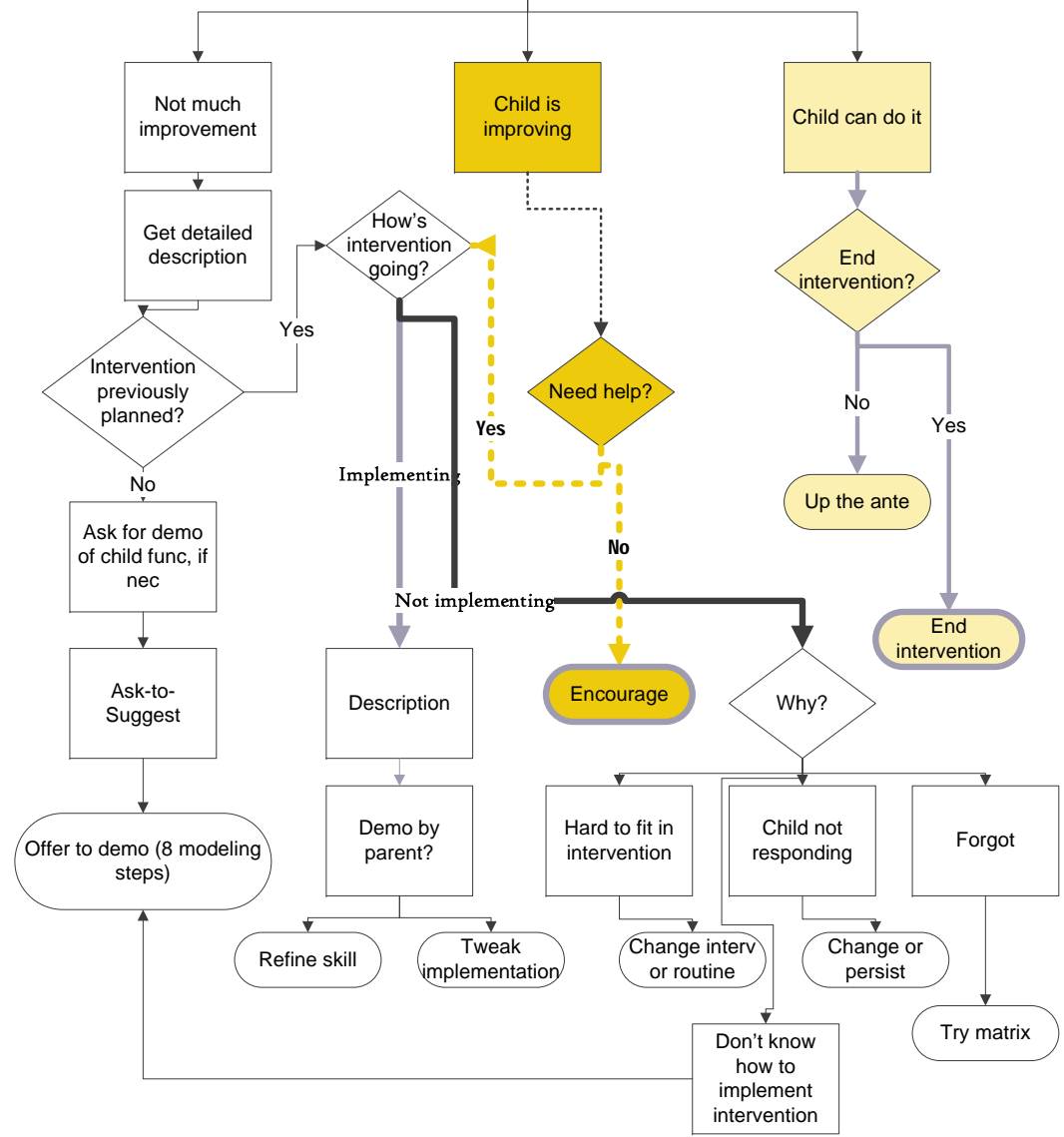
- Emotional Support
 - Positiveness
 - Responsiveness
 - Orientation to the whole family
 - Friendliness
 - Sensitivity
- Material Support
 - Equipment and materials
 - Financial resources
- Informational Support
 - Child development
 - Child's disability
 - Services and resources
 - What to do with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

The Vanderbilt Home Visit Script

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
 1. Go to Home Visit Checklist 3: Modeling Steps

Child Outcomes Behavioral Consultation in Home Visits Checklist 2: Intervention Evaluation

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

Child Outcomes Behavioral Consultation in Home Visits Checklist

3: Modeling Steps

1. Talk to the parent about your suggestion
2. If the parent appears not to understand, ask if he or she would like to be shown
3. Tell the parent what you're going to do
4. Do it
5. Tell the parent what you did and point out the consequence
6. Ask the parent if he or she would like to try it
7. If the answer's yes, watch the parent trying it; if the answer's no, leave it alone
8. If yes, praise the parent and give a limited amount of corrective feedback

Child Outcomes Behavioral Consultation in Home Visits Checklist 4: Matrix

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

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

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

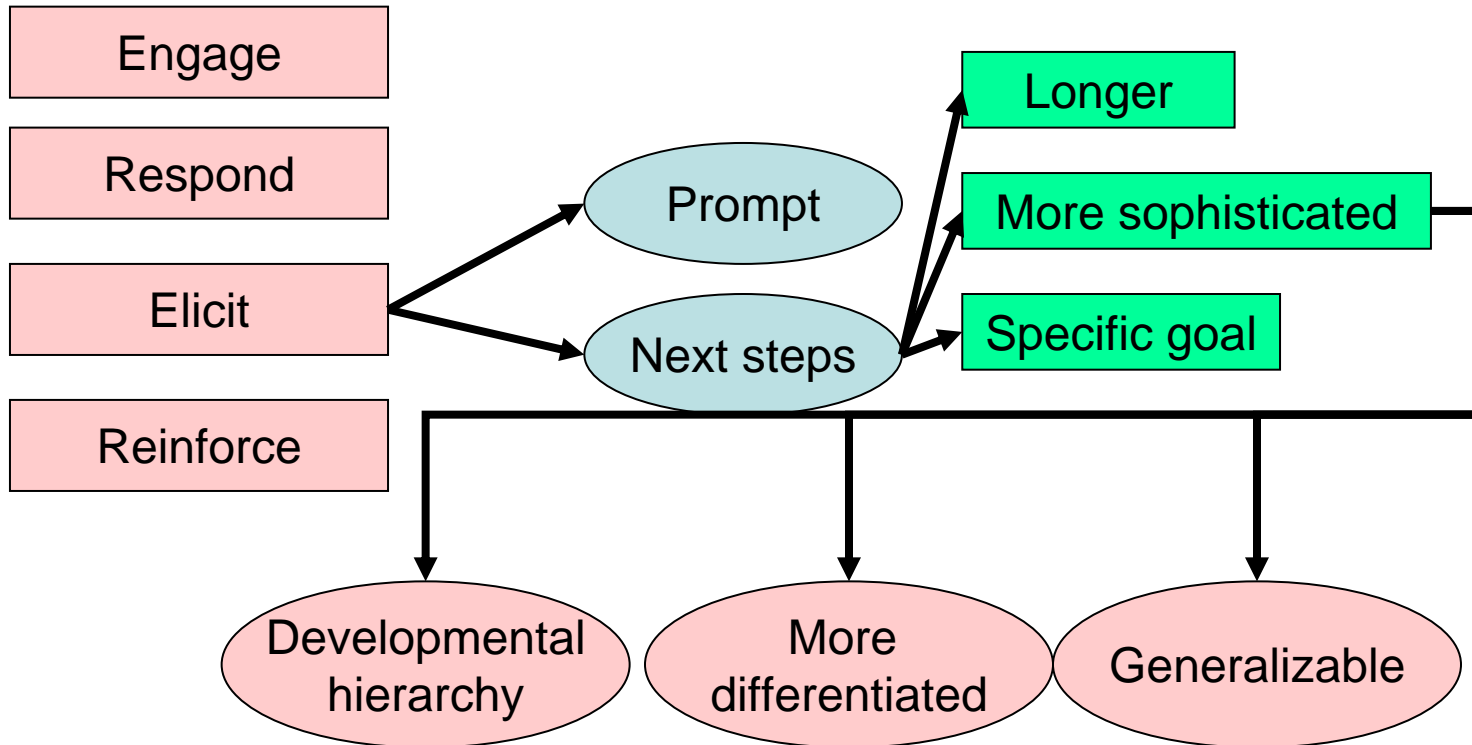
Child Outcomes Behavioral Consultation in Home Visits Checklist 6: Child Has Met This Outcome/Goal

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

Family Issue Behavioral Consultation in Home Visits Checklist 7 (Revised)

1. Whether a previously discussed issue or a new issue, find out whether the family wants to discuss it further
 1. If they do not, consider asking about it on future home visits
 2. If they do, ask more questions
2. Find out whether the family wants to find a solution
 1. If they do not, listen without trying to find a solution
 2. If they do, ask conditional questions (e.g., *What would happen if _____?*)
3. Use ask-to-suggest (i.e., *Have you tried this? Have you tried that?*)
4. Find out whether the family wants to take action
 1. If they do not, listen without suggestion action
 2. If they do, collaborate with the family on a plan of action
5. Find out whether the family wants this to be an IFSP outcome?
 1. If they do not, revisit the issue informally on subsequent visits
 2. If they do, arrange for the outcome to be added to the IFSP
6. If the issue is to be revisited or added to the IFSP, on subsequent visits find out whether the family wants to discuss it further (Step 1)

Systematic Incidental Teaching



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

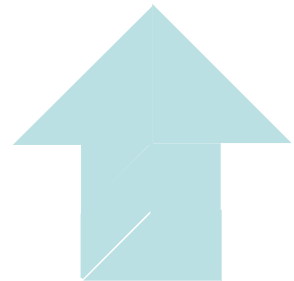
Rules of Consultation

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
10. Make friends with the teachers



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



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

Making Plans

- Each group, appoint a scribe
- Send paper around group for people to write e-mail addresses
- As a group, decide on three ideas you'd like to implement
 - Write these down, with space below each
- For each idea, identify a barrier
- For each barrier, identify a solution