
Supporting Infant-Toddler Caregivers

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Original Title I Proposed

Please Ignore Testy Consultants
(PITC):
Consultants Can Be Effective...
Without Getting Testy



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 - Next week, look here for this PowerPoint
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Perspective on Consultation

- Research on integrated versus isolated service delivery models
 - National and international consultation on
 - Early intervention in natural environments
 - Individualizing inclusion and engagement
 - National Individualizing Preschool Inclusion Project
 - Research on feedback, with Amy Casey
 - Problem-centered consultation for children with challenging behaviors and parenting
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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
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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
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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
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Activity

- Write down the name a teacher you work with
 - List one personal thing you know about him or her
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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)
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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
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Group Activity

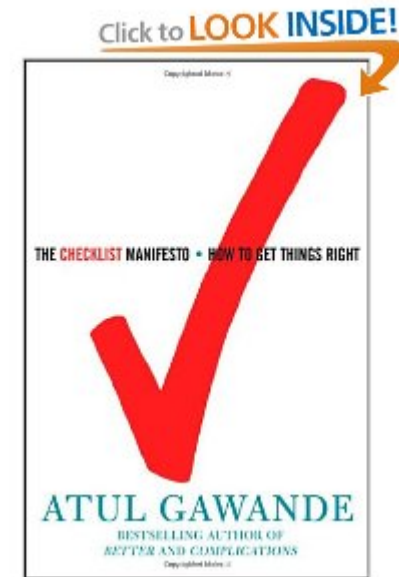
- Location: In the classroom or wherever children and teachers are
 - Presumed agenda: The specialist's with some child initiation
 - Activity: Developmentally appropriate with some practice
 - Peer involvement: High
 - Teacher's role: Help and watch
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Individualized Within Routines

- Location: In the classroom or wherever children and teachers are
 - Presumed agenda: The child's and teacher's
 - Activity: Developmentally appropriate; enhancing engagement
 - Peer involvement: Depends on routine
 - Teacher's role: Help, watch, and demonstrate
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Checklist Training

- Agree on items
- Keep items to 6-10
- Decide on Read-Do or Do-Read
- Check frequently
- Advantages
 - Establishes expectations for consultee; focuses consultation
 - It's about observed behavior, not inferred behavior
 - Can include items about quality
 - Can constitute performance data; can be graphed
 - Not exhaustive



Integrated Therapy Checklist

1. Show up when scheduled? Necessary.	
2. Ask the teacher a question to elicit what the teachers ^[1] need (e.g., "How have things been going? Is there anything in particular you need me to pay attention to today?")? Not necessary on every visit.	
3. Show awareness of the classroom schedule (e.g., prepared to work in the context of the ongoing classroom activities)? Necessary.	

^[1] Teachers are any member of the teaching team—lead teacher or teaching partners.

Receiving Consultation/Integrated Therapy

Did the teacher(s)

1. Welcome the specialist ^[1] into activities?	
2. Watch the specialist (moving to see him or her better, if necessary)?	
3. Make sure to find out what the specialist was doing with the child?	

^[1] Specialists are anyone visiting the classroom to provide services and consultation. They can be occupational therapists, physical therapists (including assistants), speech-language pathologists, special educators, vision specialists, and so on.

Behavioral Consultation

- Problem-solving focus vs. emphasis on assessment of difficulties
 - Collegial relationship vs. patient-professional relationship
 - Consultant's indirect impact on the client
 - Aiming for change in
 - The client
 - The consultee
 - Sometimes, the organization
 - Kratochwill, T. R., & Bergan, J. R. (1990). Behavioral consultation in applied settings: An individual guide. New York: Plenum Press.
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Behavioral-Consultation Types

■ Problem-Centered

- Specific client behaviors
- Treating client
- Brief
- Single application of PI, SF, and SE
 - Kratochwill and Bergan (1990)

■ Developmental

- Interrelated problems
 - Treating client, teacher, & system
 - Long
 - Repeated applications of PI, SF, and SE
-

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3. Show awareness of the classroom schedule (e.g., prepared to work in the context of the ongoing classroom activities)? Necessary.	

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4. Explain what's involved in addressing the child's goals? Not necessary on every visit.	
5. Talk to the teacher about why the child can't perform a skill on the list of goals? Not necessary at every visit.	
6. Talk to the teacher about what interventions might work? Necessary on most visits.	

7. Talk to the teacher about whether previous solutions (e.g., suggestions) are working? Necessary.	
8. Show awareness of goals other than those pertaining to the specialist's area of training? Necessary.	
9. Use "group activity" (i.e., interacting with a group of children as a way to address an individual child's needs)? Not necessary on every visit.	

10. Join the child, without removing him or her from what he or she was interested in? Necessary.	
11. Include other children in the interaction? Not necessary on every visit, but necessary on most.	
12. Use classroom materials or leave those brought to the classroom (i.e., not use materials from outside the classroom and then remove them)? Necessary.	

13. Tell teachers what he or she is doing with the child and why? Necessary.	
14. Give feedback on the classroom environment (e.g., classroom arrangement, materials, schedule, policies)? Not necessary on every visit.	
15. Give feedback on the activities or routines? Not necessary on every visit.	

16. Give feedback on teachers' approach or beginnings of interactions (e.g., which child was spoken to, how interactions begin, what's being reinforced, rate of incidental teaching)? Necessary.

17. Give feedback on interactions with children (e.g., eliciting more sophisticated behavior from children, maintaining the child's interest, timing prompts appropriately)? Necessary.

18. Tell teachers they can contact him or her at nontherapy times (e.g., by phone, by e-mail)? Not necessary

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4. Summarize what he or she got out of the session, before the specialist left?	
5. Make sure at least one teacher was available to talk to the specialist?	
6. Discuss the child's goals, thereby indicating knowledge of goals?	

7. Discuss any strategies, thereby indicating knowledge of strategies previously discussed with a specialist?	
8. Ask to have terms explained, if necessary?	
9. Discuss child progress since the last visit by the specialist?	

10. Discuss problems occurring since the last visit by the specialist?	
11. Discuss successes occurring since the last visit by the specialist?	
12. Tell the specialist whether interventions are likely to work or not?	

13. Convey an accepting attitude about the specialist's ideas?	
14. Pay attention when the specialist was talking, making eye contact with the specialist and reframing what the specialist said?	
15. Tell the specialist about themes, lesson plans, the schedule, tub materials, etc.?	

16. Ask the specialist if adaptations to an activity should be made?	
17. Ask the specialist for suggestions for programming for generalization of the child skill (across people, places, times, materials, etc.)?	

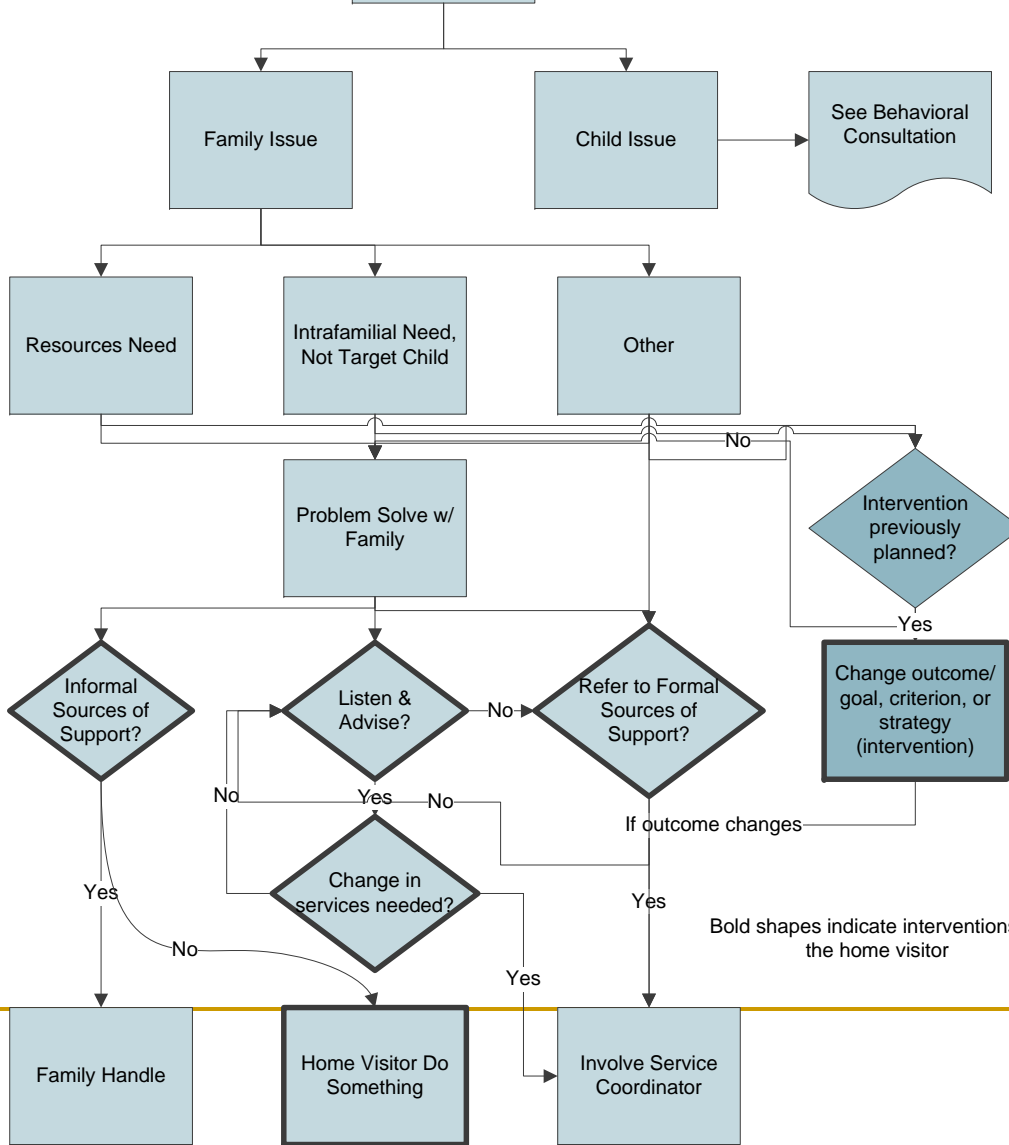
Family Issues Consultation

3/17/10

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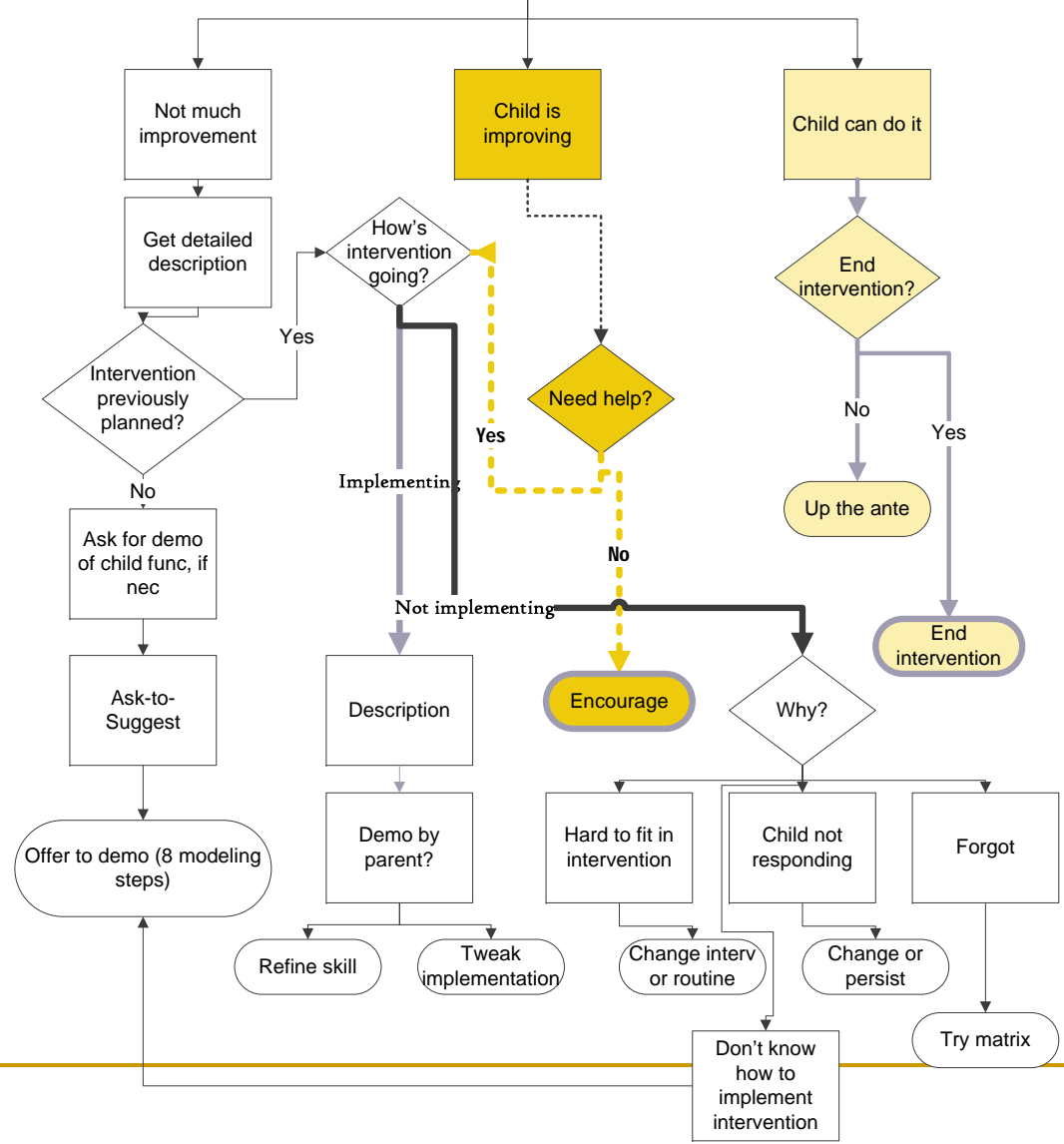
R. A. McWilliam 2010

Vanderbilt Home
Visit Script
Question 1, 2, or 3



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
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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
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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
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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
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