

The background is a gradient from red at the top to blue at the bottom, with a starry texture. On the left side, there are several concentric circles and a large circular scale with degree markings from 140 to 260. Some of the circles have arrows indicating a clockwise direction.

NORMALIZING DEVELOPMENT THROUGH INDIVIDUAL SUPPORTS

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DESCENDING ORDER OF PREFERRED SESSION TYPES

Functional, Family Capacity Building in Natural Environments

Functional, Family Capacity Building in Clinic

Nonfunctional, Child-Focused in Natural Environments

Nonfunctional, Child-Focused in Clinic

1. ALL THE INTERVENTION OCCURS **BETWEEN** VISITS



Veipd.com

- What does this mean?
 - Children learn throughout the day from regular caregivers
- What are the implications for service delivery?
 - Visits should build caregivers' capacity and support them

2. FAMILIES ARE COMPETENT



www.infanthearing.org

- What does this mean?
 - Families are looking after and teaching their children, even without professional help
- Implications for service delivery?
 - Use adult-learning theory and collaborative consultation

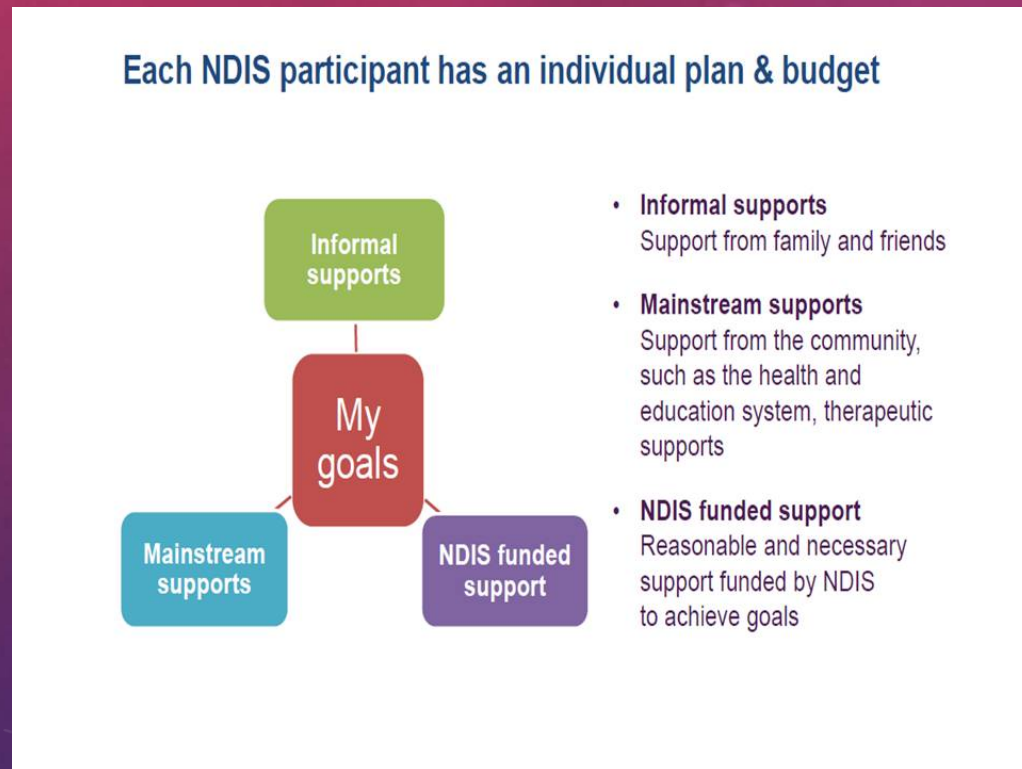
3. EVERY FAMILY NEEDS A COMPREHENSIVE SERVICE PROVIDER (I.E., KEYWORKER).



www.centerforchilddevelopment.ca

- Meaning?
 - One person concerned with whole child and family
- Implications?
 - Primary service provider for transdisciplinary contexts
 - Comprehensive service provider in multidisciplinary contexts

4. INFORMAL SUPPORTS ARE BETTER PREDICTORS OF WELL-BEING THAN ARE FORMAL SUPPORTS.



Epicassist.org

- Meaning?
 - Family, friends, neighbors
- Implications?
 - Assess family ecology with an ecomap
 - Use ecomap with family to find solutions



Is the 'treatment system' good enough?

'Careless Society' – John McKnight



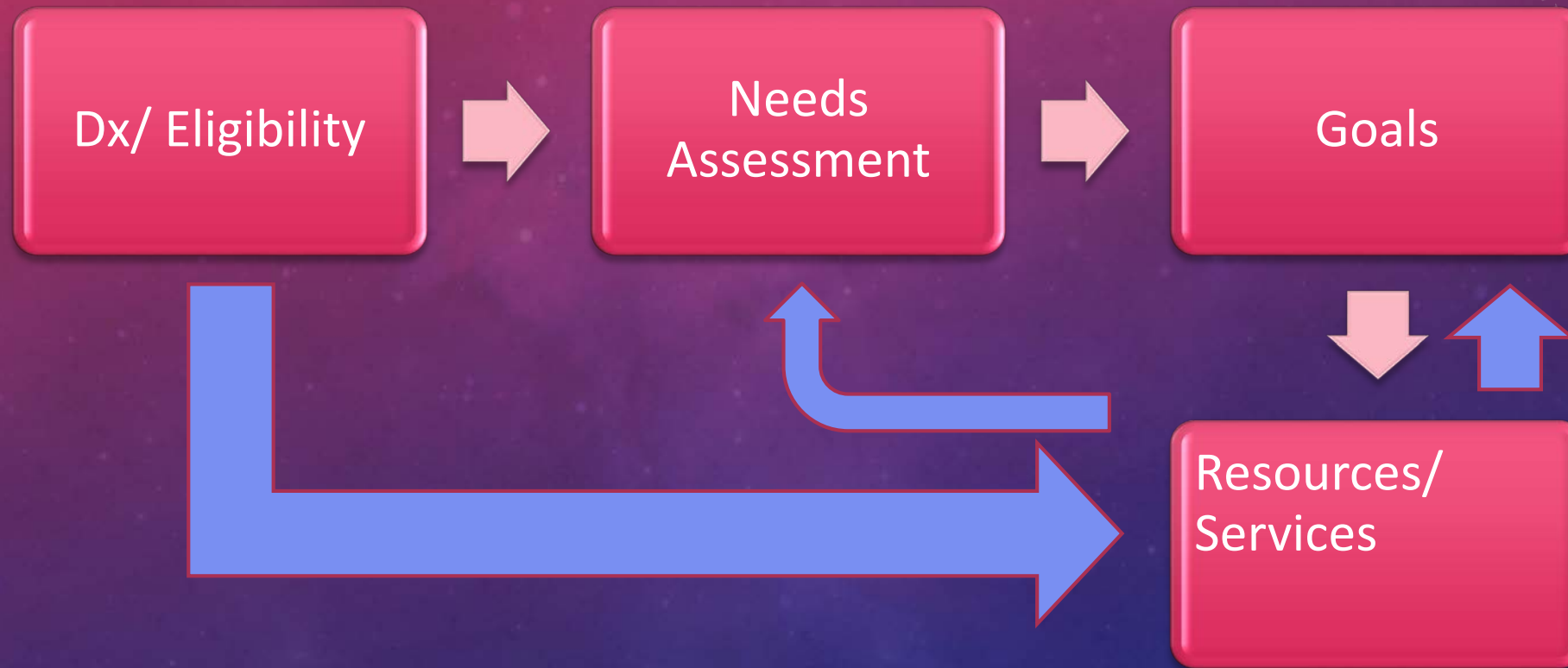
- "The professional problem" – the iatrogenic and self-serving agenda of professionals
- "Increasingly, professionals are claiming the power to decide whether their 'help' is effective. The important, valued, and evaluated outcome of services is the professional's assessment of their own efficacy. The client is viewed as a deficient person, unable to know whether he has been helped" (McKnight, 1995, p.50)

5. FAMILIES SHOULD BE HELPED TO IDENTIFY A RICH LIST OF MEANINGFUL CHILD AND FAMILY GOALS.



- Meaning?
 - Functional child goals
 - Child-related family goals
 - Family-level goals
- Implications?
 - Routines-based assessment + overall family life

WHEN DO WE DECIDE ON RESOURCES?



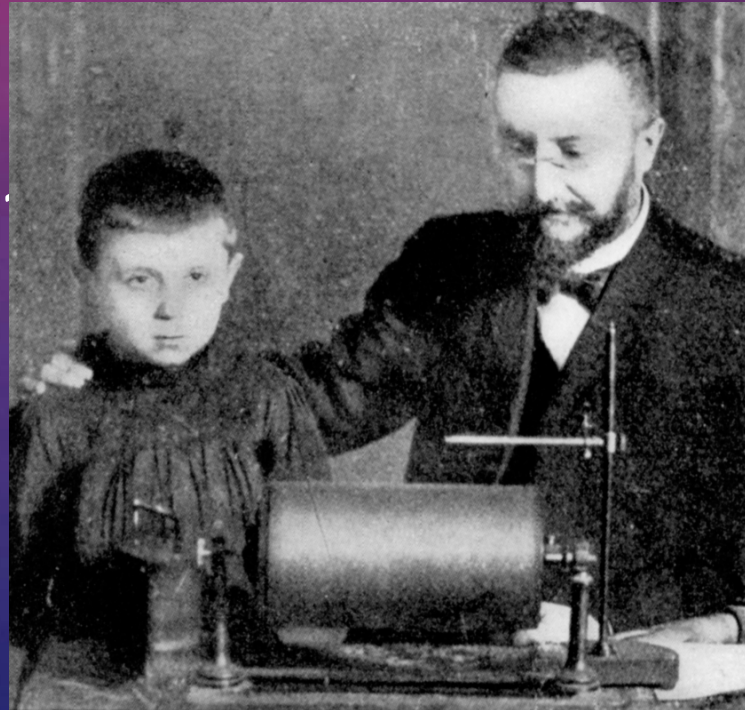
NO MORE SETTING GOALS FROM WHAT PARENTS FIRST SAY THEY WANT.

- What's the problem?
- What's the alternative?



NO MORE SETTING GOALS FROM RESULTS OF ELIGIBILITY TEST.

- What's the problem?
- What's the alternative?



NO MORE CHILD-ONLY IFSPS

- What's the problem?
- What's the alternative



6. EVIDENCE-BASED PRACTICES RULE THE DAY.

- “Professionally, the term “evidence based practice” is used both as a noun and as a verb. As a noun an evidence-based practice is an intervention that is based in science. As a verb evidence-based practice is the disposition of a practitioner to base the selection of their [sic.] interventions in science.”
(<https://www.cec.sped.org/Standards/Evidence-Based-Practice-Resources-Original>)
- Evidence-based practices.
- Potentially evidence-based practices.
- Having mixed effects.
- Having negative effects.
- Having insufficient evidence to categorize their effectiveness.

EBPS



Spedpro.org

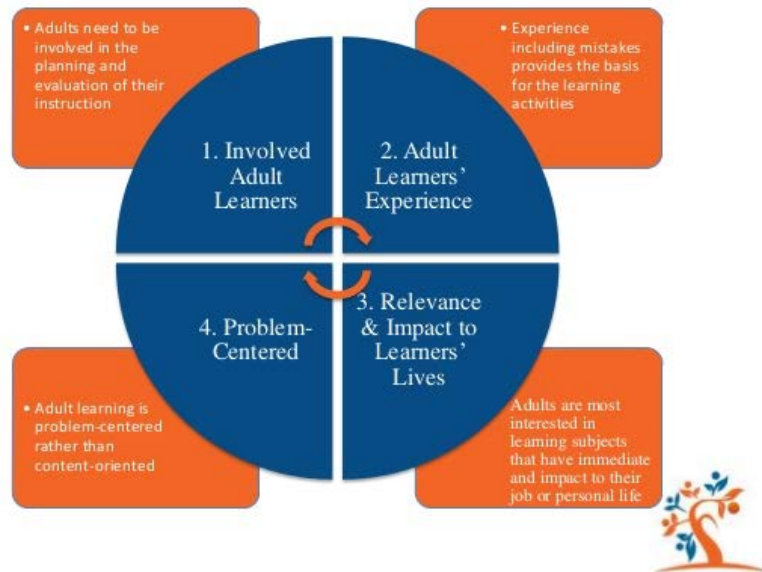
- Meaning?
 - Use incidental teaching and, when appropriate, operant conditioning IN CONTEXT
- Implications
 - No more sensory integration treatment, psychopathologizing, nonfunctional interventions

FOR CHILDREN WITH ASD, WHICH ARE EBPS?

- Music therapy
- Time delay
- Sensory diet
- Parent-implemented intervention
- Sensory integration
- Naturalistic intervention

7. TWENTY-FIRST-CENTURY EARLY INTERVENTIONISTS SHOULD BE CONSULTANTS WELL-VERSED IN ADULT LEARNING THEORY AND HAVE EXPERTISE IN EARLY CHILDHOOD DEVELOPMENT AND DISABILITY.

Knowles' 4 Principles Of Andragogy



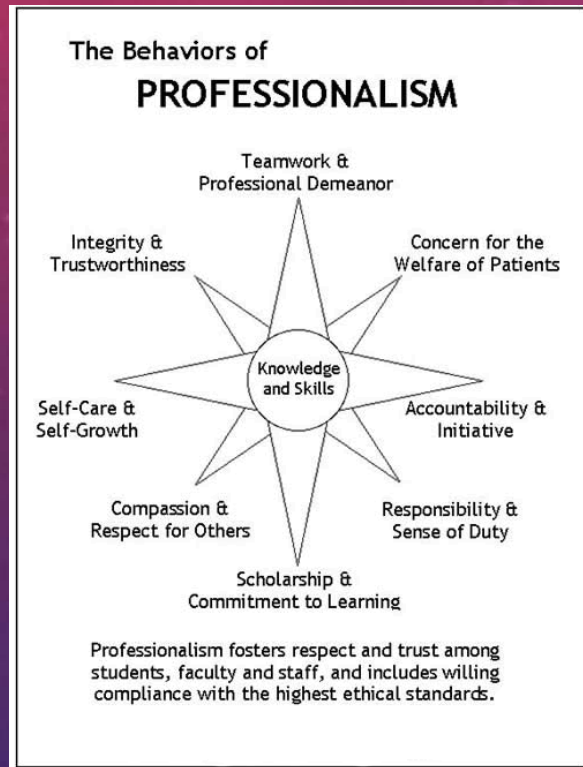
- Meaning?
 - Joint solution finding
- Implications
 - Hoosiers rule

NO MORE MULTIDISCIPLINARY SERVICE DELIVERY

- What's the problem?
- What's the alternative?



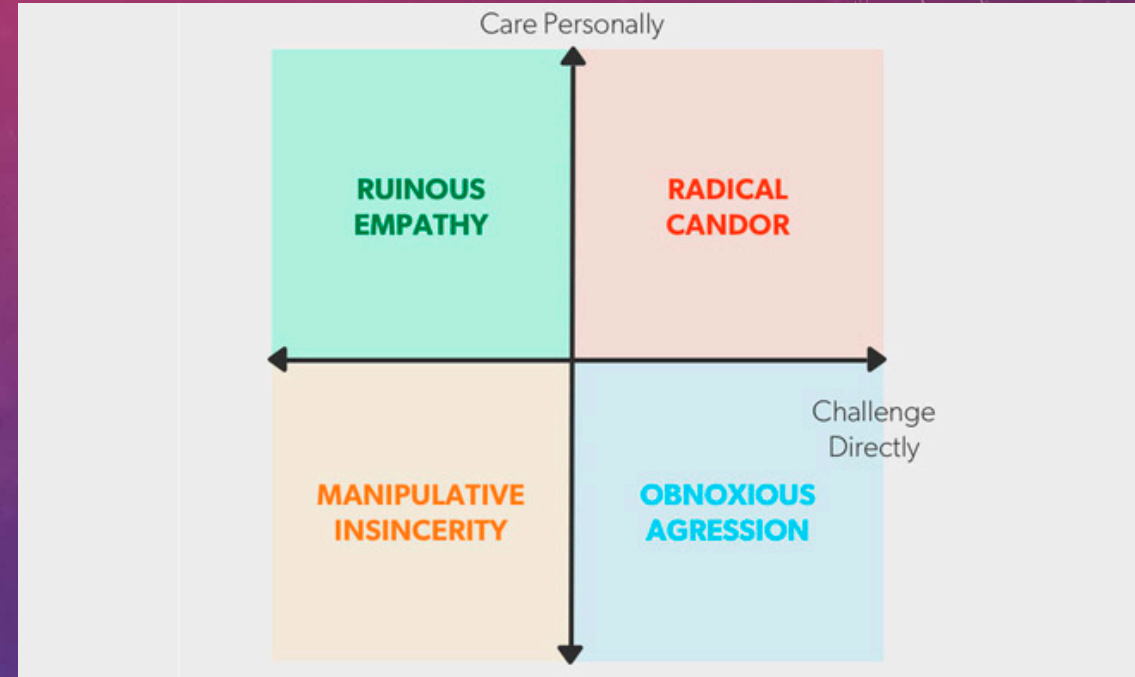
8. EARLY INTERVENTION SERVICES SHOULD BE WELL COMPENSATED.



- Meaning?
 - Pay should reflect professional status
- Implication?
 - Hire highly qualified personnel, provide good inservice training, expect a lot

NO MORE EARLY INTERVENTIONISTS' GOING FOR MONTHS, YEARS, WITH NO FEEDBACK

- What's the problem?
- What's the alternative?



NO MORE EI WITH BAD DATA

- What's the problem?
- What's the alternative?



9. EARLY INTERVENTION IS A PARENTING PROGRAM.



- Meaning?
 - Prevention & the future
- Implications?
 - Talk
 - Read
 - Play
 - Teach

HOW DO WE MAKE THIS HAPPEN?

- Performance-based feedback, with checklists
 - Ecomap and RBI Checklist
 - Service Decision-Making Checklist
 - Home-Visiting Checklist
 - Collaborative Consultation Checklist

WHAT WOULD BE THE RESULTS?

- Children functioning better
 - MEISR
 - ClaMEISR
- Families' quality of life improved
 - Access to information and services
 - Perceptions of child functioning
- These should result in federal outcomes improving

CHILD FUNCTIONING

- **Engagement**
- Independence
- Social relationships



ENGAGEMENT

- Meaningful participation in
 - Home
 - School
 - Community***routines***

KEY INTERVENTIONS

- With families
 - ***Family consultation*** (Hoosier's Rule)
 - In routines
- With teachers
 - ***Collaborative consultation/integrated therapy***
 - In routines
- Caregivers with children
 - ***Incidental teaching***

SCARY REALITY



- Most early interventionists don't know much about *prompting procedures, reinforcement principles, or adult-learning theory!*
- How can they transmit interventions to families?!

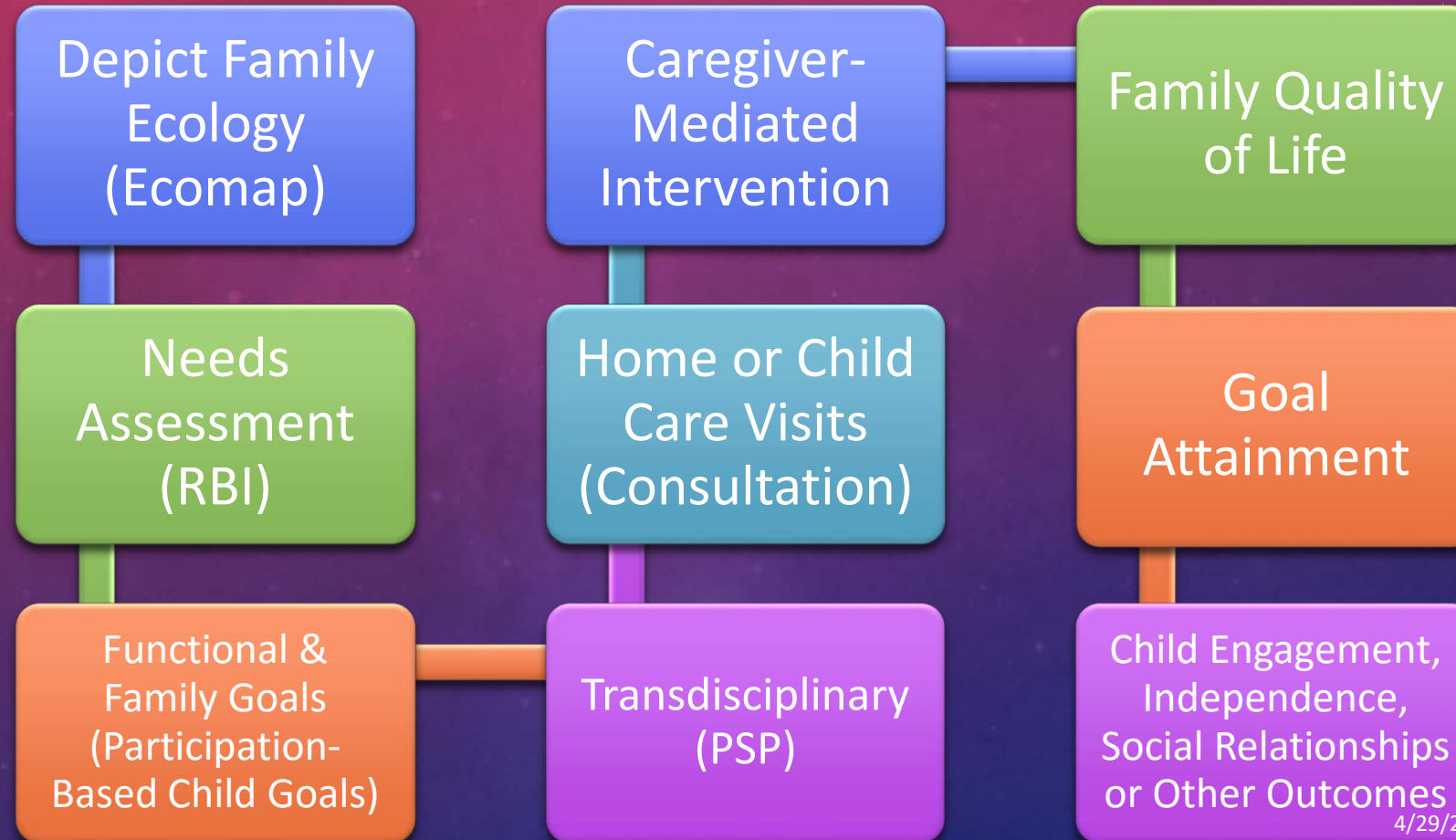
NEW ERA

- We'll help them
 - We'll teach them about
 - Prompting procedures
 - Reinforcement principles
 - Adult-learning theory
 - We'll teach them how to use family and collaborative consultation
 - We'll give them performance feedback and keep data on their performance

WE'LL DO THIS WITH IMPLEMENTATION SCIENCE



RBM PROCESS FOR HOME- AND COMMUNITY-BASED SUPPORT



IMPLEMENTATION THE MCWILLIAM WAY

- 1.Implementation planning
- 2.Implementation of practices incrementally
- 3.Lead up, intensive training, maintenance

IMPLEMENTATION PLANNING

- What are the components of the Routines-Based Model?
- What do we need to improve or change?
- Which improvement/change items can be addressed with the RBM?
- Which components do we want to implement?
- What other efforts are or will be occurring?
- What timelines for the components and other efforts?
- Who will define action steps for each components
 - Lead up
 - Intensive training
 - Follow up

HOW TO DETERMINE FUNCTIONAL GOALS



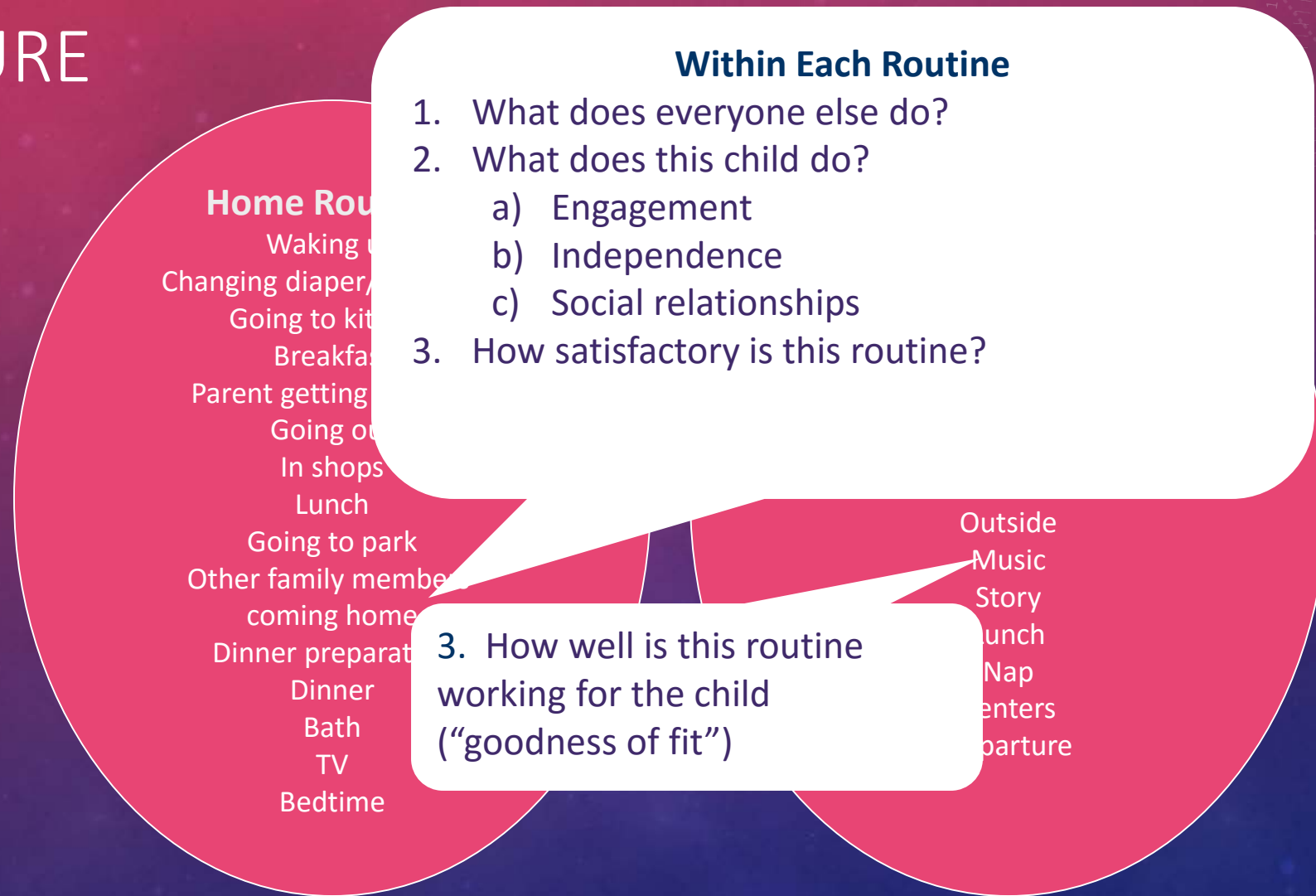
- Writing functional goals isn't only about the writing.
- You could have a well-written nonfunctional goal.

ROUTINES-BASED INTERVIEW *WITH FIDELITY* FOR NEEDS ASSESSMENT

THE ROUTINES-BASED INTERVIEW

- 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 the 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



Within Each Routine

1. What does everyone else do?
2. What does this child do?
 - a) Engagement
 - b) Independence
 - c) Social relationships
3. How satisfactory is this routine?

3. How well is this routine working for the child ("goodness of fit")

The collage consists of several photographs and a calendar. The top row shows a woman hugging a child, a man and child at a movie, and a family on a motorcycle. The middle row shows a house on fire, a mailbox with a 'FAMILY NEEDS HELP' sign, and a person sitting on a lawn. The bottom row shows a calendar for the Jones Family.

Jones Family Calendar

Printable Calendar

Time Zone: Pacific Time

month week day

Sun	Mon	Tue	Wed	Th	Fri	Sat
30	31	1	2	3	4	5
	4p Practice		4p Practice 4p Practice 4:30p Practice	6p Practice	6p Practice	8:30a NVB Volleyball Tournament a Cowboy a Cowboy
6	7	8	9	10	11	12
6p Volleyball Tournament	4p Practice	3:30p John Jr. Guitar Lessons	4p Practice 4p Practice 4:30p Practice	6p Practice	6p Practice	8:30a NVB Volleyball Tournament a Cowboy a Cowboy
13	14	15	16	17	18	19
9:30a Athletics Tournaments	4p Practice	3:30p John Jr. Guitar Lessons	4p Practice 4p Practice	6p Practice	6p Practice	5p Adora League

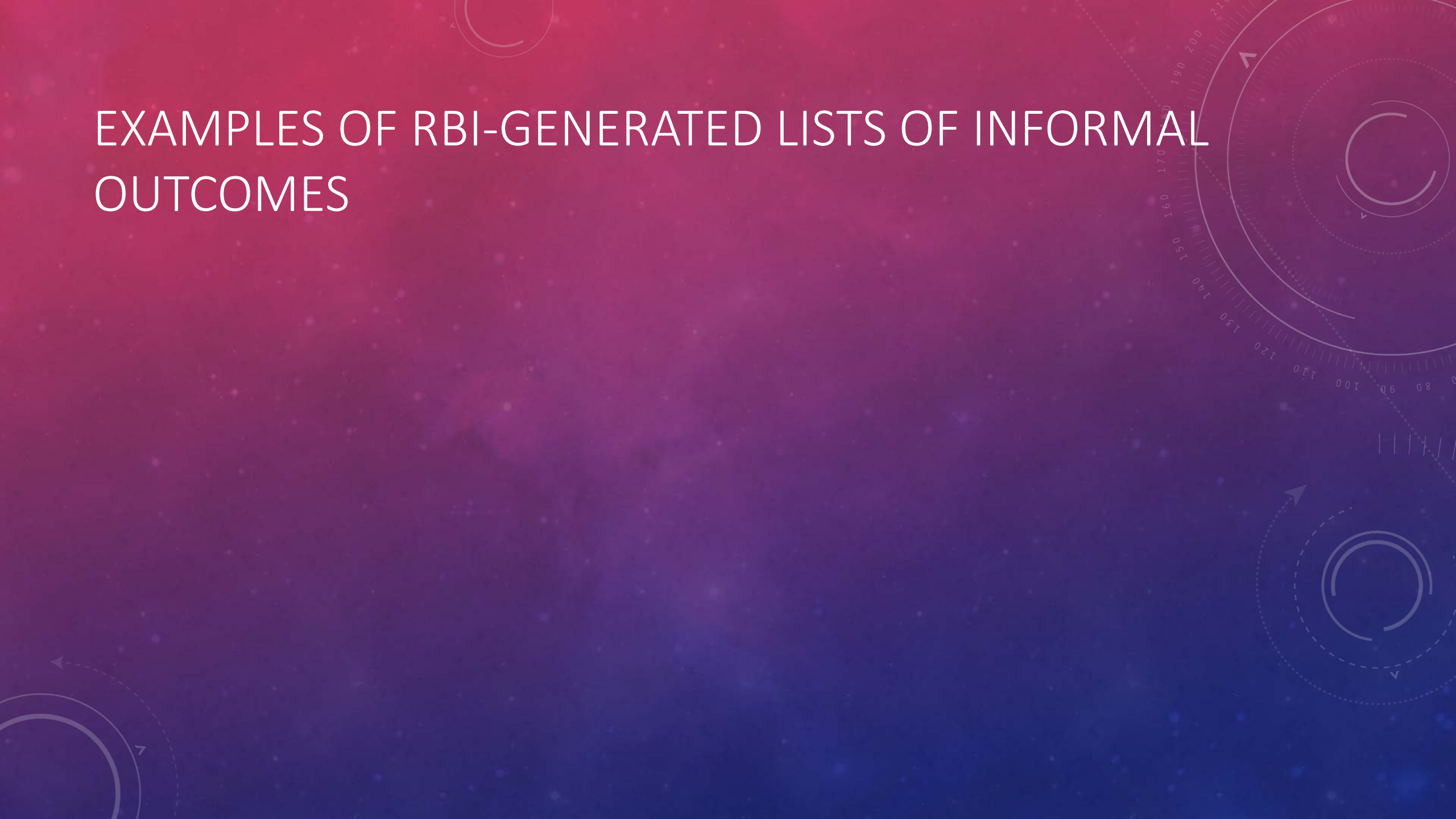
FOLLOW-UP QUESTIONS

- Everything hinges on follow-up questions
 - Getting details of child functioning
 - Getting details of family functioning
 - Credibility demonstrated by salience of questions
 - Goal: Rich picture of routine

THE STYLE SHOULD BE RESPECTFULLY
INFORMAL, INTERESTED, EMPATHETIC, AND
CURIOUS



EXAMPLES OF RBI-GENERATED LISTS OF INFORMAL OUTCOMES



JACQUE'S OUTCOMES

1. Samantha eat
2. Move to get to places (rolling, crawling, walking)
3. In and out of sitting
4. Stand up
5. Play with toys the way they're designed... more toys
6. Communication (reaching, sounds)
7. Cup drinking
8. Jacque's relationship with Gabriel and Andrea

BRANDE'S OUTCOMES

1. Communicate mama, dada, more, done
2. Move independently, shifting weight
3. Fingerfeeding
4. Be more vocal
5. Throw things
6. Swallow liquid from cup
7. Clap by himself
8. Megan and Hayley get along
9. 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

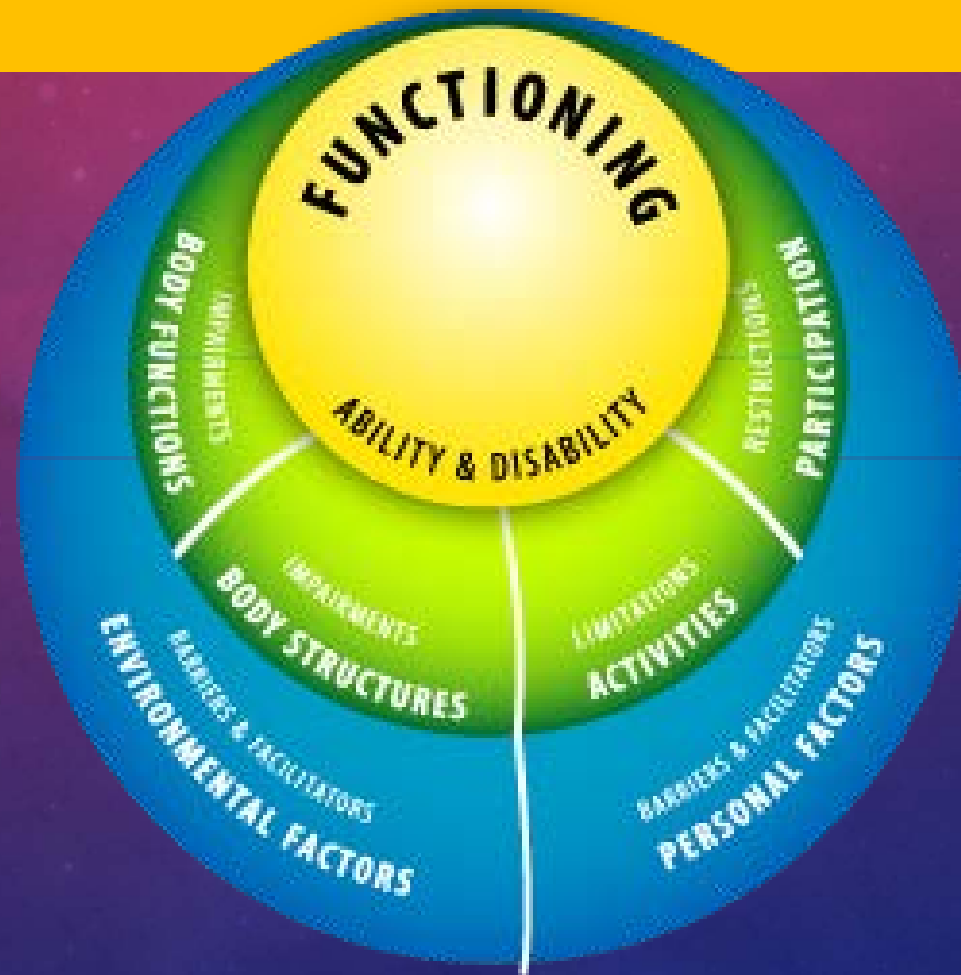
DULCIE'S GOALS

1. Natalie know colors (meals, dressing, school)
2. Stay in bed, including through the night
3. Play independently or in parallel play
4. Talk clearly to be understood
5. Consistency between Dulcie's and children's dad's
6. Natalie play and talk back and forth with others
7. Dulcie in school and finish and decide what to do
8. Natalie pulling up pants
9. Follow rules at supper
10. Natalie and Blake busy longer at dinner prep
11. Natalie recognize name in writing
12. Kids play in bath with little splashing

HOW TO WRITE FUNCTIONAL GOALS



PARTICIPATION-BASED GOALS WITH CRITERIA FOR ATTAINMENT



PROBLEMS IN NEEDS ASSESSMENT

- Making the opt-out of the RBI sound like a good option
- Superficial “Tell me about your typical day”
 - No depth to discussion of routines
- Not enough family-level discussion
- Not enough stars
- Not enough goals or not-meaningful goals



BACKWARD MAPPING

Functional
Assessment

Participation-
Based Goals

Effective Home
Visits

NEEDS ASSESSMENT

Main concerns

How successful are the children's and family's daily lives?

What are the family's top priorities?



FUNCTIONAL GOALS



What makes a child goal functional?

Participation

Context

Meaningful skill

PROBLEMS WITH GOALS

I can't believe it's been a year since I didn't become a better person.



- Participation in behaviors, not routines
- Clumping skills
- Meaningless criteria

EXAMPLE PARTICIPATION-BASED OUTCOMES

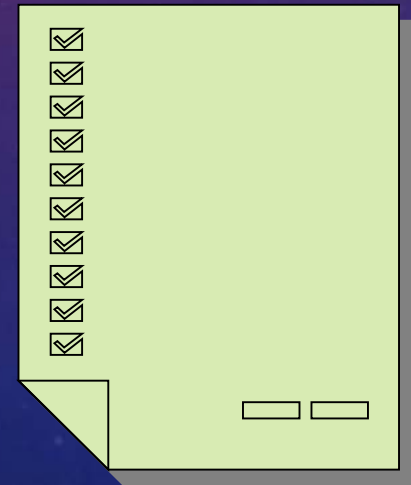
- Priya will participate in circle, centers, and snack by staying in place. We will know she can do this when she stays with one activity for 5 minutes during circle, one center, and snack in one day for 5 consecutive days.
- Quentin will participate in dinner preparation, free play at school, and play time at home by playing with a toy (no screen). We will know he can do this when he plays with one or more toys with no help, after being told to play, for 10 minutes during dinner prep, one free play time at school, or one play time at home in 1 day for 3 consecutive days.

MORE EXAMPLES

- Rose will participate in car ride home, circle, and centers by using 2-word combinations. We will know when she uses three true 2-word combinations (i.e., combining two ideas, such as noun + verb) during each of these 3 times of day on 5 consecutive days.
- Sam will participate in going to school, going to the bathroom at school, and outside play by walking with his walker. We will know he can do this when he walks 10 yards with his walker twice a day on 3 of 5 days.

7 STEPS FOR WRITING FUNCTIONAL OUTCOMES

- You can't just take a nonfunctional outcome and turn it into a functional outcome
- That will merely produce a well-written nonfunctional outcome



EXAMPLE OF STEPS FOR DEVELOPING CHILD OUTCOMES: STEP 1

1. Read the short-hand version of the outcome from a family-centered, functional needs assessment (e.g., RBI)

- Use words or signs

STEP 2

Find out what routines this affects

- Meals, play, dinner preparation, outside

STEP 3

Write “Child will participate in [the routine(s) in question]”

- Emma will participate in meals, play time, dinner preparation, and outside

STEP 4

4. Write “by
_____ing,”
addressing the
specific
behaviors

- By using words or signs.

STEP 5

Add a criterion for demonstration the child has acquired the skill

- We will know she can do this when she uses three different words or signs

STEPS 6

Add another criterion
for generalization,
maintenance, or
fluency, if
appropriate

- Across routines, people, materials, places, etc.
- Over time (see following step)
- Rate of behavior

- at two times of the day (meals, play, dinner preparation, outside)

STEP 7

- On 4 consecutive days

Whole outcome:

Emma will participate in meals, play, dinner preparation, and outside by using words or signs. We will know she can do this when she uses 3 different words or signs at two times of the day (meals, play, dinner preparation, outside) on 4 consecutive days.

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 by May 31
Rachel—info on public housing	Rachel will have information about public housing by May 31

GINA'S GOALS

1. Emily will extend arms at dressing
2. Play without head-banging (because of child care)
3. Time for Gina to play with Maria and Emily (15-30 mins)
4. Communicate Mama, no, up, cup, Dada, etc.
5. Down time before dinner for family
6. Sit in car seat without self-stimulating with middle strap (for social reasons)
7. Walk faster
8. Find child care
9. Maria cooperate

CATHY'S GOALS

1. Time to herself (Cathy)
2. Faith jump (soccer, gymnastics)
3. Potty training
4. Feed herself with utensils
5. Dress herself
6. Stairs independently (mornings and other times)
7. Cathy and Silvio out to dinner
8. Faith sit at table at breakfast
9. "Read" books (bedtime, some during day)