

# Evidence-Based Practices Where They Matter: In Everyday Routines

Robin McWilliam

The University of Alabama

[Robin.McWilliam@gmail.com](mailto:Robin.McWilliam@gmail.com)

# Success

- ▶ Success at age 4...  
Not peeing in your pants
- ▶ Success at age 12...  
Having friends
- ▶ Success at age 16...  
Having a driver's license
- ▶ Success at age 20...  
Having sex
- ▶ Success at age 35...  
Having money
- ▶ Success at age 50...  
Having money
- ▶ Success at age 65...  
Having sex
- ▶ Success at age 70...  
Having a driver's license
- ▶ Success at age 75...  
Having friends
- ▶ Success at age 80...  
Not peeing in your pants

# Outline

- ▶ EBPs
- ▶ Routines
- ▶ Putting it all together
  - ▶ Homes
  - ▶ Visiting classrooms
  - ▶ Classrooms

# Evidence-Based Practices

- ▶ Good research
- ▶ Enough research
- ▶ Enough of an effect

# Incidental Teaching

- ▶ Engage
- ▶ Follow
- ▶ Elicit
- ▶ Reinforce
- ▶ Each of these is an EBP itself

# Engage

- ▶ Child cannot learn if the child is not engaged

Engagement = Participation = Functioning

Definition

Time

Adults, peers, materials

Appropriate

Levels of competence

# Follow

- ▶ Child interests
- ▶ Responsive teaching
- ▶ Reinforces engagement

# Elicit

- ▶ Prompting strategies
- ▶ Timing
- ▶ Fading



# Reinforce

- ▶ All teaching involves reinforcement
- ▶ Artificial, external reinforcers unnecessary
- ▶ Adult attention
- ▶ Inherent reinforcement from child interest

# Integrated Therapy

- ▶ Working in classroom
- ▶ In existing routines
- ▶ Demonstrating and observing teachers' demonstrations

# Talking

Hart & Risley study  
Cultural barriers

# Reading

- ▶ Beginning when
- ▶ Excuse for words
- ▶ Dialogic book reading

# Playing

- ▶ Making routines playful
- ▶ Enjoying children
- ▶ Enjoying routines

# Sit and Watch

- ▶ Warnings
- ▶ Removal from activity but facing it
- ▶ Child decides when to return

# Collaborative Consultation

- ▶ AKA joint solution finding, coaching
- ▶ Hoosiers Rule
- ▶ Building caregivers' capacity

# Behavior Plans

- ▶ Used to *teach* children instead of doing noncontingent therapy on them
- ▶ Shaping
- ▶ Used for desensitization with children with
  - ▶ Food refusal
  - ▶ Tactile defensiveness
  - ▶ Other hypersensitivities
  - ▶ Etc.



# Routines

- ▶ Where life happens (ecocultural niches, Weisner & Bernheimer)
- ▶ What are routines?
- ▶ All families have them

# Why It's Best to Teach in Routines

- ▶ Natural stimuli
  - ▶ For child to learn skills
  - ▶ For caregiver to remember to “intervene”
- ▶ Where skill is needed (i.e., programming for generalization, Stokes & Baer, 1972)

# Typical Routines

## Home

- ▶ Meals
- ▶ Hanging Out
- ▶ Dinner Preparation
- ▶ Bath Time
- ▶ Bed Time

## Classroom

- ▶ Circle
- ▶ Free Play/Centers
- ▶ Outside
- ▶ Art
- ▶ Bathroom

# In Which Routines Can We Use Which EBPs

[illegible]

# Take-Home Messages

1. **Assess what's already going on in naturally occurring routines**

Rather than nonfunctional assessments

2. **Build on what caregivers are already doing**

Rather than on professionally-delivered services

3. **Use EBPs**

Rather than faddish, noncontingent, ineffective strategies

4. **Support caregivers to carry out interventions in naturally occurring routines**

Rather than delivering hands-on, direct services to children