



Collaborative Consultation to Child Care

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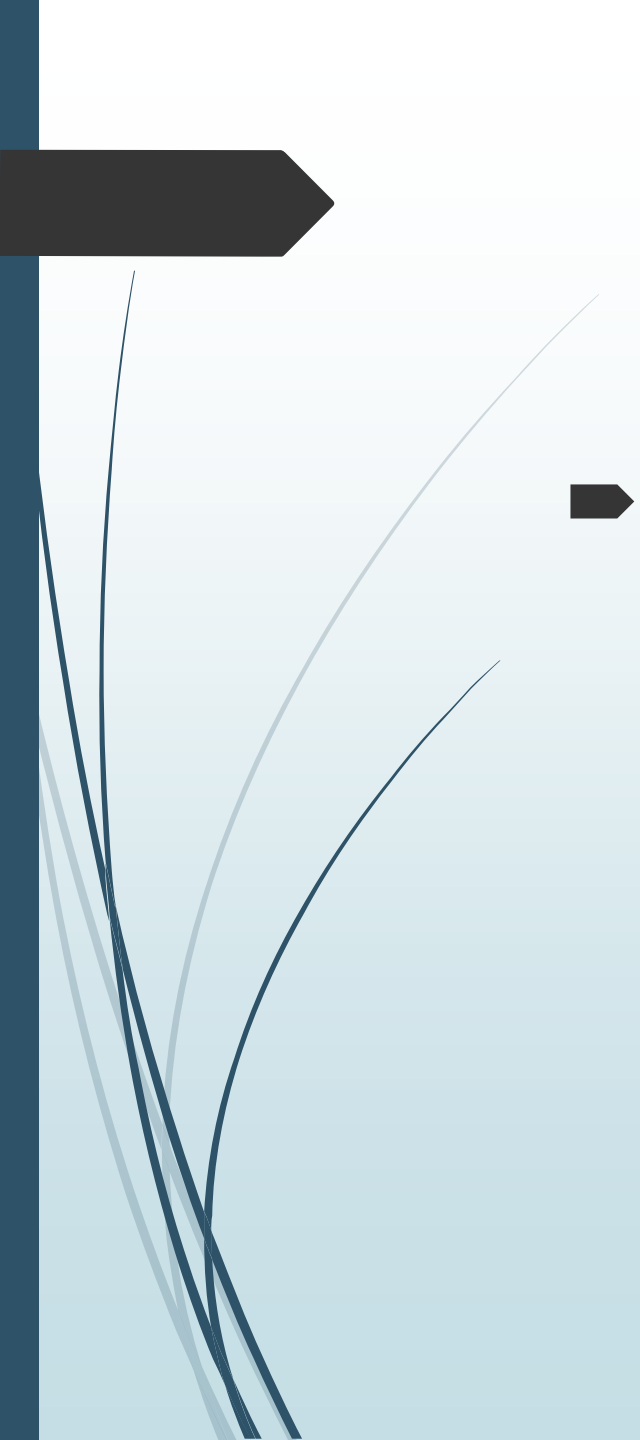
Outline

- Needs assessment
- Functional goals
- Models of consultation
- Integrated therapy
- Monitoring progress



Needs Assessment

- Teacher interview as part of RBI process
 - Ideally, with family
 - If not, before or after

- 
- Interview teacher about routines:
 - What everyone else does
 - What this child does
 - Engagement
 - Independence
 - Social relationships
 - Goodness of fit




Report to Family

- By routines, summarizing strengths
- Stating concerns reported by teacher
- Family decides on goals



Functional Goals

- Child will participate in [routines]
- By [desired skill].
- We will know he can do this when he [acquisition criterion]
 - Frequency
 - Duration
 - Distance
 - Volume/amount

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- Add what routines (generalization criterion)
 - Over what amount of time (maintenance criterion)
 - Oliver will participate in centers, free play, and lunch by cooperating with other children. We will know he can do this when he engages in an activity with other children, without pulling objects away from others or destroying others' creations, for 15 minutes in every center time, free play time, and lunch time, for five consecutive days.



Models of Consultation



Collaborative Consultation to Child Care (CC2CC)

- Visiting TEACHING STAFF/CAREGIVERS
- In their context
- Conjoint behavioral consultation





Classrooms

- ➡ Rules of consultation
- ➡ Something personal
- ➡ Integrated-therapy findings

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. Summarize
10. Make friends with the teachers





Something Personal

- Write down the name of a child care provider or teacher you work with
- Write down something you know about her life outside work
- Write down something free or very cheap you can take her, related to that

Integrated Services— Teamwork





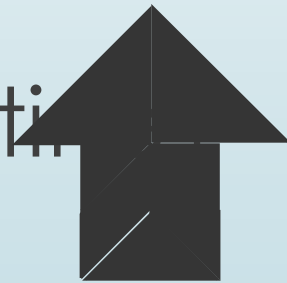
Integrated Therapy

- OTs, PTs, ECSEs, and SLPs come into the classroom to help the teaching staff meet children's individualized needs during all the hours the therapists are not in the room
- Teaching staff attend to what therapists are doing and vice versa
- Teaching staff and therapists communicate with each other



Continuum of Service Delivery Models

- 1-on-1 pull-out
- Small-group pull-out
- 1-on-1 in classroom
- Group activity
- Individualized within routine
- Pure consultation





Research Findings

- Individualized within routines most effective, followed by group activity
- Four times as much communication occurs in in-class methods vs. out-of-class methods
- 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 a segregated model

Integrated Therapy

Therapists work in the classroom	Instead of pulling children out
Therapists consult with teachers	Instead of just working with the child
Therapists work on functional skills	Instead of on decontextualized deficits

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

Ongoing Needs Assessment Through Home Visits

- Every home visit is a mini-RBI
- Assessing child functioning needs
- Assessing family needs
- Add to outcomes/goals, if appropriate
- Discussion of 1 skill in 1 routine can lead to other skills needed in that routine (e.g., steps towards the goal, independence skills, social-relationship skills)
- Or other routines in which that skill is needed

Ongoing Needs Assessment

- Family needs crop up as we discuss child functioning
 - Information about child development
 - About resources
 - About the child's disability
 - About what to do with the child (intervention)
- Family-level needs might also crop up
 - Especially if you're checking in on the well-being of the primary caregiver

Ongoing Needs Assessment Through Child Care Visits

- Every classroom visit is a mini-RBI
 - Assessing child functioning needs
 - Assessing teacher needs
 - Add to outcomes/goals, if appropriate
 - Some discussion is around what child is currently doing
 - Some around functioning in other routines



Outline

1. Who visits classrooms?
2. Why do they visit?
3. What's this like for teachers?
4. What's this like for visiting professionals?
5. What does the research say?
6. What are the key practices teachers should use?

1. Who Visits Classrooms?

- OTs
- PTs
- Speech-language pathologists
- Psychologists, behaviorists, etc.
- Others

2. Why Do They Visit?

- “Work with the child”
 - Where?
 - How?
- “*Provide recommendations about working with the child*”
 - How?

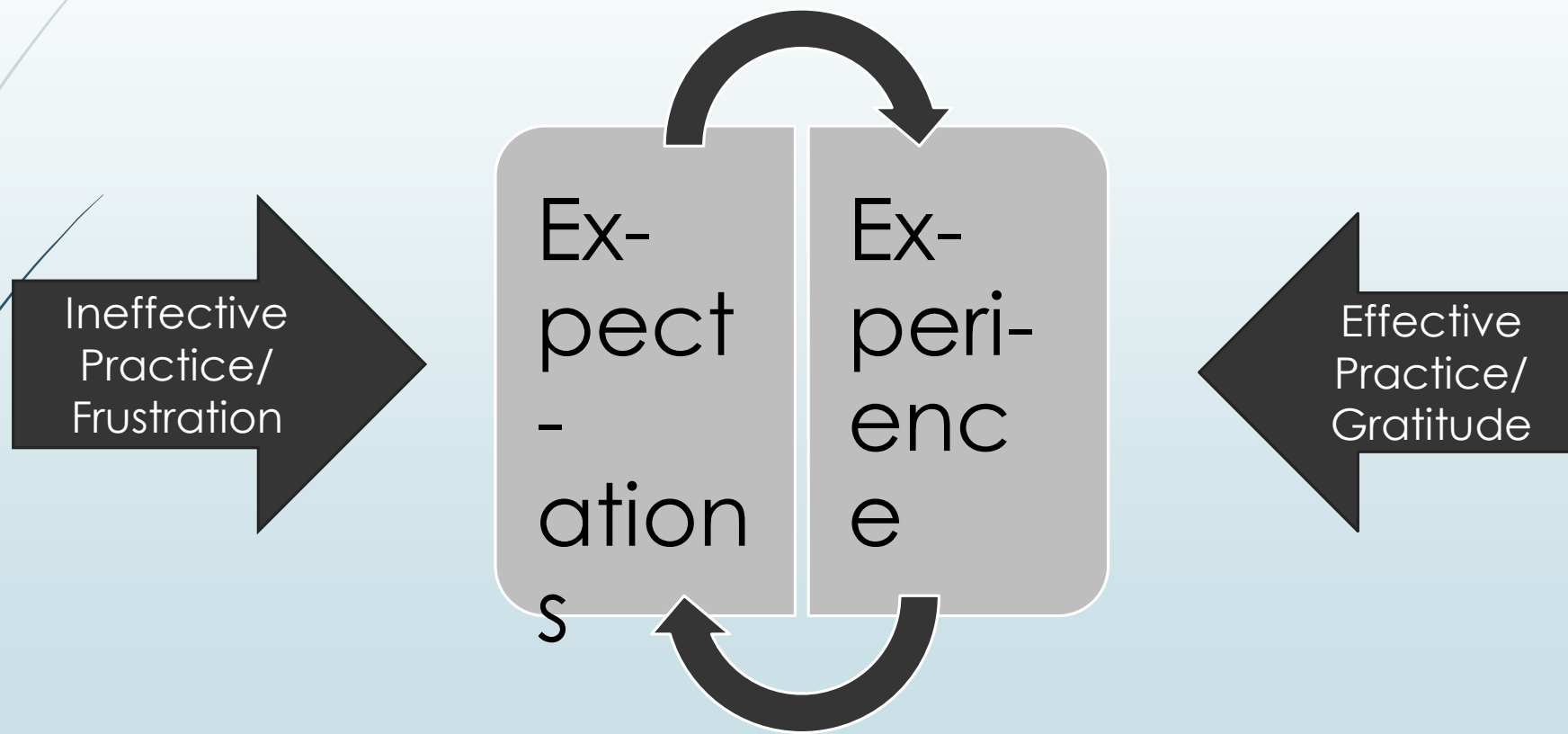
Should We Revisit These Purposes?

- All the intervention occurs between visits
- Expert consultation is ineffective in educational settings

3. What's This Like for Teachers?

- Teachers' expectations
 - Where did these come from?
- What frustrates teachers about professionals?
 - Violation of expectations, of course
 - Interventions unlikely to work
 - Interventions not feasible
 - No added value
 - Attitude

What Do Teachers Like From Visiting Professionals?



When Everything Clicks, Teachers Like

- Being part of the assessment
- Being part of the solution finding
- Being part of the evaluation of the solution
- Communication
- Their Visiting Professional

4. What's This Like for Visiting Professionals?



- No one pays attention to me.
- They expect me to take the child out.
- The classroom's a disaster.
- They don't follow through.
- There's nowhere for me to work with the child.
- There's no meeting time.

No One Pays Attention to Me

- Have ground rules been established?
- Do you add value?
- Who came up with the intervention?

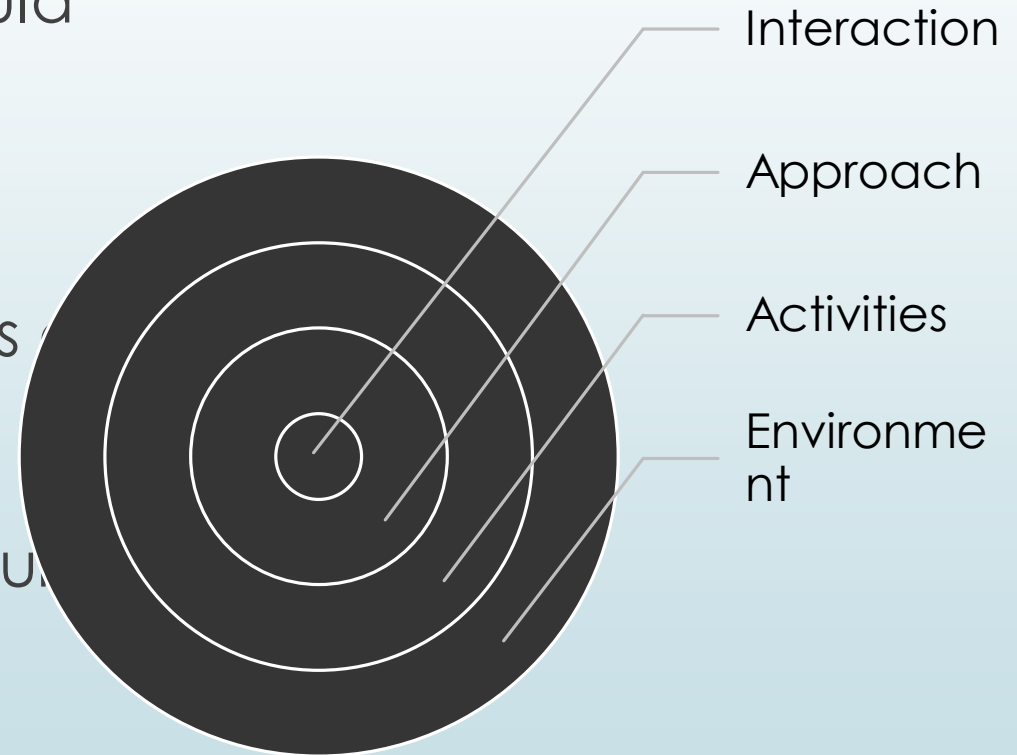
They Expect Me to Take the Child Out



- Tell them why that's ineffective.
- Do not capitulate!
- Consultants are not respite providers.

The Classroom's a Disaster

- Consultants' role should not be limited to the child.
- How to introduce yourself: "I am here as a classroom consultant because you have a child with an IEP in your room."
- The 4 contexts of teaching (McWilliam, de Kruif, & Zulli, 2002)



Are Classroom Consultants Prepared to be *Classroom* Consultants?

- Typically, no
 - Insufficient knowledge of
 - Classroom management
 - Engagement
 - Room arrangement + other environmental factors
 - Organization of adults
- But then they're not trained to be individual-child consultants either!

Insufficiency in Individual-Child Consultancy

- Effective teaching practices
 - Incidental teaching
 - Prompting procedures
 - Timing
 - Chaining
 - In context
 - Reinforcement schedules

They Don't Follow Through

- “Follow through” = Do as I say
- Collaborative consultation doesn't work that way
- Joint solution finding
- Hoosiers Rule
 - Pass the ball four times before you take a shot



There's Nowhere for Me to Work With the Child



- Pull-out is ineffective (McWilliam, 2006)
- Role of therapists working with children in classrooms ~~has~~ should have changed

There's No Meeting Time



- Meeting time is a luxury
- ...necessary in some models
- One ground rule: We will communicate throughout my session

5. What Does the Research Say?

1. One-on-one pull
2. Small-group pull
3. One-on-one in class
4. Group activity
5. Individualized with routines
6. Pure consultation

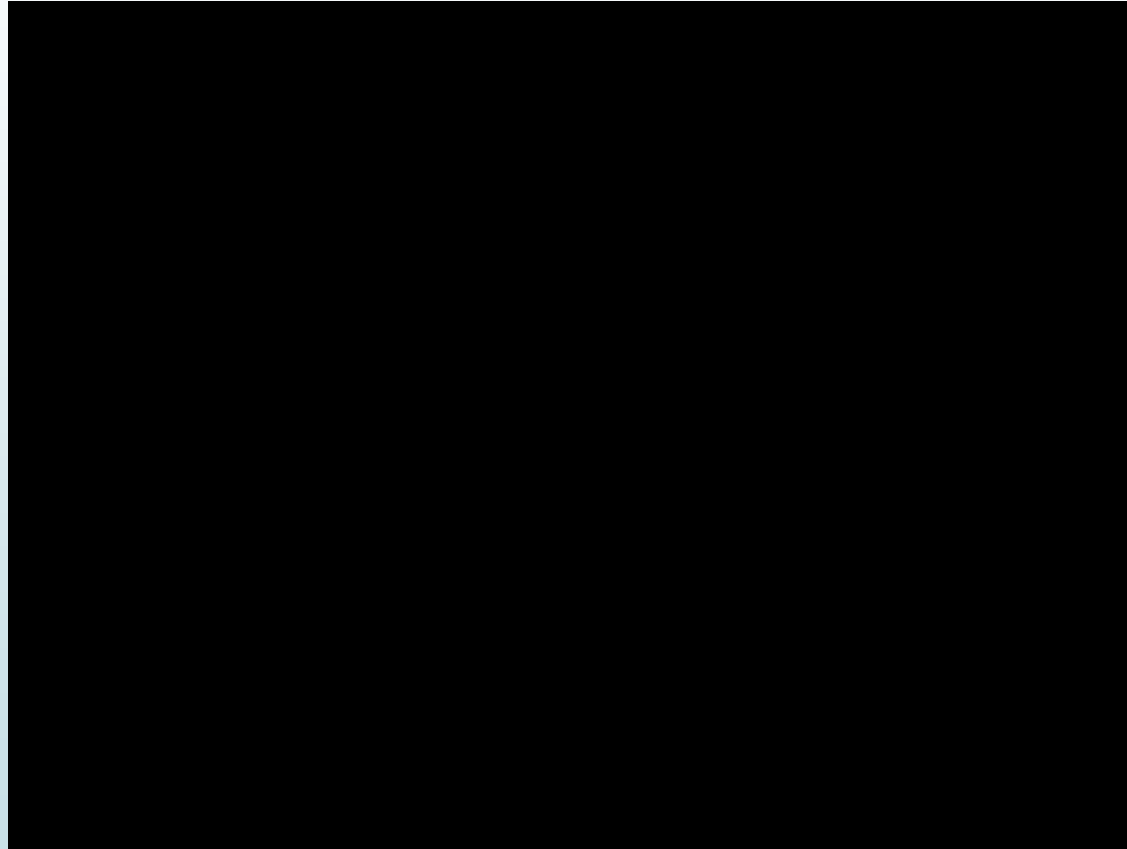


Research Findings

- Teachers and therapists communicate 4x more with class
- Relationship is important to implementation by teachers
- Individualized within routine most effective
- Consultants have to add value
- Teachers prefer in-class, when they know what it is



OT Visiting a Classroom (Integrated Therapy—Individualized Within Routines)



6. What Key Practices Should Teachers Use



- Receiving Consultation/Integrated Therapy Checklist
- Available tonight at www.mcwilliamconsulting.com
- This might be your most valuable hour of the week. Treat it as such!

Key Practices From Checklist

- Prepare questions & info for visitor
- Pay attention to visitor
- Ask questions
- Answer questions
- Communicate!
Communicate!
Communicate!
- Show visitor what child is doing
- Show visitor what you're doing
- Watch visitor show you intervention
- Someone write down
 - What we did today
 - What we will do between now and the next visit

How to Use the Checklist

- Discuss content
- Supervisor or peer observe and give good feedback
 - Reflection
 - Positives
 - Things missed
 - Other
- Use in conjunction with Integrated Therapy/Collaborative Consultation Checklist



Concepts

- Integrated therapy/services
 - Individualized within routines
 - Making an in-class session as relevant as possible
- Collaborative consultation
 - Joint solution finding
 - Moving from working with the child to working with the adult

Hours & Places Issue in ECSE

- Some 619 programs are divorced from 2 contexts:
 - Home www.naturalenvironments.blogspot.com
 - Other child care
- Where does child spend the most time?
- How is LEA helping those caregivers?

Hours & Places Continued

- Why do some LEAs run self-contained classrooms?
- How inclusive are Head Start and pre-K programs?

Take-Home Messages

- For consultants
 - Build teachers' capacity to meet child's needs when you're not there
 - Tweak existing routines, don't ignore or overhaul them
 - Work collaboratively, not "expertly"

For Teachers

- Insist on
 - Assessing needs together
 - Developing interventions together
 - Evaluating interventions together
 - Communication during session
 - Help with classroom management

For Policy Makers

- Develop itinerant resources
- Close down decontextualized, self-contained programs
- Administrators, hire or train
CONSULTANTS

For Higher Education

- Train ECSEs and therapists in collaborative consultation/coaching
 - THERE IS A SCIENCE TO THIS!

Future

- Itinerant ECSE
- ECSEs competent at
 - Classroom management
 - Individualized interventions
 - Working with other professionals
 - Collaborative consultation
 - Seeing the whole child (EISR in routines)