Engaging Caregivers to Follow-Through with Intervention Strategies

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Learning Objectives

- Defining the coaching model within early intervention
- Engaging Families in the ES model
  - Partnering with Families
  - Use of new and improved case note
  - Use of Natural Routines
- How to motivate parents to follow-through with intervention strategies
  - Overcoming Barriers
  - Getting Involvement
  - Writing a weekly plan
- Addressing lack of follow-through
  - Check-ins
  - Being Supportively Assertive
What is the Overall Purpose of Early Intervention?

- Within the Early Steps Program, we as therapists are tasked with providing services to children birth-3.
- We serve children from all walks of life from very low economic to affluent situations regardless of income.
- One crucial factor is we provide these services in the home or child’s preschool setting which involves more opportunity cost to the therapist.
- How do we maximize the chances our techniques and strategies will continue on after our children age out?
A Proven Technique

Caregiver Coaching
Defining the Coaching Model in Early Intervention

• Coaching in early intervention is broadly defined as:
  – Supporting parents/caregivers through a capacity-building model through using existing abilities and developing new skills to attain desired outcomes in children (Dunst & Trivette, 2009)

• The use of the coaching model is not only encouraged but is required in IDEA, Part C.

*IDEA defines the roles of service providers in early intervention as “assessment, consultation and training” (CFR 303.12) in order to support families and caregivers. The role of the service provider is that of a coach, consultant, or facilitator, an equal partner in supporting learning and sharing strategies with the family/care provider and other professionals, rather than a provider of direct services to the child.*
Research on Early Intervention and Child Outcomes

• A review of 700 studies spanning two decades found two key findings:

  “(1) Parents/caregivers are the major influence on their children’s development even when their children participate in intervention; and that (2) the effectiveness of intervention is highly associated with parents becoming more responsive with their children during the course of intervention.” [Mahoney (2009), pp. 90]

• We will discuss today how we can support families to increase their responsiveness with their child as therapists

• We will also discuss how to problem-solve difficulties that can and will arise in the course of therapy
When interventionists used coaching as part of parent-child interactions related to child development, parent engagement increased from 26% to 62% of intervals coded.

(Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007)
Group Discussion

• Describe some of the most successful cases you have had of caregiver involvement with early intervention
  – In what ways was the parent or caregiver directly involved in early intervention sessions?
  – How did they continue their involvement outside of sessions?
  – How did the child respond?
  – How was your role different when the parent or caregiver was very involved?
First Steps in Coaching

• Developing an informal Joint Plan
  – Take a look at the new Early Steps case note

• The purpose of the joint plan is to:
  – Develop a written plan for the caregiver and therapist
  – Set weekly or monthly goals of specific tasks to be accomplished
  – Provide accountability for everyone involved in helping the child
  – Provide opportunities for problem-solving challenges to achieving IFSP goals
New Early Steps Case Note

<table>
<thead>
<tr>
<th>USF BAY AREA EARLY STEPS SESSION NOTE</th>
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<tbody>
<tr>
<td>Provider Name:</td>
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<td>Provider Agency:</td>
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<tr>
<td>Child MMB:</td>
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<tr>
<td>IFSP Outcome(s):</td>
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<tr>
<td></td>
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<tr>
<td>DATE:</td>
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<tr>
<td>TIME IN:</td>
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<tr>
<td>Home</td>
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<tr>
<td>Items Used from Natural Environment:</td>
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<td>Provider Role During Session:</td>
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<tr>
<td>Caregiver Education:</td>
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<tr>
<td>Other:</td>
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<tr>
<td>Caregiver Involvement In Session:</td>
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<tr>
<td>(i.e., Questions asked, Strategies practiced)</td>
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<tr>
<td>Caregiver Practice/Follow-up Before Next Session:</td>
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<tr>
<td>Other Notes:</td>
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<tr>
<td>Progress Monitoring: Yes</td>
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<td>Tool Used:</td>
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<td>Progress toward IFSP Outcome(s):</td>
</tr>
<tr>
<td>Caregiver Signature:</td>
</tr>
<tr>
<td>Provider Signature:</td>
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Potential Coaching Plan
Template(s)

Words Samantha has said
Words and Word Pairs Repeated Back to Us:
Example: “say juice” “juice” (for juice) Doesn’t have to be a perfect word.

Word/ and pairs Samantha has said on her own:
Example: Samantha on her own says “more juice” or “more daddy” Doesn’t have to be perfectly pronounced.
Initial Session Tips

• Explain the use of coaching practices
  – **See the handout on tips to explain to parents/caregivers coaching practices (Handout 1.)**
  – Take a moment to read through the handout and reflect on how we can best explain our therapeutic approach within the Early Steps program to parents/caregivers

• Questions:
  – How do you think having a cohesive explanation of the practice of coaching will help parents/caregivers understand Early Steps services?
  – What about parents/caregivers whose child receives therapies outside of Early Steps (e.g., clinic-based)?
Three Coaching Strategies

- **Direct Modeling**
  - Coach models while parent observes immediately followed by reflection of the parent

- **Verbal Support and Prompts**
  - Coach providers verbal cues and prompts while the parent directly engages with the child

- **Coach Observes (Reflection on Action)**
  - Coach observes the parent but withholds questions or feedback until a set point in the activity (delayed direct feedback)

✓ **Over time, the goal is to move from Direct Modeling to Coach Observes to promote the parent’s role**
Considerations with Coaching

The degree to which the coach is involved falls on a general continuum-

1. **Context**- Whether the action is occurring or could occur in presence of coach

2. **Situation**- Whether the coach should be very directive & hands-on or less directive

3. The *level of confidence and skill* of the parent/caregiver for that particular situation (i.e., does the parent/caregiver need help right then or can it wait until a few minutes later?)

*Over time, we want to see parents/caregivers require less “hands-on” help from the coach*
Video Illustrating Coaching in EI with a PT
Lets Talk About Natural Routines

**Question:** What are natural routines? Why are they an important consideration in the practice of early intervention for therapists?

**Consider this:**
- Two hours/week = 2% of total waking hours of a one year old child
- Diapering, feeding, and playing each happen at least 2000 times by the time the child is one year of age
- Just 20 everyday activities would equal 40,000 natural learning opportunities by age one!! (Dunst, 2001)

**What is the typical amount of face-to-face intervention time in early intervention? Who is the child’s true therapist in reality?**
Routine-Based Intervention: Learning Opportunity Example

- **PLACE**
  - Bathroom

- **ACTIVITY**
  - Hand washing

- **LEARNING OPPORTUNITY**
  - Vocalizing to request water, soap, towel, and wash hands independently, taking turns vocalizing and imitating actions and word in mirror with caregiver
Typical session

• Best way to teach caregivers new skills:
  – You Model – Language, Giving Commands, etc.
  – Caregiver Rehearses – Practice, Practice, Practice!
  – You Reinforce and Give Corrective Feedback
  – Together Modify the Environment - Change Routine, Set up House for more Gross Motor activity, etc.

• **What challenges are you finding with using this type of model?**
  – Daycares, parents leaving the room at home??
Making Strategies Meaningful

• Daily routine activities
  – Intervention strategies don’t make sense and won’t be implemented unless caregivers help determine how they will become integrated into the daily routine
  – Example: Learning vocabulary such as body parts

• Using what is in their environment
  – Don’t bring in the bag of toys!
  – Bringing a bag of toys does not help promote carry-over
  – What happens in between sessions? How will the parent generalize what happened while you were there?
Importance of using routine

- Routines provide repeated opportunities for the child and caregiver to practice skills together over and over.
- During predictable, relaxed times, children will learn and generalize new skills the most.
- When strategies are embedded into the routine, it is easier for caregivers to remember to do them.
Strategies in daily routine

Level 1 = LOCATION
Level 2 = ACTIVITY
Level 3 = LEARNING OPPORTUNITY
Strategies in daily routine

1. LOCATION: Backyard, Park, or Daycare Playground
2. ACTIVITY: Swinging
3. LEARNING OPPORTUNITIES:
   1. Turn-taking with friends/siblings
   2. Request “help” or “more”
   3. Comprehension of up/down, stop/go, slow/fast
   4. Sitting with balance
   5. Getting on and off
Strategies in daily routine

1. LOCATION: Door (at home or daycare)
2. ACTIVITY: Brother (or mom) is leaving
3. LEARNING OPPORTUNITIES:
   1. Giving a hug or showing affection
   2. Waving or saying goodbye
   3. Comprehension of simple directions
Group activity

- Think of routines based activities that would target the following developmental domains on a child’s IFSP:
  - Motor Skills (Prefers to crawl)
  - Behavioral Skills (decreasing aggression)
  - Language Skills (difficulty understanding and expressing)
Developing Practical Strategies

- Develop strategies with the caregiver that have the highest likelihood of daily implementation
  - Consider what the family has in their home or regular access to
- Consider caregiver’s confidence level in implementing strategies
  - Bring other individuals in the child’s life onto the team to also implement strategies
  - Include older siblings who regularly engage in play with the child
- Remember children learn the most through routine play activities
- Repetition is key
Routine-Based Intervention: Group Discussion

- **Discussion Point:** As a group, let's think of two examples of a routine-based learning opportunity that targets one or more developmental domains
  - Consider: What is the parent/caregiver doing? What is the child doing? How likely is it that this activity can occur on a regular basis?
  - How can the therapist-coach support the parent/caregiver in modifying the routine as the child develops more advanced skills

- **Talk with your neighbor and then we will share together**
Let's Talk About When Difficulties Arise (and They Will!)
Things we hear all too often

- “We tried that, but…”
- “Oh, we were supposed to be doing that?”
- “That just doesn’t work with Johnny”
- “I can’t let Lily just go hungry, she is already too underweight!”
- “This week has just been so hectic”
Resistance to Change

Why do we encounter so much resistance?
  - Caregivers fix behavior problems in the moment
    • Sleeping, eating, tantrums

We continue with what is comfortable
  - Faster bedtime routine if we lay with them

‘Extinction bursts’ are often misunderstood or too hard to get through

Confusion between caregivers about what to do or when to apply what they have learned
  - Generalization is difficult
Why aren’t they motivated?

- **MYTH**: Something must be wrong with the parent/family, and there’s not much we can do about it

- **TRUTH**: Motivation for change is actually quite malleable

- **TRUTH**: Motivation for change is formed in the context of relationships
How behavior works

- Parent’s behavior is interrelated with their child’s
- Parents may mistakenly reinforce bad behaviors in their children
- The environment (home and community) has enormous influence on children’s behavior
- Behaviors that work (for both kids and adults) get stronger over time
  - Become very resistant to change
  - Caregivers may give up too early
Examples

• **Biting**
  – Why is the child biting? What is the function?
  – How is this behavior reinforced?
    • Are adults inadvertently causing this behavior to strengthen?
    • What behaviors do the adults need to change about themselves?

• **Co-sleeping**
  – Why did this problem occur in the first place?
  – How is this behavior reinforced?
    • What did the adults do to strengthen it?
    • What behaviors do the adults need to change about themselves?
Examples

• Delayed expressive speech
  – Why is the child not using words to request his wants?
  – How is the behavior reinforced?
  – What behaviors do the adults need to change about themselves?
HOW CAN I AS A THERAPIST PREVENT LACK OF CAREGIVER FOLLOW-THROUGH? HOW CAN I FIX IT ONCE IT OCCURS?
Four Caregiver profiles

Group A: Low importance, Low confidence

Group B: Low importance, High confidence

Group C: High importance, Low confidence

Group D: High importance, High confidence
What does each group need support with in order to be an active participant in EI?

- Group A: ____________________?
- Group B: ____________________?
- Group C: ____________________?
- Group D: ____________________?
Core Strategies

• Remember: Prevention is the best medicine!
  – Utilizing a coaching format for each session
  – In the beginning, mid-week phone or email check in.
  – Many families are struggling with coming to terms with child’s delays and/or disability

• Developing a Keystone or Key Behavior
  – A skill that is important to the parent and child’s development
  – One that is linked to other behaviors that occur across settings
  – Example?
“How important would you say it is for you to __________? On a scale of 0 to 10, where would you say you are?”

<table>
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<th>0</th>
<th>1</th>
<th>2</th>
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<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Extremely important</td>
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“And how confident would you say you are that you can do it, on the same scale from 0 to 10?”
Helping caregivers overcome barriers to change

• Sometimes indirect problem-solving will lead to greater success for the family and ultimately, the child. May include:
  – Parent strategies for stress reduction
  – Helping them change around their home environment so it is more interactive and less chaotic
  – This is often difficult because these things can serve as ‘babysitters’
Getting caregivers involved

• We are all more invested in the outcome of something when we have an active role in it
  – Planning vs. attending a party
  – Making this presentation

• Caregivers must be given tasks to do with their child in order to feel a valuable member of the change team
Explaining roles 1st Session

- Review the outcomes of the IFSP
  - Clarify not only what the child will learn to do, but what the caregiver(s) will learn to do as well
  - Discuss community activities and events that can be used to support practice for the child
  - Discuss progress monitoring, which is often overlooked

- Assess the natural environment
  - Determine what resources are available in the home environment that can be used daily
  - Avoid bringing bags of toys with you
Explaining roles 1st Session

• Explanation of your role
  – Interventionist as a coach vs. “child fixer”
  – Model

• Discuss caregiver’s role
  – They will be ‘rehearsing’ each session so that you can give feedback

• Written agreement (i.e., new case note and supplemental form)
IT IS THE Parent’s Responsibility to:

• Follow through on home/daycare program strategies every week to maximize the benefit of the therapy sessions for your child.

• Keep all scheduled appointments if at all possible and to cancel appointments within 24 hours, whenever possible.

• Be present or have a designated person of your choice over 18 years of age present at all therapy sessions.

• Ask questions and participate in the planning of your child’s intervention program.
Typical session

- Best way to teach caregivers new skills:
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• When strategies are embedded into the routine, it is easier for caregivers to remember to do them
Write A weekly plan

- Pencil and paper
- Consider the handouts provided
- Carbon copy paper makes it easy!
- 2 or 3 things for the parent to focus on that week
- Serves as a reminder for both you and the parent
Addressing Lack of Follow-Through

• Check-ins between sessions
  – Helps with follow-through, but time may be a barrier
  – Consider this for the first week or during a new or challenging strategy

• Being Assertive
  – While a warm, therapeutic relationship with the parent is good, you can’t be too nice!

• ‘Admiring the Problem’ vs. Taking Action

• Excuses why things weren’t done
  – Turn these into modified goals or steps for overcoming barriers
Putting a stop to ‘Admiring the problem’

• There is a human tendency to continue talking about the problem more than develop solutions
  – Solutions involve hard work
• First acknowledge the issue, then direct topic toward a readily workable solution
• Reframe the way caregivers and you describe the problem
  – Within the child vs. about the environment
Time to role-play

- **Scenario #1:**
  - 15-month old twins are not walking yet
  - Parents both work full-time, but mom leaves early to meet you at the house late afternoon

- **Scenario #2:**
  - Child with autism hits parents when he wants or needs something

- **Scenario #3:**
  - Think of a real-life scenario you have encountered resistance with and what to do about it
Steps of your role-play:

• For each scenario,
  – What are ways caregivers may show resistance?
  – How would you begin addressing that resistance and motivating them to change?
  – What would you discuss at the first session to make sure they will follow-through and be part of the team?
  – Write out the first two weekly plans you may make with each family.
QUESTIONS?