

Home Visiting: Evidence-based Practice in Early Intervention

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Learning objectives

Brief overview of coaching model as best practice in early intervention.

Introduction of Home Visiting and “bagless” style therapy as tools for this model.

- Name 3 differences between Home Visiting and traditional service delivery models.
- Describe 3 critical components of Home Visiting.
- Give 2 benefits of going bagless in the natural environment setting.

Financial/non-financial disclosures

- Kerri Wikel and Sarah Myers are employed by Bright Start, LLC.

Kerri Wikel – Siskin Institute Home Visiting certification completed

Bright Start provides quality comprehensive services to all individuals with special needs and developmental delays so that children, teenagers and adults can achieve their greatest potential. Our services include early intervention, case management and speech therapy across South Carolina.

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Early Intervention history

- Early intervention started in outside facilities
- Curriculum based
- Transitioned to natural environment, but structure remained



Traditional approach

- Sessions in natural environment
- Play-based, often toy focused
- May bring in toys or use “bagless” approach
- Child centered
- Most interventions delivered by the professional
- Parent encouraged to observe and imitate
- Therapist gives direct tips
- Therapist leads session
- Skill-based goals
- Early Interventionists, SLPs, other disciplines often share this approach



Outcomes with traditional model

- Children make progress!

But what is family's experience?

What messages are we sending parents?

Could long-term progress be improved?

- Limited opportunity for focused joint play in daily routines
- Implies special materials/toys needed
- Challenges with parent engagement
- Limited carryover
- Lack of caregiver empowerment – may not build confidence, problem solving skills for future
- May not appreciate families' unique routines and values
- Is this best practice for families?

What research tell us

- Practices to address child development outcomes have shifted from direct, hands-on “treatment” to supporting families through collaboration and consultation so that they can promote their child’s development by using identified intervention strategies effectively and confidently during their everyday activities (Bailey et al., 1998; Bruder, 2000; McWilliam, 2000a; Shelden & Rush, 2001).

What research tells us

- Caregiver use of intervention strategies between home visits begins with caregivers' feeling comfortable engaging and actively participating in the home visit (Brooks-Gunn, et al., 2000; Roggman, Boyce, Cook, & Jump, 2001). Wagner and colleagues (Wagner, Spiker, Linn, GerlachDownie, & Hernandez, 2003)

What research tells us

- When developmental interventions are embedded in children's regular routines and activities, skills learned are functional and meaningful for children and their caregivers (Kashinath, Woods, & Goldstein, 2006)

Research shows...

- natural environment is best
- family centeredness (including parent involvement) is best
- parent-delivered interventions are best
- routines-based learning opportunities are best
- highest quality, evidence based practice is best



<https://www.youtube.com/watch?v=zUwcRFgbdYk>

Features of coaching model

- Professional supports parent as child's teacher
- Family centered practice
- Inclusive of all family routines (more than play)
- Support focused
- Considers basic family needs beyond child's delay

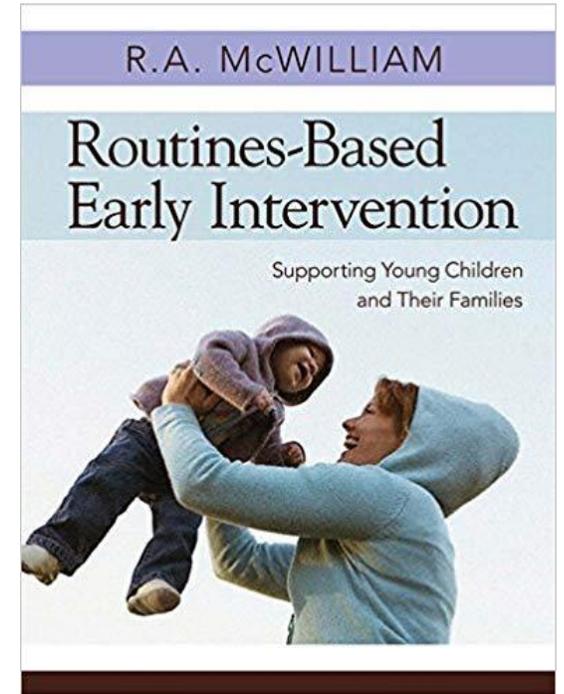
Tools:

- Routines Based Interview
- Home visiting model
- “Bagless” therapy style



Home Visiting

- Model developed by Dr. Robin McWilliam
- Process is applicable for all disciplines providing early intervention visits
- Focused on function and families
- Routines-Based Model designed to maximize children's engagement in everyday routines
- Family-centered approach - professionals treat families with honesty and respect, provide opportunities for meaningful joint decision making, and ensure families' needs are met



Home Visiting Basics: Greeting



This is where you set the stage for the visit

- Sit where the parent is if possible
 - Follow up on home practice from previous visit (that family chose)
 - Catch up on anything important to family (appointments, personal)
-
- “Last visit during our wrap up, you mentioned you wants to focus on _____, how did that go?”
 - “Why do you think that well/did not go well?”
 - “Can you show me?”
 - “Brag on Johnny. What has he done new or well this week?”

Family Consultation

- If goal for visit was not decided during greeting, this is where family chooses what they want to focus on
- This is where we work hands-on with family (coaching)
- Form routines-based strategies family will practice throughout week
- Show me moments throughout

- Hoosier Rule – attempt to ask 4 open-ended questions before asking to suggest.
- “What do you think would happen if _____”
- Avoids expert model



Demonstration

- Make sure you ask permission
- Always give family opportunity to practice
- Praise, praise, praise
- Coach with words, not actions



Wrap up

Encourage, praise and support the family

- Be very specific in your praise

Summarize the discussion

Plan intervention/strategy

Family chooses what they want to focus on

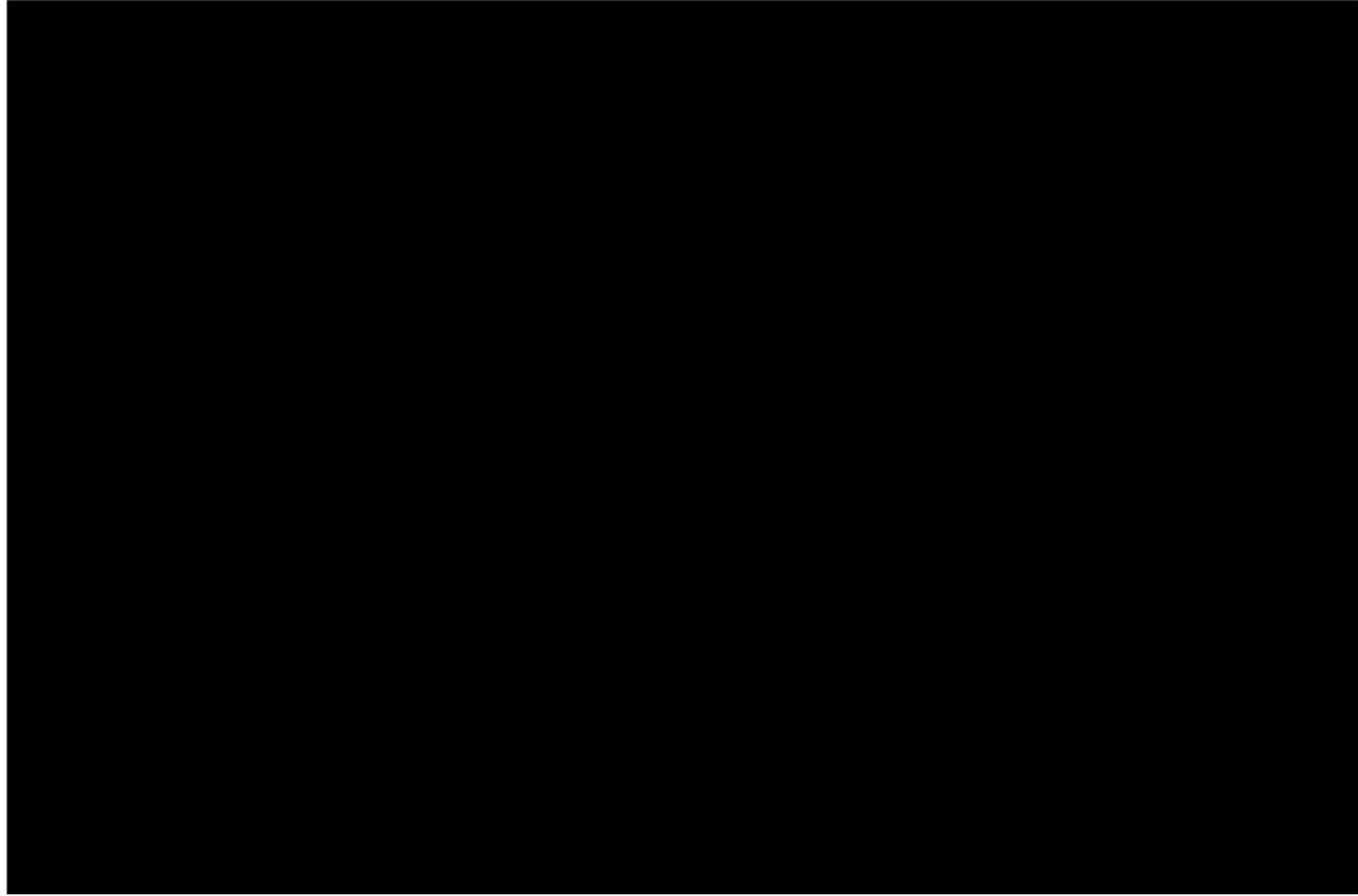
Sneak peek into a Bright start home visit

<https://drive.google.com/open?id=1thmWMiPQJRZ1ilj8Q7lxlzzJlw4YaFOB>



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Let's take a look at the greeting



Show Me Moment



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Family Engagement



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Wrap Up



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Bagless therapy

- Sessions conducted without “toy bag”
- Concept is to use materials in the home
- Follows child’s lead
- Primary focus may continue to be play
- Professional may continue to deliver most interventions



Bagless Therapy

Challenges without coaching approach

- Non-play routines may not be addressed
- Limited access to toys
- Unclear role for parent
- Goals may not align with family routines/priorities
- Could be perceived as:
 - uncomfortable
 - disorganized or unprepared
 - chaotic
 - unproductive

Within coaching/home visiting model

- Follows a specific structure
- Parent role is clearly defined
- Addresses all daily activities
- Specific strategies should be formed that family can practice throughout week



Language is important

- Questions – closed vs. open ended
 - Use - who, what, when, where, why, how
 - Avoid – do, is, are, yes/no questions
- Ask to suggest vs. expert model
 - “What do you think would happen if _____”
 - vs
 - “Do this _____”

Working towards a role shift

letting go of our own
expectations and habits

acknowledging functioning of the
family as priority

goals and strategies that are
useful and functional for the
family

making sure buckets are full



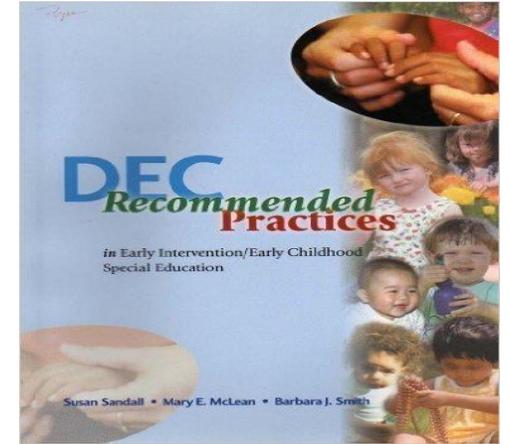
Guiding principles

DEC and BabyNet

- Natural environment
- Family centered
- Parent as teacher
- Individualized services

ASHA/SCSHA

- Evidence-based practices



BabyNet

South Carolina's Early Intervention System



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

American Academy of Pediatrics

AAP Best Practices in Early Intervention

Frequent learning opportunities / not simulated treatment situations

Use of coaching as model

The infographic is titled "American Academy of Pediatrics (AAP) AAP Defines Best Practice in Early Intervention". It features the AAP logo and the FIPP logo with the website www.fipp.org. A toggle switch is shown in the "on" position. A quote states: "Rather than a 'medical model' wherein a specific treatment is applied directly to the child for a specific malady, the paradigm is shifted to a contextual and consultation-based delivery of supports and services to the family and the infants." (p. e1077). The infographic is divided into two sections by a dashed line. The first section is titled "Focus of Early Intervention #1" and includes a lightbulb icon and the text "Frequent learning opportunities in the natural learning environment instead of simulated treatment situations." Below this is a "Key Elements" box with a list of bullet points: "Learning occurs as part of relationships. Intervention should enhance rather than disrupt family activities.", "Family members and other caregivers are important for child learning.", "Emphasis is on supporting caregivers and their abilities in everyday activities, rather than teaching new skills outside of the real life contexts.", and "Focus is on functional participation of the child while promoting caregiver competence and confidence to support child learning." The second section is titled "Focus of Early Intervention #2" and includes a lightbulb icon and the text "Use of coaching as a model for families, medical homes, and EI programs that provide services to infants." Below this is a "Key Elements" box with a list of bullet points: "Increasingly, a best practice method, endorsed across diverse disciplines, provides coaching strategies to families for use in the child's natural learning environments. This method has been shown to build the capacity of a parent or other caretaker as new skills (both in the family member and the child) are acquired." (p. e1077). At the bottom, a small citation reads: "Adams, R. C., Tapia, C., & The Council on Children with Disabilities (2013). Early intervention, IDEA Part C services, and the medical home. Collaboration for best practices and best outcomes. Pediatrics, 132(4), e1073-e1088."

American Academy of Pediatrics (AAP)

AAP Defines Best Practice in Early Intervention

www.fipp.org

"Rather than a "medical model" wherein a specific treatment is applied directly to the child for a specific malady, the paradigm is shifted to a contextual and consultation-based delivery of supports and services to the family and the infants." (p. e1077)

Focus of Early Intervention #1

Frequent learning opportunities in the natural learning environment instead of simulated treatment situations.

Key Elements

- Learning occurs as part of relationships. Intervention should enhance rather than disrupt family activities.
- Family members and other caregivers are important for child learning.
- Emphasis is on supporting caregivers and their abilities in everyday activities, rather than teaching new skills outside of the real life contexts.
- Focus is on functional participation of the child while promoting caregiver competence and confidence to support child learning.

Focus of Early Intervention #2

Use of coaching as a model for families, medical homes, and EI programs that provide services to infants.

Key Elements

- "Increasingly, a best practice method, endorsed across diverse disciplines, provides coaching strategies to families for use in the child's natural learning environments. This method has been shown to build the capacity of a parent or other caretaker as new skills (both in the family member and the child) are acquired." (p. e1077)

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Moving toward the coaching model

Mandated coaching model and/or bagless (statewide or in some counties)

- Arizona
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Ohio
- Kansas
- Kentucky
- Maine
- Maryland
- Massachusetts

- Michigan
- Missouri
- Pennsylvania
- Nebraska
- New Jersey
- North Dakota
- North Carolina
- Tennessee
- Texas
- Virginia
- Wisconsin



Encouraged but not mandated

- Alabama
- Illinois

Thank you!

