

SS-OO-PP-RR Plan for Embedded Intervention with Caregivers

Embedding intervention into everyday routines and activities for young children supports functional learning opportunities, allows for sufficiency of systematic intervention, and promotes generalization of skills. Systematic planning helps ensure the intervention embedded within the routines is both effective for the child and efficient for the caregiver. As a part of the joint planning process, caregivers and EIs individualize the routine plans to accommodate the child's skills and preferences within the caregiver's predictable sequence/steps of daily routines. Using a systematic process that includes consideration of the following variables helps the caregivers make embedding intervention a part of each routine throughout their day. It also facilitates their ability to embed opportunities for learning as they occur incidentally. In addition to the child's outcomes, family outcomes related to their interactions with their child, their competence and confidence in supporting their child's participation, and their knowledge about their child's development should be considered in the planning. The interaction between the caregiver and child should be the focal point of the planning process.

What to Teach

The IFSP outcomes and the specific targets within the routine must be family priorities, meaningful for the child and also developmentally sensible for the child's current status. The family outcomes embedded within the routine should also be relevant and functional for the interaction.

When planning, the EI and caregiver (or team) should engage in discussion to:

- Ensure the outcomes/targets embedded are relevant to the family's and child's current priorities. Will participation in this routine/activity lead to accomplishment of the family's identified priorities? If the target/outcome is not a good match for a routine, choose another routine or activity.
- Jointly assess to determine if the targets/outcomes are organized to increase the child's engagement, independent participation and initiation within the routine.
- Review how easily the targets/outcomes are integrated within the routine by the caregiver and, how easily the child can take the lead. Can the target be embedded while the child directs the interaction?
- Identify the number of targets that can be meaningfully embedded in the routine, more isn't better if it is frustrating for either the child or caregiver.
- If participation in that routine is a priority, look for appropriate targets to address participation. Don't try to force fit. Honor the family's priorities.

Where to Teach: Locations and Routines/Activities

Teaching and learning within routines should occur across the child's natural environments. In general, the family identifies routines/activities/locations based on their interests, frequency of opportunities, participants available, and the child's learning outcomes. EI may need to offer options for the family to consider initially.

Have the caregivers identify:

- All the physical settings in which the child is likely to use the skills; (e.g., at home, indoors, outdoors, childcare, Grandma's, church, park, grocery store) and established initial priorities?
- Variations of the typical location as they occur; (e.g., asking for more during meals at home, on a picnic at McDonald's, and during snack at childcare)?
- The social settings in which the child could use the skills; (e.g., welcoming family members at home, greeting people during family outings, shopping trips, visits to the doctor)?

Prior to planning for specific routines/activities, observations of the child and caregiver in the routine should occur. Just because the routine/activity occurs frequently doesn't make it the best match.

When discussing embedding in routines:

- Determine if the routine/activity is a comfortable place for the caregiver to engage the child and use the supports and strategies to facilitate the child's learning. Consider: Does it allow you to coach and provide feedback that will support the caregiver's learning? Does the caregiver believe she will be able to embed intervention in the routine independently between visits?
- Review the routine sequence. Does it have a clear beginning and ending, a predictable sequence, have opportunities to for the child to participate fully, have multiple opportunities within the routine, and occur frequently? Can multiple targets be embedded for the child? Are the roles clear and exchangeable to enhance initiation by the child?
- Discuss interest and motivation to participate. Child interest increases participation and persistence. Caregivers are also interested in resolving challenging routines. Seek a balance between preferred and problem routines so that families and children experience success.
- Evaluate the ease of implementation. Is it at a specific time of day or are opportunities flexible? Are the intervention strategies comfortable for the caregiver to embed? Is it expandable and contractible for the caregiver's adaptations for time and child's level of regulation? For example, bath time can also include undressing, getting the toys in the tub for play, shampooing, dressing, and picking up the laundry depending upon the child's goals and the caregiver's time. Planning for subroutines that can be added easily increases frequency of opportunities and time in engaged learning. They can also be eliminated when time is short or other priorities occur.
- Remember that routines extend beyond play and meals. Look for child and family interests (e.g., sibling sports, pets, music). Support caregivers to identify additional opportunities across different routine types such as caregiving (e.g., dressing, fixing hair, washing hands, snacks); emergent literacy (e.g., songs, book sharing, computers, coloring); play (e.g., tickle social game, playing with cars, outside play); and family chores (e.g., wiping the table, feeding the dog, watering plants).

Who to Include: Participants

All appropriate caregivers for the child can be involved in intervention routines.

When planning:

- Identify participants interested and available (e.g., parents, brothers and sisters, teachers, friends); Embedded intervention should not be just a “mom” assignment. What routines are best for Dad? Can big brother take the lead? Grandma? Can it occur at childcare?
- Discuss how well the child is participating in the routine. What is the child expected to do? Is it different for mom than dad? Will the same intervention strategies facilitate each participant’s interactions with the child?
- Reach consensus on which interventions and which targets will be embedded, when and how often. Can all participants provide consistent supports?
- If it is a new routine, target, or intervention strategy, planning will increase consistency. It may be best to start with a familiar and consistent partner for new targets or routines. Plan to include new partners to support the child’s transition and generalization.
- Develop a system for ensuring each participant is confident in their implementation of the strategies and for monitoring progress.

Who to Include: Participants

Embedding intervention throughout the day within a variety of daily routines and activities is a bonus for parent-implemented interventions.

EIs use general coaching strategies and problem solving with caregivers to provide opportunities on outcomes that will address the following questions:

- Are the outcomes and specific targets embedded logically within the routine without changing the sequence significantly? Does the caregiver feel like it matches the typical pattern of activities? The more it matches, the more the caregiver will remember and feel confident in implementation.
- Can multiple targets across learning domains be embedded in the routine to support the child’s participation?
- Are opportunities sufficient for acquisition of the outcome in each routine and across routines? What might be added to increase opportunities?
- Offering opportunities is only half the formula. The caregiver has to ensure the child takes them so planning logistics is essential. Problem solve back up plans with caregivers to support their capacity to respond differentially based on the child’s response.
- Are opportunities repeated in a predictable routine framework and dispersed in meaningful contexts? Rather than labeling food items five times before snack, can the child identify snack choices, label small portions, request more of the item using the label, name what is all gone, and tell what he is cleaning up to disperse the trials in functional conversation?
- Are variations of opportunities planned to support generalization?
- Is this routine a good (or one of the best) opportunity to practice at this time? Remember, not all routines are a good contextual match for every outcome.

How to Teach: Coaching Strategies to Build Caregiver Capacity

Caregivers' competence and confidence is increased when family-centered and adult learning principles are applied in the coaching process.

Remember to:

- Support the caregiver to identify what and how he/she will be coached
- Distribute relevant and meaningful information while planning and problem solving
- Provide information in ways that support the individual caregiver's learning (e.g., handouts, demonstration, video modeling, discussion)
- Encourage multiple opportunities for the caregiver to actively practice the strategies within the planned routine
- Provide honest, functional, descriptive feedback (e.g., "He imitated the reach gesture after you showed him how to use it") and evaluative feedback (e.g., Did you see and hear what he said when you said, "open door?")
- Support the caregiver's reflection on the strategies within the routine (e.g., What worked best for you? What did you do that increased his responses?)
- Identify data collection strategies that fit in the routine and the caregiver's style
- Plan for best- and worst-case scenarios that could occur between visits

How to Teach: Evidence-Based Strategies to Support Child Learning

- Various types of intervention strategies have evidence to support accuracy and confidence of use by caregivers during activities and routines. The team should discuss which strategies:
- Match the caregiver and child's beliefs and priorities
- Are developmentally sensible for the child's current status
- Promote the child's interest and motivation to participate
- Are appropriate for identified long term outcome/goals(s)
- Provide as much, but no more support than the child needs at that time
- Support caregiver- child interaction and exchange of roles
- Will enhance child-directed learning
- Incorporate the naturally occurring cues of the routine
- Systematically increase initiation, participation and independence in the routine
- Fit within a variety of routines and activities to enhance caregiver ease of use and independent implementation
- Can be consistent or coordinated across opportunities as the child is acquiring the skill and then varied to support generalization
- Include systematic next steps to encourage child and caregiver growth
- Are easily and safely incorporated in the routine by the caregiver (e.g., proximity, availability)

SS-OO-PP-RR Routine Planning Guide

Child Outcomes:

Caregiver Outcomes:

Setting the Stage (Joint plan)

What to teach: (*Identify learning targets*)

Who to include: (*Participants*)

Where/When to teach: (*Context*)

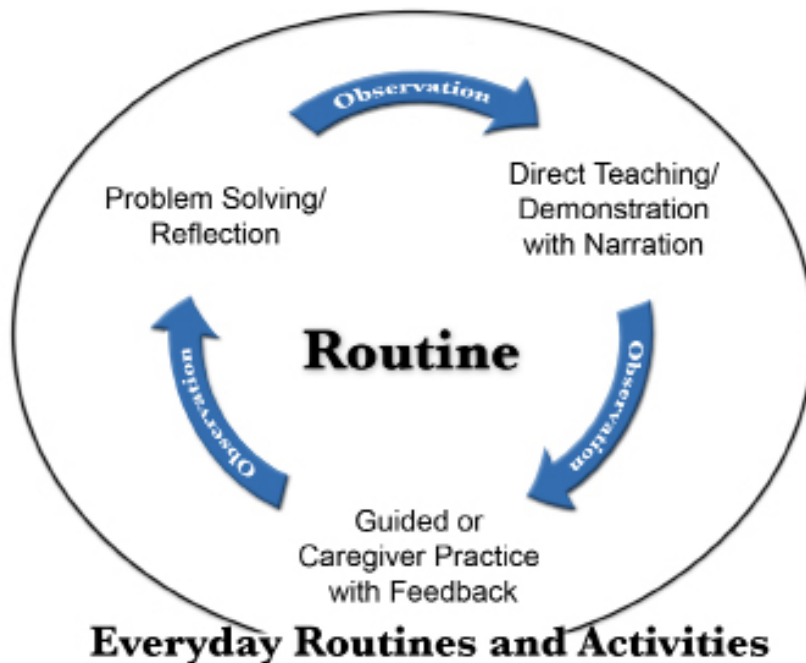
How to teach: (*Intervention/teaching strategies*)

Problem Solving and Reflection

How you know it is working: (*Encourage caregiver independence and generalization*)

Questions: (*Match objective, reflective, interpretive, decisional*)

Comments: (*Include information, resources, connections to IFSP*)



Opportunities to Embed

Observations:

Coaching strategies to build capacity: (Designed to increase confidence and competence)

Performance feedback targets:

EB Instructional strategies to support child: