

SS-OO-PP-RR Home Visiting

Planning for the Home Visit:

While most EI providers have their own personal planning strategies to review prior to a home visit, there are a few important points to consider that support a family-guided approach. Planning actually begins at the previous home visit. The action plan items and reflections previously established should be revisited first. What did the caregiver share as the child targets to work on between sessions? What family outcomes were prioritized? What data and/or reflections were going to be collected? What were you asked to gather for resources or information? This opportunity to reflect and review promotes continuity of the child and family's outcomes. Starting with the action plan reminds the provider of the family's agenda, and provides a reminder to start the visit with ideas on how to build the caregiver's capacity to support the child's participation in family activities and routines. While reflecting on what did or did not go as planned, the provider can identify potential supports or coaching strategies that could enhance the caregiver-child interactions. The provider can also identify if there is a need to revisit family priorities, to make connections to IFSP outcomes and to conduct any formal progress monitoring. It is also important to think ahead and to plan for ways to integrate information into relevant routines and activities to support the caregiver's knowledge development and application of learning. What supports and strategies could be useful to increase the caregiver's confidence? Planning should also include reflection on what the provider wants to improve in the implementation of her practices. What could she do to further engage the caregiver in decision making? What information or strategies would be useful to share with the caregiver? Planning before the visit is an opportunity to reflect on previous experiences to identify ideas and options for the next.

Setting the Stage:



Setting the Stage is integral for effective learning for both children and adults as it introduces or prepares the caregiver for what is to follow the visit. The activities may take place in the first few minutes of the visit, may be interspersed throughout the visit, or in most situations, will be a combination of both. There is not one right way – just the way that works best for the family and that visit. The point of Setting the Stage is to exchange information and ideas, to make sure the caregiver has a voice in what is to come next, and is actively engaged in addressing the priorities. Activities for the session may include the caregiver

and provider identifying the child's goals for the session, preferred activities and sequence, as well as gathering and giving information agreed upon during the previous session. It may also focus on a family outcome and include brainstorming and problem solving that guides the family's participation.

The necessary flexibility of how, when and where the EI sets the stage for learning is integral for both building the family's capacity and incorporating adult learning principles in practice. Sometimes the family will be in the middle of an activity such as clearing the table. The EI can join in with the family, catch up on what has been happening while observing the child and parent interacting in a routine. The EI can plan with the caregiver for the visit while gathering information key to preparing for another activity. Or the EI and caregiver may opt to just continue with the clean-up activity using it to transition to the next chore and postpone catching up on the previous week until later. Other times the family will be waiting for the EI's arrival and will anticipate starting with a preferred activity. Some families prefer a predictable home visit sequence, others are more spontaneous. What needs to be consistent is that the EI engages with the family to ensure their participation. In child-related outcomes the preparation focuses on supporting the caregiver-child interactions in their daily activities and routines. When setting the stage for family outcomes, the provider is likely to use conversation and information sharing strategies in a variety of formats to support the adult's learning preferences.



Gathering Child and Family Information: Building partnership and promoting caregiver participation

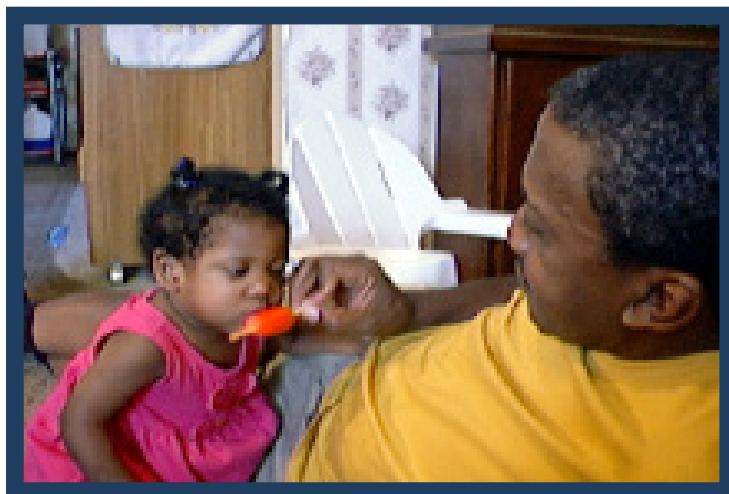
- **Assess child and family well being.**
e.g., “How has Laura been feeling?” “Has Dad gotten any break from overtime duty?”
- **Review intervention opportunities and routine/activity contexts from the last visit.**
e.g., “You wanted to try the choice board to increase participation during dressing. How did it go for you during the week?” “How did you like having the snack choices on magnets on the refrigerator?” “Was that easier access?” “You mentioned you were headed to the park this week to play on the swings and in the sandbox. How did it go?”
- **Revisit child outcomes on IFSP and solicit family feedback on child's current status to keep the “big picture” in focus.**
e.g., “You were repeating Edison's vocalizations in play and songs to help her develop words. What sounds have you heard this week?” “When did you get the most back and forth turns?”
- **Collect data on progress toward family outcomes.**
e.g., “Have you had a chance to look through the information on nutrition for children with Down syndrome?” “Do you have any questions?” “What did Grandma think about the diet after you shared the research with her?” “Did you hear back from the Early Head Start program about part time work opportunities for you?”

Identify program revision needs

- **Monitor supports: Were the services actually delivered?**
e.g., “Did the respite provider come?”
- **Listen to family’s changing or newly identified concerns and priorities.**
e.g., “I heard you mention he’s waking up in the night and climbing out of his crib. Do you want to talk about that?”
- **Reflect on impact of the interventions overall. Identify family’s satisfaction.**
*e.g., “You mentioned she used the toy grocery cart work and it increased her walking. How does that make you feel?”
“Did she chase you?” “Did you have fun?”*
- **Ask questions that help the family reflect on their enjoyment and ability to be with their family doing every day activities rather than “extra” or therapy type work.**
e.g., “Did bath time take longer when you added big brother as a conversation partner?” “Did your family enjoy going to the park?” “How much extra time was involved with Danny helping put the clothes away?” “Is the time it takes worth the cost to you?” “Should we consider other activities?”

Organizing for the Visit: Providing structure for the caregiver to organize their priorities and ensuring the routines and activities are immediately relevant to them

- **Organize for the session and for each activity/ routine. The EI should discuss the purpose of the goals, connections to earlier development, progress and next steps.**
*e.g., “Last week we planned to practice climbing the stairs so you didn’t have to worry so much about him falling. He is crawling with such confidence- and speed- now. Does that still sound good?”
“He is sure getting closer to that walking goal you prioritized!” and “So what is his favorite toy that he is likely to be motivated to climb toward?” “We know he has to have some pretty good motivation!”*
- **Help the caregivers prepare the environment or materials for the session so they are aware of what they need or what works best for the child and themselves.**
*e.g., “What are his favorite sand box toys?” “What happens when he gets in the sand box and his diggers aren’t there?”
“Since she is using the coffee table for supported standing, are there any things you need to arrange for her safety?” “Where do you usually sit?”*
- **Support caregiver participation in deciding who will do what to match the caregiver’s learning needs, style and preferences.**
e.g., “Would you rather watch a video clip of another parent using this strategy first, or would you prefer to go ahead and try it to see how Anthony responds?”
- **Ask open-ended, non-intrusive questions reflective of your relationship to ensure the caregiver understands “why” the activity or goals are important.**
e.g., “What will it mean to your family when he can feed himself?” “So what happens when you ‘wait’ for him to take his turn?”



- **Agree upon general plan and time allotments for each activity if needed. Encourage joining in to current activity of child and caregiver.**
e.g., “Where do you want to start?” “Should we finish up what you were doing?” “Who is going to stay behind him?” “How many choices do you want to give him?” “Will three turns be enough?”
- **Ask parent to identify any places of the house or yard appropriate for interaction.**
e.g., Kitchen for snack and meal routines, playroom for general activities, bedroom for dressing routines. This is a great time to suggest new locations that might enhance additional practice opportunities and generalization. You can also suggest warm weather activities like the backyard wading pool or pretend play activities that use a box from the store as a house or a sheet over the table as a tent. Try to expand gently and explain why.

Not every session or activity in the session will require every part of SS-OO-PP-RR. However, the more opportunities for the caregiver to offer their ideas and make decisions, the more the plan belongs to them and builds their confidence.

Observation and Opportunities to Embed:



Observation and Opportunities to Embed are likely to occur differently for every family. How, when and where they occur also varies for family versus child outcomes. Family outcomes not directly related to child learning within the routines and activities of the home may not include this component. A family outcome to attend church as a family is not likely to include the provider; nor would sending videos to Dad in Afghanistan so he can keep up with his son’s progress walking. However, a family outcome to learn and use signs with the child could. Again, remembering the purpose of this component helps in determining

when and how much. Observation supports caregiver implemented intervention in many ways. It reminds the family of the critical role they play in early intervention. Obviously when the EI is observing, the caregiver and child are interacting with each other- one of the primary goals for any home visit. The EI is gathering important interaction information about what they enjoy doing, what strategies the caregiver uses that support and engage the child, and the synchrony and motivation of the partners. While observing, the EI is also gathering essential information about the routine/activity, the caregiver and child’s teaching and learning strategies, and their dyadic supports to each other. The caregiver is leading the activity/routine with the child, allowing the EI to assess the consistency and accuracy of the use of intervention strategies and the child’s responses to them. This information is used to focus the most effective coaching for the caregiver and child.

It is likely that for most visits, time will be spent with the parent and child embedding intervention into activities and routines with either the EI observing, using a variety of general and specific coaching strategies, as well as problem solving and reflecting conversations with the caregiver. Opportunities for the caregiver to practice are essential to learning. They enhance caregiver’s competence and increase her leadership in interaction with the child. Careful and frequent observation helps verify the contextual match between the routine/activity, the caregiver and child interactions, outcome addressed and the supports and strategies used. This dynamic interplay between all the different components of the EI role will depend upon the relationship established with

the family, the family's priorities, and the support both the child and parent need from the EI during the visit. The EI's role and the coaching strategies used will vary across routines and outcomes addressed. However time during the visit is prioritized, there should be a variety of opportunities for the caregiver and child to interact and receive coaching and feedback from the EI.

The relationships and roles are dynamic, therefore the home visit should be too. Remember, one of the goals for early intervention is to support the family's ability to maximize the child's potential, helping them to be instrumental in their child's learning process. The provider is systematically and deliberately seeking to empower the family through observations and opportunities that support parent-child interactions.

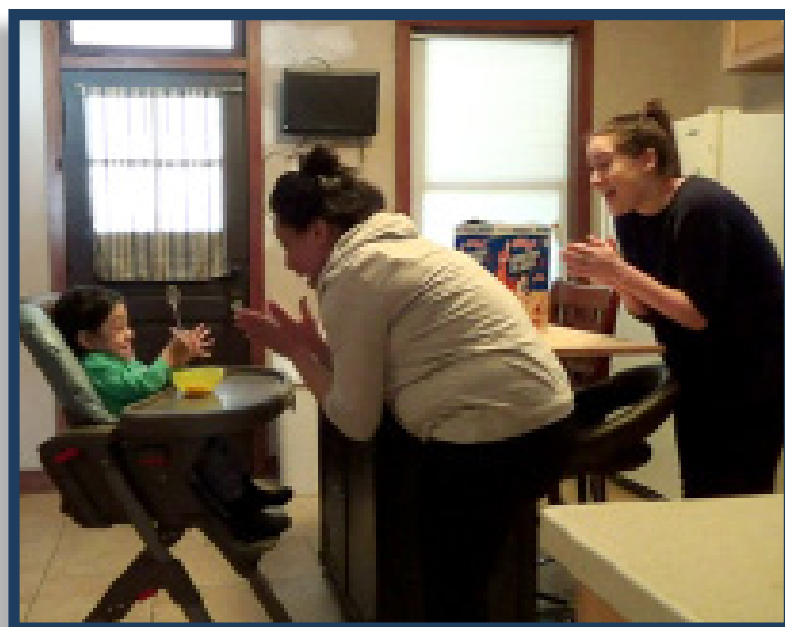
Some common topics to address or roles to fill during observation and opportunities to practice include

- **Arrange physical environment to promote parent-child interaction.**
 - Position self for easy observation and interaction with parent and child as a dyad – without interrupting or intruding.
 - Use materials available and typical for child and family.
 - Identify/suggest other materials that are interesting and interactive for the dyad based on your observations of them and your knowledge of child development.
 - Support child physically to engage with parent.
 - Ask caregiver's input about comfort and ease of activity.
 - Suggest adaptations or rearrangements to the parent for consideration as needed.
 - Move with child and caregiver between activities... keeping them engaged and interacting. This is typical of what happens between the visits. Their interactions tend to flow through the day.
- **Share information by connecting what caregivers are doing to child goals and opportunities for learning.**
 - Explain the purpose of activity in relationship to child's development.
 - Include developmental information while discussing the impact of disability.
 - Describe what child is learning within each routine and why it is important.
 - Encourage parent to reflect on how increasing participation relates to current goals.
 - Practice activities with the family and share what you see while observing.
 - Share information on successful interventions to help children learn.
 - Offer choices of strategies and discuss pros and cons of each.
- **Support caregiver engagement by providing feedback and encouraging participation.**
 - Learn what the caregiver has tried already and found to be useful as a starting point.
 - Identify what hasn't worked from the caregiver's perspective to avoid suggesting it again.
 - Provide facial, gestural, and verbal cues to caregiver during routines and activities.
 - Interpret or comment on child's enjoyment during parent-child interaction.
 - Join in to on-going activities while gathering caregiver and child information.
 - Listen and expand on caregiver's ideas and use of embedded strategies.
 - Encourage responsiveness by interpreting child's signals when caregiver is unsure.
 - Use a variety of specific coaching strategies to scaffold caregivers' learning and facilitate opportunities to embed.

- **Embed strategies into typical, everyday routines and activities.**
 - Define goals and discuss with parents what strategies to embed and where.
 - Identify preferred routines and seek possible new or expanded routines.
 - Discuss pros and cons of various strategies.
 - Explain and demonstrate new strategies as needed to sustain the interaction.
 - Support contextual match between routine/activity, caregiver, outcome and strategy.
- **Enhance caregiver competence.**
 - Comment on caregiver actions and child response making the interaction positive.
 - Ask caregiver's opinions, ideas and help them to reflect on their strengths.
 - Use active listening and validate the caregiver's ideas and conclusions.
 - Answer questions and expand on caregivers thoughts.

Problem Solving and Planning:

Problem Solving and Planning generally occur throughout the visit, and in reality, describe a major role of the provider in the EI process. When defined broadly as an exchange of ideas and information to promote understanding and use, problem solving describes many of the exchanges that occur between the provider and the caregiver. The caregiver shares her knowledge of the child, priorities for the family, and her experiences of what works best while the provider supports the caregiver's knowledge and application of strategies to promote the child's participation. The exchange isn't always about a "problem" as much about new applications. Problem solving may be finding



a new toy or snack when the previous one isn't interesting anymore, opportunities brainstorming different strategies to increase and concluding on the best one to use, or rearranging the location of the materials such as food items in the pantry so the child can reach his choices. The use of a systematic problem solving process supports the caregiver in an exploration of options fostering informed decision-making.

Engaging the learner in evaluating the consequence or outcome of the practice supports a deeper understanding of the knowledge and "ownership." Providing opportunities to "tweak" it helps them individualize it to the family's style, the child's current favorites, or makes it more fun for the family. Planning help with confidence and memory skills. Troubleshooting what could go wrong provides additional practice and opportunities to ask questions. Finally, the last step of the problem solving process involves determining specific action steps to help prepare for implementation.

Some common topics/points to address while problem solving and planning

- **Problem solve with caregiver to identify ways to increase opportunities to practice outcomes in new or expanded routines.**
e.g., "Christina seemed to enjoy feeding the fish today. She did a great job taking turns with you. What other activities might work with you or her dad?"

- **Brainstorm how to embed intervention strategies into new or other routines.**

e.g., “Joey responded to the small portions at snack by requesting more. What other activities do you do during the day when you could encourage him to request by giving him only a part of the materials?”

- **Collaborate to determine the function or trigger of a challenging behavior.**

e.g., “Hand washing seemed to be a struggle. What do you think frustrated him?”

- **Discuss changes necessary to accommodate new interests.**

e.g., “Edison sure likes to clap. Do you think she would like to play pat-a-cake?” “Dillon wants to put on his own shoes but it takes more time than you have. What ideas can we come up with to give him that extra time in the mornings?”

- **Brainstorm new strategies and facilitate problem solving on how best to use them.**

e.g., “Dillon needs supported sitting. Where do you think he has the best balance?” “How about the couch?” “What about on the floor?”

- **Talk about what support the family will need to implement a plan.**

e.g., “I like your idea that he does a shoe and he does a shoe.” “What sounds like the best strategy?” “Can one of the older kids watch and help?”

- **Establish an action plan together with the caregiver.**

e.g., “So for this week, tell me what you think are the most important interactions.” “You said you wanted to go to the park at least twice and I am going to bring you some more information on the parent meetings.”



Reflecting and Review:

As noted before, each component of SS-OO-PP-RR occurs multiple times throughout the home visit. Reflection and Review are often included at the beginning the visit as updates are secured by the EI and goals are set for the session. Reflection also occurs throughout the visit to facilitate the caregiver’s evaluation of strategies used in embedded intervention in routines as they occur during the session. Reflection and review also occur at the end of the visit as the caregiver and EI assess their experiences, look at their performance/satisfaction, and identify next steps. While reflection and reviewing comes at the end of this guidance material, it is a great reminder of the fluidity of the EI process. Reflecting and reviewing guide the EI and the caregiver in their mastery of the practices important to accomplish the child and family outcomes. Reflection encourages thinking about next steps and is used to support the caregiver’s ability to work with the child between sessions. To this end, the EI and caregiver build on the past to plan for the future. Reviewing ensures the EI provider and caregiver are on the “same page” about family priorities, what will occur between visits and what the plan is for the next visit.

Some common topics/points to address while reviewing and reflecting

- **Model self-reflection to encourage caregiver reflection and self-evaluation throughout the visit.**

e.g., “Ava is participating so much more in watering the flowers today.” “I think following her lead and letting her pick which one to water first is making a difference.”

- **Reflect with the caregiver on what worked and why to support understanding.**

*e.g., “What did Brandi do today that really amazed you?”
“What made that important?” “How was today’s session better than last week’s?” “What made you smile?” “Were there any ah-ha moments?”*

- **Review/summarize routines used in the session for embedded intervention in relation to child outcomes on IFSP and family’s priorities.**

e.g., “So far Katie is asking for more at snack, with stories, hugs and kisses, and soap during handwashing. Are there other routines that ‘more’ could be used?” “How did Owen participate in making the pizza?” “What goals did he work on?”

- **Complete a joint session summary and documentation for the visit. Short summaries help adults focus attention.**

e.g., “Let’s list what we did and what you want to do next.”

- **Review data related to child and family outcomes.**

e.g., “You were able to get all the toys back in the toy bucket.” “I saw Mary use 5 different gestures when you were putting on her shoes to go outside.” “You supported her arm just enough that she was able to grasp the blocks and put them away.”

- **Clarify discussion of what worked well and/or what was challenging.**

e.g., “What will you remember about what we did today?” “What was the high point?” “What do you think might go wrong when you try it tomorrow?”

- **Review/confirm potential routines, activities, and settings to target during the next visit.**

e.g., “What should we try next time?” “I heard you mention that Grandma is coming this weekend. Is there anything you would like her to do with Joey that we can plan for?”

- **Agree on responsibility for implementation and on time lines.**

e.g., “What is your best guess for a time next week?” “When do you want to try the new chair?” “I can bring information next week if that works for you or it can be emailed. Which is best?”



References

Donovan, M. et al. (Eds.) (1999). *How people learn*. Washington, DC: National Academy Press.

Knowles, M. S., Holton, E. F., & Swanson, R. A. (2012). *The adult learner* (7th ed.). New York: Routledge.

McCollum, J. A., & Yates, T. J. (1994). Dyad as focus, triad as means: A family-centered approach to supporting parent-child interactions. *Infants & Young Children*, 6(4), 54-63.

Woods, J. J., Wilcox, M. J., Friedman, M., & Murch, T. (2011). Collaborative consultation in natural environments: Strategies to enhance family-centered supports and services. *Language, Speech, and Hearing Services in Schools*, 42(3), 379-392.