Ditch the Toy Bags: Enhancing Communication through Routines-Based Intervention

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Disclosures

- Salaried employees of University of South Florida—Bay Area Early Steps program
- No financial or other relevant relationships to disclose.
Discussion Question:

What strategies do you recommend to caregivers to incorporate therapy into their natural environment and daily routines?

How do you follow up with the caregivers concerning these strategies?
Overview and Learning Objectives

- We have moved away from directly working with a child to the following:
  - Natural Environment
  - Coaching Caregivers
  - Using Routines
- What makes this shift challenging
- Steps for Success

- Coaching model in Early Intervention
- Maximizing communication opportunities within natural routines
- Increasing caregiver confidence in executing strategies within home routine.
What is the Overall Purpose of Early Intervention?

- We serve children birth to 3 from all walks of life from very low economic to affluent situations regardless of income.
- One crucial factor is that we provide these services in the home or child’s daycare setting which involves more opportunity cost to the therapist.
- How do we maximize the chances our techniques and strategies will continue when we are not there and also once the children age out?
Setting and adult vs. child focus as service delivery options

Goal of Early Intervention

Unnatural Setting

Clinic
Playgroup
Community Program
Child Care Program
Family Day Care
Home

Natural Setting

Home
Support to Caregiver
Teaching Caregiver
Modeling for Caregiver
Providing Therapy/Instruction

Caregiver Focus
Child Focus

“Traditional” Speech Therapy
Magical Toys!!!
(or maybe not)
Choices Choices Choices

- Traditional model: Therapist provides all activities, materials and structure (therapist is primary agent of change)

- Routines-Based model: Therapist empowers caregivers to become the primary agent of change for their child. Therapeutic strategies are infused throughout family routines.
Routines-Based Therapy vs. Direct Therapy

Young children develop to their maximum potential when their caregivers consistently use the techniques and strategies in everyday routines. (Mahoney et al, 1998, 1999, 2004, 2005)

**Early Steps Philosophy: Coaching Model**

<table>
<thead>
<tr>
<th>Coaching: Natural Environment/Routine</th>
<th>Direct Therapy: Clinic-Based</th>
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<tbody>
<tr>
<td>Collaborator</td>
<td>Expert</td>
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<tr>
<td>Transfer of skills to parents or other caregivers</td>
<td>Skills reside within the therapist (de-emphasizes parent as primary interventionist)</td>
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**Diagram:**
- **Coach** → **Parent** → **Child**
- **Therapist** → **Child** → **Parent**
Routines-Based Intervention

- Individuals with Disabilities Education Improvement Act early intervention program in the United States has as an explicit goal the provision of ‘supports and services to enhance the family’s capacity to meet the developmental needs of the family’s infant or toddler’ (Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §1400 et seq., 2004).

- Research has shown that children’s everyday experiences are likely to enhance their development when the experiences are interest-based, engaging, and provide children opportunities to use existing abilities, recognize the effects of their actions on their environment, and try out and learn new skills (Dunst et al., 2001).
Using Routines

- Children with developmental disabilities have difficulty generalizing new skills to everyday life. Interventions that build on non-functional skills have not shown meaningful gains.

- Infants and toddlers learn best through high-frequency naturally occurring activities in their environment. (McEwen, 1994).

- **Part C IDEA**: Intervention builds upon and provides support/resources to assist family members/caregivers to enhance learning based on everyday learning opportunities.
What message does a toy bag send?

- Your junk isn’t good enough.
- Therapy time only occurs during the visit.
- Attributing success to interaction with therapist rather than interaction with others in the child’s life.

How do we ensure carryover of skills and strategies when we take the toys with us at the end of the visit?

Are we as SLP’s one size fits all?
Routines Based Intervention and Coaching go hand in hand!
Serving as a Caregiver Coach

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)
What Makes Coaching Challenging

- Direct therapy is still the common perception
- Puts many SLPs outside of their comfort zone
  - “I thought this was supposed to be about working with little children, not changing adult behavior!”
- What challenges are you finding with using this type of model?
  - Daycares, parents leaving the room at home??
Typical session: Coaching Model

- 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 communication activity, etc.
# Three Coaching Strategies

<table>
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<tr>
<th>Direct Modeling</th>
<th>Verbal Support and Prompts</th>
<th>Coach Observes (Reflection on Action)</th>
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<tr>
<td>• Coach models while caregiver observes immediately followed by reflection of the parent</td>
<td>• Coach providers verbal cues and prompts while the caregiver directly engages with the child</td>
<td>• Coach observes the caregiver but withholds questions or feedback until a set point in the activity (delayed direct feedback)</td>
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</table>
Using the Natural Environment and Routines
What are Natural Environments

- Home
- McDonalds
- Walmart
- Park
- Daycare
- Library
Using the Natural Environment

Part C of IDEA mandates that early intervention services “must be provided in the natural environment, including the home and community settings in which children without disabilities participate to the maximum extent that is appropriate”
Support for the Use of Natural Environment

The Three R’s:

- **Rationale**
  - Children learn best in their own settings
  - Supports family’s participation

- **Research**
  - Promotes the concept of inclusion that we want to see carried out for the rest of their development

- **Reality**
  - Intervention typically won’t be carried over without this
Common Challenges to Home Visits

- Caregivers sitting on the couch
- Caregivers not engaged
- **No toys**
- Doing the same thing every session
- Multiple siblings in home
- Daycare setting
- Children that are medically fragile/complex
True or False?

- Most sessions occur on the floor, engaging the child in play with toys.
- Parents spend a lot of time playing on the floor with their children.
The family’s world is much bigger than sitting on the floor playing with toys!
Routines
The Importance of Routine

- Weekly ST Session: 1%
- Everyday Routines: 99%
Routines-Based Intervention

- Questions to consider:
  - Who creates the routine? Service Providers or Family?
  - What would the family be doing if I was not here?
Child Directed vs. Parent or EI-Directed

- Routines-based intervention promotes child-directed play vs. parent-directed play.
- Compliance of child improves with activities of their preference.
- Daily routines provide multiple familiar opportunities for child to engage in activities that they enjoy.
Routines-Based Intervention: Steps for Success
Step 1: Setting the stage

- Explanation of your role
  - Interventionist as a coach vs. “child fixer”
  - Model strategies, have caregivers practice while interventionist is there.

- Discuss caregiver’s role
  - They will be ‘rehearsing’ each session so that you can give feedback
  - Do what you would normally do if therapist wasn’t there.
Step 2: Observe the Environment
Step 3: Capturing the Family’s Routine
Sample Routine

6:30-7: Wake Up
7-7:30: Breakfast/Brushing Teeth/Getting Dressed
7:45-8:00: Drop off big sister at school
8:30: Back home
8:30-9:30: TV time/Parent tidies house, etc, snack
9:30-11:30: Errands (post office, bank, Walmart, grocery store)
11:30-12:30: Lunch/diaper changes/getting ready for nap
12:30-2:00: Nap
2:00-2:30: Pick up big sister from school
2:30: Back home, snack

3:30-4:30: Take sister to dance class, wait
5:00: Back home, kids free play (TV, toys), help big sister with homework
5:30-6:30: Family Dinner
6:30-7:30: Finish homework for big sister, mom and dad clean up kitchen, tidy up house
7:30-8:30: Bath, brush teeth, book, bed

8:30: ?????????????????????????????????????
Step 4: Infuse strategies into the Family’s routine

- What opportunities exist for enhancing communication within the context of the sample routine?
- No designated “therapy time”
- Working toward goals throughout the day in naturally-occurring moments
Video Example: Ella—One Step Commands
Video Example: Ella—One Step Commands
Ella: One-Word Utterances/One Step Commands
Alice—Moderate Hearing Loss
Practice
Johnny will use a word to independently make requests or name items in 8/10 opportunities.
Johnny will follow a 1-step command with less than 2 reminders in 8/10 opportunities.
Mary will use a word to independently make requests or name items in 8/10 opportunities.
Elizabeth will identify items when named in 8/10 opportunities.
Daycare Visits

Most daycares have well-established routines

- Snack
- Outside
- Circle time
- Art

**Challenging environment**

Is it more meaningful to pull the child out of class for activities or integrate strategies into their daycare routine?
“Distractions” or Opportunities?

- Siblings present
- Meals
- Diaper changing
- Bedtime
- Getting ready to leave
Supporting Families between Visits

- Mid-week check in.
- Family videos/youtube
- Texting
- E-mails
Parting Thoughts...

- No such thing as magic toys - leave the toy bag in the car!
- Focus on playful child-directed interaction in natural routine rather than just the toys
- Speech-Language Pathologists have to be creative and ready for anything!
- Best practice: Start fresh with new families

- Remember that most learning occurs between visits
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