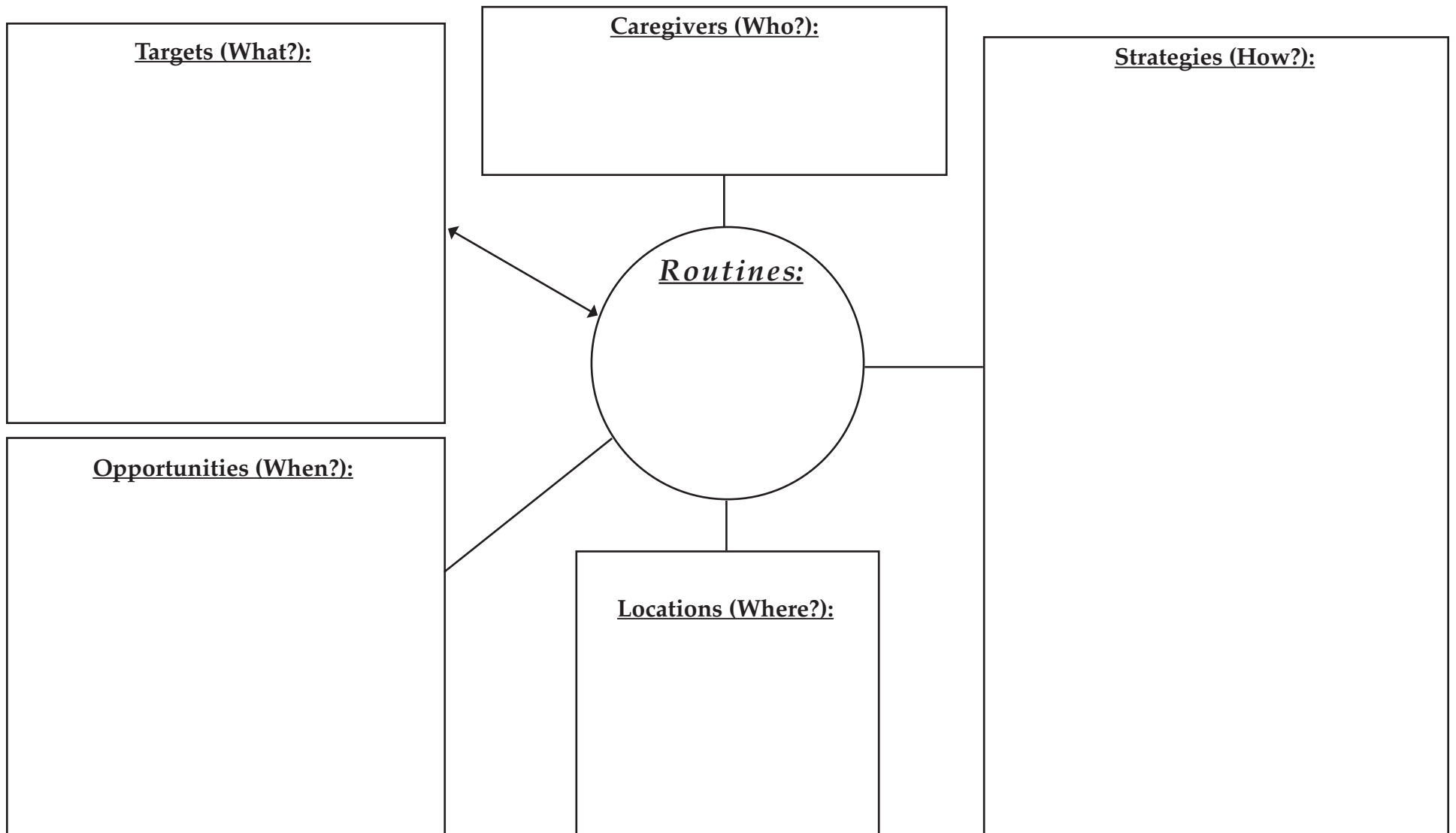




Routine Based Intervention Plan



15 Ways to Ask Key Indicator 11

Key Indicator 11. Encourages the caregiver to describe what it will look like when the intervention is working - *specifies measurable targets, strategies, and routines for the plan*

- 1 "Close your eyes and tell me what it looks like for you when Patrick plays independently. Now, what's the 1st step he can work on this week?"
- 2 "You have a babysitter coming in, and she is going to make sure that Kim feeds herself. What are you going to tell her so that she knows what to expect from Kim?"
- 3 "What will 'it' look like when it happens? So, what are you hoping to see him do this week that helps him get there?"
- 4 "What would you want to see between now and next time to say, 'it's going great?'"
- 5 "I know your long-term goal is for him to walk at the wedding in May. Thinking of what he's doing now, what would you like to see him do this week that will tell you he's getting there?"
- 6 "We've talked about how you'll know it's working for Marie this week—she'll sit up more, support herself with her hands. How are you going to know it's working for you? What's that going to look like? Is the routine longer/shorter? Do the kids engage together? Are you less frustrated?"
- 7 "What could he do this week (that he didn't do last week) that would make you smile?"
- 8 "How will you know when he understands YOUR words more? What will he do?"
- 9 "Thinking about last week's celebrations, what do you want your 'celebrations' to be this week?"
- 10 "What will make you think, 'Ah-ha! She's getting it?'"
- 11 "We want her to gesture to show you what she wants, what's a realistic first step for this week? A reach?"
- 12 "How can we track how often/how long she is (sitting, following directions, taking turns with you, feeding herself, gesturing, using words, etc.)?"
- 13 "Last week you mentioned that he needs a little less help than before, what are you going to look for this week?"
- 14 "Your overall goal is for her to be able to walk to the car while holding your hand in the morning. How will you know that she's getting a little bit closer?"
- 15 "You want her to start gesturing to show you what she wants, so when will you know she's got it?"

Problem Solving and Planning (PP)

Problem Solving is not necessarily an exchange unique to a “problem” or challenging situation. It refers to a verbal exchange between the parent and provider that serves to gather information, discuss and evaluate the ideas and options to develop or revise an action plan. It is a coaching strategy that encourages caregivers to think and talk about what they are doing and how the child is learning with the intention to improve or increase participation. When Problem Solving, caregivers share their knowledge of the child, their priorities, and their experiences of what works best for their family. The caregiver also gains new information by brainstorming options, discussing the pros and cons of the possibilities, and formulating plans with the provider. Taking the ideas generated and forming specific plans encourages caregivers to act on their decisions.

Both Problem Solving and Planning use the parent’s metacognitive skills, that is, their ability to think and talk about what they are learning and doing (Knowles, Holton, & Swanson, 2005). Guiding adults’ use of reflection and evaluation of their child’s targets, intervention strategies, and routines or activities helps increase their ability to use, retain, and generalize new skills (Dunst & Trivette, 2009). In this component, the focus is on ensuring there is a match between the intervention strategies the caregiver is using to embed the intervention, the child’s targets, and the routines and activities. Problem Solving throughout the session, but especially at the end of each routine and prior to the provider’s departure, offers opportunities to try out the plan to ensure the caregiver feels competent and confident in its feasibility. Planning provides support for deliberate and systematic practice throughout the family’s daily activities as they occur.

Reflection and Review (RR)

Reflection and Review are inter-related. We encourage the use of Reflection to inform the review process. Reflection is a useful coaching strategy to motivate caregivers to think and talk about what they are seeing and doing with their child to intentionally support learning. Reflection builds confidence and autonomy when the provider supports the caregiver through open-ended questions and encouraging comments to discuss what has worked, what is happening now, and what the caregiver wants to do next. Reflection is key to caregivers’ understanding of their knowledge and skills as they build capacity for participation in both child and family outcomes and occurs in all components of SS-OO-PP-RR.

When Reviewing, caregivers identify what they have discussed, practiced, and experienced during the home visit that will help them organize knowledge in their framework to facilitate retrieval and application. The provider listens carefully to the caregiver’s descriptions and provides additional support as needed. Reviewing ensures the caregiver and provider are on the “same page” about family priorities, what will occur between visits, and what the plan is for the next visit. The process clarifies the plan and helps the caregiver retain and systematize what, how, when, and where the intervention will occur throughout the day.

When caregivers lead the review process rather than the provider, they use their own words to relate it to their everyday experiences. They describe how they participate and how they will know the intervention is working as their child participates. Review supports the caregivers' retention of the information and their commitment to action and informs the provider's documentation.

Implementing FGRBI Using SS-OO-PP-RR Coaching

FGRBI

SS-OO-PP-RR

	Family Centered, Individualized, Culturally Responsive Supports	Everyday Routines, Activities, and Places	Functional, Participation Based Outcomes	Embedded, Evidence-Based (EB) Intervention
Setting the Stage	Listen to the family as they share updates, ideas, and identify their choices and priorities for the visit.	Establish and specify the family identified routines, activities, places, and partners to support learning.	Prioritize caregiver and child’s functional outcomes that support meaningful participation.	Discuss EB strategies that are working well, the pros and cons of others to try, and how and when to embed them.
Observation and Opportunities to Embed	Discuss and observe what the family does, how they do it, what they enjoy, and what they believe is important and relevant for their plan.	Observe the caregiver-child participating in routines. Comment on strengths and identify opportunities for embedding.	Coach caregiver to increase participation on identified targets and measurable steps to increase engagement and independence.	Coach caregiver to use EB strategies which match the child’s learning and promotes caregivers’ ability to teach new skills and support child participation.
Problem Solving and Planning	Problem solve and engage in planning for the caregivers’ current priorities and the next steps between visits.	Brainstorm how to expand participation or add repetition in current routines meaningful to the family.	Discuss what is working (and not) for the child and caregiver and discuss steps to revise or expand targets to achieve.	Promote caregiver decision-making on the systematic use of EB strategies for targets in each routine and throughout the day.
Reflection and Review	Reflect/review with the caregiver on strengths and possible challenges if plan matches their priorities and additional supports needed, if any.	Review plan for expansion to new, diverse routines with other partners or places for generalization.	Reflect/review on action plan linking current targets/ skills to long-range outcomes. Review the sufficiency of support for learning.	Review/reflect on how the strategies are working, what progress looks like, and what the backup plan should be if needed.

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Dunst, C.J., Trivette, C.M. (2009). Using research evidence to inform and evaluate early childhood intervention practices. *Topics in Early Childhood Special Education*, 29(1), 40-52.

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Merriam, S. B., & Baumgartner, L. M. (2020). *Learning in adulthood: A comprehensive guide*. John Wiley & Sons.

Woods, J. (2020). *FGRBI Key Indicators Manual* [Unpublished manual]. FGRBI Partners.

Goal: To provide you with ways to help your young child with autism learn to express desired, feelings, and interests using body language and to understand your body language

Do less so they do more!



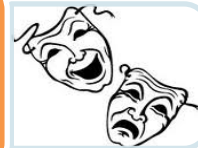
Pause and wait for gesture, eye contact, or vocalization



Add gestures



Exaggerate facial expressions and gestures



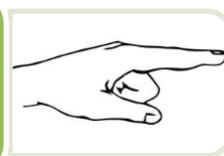
Practice "give me"



Set up need for "help"



Point and wait for child to follow



Put simple words to body language



Build steps for communication all day



Goal: To increase your child's attention to you

Identify Child's Spotlight



Position



Eliminate Competition



Find Social Comfort Zone



Following the Lead

Active Listening



Narrating



Helping



Imitating



Goal: To help your child use language and understand speech

Raise your expectations!



Continue imitating your child's sounds to develop vocal games.



Everything needs a name.



Use simple language; follow the one up rule.



Put in your child's ear the words you want to come from your child's mouth.



Instruct less; follow through more.



Targets to IFSP

As you begin intervention, you and your provider will talk about your priorities for your child -- things you want your child to be able to do (we call these goals). Many families have priorities and long-term goals that involve groups of skills like walking and talking. The question is often where should you begin to work on a long-term goal -- what is the best starting place? In FGRBI, your provider will use the words target, goal, and IFSP outcomes. While they sound a lot alike, they aren't quite the same. Knowing how we use the words may help you understand why we focus on targets during the session.

	What is it?	Examples
Target	Targets are the small steps that help reach the larger goal. In FGRBI, these targets are the WHAT Q. Targets should be things your child is ready to learn right now and things you can see and measure.	<p>Communication targets: Gesture (reach, point) to ask for things; vocalize using consonants; point to make choices, take turns or name objects.</p> <p>Motor targets: Pick up objects, put objects into a container, stand without support, crawl on all fours, cruise or walk</p>
Goal	Goals may involve groups of skills that cluster or are used together and take longer to learn. Goals may include several individual skills or targets.	<p>Communication Goal: Uses gestures and words to make requests or protest. This goal could include targets such as reaching toward or pointing to an object, using sounds to label the object and then learning the word.</p> <p>Motor Goal: Walking with support. This goal could include targets such as pulling to stand, maintaining balance, and walking along the table</p>
IFSP Outcome	Outcomes on the Individualized Family Service Plan (IFSP) describe what you would like your child to learn, how it helps him or her participate in daily routines, and how it will be measured. The IFSP outcome should be functional, measurable, and meaningful to your family.	<p>IFSP Outcome: Beau will tell us what toys and books he wants during playtime by using words we can understand.</p> <p>IFSP Outcome: Jackie will walk to the kitchen from her bedroom holding Mom's hand in the morning so that she can eat breakfast with her sisters before school.</p>

Use the space below to reflect on your child's targets (the WHAT's) and how those lead to longer-term goals and IFSP outcomes:

Target _____ → Goal _____ → IFSP outcome _____

Using the 5Q

What is 5Q?

5Q is a framework for guiding caregivers on how to embed interventions in daily routines and activities. Answers to the five questions become the caregiver's guide to planning and implementing embedded intervention to support their child's learning.

Why use 5Q?

Easy... it helps adults remember the details. Embedded intervention needs to be systematic, intentional, and provide sufficient opportunities for the child to learn- so that means we need to know how frequently to do it. Each Q is an important component to structure learning by supporting the caregiver's ability to include practice strategies in meaningful activities.

When to use 5Q?

You can use the 5Q with caregivers several times each visit, e.g., during action planning for the session, to reflect after the routine, and when planning for what will happen throughout each day. Using the 5Q frequently can help jog the caregiver's memory in routines.

How to use the 5Q?

5Q is an adult learning prompt that providers share with caregivers to help them learn the components necessary for embedding intervention in routines and activities for their child. It is a support for planning new routines to make systematic and functional. The 5Qs can also be used to problem-solve what is and what isn't working.

How to know the 5Q is working?

It's working when the caregivers have all of the components needed for teaching their child and are confident naming or explaining the intervention to support their child's learning. Providers also know it's working when caregivers are able to develop new routines or can add different targets and strategies to familiar ones.



A Quick View of Each Q

				
WHY? Is the target, strategy or routine important to support the child's learning?	WHAT? Are the child and family's target(s)-specific, right size and important for the relevant content?	WHEN? / WHERE? / WHO? Which routines, activities, places, times and people will support the child?	HOW? Will the strategies the caregiver uses with the child support learning and participation?	IS IT WORKING? How will family gauge whether plan is working?