Family Guided Routines Based Intervention (FGRBI) in Early Head Start

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Principles of FGRBI

• Family guides the dynamic process…
  – Team participates in problem solving to support family
• Routines, activities, everyday places are the context
• Observations of dyad serve as starting point
• Caregivers and providers problem solve on who, how, when and where to embed
• Intervention is embedded throughout day by parents/caregivers on their priorities
• Instructional strategies for the child are:
  – Evidence based and appropriate for the outcomes
  – Identified by family as useful and comfortable
  – Embedded systematically in family identified routines
  – Learned through discussion, guided practice and triadic methods
  – Monitored for progress and revised as needed
• Provider supports caregiver learning through demonstration, practice with feedback, problem solving and other appropriate adult learning strategies.

Routine Categories

- Play
- Caregiving
- Literacy
- Community Routines/Chores

Menu of Strategies

| Building Routines | Clear Beginning & Ending, Developmentally Appropriate Materials, Logical Sequence, Functional Outcomes, Repetition of Turns |
| Setting the Stage | Contextual Support, Environmental Arrangement, Visual Supports |
| Encouraging More Communication | Waiting, Modeling, Cloze Procedure, Mands, Requesting Imitation, Uping the Ante, Prompts |
| Responding to Communication | Verbal Praise, Contingent Imitation, Respond-Recast |
Results of research to date:

**Study 1 Summary** (Woods, Kashinath, Goldstein, 2004)
- Embedding intervention within daily routines and activities was effective in enhancing caregiver strategy use and had positive effects on specific communication outcomes for children with communication delays.
- The frequency of caregiver strategy use was variable across routines, as different routines offer varying opportunities for strategy use.
- Generalization of caregiver strategy use across routines did not occur. Verbal instructions were needed to promote generalization of caregiver strategy use.

**Study 2 Summary** (Kashinath, Woods, Goldstein, 2006)
- Caregivers who rarely used teaching strategies during baseline demonstrated proficient and generalized use of teaching strategies following intervention.
- Improved generalization of teaching strategies across play and caregiving routines may be attributable to careful selection of routines (general case programming approach) and embedding intervention in multiple routines.
- The rate of strategy use varied across caregivers and routines. For example, time delay was used more often in caregiving routines than play routines.
- Caregiver strategy use resulted in positive changes in specific communication outcomes for the children with autism.

**Study 3 Summary** (Wetherby & Woods, 2006)
- Family-identified and -preferred routines can serve as the context for parent implemented interventions with children with ASD comparable to service delivery guidelines within Part C.
- Children improved on 11 of 13 measures of social communication from the CSBS. Gaze shifts and shared positive affect showed differences with moderate effect sizes.
- Caregiver strategy use resulted in positive changes in specific communication outcomes identified on a curriculum based assessment for the children with autism.

**Study 4 Summary** (Woods & Kashinath, 2007)
- Caregivers can and do embed intervention in both play and caregiving routines.
- There were no significant group differences in number of turns provided in play vs. caregiving routines for these dyads.
- The rate of strategy use varied across caregivers and routines. For example, some caregivers used more descriptive talk or modeling in play routines than in caregiving.
- While some caregivers embedded more in one type of routine (play or caregiving), all embedded both specifically taught and incidental strategy use in both types.
- There were no relationships between preference of routine type based on age of child, gender, disability or education level of caregiver.

**Caregiver Reported Key Learning Strategies** (in order identified)
- Problem solving with clinician
- Demonstration by provider or video of other parent using strategy
- Discussion of pros and cons to make a good match between strategy, outcome, routine and child interest during planning
- Time to talk about the data
- Feedback
  
  Kashinath, Woods, & Goldstein 2006; Woods, Kashinath, Coston, Richmond, & Goldstein, in prep
General Conclusions

• Results indicate that family guided routines-based intervention is effective in enhancing caregivers’ use of specific teaching strategies across routines and has positive effects on children’s communication development.

• Whereas most parent training studies have been conducted at least in part in clinic settings, results support implementation of FG-RBI in the home in multiple routines within this natural environment.

• Rather than pre-determined intervention packages, teaching strategies that are individualized to the caregiver and child can be selected and taught efficiently.

Rationale for this study

• At least one third of children with working parents have non-parental care arrangements and 28% of these children receive center based care (Cappizzano & Adams, 2006).

• 36% of children under the age of 5 in the state of Florida receive center based care (Capizzano, Adams, & Sonenstein, 2000).

• Although Family Guided Routines Based Intervention (FGRBI) is effective with parents in a variety of play and caregiving routines at home and in the community, evidence supporting effects of RBI in early care and education settings is lacking.

Promising Practice #1

Gathering and Giving

- Share information and resources
- Enhance competence through conversations
- Establish supportive environment

How did we accomplish this?

• All staff in center received training on principles and practices of FGRBI
  – 30 minute breakfast sessions repeated 2x
  – CE credits were provided for group trainings

• Training topics included:
  – What are routines and how are they important for teaching and learning
  – Play and caregiving routines for EHS
  – Embedding intervention in routines
  – Using naturalistic intervention strategies
  – Increasing communication through peer interaction
  – Planning and problem solving as a team

Procedures

• FGRBI Project staff participated as team members for program wide assessment
  – Child information gathered within classroom routines (ELAP)
  – Conversations identifying possible intervention routines occurred while collecting assessment data as a team

• Conversations about child skills, intervention strategies and dyadic interactions occurred during assessment routines
  – Project staff and EHS teachers alternated scoring ELAP and leading activities with kids

Procedures con’t

• EHS teachers identified preferred routines and activities based on daily schedule and child interests

• Each teacher identified a “WIFM” activity or routine to start with

• Project staff helped with classroom set up (environmental arrangements) for intervention within EHS schedule

• Planning meetings occurred weekly

• Follow up consultation occurred within classrooms related to identified children
  – Consultation visits were arranged to maximize child/staff ratios and support for problem routines
Expanded Identification of Routines and Activities

- Consultation occurred in both play and caregiving routines to enhance generalization
- After the WIIFM, routines were added
  - Family identified concerns and priorities – IFSP
  - Child interests and preferences
  - Frequency and consistency of occurrence
  - Functionality and meaningfulness to family and EHS teacher
  - Match to curriculum and early learning standards
  - Opportunities to interact with peers

Promising Practice #2

- Observing and Guiding
  - Watch and suggest simple adaptations
  - Focus attention to salient features
  - Practice or model with feedback

Foundational Teaching and Learning Principles

- Use developmentally appropriate and preferred communication and learning environments
- Provide contextual support
  - Engage the child
  - Provide attention
  - Follow the child’s lead
- Expect participation
- Establish routines
  - Combine new and familiar routines

Tactic “Embedding Intervention” 1999

Strategy Choice

- Observations of caregiver in multiple routines to determine baseline strategy use
  - Descriptive talking, commenting
  - Environmental arrangement
  - Time delay/ expectant waiting
  - Contingent Imitation (prompting imitation)
  - Modeling (without prompting imitation)
  - Expansion, recast
- Joint problem solving to identify “best fit options”
  - Build on what caregiver already does with enhancements (increase frequency, quality, etc)
  - EBP indicators use would likely enhance child performance
  - Practice and discussion of pros and cons, comfort

Goal: Most impact for child with least amount of change for caregiver

Promising Practice #3

Problem Solving and Planning

- Collaborate on goal setting
- Monitor child and caregiver progress
- Plan implementation

Implementation

- Child communication goals for all children (with and without identified special needs) were similar
- Used problem solving process during planning meetings to increase opportunities for target children within routines
- Included supports for children with challenging behavior (without IFSP)
- Helped develop materials and set up environment
- Data collection was shared across team members
Results: What was the same about FGRBI in EHS?

- EHS teachers learned strategies and used them within caregiving and play routines
- Although variable, frequency of identified children’s communication increased within routines
- Caregivers identified preferred routines and activities for both the children and themselves
- Caregiving and play routines predominated choices by caregiver
- Caregivers reported routines had a positive impact on their practice and that the training and classroom consultation were beneficial

Results: What was different about FGRBI in EHS?

- Less diversity in routines identified as learning opportunities (primarily toy play, snacks and meals, clean up and hygiene); program required a consistent schedule
- Time for interaction with the caregivers was limited by external factors (e.g., weather, staffing, agency expectations, EHS program rules)
- Competition for turns from peers decreased opportunities (EI children were not the attention seekers, opportunities were divided across peers)
- Variability in caregiver assignments (logistics and ratios, schedules) and child attendance impacted frequency of intervention routines
- Group instruction and direct teaching initially identified as preferred methods; side by side co-teaching identified as preferred after project ended

Lessons Learned

- Non-targeted children must be involved in planning and consultation process with SLP as the interaction between teacher and non-targeted child greatly impacts amount of opportunities the targeted child will receive (Debbie and Deya)
- Very specific and concrete intervention strategies (environmental arrangements, waiting) are “easier” and more frequently implemented in a small group than strategies that require “thinking on the spot” such as upping the ante that requires the teacher to identify the child’s previous response and increase complexity.
- Teachers can learn strategies and may implement them with differing degrees of frequency and consistency based on the child’s responses (Matti and Jordan, Matti and Armond)
- Pairing children in small groups should be investigated to increase consistency and opportunity for child communication
Strategies to Build Collaborative Engagement

• Be systematic in sharing information
  – Combine group and individual consultation
• Start with a high priority routine WIIFM
• Demonstrate using meaningful, concrete examples
• Plan... prepare... stay flexible
• Work side by side the EHS teacher
• Use multiple formats appropriate to diverse learners
• Focus (and refocus) teacher attention to the family priorities
• Join in... don't just do it
• Use routines with props or a standard sequence as cues
• Provide checklists, visual supports, photos as reminders
• Expand routines with new settings, materials, people
• Repeat and double check again and again

About our model of consultation

• Adults learn differently
  – Didactic teaching is not ALWAYS bad
    • Can be a practical and economical way to initiate group training
    • May be a good match for learning styles of some caregivers
  – Promising practices are truly promising
    • Gathering and Giving
    • Observing and Guiding
    • Problem solving and Planning
  – Caregivers preferred reciprocal relationships
    • Problem solving
    • Guided practice

Key References


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