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Clinician Effectiveness

Attributes that impact treatment outcomes

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Professional and Personal

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Disclosures

☞ Robert Buckendorf has no relevant conflicts of interest to disclose

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Learning Objectives

- ☞ Participants will be able to list at least 3 characteristics of the Responsive Teaching Curriculum, the Early Start Denver Model and Prelinguistic Milieu Teaching
- ☞ Participants will be able to describe variables which may contribute to clinician effectiveness through observation of videotaped therapy sessions
- ☞ Participants will describe how to apply variables important for clinical effectiveness in their own clinical practice.

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Videos

- ☞ Camden- contingent, engaged, follow his gesture and look
- ☞ Jaxson cars- engaged, contingent, follow his interest, model, prompt, respond quickly take any communicative attempts including gesture and eye gaze
- ☞ Wyatt frogs- animated, contingent, simple language,

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Why this workshop

- ⌘ Malcolm Gladwell "What the Dog Saw"
- ⌘ Floortime - "woo" the child (circles); follow child's interest; engaging, challenging, expanding
- ⌘ Responsive Teaching- synchronicity
- ⌘ ABA vs Naturalistic; can they be integrated; Early Start Denver Model
- ⌘ We measure our clinical outcomes, get limited input regarding our technique in graduate school and in CFY; have mandatory CEU's, but are we becoming more effective as we work in the field? How do we measure effectiveness?
- ⌘ How do we keep from becoming 'comfortable'?
- ⌘ Can new grads and students use these techniques at the beginning of their practice?

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Effectiveness as Clinicians

- ⌘ Why do we even care
- ⌘ How do we improve now?
- ⌘ Don't we all become more effective as we gain experience?
- ⌘ What can we do besides CEU's? Is there more?
- ⌘ What do we measure to determine if we are becoming more effective?
- ⌘ Clinicianship- what is it? Collection of data, amount of engagement, clinician or client centered?

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Effectiveness

- ∞ Treatment goals (i.e., production of a phoneme, fluency, visual regard, joint attention, intelligibility)
- ∞ Generalization
- ∞ Engagement Goals
- ∞ If I combine treatment goals with engagement goals, does the person generalize goals better; are they more effective in using the skills we taught them?

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A Theory of Clinical Expertise

- ∞ Kamhi (1994)- “How do we operationalize qualities such as compassion, enthusiasm, sensitivity, flexibility, and innovation and study the impact of these qualities on outcomes?”

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Science & Clinical Practice

LSHSS, January, 2011

- ☞ Kamhi- balance of certainty and uncertainty, correct degree of skepticism and openness; must question beliefs and assumptions; scientific attitude with theoretical knowledge, a therapeutic attitude that includes interpersonal skills and compassionate behaviors, and professional attitude with the core substance of our work (Cornett & Chabon, 1988). "Clinicians function without an external, independent self-correction mechanism". If I question my own methods and results, do others lose confidence in me. I'm supposed to know what I'm doing!

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LSHSS, January, 2011

- ☞ Apel- Insurance companies and school boards hold us accountable. Clinicians monitor their own clinical practice and we are constantly determining if a practice is efficacious. If we are attuned to our clients' specific needs and values, we are verifying our practices. Clinical practice can inform research and then scientists can examine those practices in larger populations.

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What else do we measure?

Evidence Based Practice-(Sackett, 1996)

- ❖ Team is composed of
 - ❖ Patient and family - values, priorities, concerns, knowledge of child or family member; expectations
 - ❖ Clinician - expertise and clinical judgment, knowledge, practice based evidence; be willing to change and learn; challenge assumptions
 - ❖ Research findings - clinically relevant research

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Videos

- ☞ Timber - mom is contingent, used items that interested him (balloons), engaged him when he withdrew, proximity was good, wooed him by collecting all the balloons and waited for him to come and get them, was animated and playful, used simple language, anticipated his movements and got in his way so he had to play through her

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What is effective?

- ⌘ Effective - adequate to accomplish a purpose; producing the intended or expected result:
- ⌘ *effective teaching methods; effective steps toward a goal.*
- ⌘ How do we determine clinician effectiveness?
 - ⌘ Goals - are they defined in measurable terms?
 - ⌘ Am I making progress and changing my goals if necessary?
 - ⌘ Am I willing to self-assess my own skills?
 - ⌘ Am I willing to change my clinical methods to better meet my goals?
 - ⌘ (These last two are harder because I am assuming some responsibility for the outcomes based on my skills)

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Videos

- ⌘ James H mustache

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Clinician Variables

- ⌘ Competence; skilled and practiced
- ⌘ Knowledge of diagnostic and treatment options and using current best practice
- ⌘ Teachable and adaptable
- ⌘ Team member - willing to listen to others
- ⌘ Patient and student focused and interactive
- ⌘ Goal directed
- ⌘ Self reflective

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Teacher Effectiveness Robert Pianta

- ⌘ Classroom Assessment Scoring System
- ⌘ Measures multiple dimensions of interaction linked to student achievement such as :
 - ⌘ Teacher sensitivity (direct, personal response by a teacher to a specific statement by a student; consistently responding to students' questions; back and forth exchange to get understanding)
 - ⌘ Regard for student perspectives (provides opportunities for students to lead and make decisions; allows for students to be active; requires flexibility from teacher)

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❧ CLASS is an observational instrument developed at the Curry School's Center for Advanced Study of Teaching and Learning (CASTL) to assess teacher-student interactions in PK-12 classrooms and in settings serving infants and toddlers. It describes multiple dimensions of interaction that are linked to student achievement and development and has been validated in over 6,000 classrooms. CLASS can be used to reliably assess classroom quality for research and program evaluation and also provides a tool to help new and experienced teachers become more effective.

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❧ Measured teacher effectiveness via video tape

❧ Variables included:

- ❧ Infants: Responsive Caregiving (Relational Climate, sensitivity, facilitated exploration, early language support)
- ❧ Toddlers and older:
 - ❧ Emotional support: positive/negative climate, teacher sensitivity, regard for student
 - ❧ Classroom organization: behavior management, productivity, instructional learning environments
 - ❧ Instructional supports: concept development, quality of feedback, language modeling

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- ☞ The CLASS instrument became a much-needed tool that could both effectively measure teacher-student interactions in a classroom setting and offer resources for strengthening those interactions across any subject area or age group. CLASS is the only observational teacher assessment tool that captures teacher behaviors linked to student gains and that has been proven to work in tens of thousands of classrooms, from preschool to high school and beyond. The CLASS tool includes cycles of 15-minute observations of teachers and students by a certified CLASS observer. Those observations produce ratings (1-7) on dimensions of teacher-child interactions using a manual of behaviors and responses.

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Relationship Focused Intervention; Mahoney and McDonald

- Developmental intervention that encourages parents to use responsive strategies, i.e., take one turn and wait, during interactions with their children.
- Participated in 31 one-hour intervention sessions; 80% of the parents became more responsive, and increases in the child's pivotal behaviors promoted through parental responsiveness was significant related to improvements in the child's developmental functioning.
- Children in study made statistically and clinically significant improvements in functioning

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Responsive Teaching (McDonald & Mahoney) responsiveteaching.org

- Parent mediated; uses strategies that help children use pivotal behaviors (cognition, communication, social emotional functioning, motivation-interest and enjoyment); teach parents to be proactively responsive to their children and shift lead to child; parents can be effective.
- Reciprocity- joint activity and routines; shared power
- Contingency- timing
- Shared control- moderate direction
- Affect- warmth, enjoyment
- Match- developmental, interests of child

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Videos

- ☞ Jacklaughdogfood- animated, contingent,
- ☞ Troy G- animated, respond quickly to his requests, interesting and playful, shared control, move quickly

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Caregiver Synchronicity; Siller and Sigman, JADD, 2002

- Children whose caregivers had higher levels of synchronous (joint attention, focus on child's toy choices, caregiver showed/pointed to or talked about objects to which the child was already attending) behaviors developed superior communication over a period of 1, 10, and 16 years. Caregiver's sensitivity to child's interests provides purposeful experience.

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Videos

☞ Danieltakeaturnandwait

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Prelinguistic Milieu Teaching (Yoder & Warren, 1998)

- ⌘ Teaches caregivers to increase a child's use of intentional prelinguistic skills through nonverbal means, such as eye gaze, vocalizations, and gestures.
- ⌘ Enabling context- environmental arrangement and play routines with goal of creating opportunities for child to initiate communication
- ⌘ Attempts to build preverbal communication through
 - ⌘ Following the child's attention and motivation; imitate the child and then interact
 - ⌘ Uses series of prompts, models and natural consequences
 - ⌘ Use of social games, and natural prompts and responses (hide and seek, jumping on ball, squish game, musical toy)

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Videos

- ⌘ James
- ⌘ Eli Kari laugh- take turns, contingent, available, responsive

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JASPER- Kasari

- ⌘ Joint Attention, Symbolic Play, and Engagement Regulation; Connie Kasari, UCLA
- ⌘ Core Issues; Joint attention gestures, attending to what other people attend to to learn from others; follow gaze and attention of others; generate bids to direct attention of others
- ⌘ Increasing engagement in play activities and language within those activities; match language and frequency; set up environment to let kids generate own ideas and interact
- ⌘ We do less and let child lead more
- ⌘ Teach JA and Play specifically

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Naturalistic Techniques- Pivotal Response Training (PRT)

(Koegel, Schreibman); target pivotal behaviors (motivation, respond to multiple cues in multiple environments, initiation, empathy); techniques - reinforce all child attempts, alternate new and old skills, reinforcers “natural”, match activities, turn-take, child choice of toys.

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☞ Luke on leg: how many turns occurred in this segment?

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Early Start Denver Model (ESDM)

- ❖ Pediatrics, 2009. Randomized controlled trial of an intervention for toddlers with Autism: The Early Start Denver Model (ESDM).
- ❖ After two years of ESDM treatment in a randomized controlled trial, children improved significantly in IQ, adaptive behavior, and in lessening of autism symptoms. Most significant gains were in receptive and expressive language

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- ❖ The children in the control group showed a significant decline in their adaptive abilities whereas the children who received the Denver model treatment showed a steady growth in all developmental domains.
- ❖ This was the first randomized, controlled trial of a developmental curriculum designed for children as young as 12 months.

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Strategies from Discrete Trial

- ❖ Capturing attention
- ❖ Antecedent-Behavior-Consequence
- ❖ Prompt desired behaviors
- ❖ Manage consequences
- ❖ Fade prompts
- ❖ Shape behaviors
- ❖ Chaining behaviors
- ❖ Functional Assessment

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Strategies from PRT

- ❖ **Motivation through:** Child Choice and follow
- ❖ Turn taking; lead and follow
- ❖ Reinforcing all attempts and reinforcers with direct relationship to behavior
- ❖ Interspersing maintenance tasks
- ❖ **Response to multiple cues** by vary antecedents, set up stimuli with multiple cues
- ❖ Teach children to give same behavior with a variety of antecedents

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Strategies from ESDM

- ❖ Adults optimize child's affect
- ❖ Adults use positive affect
- ❖ Turn-taking and engagement throughout
- ❖ Adults respond sensitively to child's cues
- ❖ Multiple and varied communicative opportunities occur
- ❖ Elaboration of activities- multiple materials and many activities from many domains

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Videos

- ❧ Greyson first: Engagement instead of running away; be in front, move quickly, respond to any of his attempts to communicate (running away perhaps says he's not interested, staying in a task with me says let's keep doing this, flexible
- ❧ Christian Alyvia cooperate- I'm trying to be interesting, contingent (they licked the bubbles so do it again), use a variety of materials, respond to each child's interests

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So always use

- ❖ Positive affect ("Don't be boring")
- ❖ Play as frame for intervention
- ❖ Intensive teaching
- ❖ Positive behavior approaches for unwanted behaviors - replace unwanted behaviors with more conventional behaviors
- ❖ Involve the family

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Video

☞ Joshua balloon

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Student Supervision

- ☞ What are some variables we measure
 - ☞ Clinical rapport - facial expression, eye contact, engaging, respectful
 - ☞ Task activities - follows supervisors directions for session, introduce and transition activities, clear instructions multiple opportunities to demonstrate skills, collect data
 - ☞ Interaction skills - language at client level, turn taking behavior management, adapts activities based on client response, models, scaffolds, correct, reinforces, waits, engaging, professional demeanor

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Clinician Comments

☞ Clinician Mark

- ☞ In treatment, a good clinician is engaged, motivating, has clear goals and targets, fun, follows the child's interest but is also goal directed, and balances new goals and goals already acquired
- ☞ When not going well, a good clinician changes the activity, determines quickly if clinician is working within the child's zone of proximal development, offers more support, changes pace and rhythm, changes the balance of more or less support
- ☞ A good clinician is flexible, knows when to abandon an activity, keeps the child motivated, and reads child cues and anticipates change if needed

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Clinician Comments

☞ Clinician Mary stated that a good clinician:

- ☞ In treatment, enters into the child's world, reads subtle cues from child so knows when to change activities; adapts treatment to the child's interest, knows how to incorporate goals to the child's interests, is effective in modeling, clearly explains to parents and students the progress of the session, especially when changing activities,
- ☞ When not going well, knows how to bring children back creatively when they are distracted
- ☞ Is flexible, reads kids well, silly and animated, incorporates goals into any activity, has good rapport with family and students, creative, and stretches activities so that child has many turns on each activity

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Define Some Terms

- ☞ Animation- a lively or excited quality
- ☞ Flexibility- susceptible to modification or adaptation; adaptable
- ☞ Engagement- to occupy the attention or efforts of a person or persons; to attract and hold fast
- ☞ Contingency- immediately respond
- ☞ Shared control- neither has direction or domination over another
- ☞ Sensitive- consistently respond to a person's initiations

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As clinicians; how assess our own performance?

- ☞ What are some variables that may help us be better clinicians?
 - ☞ Animation
 - ☞ Flexibility
 - ☞ Synchronicity- caregiver responsive to child's focus of attention
 - ☞ continuous feedback
 - ☞ Creativity- willing to improvise and move quickly to keep child engaged
 - ☞ Engagement
 - ☞ Match- ZPD
 - ☞ Balance; "**Take one turn and wait**", play with sounds back and forth, communicate less so my child has to communicate more and lead
 - ☞ Contingent: respond quickly to child; child perspective and sensitivity

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Videos

- œ Assess
 - œ Animation
 - œ Flexibility- Cole 2015
 - œ Engagement- James H older
 - œ Contingent- Grace 22 mos
 - œ Shared control- James H early sign
 - œ Sensitive to child mood and interest

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Methodology

- œ Assess in five minute increments
- œ Look for a single variable (i.e., flexibility; judge how many opportunities where the child initiated a communicative bid and how many I responded to)
- œ Use two observers
- œ Check for reliability

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Questions

- ⌘ Are clinician attributes (flexibility, animation, engagement) important in determining outcomes in treatment?
- ⌘ How would we measure effectiveness? Completion of goal, parent or patient satisfaction, advancement in school.

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Conclusions

- ⌘ These variables can be measured accurately
- ⌘ These measured attributes can be improved upon with practice
- ⌘ These variables are important in determining good outcomes in treatment

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- ❖ Rogers, S. & Dawson, G. (2010) Early Start Denver Model for Young Children. Guilford Press: New York.

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Websites

- ❖ firstsigns.org (videos, diagnosis, treatment)
- ❖ autismspeaks.org (parent advocates, research, 100 day kit, autism and medication; safe use kit)
- ❖ www.helpautismnow.com/international.html
- ❖ <http://www.interactingwithautism.com/>

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