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Embedding Intervention Strategies into Everyday Activities of Infants/Toddlers and Their Families Recorded June 23rd, 2020

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- [Amy] Once again, welcome to the webinar today, presented jointly by SpeechPathology.com and the American Board of Child Language and Language Disorders, Embedding Intervention Strategies into Everyday Activities of Infants and Toddlers and their Families. Right now I would like to introduce you to Dr. Trisha Self. She is from the American Board of Child Language and Language Disorders, our partner for this event today. And she, in turn, is going to introduce Dr. Woods. So Dr. Self is an associate professor and the Paul M. Cassat Distinguished Chair in the Communication Sciences and Disorders Department at Wichita State University. She teaches courses, supervises, and conducts research in autism spectrum disorders. She is a board-certified child language specialist with over 30 years of experience working with children demonstrating complex communication needs, including autism. She is the coordinator of the Autism Interdisciplinary Diagnostic and Treatment Team Lab at Wichita State as well. So welcome, Trisha. I will turn over the floor to you.

- [Trisha] Thank you, Amy. As Amy mentioned, this continuing education event is a partnership with the American Board of Child Language and Language Disorders, also known as ABCLLD. I'm on the board of ABCLLD and just want to mention to today's attendees that if you think you have advanced knowledge, skills, and leadership in child language and are interested in becoming a certified child language specialist, you will find resources at our website that describes the process. The web address is www.childlanguagespecialist.org. Those of us who are specialists have found many benefits to being certified as an expert in child language, one being that we're all dedicated to ensuring that children receive high-quality services. So I invite you to become a specialist. I'd like to thank all of you for joining us today. We are fortunate to have Dr. Juliann Woods, who is with us and will discuss embedding intervention strategies into everyday activities of infants and toddlers and their families. Now it's my pleasure to introduce our speaker. Dr. Juliann Woods is professor emeritus and consultant for the Communication and Early Childhood Research and Practice Center in the School of Communication Science & Disorders and associate director of

research to practice in the Autism Institute at Florida State University. Throughout her career, Dr. Woods has emphasized the translation of research to practice. She has published extensively and presents regularly at national conferences on early communication and intervention for young children and their families, early identification and intervention in autism, coaching and professional development, and the use of technology. Welcome, Dr. Woods. We're looking forward to your presentation.

- [Juliann] Hello. I'm very excited to be able to share some information with you about embedding intervention strategies into everyday routines and activities of infants and toddlers and their families. One of my lifelong passions has been to make learning meaningful and seamless for young children and their families receiving early intervention services. My retirement from FSU allows me the opportunity to pursue that passion and to be able to share with others the materials that we've developed over the course of 35, 40 years. I started in this as a parent of an infant receiving early intervention services. So the tools and ideas that I'm gonna be sharing with you today are both very personal to me and also, I believe, will be useful to you in the field. At this point, because I'm retired, I'm able to share everything with you available through our website at fgrbi.com. You're gonna be hearing that from me many times throughout this presentation. So we're gonna be spending some time looking specifically at three tools that I believe will be helpful to you in your practice. This is a very practice-based presentation. And giving you some ideas that you can use with all families, that will be helpful to you as you provide those very important early services to kids and families to help them get a great start in development, but particularly in communication development. Many of these tools and materials have been developed over the course of watching thousands of videos of early intervention providers during home visits and classroom-based visits in programs such as Early Head Start. We're gonna be looking at specifically at the identification of tools that will help you engage the family in planning their own intervention to a use cycle that will support you in your coaching of

the family and strategies that families can use easily within a variety of daily routines and activities that are consistent with adult learning and provide... They're multipurpose for learning over time as well. So let's go ahead and get started talking about how we can embed intervention into the everyday routines and activities of the very diverse children and families that we serve using these three tools. So you're a provider working in the field, and you're learning to coach caregivers, possibly by mobile or tele-intervention services right now in addition to the kinds of home-based practices that you've used. And one of the things that we find that's really helpful is having a framework. So the framework that we use and that I'm gonna introduce you to is the Family Guided Routines Based Intervention and Caregiver Coaching framework.

Now, FGRBI is certainly not new. It's been around since the 1980s. It's not as old as I am, but it's been around for quite a while. It's an example of what we call practice-based coaching, which means we are really looking at specific measurable and observable behaviors that we use as coaches, that are in tune with what caregivers need to learn and want to learn to be able to interact with their children effectively. They're also congruent with the guiding principles of the Part C early intervention guidelines and programs that we see within each of our states. So FGRBI has four components, family-guided, routines-based, functional-based outcomes, as well as evidence-based instruction.

And we use that as what we teach caregivers. And when we are coaching them, we're using these four components. And we'll be talking a little bit more about them. Our coaching is focused on building caregiver capacity. And that's one of the things that makes it a little bit different in some of the coaching approaches. Excuse me. We use two sets of practices, the relational-based practices and then also participatory practices. And each of those practices contribute important information to our coaching process. These practices involve the ability to support the caregiver learning, increasing their confidence. And through increasing their confidence, we also increase

their confidence. This builds their self-efficacy and allows them to think about what they're doing and why they're doing it and to generalize it to other skills. So we're really helping them be able to impact their child. So our coaching and the tools that I'll be sharing with you have been developed to help you be able to support the caregiver learning how to interact with and support their child's learning through a variety of routines and activities. I often hear providers concerned that families aren't engaged. They may want to sit and observe, and then we hope that they try it out later. Or they may only participate a little bit. We're gonna be looking specifically at strategies that help to engage the caregivers and give them that opportunity to practice with you during the visit.

And now we know with tele-intervention or mobile coaching that the caregivers are more engaged, except for some folks who may not be as comfortable and confident participating in tele-intervention, because they aren't sure how to be engaged. And again, these kinds of strategies are helpful. It's sort of that old adage, if you give a man a fish, he's got a meal for a day, but if you give them the opportunity to learn how to fish, then they can support themselves. With caregiver, we aren't worrying about fish, because we are not sure they're even going to like fish. Every family is different. But we're looking at giving them tools they can use so that they can generalize and reflect on how they can expand their use that will help improve child outcomes. So let's start off by defining, what is embedding?

And why is embedding so important? It's, you know, we hear the word embedding, and we say we're embedding, and we're always talking about, well, I'm embedding in routines and activities. But are we really? So let's break it down. One of the definitions from the dictionary says that when we're embedding, we're inserting. And yes, we are. In embedded intervention with caregivers, we're adding a strategy. We're inserting something for the caregiver to do in addition to what they would typically do in that routine or activity that supports the child's ability to practice a specific skill or outcome.

So when we're embedding, we're inserting a specific intervention strategy that the caregiver is comfortable and confident in using, that doesn't interfere with the routine or activity, and that really helps the child be able to participate. We also wanna make sure that that strategy we've inserted is integral to the routine and the activity so that it fits in, it becomes a part of, and it's not contrived. We aren't adding additional toys or materials to a play set. We're not adding a toy to a snack routine. We're not bringing in something that the parent wouldn't typically do. We're using what they use and the way that they do it but inserting a strategy in a way where it fits.

And we're also making sure then that it is enclosed closely so that it doesn't interrupt or interfere the routine, interfere with the routine or activity, that the caregiver and child are working closely as partners, a dyad. We're always looking at that caregiver-child dyad so that they can achieve their outcome. So these definitions really help us define that we're using the everyday routines and activities that the caregivers have and their toys and materials. We're doing the things that they would typically do. And we're inserting a strategy the caregiver can learn to use or is using well, making it an integral part of the routine but not changing it radically so that it's easy for the caregiver to do, it's motivating, and it can occur frequently throughout the day. So embedding is a good word for what we're trying to do.

So why are we gonna embed intervention? Well, I kind of shared some of these ideas with you as I've talked about the definition. But just to review them briefly, we embed so that we can teach new skills. Routines are familiar. They're comfortable. The family knows what to do. The child pretty much knows what's gonna happen. So that's a great opportunity to add something new that the child can do or to increase their ability or their capacity in the routine. So instead of just communicating with a grunt or a sound, they could be practicing a gesture, a combination of sounds, a word, or they could be expanding, asking questions as they develop new skills. So using the familiar at a time when it's functional and meaningful both to the child and the family helps us

provide that comfortable foundation for the child and the parent to learn something new. So we're not trying to overwhelm anybody. We're using what's there, what works, and adding something new. Also, because it's occurring naturally throughout the day, it provides more opportunities for practice not only with the one caregiver who may have been involved with you in the intervention but also with family and friends. It becomes functional. It becomes a part of what they do. It also enhances rather than adds to what a caregiver already does to the child. We're not trying to change what the caregiver does. If the caregiver naturally good at labeling and is good at repeating what the child says and giving them another opportunity, perfect, let's use that. Let's add that to other routines as a natural strategy for the caregiver. And then maybe we need to encourage her by adding a little wait time.

So we're not drastically changing. And we'll talk more about strategies as tool three, but I just want to make sure that you realize our goal in embedding intervention is not to change what's there but to use what's there and just change it only as much as we need to so that we have that opportunity to embed. And then at the end, what we've got is the child has a more active role. They're more participatory, and so is the caregiver, because they have something comfortable that they're able to do throughout the family activities.

And rather than having separate therapy routines or activities, the child is participating in family activities across a wide range of things that can occur throughout the day. So what do families need to know about embedding? Well, they probably don't need to have the big, long definition that I gave you. But it is kind of important for them to understand why they are being asked to embed. Do they know why it's so important? Do they understand that when they're embedding, they're really teaching their child, and that they're the one who's the best to use that skill because they're with their child the most, especially during all those everyday routines and activities. So embedding is really for the family in that it's there to help them learn ways that they can help support

their child not only with you to practice with but then also to come up with some of their own ideas that work for them. So we want the family to know not only why it's important and why their role is so important, but then, what is it that they are embedding? Sometimes in our therapy and in our early intervention visits, we assume that caregivers know some things that we know just because we've talked about them. But we're not always as specific as we could be or that would benefit parents. So I often hear in videos and when I work with providers that they're working on increasing language, or they want the child to use more words. Well, increasing language is really broad. I'm still trying to increase my language.

And so it's like, what kind of language are we increasing? How do we get more specific? And then even if we're increasing words, well, what words are we trying to increase during play with blocks? What are we trying to increase during hand-washing? What words are we trying to increase when we're going outside to the sandbox? What are the kinds of words we want to increase when I'm upset and I don't want to go the bed? So what are those specific targets? And we call them targets so that caregivers understand these are the little steps to the big goal. Yes, we're increasing words. Yes, we're expanding language, but we're gonna break it down to use a very small... Right now, right here, we're gonna use targets.

And then we talk about, when and where do we use these targets? Well, what kind of routines are the most effective? I mentioned bath time, play time. It's the times that work for the families. And then, what strategies am I supposed to use? Is this where I'm supposed to pause? Is this where I'm supposed to label? Again, helping the caregivers know what it is they're doing, what are they embedding, that makes the difference. And then finally, how do we know it's working? And so when caregivers can answer these five questions, then they're able to be able to embed more effectively. So keep remembering this slide. We're gonna come back to those five question concepts in a few seconds. So I've tried to share a little bit about some of the basic foundations of

Family Guided Routines Based Intervention and coaching. And so just to summarize those, what we're looking at here is using adult learning and family capacity-building and participatory practices that really promotes the caregiver and how they feel about themselves as the person who is able to best support their child's learning. And to use that, the tool that I'm gonna share with you is called the Family 5Q. We also wanna make sure that in our interventions, we are using observable, measurable practices so that we can know what we're doing with parents that work. And so we're gonna talk about the SS-OO-PP-RR home visiting components also want to be able to individualize those diverse and meaningful routines that are specific to the families. There's not one good routine for everybody. It's the routines that work for the families.

And we have to be open to and available to use universal strategies that work in a variety of different routines and activities with kiddos across their age span, and then to use coaching strategies that support that caregiver where they are. Some caregivers start off with a lot of strategies they already have in their back pocket. Others, unfortunately, are just gettin' started with this. They may be new parents. They may not have thought about their role as helping support their child. It may not come naturally. But there are lots of great strategies that we can teach them. And that will be our third tool. So here we go. What is the Family 5Q? It's a series of five questions that we ask.

And you're gonna notice these are the same five questions that were on the... What do parents need to know about embedding? They need to know, what's the target they're gonna teach? When, where, and who's gonna teach it? And where will they teach it? How are they going to teach it? And why is it important for them to know how to do it? So why are we gonna use the Family 5Q? It's easy. It helps the caregiver and you remember what to do. Too often we're asking caregivers to remember lots and lots of things, and something they could do during bath time, and something different that they could do, you know, when they're in with plays, and playing with toys. What we want to do is to make the Family 5Q an easy way for caregivers to know that they're

embedding their instruction. We also wanna make it intentional so that they can tell you what the 5Q is, and they know what they're working on. And they can know then they can use it in different routines and activities. Sometimes our plans are just that: they're plans. They don't get to the point of becoming action. So when we talk about the 5Q, we're talking about, how do we make this intentional with lots of opportunities to practice? We use the Family 5Q throughout the session. We use it when we gather updates from the family, when we're planning what we're gonna do during the session, when we're in the middle of a routine, and then we use it again as we finish up the session so that we can feel that the family is confident to be able to implement the intervention between visits. It's not fancy, but it's very effective.

Because now what we've done is we've filled in the boxes for the family for a particular child of theirs. So we know, why is it important? Well, we want, you know, Corey to be able to get attention. We want him to be able to greet and request. We want him to be able to use some of those early behavior reg skills that will help him be able to interact with others. That's really important to the family. They want him to communicate with a purpose. So what are the targets? Well, early gestures, we're really starting right away with those early gestures.

That way he can wave to show everybody that he notices that they're there. He can reach for the things he wants or push away the ones he doesn't want. And he can celebrate with us about all his cool skills. He can be clapping. So those are very specific gestures that are gonna be used in specific routines. And the caregivers are gonna use specific strategies like getting down face to face, using some imitation, expecting him to participate, maybe a little prompt, waiting for him to respond and trying it again. And how do they know that it's working? Well, when they see him using those gestures in the routines. So that's our 5Q, and we fill it out very simply for the caregivers to be able to respond to it. Now, so that's tool number one. And it's just as simple as the caregiver being able to answer five questions. So tool number two starts

off with what we call SS-OO-PP-RR. And that is our framework that we use in our caregiver coaching. And it stands for setting the stage, observation and opportunities to embed, problem-solving and planning, and reflection and review. And these are practices that we believe are important on both home visiting as well as classroom visiting to make sure that the provider or the coach is able to support the family and the teacher's or caregiver's ability to really feel confident and also to be able to implement the interventions to embed them throughout the time between the visits. What really matters is what happens throughout the day. It's not about our visit. So if we're an effective coach, we're making sure that we provide the best practices we can to help the caregivers be able to continue the interventions throughout their day and have them comfortably fit within what they do so that the child is learning while he's playing and while he's engaged with his family.

So during setting the stage, we're looking at building that relationship with the family, again, finding out from the family what they do, what's happened since our last visit. We're setting them up to become the decision-maker. So we're looking from them about answering the question, so how did it work? Was it working? We're asking them to, again, think about why it's important. So we're answering a couple of our 5Qs right there during setting the stage. And we're also making a plan that includes all five of the Qs so that the caregiver's making some decisions about what's important to them, even before we start embedding intervention in the routines during the observation and opportunities to embed, which is really the key point that we're gonna be covering today. We're gonna be spending most of our time on observations and opportunities as we talk about the other two tools. But first we look to see what's already happening and build on the caregiver's strengths. It gives us a chance to really tell the caregiver what's working well, ask them what they like, what's working, what they think isn't quite going the way they want it to so that we can focus on coaching them in areas that they believe are really important and that will make a difference to them. We're also gonna be very intentional in our coaching. We are encouraging caregivers to be

intentional in embedding opportunities throughout the day. And in return, we're gonna be intentional in coaching them using a variety of general and specific strategies to facilitate that practice and so that they gain confidence and competence. And we're gonna be practicing with them in a variety of different routines and activities to make sure that they're feeling confident in their ability to not only do the things that we've practiced together but to generate new ideas.

So the purpose of observation and opportunities to embed is to, again, enhance the meaningful engagement with the caregiver during the routines and activities. This is important to really emphasize, because in using SS-OO-PP-RR, we're trying to spend as much of our time and focus with the caregivers, building their capacity through participation, not just talking about it but actually doing it with the caregivers and practicing with them in routines and activities. Of course, all that practice leads to lots of problem-solving and planning that needs to be done, because some things work, and some things don't work as well as they could. And sometimes something works so well we wanna try it in another routine or with another target.

So we're gonna be looking at always trying to grow the intervention through problem-solving and planning and helping the caregiver see how they can use their skills with us to make some plans but also to figure out what to do if it doesn't work when we're not there. And of course, that leads us to that reflection and review, where we start thinking about what made this successful. What were the challenges? How can we look at enhancing this particular strategy or this routine to really help solve some problems, or just simply to expand the opportunities for the child. So as I said, SS-OO-PP-RR has four components, but we're really gonna take our time looking at the observation and opportunities to embed and focus on how we are intentionally coaching the caregiver. So there are a variety of different coaching strategies that are used throughout the coaching approaches in early intervention as well as with school-aged children, and even into the business and life-coaching types of

opportunities. So some of these strategies are particularly useful to us in getting to know the family, building that relationship. And we call those general coaching strategies. So we're doing a lot of information exchange. As you well know, there's the importance of sharing information about child development, making sure you've shared information about the child's program, helping answer any questions that the families may have. So we're doing a lot of information-sharing. And sometimes we're playing alongside and interacting with the caregiver just as a partner with them and looking to see how things are going. So we would call those general coaching strategies. The other strategies that we use in coaching that also have an evidence base behind them are more participatory strategies.

Again, it's so important to recognize in the literature that general coaching strategies really are useful to enhance the relationship and to support the caregiver in their understanding of their role and how important they are. But to help caregivers be able to embed intervention, to get them engaged and to be able to practice with their child between visits, we're going to need to provide some other adult learning strategies or specific coaching strategies. And the first one that we're going to be using is direct teaching or demonstration with narration.

And they're just pretty much what they sound like, and that's giving the family the opportunity of, what is this intervention strategy, what does it look like, how do I do it, with some explanation. And we use these to teach new skills or new strategies or a new situation. So if there's something new going on, we wanna make sure the caregiver knows what it is. And this goes back to the whole concept of the 5Q. Why is this important, and how do I do it? And what is it that I need to know? And so making sure that we... It's not a lecture. You don't need to bring in PowerPoints like I have here. It's really that basic information. If you know what it is, it helps you to be able to do it. And once we get going with that, then we would use strategies like guided practice and caregiver practice, always feedback. And then the other strategies that

help us bring it to a higher level of understanding and implementation such as problem-solving, reflection, and review. So these are strategies that are seen in the literature as having an effect in coaching caregivers. So when do we use which ones? Well, I started to share that a little bit. But I wanted emphasize that, again, our general coaching strategies really help support that relationship. Make sure that we're using them to engage the caregiver, helping them understand the importance of their role. And then also, we'll use some of those strategies to help support the caregiver interacting with their child overall, looking at helping balance and synchronize the pace of the interaction between the caregiver and the child, and helping to make sure we're not going too fast, hurrying too much, trying to share more than anyone can learn in one visit. So again, the relationship-based general coaching strategies are just as important as the specific coaching strategies. We just use them for a different purpose.

And the specific coaching strategies then are the ones that we count on to really help the caregivers have the opportunity to learn and to practice with us and to problem-solve, to help make sure that we're using adult learning to provide systematic teaching with feedback for the caregiver. Many of the same things that we think about as we make sure the child has plenty of practice to learn a new skill, we need to make sure the caregiver has plenty of practice with us to learn how to use that strategy within the routine and that will vary greatly for different kinds of strategies in different routines, and also with different caregivers and their knowledge and understanding of what they're working on in that moment. So it's important that we realize we've got to have enough time to really practice. I wanna also just spend a little bit of time with you emphasizing the importance of observation. And I just think that we tend to jump in right away and want to get going. I've been emphasizing practice, practice, practice, and how important the intentional practice is, and it is. I'm not backing down on that at all. But what I'm trying to also make sure is that you realize that the first part of practice is observing. So we encourage folks to step back and watch first before you begin to engage with the caregiver. Find out what they're already doing. See how the caregiver

and child as a dyad interact. Learn about their routine. Snack doesn't look the same everywhere. Neither does hand-washing. And I have been surprised at the number of different ways kids and families play ball. One of my favorite was when the child sat at the top of the stairs and threw the ball down the stairs to the parent, and then the parent had to get the ball back up the stairs. And it was like, never saw anybody play ball like that before, but the opportunities in that ball-playing activity were huge, because we had to make sure it went hard enough and fast enough, and we had to bounce it off the steps. And we could say we could practice different sounds for each of the plop, plop, plop down the steps.

So you know what they're doin', you can really be much more effective in your engage, in your guiding their practice. We also observe to learn about how the caregiver engages the child. What is it that they do that really gets that child's attention? Are they somebody who has super facial expressions or lots of voice changes? Or are they a caregiver who's a little bit more quiet and uses whisper sometimes to get attention or a soft, gentle touch? Is this a caregiver who uses a lot of directive strategies and not as many responsive strategies? So when we look at... Not that one's better than the other, but we need to know where to start. How can we observe and learn more about the child? What really interests the child? We know kiddos are gonna stick with it better if they really enjoy it.

And how independent are they? And are they given a lot of opportunities to be more independent? Or is some of it a little bit preempted by the caregiver helping out? Then we can learn about that dyad. Does the child get to initiate? Or does the caregiver do more of the initiations? All of these are things that help us with that balance, setting the pace. When we learn more about the routine and the caregiver and child's interactions, we can really decide, what are some of the best strategies to share? As options for the caregiver, we can look at building where they're already at. Maybe we don't even need to teach any new strategies. The caregiver's using lots of them. And we can just look

at, how can we use them in different routines and use them even more frequently or with less support? So it's always good to observe. In fact, we encourage folks to observe each routine for at least 20 seconds before we say anything. And then we want them to say a positive to the caregiver about what they saw them do that really helps support the child. 'Cause we're trying to build their confidence in their interaction with their child and how the things that they do really help teach the child. So then, you know, we've talked a lot about observation. And you'll see that observation is at the top of our teaching and learning cycle.

And so this is part of that framework, again, under observation and opportunities, where we look at observing, see what's there, then we identify if there's a need for direct teaching and demonstration with narration. Like in that last example I gave, mom may already have a really good rate of response to the child. She allows the child to initiate. She responds. She waits a little bit, encourages another initiation. So you don't have to teach that balanced turn-taking to her. She already has it, but you may want to talk with her about where she could use it, how she might be able to refine it. And so you're gonna guide her practice, then you gonna let her practice again. So you're going to observe. You may teach if it's necessary.

You're going to observe again, and then you're going to, in that time that you're practicing with the caregiver, you may offer some additional suggestions or recommendations, or you may pull back and watch the caregiver again and see how they're doing, and then move to some problem-solving and reflection. Ask the caregiver, what do you think worked well? What would you do different the next time? What felt right? What were some of the things that were challenging? Giving that caregiver the opportunity to analyze or use their metacognitive skills, their metalinguistic skills to piece through what they were doing that really helped their child learn and was really supportive of them within the routine. We don't want it to become, to take over the routine and activities. That cannot last forever. Hand-washing, you

can't stay in the bathroom forever either. But these are opportunities for the caregiver to practice and problem-solve with you to see, what is it that works well and really enhances? Remember, the purpose of embedding is to insert and integrate and enhance the relationship for the caregiver and child. So we use these teaching and learning cycles in every routine. Sometimes we go backwards if we need to back up and provide more information. Sometimes we could skip a step and move on. But we would use multiple teaching and learning cycles in multiple routines throughout each of our home visits so that we make sure that the caregiver has had that ample time to practice. We really want the caregivers to have that time to practice in a variety of routines so that they have time to problem-solve with you.

One of the things that, when we do interviews with families at the end of participation and early intervention, we ask them, what do they think helped them the most? What did the coach do that really made them feel like they were, you know, an active participant and that really made a difference for them to feel more confident? And the number one answer is always, they problem-solved with me. I didn't have to figure it out alone. But I always felt that my ideas were valued. We figured out together what worked, what didn't work, by figuring it out with her that during the week I could go back and try it again.

So there was lots of that whole sense of, I'm a partner with my early intervention provider. I'm able to have my own ideas. It fits in with what I want to do. And that really builds capacity. Our whole goal in coaching is building their capacity. Sometimes it takes longer to get there with families. That means we need to make sure we're building that relationship, making sure we've spent enough time with teaching and demonstrating, and also enough time guiding them to where they feel more confident. We also start off with some of our reflection questions being a little bit easier to answer, making sure that they're not feeling as though we're asking them to figure out what to do without our support. So it's about scaffolding for the caregivers to build their

capacity. And we also wanna make sure that caregivers have enough opportunity to practice in a variety of routines. One of the things that I see so often on my videos of home visits and in the classroom is the SLPs spendin' a lot of time with play. Play is critically important for child learning. Play is really the place for kids to explore and to grow. And I agree, it is the work of young children. But play isn't the only thing the family does throughout the day. And so we want to take a look at all the other things that caregivers do, such as caregiving routines, because we can embed so many different kinds of strategies to teach such a wide variety of communication and developmental skills during the kinds of dressing routines that occur, during things that are related to washing your hands, to taking a bath, to cleaning up the bathroom, doing the laundry.

There's so many caregiver routines that occur that caregivers are engaged with their child. So let's embed. Let's embed and insert an opportunity there for practice. We also want to encourage a wide variety of early literacy skills with books. And you know, I'm not big on apps, but yet sometimes there's some great apps for kids to interact with their caregivers, as long as they're interacting with their caregivers. And we do want, and many families like the opportunities to have some kinds of writing and drawing activities.

But most families have certain kinds of songs and rhymes that fit into their day, whether it's, they're fans of country music on the radio, or they like opera. You know, we want to explore, how do we use music to help support, as well as everybody's got chores. What can we get done? And you know, I mentioned doing the laundry and feeding the pets and taking out the garbage and helping with the dishwasher or putting the groceries away. And there's always time to put toys away and to clean up the living room. A little dusting or watering the plants is a great interactive activity with it. And it gets the job done. And running around into the community, you know, having some errands that we can run and ways that we can embed intervention into those activities

can also help support the caregiver having success with those activities and not feeling as though it's one more thing to do and a potential for a crisis to occur. So many of our communication outcomes can be embedded into routines and activities that actually support a positive interaction and social opportunities for the child and the caregiver. So think about, how do we expand beyond the living room floor, beyond the center time in early care and education? How do we get into a variety of other things that occur throughout the day and occur every day so that we get that frequency of practice to be at a high and strong level that's very consistent for learning to occur? We're moving on to our third tool.

And I realize this is a sea of words on a slide. And this is where I once again remind you that all of the tools and materials, including videos to support them, are on the fgrbi.com website. It's that simple, fgrbi.com. And it includes every handout and piece of material that I've shared with you, and also lots of videos of caregivers working with different kids and families that give you ideas of how you can use these tools and how FGRBI looks and ways we build caregivers' capacity by using this model. So again, this is, like I said, a lot of words. But when you download the document, what you're gonna see here is a series of intervention strategies that have been shown in the research to be effectively used by caregivers in embedded intervention. So these are tried-and-true intervention strategies.

And they are ones that we think are gonna be really useful to you in working with families. You know, we all have our favorite strategies. And when you look at this, you're gonna see some that you really like. These are the ones. I teach parents these strategies first. These are my go-to strategies. Well, I think that's great for you, and that works for you. But are those go-to strategies always the ones that are most comfortable for parents? By having a lot of different kinds of intervention strategies available and that you're comfortable with, then you're able to work with the family to pick out what works best for them. Because they may have some different kinds of

strategies that will be more beneficial to them, that may feel more comfortable, where we'll build their confidence to start with. And again, we're building their confidence and their competence so that they can continue and really support their child throughout the week. So what is this list of strategies? Well, I think the most important one for us to look at are the ones that are at the bottom of the triangle. They're called responsive strategies. Or they're the universal strategies that we believe all caregivers should use throughout their day to help support their child's communication. So to make it a little bit easier, we put them in big print on a slide. And again, you're gonna look at these and say, oh, yeah, yeah, yeah, I do that.

Now, do you do this with every family? We believe that these are truly universal learning strategies that you want to make sure are in the toolkit for families, that they're the how strategies, the how of the 5Q, that families are comfortable using. And of course, we start with predictable routines. Do caregivers know what a routine is? Do they understand the importance of having a beginning and an ending and a clear sequence of steps so that it does become so familiar to the child that they can introduce something new? Many families need to have a little brush-up on what is a routine, and why is it valuable?

Again, do you help remind caregivers of the importance of face to face using facial expressions? We look at some of the new research literature on brain development, and we see just how important that close connection is. And I mean physically close and having that opportunity to really be able to learn those cues and signals from caregivers and from children. We talk about following the child's lead. And we see this often in play, but how do we help caregivers follow the child's lead in other kinds of routines and activities that might be a little bit more parent-directed? How do we help support the caregiver not preempting opportunities for the child but actually encouraging them? Are we using interesting materials and objects for interventions? And are we making sure that they're the objects and activities that the family would

typically use? Do caregivers know how to take turns? Can they respond contingently? Does the child have a productive role? Do they have something important to do in every activity, even if it's simply carrying the spoons to the table to help set the table? Or are they the person who, you know, pets the dog on the head or pats the dog while the food comes out? Maybe then they could have a new role of helping to carry the food over. These productive roles in a routine can expand as the child becomes more independent, as the child grows a little bit older, and maybe as the skills build. So we think about different roles in every kind of a routine and activity that the child can assume so that they're doing more and the caregiver does less. And of course, we wanna make sure that caregivers give the child chances to learn.

So we look at this as sort of our universal strategy tier for caregivers. And we wanna make sure the caregiver's comfortable in using these strategies before we introduce strategies from that higher level, more therapeutic or individualized strategies. And we often, you know, start with this list, and then when the caregiver's comfortable with these, we may add one or, at the most, two from the next tier until the caregiver becomes comfortable with them. We're so comfortable with these strategies, and we're so competent and so confident in our skills, because we've practiced them for a longer period of time.

And so it's important that we realize that we learned them one at a time, too, and making sure we don't ask the caregivers to spend so much time trying to remember what to embed and how to embed it that the routine and activity isn't as, you know, it isn't as comfortable and easy to implement. It becomes more contrived or it isn't integrated. We wanna keep what the family does as seamless as possible. Okay. So another thing I hear lots is, how do we then help the family with the 5Q when we're gone? Well, there's lots of different ways we can do that. But one of the things I like to do, again, is keep it simple for the family. Maybe use a routine and strategy matrix. Pick a couple of routines that they're definitely going to work on. And the families are great

at identifying, where is it the easiest for them? Or when are they most likely to be able to embed the intervention and pay attention to make sure that they can see that it's working? And so in this instance, the caregiver identified getting dressed in the morning and having breakfast, that early morning was great for the caregiver, because the other kids had gone to school, and this was a really great way to start the day. And mom also shared she felt really good about the day, because she knew she had been practicing with her child. And so everything else she described as the sprinkles on the doughnut. Because they have been working together and practicing, and she had gotten sort of in the groove of embedding. And so she was able to continue to add opportunities throughout the day.

So again, you're looking at this and you're saying, well, this is not exactly rocket science. Couldn't agree more, but it does answer the 5Q. What are my targets, the words I'm gonna use? How am I going to do it? And where and when am I gonna do it? And how will I know that it's working? And so the caregiver has those steps ready to go. So if we had had more time, we would have watched a video that shows these strategies in use and your three tools that I've shared with you in use, and we would have watched a video of Lexi, Jackson, and Connor.

And so I encourage you, again, to go to fgrbi.com, where you're going to find a whole series of videos that include not only Lexi with her twin toddlers, who are two, Jackson and Connor, but also videos of children who are younger and with multiple and significant needs, as well as kiddos and their siblings with a hearing impairment. You know, there's a wide range of kids with different types of disabilities, different family structures, and ways that the SLPs and educators have worked to involve them in using these tools to help support building the caregiver's capacity by embedding intervention in the everyday routines and activities. Remember, fgrbi.com. Well, we have a few minutes left, so I get to answer a couple of questions that I've gotten. And I am very excited. I'm gonna get through as many of these as I can. And the first one is a

great one to start within. "How do I get started moving away from play "to using a variety of different kinds of routines? "I really like that idea, so how do I go about doing that? "'Cause I'm pretty used to playing during my visits." That's a great question, and it's one I do get asked a lot. And I wanna start off with saying, I don't want you to think I'm telling you you don't use play as one of the routines and activities. You certainly do. But as I'm sure you understand, you know, there's a lot of other things that happen throughout the day. And play is one that fits in in a variety of different times and places, but there's all that other stuff that happens throughout the day, too. And so I think one of the first things that you can do is to observe. What is it that the caregiver was doing when you got there? What else is in the living room or the family room or the toy room, wherever it is that you're playing, or wherever you go to play that you could ask some questions about?

Does he help you with this, or how do you do that? And you know, what are some of the things you do out in the kitchen? You know, where is he when you're doing the laundry? So there's ways that you can sort of observe and see what's happening and gently ask some questions about that. So that's sort of the observational strategy. There's also the strategy that's just right up front and say, you know, there's a lot of things that go on through the day. What are some things that you do that, you know, we could talk about how you could embed intervention in those? And offer some suggestions.

Some people even use the little handout that I showed you under observation and opportunities, which is sort of a matrix of different kinds of routines that occur throughout the day and ask parents, you know, what are some things that he does with you for getting dressed? Or what are some of the things that he does with you when you're doing your chores? Or what does he do when you're cooking meals? And find out what some of those are that you could look at embedding within with them. Sometimes families share there are some tough times. Getting into the car seat is

nothing but a hassle. Or he really, really has a tough time, you know, with puttin' the toys away, making a transition from one activity to another. Or you know, we'd like to see him be able to go outside and play with the rest of the family. What can we do? So sometimes families have some things that they would really like to explore with you. But they're not sure that they should ask you those questions, because you do play. So what comes first? Is it that we play, and that's what families think we do? Or is it that we're really not sure how to get out of play, because that's what we do when we're with the families, and we don't know what else they do? So again, think back to what's on the IFSP. What are the routines and activities that they talked about that were important to them?

Ask a few more questions. Do some observations. Listen carefully to where things maybe aren't going so well. And then also, just check in with the caregivers about some of the things that they do. Listen with that other set of ears when you're getting the updates so that when the family talked about, they were spending more time out in the yard now or they were going to the park, they tell you about grandma coming, so you can start to hear, what are the things that are happening in the family's life? And then you can begin to explore with the family where might be some opportunities to join in.

And then you can also go back to using some sort of categories that looks at, you know, we've got a lot of stuff happening here in the mornings. Is there any other time throughout the day that you have some activities that you do that he could participate in? Okay, so looking at getting started, moving away from play is really a collaborative process, finding out what the caregivers do, what they feel as though would be great opportunities to involve their child with them or how they could embed some intervention in them, and then also just looking at trying to increase the diversity in types of routines so that the child is getting more practice throughout the day in functional times where learning can occur. So I hope those are some good ideas. All

right, here's another question I'm gonna try to answer real quick. And it's one I get a lot, too. And it's like, "Not sure how I feel "about doing direct teaching "or demonstration with narration as coaching strategies. "That feels a little pushy to me, "you know, and I kind of wonder, "is that a good family-centered practice?" Okay, so I'm gonna answer that by asking you a question. How do you like to learn? And do you ever need somebody to explain it to you so that you know what it is? What am I trying to learn to do here? What is it? How do I do it? Tell me about it. Do you ever find yourself asking other people to give you just the bare bones of, what is it that I need to do here? And I bet you're gonna say yes to that. And the other question that goes along with that is, do you learn it sometimes by watching somebody do it and having them explain it to you?

Sometimes hearing about the isn't good enough. I need to see it. And that's what direct teaching and demonstration with narration are. You know, I mentioned before, you don't bring in PowerPoint slides. And you don't have to bring in massive handouts. In fact, I never wanna see you give the parent the handout of evidence-based intervention strategies and say, read it and pick one out. That's just not it. And you don't give 'em the handout and fill out the routines categories. This is something, those are tools for you that can help guide you to help find out information from families and to share information with families. So rather you're trying to figure out, how much information do they need in order to feel a little bit more comfortable to take that risk? We also use video examples to help share with parents, what does it look like? So how do you do this without being rude? Well, I think it's really how you ask and how you provide the information that's gonna be more important to the parent than giving it to them. I believe they want the information. But they want to do it in a way that, of course, makes them feel like a partner with you. And so sometimes it starts off with, have you ever tried or have you ever thought about using, or what do you think would happen if we did something? And again, making it a conversation with an open-ended question, not putting 'em on the spot but rather an opportunity to say, let's explore that

together. Here's what I know, and here's what I've tried. Let's look at it. Let's talk about it. Then we're gonna practice it together. 'Cause whenever we do demonstration with narration, you know, it is modeling, but what we want to do is not turn it into that we're being the model but that we're explaining it with the purpose of helping the caregiver then do it themselves next. So we never say we're done with demonstration with narration without guided practice where the caregiver tries. And we offer some ideas and feedback to them while they're doing it. So it's really a sequence. And I don't think you're being rude if you provide information in a way that's friendly, as a partner to the caregiver, that helps them have new information. And I don't think it's not being family-centered.

Because if we are truly trying to help the caregiver build capacity, we have to give them the information that they need in order to be able to make informed decisions, in order to be able to try to do it. But it's how we do it and the way we do it that is really important to the caregiver. Being family-centered allows them to be able to make decisions and to participate. And so we can't withhold information. Information is power.

So a little direct teaching, and notice I said little, it doesn't take very long. We're not giving them volumes on the importance of time delay. We're giving them a brief explanation. Time delay is really a short pause. It's intentional. We wait to see if the child will respond. We're watching them, and then let's try it. And then we might demonstrate it and provide some explanation. Give the parent a chance. So direct teaching, demonstration with narration don't take have long, but they're pretty specific, and they give the caregiver a chance to learn something new. And try it on for size. If it doesn't fit, then we can offer something else. So I don't think you're being rude. I think you're being really careful and really respectful, and I appreciate that. Thanks so much for the question. And I wanna thank you so much for your participation with me today. And I am excited for you to see the families that we're sharing with you through video

and all of the resources that are there. Any questions, please feel free to visit us at fgrbi.com. And you'll find an email that will connect us, right to us. And we'll get back to you. Remember, I'm retired. I have nothing to do. I'm joking, but I am really pleased to be able to have shared this information with you I wanna thank you so much for your time and to share just a couple of our references again. I wish you the best in working with children and families and helping build caregivers' capacity. There's no better job in the whole wide world. Thank you so much.

- [Amy] All right, well, we can go ahead and wrap it up there. Thank you so much for joining us, Juliann. We really, really do appreciate you sharing your expertise and providing some fantastic strategies for all of us. And we can go ahead and end there.