



Family Guided Routines Based Intervention

Key Indicators



Family Guided Routines Based Intervention *Key Indicators*

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FGRBI and SS-OO-PP-RR

Implementation Process and Guidelines

This manual will introduce you to the coaching process developed to support implementation of Family Guided Routines Based Intervention (FGRBI) for early intervention providers. The four components, Setting the Stage, Observation and Opportunities to Embed, Problem Solving and Planning, and Reflection and Review, identified by the acronym SS-OO-PP-RR, provide a framework for integrating the principles and practices of FGRBI within home visiting with family members and other caregivers (see figure 1 for an illustration of the framework). Each SS-OO-PP-RR component is briefly described below to introduce you to the key indicators of the process.

Setting the Stage (SS)

Setting the Stage is an important learning strategy for both children and adults. Setting the Stage prepares the learner for what will follow in the visit while linking new information to previous experiences. Adult learning research shows that introducing material before practicing the content is associated with better outcomes (Dunst & Trivette, 2009; National Research Council, 2000). Setting the Stage builds the parents' capacity as a decision-maker by actively engaging them to discuss priorities and plan for the session (Woods, Wilcox, Friedman, & Murch, 2011). Research also tells us that giving adults input into what they are learning increases their motivation and ability to acquire new skills (Knowles, Holton, & Swanson, 2005). Setting the Stage is an opportunity to gain both the caregiver's input and to preview strategies for learning.



Observations and Opportunities to Embed (OO)

Observation occurs when the provider actively watches the caregiver and child interact in a routine without offering coaching or feedback. By stepping back to observe, the provider reminds caregivers that the goal of intervention is to support their interactions with the child. The caregiver leads the routine/activity with the child, allowing the provider to assess how consistently and accurately the caregiver uses evidence based (EB) intervention strategies and how the child responds. The provider uses the information to build on strategies the parent is already using and to identify additional interaction and intervention strategies that will have the greatest impact on child outcomes while minimizing change to family routines.

Opportunities to Embed targets using strategies in real-world contexts with coaching from the provider are essential to the parent's ability to independently use teaching strategies with the child. As adult learners, parents benefit from repetition, explicit feedback in the context in which they are learning, and supports that decrease as they become more comfortable and skilled using a new strategy (Kemp & Turnbull, 2014; Woods, Wilcox, Friedman & Murch, 2011). Opportunities to Embed enhance the caregiver's competence and increase interaction with the child. In this component, the provider intentionally and systematically arranges for caregivers to embed EB strategies in routines and activities with their child. The provider also directs the caregiver's attention to the child's responses. The provider's role and the coaching strategies used will vary across routines and child outcomes. However, there should be multiple opportunities for the caregiver and child to interact and receive coaching and feedback during each routine and multiple routines in each visit.

Problem Solving and Planning (PP)

Problem Solving refers to a verbal exchange between the parent and provider that serves to gather information, discuss and evaluate the ideas and options with the intention to develop or revise an action Plan. Problem Solving is not an exchange unique to a “problem” or challenging situation. 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 is competent and confident in its feasibility. Planning provides support for deliberate and systematic practice throughout the family’s daily activities as they occur (NRC, 2000).

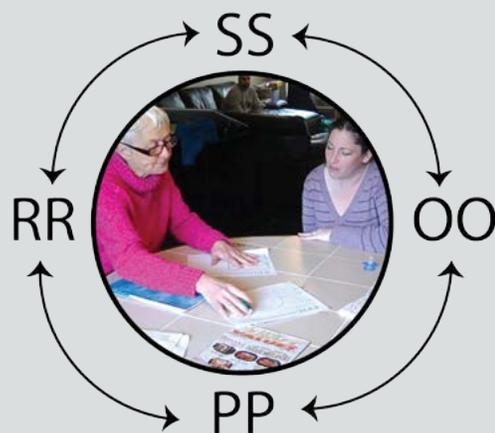


Reflection and Review (RR)

Reflection and Review are inter-related. We encourage the use of Reflection to inform the review process. Reflection is a useful coaching strategy to encourage 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 own knowledge and skills as they build capacity for participation in both child and family outcomes.

Review is important for adult learners (Dunst & Trivette, 2009). When Reviewing, caregivers repeat what they have discussed, practiced, and experienced during the home visit. This helps them organize knowledge in their own authentic 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 during throughout the day.

When caregivers lead the Review process rather than the provider, they are able to relate it to their everyday experiences. They can 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 (Knight, 2009).





Implementing FGRBI using SS-OO-PP-RR Coaching

	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 the value of 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, 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 and identify opportunities for embedding and repetition for practice.	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 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 participation.	Promote caregiver decision-making on systematic use of EB strategies in each routine and throughout the day.
Reflection and Review	Reflect/Review with 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 action plan linking current targets/ skills to long range outcomes. Review sufficiency of support for learning.	Review/Reflect on how the strategies are working and what the backup plan should be if needed.

Figure 1. Implementing FGRBI using SS-OO-PP-RR Coaching

FGRBI and SS-OO-PP-RR Key Indicator Checklist

Setting the Stage	Yes	Partial	Not Observed
1. Gathers updates on child and family - listens and encourages caregiver reflection			
2. Asks caregiver to update intervention implementation since last visit - listens, encourages caregiver reflection and sets up problem solving as needed			
3. Shares information related to development and family interests - connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources			
4. Clarifies session targets, strategies, and routines jointly - facilitates caregiver participation and decision making in the discussion			
Observation and Opportunities to Embed	Yes	Partial	Not Observed
5. Observes caregiver child interaction in routines - provides feedback and builds on dyad strengths			
6. Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine - scaffolds and repeats to build competence and confidence (<i>This indicator is repeated multiple times in 2 or more different routine categories</i>)			
7. Provides general and specific feedback on caregiver and child behaviors and interactions - teaches and encourages caregiver to participate (<i>This indicator is repeated multiple times throughout session using both general and specific feedback for child and caregiver</i>)			
Problem Solving and Planning	Yes	Partial	Not Observed
8. Problem solves with the caregiver about appropriate intervention strategies to embed - coaches caregiver on evidence based interventions for identified targets and routines			
9. Supports caregiver to identify opportunities for embedding in additional contexts/ routines - plans when, where, how to embed			
Reflection and Review	Yes	Partial	Not Observed
10. Asks questions, comments to promote caregiver reflection and review of a routine or the session - identifies what works for caregiver and child			
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			
12. Engages caregiver to lead development of a “best plan of action” for embedding intervention in multiple routines and activities throughout the day - facilitates caregiver leadership and decision making			

Provider Reflection
What specific strategies did you use to build the caregiver’s confidence and competence?
How did you support the caregiver’s decision-making and leadership in identifying routines and activities for embedding learning?
How did you support the caregiver to embed intervention strategies on identified learning targets?
How did you ensure the caregiver and child had sufficient time to practice and prepare to embed intervention (e.g., strategies, routines, targets) between visits?

Figure 2. FGRBI and SS-OO-PP-RR Key Indicator Checklist

Indicator 1. Gathers updates on child and family - listens and encourages caregiver reflection



Gathering child and family updates is often a comfortable and respectful starting place for a home visit. It builds or reinforces a partnership between the parent and provider. During gathering updates, general information about the family’s well-being as well as child information is shared. The parent is an active initiator and contributor leading the interaction by sharing recent and relevant information with the provider who is an active listener. The provider gains insights to guide further conversation and information sharing while establishing the caregiver’s leadership role in the relationship.

Examples of Indicator 1.

- “How was your visit to grandma’s this week?”
- “Arianna had her 15-month check-up, how did that go?”
- “I’m excited to see you. Catch me up on what’s happening.”

Looks Like	Doesn’t Look Like
Asking general questions about how the family is doing to learn more about the family their interests and priorities.	Jumping right in to coach the caregiver or interact with the child without “checking in” about the family.
Being responsive by commenting when the caregiver shares information about what’s happening with the family.	Nodding but not commenting when the family shares details about what new things have happened since the last visit.

Considerations for Indicator 1.

For families new to the EI program, you may need to explain why you are asking questions and why they are important to support their understanding of the process and their role.

When a caregiver and child are already busy when you arrive, you may join in the interaction and start a conversation while gathering updates.

You may use the previous session notes to follow up on things that may have happened (e.g., doctor’s appointments, birthday parties, travels).

It is important to gather information each session. Providers should be flexible if the family identifies new priorities or shares concerns. Family circumstances change and it is essential to be supportive.

Setting the Stage	Yes	Partial	Not Observed
1. Gathers updates on child and family - listens and encourages caregiver reflection	Score yes if provider asks and parent responds (or if parent initiates).	Score partial if provider asks, does not get a response and does not follow up.	Score no if there is not a clear request for updates.

Indicator 2. Asks caregiver to update intervention implementation since last visit - listens, encourages caregiver reflection and sets up problem solving as needed



Learning more about the child and family’s participation in everyday routines and activities and in the plan they developed sets the stage for deciding what to do during the current visit. The provider gathers information on the parent and child’s opportunities to embed learning targets in routines and activities, what worked, didn’t or wasn’t tried, which strategies were most helpful, and what else the family enjoyed. The provider encourages the caregiver to share ideas, questions, and ideas about what should come next as they review child and family outcomes.

Examples of Indicator 2.

- “Last week you waited before giving Carlos more apples at snack so he could ask for another one. How did you use wait time this week?”
- “You said you wanted to create more opportunities for Arianna to practice rolling. What did you try? How did it go?”
- “I am watching Carlos help you pick up the blocks. That’s new! How did you manage that?”
- “How’s the new stroller? Did you try any community outings? How did it work to use the blanket rolls to stabilize his seating?”

Looks Like	Doesn’t Look Like
Sharing a story about bath time with big sister when Abby watched and imitated everything Sissy did including splashing water out of the tub! Provider smiles and asks Mom, “What do you think made it go so well?”	Asking for updates on homework or asking rapid-fire yes/no questions (e.g., “Did you try the new bottle?” “Did you go to the park everyday like you planned?” “Did you remember to visit the day care?”) to get your notes taken.
Problem solving with dad on how to use place favorite toys in the environment to encourage Arianna to increase the frequency of her rolling.	Listening to the caregiver share the new words Abby said and responding with “That’s nice, now let’s read this book” rather than encouraging mom to talk about what strategies she used to help.
Holding Carlos in her lap while Mom plays a pat-a-cake game and tells you what they have been working on this week.	Responding with comments that close a conversation rather than showing respect for caregiver’s efforts (e.g., “Maybe next week you’ll have more time.”)

Indicator 2. Asks caregiver to update intervention implementation since last visit - listens, encourages caregiver reflection and sets up problem solving as needed

Considerations for Indicator 2.

Building a relationship takes time. Sometimes simply asking how the strategy or plan went from last week may be enough to start a conversation. Other times follow-up comments or questions can encourage the caregiver to share more or give examples. Sometimes when a parent is tired or busy, it is simply hard to remember. Offer supports.

Asking the family about intervention implementation sends the message you believe in them and it reaffirms their role in supporting their child. Providers who assume the family is “too overwhelmed” to help their child do not give the family opportunities to build their capacity. It is important for the family to decide what information they want to share with you. Respect their decision, but always ask.

Sharing personal or family information may be uncomfortable for some caregivers. Others may not be sure what they should share. Asking general questions and following up with ones more focused to the intervention may increase the caregivers’ comfort and help the providers be conversational and non-confrontational.

Life happens for all of us; family or friends may visit unexpectedly, the car breaks down, and kids get sick. Plans change. It is important to use this time during the visit reflecting with caregivers on what they did do rather than pointing out what they didn’t. Following up with reflection questions and problem solving gives caregivers an opportunity to identify strategies to use the next time when plans do not go as anticipated.

Listening about what worked or didn’t as the caregiver shares the updates informs providers about possible places, times, or materials to adapt in the environment to increase participation. It is also a good time to discuss or brainstorm ideas for any environmental arrangements or adaptations that could support learning.

Updates may lead to ideas for new family and child outcomes. Be sure to listen closely to the caregiver and capture their interests, wishes, or ideas that come from the discussion. The information can be valuable for future planning.

Setting the Stage	Yes	Partial	Not Observed
2. Asks caregiver to update intervention implementation since last visit - listens, encourages caregiver reflection and sets up problem solving as needed	Score yes if provider asks or makes comments and parent responds with update on targets, routines, or strategies.	Score partial if provider asks, and follows up with another prompt but still does not get a response OR if parent’s response is not specific and provider does not follow-up.	Score no if there is not a clear request for updates related to intervention implementation.

Indicator 3. Shares information related to development and family interests - connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources



The provider and caregiver discuss the family priorities and why they are important. Sharing specific developmental information, making connections to the child’s current learning targets, talking about where he/she started, and discussing next steps provides important information to the family in the moment. Revisiting the child outcomes on the IFSP and encouraging reflection on his/her current status can help to maintain focus for the intervention and identify specific learning targets for the session. Reviewing previous plans also reinforces the connections between what should happen during the visit to support the family’s priorities.

Examples of Indicator 3.

- “At the last IFSP meeting, you mentioned wanting Arianna to communicate so that her needs are met. How do you think her new gestures are helping her do that?”
- “You said that Caleb had a great time picking up beans off his high chair tray and feeding himself. Are you ready to try foods with more texture?”
- “Can you see how the sounds and signs are helping him get his needs met? When Carlos reaches and vocalizes, he lets you know he wants more. He’s communicating! With more practice, his sounds will become words.”

Looks Like	Doesn’t Look Like
<p>Encouraging the caregiver to understand and interpret the child’s skills as they develop (e.g., “Did you notice how Arianna looked to see if you were watching her drop her cookie on the floor? That tells you she is interested in getting your attention, an important part of being able to communicate with others! What do you think about that?”)</p>	<p>Giving developmental information that contains jargon, overly technical terms, or is delivered in an “expert” way that does not connect to the family’s goals (e.g., “CP kids often have trouble with abduction and are not as likely to crawl with alternating arm and leg movements.”)</p>
<p>Supporting the teaching and learning relationship between the child and caregiver by offering developmental information, materials, or suggestions related to the routine that link to long-term outcomes and priorities (e.g., “You mentioned that the tooth brushing routine can be a challenge. If we focus on that and make some progress, it could help make getting ready for bed much less stressful. What do you think?”)</p>	<p>Asking general questions that are difficult to answer or appear to not encourage the caregiver to respond (e.g., “Do you have any questions about Ricardo’s development before we get started?”)</p>

Indicator 3. Shares information related to development and family interests - connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources

Considerations for Indicator 3.

Knowledge of child development varies widely in families based on experience, interest, and education. Informal and formal information supports also vary. A key role for the provider is offering “just enough” information for caregivers at the “right time” and encouraging them to think about it and use it in ways that support the child and family.

Caregivers are adult learners. Providers should be prepared to scaffold for families to support their ability to make choices and decisions. Sharing developmental checklists to illustrate the child’s learning or sharing a video of the child using new skills can help the caregiver understand what the child is doing now and what is coming next. Adult learners benefit from having information shared in multiple formats like written materials, videos, or other media.

Many families identify walking and talking as priorities without knowing the sequence or steps of development that their child will need to reach this outcome. Providing developmental information helps families celebrate learning specific targets that will help achieve the child’s bigger outcomes. Little steps mean so much! Sharing information frequently helps families plan their next steps.

Family priorities change and should be checked regularly to enhance the family’s active participation and ensure the provider is in tune with the family’s interests. The more meaningful and relevant the learning targets and routines are, the more the child and family can engage and participate in their typical day.

Sharing information about high impact developmental outcomes (i.e., those learning targets that promote child engagement and learning overall) helps families make informed decisions about their priorities. Sharing information on social-emotional development, self-regulation, communication, problem solving, and adaptive skills gives caregivers opportunities to understand their child now and how to plan for the future.

Functional, meaningful child and family outcomes are developed in partnership as caregivers gain knowledge and skills to make informed decisions.

Setting the Stage	Yes	Partial	Not Observed
3. Shares information related to development and family interests - connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources	Score yes if provider expands on what parent describes in update by sharing developmental information and initiates a connection about a target to functional outcomes or to IFSP or long-term goals.	Score partial if provider refers to the IFSP or long-term goals but does not specifically add developmental information or rationale for the targets, routines, or strategies OR if the provider provides developmental information not linked to IFSP priorities/session targets.	Score no if IFSP, functional outcomes, or long-term goals are not discussed and related to current targets, routines, strategies.

Indicator 4. Clarifies session targets, strategies, and routines jointly - facilitates caregiver participation and decision making in the discussion



Building consensus on the session plan at the outset focuses the intervention on the family priorities. The provider and caregiver summarize or restate the targets and strategies for each routine or activity to ensure they are on the same page. Developing a clear “game plan” helps preview what will happen for the parent as a learner and primes them to think about how they will use the identified strategies in their routines. This is an opportunity for the provider to ensure the parent’s understanding of the specific learning targets and strategies to embed in the routines during the visit.

Examples of Indicator 4.

- Mom says, “I want to have her finish breakfast and then get dressed without a meltdown. I’ll describe what we are doing and show her the pictures. Then she can pick what she wants to play and we can take turns.”
- Provider says, “I think I heard you say that you want to start with her favorite books so she uses her new words. Then she will walk to the sink with you using one handed support to wash her hands and back to the high chair for snack. You are going to give her choices to label in both routines.”
- “Rolling the ball back and forth, putting the toys in the bucket, pulling the clothes out of the dryer are the times you expect him to participate by taking turns with you, picking up objects and putting them somewhere else, right?”
- “Today we will go outside in the yard with his brothers and play in the sandbox, share, scoop, talk and just have fun. We’re going to play too. Yeah!”

Looks Like	Doesn't Look Like
Helping caregivers make decisions about what takes place and when in the session (e.g., “You mentioned wanting to help Arianna pick up and hold objects in her hands more when you are playing. What do you want to do first, play or have lunch? What materials do we need?”)	Asking questions that confirm the provider’s agenda (e.g., “How about we play in the living room and work with his puzzles? That worked well last week and they are laying right over there.”)
Specifying the how and what as well as where and when to embed it so the caregiver is ready for the routine (e.g., “Hank will choose the book. You will ask him what he wants and expect him to respond you start. After he names it, add a word so he hears two words back.”)	Engaging in provider led discussions that focus on child skills or therapeutic interventions that do not occur in the context of a routine (e.g., “Billie will walk with 2 handed support for 3 feet on 2 of 3 trials.”)

Indicator 4. Clarifies session targets, strategies, and routines jointly - facilitates caregiver participation and decision making in the discussion

Considerations for Indicator 4.

Embedding intervention includes the targets, strategies, routines, and repetitions necessary for learning. Caregivers must have this information to be able to participate and gain competence. Broad outcomes like learning to talk or walking with balance hide the many smaller skills the child usually needs to learn prior to mastering the goal. Family members benefit from identifying specific learning targets that they can see, support, and then identify when the child is using them functionally. Rather than working on multiple gestures, signs, and words at the same time, the caregiver can learn the one or two specific learning targets to use in actual routines and activities to increase participation. For example, the child names milk and cookie at snack rather than colors or animals.

When getting started, it may be easiest to focus on one or two features of the embedded intervention until the caregiver is comfortable. Always start with the child or caregiver's target(s). What the child or caregiver is supposed to do must be clear. Be specific. "Cara is going to grasp her sock at the toes and pull it off." "Juan is going to raise his arms to signal he wants to be picked up." Once the target is clear, you can add the intervention strategy. "You are going to look right at Juan and wait for him to reach up to you to be picked up." New strategies or routines can be added as the caregiver practices the routines during the session.

It may be helpful for some caregivers to break the information down by steps in the routine sequence. Others may want to identify the what (target), when (times), where (routine location), and how (teaching strategy).

Using reflection and problem solving during or immediately following each routine provides an opportunity to review the specific targets and strategies, to expand or adapt their use, and to increase the frequency of opportunities to embed if appropriate.

It may feel obvious to the caregiver and provider what is going to happen during practice and not necessary to name the specific features to embed, especially when it is a familiar activity. However, clarifying only takes a few seconds and is a great reminder to be intentional and deliberate when embedding the intervention into functional routines. Taking it for granted may decrease the feedback that the child or caregiver receives that is essential for maintenance and generalization.

Setting the Stage	Yes	Partial	Not Observed
4. Clarifies session targets, strategies, and routines jointly - facilitates caregiver participation and decision making in the discussion	Score yes if parent and provider discuss what, when, and how to embed intervention (must have at least target and routines to count).	Score partial if provider leads the discussion of what, when/where, and how OR only some of the specifics are discussed by parent and provider.	Score no if it does not occur OR if the provider makes the statements without parent input.

Indicator 5. Observes caregiver child interaction in routines - provides feedback and builds on dyad strengths



The provider observes a routine or activity that the caregiver has identified as important or interesting to learn what the caregiver and child are doing and to build on what is working well for the child and caregiver. The provider sets up the observation with the parent (“Why don’t I just watch to see what happens while Sammy gets dressed?”) and watches without interruption. The provider offers feedback on the child’s use of target skills, parent’s use of strategies that make the interaction positive, or the potential for learning in the routine. Observation should always occur before coaching a new routine or a new target in a familiar routine to identify potential strategies and opportunities to embed.

Examples of Indicator 5.

- “Let me watch to learn how you wash his hands at the sink. I don’t want to make suggestions without knowing what you do.”
- “I’m going to see how she responds when you try helping her roll half way over. I can learn by watching what she does and how you help her.”
- “Show me how you have snack. Then we can chat about what else you might want to try.”
- “You mentioned a fun tickle game you do with her. Can you show me what that looks like?”

Looks Like	Doesn’t Look Like
Positioning self for easy observation—without interrupting or intruding upon the dyad’s interactions or participation (e.g., “I’ll watch while you help him get dressed and then we can talk about what you think he could learn.”)	Playing or practicing with the child while the parent observes you (e.g., child directed intervention.)
Helping the caregiver identify current routines, activities, and preferred play times that have potential to be meaningful opportunities for embedding intervention and then observing them.	Telling the caregiver you want to watch snack, dressing, etc. so you can make recommendations about how the routine could be improved.
Observing naturally occurring routines, making note of key components such as the beginning and ending of the activity, opportunities for repetition, opportunities for joint attention, the outcome/purpose of routine, and then sharing the information with the caregiver as feedback.	Observing without connecting child and family behaviors to goals/outcomes (e.g., just watching the family) or family strengths and child interests (e.g., not providing feedback on what the caregiver is doing well.)

Indicator 5. Observes caregiver child interaction in routines - provides feedback and builds on dyad strengths

Considerations for Indicator 5.

It is important to explain the purpose of observation to caregivers before you begin. Caregivers may feel a bit uncomfortable being watched and may even change how they would typically interact without an understanding of the purpose and the value. It may be helpful to have a few explanations ready like, “I’m just going to watch you wash hands to see how the routine typically happens” or “Let me watch and see what he does when you give him a choice.”

Observations can be brief, such as when the parent picks the child up from the floor or during a diaper change but should always include feedback. Feedback on what the provider saw the parent do that supported the interaction helps to build the caregiver’s confidence and can decrease concerns about being observed.

For example, a caregiver who seems shy or reluctant to participate can be observed holding the child and playing with him/her when the provider enters the home. Commenting on how Dad held Juan upright so he could see who was coming and how Dad gave Juan a turn to say “Hi!” can be an example of the importance of observation. The provider gave Dad feedback on what he was doing, explained why it was important, how it helped him and then was ready to explore where else holding Juan upright and taking turns could be incorporated into their day. Dad also heard what he was doing that was helping his son and how to expand it to teach more skills.

Incidental observations may offer more information about family routines. For instance, a child’s sticky hands may lead to another observation, this time with hand washing. It provides opportunities for feedback, problem solving, and planning.

Using previous examples of observation can encourage caregivers to try new or more challenging routines. For example, “Remember when I watched you with dressing and then we brainstormed ideas to help make it easier for him to do it himself? How about I step back and watch you get him into the car seat so we can brainstorm again.”

Observation helps the provider shift leadership to the caregiver. It gives the provider time to learn about the child’s engagement and participation. It keeps the provider in the background to listen and learn about what strategies the caregiver uses and how the child responds.

For routines that are not easy to observe, you can ask for a video that you can watch together and discuss.

Observation and Opportunities to Embed	Yes	Partial	Not Observed
5. Observes caregiver child interaction in routines - provides feedback and builds on dyad strengths	Score yes if provider intentionally observes routine(s) identified by parent AND provides strengths-based feedback.	Score partial is provider observes but does not provide strengths-based feedback OR observes only non-targeted routines OR observes for less than 20 seconds.	Score no if intentional observation with feedback is not observed for at least 20 seconds.

Indicator 6. Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine - scaffolds and repeats to build competence and confidence (*This indicator is repeated multiple times in 2 or more different routine categories*)



Coaching is individualized to the learning preferences of the caregiver and the outcomes of the child. The provider engages the caregiver using a variety of adult learning strategies in coaching. The provider seeks to build on the caregiver’s strengths and the child’s interests. Expanding on the caregiver’s ideas can increase competence and confidence and expand opportunities for the child. Anytime that a strategy is suggested or used by the caregiver, the provider considers if and how it can be incorporated to support the child’s learning. Just as intervention is systematic for the child, coaching must support the caregiver’s acquisition of knowledge and skills in a systematic approach with sufficient repetition.

Examples of Indicator 6.

- “Jace seems to really like this ball when you roll it back and forth. See his smile and the way he leans forward into the action. Let’s move it over here, just out of his reach, to see if he will reach or even crawl for it.” (*Guided Practice*)
- “Wait time is just like it sounds. When Joaquin wants something, I’d like for you to pick him up, wait until he looks at you, lifts his arms up in the air in a gesture, or vocalizes.” (*Direct Teaching*)
- “Watch me help Harper roll over. First, I position her on her side and bring her leg over just a little so gravity helps. Then I wait and talk to her to encourage her to finish the job. See, here she comes. Are you ready to try?” (*Demonstration with Narration & Caregiver Practice*)

Looks Like	Doesn’t Look Like
Demonstrating and explaining a strategy and then asking the parent to join you to practice (e.g., showing mom the right distance to hold the toy for the child to be successful in reaching to grasp, and then giving mom an opportunity to try.)	Providing a list of opportunities the caregiver could use between visits to work with the child (e.g., “You can work on making choices at snack, getting dressed, at bath time, and with blocks or puzzles.”)
Using a variety of strategies matched to the caregiver’s learning preferences (e.g., demonstrating first and then explaining step by step as the parent tries it with the child; observing the parent first and then using guided practice to help fine tune what the caregiver does; starting with reflection on what the caregiver has tried before and brainstorming what to try next before engaging the child.)	Demonstrating a strategy for the caregiver, but then forgetting to turn the interaction back over to him/her to practice and see if it works for the caregiver.
Incorporating coaching strategies, then gradually reducing the support to the caregivers so they can practice and gain confidence in their ability.	Only offering feedback about the child’s behaviors, and not pointing out how the caregiver’s strategy relates to the child’s response, building caregiver confidence.

Indicator 6. Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine - scaffolds and repeats to build competence and confidence (*This indicator is repeated multiple times in 2 or more different routine categories*)

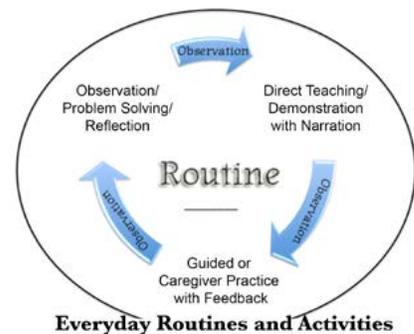
Considerations for Indicator 6.

Adults have different learning preferences and use various strategies to support their learning. The provider’s coaching must address the individual needs of each caregiver and recognize that the caregiver’s rate of learning will vary. Some caregivers will be anxious to learn to support their child and engage immediately while others will be unaware of their role or feel insecure in their abilities. The provider must meet caregivers where they are and be ready to support them.

Coaching strategies should be used that promote caregiver leadership and mastery. The goal in coaching is for the caregivers to be independent and fluent in their use of strategies. In order to do that, they need multiple practice opportunities.

Because caregivers learn through active participation, the majority of the home visit should be spent coaching caregivers in various routines, problem solving, and reflecting on the best strategies setting the stage to set up routines to observe and practice throughout the visit.

To support the caregiver’s learning, the use of a systematic learning cycle can be helpful. Teach the caregiver about the strategy, demonstrate and explain, guide the caregiver’s practice to support her taking over and gaining skill and then pull back for the caregiver to practice independently. The provider should start in the cycle at the parents level and reduce support as the caregiver gains confidence and competence. Using reflection and problem solving throughout the teaching cycle enhances the family’s active participation and ownership in the routines based intervention.



Observation and Opportunities to Embed	Yes	Partial	Not Observed
<p>6. Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine - scaffolds and repeats to build competence and confidence (<i>This indicator is repeated multiple times in 2 or more different routine categories</i>)</p>	<p>Score yes if provider matches coaching strategy caregiver (using teaching cycle) AND decreases support to promote caregiver independence in the routine AND uses coaching strategies at least twice during each of 2 routine categories.</p>	<p>Score partial if coaching on specific child or family targets occurs in the context of family identified routine(s) with the parent participating but does not use coaching strategies that promote caregiver independence (i.e., if the provider uses direct teaching but rarely offers caregiver a chance to practice) OR if coaching occurs multiple times but only in 1 routine.</p>	<p>Score no if coaching on specific child or family targets does not occur in the context of family identified routine(s) with the parent participating.</p>

Indicator 7. Provides general and specific feedback on caregiver and child behaviors and interactions - teaches and encourages caregiver to participate *(This indicator is repeated multiple times throughout session using both general and specific feedback for child and caregiver)*



General and specific feedback serve important roles in the coaching process. General feedback helps keep the coaching positive and respectful while enhancing the caregiver’s confidence. General feedback to the parent and child can also keep the momentum going during an activity that is more challenging. The provider offers positive comments and general encouragement to the caregiver and child about the interactions (e.g., “That was great!” “Way to go!” “Look at you two having fun.”) However, specific feedback focuses on building the caregiver’s competence in addition to confidence. The provider gives feedback to the caregiver specific to the child’s participation, commenting on strategies the caregiver used, the accuracy or frequency of the child’s targets, and/or giving constructive suggestions for further refining the strategy and target use.

Examples of Indicator 7.

- “He ate five bites in a row! That’s a record. You have the right amount of food and good timing.”
- “You waited for Jaelyn to lift her foot. When she imitated the word ‘shoe’ after you named it, she was telling you that she knows it is her shoe.”
- “Jace seems to like the ball when you roll it back and forth. See his smile and the way he leans forward into the action. He is responding to you.”
- “Do you realize you are both smiling right now? You really helped her do it!”

Looks Like	Doesn’t Look Like
Describing specific examples of the target, activity, materials, strategies or the outcome of the behavior (e.g., “Toby got what he asked for when he pointed to his toothbrush.” “Making a chair out of pillows on the floor is ingenious. Julia can sit up and reach her toys.”)	Offering general feedback only without intentionally connecting to the child’s target, caregiver’s strategy use, or their engagement and participation (e.g., “Nice job.”)
Sharing information about the focus on the caregiver’s attention on child behaviors (e.g., “Did you see how excited he was when you put a block on the tower... and how he added more blocks? He showed you how much fun he was having and how skilled he was releasing objects.”)	Offering only feedback about the child’s behaviors, and not pointing out how the caregiver’s support relates to the child’s response (e.g., “Good talking.”)
Encouraging interactions that promote a positive relationship (e.g., “It looks like you both are having fun.”)	Offering more suggestions or corrective feedback for the situation than the caregiver can implement efficiently.

Indicator 7. Provides general and specific feedback on caregiver and child behaviors and interactions - teaches and encourages caregiver to participate (*This indicator is repeated multiple times throughout session using both general and specific feedback for child and caregiver*)

Considerations for Indicator 7.

Adult learners value input that is functional for the child and relevant for the family. Caregivers are more likely to use feedback that helps them help their child with the targets and in the activities that are most important to them.

Feedback is important for building and sustaining relationships, and should be supportive and honest. Constructive feedback that helps the caregiver learn what to do is not the same as corrective feedback that points out what did not work. Feedback should contain more constructive and positive than corrective comments, especially when sharing new information and building the confidence of the caregiver. Providers often feel comfortable giving feedback on what the child did in the routine, but it is equally important to give specific feedback to the caregiver. Telling the caregivers what they did and how it supported their child encourages them to continue to use the strategy and it builds caregiver confidence.

Feedback is also most useful in the moment rather than delayed and when it is situated in the context of a routine. Consider feedback that leads to reflection and/or problem solving as a strategy to build caregiver capacity. For instance, you may say, “When you named the toy and paused, she imitated you! What else do you think you did that helped her?”

Caregivers need to provide feedback to the child too. Help caregivers identify and use interest-based activities with natural reinforcers. Another turn of a favorite game, a big smile from a parent, or a choice of the next song are logical “feedback” or consequences for the child that supports more learning. Statements like “good talking” do not teach words or encourage another response. It can even interrupt the flow of the activity.

Observation and Opportunities to Embed	Yes	Partial	Not Observed
7. Provides general and specific feedback on caregiver and child behaviors and interactions - teaches and encourages caregiver to participate (<i>This indicator is repeated multiple times throughout session using both general and specific feedback for child and caregiver</i>)	Score yes if at least 6 examples of feedback related to the child or family targets, routines, or strategies are provided and at least 3 of those examples are specific feedback.	Score partial if fewer than 6 examples of feedback or less than 3 specific feedback examples related to the child or family targets, routines, or strategies are provided OR if only specific or only general feedback occur.	Score no if general or specific feedback related to the child or family targets, routines, or strategies is not given.

Indicator 8. Problem solves with the caregiver about appropriate intervention strategies to embed - coaches caregiver on evidence based interventions for identified targets and routines



Problem solving refers to an exchange of ideas between the provider and parent that serves to build the parent’s capacity to identify, use, and modify intervention strategies that supports the child’s learning and/ or the family’s outcomes. Problem solving is not always about a problem; it can be an exchange of ideas or brainstorming about new intervention strategies, other places to embed the targets, or how other family members can learn how to use the strategies. Problem solving expands caregivers’ capacity by building on their knowledge and experiences with various intervention strategies. Providers listen and learn from the family while offering other perspectives or strategies to incorporate into the best plan. As the caregivers gain confidence embedding intervention and supporting the child’s learning, they will begin to initiate problem solving exchanges and application of intervention strategies in other routines and places.

Examples of Indicator 8.

- “What do you think would happen if you used wait time before you opened the door to go out to play?”
- “Let’s make a list of what you have tried so far so we can see if we can figure out what works.”
- “Do you feel like waiting for him to take a step will work or would another strategy feel more natural to you?”
- “You mentioned that the strategies you tried didn’t work, why do you think that may be? Let’s see if we can figure it out.”

Looks Like	Doesn’t Look Like
Posing open-ended questions or offering prompts that facilitate the parent’s contribution (e.g., “I noticed Maddy didn’t reach that time when you offered her a choice. What do you think might have worked before? Tell me what you do to help her when she gets frustrated.”)	Listing formal recommendations from books or experts without integrating the family’s priorities and beliefs.
Modeling alternatives while describing the thought process or scaffolding suggestions for the caregiver to consider (e.g., “I wonder if the choices aren’t motivating to her, or maybe she can’t quite see them. What do you think? Do you think that using books or blocks would interest her longer?”)	Identifying the activities, routines, and strategies that will be used without including caregivers’ ideas or addressing their concerns.
Building consensus on the most useful ideas and strategies for all involved in the plan.	Directing the agenda or providing only the options the provider is most comfortable using.

Indicator 8. Problem solves with the caregiver about appropriate intervention strategies to embed - coaches caregiver on evidence based interventions for identified targets and routines

Considerations for Indicator 8.

Brainstorming or problem solving is a skill that is natural for many adults, but certainly not everyone. It is a more advanced cognitive skill that builds on previous experiences and available information. Think about the caregivers' experiences as adult learners and provide adequate scaffolding to increase their ability to join in the problem solving and planning. Engaging in problem solving also lets caregivers know that they possess valuable knowledge and experiences that they can use to help their child.

Starting small and building the caregivers' confidence will increase their comfort and capacity to use brainstorming and problem solving to determine what works best for them.

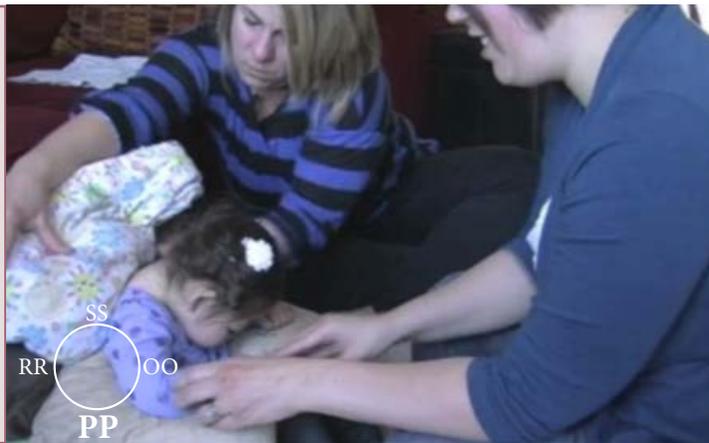
Ideas can be shared verbally or can be observed and included in the plan. Learning how the caregiver communicates most comfortably helps her/his participation. Encouraging the caregiver to share ideas and strategies promotes his/her participation and increases the likelihood he/she will use the ideas in the intervention independently.

Not all intervention strategies are natural to parents and they do not work in all routines for every target. The provider must coach caregivers on evidence based (EB) interventions that are appropriate for the child, acceptable to the caregiver, and can accomplish the level of support necessary. EB instructional strategies that caregivers can use in routines include arranging their environment, responding contingently, modeling, expanding, taking turns, wait time, prompting, and hand over hand support. Assistive technology may also be important to assess for need and utility. Brainstorming about what to use and when gives the family ideas to choose from and opportunities embed.

Problem solving is more difficult when the topic is unfamiliar or when the individual is tired, stressed, or unsure of the situation. These are all conditions that many family members experience at different times while participating in early intervention (and providers do too!). Because it is so important for the adult learners to participate, don't give up. Try expanding things that are working and introduce the tough stuff slowly.

Problem Solving and Planning	Yes	Partial	Not Observed
8. Problem solves with the caregiver about appropriate intervention strategies to embed - coaches caregiver on evidence based interventions for identified targets and routines	Score yes if at least 4 comments or questions promoting problem solving on strategies, targets, routines, or what worked in the session. There should be at least 2 separate exchanges with at least 2 turns each.	Score partial if there are 1-2 comments or questions that prompt or support problem solving with the caregiver on the strategies for targets, specific routines, or what worked or didn't in the session OR if exchanges did not last a minimum of 2 turns.	Score no if the provider does not ask questions/ make comments to engage caregiver in brainstorming or exchanging information about intervention for targets or routines.

Indicator 9. Supports caregiver to identify opportunities for embedding in additional contexts/routines - plans when, where, how to embed



Expanding the child’s functional use of targets into additional routines promotes learning. Family members know what they do and what they want their child to learn. Engaging them in the process of identification of what targets fit best in which routines, how many times the learning targets can be embedded, and how often the routines will be repeated during the day and week gives them the information needed to become the decision maker and leader for their child’s and family’s intervention. Starting small, building on success, and using the everyday routines and activities the family already have can increase learning opportunities without taking over the family’s life. The child is fully included as a member and active participant with the family. Involving siblings and extended family members not only promotes family participation, but also helps to teach the importance of learning with others.

Examples of Indicator 9.

- “Where and when else do you think Sonje could pick up objects and use them to help you?”
- “Let’s look at the different types of routines (routine categories) and see what you are doing already.”
- “Who else in the family would be a good partner for Aaron?”
- “What routines happen on a regular basis and provide multiple opportunities for Amiyah to practice?”
- “Bath time works well for Pedro and big brother Juan because he gets so many opportunities for repetition of both targets. What other activities do you think they can do together?”

Looks Like	Doesn’t Look Like
Brainstorming when and where to expand opportunities to embed intervention strategies into other routines (e.g., “Joey responded to the small portions at snack by requesting more. What other routines might you be able to use the same strategy – small portions or piece by piece to encourage him to request?”)	Bringing a toy bag or using the child’s toys primarily for play interventions without expanding to other types of routines and activities the family identifies that occur throughout the day.
Helping families become aware of the natural learning opportunities and routines that they already participate in for intervention without adding more (e.g., “Let’s walk around the kitchen and family room and look for places Tori could safely pull herself up and stand while you are there doing chores.”)	Providing activities for the family to use rather than engaging them in the identification and planning of those that are most natural and will occur with sufficient repetition for learning to occur.
Using problem solving and planning for caregiver-child interactions that use the caregiver’s ideas (e.g., “I heard you say that Cara looks for the cat when she is playing on the floor. What can you do to help Cara play with the kitty as a new routine?”)	Giving the family a list of materials and planned activities the caregiver and child should use for therapy or intervention at special activity times and not including the siblings.

Indicator 9. Supports caregiver to identify opportunities for embedding in additional contexts/routines - plans when, where, how to embed

Considerations for Indicator 9.

Caregivers may not realize how many opportunities children have to learn naturally in their everyday routines and activities or know that practice when the learning target is useful and meaningful can accelerate the child learning the skill. Families may need you to share how opportunities in everyday routines and activities are as effective or even more so than therapist or teacher delivered trials because they are repeated throughout the day as they naturally occur. Information is very important. Offering examples of embedding in daily routines could help a caregiver understand why routines are valuable learning contexts.

Caregivers may not fully understand exactly what a routine is and may need your support in “building” a meaningful and predictable sequence so that targets and strategies can be embedded.

Embedding intervention in routines and activities will require systematic expansion by the family with support by the provider to ensure generalization for both the child and the caregiver. Using different types and categories of activities, involving different partners and family members, and including new or different materials or locations are all ways to increase frequency and support generalization.

More isn't always better, especially for busy families. Having enough opportunities to develop learning targets in naturally occurring activities is important. Contriving activities or routines for caregivers to practice can cause family members stress and result in decreased rather than increased motivation by the child. Caregivers should decide on the routines and activities that fit them best. Siblings and other family members often provide interest and motivation as well as extra hands.

Maintaining the family's sequence or structure and embedding into their routines rather than following the plan of the provider makes it easier for the family to remember and apply the strategies. They own their routines. Providers just help make adaptations where needed to increase the child's and caregiver's participation.

Repetition is important. Every routine with embedded intervention repeated consistently everyday or multiple times in the day can make a difference. When intervention is embedded throughout the day in different routines, like caregiving, play, chores, stories, and errands the practice adds up. When it is repeated frequently, learning occurs naturally.

Problem Solving and Planning	Yes	Partial	Not Observed
9. Supports caregiver to identify opportunities for embedding in additional contexts/routines - plans when, where, how to embed	Score yes if provider prompts or supports the caregiver opportunities multiple times (3+) in the session to identify new opportunities, routines, locations, or partners for practice.	Score partial if there are 1-2 comments or questions that prompt or support identification and discussion of new or different routines, locations or partners for practice OR if provider tries and parent does not respond.	Score no if a discussion does not occur OR if the provider gives the parent a list of other routines and times to embed.

Indicator 10. Asks questions, comments to promote caregiver reflection and review of a routine or the session - identifies what works for caregiver and child



By asking the parent to reflect on what worked and what didn't in the session, the provider offers the parent an opportunity to think critically about and share what the child is learning and what supports are needed. Reflecting on the use of the strategies helps parents "self-assess" how accurately they used the strategies, and helps them think about how the child responded. Reflection is also the key to the caregiver's recognition of their contributions to their child's learning.

Examples of Indicator 10.

- "Let's review for a minute. How did you help Arianna practice sitting today?"
- "What will you say to Grandma to explain the best ways to support Arianna's sitting on the floor? Which strategies do you want her to use this week during bath time?"
- "Today you positioned Arianna with a Boppy to lean on. It gave her a place to bear some weight while interacting with the toy. How do you think that went?"
- You can comment, "It looked to me like he was able to pick up the cheerios from the tray and out of your hand as well. What did you see happening? Why do you think that worked for him and you?"

Looks Like	Doesn't Look Like
Asking/answering questions to focus on the caregiver's attention on child behaviors (e.g., "Did you see how excited he was when you put a block on the tower... and how he added more blocks independently? He showed you how much fun he was having and how skilled he was becoming releasing objects. What did you think worked best?")	Asking vague or general reflection questions that do not support the caregiver's participation (e.g., "What do you think about that?" "How do you think that went?" "What do you want to do next?")
Helping the family to see what the next developmental step is and how to "up the ante" to encourage the child's participation in the routine (e.g., "See how she is using the brush on her own hair and looking at you? She might reach over and want you to brush your hair! What else do you think she might do?")	Using handouts from assessments or curriculum, books, or the Internet to describe intervention without demonstrating and comparing to what the child is doing in everyday activities.

Indicator 10. Asks questions, comments to promote caregiver reflection and review of a routine or the session - identifies what works for caregiver and child

Considerations for Indicator 10.

Reflection is an advanced communication skill that requires some time and practice for many caregivers and providers. To support the caregivers reflection, you should be genuinely interested in what the caregiver believes. Asking questions that demonstrate your interest in ideas beyond your own helps to increase the exchange of ideas.

Participation is increased when caregivers feel that their responses and comments are welcomed. Keeping questions and comments nonjudgmental requires you to listen without jumping to conclusions before you have really heard what the caregiver is saying. You may also need to ask follow up questions to clarify and understand the caregivers' point of view.

Questions that have an obvious or expected answer do not support caregiver reflection. True reflective questions do not lead the parent to the answer you are looking for. Rather an authentic reflective question results in the parent's ideas, impressions, worries, thoughts, or questions.

You can also support the caregivers reflection by reflecting on what you saw and why you think that it works for the child or the parent. Building on what works is very important to ensure that the caregiver's confidence expands along with their competence.

Questions that use "What and what if?" and "How" are open-ended questions that spark creativity and new ideas. Examples include:

- "What do you think (e.g., would happen if you moved the pillow?)"
- "How do you think that went?"
- "How does it feel to you to do it this way?"

It's often best to review after each routine or activity rather than waiting until the end when you are writing the plan. The teachable moment is relevant and immediately useful. After review, you may decide to try the routine again.

Review is an opportunity to listen to what the caregiver believes is working, why, and how they can increase opportunities, decrease supports, up-the-ante, or just stay right where they are to ensure the target/skill is fully mastered.

Reflection and Review	Yes	Partial	Not Observed
10. Asks questions, comments to promote caregiver reflection and review of a routine or the session - identifies what works for caregiver and child	Score yes if there are 3+ comments or questions that prompt or support reflection from the caregiver on the target, strategies, or routines AND at least 1 comment/question relates to what occurred during the current the session.	Score partial if there are 1-2 comments or questions that prompt or support reflection from the caregiver or if there are multiple reflection questions but none are related to current session targets, strategies, or routines.	Score no if there is not at least 1 comment or question to prompt reflection from the caregiver on strategies, specific routines, or what worked in the session.

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



Caregivers learn best how to help their child participate when the expectations are clear and reasonable for both the child and themselves. Examples should be concrete and relevant to the family’s priorities. All jargon needs to be carefully defined so caregivers can make informed decisions about what to do, when to do it, and how much participation is just right for their child in each of the routines and activities. It helps the caregiver to talk through exactly how they can support the child and in return, what they should expect the child to do. Making connections to the family’s priorities also keeps the focus on the “larger” learning outcomes when the targets for the child are small.

Examples of Indicator 11.

- “You said things were going ok with sitting. What does “ok” look like? Sitting longer? Fussing less? Sitting more frequently?”
- “Walking down the aisle at your wedding in May is your outcome. What do you think you can do this week that will tell you he’s getting closer?”
- “Grandma’s coming to visit this week; how will you describe to her what Anna is learning when she helps you fold the clothes and put them away?”
- “Tell me what bedtime will look like when the routine is working.”

Looks Like	Doesn't Look Like
Emphasizing the connection between the child’s practice of learning targets in routines and activities and his/her progress toward broader goals (e.g., “Pulling to stand by the couch will help him walk with support which is a small step toward walking. What will you look for this week to get close?”	Giving the family specific skills that the child should be doing (e.g., stacking four blocks, walking 10 feet, and naming 10 body parts) without including how those skills can be used in a functional context.
Directing the caregiver’s attention to the child’s behaviors that she has learned to illustrate development and to look to where he/she will go next (e.g., “Peggy looked at you and reached for the cookies. What can she do next?”)	Using jargon or specific discipline terminology to measure progress that does not fit in the family activity and/or increase participation.
Celebrating a successful interaction or activity and helping the family connect their actions to the child’s outcomes (e.g., “Carlos walked to the table carrying his cup at lunchtime because you waited for him and encouraged his help.”)	Telling the family what the targets in the routine should be, and assigning how many times to practice.

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

Considerations for Indicator 11.

It can take lots of practice for some caregivers to understand what embedding intervention into everyday routines and activities is all about. Some caregivers have an “aha” moment while others need the provider to share more examples and offer choices of options that could work for the family. Like children, adults need input in different formats, frequency, and varying types of support. Provide examples of what it could be like and ask for input from caregivers initially. Brainstorm options or choices. For instance, for a child who is working on pulling to stand, you could offer options like, “Will you want to see him pulling up more often or maybe in new places in the house this week?”

Watching videos of the child and parent practicing is very helpful to support the caregiver’s understanding of what the target is and looks like when it is working. Pausing the video and talking it through is a great strategy. A picture is worth a thousand words, and can provide great contexts to talk about whether or not there are changes in participation.

Back up plans are very helpful. Talking about what it looks like when it is working often identifies some possible complications that haven’t been discussed and could lead to breakdowns. Take time to talk through these and problem solve “worst case scenarios” (i.e., “If he doesn’t pull up on his own, what will you do next?”)

Talking about what it will look like when it is working also leads to discussions of adequacy or sufficiency of opportunities to embed. As you prepare to develop the plan, it is imperative to include “enough” opportunities for the caregiver and child to learn within and across routines. Knowing when it is working teaches caregivers to measure and evaluate the effectiveness of their supports and the degree to which the strategies are helping their child.

For children with significant delays or disabilities, learning to identify small targets that can increase participation can support the family’s motivation and persistence. Helping caregivers reflect on positive changes increases their understanding of their child’s development.

Reflection and Review	Yes	Partial	Not Observed
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	Score yes if provider comments/asks questions that promotes the caregiver to describe what the functional measures of the target will be in their routines.	Score partial if the provider takes the lead suggesting what the functional measures of the target will be in their routines with minimal parent problem solving or reflection.	Score no if a discussion does not occur OR if the provider describes how to measure without parent input.

Indicator 12. Engages caregiver to lead development of a “best plan of action” for embedding intervention in multiple routines and activities throughout the day - facilitates caregiver leadership and decision making



Engaging caregivers in the review of their plan is essential; it is **their** action plan. Not only do they know what will and will not work for them, they will be best at figuring out how to address any changes that may need to occur if their plans are interrupted. Plans developed by the caregivers are far more likely to be implemented than those provided to them. Clearly and succinctly summarizing the action plan offers the caregiver an opportunity to share the jointly created game plan for the upcoming time period.

Examples of Indicator 12.

- “After today’s session, do you think working on pointing at the object she wants and imitating your words are still your top priorities for her this week?”
- “Let’s look at your plan and you can show me what you want to keep and what you want to change for this month.”
- “Do you want to jot down Abby’s new words on the white board or should I?”
- “Your snack time video can help Grandma see how well Joaquin eats when he feeds himself.”
- Mom says, “I emailed the pictures of Cora helping hold Taylor’s bottle so you can see what a helper she is during feeding.”

Looks Like	Doesn’t Look Like
Summarizing together (e.g., verbally, in writing, via email, an activity matrix, or any method preferred by caregiver) what the action plan could include for the coming period based on what happened in this session and the discussion on what next steps the caregiver wants to take.	Assuming the caregiver is too busy or overwhelmed to complete any intervention with the child during the daily routines and activities.
Asking the caregiver open-ended questions followed by choices as needed to develop a flexible plan with options that match the child and family needs (e.g., “Knowing you have doctor’s appointments next week and your schedule is different, what do you want to try to help her pull to stand at home? Can you think of ways to do that at the doctor’s office or at Grandma’s? ”)	Offering a plan or “homework” to the caregiver that the provider believes is best for the child and family.
Reviewing together (e.g., verbally, in writing, via email, or any method preferred by caregiver) the action plan to ensure it is clear and the roles are assigned (e.g., “I’ll bring you new snack pictures next week while you work on the picture choices at bedtime this week.”)	Assuming that the caregiver knows what the plan should be even though it hasn’t been discussed during the session.

Indicator 12. Engages caregiver to lead development of a “best plan of action” for embedding intervention in multiple routines and activities throughout the day - facilitates caregiver leadership and decision making

Considerations for Indicator 12.

Checklists, white boards, text messages, activity matrices, and sticky notes on the mirror in the bathroom are all strategies that can help caregivers remember the specific targets, strategies, and expectations important for the child’s learning. It is too much to expect caregivers will learn only from hearing or watching a brief demonstration. Adults need a variety of formats to master new skills.

Life happens. Supporting parents to learn to problem solve and plan gives them the power to substitute routines and activities that might fit better into the schedule when a change occurs because of visitors, illness, or appointments. Planning for change in advance (e.g., how to have a snack in the car instead of at the table, how to use wipes to wash hands instead of the sink at home) gives the caregiver the power to make things happen no matter what occurs.

Not all caregivers will be comfortable taking the lead writing or reviewing the plan or making a video, but some will when given the chance. Ensuring the caregiver’s ideas lead the plan development is more important than who writes it! Take turns, change up the format, involve the siblings, but do support the caregiver with a plan.

And watch your use of jargon! The plan belongs to the family - encouraging them to use their words, even for the intervention strategies! One provider noticed that a mom referred to strategies as “tricks” and continued to use mom’s language when making a plan. Sometimes providers feel like caregivers know what they are working on without saying it explicitly. Without discussing the action plan, the caregiver may not actually be as confident in what to do and when. Jointly creating a plan keeps everyone on the same page. Knowing how to embed intervention is better than knowing what the jargon means. Help the family make it their own.

Reflection and Review	Yes	Partial	Not Observed
12. Engages caregiver to lead development of a “best plan of action” for embedding intervention in multiple routines and activities throughout the day - facilitates caregiver leadership and decision making	Score yes if provider supports the caregiver to take the lead to identify caregiver strategies (how), specific routines (where/ who), and targets (what) for embedding (when) throughout the day.	Score partial if the provider takes the lead suggesting the plan to embed targets throughout the day with minimal parent problem solving or reflection.	Score no if there is not a clear plan with action steps with caregiver input.

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For more information and resources, please visit the Communication and Early Childhood Research and Practice Center's website at: <http://cec-rap.fsu.edu>

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