Individualizing Inclusion in Child Care

November 2001

Integrating Therapy into the Classroom

R. A. McWilliam
Stacy Scott

Findings from research:

- Over time, families who were given a choice between in-class and out-of-class models of service delivery (therapy) preferred in-class models.
- Across disciplines, therapists believe therapies ideally would be provided in a more integrated manner than they typically are.
- When therapy is provided in the classroom, teachers and specialists consult with each other four times as much as they do when therapy is provided out of class.
- Across disciplines, children generalize more following in-class than out-of-class therapy.

Inside this issue:

What is Your Consultative Style? 2
The Continuum of Service Delivery Models 2
Integrating Special Education 3
Integrating Occupational Therapy 3
Integrating Speech/Language Pathology 4
Integrating Physical Therapy 4
Talking With Families About Integrated Therapy 5
A Teacher's Perspective 6

Ten Really Good Reasons Why Therapies Should Be Integrated

1. So that children learn the skills they need in the places they will use them.
2. So that children have increased practice opportunities.
3. So that children's social relationships are fostered.
4. So that a child does not miss out on any classroom activities.
5. So that teachers can see what therapists do to help kids and expand their skills.
6. So that therapists can see whether or not the strategies they develop are feasible.
7. So that teachers and therapists focus on skills that will be immediately useful for a child.
8. So that therapists can work with teachers to address problems as they arise.
9. So that assessment can be done across a variety of routines.
10. Because it's the right thing to do!

Therapy Ain't Tennis Lessons

It's funny to think about how therapy has been provided much like tennis lessons in the past– a student works with a professional for an hour each week on specific skills. The hour of instruction is up to the professional, but practice between lessons is the student's responsibility. Tennis lessons alone will not make someone a better player, it's the practice between the lessons that makes a difference.

When it comes to therapy, a child with special needs probably will not be able to generalize the skills he works on with a specialist during therapy time to other times and places where he or she needs the skills. Specialists need to plan for a child to have opportunities to practice skills outside of therapy time in order for the child to make efficient progress. Here are 3 things specialists can do to ensure that children have ample practice opportunities:

1. Use routines-based assessment to identify functional skills.

Find out what the child needs to learn to be successful in their daily routines and make those skills the goals. Many times, specialists focus on prerequisite skills, or things that are not directly related to what a child does everyday. That definitely makes it much harder to identify times when the child can practice outside of therapy sessions.

2. Incorporate consultation into therapy time.

Talk with other adults who spend time with the child (i.e., teachers and family members) before, while, or after you work with the child. It is important for teachers to know what the specialists are working on with the child so they can address those things outside of therapy time. It is also important for specialists to get feedback from the child's teacherson their suggestions. If a specialist's suggestions are not practical or are irrelevant, they are likely to be disregarded.

(Continued on page 5)

What is Your Consultative Style?

A critical component of integrated therapy is consultation, or the communication between adults about a child they work with. There are basically two types of consultative styles among professionals: expert and collaborative.

The "expert" style of consultation involves the specialist independently (a) assessing a child to identify needs, (b) recommending strategies or solutions to others, and (c) evaluating whether needs have been met.

The "collaborative" model of consultation involves the specialist, teacher, and family identifying needs, developing solutions, and evaluating progress together.

As you probably guessed, collaborative consultation lends itself to integrated therapy. It would be very difficult for a specialist to identify functional goals for a child and feasible strategies for a teacher to implement without ever getting input from the teacher. Even when a specialist works with a child outside of the classroom, collaborative consultation makes it possible for interventions to be integrated into the classroom.

The Continuum of Service Delivery Models

Although therapy that is provided in-class may be considered integrated, location is just one of several factors that determines the "integratedness" of therapy. Other dimensions of therapy include (a) presence of peers, (b) context of intervention, (c) initiation, (d) functionality of skills, and (e) consultation. Manipulation of these variables determines how segregated or integrated the therapy is.

Segregated

Model	Location	Therapy Focus	Peers	Context	Initiator
Individual Pull-Out	Away from the regular class	Directly on child functioning	Not present	Different from the rest of the class	Specialist
Small Group Pull-Out	Away from the regular class	Directly on functioning by child(ren) with special needs	One to six peers present	Different from the rest of the class	Specialist
One-on-One in Classroom	In the classroom, but away from the rest of the class	Directly on child functioning	Not involved in therapy	Different form the rest of the class	Specialist
Group Activity	In the classroom, small or large group	On alll children in group an on peer interactions, emphasis on meeting special needs of children	All or some of peers present	Within the context of the class	Specialist
Individual During Routine	In the classroom, wherever the focal child is	Directly but not exclusively on the focal child	Usually present	Within the context of the class	Child
Consultation	In or out of the classroom	Teacher, as related to the needs of the child; can vary from expert to collaborative style	Present, if occurring in class	May occur within or outside of the context of the class	Teacher or specialist

Integrated

This continuum serves as a tool for professionals who want to provide more integrated services to children. A therapist can identify the model typically used with a child and move up the continuum. The individual during routine model is a good goal for professionals. It enables assessment in context, skills being taught in context, opportunities for demonstration and trying out new strategies, and peer involvement.

Adapted from McWilliam, R. A. (1995). Integration of therapy and consultative special education: A continuum in early intervention. *Infants and Young Children, 7*(4), 29-38.

Integrating Special Education

By Sarah Hurwitz

I love to take advantage of the great teaching moments that occur in the integrated classroom. There are so many times when a child with special needs can be motivated to learn new things by their desire to copy/ interact with peers or by their interest in a classroom activity or toy. I generally use activities that the child is interested in and structure my intervention activity around them. For example, if a child is interested in trucks, use the ladder of a fire truck and a toy firefighter for teaching "up" and "down" or if a child loves painting, have the child request the color that he wants next therefore incorporating requesting and learning colors in one activity. I use classroom routines as an opportunity to work on specific goals in a directed way.

By spending time in the classroom playing with and observing a target child, areas of need become obvious. For example, perhaps a teacher is encouraging a child with special needs to participate in circle-time dancing activities. She may be doing a good job using hand over hand assistance to help him with the body motions that accompany the song, but the child does not seem to me to be able to follow along independently. I would likely discuss my impressions with the teacher, see if she concurs and then think of some ways to work on the skill.

If we agree that this is an area that the child needs help, during free play I might bring over a couple of other children and play a basic imitation game (e.g. Simon Says or Follow the Leader). Once the child grasps the idea of imitating an adult's actions, I would let one of the other children lead the activity. I would prompt the child as needed and play the game in a small group until the child seemed to really understand what to do.

The teacher(s), who will have been watching what I am doing as they work with other children, are able to see me go through the steps so that they can do them too. They are key to carrying over the intervention that we have been discussing. The teachers practice the new skill with the child throughout the week so that acquisition can come more quickly. This is a process in which the teachers and I update one another on progress and eliminate what we do not like and try new ideas which might work better.

Once the child seems able to imitate during free play activities, the teacher could make a large group circle time activity where the same games are repeated with the whole class. I might assist the teacher on these days if she feels like it will be helpful. Finally we would set the games to music and remind the child to follow along with the actions of the teachers and other children in the class, thus returning to the situation that first sparked the need for this intervention, circle-time dance movements. The teachers and I can help children learn all kinds of new activities in this way: first by identifying a need, breaking the skill down into it's component parts, teaching each step until we have reached the final one that addresses the original goal.

Integrating Occupational Therapy

By Linn Wakeford, M.S., OTR/L

As an occupational therapist working with young children, I am concerned about their engagement in the childhood occupations of play and self-care. Regular classroom routines support these occupations consistently. That makes it easy to work within those routines to enhance skill development when appropriate, and offer adaptations or modifications that enhance the child's performance.

By assisting the child initially in their classroom routines, I become aware of the process and environment in which they are really trying to perform. That makes is easier for me to talk with teachers about strategies that are reasonable and effective for carryover of the intervention. Also, when I work within classroom contexts, I can use peer supports and models, which can increase the child's motivation significantly. For instance, intervention focused on helping a child be more independent in dressing can be designed around activities such as dress-up, putting on a jacket or sweater to go outside, putting on a smock for painting, pulling pants up and down at diaper changes or toileting routines, undressing/dressing for water play days, taking shoes off/on before and after naptime, etc. I can also plan with the teacher how to use group games and other classroom activities to support our dressing goals. This planning with teachers is important. I need to hear their perspectives, comments and questions, offer ideas and strategies, and collaborate about how to implement the strategies we decide to try. Scheduling regular times to meet with teachers to review goals and intervention strategies, as well as talking with them while I am implementing the strategies myself, are two key means by which I am able to communicate with teachers.

Working within classroom routines supports my intervention by allowing me to have a realistic perspective of the contexts in which the child is performing, giving me more opportunities to consult with teachers, increasing the chances of repetition and practice, and providing extra sources of motivation for the child to participate in whatever play and self-care routines have been identified.

"By assisting the child initially in their classroom routines, I become aware of the process and environment in which they are really trying to perform"

Integrating Speech/Language Pathology

By Kathy Davis, M.A., ccc-sp

As a speech Language pathologist who works with young children, I love nothing better than joining a young child in play to engage in interaction. I love the challenge of turning a child's interests in play into goal achieving communication interactions. With the right timing, prompts, and motivation, the child tries new behaviors or uses established behaviors more often than usual. I feel successful because the child has been successful, at least for that brief moment in time. Maybe the child has learned something he or she can use at another time.

But, what we actually know about learning is that in order to really learn and change, children need intervention around the clock in a variety of daily routines, in a variety of settings, with a variety of people who are important to them. So, in order to actually be successful, I have to talk with the child's teacher about my interactions. Here is why.

I need to know about the child's needs and successes in everyday settings, what and who the child likes, and what and who the other children in the classroom like. In what routines of the day does the child need the most communication skills to participate?

I need to share with the teacher the contexts and strategies that have been successful. *I need to brainstorm with the teacher* about other strategies that might work for other contexts and about the adaptations that might be needed.

I need to support the teacher with materials that will facilitate intervention in the classroom. *I need to use* materials that work in the classroom context. I need to support the teachers to develop their own strategies and interventions. *I need to hear what is working* in the day to day environment from the teachers and parents.

When those things and more are done, then the child will have the most chance of learning and being successful every day, all day.

Integrating Physical Therapy

By Margie Muenzer, M.S., PT

This model for physical therapy (a model that coordinates treatment strategies with classroom routines) requires flexibility in scheduling as well as collaboration with the teacher to learn when specific activities will be taking place. Once I know the classroom schedule, I can plan to be available on the playground to work with a child on gross motor play skills or choose instead to join a child in the classroom.

For example, I may join a child during circle time to facilitate sitting balance or join free play to work on pulling to a stand at the toy shelves in the classroom. During these times, I am also modeling activities for the teacher to continue during the week. In this way, the child is practicing the skills he or she needs both with the materials regularly in the classroom or on the playground and during the routines in which they generally occur.

During team planning, or whenever I am in the classroom and the teacher has a moment, the teacher and I can discuss adding materials or activities to optimize the opportunities to embed interventions. For example, the teacher of the toddlers and I might decide to make riding toys available in the hallway for increased practice time for the targeted child, or the teacher and I might come up with some new songs that encourage jumping to add to that week's music time.

I often need to make physical adaptations to the classroom or playground equipment for a child with limited motor control, so that he or she can participate successfully in the same routines as his or her classmates. The classroom teacher often helps me determine where additional adaptations would be most helpful.

This integrated approach to physical therapy helps focus my attention on increasing each child's level of independence, engagement, and social play in the preschool setting.

Therapy Ain't Tennis Lessons, cont.

(Continued from page 1)

3. Provide therapy in the classroom.

Studies have shown that teachers and specialists consult with one another four times more when specialists work with children in class versus out–of-class. Teachers are able to see what the specialist does with a child and specialists have the opportunity to assess children in context and to address situations when and where they arise.

By identifying functional skills, talking with other caregivers, and being in the classroom, specialists can ensure that meaningful intervention occurs between therapy sessions.

Talking with Families About Integrated Therapy

1. Ask the family about previous experiences.

When talking with families about how therapies will be provided, it is important for professionals to first understand the families past experiences and concerns with the provision of therapy. Families who are used to therapy being provided in an isolated manner are likely to be skeptical of integrated approaches.

2. Ask the family what they want their child to get out of therapy.

Sometimes families are caught up in the mindset that more therapy is better and don't really focus on a specific goal or purpose for the therapy, or how the therapy is going to improve daily life. By asking this question, professionals can help the family focus on the goal, not the therapy. For example, a family may want their child, Anne, to receive regular speech therapy so that she child can communicate better. The next question the professional asks is "When is communication a problem for Anne?" This ties the concern to daily routines or specific times of the day when the child needs the skill.

3. Tell the family that when therapy is integrated their child has the opportunity to learn skills when and where the skills are needed.

Back to the previous example, the parents might say that communication is especially a problem for Anne at mealtimes because she can't tell them what she wants. The best time to work on communication then would be at mealtimes, not in a therapy room. When children learn a task in one situation or setting (therapy room) the child has the extra task of transferring that skill to other situations (home and classroom). Therapy is most effective when provided in context.

4. "Do the math" with the family.

By integrating therapy into the classroom, Anne's teacher can see how the therapist works with Anne and implement those same strategies into the rest of the week when the therapist is not present. Let's say Anne receives 60 minutes of speech therapy a week. If the teacher is able to work with Anne on communicating her wants for 10 minutes out of every hour, and Anne is at daycare for 8 hours a day, five days a week (10 x 8 x 5), then Anne is actually getting an additional 400 minutes each week of intervention.

5. Inform the family about the models of service delivery.

Use the continuum (page 4) to show the family the range of options they have. Discuss the pros and cons of each model so that parents can make an informed decision about how services are provided. Whatever decision the family makes, it is important for professionals to honor that decision: this is their child.

FPG

Individualizing Inclusion in Child Care is a model demonstration project, Grant No. H324M980207, *funded by the U.S. Department of Education, Office of Special Education Programs. The project's model is based on three interrelated components: routines-based assessment for functional intervention planning, integrated therapy, and embedded intervention. The model is being implemented at the Frank Porter Graham Child Care Program in Chapel Hill, NC. Model replication sites are currently being recruited.*

Frank Porter Graham Child Development Center
UNC-CH, CB# 8180
Chapel Hill, NC 27599-8180

Phone: 919-966-5943
Fax: 919-966-7532
Email: Stacy_Scott@unc.edu

Individualizing Inclusion in Child Care

Project Director: Robin McWilliam, Ph.D.
Project Coordinator: Stacy Scott

Http://www.fpg.unc.edu/~inclusion

A Teacher's Perspective

By Sherri Marlette

Communication between teachers and therapists is a significant factor when using an integrated therapy model. In my classroom, all the teachers are "therapists." We are with the children on a daily basis and must learn and develop strategies to address the child's goals throughout the routines of the day.

The classroom environment should provide children with opportunities to accomplish specific skills in the absence of therapists. In order for this to occur, teachers and therapists must have an effective working relationship that is collaborative. The teachers in my classroom meet with therapists regularly as a team to discuss targeted skills and to develop strategies to implement in the classroom. During these meetings, I feel it is important for all team members to be involved especially classroom assistants. All members of a collaborative team offer different perspectives and contribute to the development of strategies that will benefit the child, family, and classroom teachers.

Therapists coming into the classroom should follow the lead of the individual children and the class as a whole. If the goals are functional and attached to routines, any activity or toy in the classroom can be used to address specific developmental skills. Therapists coming into the classroom have ideas or plans for meeting the childrens' IFSP or IEP goals, but part of their responsibility is to be flexible and support the teachers as they work to include children in the classroom. I have a good working relationship with our therapists and feel that I can approach them at any time and they will do what is possible to help. This could include observing in the classroom to collect a language sample to joining us on a field trip to the library.

When therapists come in to work with the children, I want to know that they are there to help support the assistants and I in doing our job. I see the therapists as an important addition to our classroom. In our classroom, one might see a therapist modeling specific strategies, gathering materials to implement a new play scenario, or simply joining us at play. They come in and interact with all the children, not just those with special needs. By integrating therapies into the classroom, therapists have opportunities to discuss specific needs, develop a perspective of a child, and work with the teachers in the context of the classroom; and teachers have opportunities to learn how to better meet the needs of children with disabilities.