A Parent-Child Approach to Goal Directed Training: Boosting Carryover from Centre to Home

Jacklyn O’Boyle (Occupational Therapist)
John Callanan (Psychologist)
Bea Staley, PhD (Speech Pathologist)
Outline

- The setting – Carpentaria Kids
- Case study: Jack
- Relationship based approach
- Goal directed approach
- Our outcomes/ learning
We provide therapy to children aged 0-6 years with significant developmental difficulties and their families using a relationship-based approach. Put simply, this means we help parents to interact with their children in ways that specifically support developmental needs. Current research shows that this helps provide the foundation for more targeted assistance the child may require. This approach promotes meaningful participation in all aspects of daily life for the whole family. We do this by providing a transdisciplinary service that delivers high quality, coordinated early childhood therapy that is family-friendly, offers a more holistic therapy plan to meet the developmental needs of the child, and builds on skills within the family.
Relationship Based Approach

- Coach parents to learn the skills and have the opportunity to practice them throughout the week.
- On how to respond to their child in different contexts
- In this case it included how to respond in this goal directed context to bring outcomes.
- We want to add to the parents available responses e.g. alternatives to ‘no’.
- Building on their reflective capacity of the child's particular needs and communication (verbal/ non-verbal).
- Expanding how the parent responds to their child in unique situations. Whether that be a child with CP, ASD, or Dev Delay, or a child we don’t understand well enough, this sense of adding to the parents ability to respond to their child is what this approach is.
- We are bringing this work to other strong evidence based goal directed work.
Goal directed

- Goal directed
  - Client-centered
  - Occupationally focused
  - Prioritises increasing independence with a particular activity
  - Requires active problem solving and repetition of successful strategies
  - Contrast to a more traditional approach of working on specific body functions, hoping to impact on a general success of the activity (Mastos et al, 2007)
The Literature

- Recent literature has questioned the efficacy of current early intervention models for children with developmental delays and disabilities (Barfoot et al 2015, BAOT).
- Occupational therapists working with children with developmental delays typically implement child-focused, developmentally-orientated interventions (Case-Smith and O’Brien, 2010).
- Yet, secure parent-child relationships are key predictors of cognitive, language, academic, physical health and social-emotional outcomes for children (Weatherstone, 2007).
- There is growing evidence, that the effectiveness of early intervention for children with developmental delays is not related to the amount or intensity of therapy, but to the ability of parents to read their child’s cues and respond sensitively (Atkins-Burnett and Allen-Meares, 2000; Karaasalan et al., 2011).
- For children with developmental difficulties, the prevalence of parenting difficulties and disorganised parent-child attachment relationships is much higher than in the non-clinical population (Barfoot et al 2015, BAOT).
- Developmental gain occurs best when there are changes in parent responsiveness, so early intervention services should increase the focus on positive parent-child interactions. (Slade, 2009).
How did we put these two things together?

CASE STUDY

Jack

5 years old

Cerebral Palsy
Difficulty performing daily activities is not solely caused by motor impairments (Steenbergen et al 2006, 2007).

Motor planning – what we know about motor planning is that intensive practice of functional tasks improves motor planning abilities in children with CP (Duff & Gordon 2006).

From our perspective it is also about managing resistance and motivation, specifically what motivates the child and not what would motivate us if we were the child.
Parent Values
Can you tell me what you hope your child may have in their life when they are older, over the next few years or in their 20s?

Parent Goals:
What specific goals would you like to work on during the next 6 months?

EIS Values
Our therapy is based on current research that child development happens best within their relationship with their parents and caregivers.

We actively involve parents and caregivers in therapy sessions so that strategies can be used at home and in the community.

EIS Goals:
Through ongoing assessment of your child and observation we have made, the EIS team will put together some goals in line with your child’s developmental needs.

Shared goals and therapy
Based on the combination of parent values, parent goals, EIS values and EIS goals a therapy plan will be put together.
Agreed goals

Activities of Daily Living
- To work towards independence with dressing, including socks and shoes, and putting trousers on.

Pre-school:
- Dealing with any concerns or issues that may arise within this current pre-school year.
- Preparing Jack to move from pre-school to transition, in terms of his emotional and physical well-being and in relation to the developmental requirements.

Stamina
- Being aware of Jack’s stamina levels and building on this.
Goal Attainment Scale

- What is this?
- 3 GAS goals covering
  1. Taking on/off shirt
  2. Taking on/off pants
  3. Taking on/off shoes
GAS 1

Taking on and off his t-shirt

-2: Jack will be able to put his t-shirt on with assistance for orientation and minimal assistance (hands on help given once only). He will be able to take his t-shirt off with minimal assistance (hands on help given once only).

-1: Jack will be able to put his t-shirt on with assistance for orientation and verbal prompting. He will be able to take his t-shirt off with verbal prompting only.

0: Jack will be able to put his t-shirt on with assistance for orientation only and take his t-shirt off independently.

+1: Jack will be able to put his t-shirt on with verbal prompting for orientation and take his t-shirt off independently.

+2: Jack will be able to take off and put on his t-shirt independently.
Taking on and off his pants

-2: Jack will be able to put on his pants on with assistance for orientation and assistance (hands on help given twice only). He will be able to take his pants off with verbal prompting only.

-1: Jack will be able to put his pants on with assistance for orientation and minimal assistance (hands on help given once only). He will be able to take his pants off independently.

0: Jack will be able to put his pants on with assistance for orientation and verbal prompting, and take his pants off independently.

+1: Jack will be able to put his pants assistance with orientation only and take his pants off independently.

+2: Jack will be able to take off and put on his pants with verbal prompting for orientation only.
GAS 3

On/off shoes

-2: Jack will be able to put on his shoes on with assistance for orientation and assistance (hands on help given twice only – at toes and heels). He will be able to take his shoes off with verbal prompting only.

-1: Jack will be able to put his shoes on with assistance for orientation and minimal assistance (hands on help given once only). He will be able to take his shoes off independently.

0: Jack will be able to put his shoes on with assistance for orientation and verbal prompting, and take his shoes off independently.

+1: Jack will be able to put his shoes on with assistance with orientation only and take his shoes off independently.

+2: Jack will be able to take off and put on his shoes with verbal prompting for orientation only.
What we did....

- Commenced with two 30 minute introductory sessions consisting of assessment of lower and upper half dressing and discussion with mum about goal directed therapy and discussion with Jack about his motivation.
  - Lessons learned:
    - Smaller room
    - Limited other activities
    - Motivator at end of session e.g. outdoor play (tying into changing into outdoor clothes)
- 30 minute sessions weekly for 7 weeks (last week consisted of reassessment and re-evaluating GAS goals)
- Commenced with working on all 3 GAS goals (t-shirt, pants and shoes), Jack progressed quickly with his t-shirt and pants and sessions focused only on shoes from week 4.
- Session rating scales completed
- Session summary’s completed
- Mum continued to practice all three goals daily at home following the session summary.
Session Summary

Child: ____________________ Date: __________

Therapist(s): _____________ Session #: __________

**Goals for session, what we noticed today, and what worked:**

**Things to do at home:**

**Next Session:**
Parent / Therapist Roles

Parent Role
- Keeping Jack on task e.g. Jack, ‘I don’t want to do it’, mum: ‘I think you can do it, and when your finished, you can go outside whenever you want’ Linking to motivation and autonomy.
- ‘At school you will be able to play outside and not have to wait for the teacher to help.’
- Encouraged him to respond with ‘I can do it’, promoting confidence and reducing passive helplessness.
- Dealing with resistance by naming it e.g. ‘you are finding this really tricky and I can see you are trying really hard’

OT Role
- Working with mum to develop a different response repertoire for this context.
- Problem solving e.g.
  - Working through different positions to facilitate easier or faster outcome.
  - Where to put foot, positions, types of shoes, breaking down the steps
- Sequencing e.g. Jack found it easier to put arms in first rather than head
- Environmental set up e.g. using a small chair with back support to assist with balance.
- Moving to the next step e.g. next week provide only verbal prompting
- Home work – daily practice
- Session summary
Outcomes on GAS goals:

Taking on and off his t-shirt:
- +2 on GAS goal:
  Jack will be able to take off and put on his t-shirt independently.

Taking on and off his pants
- +2 on GAS goal:
  Jack will be able to take off and put on his pants with verbal prompting for orientation only.

On/off shoes
- +1 on GAS goal:
  Jack will be able to put his shoes on with assistance with orientation only and take his shoes off independently.
Carryover to Home

- Getting the parent involved assists with carryover
- Builds parental confidence and competence
- Strengthens the parent child relationship
- Walk away from therapy with the skills to generalise narrative to support other difficult tasks
- e.g. ‘you’re really frustrated and you can try again’
  ‘That didn’t work how you wanted it...you can do it again’
Summary

- Bringing parents into therapy and acknowledging their role seems to have facilitated a smoother outcome.
- Parents involved and acknowledge child's experience we get better/quicker outcomes, this is supported by this and other case studies, including using this way of working with other evidence based practices e.g. M-CIMT and Bimanual.
References