



Promoting the inclusion of infants and young children with disabilities in child care

CONSULTATION GUIDE



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April 2005

PIN ~ Philadelphia Inclusion Network

Milbourne, S.A., & Campbell, C. (2005). Philadelphia Inclusion Network Consultation Guide.

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Many people have provided ideas for training activities, content, and materials and we appreciate their input, especially from Elyse Rosen, Leita Boykin, Kathi Nech, Francine Weston, Patricia Benvenuto, and Robin Miller, teachers who support inclusive child care for families and their young children with disabilities. Mary Mills, Jean Ann Vogelkamp, and other families who work for their children to be part of inclusive communities. Susan Kachman and Terry Weslow, early intervention specialists and advocates for inclusion. A special thanks to Natalie Peller and Lillian McCue, and also to the many of you who diligently and tirelessly edited the content of the materials.



April 2005

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PIN Consultation Guide

Introduction

These consultation guidelines are provided for trainers using the PIN approach in a variety of ways. Options for using the PIN approach may include:

OPTION 1 ~ Authentic PIN Approach

OPTION 2 ~ Combining Individual Session Modules

OPTION 3 ~ Adding Individual Session Modules To Other Training Programs

OPTION 4 ~ Using PIN Training Activities Outside of the PIN Curriculum

OPTION 5 ~ PIN Portfolio Project

Descriptions and examples of these various options are provided in the Trainer Guide, April 2005.

Over the course of a training series, on-site consultation visits are provided to promote the adoption of class-presented content practices into participants' work settings. When PIN is offered as a 7-session training program (Option 1), a total of 3 consultation visits are provided, occurring between the 1st and 2nd, 3rd and 4th, and 6th and 7th training sessions. In this format, two outcomes to be addressed through consultation and a plan for doing so are the basis for the three consultation visits. When other options are used for example, to supplement other training programs, more than three consultation sessions may be possible.

During the initial on-site visit, the consultant meets with the caregivers to 1) review assessment data; 2) jointly identify two outcomes that the caregivers would like to address and 3) develop a written consultation plan (see example at the end of this document). The plan identifies (a) consultation strategies to be used, (b) steps to be completed, (c) who will be responsible for completion and by when, and (d) how we will know that the outcomes have been accomplished. The subsequent visits are used to implement the plan and determine to which outcomes have been met. Consultants maintain a visit log to record who was present, how long the visit lasted, the focus of the visit, the overall tone of the classroom, and the degree of interest and caregiver response to the visit. Steps to guide this process are provided later.

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On-site consultation is provided to assist childcare providers to apply training content to improve classroom practices for all children and may also specifically focus on:

- < a particular child's needs;
- < prepare for the enrollment of a child with special needs; or
- < provide assistance with environmental modifications or curricular, schedule, or routine adaptations.

Examples of individualized assistance available:

- < Adapt everyday activities and routines so all infants and toddlers can participate
- < Explore resource materials related to a particular disability or teaching strategy and apply new knowledge
- < Acquire information about and access to community supports and early intervention

PIN Consultation Philosophy: Ecological Approach

- T Has been considered "recommended practice" in educating children with special needs
- T Refers to the study of relationships between people and their environment
- T Reflects characteristics of both the individual child and the environments in which his or her participation is desired
- T Promotes the teaching of skills that are age appropriate and relevant to the child's individual daily life
- T Respects the need to teach skills in order of progressive refinement and complexity
- T Encourages use of adaptations to accommodate disability or simplify tasks demands
- T Expands options for the child, including options for participation in more inclusive environments

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The following chart compares some aspects of the ecological approach to a more common approach to planning, the developmental approach.

Ecological Approach	Developmental Approach
based on the interaction of the individual with the environment	based on individual development & maturation
Philosophy: planning generates an individualized “curriculum” that encompasses the environments, activities, and skills that are most relevant and important for the child	Philosophy: teaching the “normal” sequence is expected to remedy delays and prevent deviations that would lead to greater delays and disabilities
Intervention: encourages the use of adaptations to accommodate disability or simplify task demands	Intervention: encourages achievement of the next skill in a usual developmental sequence
Learning: occurs by synthesizing new experiences into those that are already understood	Learning: occurs through instructional exchange between the caregiver and the child

An ecological approach emphasizes the influence of environment, or context, on learning and performance. Context is described as the lens from which persons view their world. Research in teaching and learning indicates that learning is maximized when children (people) interact with one another and when they can construct personal meaning from the material or other instructional circumstances (considered part of the environment). Previous research emphasized the instructional exchange between caregiver (teacher) and child, whereas more recent research confirms that each of us makes sense of our world by synthesizing new experiences into what we have previously come to understand.

Primary dimensions of the environment that are considered include:

- < The child’s current performance and participation in activities
- < The child’s interests and strengths
- < The environment - room set-up/equipment
- < The activities presented in that environment
- < The materials that are used for the activities
- < The requirements of and the instructional strategies used during the activity

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The ecological planning approach is characterized by its flexible and evolving process that weaves together information about both the individual child and the environment in which they are participating.

Consultation Ingredients:

- T PIN training serves as foundation
- T Strength-based approach
- T Staff guided
- T Facilitative vs. Directive
- T Hands-on approach
- T Multi-Experiential Learning

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Definition of a Consultant:

A person in a position to have some influence over an individual, group, and/or organization, but who has no direct power to make changes or implement programs.

Realities of Consultation:

Marginality	consultants are never really a part of a system
Ambiguity	consultants really never know what they will need to know!
You are the instrument	consultants need to use objective observation
Influencing without authority	consultants need to rely on interpersonal skills to build relationships with clients
Exercising restraint in making client's decision for them	the client needs to be able to make decisions and problem solve when you leave
Low control/High risk	consultants have little control over change but are at high risk when change is being implemented
Dealing with resistance	change is a personal loss - and therefore consultants feel resistance - respecting loss and encouraging change is a delicate balance
Discontinuity of perspective	consultants need to be objective and refrain from passing judgement on clients actions, beliefs, or priorities. Start with the client where they are and work toward change - step by step.

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Consultation Myths & Facts

Myth: As a consultant you will have complete control over the outcomes of your work. You are able to identify a problem, demonstrate your expertise, provide recommendations and solutions, and assure that they will be appropriately implemented.

Fact: Nothing could be further from the truth! In reality you have no direct control to make changes - the moment you take direct control you are acting as a manager; taking responsibility for implementation of recommendations is a major obstacle to effective communication and rapport building.

Myth: As a consultant you have all the answers, knowledge and expertise a client may need or request.

Fact: Remember that there are different roles the consultant plays. One role is expert- here you may have information to share with the client that may be new to them. As a role model - a consultant will engage with the client in demonstration, problem solving, or trial and error to answer a question or concern.

Components of a Consultant's Work:

Objective observer	raises questions for reflection
Process counselor	observes problem-solving process and raises issues mirroring feedback
Fact finder	gathers data and stimulates thinking
Identifier of alternatives	assists in assessing consequences of selected alternatives
Linker to resources	broadens opportunities for learning and support
Joint problem solver	offers alternative and participates in decision making
Trainer/Educator	educates clients on new knowledge
Information specialist	regards, links, and provides practice decisions
Advocate	proposes guidelines, persuades or directs in the problem-solving process

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Consultation Steps

These steps may be used as a guideline for planning your own consultation.

- Step 1: Perform a classroom observation using a structured observational tool such as the Environment Rating Scales (Frank Porter Graham, Child Development Center, NC www.fpg.unc.edu) or the NAEYC Early Childhood Classroom Observation (www.NAEYC.org). You may also want the classroom staff to complete a self-assessment using the same tool.
- Step 2: Write a one page objective summary of the observation ~ include both identified strengths and needs of the classroom. Identify the training modules that staff are currently participating or will participate in. Keep this information in mind as you move into step three, particularly when establishing outcomes.
- Step 3: Schedule a classroom visit to discuss the observation and staff needs or goals. **It is generally helpful to schedule this visit during nap time or a time when the lead caregiver is available to sit and talk.**

Discuss the results of the observation and ask the classroom staff to describe what is going well and not going well ~ for example you can ask: tell me what times during the day work well and when is it more challenging; can you describe activities & routines that go well and those that don't go so well?; what do you feel are your classroom strengths and where do you think you would like to see improvement or make changes?

Based on this information establish two outcomes for the classroom aimed to either: (1) address their self-identified need and to assist them in applying information learned through the PIN approach in order to improve classroom quality and practices for all children and/or (2) use training information to address a particular child's needs; prepare for the enrollment of a child with special needs; or provide assistance with environmental modifications or curricular, schedule, or routine adaptations.

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Discuss options for meeting the established outcomes which may include:

modeling	modifying teaching strategies
brain storming	rotating materials
observation/feedback	acquiring materials
video-tapping the classroom then review with staff	creating weekly/monthly plans
adaptions to the: physical environment, materials, activities, routines etc.	reviewing IFSP/IEP goals
communicating with family	integrating IFSP/IEP goals into daily routines and activities
rearranging the environment	

Together, complete the PIN Action Plan (see below). Discuss and record necessary steps to achieve the outcomes, the persons responsible for completing the steps, and what will demonstrate that the outcomes have been accomplished.

Step 4: Provide on-site consultation following the identified outcomes. Consultation may consist of a combination of strategies identified **in Step 3** or additional strategies identified.

Step 5: Closure:

- Evaluation of achieving outcomes
- Acknowledge feelings
- Judging success
- Celebration

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Optional Consultation Tools:

T	Initial information gathering opportunities	
T	Environmental observation	
T	Child-based observations	
T	Child care environment self-assessment	
T	Results Review Session	
T	Outcome Generation Session	
T	Phone time	
T	On-site visits:	
	reflection	observation
	role modeling	video taping - review/discussion
	group activities	peer observation
	room rearrangement	

Resources

Client-centered consulting: A practical guide for internal advisers and trainers.

Cockman, P., Evans, B., & Reynolds, R. (1996).
McGraw-Hill, NY.

Consultation in early childhood settings.

Buysse, V. & Wesley, P.
Paul Brooks, Baltimore, MD.

The consulting therapist: A guide for OTs and PTs in schools.

Hanft, B & Place, P.
Therapy Skill Builders, San Antonio, TX.

Consultant Name: _____ Center visited: _____

	First Visit Date:	Second Visit Date:	Third Visit Date:
Name Of Staff Present:			
Visit completed	' yes ' no because:	' yes ' no because:	' yes ' no because:
Time and duration of visit:	' am _____ min. ' pm _____ min.	' am _____ min. ' pm _____ min.	' am _____ min. ' pm _____ min.
Focus of visit: (check all that apply)	' Introductions ' Gathering information ' Identify areas of concern ' Establish outcomes ' Implementation/Action ' Problem Solving ' Role modeling/Demonstration ' Closure ' Other:	' Introductions ' Gathering information ' Identify areas of concern ' Establish outcomes ' Implementation/Action ' Problem Solving ' Role modeling/Demonstration ' Closure ' Other:	' Introductions ' Gathering information ' Identify areas of concern ' Establish outcomes ' Implementation/Action ' Problem Solving ' Role modeling/Demonstration ' Closure ' Other:
General tone of the classroom:	' Extremely busy and noisy ' Busy but moderately noisy ' Calm and quiet	' Extremely busy and noisy ' Busy but moderately noisy ' Calm and quiet	' Extremely busy and noisy ' Busy but moderately noisy ' Calm and quiet
How did the staff appear to respond to the visit today?	' Not interested ' Little interested ' Interested ' Highly interested	' Not interested ' Little interested ' Interested ' Highly interested	' Not interested ' Little interested ' Interested ' Highly interested

ACTION PLAN

Outcomes: 1. _____

Strategies:

- ' provide/review resources
- ' model
- ' brain storming
- ' observation/feedback
- ' adapt: materials, activities, routines
- ' communicate with family
- ' room rearrangement
- ' modify teaching strategies
- ' rotate materials
- ' acquire materials
- ' create weekly/monthly plans
- ' review IFSP/IEP
- ' other:

Steps to complete:

Who will be responsible?

By: (date)

How will we know that the outcome is accomplished?

Accomplished? Y N

Date of Next Visit: _____

2. _____

Strategies:

- ' provide/review resources
- ' model
- ' brain storming
- ' observation/feedback
- ' adapt: materials, activities, routines
- ' communicate with family
- ' room rearrangement
- ' modify teaching strategies
- ' rotate materials
- ' acquire materials
- ' create weekly/monthly plans
- ' review IFSP/IEP
- ' other:

Steps to complete:

Who will be responsible?

By: (date)

How will we know that the outcome is accomplished?

Accomplished? Y N