



Building Routines with Children and Careproviders

Notes

Where do child and family routines come from? Many are associated with chores or daily activities, e.g. meals, dish washing; others come from personal style e.g. music, pet chores. Almost any activity or event has learning opportunities and can become a teaching and learning routine. In fact, with some children and adults, almost everything that occurs more than once does become a routine! These individuals approach the activity or event systematically, drawing on previous similar experiences as a framework, and they repeat it methodically engaging the child in the sequence. For this care provider a totally unplanned and unexpected smile by the child into a mirror as they walk to the front door becomes a routine of pausing at the mirror, looking and taking turns, smiling, talking and waving bye from that day forward.

For other care providers, each activity or event is a new or different experience that unfolds as it occurs. Variation and spontaneity are the rule rather than the exception. A brief exchange in the mirror with a smile and a wave is just that- a great interaction. Another exchange may occur at the pop machine at the mall, waiting in line at the grocery store, or during the sermon at church on Sunday. The exchanges are positive learning opportunities that occur in different places and at different times rather than predictable sequences. The adult and child enjoy a positive learning opportunity but do not build the routine framework.

Diversity in sequence and style among care providers can be a great challenge for interventionists. It requires the interventionist to be open to different care providing approaches and observant of any and all interactions with potential for teaching and learning. Each approach to life presents advantages and disadvantages for embedded intervention. However routine based intervention can be adapted to be compatible with most adult and child styles. And in turn, most adults can adapt their style to meet the needs of their young learner. The first step is for care providers to learn about routines.

Routines provide a supportive framework for the child to learn new skills. While routines do not need to be rote or scheduled, they do need to be predictable to enhance the child's ability to anticipate opportunities to participate. It may be necessary to assist care providers to recognize the important components of a routine that can be included in their interactions and events. Understanding "how" routines help children learn is essential for care providers who do not naturally use routines

First Steps in Building Routines and Outcomes

- ◆ Identify and explain the value of preferred activities and routines
- ◆ Learn about child's preferences and family expectations
- ◆ Observe care providers in routines with child
- ◆ Identify outcomes appropriate for routine
- ◆ Specify strategies and sequence
- ◆ Gather feedback, monitor progress



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to interact or accomplish daily activities. Establishing a consistent sequence with predictable turns for the child helps the care provider know "when" to embed intervention.

When inquiring about daily routines and activities, child preferences, and family expectations, make sure to explain your purpose for asking for this information. Knowing "why" it is important helps care providers feel comfortable enough to share the reality of their lives and not just share what they think you want to hear. Children (and adults) are more likely to initiate and repeat events and activities they prefer. Find out which activities and routines that the child finds more enjoyable. Discuss family expectations of the child for involvement/participation during the enjoyable activities or routines and also for other routines that may not be so enjoyable for the child. While it is usually best to begin with positive and preferred routines, it may be important to help with more difficult interactions also.

Observing the care provider and child in a comfortable event or activity is essential for embedding the intervention within the family's style. While watching a comfortable activity, examine which components of a routine appear to be in place:

Components of a Routine

- ◆ Beginning and ending
- ◆ Outcome oriented
- ◆ Meaningful
- ◆ Predictable
- ◆ Sequential or systematic
- ◆ Repetitious

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- Is there an identifiable outcome, e.g. dry diaper, drink, preferred toy, attention, comfort?
- Does the routine include the family's materials, child's toys or family "sayings" or words?
- Is the result positive for the care provider? For the child?
- Has the care provider (or child) established a beginning to the activity? An ending?
- Does the routine appear predictable to the child? The care provider?
- Is the sequence easy to follow for the child? The care provider?
- Is there repetition of the activity, e.g. multiple times during the day? Within the activity, e.g. multiple drinks of juice?

For some activities, such as diapering or snack the "routineness" is easy to identify. However, more unique activities may also be positive learning opportunities for both the care provider and the child. Just because activities are different or not associated with typical care providing patterns does not mean they aren't or can't be good routines. Waiting for the postman, taking out the trash, watering the flowers, playing peek-a-boo, dropping brothers and sisters at school, dancing with MTV, or feeding the dog all have the potential of becoming a positive teaching and learning interaction.

As stated before, it may be easier to begin with obvious activities and routines (e.g., meals, hand washing, diapering, playing ball, singing songs, putting away toys). These routines are usually easy to observe and offer opportunities for a variety of functional outcomes. More or different routines can be added as the care provider and child gain

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familiarity and demonstrate success with the initial routines. It is often best to begin with only one or two routines to increase likelihood of success for both the care provider and the child. Once the routine framework is established, care providers can generalize more readily to others.

By taking the role of an observer, you can build upon the natural strategies that the care provider already uses and make suggestions in context about actions observed. It also allows you to observe a real life situation with a familiar adult and give reinforcement for appropriate strategies used. Videotaping can be helpful for future reflection and discussion (with permission of the care provider.)

Discuss with care providers the specific activities/routines that could be chosen for intervention purposes, again, remembering that more isn't necessarily better. Choose routines in which the care providers feel they can comfortably establish a consistent framework and then embed the intervention strategies. Take into account their time, divided attentions (e.g. five other siblings, careers, household responsibilities) priorities, interests, frequency of routine/activity during the day, and family preferences. Be realistic and respectful. Be sure that the activities and routines chosen reflect what you have learned about the family through observations, incidental events, and conversations with the care providers.

Discuss with the care provider the most logical outcomes to expect during activities and routines for the child. Match the outcomes with the routine and the IFSP. Some routines have many potential outcomes to practice. Be careful to identify only a limited number of skills to practice in a routine. "More" isn't better if it interferes with the sequence or the outcome. Too much can be confusing or frustrating to both the child and the parent and prevent accurate data collection. While observing the care provider and child in the routine, the interventionist is able to provide support and information to the dyad. The interventionist provides more information by describing the child's actions considering typical development and the child's disability providing information essential to increasing the care provider's knowledge and ability to embed intervention. The interventionist may also help the care provider arrange the environment, modify materials, or suggest alternate strategies.

Problem solving discussions about strategies and their appropriateness to activities and routines are very important. How and how often will the strategies be employed in each activity or routine? What should the care provider do to "help" the child? For consistency, be sure these details are shared with all the care providers.

The individualized formal and informal monitoring of progress (e.g., data collection sheets, face-to-face conversations, written correspondence, videotapes, audiotapes) needs to be simple, easy-to-use, system-

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Family-guided Routines

- ◆ Match the child and the family interests
- ◆ Promote positive interactions
- ◆ Embed functional targets into meaningful outcomes
- ◆ Are flexible and adaptable
- ◆ Change with the family and child



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atic, and involve all care providers across the child's environment. Frequent communication between care providers is necessary because intervention strategies utilized (successful vs. not so successful), routines/activities chosen, and skills targeted can and do change.

A final, but very important caution: Not every interaction will have (or should have) every component of a routine. Remember, the term "routine" is used because it is a concept most care providers recognize. It is not intended to imply that every interaction, event, or activity that occurs between a care provider and child should become a routine. NEVER! Routines are one component of a balanced intervention plan that also encourages child initiated actions and play, as well as planned and spontaneous actions and events from care providers.

Family-guided routine based interventions are flexible, adaptable and change with the child and family. For some families sequencing and repetition are integral, while for others- it is an accident! While we do know that children learn when the environment provides a predictable framework, it is not necessary to schedule or reorganize (or attempt to!) lives of families. Our purpose is not to design "automatic" or "prescribed" plans, but rather to increase the care provider's ability to incorporate practice on IFSP outcomes as they occur throughout the child's and family's day in whatever style they choose to live. Predictability does not mean prescriptions for interaction.

Family-guided routines based intervention uses what the child and family does and embeds intervention; not the reverse. The family's preferences provide the foundation. Intervention is added when and where it is most comfortable and compatible. Our purpose is not to train parents to be interventionists - to do what we do. Our purpose is to include what will help the child learn and gain independence in typical activities as they occur within the child's and family's lives.

References

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