

NORTH GEORGIA  AUTISM CONFERENCE

Hosted by:



**Anna Shaw**  
Children's Institute

[HamiltonHealth.com/autismconference](http://HamiltonHealth.com/autismconference)



# Coaching Model & Episodic Care

**Ashley Lantz, PT, DPT, PCS**  
**Amy Thomas, OTR/L**



**“Children learn primarily through repeated interactions with the environment, with those interactions dispersed over time....Children are better influenced by the caregivers who spend hour after hour with them during the week than they are by visitors (therapists, teachers). Adults, because they can generalize and learn in sessions, can benefit from consistent visits with professionals. Therefore, professionals should work with adult family members, who can influence child development and skill acquisition. Intervention for the child, therefore, occurs between visits. This is when caregivers have multiple opportunities to provide learning contexts for children.”**

*RA McWilliam 2010*

NORTH GEORGIA



AUTISM CONFERENCE

[HamiltonHealth.com/autismconference](http://HamiltonHealth.com/autismconference)



# Evidence Based Emotional Support

- **Positiveness about the child and other family members**
- **Response to family's requests**
- **Orientation to the whole family, especially well being of primary caregiver**
- **Friendliness: Treat family as you would treat neighbors**
- **Sensitivity: Walk in the family's shoes**

*McWilliam, Tocci, & Harbin 1998*



# Boundaries

## Your Boundaries

- Boundaries are healthy and necessary
- Boundaries help define what you are responsible for
- Setting boundaries does NOT mean putting up a wall
- Making decisions based on others' approval or based on a sense of guilt breeds resentment

## Boundaries of Others

- Healthy boundaries allow behaviors to have the appropriate consequences
- Compliant/Avoidant/Controlling
  - Ways others respond to boundaries
- Non-responsive
- Burdens/Loads
  - Be aware of how family/environmental hardships impact your treatment focus



## Listen

Literally, JUST listen, a lot..  
Prompt – ok, tell me more..

Don't mirror agitated emotions or defend anything

## Apologize for Feelings

Apologize for negative experience

Don't agree, disagree, debate, defend

## Ask for next steps

What do they need you to do next? Write it down

Don't promise anything

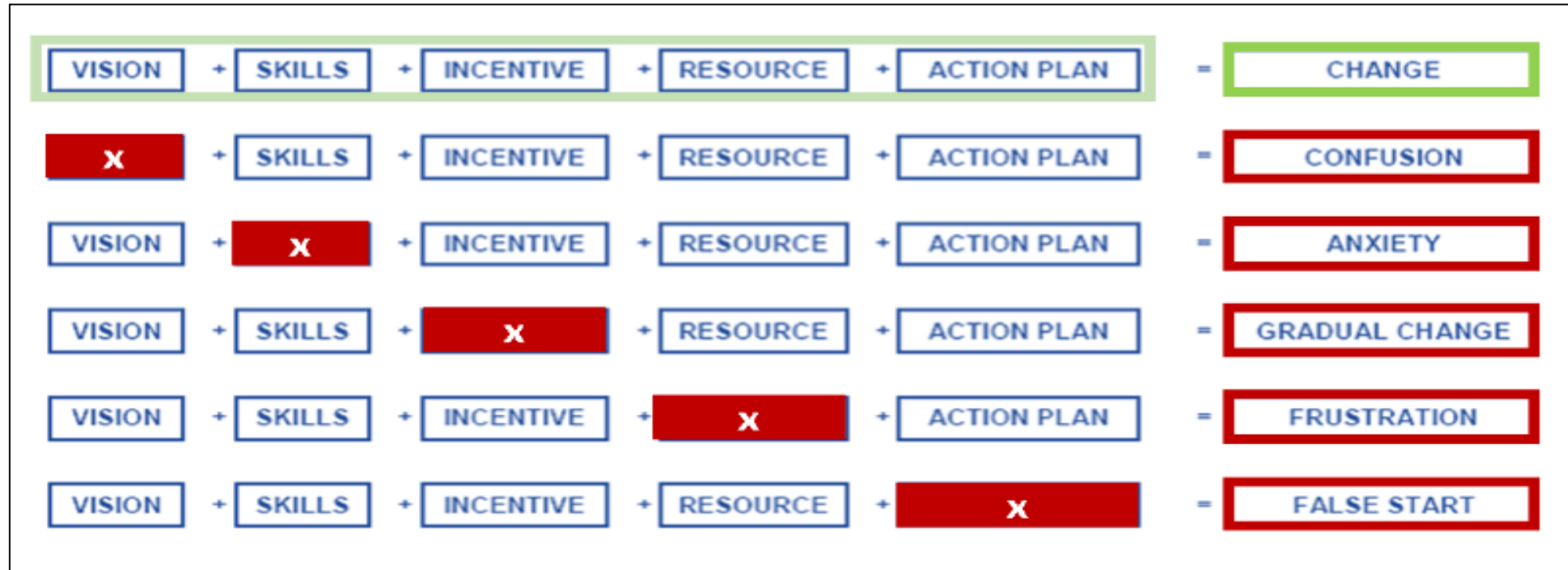
## Agree on follow-up time

Set specific time for next communication & DO IT!



THE 5 LEVELS OF LISTENING

# Equation for Change – Listening and Coaching



What are common things you hear parents say when you are asking questions or discussing care?

Substitute what you think may be missing...take a risk.

“What if you were more \_\_\_\_\_, what would you do then?”

# Script Overview

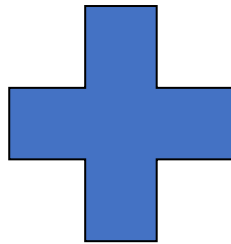
- **How have things been going?**
  - Gives the family opportunity to set agenda for the session
- **Do you have anything new you want to ask me about?**
- **How have things been going with strategies/interventions we practiced last session?**
- **Is there a time of day that is not going well for you?**

# Implementing Coaching Model

- ***Joint planning for session*** - the therapist asks open-ended questions to give the parent/caregiver an opportunity to set the agenda for the visit
- ***Demonstration with narration*** – the therapist demonstrates a specific technique/skill/activity while explaining what they are doing
- ***Guided practice with feedback*** – the parent works on a technique/skill/task while the therapist provides verbal guidance, as well as positive and corrective feedback

## *Implementing Coaching Model continued*

- ***Strength based problem solving*** – the therapist uses language and structured conversation to build on what’s already working; what’s already going well
- ***Specific praise and reinforcement*** – the therapist identifies and names specific behaviors/elements of the technique and provides reinforcement of the desired response
- ***Joint Planning for home/next session*** - The therapist asks the parent/caregiver what they would like to work on, within specific daily routines, until the next visit



**I noticed...**  
**I saw...**  
**I observed...**

**What happened when...?**  
**Could you describe...?**  
**What do you think...?**



# What is Episodic Care?

- **A period of focused intervention targeting a patient's emergent need (caregiver and patient focused per report), with a beginning and end.**
  - **From the beginning, set a specified number of sessions/weeks to assess progress**
- **Why use it?**
  - **Kids learn best from their daily caregivers**
  - **Sustained change happens from daily routines**
  - **Family engagement is key to developing meaningful and useful care**
  - **Therapy is more effective when multiple factors are used to determine frequency**

# Other Possible Benefits

- **It decreases the burn out rates of families, patients, and caregivers**
- **It decreases the no show and cancellation if families know they have a specified number of visits**
- **It allows a facility to serve more kids**

# Three Types of Focus

- **Session**
  - Each individual treatment session as well as finding out how activities have been going at home
  - What has gone well at home, what has not?
- **Episode**
  - A definite amount of time that therapy is provided at a given frequency
  - What progress have you seen so far and if this round of treatment was totally worth your time, what would you see in the next \_\_\_# weeks?
- **Lifespan**
  - Keep this open and light, general topics
  - Have they considered school? In the next \_\_\_# years, what do you see your child doing?

# Frequencies

- **Intensive (3-5x per week)**
  - Continue to make steady progress in skills but need an intensive boost
  - Have recently undergone a surgical procedure
  - Have immediate and complex needs following a significant or extensive trauma, illness, or event.
  - Have had a significant change in medical status (includes Botox injections)
- **Routine (1-2x/week or EOW)**
  - Recovering skills or function lost due to illness, trauma or surgery
  - Have complex equipment or home program needs that require frequent modification

# *Frequencies Continued*

- **Periodic (monthly)**
  - **Have equipment needs that require intermittent modification or adaptation.**
  - **Are receiving therapy services from other agencies, such as school or early intervention**
  - **Cannot cooperate or participate in therapy session due to stranger anxiety or behavior problems**
  - **Have other issues / concerns that need to be addressed prior to participating in a more routine therapy program**



# *Frequencies Continued*

- **Other general factors that will influence the decision making on frequency:**
  - **Financial obligation**
  - **Caregiver/patient schedule (includes transportation)**
  - **Family's choice / priorities**
  - **Available resources / support for family**
  - **Health condition of the child (to get to and participate in therapy)**
  - **Caregiver's ability to understand (cognition?) and follow through with recommendations**
  - **Previous compliance to attendance with therapy**

# Questions???







# Anna Shaw Children's Institute

NORTH GEORGIA



**AUTISM CONFERENCE**

[HamiltonHealth.com/autismconference](https://HamiltonHealth.com/autismconference)