Inspiring Change
Implementing Inclusive, Contextual and Collaborative Services
Introductions

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Learning Objectives

Participants will be able to identify the key components and outcomes of collaborative, contextualized, and participation-based services across the pediatric continuum of care.

Participants will understand how to facilitate change across pediatric settings.

Participants will develop action steps to implement interventions and systems supports that enhance meaningful participation and make that change stick.
Complex Contexts
The same but different....

Every person is like every other person
Every person is like some other person
Every person is like no other person
(Adapted from Kluckhohn & Murray, 1948, p.35)
Complex Context - Health Care

- Health care is complex
- Changes in demographics, access, and complexity
- Increased costs of services
  - Reimbursement
- Expanding roles (specialties and subspecialties)
  - Distinct value
- Informed choice
Healthcare Transformation: Triple Aim

- Improve Health
- Improve Satisfaction
- Reduce Costs

(IHI, 2016)
Complex Context - Education

- Education processes & systems are complex
  - Legislative & educational mandates
- Changes in demographics, access, and complexity
- Increased costs of services and decreasing funds
- Expanding roles (overlap and role release)
  - School-wide initiatives vs individual mandates
- Consensus
Education Reform Priorities

- Children with disabilities are educated in their neighborhood schools in regular classrooms with their non-disabled peers to the greatest extent as possible;
- Teams of educational professionals, specialists and caregivers work together to evaluate educational access and learning, plan intervention, and collaboratively implement instruction using best available evidence;
- Progress is monitored collaboratively, outcomes are measured and data is used to drive educational decision making; and
- Educational achievement, high school graduation and employment rates rise among individuals with disabilities.
Natural and Least Restrictive Environments

- Meaningful participation occurs in natural environments
- As a profession, we are committed to participation
- Professional guidance informs our services e.g.
  - Clinic:
    - Disability research and practice guidance
    - AOTA Statement on early childhood inclusion
  - Education:
    - Early intervention & Part C (IDEA, 2004)
Inclusion & Participation
What are Contextualized & Participation-focused Services?

- Provided as often as is practicable in natural environments, where participation take place
  - Engagement in tasks in natural contexts improves performance and participation

- Use of meaningful activity/occupation as both the means and end of therapy
  - Collaborative goal setting, instruction, coaching, and feedback with either the child/youth and/or the caregiver improves functional mobility and self-care performance and participation

Characteristics

Environments
- Differences are not seen as barriers but are recognized and valued
- Policies promote the understanding and participation of all
- Accessibility is provided for all

Interventions
- Based in evidence and embedded in natural contexts
- Focus on the child beyond the diagnosis (person-centered)
- Strengths based
- Focus on tools for successful participation in life and belong in communities of meaning

Practitioners
- Trained in cultural understanding and responsivity
- Facilitate connection and empower choice making
- Stress engagement over normalcy
- Collaborate with all stakeholders to facilitate a child’s ability to live a whole and joy-filled life!
Inclusion versus Participation

How are they different?

What should pediatric practitioners be striving for?

- Increased social participation
  - (Taheri, Perry, & Minnes, 2016)
- Reduced environmental and technological barriers, participatory relationships, better policies
  - (Chiena, Branjerdporn, Rodgers, & Copley, 2017)
- Optimizing adaptive skills, increasing family socialization
  - (Taheri, Perry, & Minnes, 2017)
- And more!
Meaningful Participation - 10 Elements

- Person-based elements
  - Having fun, experiencing success, belonging, experiencing freedom, developing an identity
- Environment-focused elements
  - Authentic friendships, the opportunity to participate, role models, family support
- Activity-related elements
  - Learning

(Willis, Girdler, Thompson, Rosenberg, Reid, & Elliott, 2016)
Change:
How Do We Implement Inclusive, Contextual and Collaborative Services?
Contemplating Change: Irving Change Readiness Model

(Irving & Berndt, 2017)
Contemplating Change: Irving Change Readiness Model

- Right Vision
- Right Time
- Optimal Change

- Wrong Vision
- Wrong Time
- Misguided Change
- Failed Change
- Forced Change

Emerging Evidence
Practice Guidance
Third Party Payers
IDEA, ESSA Requirement
State Guidance

(Irving & Berndt, 2017)
Imagining Change

- Readiness
  - Understanding of the key elements and the scope of the change
- Capacity
  - Knowledge, skills and competencies
- Capability
  - Tools and resources
- Action
  - Methods and processes
- Implementation and Measurement
  - Documenting the change

(Prochaska & DiClemente, 1984)
- Pre-Contemplation
  - Am I aware of the possibility of change?
- Contemplation
  - What are my options?
- Decision
  - I’m going to do it!
- Action
  - Yay, I did it!
- Maintenance
  - Keeping it going

(Prochaska & DiClemente, 1984)
I have an idea.....

That could be how it starts!

How can you get others to share your vision?

How can you convey your passion /interest?

How can you use what’s in the bank to facilitate change?
Identify where we are!

- In your setting, identify the following:
  - What currently works well?
    - Identify & celebrate it!
  - What is OK, but could be improved?
  - What definitely needs to change?
Capacity and Readiness for Change

Identify your capacity & readiness for change:

- Individual
- Organizational
- Professional

How do we know when we are ready?

When is the “right time”?
What inspires you to make changes, personally or professionally?

What prevents you making changes, personally or professionally?
Change Inspiration Include:

- I heard about an idea and want to try it.
- I reviewed the evidence and need to update practice.
- I am passionate about this topic.
- I want to use my full scope of practice.
- I can’t sustain what I’m doing (burnout).
Change Barriers Include:

- I am afraid of change
- I am unsure how to make a change
- I feel overwhelmed
- I lack of support/feel isolated
- I like what I’m doing (comfort
Following our Inspiration, Overcoming Barriers, and Making Change Stick
Leadership
Commitment, passion and initiation

Engagement
Connections, communication and collaborative learning

Drivers
Business imperative, vision and goals

Capability
People, competencies and resources

Culture
The ways things are done, the ways to achieve success

Making Change Stick
(Afiniti, 2015)
Change Through Collaborative Leadership

Collaboration = Increased Intervention Outcomes

(Bose & Hinojosa, 2008; Case-Smith, 1997; Fairbaim & Davidson, 1993; Villeneuve & Shulha, 2012; Hanft & Shepherd, 2016)
Collaboration

- Identification and strengthening of affordances and elimination of barriers in physical, knowledge, skill, behavior, and attitudinal characteristics that influence participation in school

- Use of creative and innovative teaching and learning supports, strategies and technologies

- Greater opportunity for collaborative and meaningful decision making
  Increased capacity and satisfaction of those working with children and youth with disabilities

(Bose & Hinojosa, 2008; Case-Smith, 1997; Fairbaim & Davidson, 1993; Villeneuve & Shulha, 2012; Hanft & Shepherd, 2016)
Collaboration Outcomes

- Improves the physical, mental and social wellbeing of children and youth
- Improves the use of recommendations and interventions in home and classrooms
- Increases active student participation and learning outcomes
- Increases appreciation for the value of related services

(Bose & Hinojosa, 2008; Case-Smith, 1997; Fairbaim & Davidson, 1993; Villeneuve & Shulha, 2012; Hanft & Shepherd, 2016)
Collaborative Team Model

Multidisciplinary non-hierarchical team
Who share a set of core values
To promote the health, wellness and participation of all children
Through mutual respect, consensus building, and collaborative decision making
Effective Collaboration

Team members:
● Understand the policy and procedure of the facility
● Understand special education regulation, school board policy, curriculum and classroom practices
● Understand one another’s roles and responsibilities
● Commit to sufficient time to collaborate
● Focus on:
  ○ Expected student outcomes
  ○ The affordances and barriers to outcome achievement
● Share, model and embed innovative and creative ways to instruct and provide intervention to meet the expectations

(Villeneuve, 2009; Villeneuve & Shulha)
Collaboration Core Competencies

**Communication**

Communicate with team members in responsive and responsible manner that supports a team approach and promotes participation and learning.

**Interpersonal Relationships**

Work with others to maintain a climate of mutual respect and shared values and apply relationship building values and principles of team dynamics.

**Build Partnerships**

Use the knowledge of our own roles and the roles of other to assess and address the strengths and needs of students and systems.

(Barr, 1998; IPEC, 2016)
Collaboration Core Competencies

Communication

Identification and prioritize learning, functional, occupational and performance challenges

Interpersonal Relationships

Design creative, innovative and evidence based intervention plans and collaborative data collection methods

Build Partnerships

Monitor the fidelity of and response to intervention

Flexibly and quickly respond to progress trends.
Response to Progress Trend

Rate of Progress

Time
Response to Progress Trend

Rate of Progress

Time
Response to Progress Trend

Rate of Progress

Time
Response to Progress Trend
Change Through Driver and Culture Identification

Address Drivers and Culture and Build Relationships = Increased Intervention Outcomes

(Laverdure, Cosbey, Gaylord, & LeCompte, 2017)
Collaborative Practices Framework

**Identify Issues**
What are the most significant issues influencing learning, occupational engagement and performance?

**Identify Outcomes**
What outcomes have been achieved and are the outcomes in alignment with expectation?

**Identify Solutions**
What are the array of strategies that can be used to address these issues and how will they be carried out?

**Identify Measures**
How will progress be monitored and performance data be collected?

(Laverdure, Cosbey, Gaylord, & LeCompte, 2017)
Identify Issues

<table>
<thead>
<tr>
<th>Communication</th>
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</thead>
<tbody>
<tr>
<td>● What are the key issues and how are they impacting learning, occupation and</td>
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<tr>
<td>performance?</td>
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<tr>
<td>● What are the causes and contributing factors associated with these issues?</td>
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<tr>
<td>● What are the child’s perception of the issues?</td>
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<tr>
<td>● Are the issues the result of larger systemic issues that need to be addressed concomitantly?</td>
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<tr>
<td>● Who are the key stakeholders impacted by the performance issues and how might they be drawn into the collaboration and problem solving process? (Ensure that all individuals with information are heard so as not to miss key information resulting in disengagement.)</td>
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<tr>
<td>● How do these performance issues impact the child’s function across environments (e.g., home, community, school)?</td>
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<tr>
<td>● Does the team share a common understanding of the issues?</td>
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<tr>
<td>● How might change in these areas influence productivity, relationships and satisfaction?</td>
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## Identify Solutions

### Communication
- What outcomes are expected? What will success look like?
- What theory of change will be used to design interventions?
- How will interventions specifically target key areas of concern and expected outcomes?
- What evidence suggests that the intervention will be successful? What predictions might be made?
- How will the intervention be carried over and sustained?
- What roles will each of the members of the team play in the implementation of the intervention?

### Interpersonal Skills
- How will buy-in among stakeholders (including the student) be facilitated?
- Do interventions match the capacities and competencies of those expected to carry over the interventions? A mismatch is likely to fail without careful attention to training needs.
- Is the intervention design consistent with the context and contextual expectations?

### Building Partnerships
- What physical, knowledge, skill, behavior, cultural and attitudinal affordances and barriers impact the intervention implementation?
- How will the ‘who, what, where, when, and how’ of intervention implementation be managed?
- What resource (human, material and financial) requirements will be needed?
- How will intervention fidelity be monitored?
# Identify Measures

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<tr>
<td>● How will progress be measured?</td>
<td>● How will team members identify inconsistencies in intervention carry over?</td>
<td>● How, by whom, where and when will data be collected and reviewed?</td>
</tr>
<tr>
<td>● How will confounding factors (absences, illnesses, behavior changes, etc.) influence be viewed relative to intervention success?</td>
<td>● How will the potential for bias and misleading results be mitigated?</td>
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<td>● How will change be attributed to the intervention?</td>
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**Identify Outcomes**

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<td>● How will team members communicate the changes in learning, occupational engagement and performance?</td>
<td>● How will the team members respond with agility to lack of progress or unanticipated negative effects of the intervention?</td>
<td>● How will outcomes be evaluated?</td>
</tr>
<tr>
<td>● How will the need for a course change or redefinition of goals be addressed?</td>
<td></td>
<td>● How will the team analyze expected and unintended outcomes (how and why the intervention worked or did not work)?</td>
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Change Through Building Capacity

Strengthen practice competency and resources = Increased Intervention Outcomes

(Laverdure, McCann, McLoon, Moore, & Reed, 2018)
Building Capacity

- Assess strengths and areas for growth
  - Compete self-assessments; environmental audit
- Access state and federal guidelines and resources
- Seek conferences, coursework, and other continuing education opportunities
- Read publications and journal articles
  - Communities of Practice
  - Journal Clubs
- Network
  - Social media, in person
What Next?
Barriers to Collaborative and Contextual Services

Uni-professional mindset
Ineffective communication skills
Challenges transitioning from an expert to a collaborative model
Difficulty building therapeutic relationship
Problematic behavior and learning barriers

Issues with scheduling/time
Workplace standards
Administrative support
Preferences of teachers, therapists, and parents
Lack of preparation for practice in the specific setting

(Bradenburger-Shasby, 2005; Gaylord, 2016; Newhouse & Spring, 2010)
What are Your Engagement Strategies?
Identify Your Strengths

- Individual & organizational
- Consider a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats)
- Leverage your strengths
- Leverage your full scope of practice and OT’s distinct value
Growth Mindset

- Instill a growth mindset rather than a fixed mindset when collaborating
  
  ○ Fixed mindset: views personal qualities (intelligence, character, or talent) as fixed traits
  
  ○ Growth mindset: believes basic qualities can grow or be changed through hard work and dedication. We inherently believe that our students have the potential for growth and to overcome challenges in order to successfully participate in daily activities; however, we must also apply this mindset to ourselves and how we perceive challenging colleagues, parents, and administrators.

(Dwerk, 2014)
Build Communication Skills

- Listen actively
- Empathize
- Ask open-ended questions for reflection
- Ensure all team members understand roles and recommendations
- Promote team problem-solving rather than providing expert solutions
- Negotiate during conflict resolution
- Designate time beyond IEP meetings to collaborate with team members

(Frolek Clark & Chandler, 2014)
Build Relationships

- Identify and create alliance

- Establish equal partnerships
  - Shared expertise rather than a superior knowledge base
  - Model best practices and facilitate the empowerment of others
  - Participate in communities of practice and professional learning communities

- Strategies
  - Therapeutic Use of Self

(Villeneuve, 2009)
Build Mentorships: Find a mentor - be a mentor!

- More advanced practitioners share expertise, model best practices, encourage growth, and guide the mentees in challenging situations.

- Growth-fostering relationship: “A good mentor will validate and support the discovery of new paths along the way, challenge your ideas and question your driving skills, while also creating space for you to envision and chart your own destiny” (Hobbs, 2013)

- Mutually beneficial for both mentor and mentee
  - Mentorship needs may change and evolve over time
A Critical Component

- Explicit baseline and outcome data
- Identify explicitly what behavior to measure
  - Linked to concerns of caregivers and IEP goals
- Measure frequently, consistently and accurately
Jump In!

- Take small steps - start with one child, teacher, parent, or administrator at a time.
- Use all of the resources and knowledge you have as “evidence” to support you in your practice and share with team members.
- Connect with others who share your values and help support you in providing contextual, collaborative practices.
- Remember that both successes and failures help us grow as practitioners.
- Keep a growth mindset in adversity and continue moving forward.
- Be a change agent!