Teaching a Child’s First Teacher

Adult Learning in Early Intervention

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About Paula

• Founder, Program Lead, and Early Intervention Teacher of the Visually Impaired with A Shared Vision
• Certified VIISA and INSITE trainer
• Former Program Lead with Anchor Center for Blind Children (Infant and Parent Programs)
• Mother of daughter who is blind

About Steve

• Founder and Executive Director with A Shared Vision
• Change management and human performance consultant
• Accenture, organizational engineering consultancy, online education platform provider, career school system
• Emergenetics Advanced Associate
Objectives

- Expand your knowledge about adult learning
- Adopt frameworks, tools, and techniques to enhance preparation and effectiveness of EI services
- Improve your ability to build caregivers’ capabilities to be their child’s first teacher
- Be even more consciously competent
The real impact of early intervention occurs after the provider leaves

Parents are the experts on their child’s behavior...
...each practitioner is the expert within the context of their practice setting

There are unknown unknowns - the things we don't know we don't know
Dissonance

Agenda

- Welcome (10 min)
- Context (5 min)
- Caregiver competency (10 min)
- Adult learning principles (15 min)
- Know your audience (30 min)
- Applying learning principles to build caregiver competence (20 min)
- Home visit best practices (20 min)
- Wrap up (10 min)
Risk Factors Affecting Children’s Development and Outcomes

Triadic Strategies in Early Intervention
Interventions to improve the developmental outcomes for child

Interventions to build the competence of caregivers
Agenda

• Welcome
• Context

Caregiver competency

• Adult learning principles
• Know your audience
• Applying learning principles to build caregiver competence
• Home visit best practices
• Wrap up

Caregivers’ Journey as Their Child’s First Teacher

0 1 2 3
Caregiver Competency Domains as Their Child’s First Teacher

<table>
<thead>
<tr>
<th>Domain</th>
<th>Content (curriculum)</th>
<th>Strategies to support child development</th>
</tr>
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<tbody>
<tr>
<td>Self Care</td>
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<td>Health and safety</td>
<td>Physical environment</td>
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<td>Early child development</td>
<td>Working with providers</td>
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<td>Community support and resources</td>
</tr>
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<td>My child’s diagnosis/delay</td>
<td>Early intervention</td>
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Adapted from www.earlychildhood.org

Stages of Competence

Adapted from https://en.wikipedia.org/wiki/Four_stages_of_competence
Components of Competency

- **Knowledge**: What is known in a particular field, facts and information
- **Skills**: Ability to do something well
- **Behaviors**: Motivation to act and the way in which a person acts in response to a situation or stimulus

Key Takeaways

- Build caregivers' competencies within the context of their early intervention journey – birth to age three
- Seek to help caregivers achieve unconscious competence as their child’s first teacher
- Caregiver knowledge, skills, and behaviors are the components of competency
Agenda

- Welcome
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Adults Learn Best When...

- Actively involved in learning
- Real-life experiences are the basis for learning
- Learning is immediately relevant
- Learning is practice-centered rather than content-centered
**Adult Learning Theories**

- **Andragogy.** Provides context for adults’ motivation and disposition to learning
- **Experiential Learning.** Focuses on the development of competencies and skills in a specific context
- **Transformative Learning.** Explores how critical reflection can be used to challenge a learner’s beliefs and assumptions
- **Self-Directed Learning.** Adults plan, conduct, and assess their own learning
- **Project-Based Learning.** Utilizes real-world scenarios and creates projects for learners that they could encounter in a job or activity in the future

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https://www.wgu.edu/blog/adult-learning-theories-principles2004.html#close

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4005174/
**Adult Learning Strategies and Techniques**

- **Set goals.** Adult learners need these goals because their learning is more in their own hands than younger learners.

- **Discuss their why.** Understanding why different topics will help them reach their goal can make sure they stay motivated.

- **Review information regularly.** Adult brains are less plastic. They have a harder time creating new neural pathways. They need to review material more regularly to help create new pathways.

- **Find experiences to help facilitate learning.** Leverage a variety of methods for a firmer grasp of their learning to help translate it to real life.

**Adult Learning Strategies and Techniques (cont.)**

- **Keep your lessons relevant**
- **Focus on your learners’ life experience**
- **Tell stories as you’re teaching**
- **Break up information to avoid cognitive overload**
- **Provide feedback in the moment of need**
- **Make your material visually stimulating**
- **Encourage questions and discussion**
- **Be flexible**
Adult Learning Strategies and Techniques
Handout Packet
The Forgetting Curve (Herman Ebbinghaus)

People forget 80% of what is learned in 30 days

https://www.mindtools.com/pages/article/forgetting-curve.htm

Blooms Taxonomy

- **Remember**: Recall facts and basic concepts
- **Understand**: Explain ideas or concepts
- **Apply**: Apply knowledge to different situations
- **Analyze**: Draw connections among ideas
- **Evaluate**: Make judgments based on evidence found
- **Create**: Compile information to generate new solutions

https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/
Blooms Taxonomy - Verbs

Learning Process (Taylor and Hamdy)
Kirkpatrick Evaluation Model

- **Level 1: Reaction**
  - Did the learner enjoy the training? (smile sheet)

- **Level 2: Learning**
  - Did learning occur? (quiz, test)

- **Level 3: Behavior**
  - Did the training change behavior? (observation)

- **Level 4: Results**
  - Did the training influence performance? (measurement)

https://www.kirkpatrickpartners.com/the-kirkpatrick-model/
Kirkpatrick Evaluation Model

Adult Learning Theories

Adult Learning Strategies

Learning Frameworks

Learning Styles

Learning Activities/Experiences
Learning Styles

**Visual**
Individual learns more effectively when information is visually presented (e.g., pictures, videos, diagrams)

**Auditory**
Individual prefers learning with sound, music, recordings, rhymes, rhythms, etc.

**Kinesthetic**
Individual processes information more effectively when using their bodies and when they are doing something

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**Visual Learner**

- Use visual aids
- Provide visual analogies and metaphors to help with visual imagery. Use storytelling to help with visualization
- Write key points in front of the learner to provide visual cues; complement words with colors and pictures
- Ask learners to write down explanations and take notes
- Include exercises where the learner creates mind maps
- Color-code and organize any materials to help organize things in their minds

https://virtualspeech.com/blog/adult-learning-styles-vak-model
Auditory Learner

- Encourage your learners to participate in discussions
- Encourage problem-solving aloud
- If reading is required suggest audio books if appropriate
- Allow recordings of your lessons or make your lessons accessible online
- Pair up and explain concepts to each other
- Suggest rereading their notes back to themselves
- Use mnemonic devices and rhyming

Kinesthetic Learner

- Use physical exercises and provide hands-on experiences
- Include activities where they use pen and paper to map out their thoughts and problem-solve because writing is a physical exercise
- Encourage them to draw diagrams, graphs, and maps
- Get them to interact with physical objects or solve puzzles
- Role-playing
- Suggest reviewing their notes while engaging in physical activity
- Ask them to teach other class members some of the lesson content
Learning Styles
Handout Packet

Adult Learning Theories
Adult Learning Strategies
Learning Frameworks
Learning Styles
Learning Activities/Experiences
### Adult Learning Methods in Early Intervention

<table>
<thead>
<tr>
<th>CONTENT FOCUS: SELF STUDY</th>
<th>CONTENT FOCUS: LEADER LED</th>
<th>ACTIVE LEARNING: COACH LED</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Text-based materials</td>
<td>• Presentation</td>
<td>• Discussion</td>
</tr>
<tr>
<td>• Podcasts</td>
<td>• Modeling</td>
<td>• Practice</td>
</tr>
<tr>
<td>• YouTube/ video</td>
<td>• Storytelling</td>
<td>• Role play</td>
</tr>
<tr>
<td>• Recorded trainings or presentations</td>
<td>• Demonstration</td>
<td>• Feedback</td>
</tr>
</tbody>
</table>

‘Performance support’ refers to tools that help caregivers - in the moment of need - to perform a task to the highest possible level
Key Takeaways

- Leverage adult learning strategies and techniques that meet the needs of different learning styles
- You will encounter learning dissonance from caregivers
- Use a variety of teaching methods – content focused (self study and leader led), plus active learning. Mix it up!
- Design training to meet specific learning outcomes (Blooms Taxonomy) and evaluate the effectiveness of the training (Kirkpatrick Model)
- Adults quickly forget what they learn – repetition is essential, performance support tools that you leave in the home are invaluable
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I need time to process this by myself. Can you connect me with others?

I want all the details of what to do

I need to talk things through to process information

What's the bottom line?
Intent Impact Model

Adapted from model developed by University of California – Berkeley professor Edith Ng

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50

Intent Impact Model

Adapted from model developed by University of California – Berkeley professor Edith Ng

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51
Behaviors – What Do Your Caregivers Prefer?

- Expressiveness. The outward display of emotions toward others and the world-at-large
- Assertiveness. The style and pace with which someone advances their thoughts, feelings, and beliefs
- Flexibility. The willingness to accommodate the thoughts and actions of others
Expressiveness Characteristics
The outward display of emotions toward others and the world-at-large

Quiet
Calm
Introverted
Reserved
Private

Outgoing
Lively
Extroverted
Gregarious
Demonstrative

Expressiveness Learning Preferences

One on one
Works alone
Quiet atmosphere

Expressiveness

Group dialogue
Talk through it
Energizing atmosphere
Assertiveness Characteristics
The style and pace with which someone advances their thoughts, feelings, and beliefs

- Peacekeeper
  - Accepting
  - Amiable
  - Deliberate
  - Compliant

- Determined
  - Telling
  - Forceful
  - Driving
  - Aggressive

Assertiveness Learning Preferences

- Peaceful environment
- Negotiated resolution
- Gentle pace

- Fast pace
- Take action
- Competitive environment
Flexibility Characteristics
The willingness to accommodate the thoughts and actions of others

Focused
Firm
Strong opinions
Impatient with change
Decides early

1/3

Sees many options
Easy going
Affable
Changeable
Accommodating

1/3

Flexibility Learning Preferences

Quickly decides
Stays focused

Flexibility

Weighs options
Changes easily

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58

59
Behavior Preferences Activity

- One on one
- Works alone
- Quiet atmosphere
- Expressiveness

- Group dialogue
- Talk through it
- Energizing atmosphere
- Assertiveness

- Peaceful environment
- Negotiated resolution
- Gentle pace
- Quick pace
- Competitive environment
- Flexibility

- Quickly decides
- Stays focused
- Weighs options
- Changes easily

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62

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63
Thinking Preferences - How Do Caregiver(s) Think?

Analytical. 
Seeks logic, data, and understanding the reasoning behind things

Conceptual. 
Seeks the big picture, vision, and new ideas

Structural. 
Seeks process, rules, and guidelines

Social. 
Seeks working with and through others

Bi-modal 58% 
Tri-modal 35% 
Uni-modal 6% 
Quadra-modal 1%
Thinking Preferences - How Do We Engage?

Convergent

Analytical

Structural

Conceptual

Social

Thinking Preferences - How Do We Engage?

Analytical

Structural

Conceptual

Social

Divergent
Thinking Styles - Implications to Home Visits

**ANALYTICAL**
- Bottom line
- Key facts, figures up front
- Provider must have credibility
- Written documentation for later review
- One color print/font type is okay
- Must see value in time expended

**STRUCTURAL**
- Provide “home visit plan,” all information prior to meeting
- Detail is crucial
- Neat and orderly format
- Date/times important
- Action plan/next steps
- Use traditional structure/format

**SOCIAL**
- Good rapport between provider and caregiver
- Stories, parables, vignettes
- Give opportunity for them to respond
- Information personalized
- Eye contact crucial
- Emotion
- Music when appropriate

**CONCEPTUAL**
- Show data graphically
- Changing something every 10-15 minutes
- Allow them to fantasize, visualize
- Creativity
- Visual impact crucial
- Overview and summary vital
Thinking Styles in Action

Handout Packet

Thinking Styles Activity

Provider

Most/ Least Preferred

Caregiver or Other Provider

Most/ Least Preferred

Analytical

Structural

Social

Conceptual
### Key Takeaways

- Each of a child’s caregivers has a unique profile of behavior preferences and thinking styles.
- Adults tend to teach others based on their preference (as opposed to the preferences of their audience) – affects intent versus impact.
- Providers must recognize differences and flex to each caregiver's preferences and styles for learning to occur and behaviors to change.
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Putting It All Together - It's a Process

- Performance goal
- Current level of performance
- Competency gap (knowledge, skills, behaviors)
- Learning plan
- Developmental goal
- Current level of performance
- Strategies
Example: 14-month-old male with CP & CVI

- Two Caregivers: mom, dad
- Providers: PT, EI-TVl
- Challenges: sitting, using vision, using hands and vision together
- Overall goals: Integrate sitting, use vision and hands to enable the child to play independently

Example: IFSP Goals & Strategies

IFSP goal: Participate in playtime by using hands and vision to explore a variety of toys while sitting independently
- Assist him in a supported sitting position to look and reach for toys in front of him
- Place toys against solid-colored background
- Use light-up toys and/or high-contrast colors to gain his visual attention
- Use hand-under-hand to support his reaching for toys

IFSP goal: Participate in mealtime by making choices between two options and communicating when he’s all done
- Present two food options within arms reach at face level and give wait time for him to look and reach for what he wants
- Watch for cues (e.g., sounds, gestures, facial expressions) to indicate when he’s finished
- Use single words when presenting food choices to label what they are
Example: Caregiver Target Competence (EI-TVI Domains)

<table>
<thead>
<tr>
<th></th>
<th>Target Competence</th>
</tr>
</thead>
</table>
| Knowledge (Demonstrates knowledge of…) | • CVI and implications  
• Functional vision and preferences  
• Nonverbal communication  
• Basic strategies for working with children with B/VI |
| Skills (Demonstrates ability to…)       | • Use best placement for visual access  
• Read and interpret cues  
• Use hand-under-hand with their child |
| Behaviors (Performs without prompting based on situational need) | • Responds to their child’s cues and takes appropriate action  
• Approaches their child from preferred location  
• Consistently uses hand-under-hand |
Example: Adult Teaching Methods

- Self-study
  - Favorite articles about CVI, cues
  - Handout on basic strategies
- Leader-led
  - Demonstrate hand-under-hand
  - Discuss color contrast
  - Model child’s field of vision
  - Observe and discuss interpreting child’s cues
- Active learning
  - Use materials in the home to demonstrate color contrast
  - Mom to label and interpret child’s cues
- Performance support (job aid)
  - Contrasts
IFSP Goals

Strategies

Caregiver Target Competencies

• Knowledge
• Skills
• Behaviors

Build Unconscious Competence!

Target Competencies (Reading Cues Job Aid)

<table>
<thead>
<tr>
<th>CURRENT COMPETENCE</th>
<th>TARGET COMPETENCE</th>
</tr>
</thead>
</table>
| Knowledge (Demonstrates knowledge of…) | • Non-verbal communication
• Types of non-verbal communication
• Understand importance of non-verbal communication |
| Skills (Demonstrates ability to…) | • Recognize cues (e.g., turn head)
• Attach meaning to cues
• Generalize cues in other situations |
| Behaviors (Performs without prompting based on situational need) | • Patience to read cues
• Expecting cues
• Label cue
• Respect cue
• Respond appropriately to cue |
Target Competencies (Physical Environment Job Aid)

<table>
<thead>
<tr>
<th>CURRENT COMPETENCE</th>
<th>TARGET COMPETENCE</th>
</tr>
</thead>
</table>
| Knowledge (Demonstrates knowledge of…) | • Furnishings and equipment  
• Impact of environment on mental health and learning  
• Emotional environment for supporting learning |
| Skills (Demonstrates ability to…) | • Plan room arrangements  
• Organize materials  
• Assess and reduce environmental stress  
• Plan effective learning environments  
• Plan, respond, and intervene to make environment psychologically safe |
| Behaviors (Performs without prompting based on situational need) | • Observant  
• Clean, neat  
• Flexible  
• Responsible  
• Sensitive  
• Responsive |

Putting It All Together - Competence Evaluation

• Level 1: Reaction (ask, smile sheet)
• Level 2: Learning (discuss, quiz)
• Level 3: Performance (observe)

Incorporate feedback into planning
Putting It All Together - Competence Evaluation

Level 4: Outcomes (assess child’s achievement of developmental goals)

Incorporate feedback into planning

Lesson Planning
Handout Packet
Key Takeaways

• Assess caregivers’ target knowledge, skills, and behaviors just as we assess children

• Seek to understand caregivers’ behavior preferences and thinking styles

• Develop home visit plans that build caregivers’ target outcomes

• Incorporate a variety of teaching methods, change it up over time

• Explicitly evaluate OUR performance in teaching caregivers, especially when caregivers are struggling to achieve their target competence

Agenda

• Welcome

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• Know your audience

• Applying learning principles to build caregiver competence

• Home visit best practices

• Wrap up
Home Visit Best Practices


Ideal Home Visit

Expressiveness
Analytical
Conceptual
Structural
Social
Assertiveness
Flexibility
Home Visit Best Practices

Prep for Visit

- Identify learning activity based on caregiver’s goals, child’s needs
- Provide "home visit plan" and pre-reads to caregivers prior to visit
- Establish roles during visit (multiple providers)

Send Home Visit Plan (An Example)

Email, text – 2 to 5 days before the home visit

- Confirm upcoming visit: “I look forward to seeing you [date, time, in person or telehealth]”
- Confirm caregiver’s goal for visit: “When we met last, you mentioned you’d like to work on… (objective or goal for the visit)”
- Set expectations: “If that still works for you, here are a few things to do before I get there… [materials, toys, supplies, etc.] parents will need during the home visit”
- Send pre-read background materials via email to build caregivers’ knowledge (Blooms Taxonomy)
Learning Experience (An Example)

- Introduction
- Objectives
- Duration (estimated range)
- Materials required
- ECC areas supported
- Everyday routines supported
- Suggested next steps to use this activity with caregiver and child
- Activity steps (recommended, flexible)
- Extension activities

“Splish, Splash – Let’s Take a Bath”

Home Visit Best Practices

- Prep for Visit
- Start
- Body of Home Visit
- Wrap Up
- Document, Follow Up

- Establish and build rapport
- Discuss objectives up front
Home Visit Best Practices

Prep for Visit

Start

Body of Home Visit

Wrap Up

Document, Follow Up

• Provide data to support statement(s); ensure accuracy of data
• Facilitate to include all ideas. Allow conversations for dissent
• Encourage “drivers” to seek to understand others
• Leverage “parking lot”

Start Body of Home Visit

End on time
• Provide handouts (performance support)
• Document recommendations, questions, items for follow up

Adapted from Emergenetics International

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Home Visit Best Practices

- Document progress notes, including assessment of caregivers’ competency as “first teacher”
- Follow up with caregivers and other providers – progress notes, reading materials, more
- Encourage written feedback from caregivers after visit

Adapted from Emergenetics International

Home Visit Best Practices Considerations
Handout Packet
**Key Takeaways**

- Challenge traditional home visit approaches and practices – before, during, and after
- Share home visit plans with caregivers prior to home visits, even more important in telehealth
- Role definition and agreement among multiple providers is respectful to caregivers, improves impact
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Learning Process

1. Dissonance
2. Reflect and Observe
3. Refinement
4. Feedback
5. Develop New Concepts
6. Experiment or Articulate
7. Organization
8. Consolidation

Existing Knowledge

Reflect and Observe

Feedback

Develop New Concepts

Experiment or Articulate

Organization

Consolidation

Objectives

• Expand your knowledge about adult learning
• Adopt frameworks, tools, and techniques to enhance preparation and effectiveness of EI services
• Improve your ability to build caregivers’ capabilities to be their child’s first teacher
• Be even more consciously competent

Adults don’t know what they don’t know - caregivers and other providers with whom you work
Share your expertise with caregivers (collaboratively, sensitively, flexibly) to help them understand what they don’t yet know - their “why,” their journey ahead of them, their competency gaps to be their child’s first teachers.

Caregiver Competency Domains as Their Child’s First Teacher

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110

111
Identify target competencies for caregivers (knowledge, skills, behaviors) to inform strategies and learning plans; share results amongst all the family’s provider team.

Create training plans BEFORE entering families’ homes (especially important with telehealth); be flexible to adjust DURING the visit.
Leverage a variety of training methods (self-study, leader led, active learning) to achieve learning objectives towards specific caregivers’ competencies.

Incorporate caregivers' behavior preferences and learning styles into plans to maximize impact - before, during, and after home visits.
Assess caregivers’ and child’s learning progress during each home visit to inform mid-course adjustments.

What’s Next?

https://www.fletchergroupllc.com/why-virtual-teams-build-better-brainstorms/
Considerations

- Individuals
- Teams
- Agencies/organizations

Brainstorm #1

What frameworks should we consider to improve home visits and child outcomes? Adult learning, behavior preferences, learning styles, visit planning (including learning activities), home visit best practices
Brainstorm #2

How can we and how should we assess and communicate caregivers' competencies as their child's first teachers?

Brainstorm #3

How can we improve our approach to teaching caregivers - planning, teaching methods, assessment?
Brainstorm #4

How can we enhance the structure and processes of in-home visits within context of EI foundational pillars?
Frameworks as Performance Support for Providers
Handout Packet

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