Today we’ll discuss 4 ways to individualize interventions

- Approach
- Philosophy
- Design
- Temperament

Objectives

- To provide an overview of approaches to individualizing evidence-based intervention practices
- To describe some of the individual child characteristics that can be considered in an effort to individualize treatment

To Individualize we need to consider...

- Strengths, needs, preferences, learning style of the child
- Strengths, needs, preferences, learning style of the caregivers
- Resource issues: Time, cost, other responsibilities

Approaches to Individualizing Interventions

Identify an overall approach as your current starting point

- Comprehensive?
- Eclectic?
- Lifestyle?
- Focused?

Comprehensive

- Interventions target all three core deficit areas of ASD (communication, social, repetitive behaviors/routines) as well as other skills, such as adaptive behaviors
- Examples:
  - Early Start Denver Model
  - Princeton Child Development Model
  - Pivotal Response Training (PRT)
Eclectic
• Interventions that include aspects of two or more approaches
  • Examples:
    ◦ Hanen More than Words +
    ◦ PROMPT intervention

Lifestyle
• Interventions that occur within natural community settings (such as recreational centers, camps, and after-care programs) and focus on practicing skills in real-world settings with varying levels of support

Focused
• Interventions that target a specific aspect of the child’s functioning; tend to be discipline-specific
  • Examples:
    ◦ Occupational therapy for improving hand use
    ◦ Speech therapy for articulation

Approaches to Individualizing Interventions
Identify the appropriate philosophy of intervention
  • Skill-based?
  • Relationship-based?
  • Hybrid model?

Philosophy
• Depends on both child and family characteristics and values
  • Can and will change across time and experience
  • Match in philosophy is critical for adoption of intervention (Rogers, 1978)

Design your intervention for dynamic evaluation
i.e., “Modular implementation”
  • Predetermined evaluation points
  • Predetermined objectives
  • Predetermined next steps

Kasari, 2014
If the treatment model is grounded in applied behavior analysis, ongoing assessment and data-based decision-making will be built into the implementation.

An intervention can be both developmental and grounded in data-based decision making. ABA and developmental approaches can (and in my opinion) should be integrated.

Approaches to Individualizing Interventions

- Think about the child’s temperament or behavioral style

What is temperament?

- Temperament reflects a child’s behavioral style or tendency to act in a certain way
- Thought to reflect individual differences in biology as well as environmental influences
- Fairly stable from toddlerhood onward
- Predictive of specific child outcomes

Dimensions of Temperament

(After Chess & Thomas, 1996; Carey & McDevitt, 1998)

- Activity level
- Rhythmicity
- Approach/Withdrawal
- Adaptability
- Mood
- Intensity
- distractability
- Persistence
- Threshold of Responsiveness

Activity level:...
Rhythmicity:...
Approach/Withdrawal:...
Adaptability:...
Mood:...
The Idea of “Goodness of Fit”
- Children with different temperaments respond differently in specific situations
- Temperament information can help you to individualize educational plans by helping you to consider the child’s behavioral style

FOR EXAMPLE...
If the child is low in adaptability (not very flexible), consider:
- Structured teaching (TEACCH)
  - Provides predictability
  - thereby reducing anxiety and frustration and
  - facilitating engagement in learning activities

Think about...
<table>
<thead>
<tr>
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<tr>
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<td>(GIVE UP EASILY?)</td>
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<td>DISTRACTIBILITY</td>
<td>(EASILY DISTRACTED OR REALLY HARD TO GET OUT OF OWN HEAD?)</td>
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PICK ONE THAT FEELS RELEVANT TO YOU!

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Interventions for Low Adaptability (cont.)
- Use visual schedules
- Provide advance warnings; use key words to signal changes
- Provide transition objects and routines
- Frequently introduce new materials, activities, and people

Interventions for Low Adaptability (cont.)
- Teach functional communication
  - Saying “no” appropriately (protesting)
- Anticipate potential problem behaviors when
  - Transitions
  - Introduction to new people or activities
  - Changes in routines
  - Special occasions and events
  - Violation of rules/expectations
  - Inconsistent adult responses
Working with low persistence

Ask yourself
- Are there differences in the child’s persistence, based upon the nature of the activity?
- Are the activities developmentally appropriate?
- Is child receiving enough support to be successful?

Techniques for Children with Low Persistence
- Teach child to ask for help
- Develop tasks/activities with clear endpoints
- Provide a hands-on component to language-based activities
- Reinforce the child for effort and attention more frequently
- Keep activities brief and institute a work-break routine

More techniques for Children with Low Persistence
- Take frequent breaks
- Exercise
- Have back-up materials available
- Add structure to tasks
- Distract child during waiting time
- Provide predictability

Kids with low persistence are at risk for problem behaviors...
- Long activities
- Difficult tasks
- Group work
- Activities that require waiting
- Open-ended activities
- Broken or lost materials
- Unclear expectations

Working with Low Distractibility
Techniques for Children with Low Distractibility
(i.e., in his own head and has trouble shifting from his inner world to the outer world)

○ Build your relationship with the child
○ Use sensory-social routines to initiate interactions
○ Insert yourself into the child’s ongoing activity
○ Introduce yourself gradually
○ Do something fun in view of the child
○ Provide more 1:1 instruction
○ Decrease extraneous social bids

Summary

○ Individualizing intervention is critical for obtaining good outcomes
○ Family and child characteristics need to be considered
○ Process is dynamic and change is good
○ Individualizing can occur at several levels (e.g., philosophy, teaching procedures, etc.)
○ There is no “one size fits all” and More is not always better

Ideally, the parents/caregivers choose the philosophy and approach and the interventionists help to match those with available, evidence-based strategies and models

Thus its important that families and interventionists develop a working model of what their values are so that families and providers can begin their collaborations with a clear idea of these fundamental issues.

Thank you for your time and attention!

www.jfkpartners.org

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