

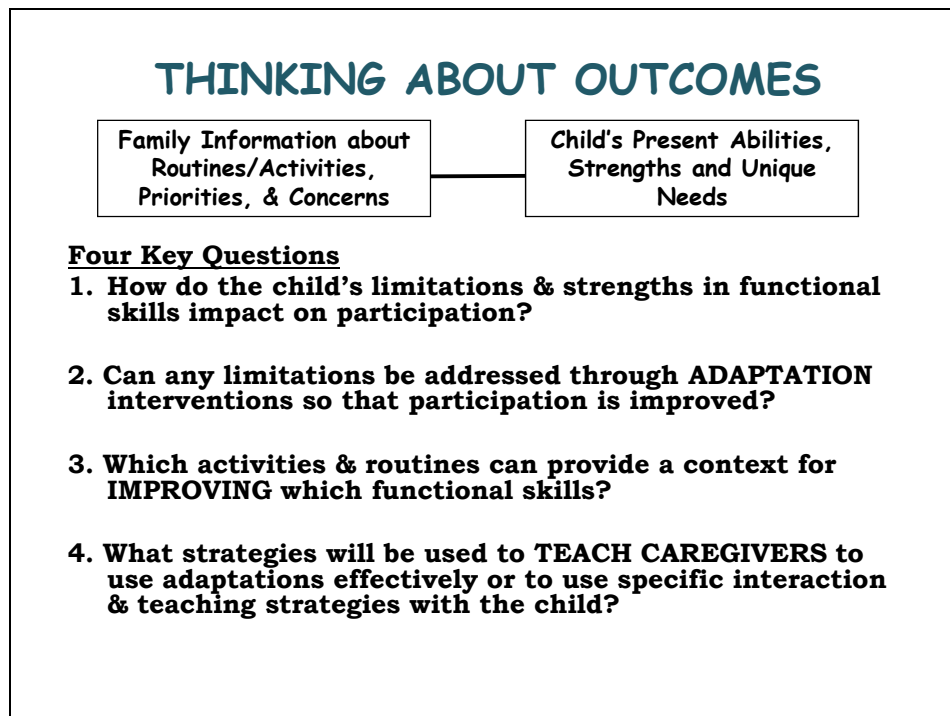
Participation Based Outcomes

From a child's developmental evaluation(s), current performance in five developmental areas (physical – gross and fine motor; adaptive; language; social) is described and eligibility for early intervention services is determined. Areas of developmental concern are combined with information from the Caregiver Assessment of Activities and Routines to:

- Identify activities and routines that are not going well so that adaptations may be designed to promote the child's "immediate" participation and shape the activity/routine so that it is successful for the caregiver and child;
- Identify one or more activities or routines into which the caregiver will be taught by the provider to embed strategies to promote the child's development in one or more developmental areas. This activity or routine becomes the basis of a Caregiver Interaction Plan describing the ways in which the caregiver will use the activity/routine to provide learning opportunities for the child.
- Write participation-based outcomes that specify the context in which use of a needed skill will be minimized through adaptations/AT or in which opportunities for skill practice and learning will be provided. Participation-based outcomes also identify the activity/routine in which the caregiver will use strategies taught by the provider to work on a particular skill.

The Thinking/Problem-Solving Process:

Four key questions provide guidance to synthesize information from the caregiver assessment of activities and routines with the developmental evaluation(s) to write participation-based outcomes.



An Example with JG

How do JG's limitations & strengths in functional skills impact on participation?	Use of hands and arms limits play with toys with caregivers & other children, mealtimes, dressing/undressing, other self-care activities; limitations in getting around impact ability to participate in outside play, family errands and outings.
Can any limitations be addressed through ADAPTATION interventions so that participation is improved?	Might try specially selected off the shelf toys that don't require complex manipulation (e.g., can be operated by banging, pushing), switch activated toys (off the shelf; specially designed), adapted spoon, plate, cup, toothbrush, etc.; positioning equipment such as more effective bath seat, portable positioning materials such as sandbags, etc. for restaurant highchairs, stander, gait trainer, etc.
Which activities & routines can provide a context for IMPROVING which functional skills?	Book reading during evening routine. Activities such as family outings, especially visiting his aunts and cousins, watching TV/DVD's; provide context for use of hands and arms.
What strategies will be used to TEACH CAREGIVERS to use adaptations effectively or to use specific interaction & teaching strategies with the child?	We will try various adaptations for toy play and mealtimes with JG and his caregiver selecting toys that engage and can be activated & showing his caregiver how to set them up and having her practice using them with JG. We will use guided practice to work with mother so she can use strategies to promote his use of arms and hands during evening book reading.

Writing Participation-Based Outcome Statements:

Many outcome/goal statements are written to identify the skill which will be the focus of intervention/treatment/education. Skills are a focus in medical or rehabilitation-based treatment plans, insurance plans, IEP's, and other types of treatment-based documents. Most professionals who work in Early Intervention are very skilled at writing these types of goals or outcomes. In contrast, participation-based outcomes place a skill being targeted within the activity/routine context in which skill learning opportunities will occur. In other words, instead of just identifying a skill in isolation, participation-based outcomes identify the activity in which the child can participate by using the desired skill (or through adaptations/AT). The examples on the charts below contrast skill-based and participation-based outcome statements.

Skill-based Outcome

Skill is central to statement.

No mention of participation.

No mention of specific activity or routine.

_____ **will perform a specific skill – may mention use across “family activities”, “daily routines” but does not specify a particular activity/routine.**

Examples:

- The family would like Destiny to improve her skills in head control, reaching, playing with toys, and vocalizing to socially interact during her daily routines.
- Sadie will hold her head erect and steady in supported sitting; will fully raise it when on belly; and reach for and hold toys.
- Michael will use words to communicate needs.
- Leon will communicate, interact, and respond to others so he can participate in all family activities.
- Grace will walk 5 steps unassisted on at least three days in a row.

Participation-Based Outcome

The act of participation is central to the statement.

Activity/routine identified is specific.

Skill is mentioned last.

Participate in _____ (activity) _____ (required skill)

Examples:

- Jenny will participate in snack time by feeding herself.
- Michael will participate in play activities by using words so that his needs/wants can be met.
- Alexander will fully participate in when getting up or going to bed by assisting in putting on and taking off his clothes and by making choices about clothing to wear.
- Ruby will participate during mealtimes by using a Big Mac switch so that she can make food choices and use an adapted spoon and plate/bowl to feed herself .

The Participation-Based Formula:

Participation-based outcomes are most easily written by using the formula below and modifying it, as necessary.

_____ **will participate in** _____ **by performing**
 (Child’s name) (a specific activity/routine)
 _____.
 (name a particular skill(s))

Here is another way to look at developing participation-based outcome statements that help a child to learn specific developmental skills through learning opportunities available in typically occurring activities and routines. :

What the child likes to do – family activities/routines	Developmental skills that need to be acquired or practiced	What is happening now?	Participation-based outcome examples
“Read books,” play outside, go on errands (“walk” in neighborhood), roll toy cars and trucks	Be able to use words to express wants and needs, label objects; Use manipulation skills to manage objects, toys, etc.	Tries to talk but makes only sounds that are not understood by family; uses gestures; when is not understood, screams or has temper tantrum where lies on floor, bangs head. Someone needs to be there to play with him with toys since he cannot manipulate most objects without assistance.	_____ will participate during family errands by labeling objects on walk to stores and in stores.
			_____ will participate in independent play at home by manipulating toys using switch activated devices or simple toys that require banging or pushing.
			_____ will participate during evening routine bedtime story reading (or other story reading times) by labeling objects in books when being read to.
			_____ will participate when playing outside by playing games with other children involving pushing a large ball, using words/gestures to ask for more.

What Do Participation-Based Outcomes Achieve?

By basing skill learning within the context of an activity/routine, providers help caregivers identify a context in which they can provide opportunities for their children to learn particular skills. For some children, opportunities to practice (use a skill) can be a sufficient strategy for improving child performance. For example, some children only need opportunities to sit to be able to learn to

sit for longer periods of time. But for other children, intervention strategies above and beyond opportunities for practice may be needed. Caregivers can be taught by providers to use specific strategies to help their children learn skills. It is easier for both the caregiver and the provider if caregivers first learn how to use the intervention strategy(ies) within one activity/routine. When a caregiver develops confidence and competence in using the strategy(ies), providers can help them apply the strategy(ies) in other activities/routines --- in fact, some caregivers may actually try what they have learned in one situation (activity/routine) in other situations (activities/routines) without specific teaching by the provider. Providers may teach families how to use adaptations or AT to make it possible for the child to participate or may combine adaptations/AT with other more specific interventions. Just as with a strategy of opportunities to practice a skill, adaptations/AT may not be sufficient for a child to independently participate. For example, a child may not be able to participate during mealtimes by eating independently when provided with an adapted spoon and plate but may also need adult-assisted intervention such as hand-over-hand practice to acquire competence during mealtimes.