

TAMMY SARRACINO: The idea with this -- the reason that we did this roundtable discussion, we did one on Monday before Winnie Dunn's presentation, to introduce people to some of the concepts of client-centered and strengths-based service delivery. So the purpose today of this is a follow-up to what you've -- most of you who have heard Winnie speak now have had some very, I think, a really great overview of not only what a strength-based model looks like, but -- and while most of her examples were early intervention examples, certainly, we -- those of us who are working in both settings or even predominantly in school settings understand the utility of this model for school practice as well. So, most of us can crossover to school application very rapidly. My job -- my name is Tammy Sarracino for those of you who don't know me. And my -- I've been working in pediatrics for 30 years as an occupational therapist. I worked as a consultant at PaTTAN for about five years, quite some time ago now, between '96 and 2002, and now I have my own private practice. Many of my staff work in school settings as do I still and we are OTs PTs and speech therapists. So, my job today, I'm actually doing my doctoral work with Dr. Dunn's OTD program at the University of Kansas, and Winnie has been a mentor of mine from pretty much most of my career. And when she and I were speaking about some of the work I might be doing in the next year or two for my doctoral studies, it seemed to me and to her that it would be a great use of my time to try to develop some of these E-learning modules on similar concepts but for school application because the applications are different, you know, the ways in which we're working with teachers is -- and the team has some different issues that we have to address together, then the issues that they're tackling in EI. So that will be something that I'll be working on over the next two years. And what we wanted to accomplish today, Winnie did a really great job at the end. I had to step out of the room, but she had a little checklist that you guys went through to sort of mentally think about how you're doing on those nine principles. Did everybody do that? All right. So, what I'm going to do briefly now is just remind us that person-centered practices and strength-based practices put the person first. They help us to think out loud, are we using evaluation and intervention procedures that put our clients and students first? That we don't define them by their deficits, so their need areas so much as by their strengths. And as Winnie and -- very openly discussed, it doesn't mean you ignore the need areas, you just don't put those first. It ensures the dignity and respect that persons deserve in charting their futures and it puts the therapist, teacher, team, and student relationship first to ensure that that always drives our service delivery. So I think most of you were in her presentation, so we don't have to review that again. As Winnie was talking about EI, we were talking a lot about the families and the children as -- in education, we know the teacher is the primary provider. So we have to keep that in mind as we're thinking about how to apply this. So what I did as Winnie was presenting is tried to summarize for us some of the things that we can do when we go back home and get started with trying to practice. As Winnie said, "If we go to a conference and we don't have any way of working with our colleagues to make sure that we change what we're doing, we tend to go back and do the same things because procedurally, the procedures drive us sometimes more than our reflectiveness." So this is a summary and hopefully a summary that will help you -- I guess I'll probably be giving this to the PaTTAN people so they can put it on the website after the fact because they would

not have had this prior. So, when -- if you look at handouts again when you go home, hopefully, they'll have this and then you can -- you don't have to write it all down. You'll -- or you can email me. My email address will be on here at the end and I'll send it to you. But one of -- the first things we have to do is think about changing how we talk. That was if you remember one of the first things we talked about, and that means talking with our colleagues, talking with our students, talking with our families, talking with our teachers, to always try to communicate a message of dignity and respect first and to focus on individual strengths and their unique abilities, and to also talk with our children and caregivers and teachers, not at them. So, practicing that means increasing our awareness of maybe some habits we've gotten into that don't always reflect the strength-based model. Another thing that we need to do is change how we document on behalf of students, and this takes a very, you know, documentation is cumbersome for all of us so it takes a concerted effort. I -- what I'd like for us to think about is maybe just taking one of our documents that we have at home or on our computers, most of us have them there, and just look at it now that we've had this training and think, is the language that we're using in our documents, the terms we're using, respectful? Maybe we just print it out and cross some stuff off and make it sound a little bit like what we've talked about in terms of the strength-based model. And that doesn't mean we don't indicate that students have needs, of course that's a principal part of our evaluation, but strengths can drive how we design our intervention plans. So think about what terms you're using, avoid language that emphasizes the deficits, focus on the strengths and abilities. That's going to be particularly difficult if a lot of your goal writing is deficit-based. So, that's going to be an important part of what you're going to have to -- we're all going to have to work on together to improve. As you remember, the -- one of the very important things that Winnie said, if you can't do anything else, attend team meetings. And, you know, I'm not even going to ask us all to raise our hands and percentage of team meetings we're able to attend because I know it's going to be all over the place but, you know, each one of us has to make a concerted effort to educate our supervisors and our bosses about this issue because if we're not available to talk to the team, it's pretty hard to collaborate, isn't it? I mean, you can do it by email, you can do it by phone calls, but it's different than being at a meeting, and really problem-solving as we were practicing today on children's needs. So, availability for team meetings becomes pretty important because it also sends a signal to your team that you intend to work as a partner, not unilaterally. It ensures communication and it promotes collaborative problem-solving. Okay. Somebody have a question? And then we already mentioned that when we write our goals, we have to try to promote strengths by asking the students and caregivers and teachers that simple question, what's important to you? What do you care about? What do you want to get better at? What's problematic for you? What would you like me to help you with? These are pretty simple questions, but there are things that sometimes we forget to ask, you know? We're so busy getting our documents done that we just forget to interface with our clients, with our families, with our teachers because sometimes the teachers are who we need to talk to. The child might be nonverbal, or not be able to answer some of those questions. So we're inferencing based on talking to the PTs, the OTs, the teachers and we're trying to put together a representation of what we think

everybody agrees will be in that child's best interest in terms of their strengths and their goals and the family's goals for that child. I think a few of you asked me for the article that I had written with some other colleagues at Kansas on how to write functional goals. I don't know if any of you even got to look at that yet, but the idea with that was just, you know, exactly that, to try to write more functional goals that always are based on the routines of the school day and -- instead of a deficit model. So for the -- that was published two years ago in the EI and school systems quarterly. For those of you who are members and have access to that on AOTA's website, you can just go back and look. It's -- I think it was June of 2011 and it was just about writing functional goals or you can email me and I'll send it to you. But that idea of writing functional goals is obviously something that we all have to get better at and hopefully the module that I -- one of my other modules that I'll be working on, I have three that I have to do for my capstone projects, one of them will be on IEP goal development. Strengths is one of them, teaming is the other, and then IP goal development. So those are the three that will be coming out from my end, and hopefully I'll be coordinating somehow with PaTTAN to help make those more accessible across the state, but I have to do that through Kansas because that's the avenue through which I'm working. So we are still working on some of those discussions together. And then lastly, you know, this whole idea, remember at the end where we talked about action planning, that you don't leave the partnership without some plan together, and that plan is what really drives our ongoing collaborations. You know, we often think of plans as our treatment plan for a client or a student, and we sometimes forget that it's really not between just us and the student, it's the teacher, us, the student, the PT, the OT, speech, and that time to come together and figure that out is challenging, you know, because we're all at different places at different times. But coming up with a way to collaborate, we'll look a hundred different ways but we've got to do it, I mean because otherwise we aren't collaborating. We're working unilaterally and that doesn't work nearly as effectively, and the evidence is pretty clear about that. When Winnie was talking, I realized the EI model is in some ways very conducive for teaming but in other way is not. I mean, often, the, you know, all of us are scattered in different places. At least in schools often we do have the same building to be in. It's just that we're at that building at different times. So part of what we have to figure out together is how do we get there at the same time even if it's for a ~~four- or~~ ten-minute meeting at the end of the day. What a lot of our schools have started to do is on certain clients, they have a rotating meeting. So, in certain classrooms, what they'll do is have that meeting scheduled like for the fourth Friday, it's usually not a Friday. But like the first Tuesday or something or the 3rd and they set it up every month like at the last half hour of the day. So the team starts to build that into the routine and know that as they then rotate the students that they're going to be discussing through that meeting, they're going to do it based on a sort of rotating schedule. And that helps our staff all feel like we know when the meetings are and that we don't have to keep talking about when we're going to meet. So that prescribing of a meeting time for your teams can be a very helpful strategy to start talking to your supervisors about. Okay? The other thing we talked a lot about is using reflective questioning to stop just with these yes and no questions and to ask processed questions that help caregivers, teachers and students reflect, and I think this is one of the most

profound things that I took from Winnie's talked about coaching. Even though I've heard different people present about this topic for years, what I think Winnie is really quite an expert at, and she does it even when she's training us, is she forces us to reflect on our practices and in essence is saying that's the way in which we all gain that skillset is that when we talk to one another, families, students who are capable of figuring some of the stuff out, too, that the way we ask the questions affirms our belief in their capacity to answer them. So I think that that skillset is something even if you're driving home tonight or whatever and you're thinking, how do I phrase my questions? How do I ask? And just practice it because, you know, the more you practice it, the better you get at it. I think that for me that's a really profound part of what I took away from today's training. And I love that she then -- also Winnie laid out the types of questions. So, I think the more we think about the types of questions we're asked -- asking, the more effective we're going to be in that role. The other thing is I don't know how many of us are still working in children's natural settings and routines versus doing pullout in the closet, you know, we joke about that, but in reality, a lot of us do that because procedurally, it's just efficient. You know, it's an efficient way to get children seen. The key though is if you reflect back on the evidence, there's no -- there really are no studies that suggest that that model is really producing better outcomes. So, we have a responsibility to not be driven so much by procedures as driven by the evidence, which is that we do believe that working in natural routines in the gym, in the cafeteria, in the -- you know, it might be that you're working in the classroom in -- on a playground, that working in the routine where the actual skills are being practiced in daily life are the ways in which we can most effectively use our occupation-based skillsets and our physical therapy skillsets to change the reality for the -- for the people who are working with that child.

WOMAN: Could you direct us to one or two of the studies just because...

TAMMY SARRACINO: Oh, yeah, I forgot. I'm sorry to -- thanks, Nan, for reminding. We're trying to get everybody on tape so that people who want to hear this discussion will have it.

WOMAN: Could you direct us to one or two of the studies or could we email you for some bibliography information just because I think it's helpful, you know, you say, you know, go to the literature, but if we don't know exactly where to start in the literature...

TAMMY SARRACINO: Yes. It's overwhelming.

WOMAN: ...it's really hard and in a short timeframe, it would be nice to have one or two that you could pull up to read yourself and then start sharing with colleagues so that...

TAMMY SARRACINO: Yes.

WOMAN: ...you can start planting a seed.

TAMMY SARRACINO: I can tell you right now that if you go into Winnie's references, Carol Dunst, D-U-N-S-T, is one of the key EI researchers who looked at interventions in natural settings because I've been reading a lot of his work. And if you look at Winnie's references, and then email me if you have more

questions, I know she has some of the evidence on natural outcomes and natural settings there. I can tell you, years ago, when I did the sensory-based interventions for Winnie, this was back in, you know, this is dated now. I mean, this goes back to the early 2000's sort of. We were doing this around the same time she was working on the initial profile. We did research in natural settings on sensory-based interventions in schools, and that all was published in the AJOT. So, that was one of our earliest studies to validate that when therapist work in this format, in natural settings, we have evidence of outcomes that are pretty astounding, but it's changing the way we deliver the service. And the similar things we found which is remember Winnie's slide that said 51% didn't work initially? You know, like, they just didn't work. Well, we had the same thing where we would say, "Okay. Let's try this intervention." I'd come back in a week, teachers would rate it. I mean, we had all of that documented and they'd say, "This didn't work." So then we knew, okay, we got to change, you know, and maybe we made changes from a sensory paradigm. Maybe it was more cognitive, maybe it was more behavioral. There may have been many different ways developmental models that informed the -- our clinical reasoning, but in the end, we always use the functional outcomes to assess our success because that keeps us all on this, right? You can measure that. All right? Did some -- yeah?

WOMAN: I was wondering, because I haven't looked on the PaTTAN website recently, if there are references specifically for this, you know, for the evidence-based practices, integrated, inclusionary therapy models and so forth, you know, do you know if there -- if that's available and...

TAMMY SARRACINO: I don't know...

WOMAN: ...maybe we can get PaTTAN to develop it if it's not.

TAMMY SARRACINO: Yeah. I don't know if that -- if there's a lot on the present website about strength-based models and how to integrate these concepts, but I know that Kansas, if you look at University of Kansas, I have those connections. So we can start to look there and then maybe over time, we will build more in here at the state level. Does that help a little bit? I mean, it's a place to start, but definitely I guess what I hope will happen in Pennsylvania is that as more of these resources become E-learning resources that will have easier access wherever we are because it is a big state and we can only do so many live conferences. So in the interim, we need ways for people who are working to tap into this information. So it is -- it's good to use their resources as well, their website.

WOMAN: And I believe Pip Campbell has done a lot of research on routines-based intervention.

TAMMY SARRACINO: Yup.

WOMAN: Especially as it relates to the multiple disabilities population.

TAMMY SARRACINO: Yes.

WOMAN: And Michael Giangreco out of North Carolina has a lot in the Birth-to-Five.

TAMMY SARRACINO: Uh-hmm. Yup. Yup. Those are good resources.

WOMAN: So there really is good evidence out there for that.

TAMMY SARRACINO: Yup. Yup. Thank you. So the other thing that I did want to mention in regards to getting into kids' natural routines is in addition to just figuring out how we do that is not forgetting to document your attendance in those routines because that's services delivery. I think what's happened to a lot of us is that we become so programmed to think that unless we're doing one on one in a closet, we're not doing service delivery and that's just silly. I mean, it's just how we're defining our service delivery and what it looks like. The other thing is that it is important to have records of service delivery. It's important to have progress monitoring records so that when we're working in a natural environment, we can say what happened when we introduce these things to the teacher or the child and we'd come in to try to help with the data collection because sometimes that's one of the most important roles we can play. How do you collect data on natural interventions in a natural setting? Well, sometimes, if it's the first time you've done it, you go in and you set that up for the team. And then the paraprofessional or the teacher says that if it's -- if it's here and it's reasonable, I can help you keep data on it, but you've got to do the initial set-up because you're the professional that's helping us with this intervention. So being capable that way is really an important skillset. So when we develop the IEP module, I know that's an important part of it. And I welcome your thoughts about that because what I heard in terms of a lot of the discussions over the last day and a half is that process of measurable outcomes when it's functional as well as how to keep good progress monitoring on those outcomes is still something that many of us are still working through, am I accurate about that? Is that -- I'm hearing a lot of that in people's comments. So I think we have to help everybody do a better job with that.

WOMAN: I also think that in addition to the fact that I feel like the IEPs are so need-based and I feel like that's dictated from -- at the administrative level as well as filtering down through the teacher, so it's once you establish the need, then you need to have a goal that directly addresses that need. So I guess my question is how are we...

TAMMY SARRACINO: How do we refrain that.

WOMAN: Yes.

TAMMY SARRACINO: Because, you know, it's an important question. When we evaluate and we look at need areas, if we -- if we think about what Winnie said, we're asking the questions, you know, what is important to you, what would you like to get better at, what -- asking the teacher, what our challenge is and we did role playing on this, you know, today. Now, when we did that, there were things that you might think, because we talked about them, were deficits or need areas. But the goal, the way that it was framed is I want to participate more in such -- in this activity or I want to participate better when I am getting on the bus. I want to be more successful at that. So a lot of it is not so much that we don't look at the needs or the deficits, but it's framing it as a participatory goal which is if it's important to the client,

that's always strength-based, right? Improving people's participation is what we're all about. So the idea is to look at what's important to our students and our teams and frame our interventions around that understanding the deficits or the -- how performance area challenges contribute to that participation just makes us more informed. And that participation is always the end goal. So while we look at the deficits and deficits inform how we get ourselves to the participation, that focus doesn't stop. We always focus on building strengths and participation. Does that help a little bit? I mean, I think part of what we forget, it's not like we're asking all of us to stop understanding deficits and -- it's like what Winnie said about the MAFO or whatever, you know, it's not -- we don't stop doing what we do well. It's just that that isn't the end goal because whether they have the MAFO or not, they still want to be in the cafeteria with their friends. They still want to get a job when they finish high school. They still want to be able to play on the playground, right? So we can't let the deficits get in the way of all of our different methods so that they can get there as soon as possible while we keep working on what deficits the team agrees still need to be worked on, if ever. And that I think is important to understand. Nobody is saying that you don't still have some of that role, but if the client agrees that those need areas don't matter to them, then maybe we ought to recognize that we can let them go too. Let's -- let Nan whoever wants to go next.

WOMAN: I guess you just help to clarify this, the overall picture, the big, broad picture. You -- the student wants to be able to get on the bus, but if he doesn't have the strength to step up or he doesn't have the range of motion, those are still things that you're going to need to have to address in order to help him get to that...

TAMMY SARRACINO: Perhaps.

WOMAN: ...participation.

TAMMY SARRACINO: Yes, perhaps.

WOMAN: So you're not ignoring the fact that, okay, we have some issues here with strength or range of motion, but that's not your focus of the student only has this much range of motion or the student is weak and the big picture is that he needs to get on the bus.

TAMMY SARRACINO: Participation.

WOMAN: So what do we have to look at to get him there?

TAMMY SARRACINO: Right. Right. Participation is the strength if you think of it. I want -- I want to do this. I want to go to Walmart. I'm just going back to what we just talked about with Winnie. The kids who, you know, I want them to go to Walmart. And if you looked at it from a deficit point of view, you could think of probably 10 reasons why getting to Walmart was going to be very difficult. But the team had an obligation to honor what was important to that family in the context of that setting. In the EI, that's legitimate, for us in schools, it might be I want to get to the job that I so much want to do. I want to do this job. How do I get there? And for a lot of our kids, if you look at them, their strength looks like a deterrent.

What I hear ~~here~~ Winnie is saying in this description of the strength-based model is we don't use deficits to prohibit working on strengths. And that has been, for some, a mindset in the past because they don't have these developmental prerequisites or these performance components in place, we can't work on this strength-based goal of participation. And the literature doesn't support that. The literature says work on that from day one, then remediation can be an ongoing piece of the puzzle, but you don't start with remediation with the end product that maybe in 20 years, they'll be ready to get on the bus or have a job. The participation is first, always first. And those of you who know the school function assessment which is a very strong research-based tool has always had that view. What accommodations, what supports are needed to help a child, what, participate from day one regardless of their deficits. So, when you -- those of you who have forgotten that tool or maybe you haven't looked at it, we had -- we had brought that -- the developers of that tool many years ago when I was at PaTTAN. And that tool, the PT and the school function assessment are all about promoting strengths and compensating for weaknesses because we all have them. So yeah, it's getting away from that whole sort of bottom-up approach to thinking top-down. I want to participate, how do I get there? And how do you help me do that from day one? Okay? Did somebody else have a question? We're almost finished up.

WOMAN: I just wanted to comment.

TAMMY SARRACINO: Yes.

WOMAN: You were saying...

TAMMY SARRACINO: Let's do that over here, thanks.

WOMAN: You were just saying that if there's an -- a child, if we identify a need, we have to have a goal. And typically, the way I look at it too is that you can use your specially designed instruction to help support that need so you don't necessarily have to have a goal per every need, you know, you can go in that direction, too, so yeah, just some comment.

TAMMY SARRACINO: Yeah. No, it's a good comment. And the thing is what I will do to try to help, I think even the article that I sent out to some of you, what we did is one of the frames we used is in order to participate in, Suzy will, and then we had some of the objectives, but the overarching theme is, what does she want to do? What do we want to accomplish? That's the strength. It's always remembering that first. And then some of the underlying strategies or STI or objectives that we have to put in place but we still always want to be getting that child to function from day one even if it is that somebody's lifting them on the bus initially until we can do some other strategies because now they participate on the bus, which is what they wanted to do. So it is -- it's pretty critical that we have that view as our first frame and not a frame for 15 years from now. Okay. And then, you know, the coaching model, some of us who are very seasoned therapist were still saying, and I heard you guys say this today, the coaching model is critical and I love Winnie's comment that she summarized, "Perhaps the acts of problem solving are the salient features of successful and sustainable outcomes." Remember, the reason that we're in -- we've



been hired is for our knowledge and our skills first and foremost. So I think the exercises we practiced today where we're really quite literally trying to do problem solving with the team and bring our skillsets in that area are critical and should never be undervalued, that's what we're there for. And I hope that after hearing Winnie, you all feel a lot better with that. You feel like your -- you've been validated that you're good at that. So again, just to quickly summarize and we'll -- I'm going to be passing around, for any of you who did not sign up Monday, my long term goal as I shared is that I would like the school-based therapists in Pennsylvania who are willing to serve as beta testers and I don't want that term to scare you because I just did it for Winnie's EI module that she and Ellen developed so that I could learn more about doing this myself. And it's really not a difficult process. Beta testing means you review the module. You literally do it and then you give targeted feedback which is what the beta testing is, about selling components to the module. And that helps us to know is it doing what we hoped it would do for the intended audience, which is all of us. So that's all it is. And literally, it doesn't take very long. So if you didn't sign up for that, if you would be kind enough or if you don't mind, just put on the back of this name, email, address and phone contact and then just sign up. What I'll do, and it won't be for probably at least six months so don't panic if you haven't heard from me because real life is for all of us; I can't get to this probably until next semester. So, I will be really tackling this more in January of next year. And I will keep you on the list and I know life happens so you may have signed up and then you can't do it, that's okay too, don't worry. I won't be banging on your door, but we'll be doing this electronically and I'll be reminding you when some of this is ready for review and I'm inviting you to review it and give me feedback so that we will have a way of saying, is this a tool that's useful? And then as you heard Winnie say, regardless of what happens here, the intended plan with that -- would be that that tool would be available in some way to help people in the field to think of, you know, to really do home study and improve their skillsets. So just as a kind of summary then, we remember this was a model that they use in the format that Winnie and Ellen developed which I really like is that strengths-based model does look like identifying goals and priorities together. It does not look like -- look like the therapist doing the identification and prioritization by her -- him or herself. It looks like the student actively engaged in school tasks and learning that are important to the student, the teacher and the caregivers. It doesn't look like a student engaged in tasks and learning that are primarily important to the therapist. And these, I think, are helpful for us sometimes to just stand back and think about. Is this what looks -- this is what my practice looks like or maybe some variation of that. It looks like the teacher, the therapist and the student as much as the student is also capable of collaborating on methods and strategies and I can tell you this that when I started to think this way, I started to ask my students regularly regardless of their cognitive level, what they -- what was important to them and also what they thought about what we were doing because I wanted them to know this is their life, this is -- and I wanted that to be communicated to them as young as possible so that, what, I enabled them to be the problem solver for their life. It doesn't look like the therapist does the developing of methods and strategies on behalf of the student without collaborating with them. It looks like routinely communicating about student progress together, like this went well but

this didn't go so well, did it? We have to review together where we go from here. It doesn't look like the therapist is just providing a quarterly report to a teacher or a caregiver on student progress without keeping the student in the center of all of that. In other words, remember how often we may do that where we don't even inform the student about their progress. It's kind of crazy, isn't it? I mean, we've just -- we've just forgotten some of these most -- I don't know that we've forgotten, it's just we didn't realize how important it is to talk to students about their progress. It's their progress. So this is the email that I encouraged those of you who know me at TherAbilities, you just -- if -- you're welcome to use that email if you forget this one or lose it, but this would be better because I just have so much other email coming into me at my TherAbilities address, but this will be hopefully the email that I will keep throughout. If it changes, I'll let you all know. And then I, you know, I try to check that, I'll be honest with you, about once a week, so don't panic, you know. It's not -- my professional email I do every 24 hours or so, but this one I have to do a little less. So just know that I will get back to you and if anybody wants my card, it's here. If you didn't get this nice AOTA article about promoting strengths, it's a very nice summary that has a lot of also the mental health literature about promoting strength, so you want to grab this. You're welcome to take one of these along. They really are one of the best tools that AOTA has out. And then this is the outline for Monday's talk. So unless anybody else has any other questions, I wish you all great luck in applying what we learned today and I hope you all have happy travels and enjoy the rest of the conference. Thank you for coming.