

Efficiencies in Child Development

2. Clinical care

The Child Development Service (CDS) 'Principles of Practice' below are core to providing timely, goal directed services which are focused on the child, their caregivers and their contexts.

- understanding early childhood as part of the life course (future focused)
- intervening early (as soon as possible to the identification of a concern)
- understanding the ecological model of development (complex interplay between biology and environment facilitated by a nurturing caregiver)
- practicing in an evidence informed way
- providing trans disciplinary care
- adopting a chronic disease approach to optimising developmental outcomes

The following clinical approaches to client care operationalise family centred practice and support Queensland CDS to ensure all contacts with families are an opportunity to build families' strengths, knowledge and skills to make every session count.

All contact with a child and family is a therapeutic intervention

Many clinicians see assessment as something they need to do in order to get to the 'important stuff', namely intervention. There is increasing evidence that all interactions can be therapeutic. These include ensuring families are receiving the right services at the right time, in the right place, building family strengths and health literacy, and awareness of community supports and strategies. Encounters are therapeutic particularly when the process engages and resonates with the family's concerns and their specific contexts. For example:

1. Intake and Triage – a clinical response (clinician vs administration only), with a database of community resources and support services, can alert and direct families to relevant community or universal services if this is more appropriate or timely.
2. Information gathering – gathering relevant history using the single session framework below provides a therapeutic response by addressing families' immediate concerns.
3. Measurement and assessment – engaging with the child and family to link performance and observations during assessment to daily function. Functional skills checklists can increase families' awareness of developmental processes and shape expectations. Families' direct observations of the assessment process act as a means to start conversations about strengths and difficulties.
4. Quality family centred feedback that responds to specific questions and concerns facilitates understanding of the child's strengths and difficulties and also provides emotional support during delivery of difficult messages.
5. Responsive family centred care planning provides opportunities for families to express their fears and also their hopes for the future illustrating their pivotal role in shaping their child's future through setting achievable goals.

Single session work

The single session framework has evolved from psychology / social work practice. Each contact with a family is structured to meet a specific need at that point in time. The concepts underpinning the single session approach include:

- every contact is a complete episode of care
- consumers are guided to set the focus for the contact and are supported by the clinician to stay focussed on their purpose
- systemic interviewing (exploration of the problem and solution focussed techniques) is used to support families to notice points of difference, to identify blocks or barriers and to find their own solutions
- theory of change is applied whereby personal relevance is matched with professional knowledge because best practice knowledge alone does not always create change. Ownership and responsibility for action is with the family.

While the name implies only a single contact, single session work requires preparation, follow up and further contact as required. The framework incorporates a time for a break in the session to enable clinical reflection and formulation of meaningful messages to families.

While most of the research investigating the effectiveness of this approach is limited to mental health and other counselling services, there is evidence of its effectiveness in working with families to manage behavioural problems secondary to developmental difficulties. The principles resonate with a family centred approach and have particular applicability to developmental services where there can be long waits or where limited contacts are possible (e.g.rural outreach services). Single session work can be utilised by single discipline or in a trans-disciplinary context. Practicing in pairs supports skill development in using the approach.

Focus on supporting function, participation and child and family strengths – capacity building

How do we maximally influence the 5000 hours that children spend not in therapy? Decisions about frequency of contact can be determined through a partnership with parent and clinician. Too frequent contact with early intervention therapists can communicate to families that they are not competent enough to make change in their child's development and they need experts to implement. Sessions focussed on active problem solving around how parents' goals can be met in everyday settings, allows for increase in dosage and has shown to improve skills beyond direct contact with clinicians.

Parent coaching is a structured reflective process used when engaging with children and families with a view to:

- clarify what is important to them
- choose meaningful goals
- access their own strengths, resources and creativity
- explore options for action
- design a plan of goal oriented action
- implement these
- reflect on their progress.

This approach of action-reflection-learning facilitates change at the levels of the person, their environment, and their daily life activities.

Routine based interviews explore the child's participation in community and home routines to increase independence in day-to-day routines and the social relationships that underpin these routines. The use of routine based approach can provide a meaningful and practical context for skills development.

A life course perspective

The ecological model of development highlights the impact of the environment on development with the importance of critical periods (quality caregiving in the early years – early intervention) and need for adaptability during major transitions. Clinician's with an understanding of the likely trajectory of neurodevelopmental difficulties and risk and protective factors can support families to be prepared for potential challenges. Families armed with an understanding of their own strengths and their child's strengths are empowered to problem solve strategies to mitigate risks. This provides long term efficiencies to the health system by reducing crisis presentations during critical periods.

Further information and training options

Single Session Training.

<http://www.bouverie.org.au/training>

Occupational Performance Coaching Training

<https://www.otaus.com.au/professionaldevelopment/event/workshop-occupational-performance-coaching-coaching-parentscaregivers-to-enable-childrens-participation-2-day-workshop>

References and further reading

Asch, D., Muller, R. & Volpp, K. (2012) Automated Hovering in Health Care – Watching Over the 5000 Hours. *The New England Journal of Medicine*. 367:1 p. 1-3

Bisognano, M. & Schummers, D. (2014) Flipping Healthcare: an essay by Maureen Bisognano and Dan Schummers. *British Medical Journal* . 349:g5852

Department of Education, Employment and Workplace Relations (DEEWR) (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. Canberra, ACT: DEEWR.

Graham, F., Rodger, S. & Ziviani, J. (2013). Effectiveness of occupational performance coaching in improving children's and mothers' performance and mothers' self-competence. *American Journal of Occupational Therapy*, 67, 10–18.

Graham, F., Rodger, S. & Ziviani, J. (2009). Coaching parents to enable children's participation: an approach for working with parents and their children. *Australian Occupational Therapy Journal*, 56: 16-23

Hwang A, Chao M, Liu S. (2013) A randomised control trial of routine based early intervention for children with or at risk of developmental delay. *Research in developmental disabilities* Vol 34 10 3112-3123

Jung, LA. (2003) More Better: Maximising Natural Learning opportunities *Young Exceptional Children* 6: 21.

McWilliam, RA. (2010) Working with families of young children with special needs. *Guilford publications*

O'Neill, I, & Rottem N. (2012). Reflections and Learning From an Agency-Wide Implementation of Single Session Work in Family Therapy. *Australian & New Zealand Journal of Family Therapy*, 33 (1), 70-83. doi: 10.1017/aft.2012.7

Perkins, R. (2006) The effectiveness of one session of therapy using a single-session therapy approach for children and adolescents with mental health problems. *Psychology and Psychotherapy: theory research and Practice* 79, 215-227

Pickles A., Le Couteur A., Leadbitter, K., Salomone, E., Cole-Fletcher R., Tobin H., Gammer, L., Lowry J, Vamvakas, G., Byford S., Aldred,,C., Slonims V., McConachie, H, Howlin, P., Parr,J., Charman T., Green J. Parent-mediated social communication therapy for young children with autism (PACT): long-term follow-up of a randomised controlled trial (2016) *The Lancet* [http://dx.doi.org/10.1016/S0140-6736\(16\)31229-6](http://dx.doi.org/10.1016/S0140-6736(16)31229-6)

Queensland Health (2013) Act Now for a Better Tomorrow. Queensland Government, Brisbane
<http://www.childrens.health.qld.gov.au/wp-content/uploads/2016/02/scycn-child-development.pdf>

Rich D, Rigby P, Wright V. Mothers Experiences with the Pediatric Evaluation of Disability Inventory (PEDI) (2014) *Physical & Occupational Therapy in Pediatrics*, 34(3):271–288, 2014

Young J, Rycroft P, 1997 Single session therapy: Capturing the moment. *Psychotherapy in Australia* Vol 4 No 1

This paper's content is a synthesis of the referenced literature with consideration of the CDS context prepared by Child Development Subnetwork.