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Bridging the Gap between Theory and Practice

How would you handle these?

A home-based interventionist arrives at an inner-city apartment and discovers that the young mother she was supposed to visit is out and has left her baby in the care of a 6-year-old girl.

An early interventionist is shocked when the mother of a 12-month-old with anencephaly announces that they have decided to institutionalize the baby and forfeit parental custody.

What should these interventionists do next?

ANALYZING AND DISCUSSING dilemmas based on real life situations can be a powerful bridge between theory and practice, and this is what the Case Method of Instruction (CMI) is all about.

"It's important to know theory, facts and skills, but only insofar as someone can use those in problem-solving and decision-making when confronted with real-life situations," said P.J. McWilliam, co-director of the CMI-Outreach Project at FPG.

In CMI, trainees are presented with narrative descriptions of situations that practitioners are likely to encounter. These case stories present a dilemma from the point of view of a practitioner or group of practitioners and, in the end, the situation is left unresolved. Just like real life, the situations are complicated with many factors contributing to the dilemma. There's no one obvious solution but, rather, several alternative ones.

In disseminating their work, the CMI project team has gone beyond the expectations of its funding agencies to create a web site that includes more than two dozen case story narratives as well as role-plays and team simulation activities. The web site also offers tools for incorporating these stories into teaching and other aids such as general teaching tips for using CMI. Also, McWilliam has this year published *Lives in Progress: Case Stories in Early Intervention* with an accompanying instructor's manual.

Don Bailey, director of FPG, said the CMI project is an "excellent example of one of our projects that offers much more to instructors than just information. It's a way of helping people make the kinds of complicated decisions they face every day, for which there are no easy answers."

CMI trainees are taught to sort through the facts of a situation, identify the issues or problems, analyze various factors contributing to the problems, and to use sound judgment in deciding upon a course of action. During discussions, the instructor creates an atmosphere of suspended judgment, encourages independent problem-solving and keeps the discussion going without becoming involved in the actual problem-solving.

"IT'S VERY REWARDING TO WORK WITH INSTRUCTORS AND TO WATCH THEM TAKE THE RISK OF TRYING OUT THIS VERY DIFFERENT METHOD OF TEACHING. IT'S EVEN MORE REWARDING TO HEAR FROM THEM A FEW MONTHS AFTER THEY HAVE PARTICIPATED IN THE WORKSHOP AND HAVE TRIED THE METHOD WITH THEIR OWN STUDENTS OR TRAINEES. 'BECAUSE IT IS ONLY THEN THAT INSTRUCTORS COME TO TRULY UNDERSTAND THE IMPORTANT BENEFITS OF CMI."

- RESEARCHER P.J. MCWILLIAM



According to McWilliam, "CMI requires instructional skills and a philosophy of teaching that are quite different from traditional methods of teaching." Because of this, the project provides intensive three-day workshops for university faculty as well as individuals responsible for inservice education.

Instructors in Louisiana, Kentucky, Georgia, Iowa, Delaware, and West Virginia have already attended workshops or will do so over the coming year. Instructors include represent-

atives from early childhood special education, early childhood education, social work, psychology, nursing, and the allied health professions. After the training, ongoing support helps instructors incorporate CMI into their own training of early interventionists. Plus, a follow-up session is held about six months later.

"Our long-range plan," explained McWilliam, "is that project-trained instructors will teach other instructors in their home state about CMI and we will provide supports for their teaching."

She and co-director Pat Snyder of Louisiana State University Health Sciences Center, who have worked together in promoting and evaluating the case method for nearly a decade now, conduct all of the project's workshops.

One of the case stories on the CMI website

Pink Slip (abridged)

"What is it about children's biting that pushes people's buttons so?" wonders Stacy, as she contemplates the current situation in her classroom of two-year-olds. One of the toddlers in her class, Carly, started biting the other children about two months ago. At one point, Stacy had thought the problem was resolved but, then, Carly started biting again. And yesterday, Carly bit the wrong child-Michael. Michael's mother was outraged.

She blames Stacy for not protecting her son from Carly's assaults and now she is out for blood. She has told Stacy that Carly should be dismissed from the child care and has threatened to sue Carly's parents if she ever bites Michael again. Michael's mother isn't the only parent who feels this way. Another mother has also voiced her concerns to Stacy and suggested that Carly be dismissed.

Stacy thinks the parents are overreacting and doesn't feel as though it's right that she, alone, be held responsible. After all, wasn't she already doing everything she could to stop Carly's biting? It just wasn't easy. Carly's



Among the other items on the CMI project web site are teaching tips. Here are excerpts:

- Use open-ended questions to guide the discussion
- Allow the audience to carry the discussion
- Encourage audience members to talk to one another
- Maintain a nonjudgmental stance
- Make good use of boards or flipcharts
- Encourage full audience participation



biting was simply too quick and too unpredictable to prevent it from happening completely.

Each case story has a series of questions to kick-start discussions. For example, here are several of the more advanced discussion questions about the “Pink Slip” story:

- In the story, Stacy asks herself why it is that parents react more emotionally to children’s biting than to other forms of aggression. Is this true? If so, how would you answer her question?
- Not only are other parents complaining, some are also suggesting that Carly be dismissed from the child care. Is this a fair request? Could Stacy have done anything differently to avoid having the situation escalate to this point?
- The story includes a brief description of one incident involving Carly’s biting. What clues does this incident have to offer about the reasons for Carly’s biting?
- What additional or alternative strategies, if any, does Stacy have for handling Carly’s biting? Which of these would you choose and why?
- Is there anything that Stacy could do to defuse the situation involving the parents of other children in the classroom?
- To what extent should Carly’s mother be involved in developing and implementing plans to stop Carly’s biting?

Synopses of several case stories

Jack and Jill—and Sam?

Sam’s mother, desperate for summer child care, enrolled him at Jack and Jill Child Care Center without explaining the extent of his special needs. His persistent misbehavior was infuriating to the staff, and serious consideration was being given to dismissing him from the program. This story describes the efforts of a consultant, Monica, to assist the child care staff and support Sam’s inclusion in this less-than-perfect integrated setting.

Supermom

Wilson Jordan is a 10-month-old who has Down syndrome. With the exception of frequent ear infections and a mild heart defect, Wilson is doing quite well. Wilson’s mother, Ellen Jordan, concerns the early intervention professional more than Wilson himself. Ellen seems so intent on making Wilson “normal” that she doesn’t appear to enjoy the little boy behind the Down syndrome. Ellen knows everything there is to know about Down syndrome and all that goes with it. She has therapists coming to their home as often as possible and now, she is talking about cosmetic surgery, weight control, and computers.

Close to Home

The last few months have often seemed like a nightmare for Bill and Carla Johnson. Their five-month-old daughter, Elizabeth, was born

results in death before two. Elizabeth has severe developmental delays and has spent much of her short life in the hospital. The case describes a visit that therapist Linda Cummings makes the day before Elizabeth is due for another surgery. Linda is made aware that Carla’s feelings about the child are not necessarily shared by her husband, Bill. This case also touches upon the sometimes-inevitable effects of the professionals’ personal lives on their work with children and families and vice versa. |ed|

If you want to know more

CMI web site:
www.cmiproject.net



McWilliam, P.J. (2000). *Instructor’s guide for lives in progress*. Baltimore, MD: Paul H. Brookes.

McWilliam, P.J. (2000). *Lives in progress: Case stories in early intervention*. Baltimore, MD: Paul H. Brookes.

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