8 Concepts from Adult Learning You Can Use to Support Caregivers

With the changes in service delivery to focus on consultation and coaching models, interactions with other adults to discuss and demonstrate early intervention methods and strategies is essential. Learning "how to" share information in meaningful, functional and respectful formats is a high priority for early intervention providers. Research on adult learning offers many helpful strategies to support successful and respectful collaboration.

1. Learning opportunities will be appealing to many parents, especially experiences that help them understand their child's development and learning needs. Rather than adding to a family's burden as many EI's fear, learning about their child can actually be a coping strategy for parents. One way to support learning is to involve the parent in the intervention planning process. For most adults simply gaining knowledge about their child's developmental delay is not sufficient. Adults want a use for the information that is immediately relevant. Knowing about the progression of development that leads to a more sophisticated point and gaze is less likely to motivate a parent than knowing how their child can use the gestures for social communication in everyday activities. Engaging the parent in planning when the child would be interested in attending, when joint attention would be useful to the child and the parent, and what materials are the most motivating helps the parent gain a deeper understanding of the importance of the concept and how they can participate. Adults identify that being a part of the planning process increases the likelihood that they will continue to participate and that they feel they have played an important role in making the learning opportunity match what they believe is important to their family.

2. Adults learn best when expectations are clear. A thorough exploration of what the adult wants to learn is important for the consultant and the parent. Problem solving around who will do what, when and specifying this information in a plan decreases miscommunication and misunderstandings. Taking time with caregivers to describe and demonstrate how coaching works from the beginning of the relationship will save time and build a stronger relationship. The use of Early Intervention jargon such as natural environments, family centered services, IFSP and consultation is confusing without experiences as illustrations. Examples should be specific to the priorities and everyday experiences of the family. All jargon needs to be carefully defined so caregivers can make informed decisions about their preferences for participation and learning outcomes. Knowing why increases motivation to make the what and when happen.
3. Habits and beliefs take time to change. Concepts that conflict with previously held views force a re-evaluation of old information and will be integrated more slowly. Moving from providing direct services to children to supports and services with families has required EI’s to make major changes in the ways they think, interact with families and team members, and conduct their intervention. The same goes for families and caregivers! Comments or questions from family members such as “it seems like all you are doing is playing,” or “how can he learn to talk while I give him a bath?” are cues to EI’s that caregivers were expecting a different type of intervention or role for themselves. They may have had prior experience with either a medical or educational model and need additional information or evidence about a consultative model within routines and activities. Adults tend to build on what they know and are likely to need multiple and varied explanations of how and why this is effective. Over time, adults will reformulate and integrate the information into meaningful experiences.

4. Learning less can result in more change when it fits with established patterns of interaction. When learners integrate new ideas with what they already know it is easier to keep and use the new information. Anchors for learning are plentiful when the parent identifies the routines and activities for intervention and participates in problem solving when to embed intervention strategies. EI’s will want to maintain the current routine or activity sequence to facilitate ease of learning the specific intervention strategy. The routine’s sequence, the materials typically used and the predictable turntaking all help to serve as anchors for the adult learner. Incorporating limited modifications or additional opportunities is much easier within a familiar and predictable framework.

5. Adults learn systematically and sequentially and learn best by applying the content to relevant problems. This tendency increases with age, during periods of illness or exhaustion, and when dealing with multiple priorities. “More isn’t better” when the adult isn’t able to remember how or when to use it. EI’s grossly underestimate the complexity of the adult learning necessary to embed opportunities in daily routines. EI’s are likely to expect competence from caregivers after a single brief conversation or demonstration. It is helpful for providers to remember that they had more than one hour of preservice training to learn about child development, various disabilities, intervention strategies, data collection, and principles of instruction and reinforcement! EI’s also have had multiple experiences to practice with feedback from mentors and teachers. While caregivers are not in training to become EI’s and are focused on their children, they are not likely to have spent time thinking about how to teach within the typical routines and events that occur throughout their day. It is important to remember that competence is greatly enhanced by confidence. Feeling inadequate because of the complexity of the task inhibits adult learners and reduces the frequency of their attempts.
6. Adults tend to teach others the way they like to learn or have been taught.
Unfortunately, the learning style, motivation and format preferences of a 45 year old EI is not likely to match the majority of the parents she consults with. EI’s need to have a variety of tools for interacting with adults that recognize the different learning styles, values and developmental stages of other adults. Just because you like to “jump in and try it!” doesn’t mean the parents you work with want to join you. Other EIs that prefer to research and read prior to trying something new will also find many caregivers less interested in the details and more interested in the demonstrations and discussions. One of the expectations to be clear about from the very beginning is how the adult learner wants to gain new information and skills. Knowing what works for the adult learner will enable the consultant to support the learner more efficiently.

7. Trust is central to the teaching and learning relationship.
Although there are some “just do it” learners that are ready to try anything, most adults benefit from support and gaining confidence over time. Arranging the activity and environment to promote positive interactions between the parent and child will build trust in the consultation relationship. For example, if the parent and child enjoy music, activities such as songs, musical games, and dancing can be used to promote learning opportunities. Confidence and motivation in the adult learner are enhanced through success with embedding intervention, improvement in child skills, and positive experiences with the consulting process. Honest, specific feedback about what worked and why supports learning. Trust in the consulting relationship increases the likelihood the adult learner will try new ideas.

8. Active learning opportunities increase adult participation
and set the stage for informed discussion and problem solving. Consultants should look for ways to join in to the caregiver-child interactions rather than expecting the adult to observe or join the EI and child. Active learning can take many forms. The EI may join the caregiver and child for a game of kick-ball or help unload the dishwasher while discussing how the child is learning to follow directions. Consultation in early intervention is a collaborative not an expert process. The caregiver has much to contribute. Their experiences participating in planning and making decisions about intervention contributes to their future engagement and generation of new opportunities to support their child’s learning.
Final Thoughts:
Elis should recognize that much of what they are sharing or demonstrating about early intervention is new and often complex information for other adults. Els should be prepared to share the information more than once, share it in a variety of formats, apply it to multiple settings and situations, and return to it again as new circumstances occur. The presentation of information should always be meaningful to the parents and individualized for their priorities, routines and activities, and their preferred places to learn and play. There are no “one size fits all” handouts or activities that will support all adult learners. Elis should involve the parent in planning and implementing the process, help them organize the information and relate it to previously stored information to enhance their success.

References

