



Routines-Based Interview  
Certification Institute 2009

**Chattanooga, TN**

MICHELE ASSANDRI PHOTOGRAPHY

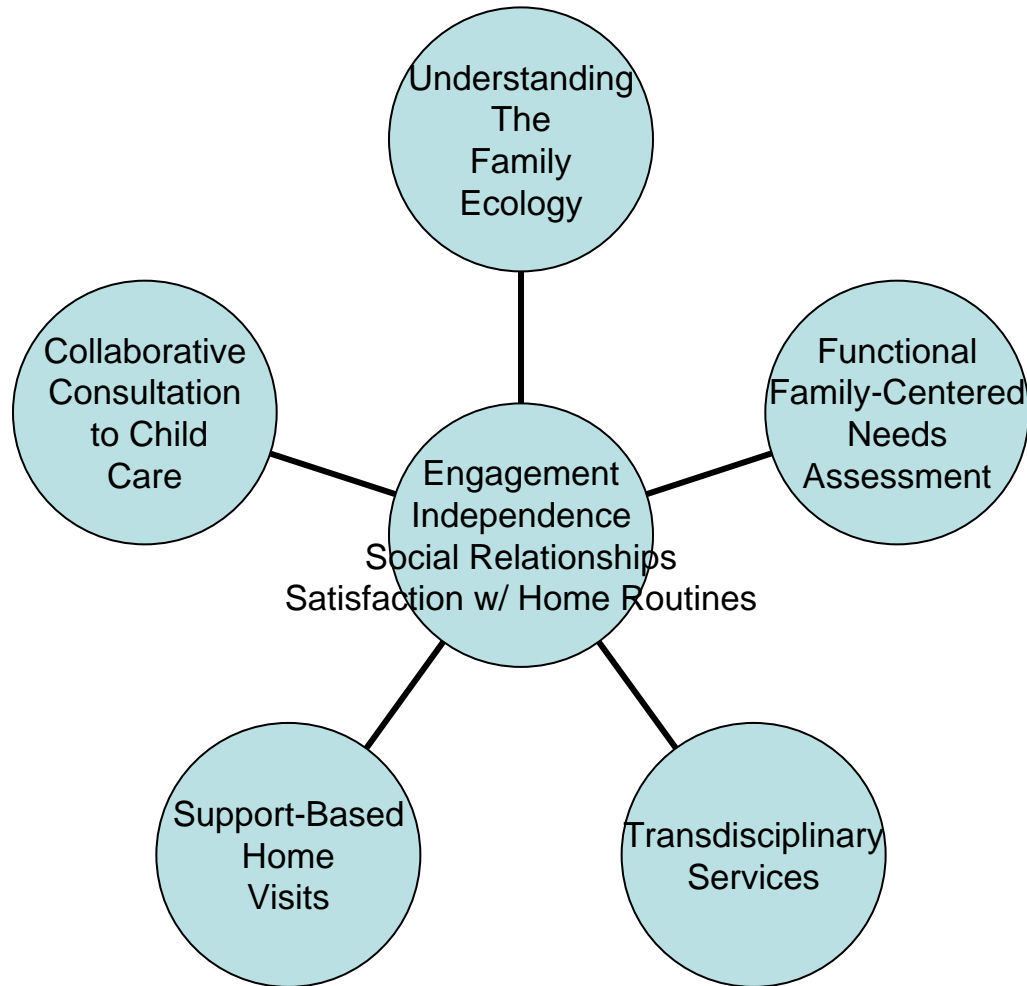
# Contact

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- [www.SiskinResearch.org](http://www.SiskinResearch.org)
  - This PPT will be available here (click on Presentations)

# Outline

- Context for the RBI
- General information about it
- Ecomap
- Steps for conducting the interview
- Demonstration
- Debriefing
- Interview skills
- Research
- Debriefing and feedback
- Writing functional outcomes/goals

# The 5-Component Model for Early Intervention in Natural Environments



# Need for Routines-Based Assessment

- The assessment legislation and our field amazingly forgot: **needs!**
- Functional goals (target behaviors)
  - Address *participation* needs
  - Address *independence* needs
  - Address *social relationships* needs
- Family priorities reflected in the IFSP
- Outcomes broad enough yet specific enough
- Strategies that aim directly at function problem (i.e., teach first)
- Investment by caregivers other than the family in the IFSP

# Questions

- What's missing from your current assessments?
- What has been your experience with RBIs?
- Is the RBI like *Tell me about your typical day*?
- How are you evaluating and assessing children currently? All children?
- How are you determining the family's CPR?
- How are you determining outcomes?

# Observing the Demonstration

- Good, juicy questions
- Missed questions
- Nonverbal behaviors
- Important assessment information
- Likely outcomes

# Interview Skills

- Knowledge of child development
  - To be able to ask sensible follow-up questions
- Knowledge of family functioning
  - To be able to ask sensible follow-up questions
- Interview skills
  - To be able to keep an easy conversation going

# Critical Interview Behaviors

- Be natural and as informal as is appropriate;
- Put the parent at ease with this naturalness and informality;
- Look the parent in the eye when he or she is talking;
- Avoid the use of jargon; if the parent uses jargon, ask what he or she means;
- Nod and in other ways affirm what the parent is saying;
- From time to time, express admiration for what the parent does with his or her family;
- Express understanding about how the parent might feel (e.g., “I bet you feel really good about that,” or “I bet that’s really frustrating”); more safely, ask the parent how he or she feels;
- Place papers being written on flat, so the parent can see what is being written—distance notwithstanding;
- Find a point of personal contact and very briefly use “self-disclosure” or “therapeutic use of self”;
- If the parent cries, offer to stop the conversation;

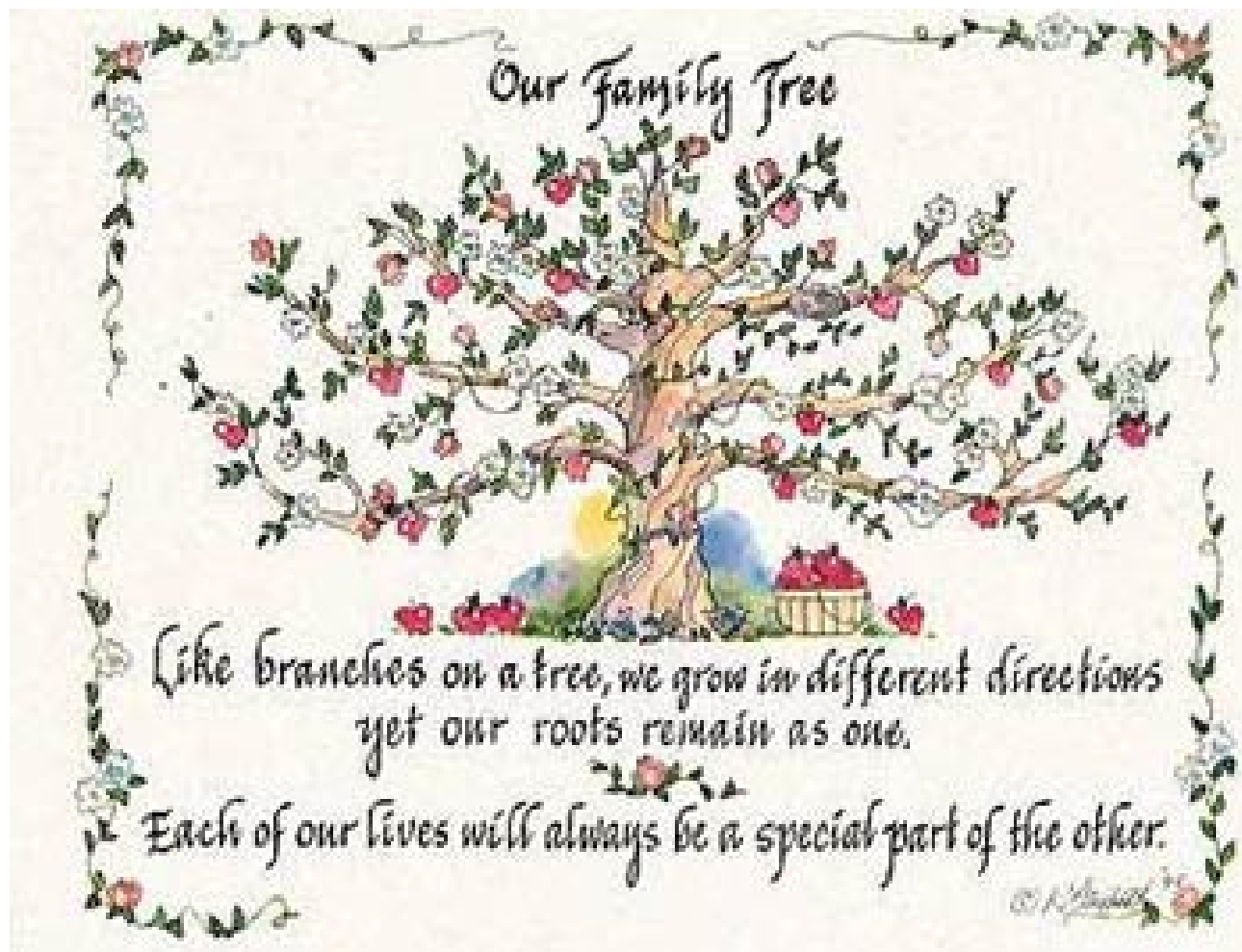
# More Interview Behaviors

- If the parent becomes emotional, either move on to another topic or ask if something else should be talked about;
- As much as possible, refrain from engaging in judgmental talk about the other parent, if only interviewing one parent;
- Ask about later, specific routines to move the interview along, if it is taking a long time; the goal is to end in 90 minutes;
- Ask detailed questions at the beginning of the interview to show the parent the level of detail required; and
- Keep the structure of the six questions *per routine*:
  - What's everyone doing?
  - What's this child doing?
  - What's this child's engagement like?
  - What's this child's independence like?
  - What are this child's social relationships like?
  - How satisfactory is this time of day (home) or how good a fit are this routine and the child (classroom)?

# Special Training?

- Increasingly, we are seeing the need for training in this area
  - RBI Boot Camp to be offered in Summer 2008
  - Leading to certification
- Anyone can be trained or train themselves
  - Service coordinators
  - Developmental therapists
  - Developmental specialists (evaluators)

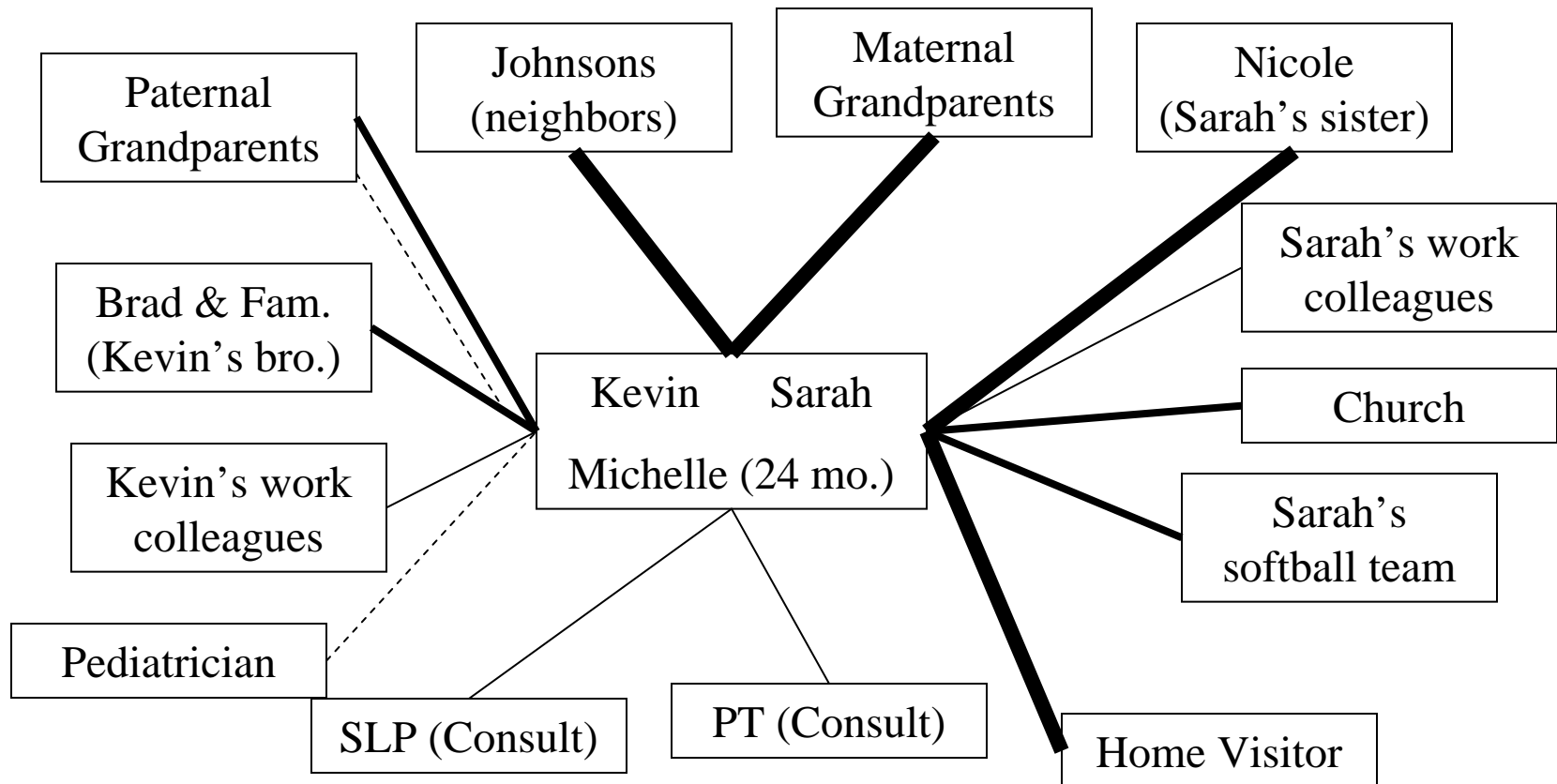
# The Ecomap



# Family Ecology

- We need a method to show we're interested in the family, not just the child
  - Children live in families
- We need something to establish a friendly, interested relationship
- We need an alternative to the checklist method of doing intakes

# A Quick Look at an Ecomap



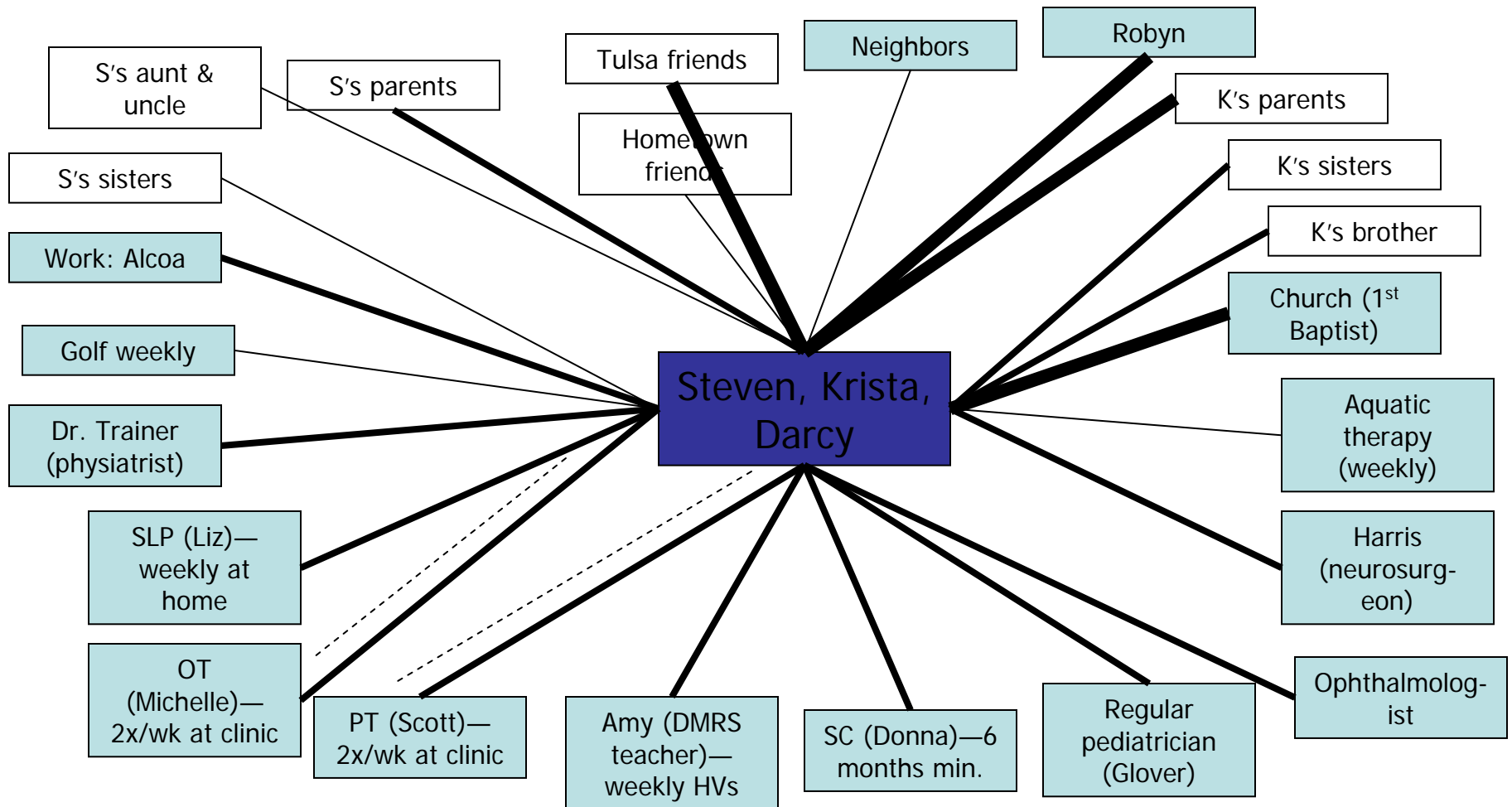
# People About Whom to Ask

- Those living with the child
  - Do not ask, “Who is the child’s father?”
- Mother’s family
- Father’s family
- Neighbors and family friends
- Mother’s friends
- Father’s friends
- Worship friends
- Work friends
- Doctors
- Teachers
- Therapists
- Financial agencies

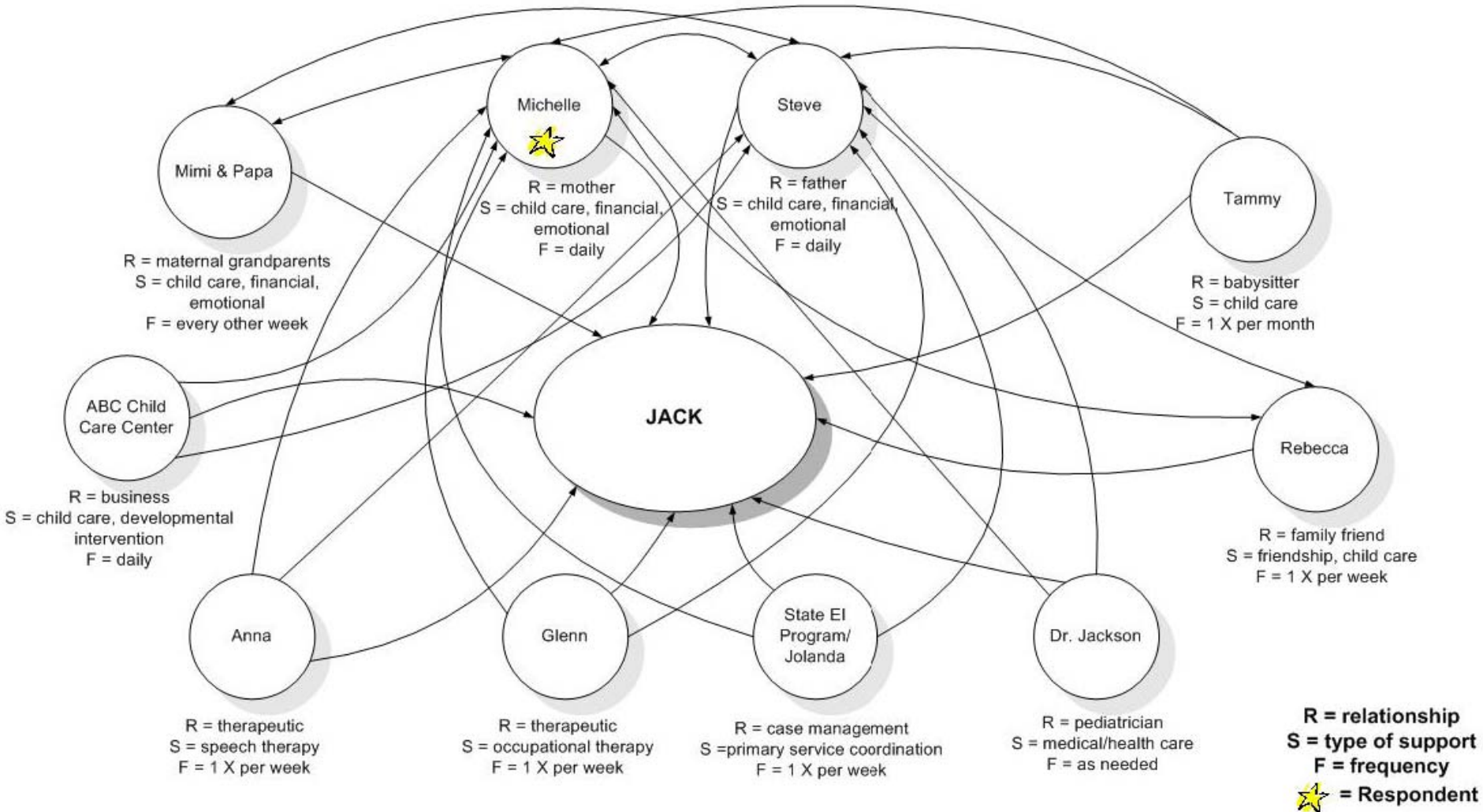
# Example Questions About Each

- How often do you see or talk to them?
- How do you get along with them?
- If something cool happened with one of your children, who would you call?
  - The important thing is to find out how supportive or stressful this person is

Krista has little time for friends, but doesn't know what to do with her afternoons (the worst time of day)



# Version of an Ecomap



# The Routines-Based Interview

- Go through each “routine” (i.e., time of day or activity)
- Get a sense of family’s and child’s functioning
- Write down significant information
- Star concerns
- Recap concerns with the family, showing them the starred items
- Ask what the family would like to concentrate on
- Write down these outcomes
- Ask them for the priority order

# Structure

## Within Each Routine

1. What does everyone else do?
2. What does this child do?
  - a) Engagement
  - b) Independence
  - c) Social relationships
3. How satisfactory is this routine?

## Home Routine

Waking  
Changing diaper  
Going to kitchen  
Breakfast  
Parent getting ready  
Going outside  
In shops  
Lunch  
Going to park  
Other family members  
coming home  
Dinner preparation  
Dinner  
Bath  
TV  
Bedtime

Outside  
Music  
Story  
Lunch  
Nap  
Entertainers  
Departure

3. How well is this routine working for the child ("goodness of fit")

# The 3 Foundations of Learning



# Satisfaction With Routines

- How smoothly does the routine go?
- How easy is this time of day?
- How would you like it to be different?
- Rate it on a scale of 1-5

# New Instrument

1. Waking Up (18 items)
  2. Meal Times (36 items)
  3. Getting Dressed (15 items)
  4. Toileting/Diaper (16 items)
  5. Going Out (21 items)
  6. Plays With Others (21 items)
  7. Independent Play (21 items)
  8. Nap (11 items)
  9. Bath (21 items)
  10. Hanging Out/Watching TV/Books (26 items)
  11. Grocery Store (17 items)
  12. Outdoors (20 items)
  13. Bedtime (14 items)
- **Measure of Engagement, Independence, and Social Relationships (MEISR)**
  - Authors: R. A. McWilliam & Shana E. Hornstein
  - 236 items for children birth-5 years of age
  - Purpose: To assess strengths and needs within routines
    - (a) to help families identify goals
    - (b) to monitor functional progress
  - Currently being field-tested with children with deafblindness

# Beginning of MEISR

	Age in months	Does not do this yet	Does this some-times	Does this often	Past this; used to do it	Functional Domain <sup>[1]</sup>	Developmental Domain <sup>[2]</sup>
<b>1.Waking Up</b>							
Makes vocal sounds	0-2.5	1	2	3	4	S	CM
Enjoys being held, rocked, touched	0-6	1	2	3	4	S	S
Shows interest in crib toys	1-6	1	2	3	4	E	CG
Seems happy to see adults	1.5-4	1	2	3	4	S	S
Makes transitions out of bed without becoming upset	3-6 *See 1.18	1	2	3	4	S	S
Turns towards the sound of someone's voice	3-7	1	2	3	4	S	CM
Tries to get hold of objects in the crib or bed	4.5-5.5	1	2	3	4	E	M

<sup>[1]</sup> E = engagement, I = independence, S = social relationships

<sup>[2]</sup> A = adaptive, CG = cognitive, CM = communication, M = motor, S = social

# RBI Report Form

- State the routine
- Prompts the new domains
  - Engagement
  - Independence
  - Social Relationships
- Score satisfaction or goodness of fit
- What Part C domains are addressed
- Is this a concern?

# Assessing What?

- Child
  - Engagement
  - Independence
  - Social relationships
- Family
  - Satisfaction with routines

# Noting Potential Outcomes

- Write down, in short notes, important information
- Especially note concerns (potential outcomes)
  - Maybe put stars (★) next to them
- These are not the parent's chosen outcomes yet
- This will be a list of 10-20 or more concerns!
- At the end of the interview, use these to remind the parent

# Outcome Selection

- Interviewer reads aloud notes about potential problem areas.
- The family selects 6-10 outcomes (goals)
- The family put outcomes into priority order

# The RBI and Outcome Functionality

- The RBI does lead to more functional outcomes, meaning
  - They **specify** what the child or family will do
  - The contextual need has been identified (i.e., what makes it functional)
  - It's important to the primary caregivers

# Interventionists' Concerns

- What if a professional has detected a delay or other problem?
  - Why is this a FUNCTIONAL concern?
  - Fit the intervention into existing outcome
  - Obligation to give families information
  - **BUT MAKE SURE IT IS EVIDENCE BASED**

# A Successful Interview

- Lasts a minimum of 1 hour
- Produces a minimum of 6 outcomes

“What if a parent wants something like more time to herself, and we don’t have the resources to meet that need? Am I expected to go babysit her kids?”

# Adaptation

- Increasingly, communities/programs are scoring instruments from information provided during the RBI!
  - What % of children tested for delay are ineligible?
    - If > 10%,
    - Do evaluations first or
    - Screen children at intake

# Who's There?

- Family decides who they want from the family
  - Child does not have to be there
  - Minimize interruptions
- Ideal to have 2 professionals
  - 1 is manageable

# Roles of 2<sup>nd</sup> Person

- Help with questions
- Take notes
- Handle interruptions
- Score developmental test?

# Practice Interviews Can Be Done Like This....

- Divide into groups of 3-6
  - Groups of 3: mother, interviewer, observer
  - Groups of 4: mother, primary interviewer, secondary interviewer, observer
  - Groups of 5: mother, other family member, 2 interviewers, observer
  - Groups of 6: mother, other family member, 2 interviewers, 2 observers
- Spread out!

# Biggest Mistakes in Interviewing

- Ask-listen-write, ask-listen-write....
- Giving too much information during recap
- Confusing recapped concerns with selected outcomes

# Preparation for Interview: 5 Minutes

- Mothers
  - Receive assigned role
  - Read the vignette
  - Prepare to make up details
  - Receive instructions from Robin
- Interviewers
  - Read RBI Implementation Checklist
  - Plan secondary interviewer's level of involvement, especially who'll do the recap
- Observers
  - Read RBI Implementation Checklist

# Time Management

- Begin interview as though you had 90 minutes ahead of you—in depth information
- After 20 mins, I will tell you when you should move on to evening routines
- After another 10 mins, you should be recapping and selecting outcomes
- You are done when outcomes are selected

# Main RBI Activities to Remember

- “What are your main concerns?” (short)
- “How does your day start?”
- 6 pieces of information per routine
  - Including rating
- 2 magic (i.e., powerful) questions
- Recap
- Outcome decisions
- Priority order

# Intervention Versus Service

- Intervention: What the child receives
- Service: What the parents receive

# Implementation Refinement

- List three aspects of the RBI that need to be put in place
- For each aspect, identify at least one barrier
- For each barrier, identify at least one solution

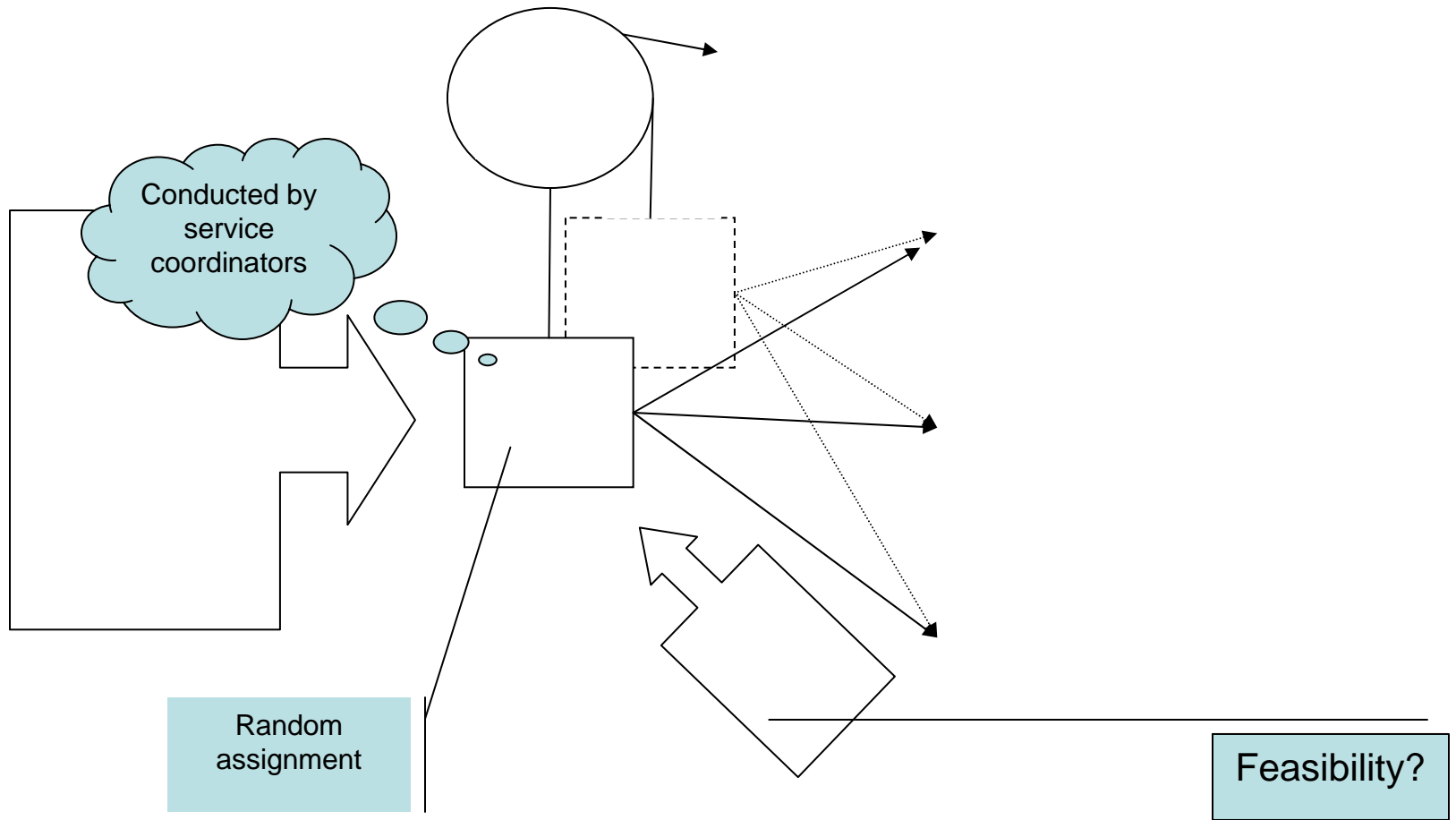
# Research Results

# Preliminary Study

- “The Routines-Based Interview: Examination of an Intervention-Planning Method”
- Funded by the Vanderbilt Kennedy Center  
– Family Research Program

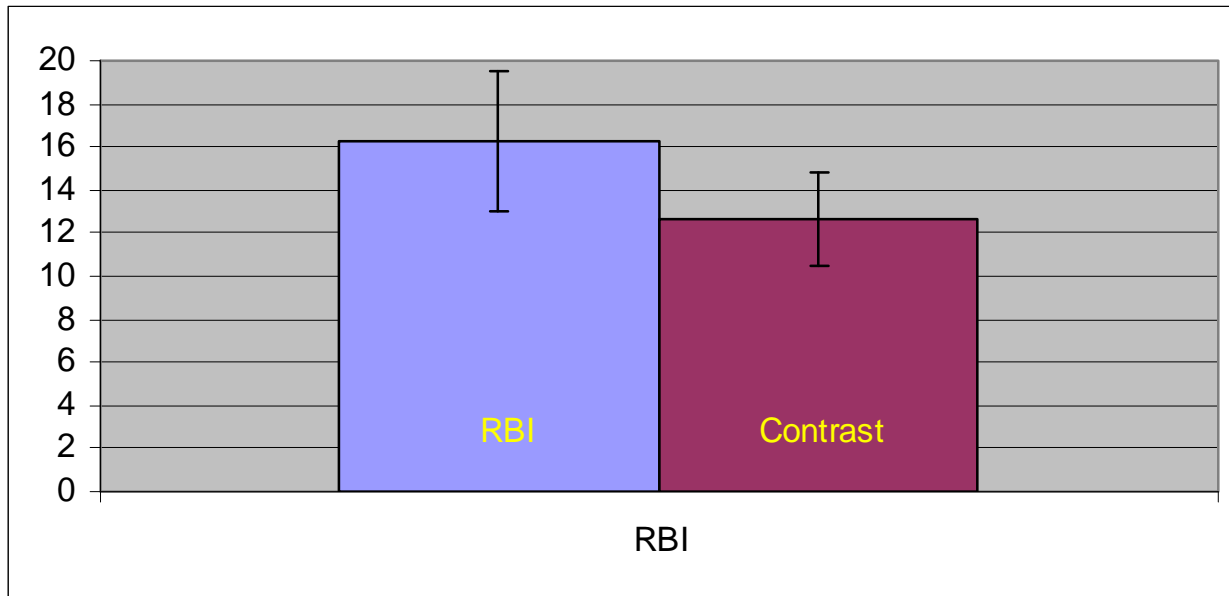
Thanks to Amy Casey, Jessica Rasmussen, Sonny McWilliam,  
Heather Blackall, Lisa Comer

**Vanderbilt Kennedy Center for Research on Human Development**



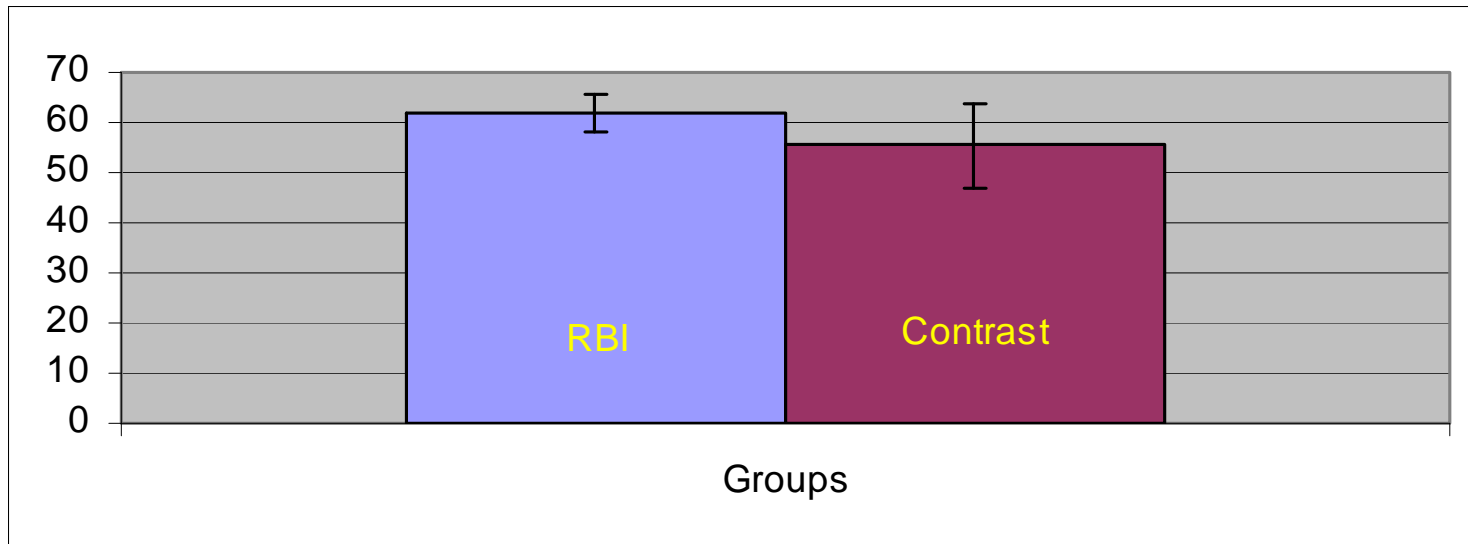
# Faithful Implementation of the RBI Process or Not

- RBI group implemented the steps in the RBI process more than did the contrast group ( $d = 1.34$ )



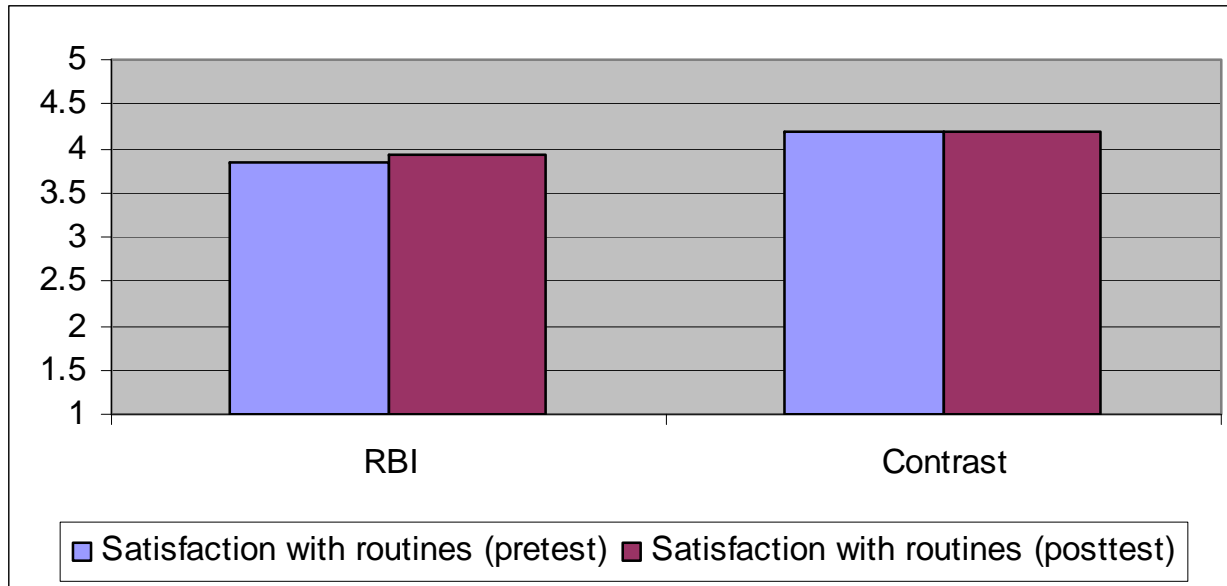
# Satisfaction With IFSP Development

- RBI group more satisfied (max score = 75;  $d = 1.05$ )
- Contrast group had more variable responses; see *SD*



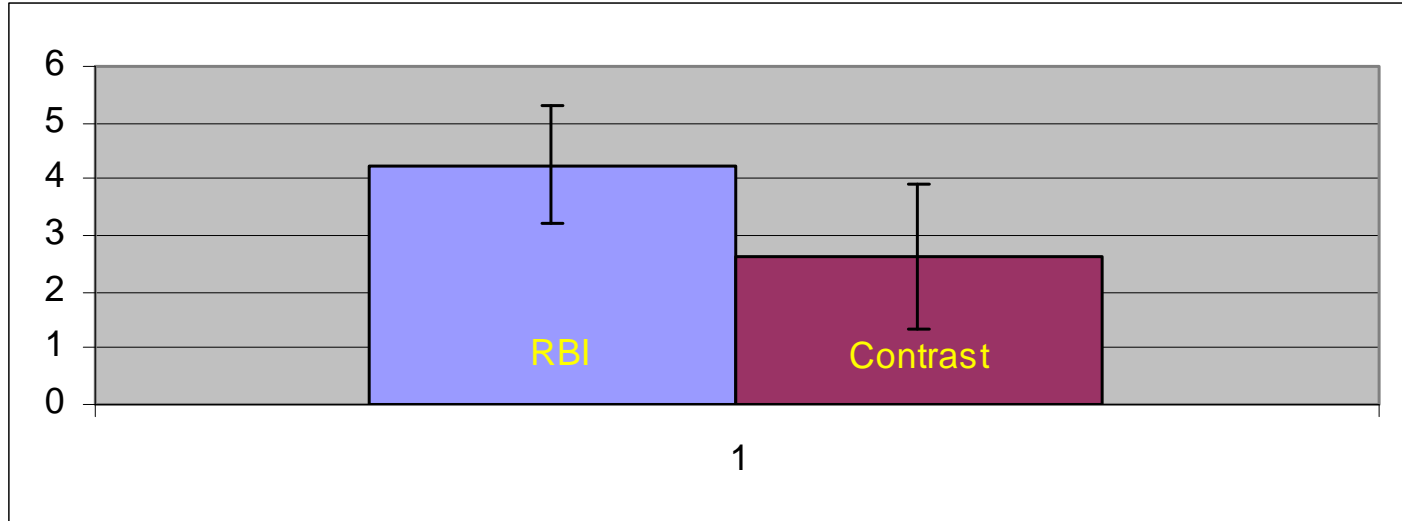
# Satisfaction With Routines, Pre- Post

- Contrast group moderately more satisfied with routines at pretest and still at posttest
- No statistical difference between pre- and posttest for either group



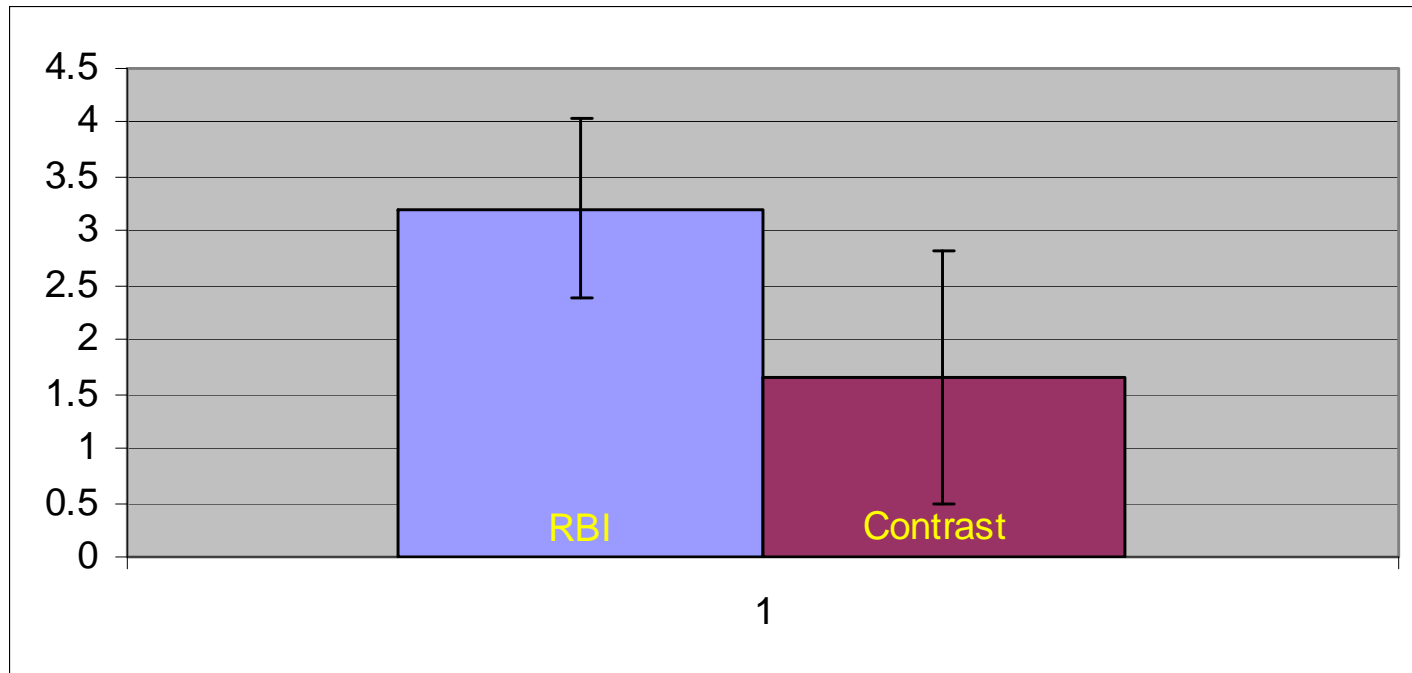
# Number of Outcomes

- Greater as a result of the RBI than of the standard process
- Still smaller than it should have been



# Outcome Functionality

- More functional for the RBI group than for the contrast group
- Still unimpressive



# Focus Group Findings

- Interpretations from multi-investigator examination of the group interview discussion
  1. Dedicated-service-coordinator model and vendor system makes the RBI difficult
  2. Service coordinators believed the RBI had limited applicability or was irrelevant
  3. Interviewers lacked confidence in interviewing families but not in selling the value of the RBI
  4. Service coordinators spoke about families and early intervention practices in ways that differed from recommended practices in the field

# Conclusions

- For implementation with fidelity, more extensive training is needed
- The range of knowledge and skills of potential interviewers is huge
  - Dedicated service coordinators often have large caseloads and little intervention experience
- Some interviewers might need support with the “elements” of functioning in routines to ask about (e.g., AEPS)
- Further research can and should be done with these and other measures

# Nine Critical Features

1. Main concerns
2. Go through the day
3. 6 questions per routine—details!
4. Star concerns
5. Satisfaction ratings
6. Worry and change questions
7. Recap
8. Family chooses outcomes
9. Priority order

# Implementation II

- Reach group consensus on the top 3 practices you would like to implement
  - Don't proceed until you've decided on all three
- Determine at least 1 barrier for each practice
- Determine the solution for each barrier identified

# Implementation I

- In small groups
- Select a scribe & reporter
- Where would you fit in the RBI?
- What would be at least 1 barrier?
- What is the solution to this barrier?

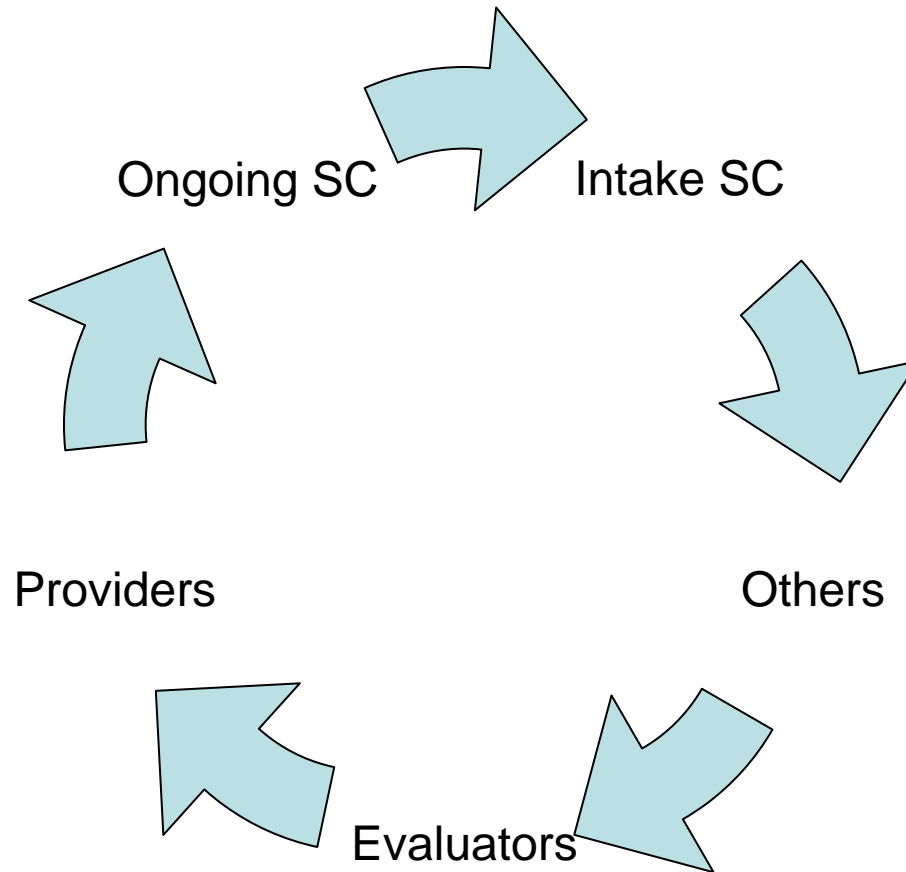
# Logistics: Part C

- Considerations
  - When—for a new child and family?
  - Who should be present?
  - What happens to the information?

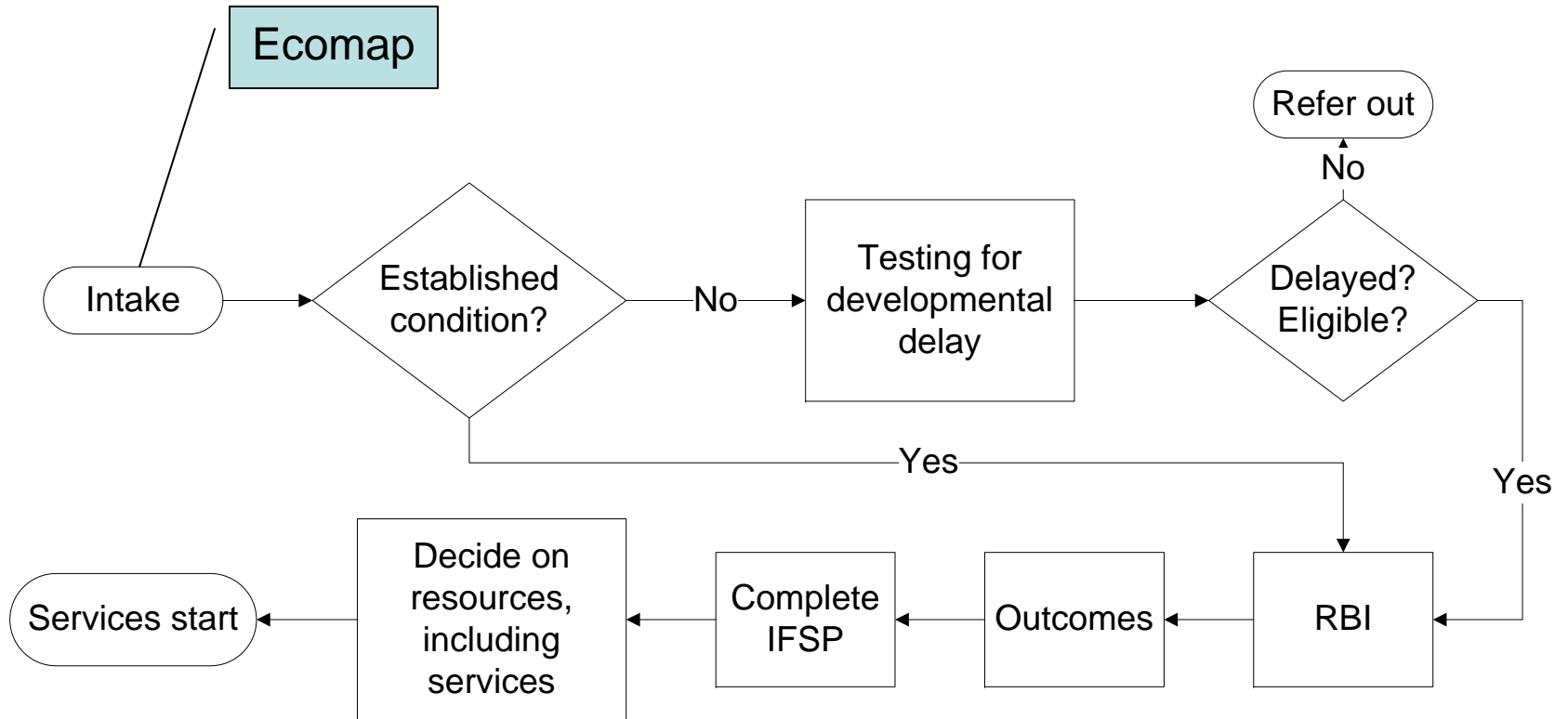
# Logistical Principles

- Should occur before services are decided
- Should include major interventionist working with the child/family
- Should not compromise the 45 days
  - What's using up all this time?

# Various Professionals Who Might Be Involved



# Process



# Logistics: 619

- Considerations
  - When—for a new child and family?
  - Who should be present?
  - What happens to the information?

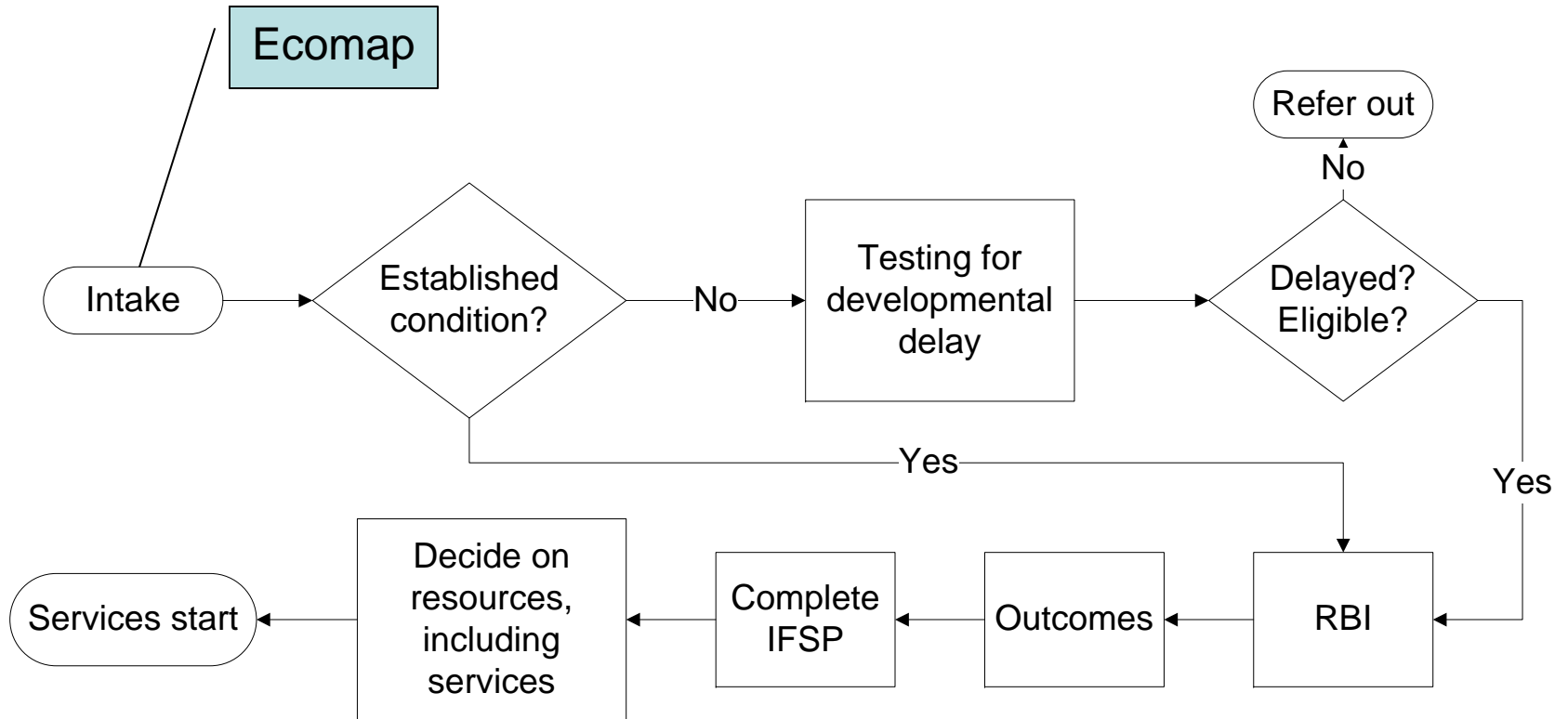
# Logistical Principles

- Should occur before services are decided
- Should include child's teacher
- When is IEP done?
  - Is report from 1 year relevant for following year?

# Involved in the Process

- Early childhood special education teacher
- Regular teacher
- Therapists
- Preschool coordinator
- School psychologist

# Process



# Teacher Interview

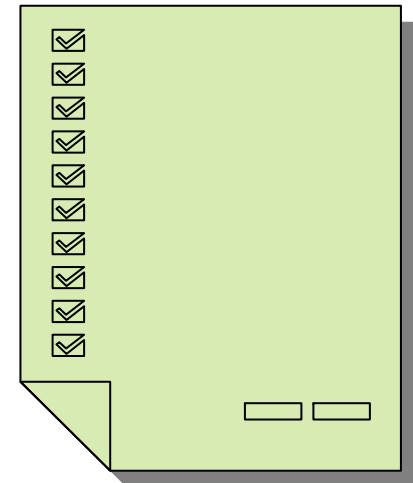
- Teacher Present
  - Parent interview on home routines, through arrival at school
  - Teacher interview about school routines
  - Resume home routines
  - Recap both home and school concerns
  - Parent picks goals for home and school
- Teacher Absent
  - Parent permission to interview teacher
  - Teacher interview about school routines
  - Another time, parent interview about home routines, through arrival at school
  - Interviewer reports on school routines
  - Resume home routines
  - Recap both home and school concerns
  - Parent picks goals for home and school

# Fitting in the RBI

- Get in groups of 6-10 people
- Introduce each other
- Select a scribe
- Decide on the following:
  - When in the process of organizing services for a new child and family would you fit this in?
  - Who would be involved in the interview?

# 7 Steps for Writing Functional Outcomes

- You can't just take a nonfunctional outcome and turn it into a functional outcome
- That will merely produce a well-written nonfunctional outcome



# Example of Steps for Developing Child Outcomes: Step 1

1. Read the short-hand version of the outcome from a family-centered, functional needs assessment (e.g., RBI)
  - Eating and chewing



# Step 2

Find out what routines  
this affects

- Lunch, dinner,  
restaurants

# Step 3

Write “Child will participate in [the routine(s) in question]”

- Darcy will participate in at lunch and dinner times and at restaurants

# Step 4

4. Write “by \_\_\_\_\_ing,” addressing the specific behaviors
  - By chewing her food and moving food from side to side with her tongue

# Step 5

Add a criterion for demonstration the child has acquired the skill

- We will know she can do this when she eats one cup of food in this manner

# Steps 6

Add another criterion for generalization, maintenance, or fluency, if appropriate

- One time at lunch, one time at dinner, and one time at a restaurant
- Across routines, people, materials, places, etc.
- Over time (see following step)
- Rate of behavior

# Step 7

Over what amount of time?

- In 1 week

Whole outcome:

Darcy will participate in lunch and dinner times and in restaurants, by chewing her food and moving food from side to side with her tongue. We will know she can do this when she eats 1 cup of food in this manner, one time at lunch, one time at dinner, and one time in a restaurant in 1 week.

# Family-Level Outcomes

- Preserve as much of the wording as is appropriate
- Add at least 1 measurable criterion

Rachel do more things with Paige and Hailey	Rachel will do 3 activities with Paige & Hailey, together, in 1 week for 3 consecutive weeks
Rachel—info on sleep & ASD	Rachel will receive 1 article about sleep & ASD & the name of 1 expert she can contact

# Jacque's Outcomes

1. Samantha eat
2. Move to get to places (rolling, crawling, walking)
3. In and out of sitting
4. Stand up
5. Play with toys the way they're designed...  
more toys
6. Communication (reaching, sounds)
7. Cup drinking
8. Jacque's relationship with Gabriel and Andrea

# Samantha eat

- Samantha will participate in breakfast, lunch, and dinner by eating. We will know she can do this when she takes three different types of food at each meal for 1 week.

# Move to get to places (rolling, crawling, walking)

- In play time by moving. ...she moves 12 inches 4 times a week for 4 weeks.

# Play with toys the way they're designed—more toys

- Will participate in play time by playing with toys the way they're intended. ...when she plays appropriately with four different types of toys in one week for three consecutive weeks.

# Communication (reaching, sounds)

- Will participate in meals, play time, hanging out time, bath time by saying or gesturing what she wants. ...when she communicates “mama,” “more,” and two other words, each one once a day on three days in a row.

# Brande's Outcomes

1. Brande feel OK about Brandon's lung development and his O2 status
2. Brandon gain weight steadily to 5<sup>th</sup> %ile
3. Communicate mama, dada, more, done
4. Move independently, shifting weight
5. Fingerfeeding
6. Be more vocal
7. Throw things
8. Swallow liquid from cup
9. Clap by himself
10. Megan and Hayley get along
11. Hayley not scream at dinner prep time

# Brande feel OK about Brandon's lung development and his O2 status

- Brande will feel OK... when she is able to sleep 80% of the night for 4 consecutive nights.

# Communicate mama, dada, more, done

- B will participate in bath time, meal time, and play time by saying or signing mama, dada, more, or done. ....he uses at least two of those words or signs at least 1 time daily in 1 week.

# Move independently, shifting weight

- B will participate in play time by moving independently, shifting his weight. ...he moves 4 feet using both arms and legs, daily, for 1 week.

# Fingerfeeding

- B will participate in breakfast, lunch, and dinner time by fingerfeeding himself. ...he feeds himself half the finger foods he's given at each meal in 1 week.

# Be more vocal

- B will participate in play time, [some other time], and after bath time by making sounds. ...he babbles or coos back to a family member when he or she talks, plays, or sings to him at both of these times of day at least once a day, three days a week.

# Throw things

- B will participate in play time by throwing toys and throwing it. ....he throws a toy once during play time for 4 consecutive days.

# Swallow liquid from cup

- B will participate in breakfast, lunch, snack, and dinner by swallowing liquid from an open cup. ...he does not dribble any time he is given liquid in an open cup for 1 week.

# Clap by himself

- B will participate in bath time, play time, and meal time by clapping independently. ....he claps independently at least 2 times a day during ANY activity in 1 week.

# Megan and Hayley get along

- Brande will participate in individual hands-on time by allowing each daughter into the gated kitchen area for individual time 15 minutes daily during meal prep. ...M and H are not fighting at pre-dinner time.
- Megan and Hayley will play together a total of 15 minutes a day, three days a week.

# Ana's and Andrew's Outcomes

1. Jenevae will move independently (like crawling)
2. Time for Ana and Andrew
3. Learn to play with more complicated toys
4. Hobby for Andrew (not video, not car)
5. Andrew to college
6. Info re: financial help
7. Say words
8. Pulling to stand
9. Come to sitting
10. Lower Ana's stress
11. Time for Ana for herself (trustworthy child care)
12. Info on child care

# Virgen's Outcomes

1. Virgen make decision about back to school
2. Bedtime—Anthony going to sleep without fussing
3. Parents learn about Anthony's breathing
4. Anthony playing to make sounds
5. Anthony grabbing
6. Virgen learn baby games

# 7 Steps to Writing Functional, Measurable Child-Level Outcomes

1. Read the informal functional outcome
2. Determine the routines involved
3. Write “[The child] will participate in [those routines]”
4. Write “...by \_\_\_\_\_ing,” inserting the desired behavior
5. Consider *We will know this when he or she \_\_\_\_\_* and add a measurable acquisition criterion
6. Add a generalization criterion
7. Add the criterion specifying the amount of time over which the behavior needs to be displayed (e.g., “in one week”)

# Kathy's Goals

1. Anna communicate what she wants and needs (getting ready, meals, transitions, play, school)
2. Anna cooperate at transitions
3. Alex out of bed
4. Child-proof house
5. Anna talk and play without biting Meg
6. Climb stairs independently
7. Walk longer and with better gait
8. Dress herself without falling
9. Speak clearly so Kathy and others can understand her
10. Evenings go smoothly—everyone's needs met
11. Figure out goals about weight gain, nutrition, and oral feeding (communication with doctors)—specifics
12. Figure out who will pay for what (TEIS, insurance, etc.)

# How to Use Functional Outcomes

- Ditch the toy bag!
- Use the Vanderbilt Home Visit Script



# Vanderbilt Home Visit Script

# The Vanderbilt Home Visit Script

- Directions
  - Rationale
  - Written for HVs by primary service providers
  - Adaptation required for use by multidisciplinary providers
  - At any time, provide support to the family, including information

# VHVS: The Questions

1. How have things been going?
2. Do you have anything new you want to ask me about?
3. Outcomes in priority order
4. Is there a time of day that's not going well for you?
5. How is [family member] doing?
6. Have you had any appointments in the past week? Any coming up?
7. Do you have enough or too much to do with [your child]?

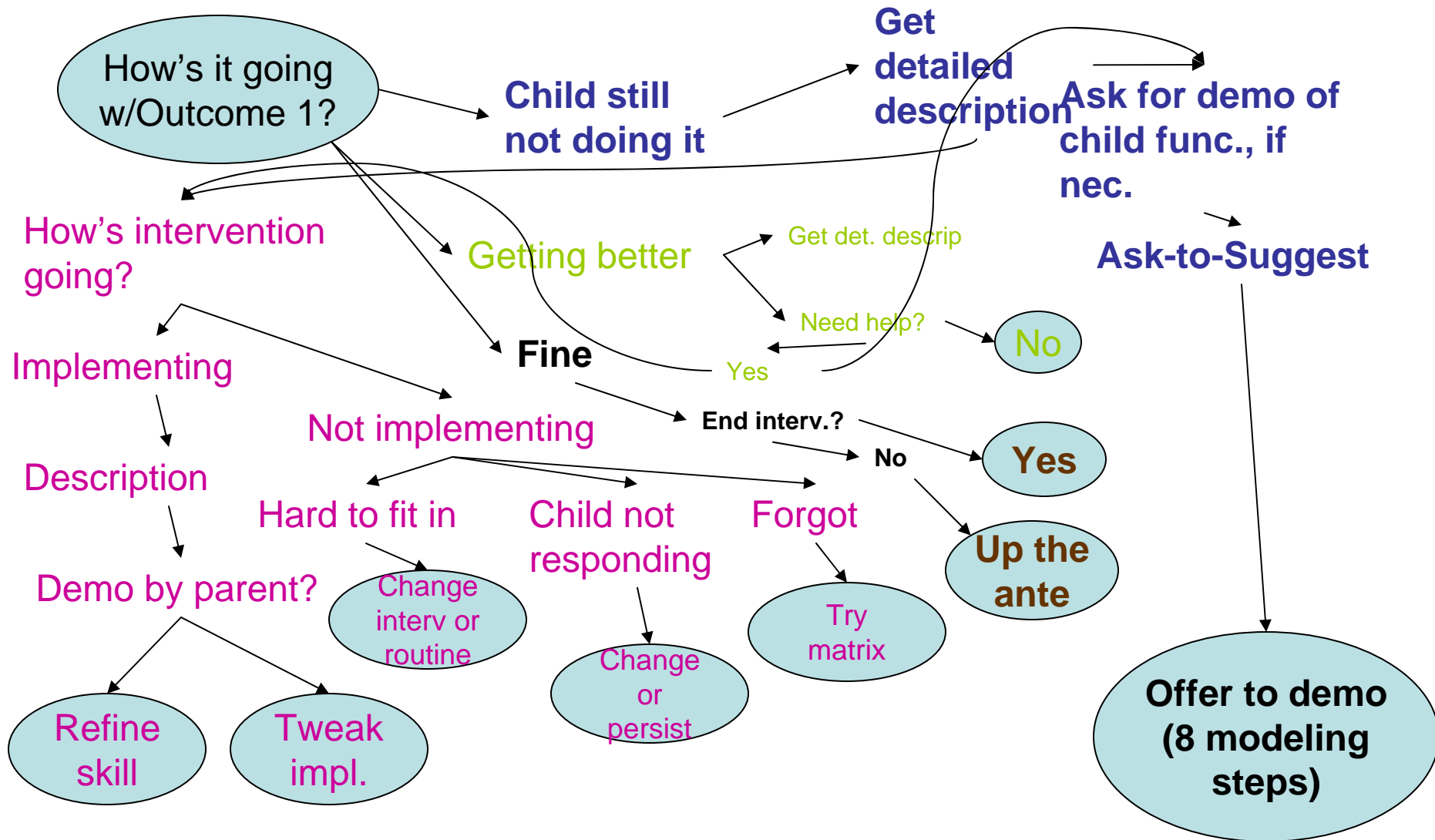
# Follow-Up Prompts for All Script Questions

- The 4 Es
  - Ears (listen)
  - Elicit (ask)
  - Empathize
  - Encourage
- Do you need any information to help with this?
- Would you like me to show you?

# What Will Home Visits Look Like

- You will spend a lot of time talking to the family—visiting
- 80% of the time you'll still have your hands on the child!
- What are the three reasons for putting your hands on the child?

# Behavioral Consultation in the Context of Support-Based Home Visits

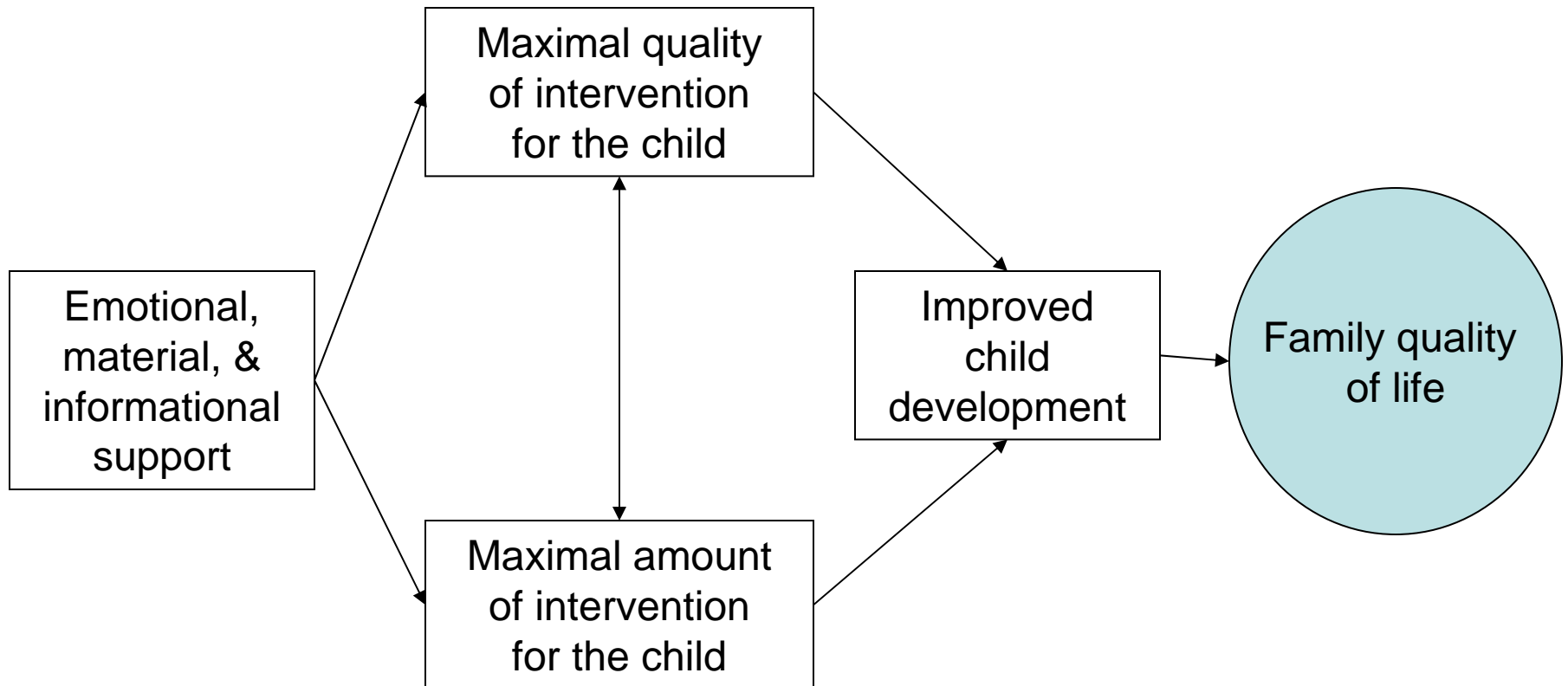


# What Home Visits Would Look Like in Jenavae's Home

- Going through VHVS
- Some discussion
- Some modeling (slides to come)

*Always keeping in mind the goal of improving the child's development, through maximizing the quality and quantity of intervention he or she receives, through the provision of emotional, material, and informational support, with a desired eventual outcome of securing the highest quality of life for the family*

# Logic Model for Support-Based Home Visits



# The 8 Steps of Modeling: Avoiding the Model-&-Pray Approach

1. Talk to the parent about your suggestion
2. If the parent appears not to understand, ask if he or she would like to be shown
3. Tell the parent what you're going to do
4. Do it
5. Tell the parent what you did and point out the consequence
6. Ask the parent if he or she would like to try it
7. If the answer's yes, watch the parent trying it; if the answer's no, leave it alone
8. If yes, praise the parent and give a limited amount of corrective feedback

# Home-Based Programs

- Do

- Use accessible materials
- Engage in “kitchen talk”
- Find out what families want to be shown
- Talk about everyday routines

- Don't

- Take a toy bag
- Work just with the child
- Model unnecessarily
- Imply that “lessons” are important

# Use evidence-based practices!

I'M ON THE  
PACIFIER PATCH.



# Wanna Be in a Study of the Response-to-Support Approach?

- Recruit 3 families
- Participate in an information conference call with me
- Receive a manual on how to implement the approach
- Data:
  - Family-completed questionnaires
  - Home-visitor-completed questionnaires
  - Child assessment (MEISR + a norm-referenced child development tool)
- Benefit to you: Efficient training in cutting-edge home-based service delivery
- Benefit to families: Excellent home-based service delivery

# Discrepancy

- How did Thursday's RBI differ from what you do?
- Or how did it differ from what you thought the RBI was?

# Nine Critical Features

1. Main concerns
2. Go through the day
3. 6 questions per routine—details!
4. Star concerns
5. Satisfaction ratings
6. Worry and change questions
7. Recap
8. Family chooses outcomes
9. Priority order

# Implementation II

- Reach group consensus on the top 3 practices you would like to implement
  - Don't proceed until you've decided on all three
- Determine at least 1 barrier for each practice
- Determine the solution for each barrier identified

# Implementation I

- In small groups
- Select a scribe & reporter
- Where would you fit in the RBI?
- What would be at least 1 barrier?
- What is the solution to this barrier?