



# Routines-Based Interview and Primary Service Provider Model

Robin McWilliam, Ph.D.

Director

Siskin Center for Child and Family Research

Oakland Co. Schools, MI  
8/24/09

Carbon Lehigh  
Intermediate Unit, PA  
9/1/09

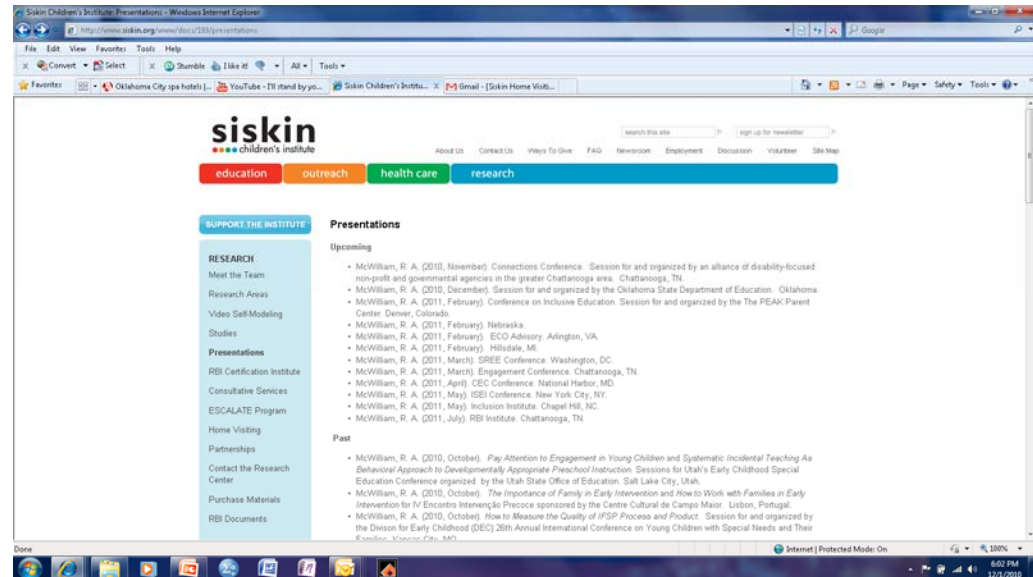
Nebraska Dept. of  
Education  
Kearney, NE  
Sept. 10-11, 2009

Oklahoma Early  
Intervention  
Oklahoma City  
Dec. 2-3, 2010

MICHELE ASSANDRI PHOTOGRAPHY

# Contact

- [Robin.McWilliam@Siskin.org](mailto:Robin.McWilliam@Siskin.org)
- [www.SiskinResearch.org](http://www.SiskinResearch.org)
  - This PPT will be available here (click on Presentations)
- <http://naturalenvironments.blogspot.com/>



The screenshot shows a Windows Internet Explorer browser window displaying the website for Siskin Children's Institute. The browser's address bar shows the URL <http://www.siskin.org/venet/000/presentations>. The website header features the Siskin logo and navigation tabs for education, outreach, health care, and research. A sidebar on the left lists various services and programs. The main content area is titled "Presentations" and is divided into "Upcoming" and "Past" sections. The "Upcoming" section lists several conferences and sessions, including the Connections Conference in Chattanooga, TN, the Conference on Inclusive Education in Denver, Colorado, and the SREE Conference in Washington, DC. The "Past" section lists presentations from 2010 and 2011, such as the Pay Attention to Engagement conference in Utah and the ESCALATE Program in Utah.

**siskin**  
children's institute

education outreach health care research

**SUPPORT THE INSTITUTE**

**RESEARCH**  
Meet the Team  
Research Areas  
Video Self-Modeling  
Studies

**Presentations**  
RBI Certification Institute  
Consultative Services  
ESCALATE Program  
Home Visiting  
Partnerships  
Contact the Research Center  
Purchase Materials  
RBI Documents

**Presentations**

**Upcoming**

- McWilliam, R. A. (2010, November). Connections Conference. Session for and organized by an alliance of disability-focused non-profit and governmental agencies in the greater Chattanooga area. Chattanooga, TN.
- McWilliam, R. A. (2010, December). Session for and organized by the Oklahoma State Department of Education. Oklahoma
- McWilliam, R. A. (2011, February). Conference on Inclusive Education. Session for and organized by the The PEAK Parent Center. Denver, Colorado.
- McWilliam, R. A. (2011, February). Nebraska
- McWilliam, R. A. (2011, February). ECO Advisory. Arlington, VA.
- McWilliam, R. A. (2011, February). Hillsdale, MI.
- McWilliam, R. A. (2011, March). SREE Conference. Washington, DC.
- McWilliam, R. A. (2011, March). Engagement Conference. Chattanooga, TN.
- McWilliam, R. A. (2011, April). CEC Conference. National Harbor, MD.
- McWilliam, R. A. (2011, May). ISEI Conference. New York City, NY.
- McWilliam, R. A. (2011, May). Inclusion Institute. Chapel Hill, NC.
- McWilliam, R. A. (2011, July). RBI Institute. Chattanooga, TN.

**Past**

- McWilliam, R. A. (2010, October). Pay Attention to Engagement in Young Children and Systematic Incidental Teaching As Behavioral Approach to Developmentally Appropriate Preschool Instruction. Sessions for Utah's Early Childhood Special Education Conference organized by the Utah State Office of Education, Salt Lake City, Utah.
- McWilliam, R. A. (2010, October). The Importance of Family in Early Intervention and How to Work with Families in Early Intervention for IV Encontro Intermédio Proceso sponsored by the Centre Cultural de Campo Maior. Lisbon, Portugal.
- McWilliam, R. A. (2010, October). How to Measure the Quality of IFSP Process and Product. Session for and organized by the Division for Early Childhood (DEC) 26th Annual International Conference on Young Children with Special Needs and Their Families. Knoxville, TN, MO.

# Outline for Day 1

- Context for the RBI
- Demonstration
- Debriefing & keys to successful RBIs
- Ecomap
- Steps for conducting the interview
- Interview skills
- Research
- Logistics
- Practice and feedback

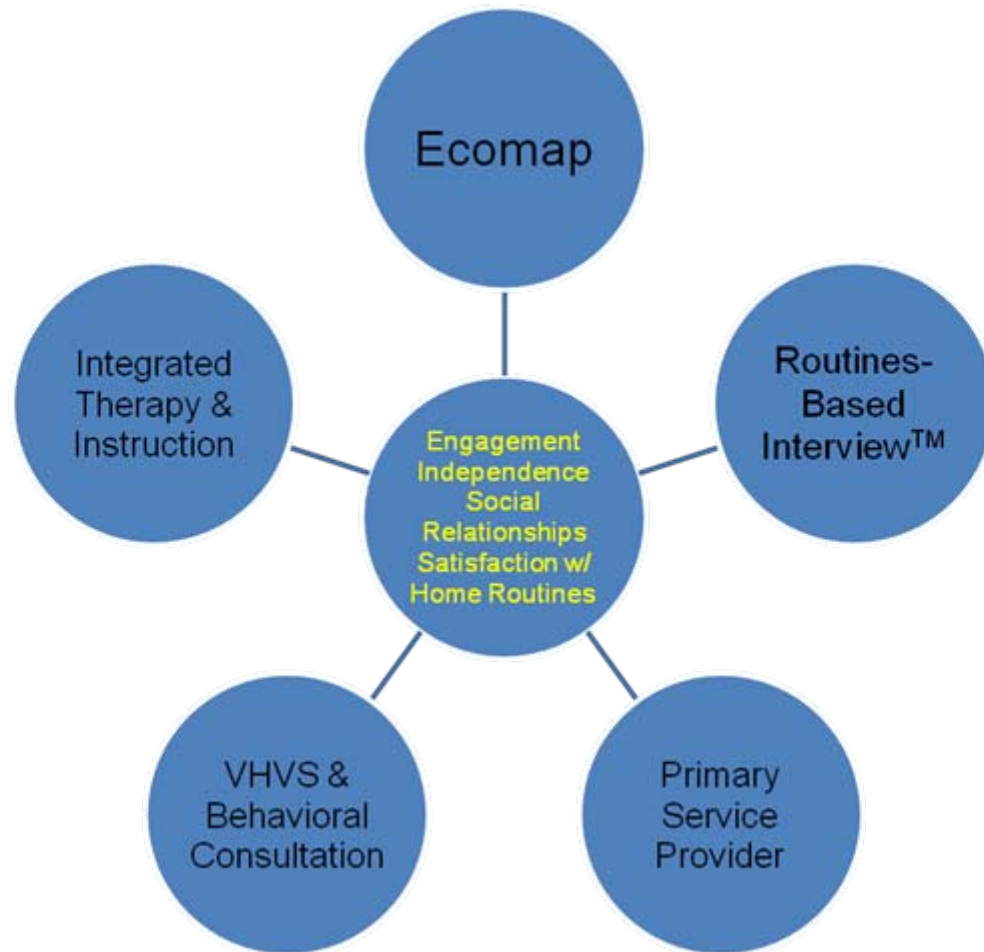
# Outline for Day 2

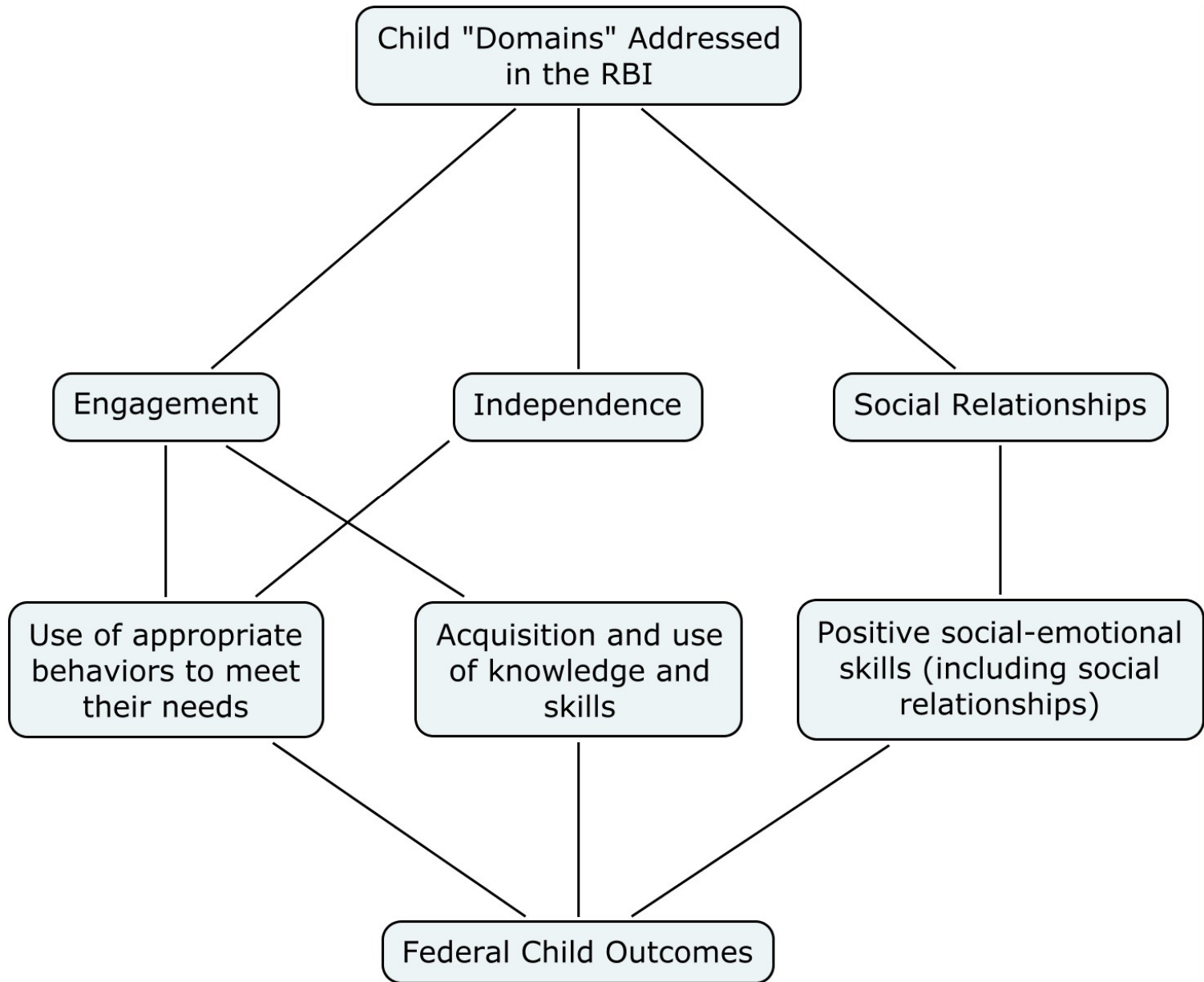
- Writing functional outcomes from the RBI
- *Why We Should Apologize for Too Much Early Intervention Service*
- Making service decisions
- Implications for home visits
- Team planning

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



# The Practices





# Harvard Study of Happiness

- People less happy when minds wander
- 2,200 iPhone volunteers, at random intervals
  - Asked what they were doing
  - ...whether thinking about something else
  - ...Bad-good, 0-100
- “Wandering” can lead to negative thoughts
- Best predictor of happiness: Whether fully engaged

Killingsworth et al.

# Between Visits

**Home Visit**



**Family**



**Family-Child Interactions  
&  
Other Learning Opportunities**



**Child Learning**

**Home Visit**



**Family**



# Maximization of Intervention

- All the intervention occurs between visits
- Teach children skills in context
- Practice needs to occur frequently



# Need for Routines-Based Assessment

- Somehow, we've overlooked assessment of **needs!**
- Functional outcomes/goals (target behaviors)
  - Address *participation (engagement)* needs
  - Address *independence* needs
  - Address *social relationships* needs
- Family priorities reflected in the IFSP/IEP
- Outcomes/goals meaningful to the child's caregivers
- To capitalize on learning opportunities, without embedding nonfunctional outcomes/outcomes

# 3 Purposes of RBI

1. Establish positive relationship with the family
2. Rich and thick description of functioning
3. List of functional, family-centered outcomes

# Observing the Demonstration

- Good, juicy questions
- Missed questions
- Nonverbal behaviors
- Implementation checklist
- RBI Outline

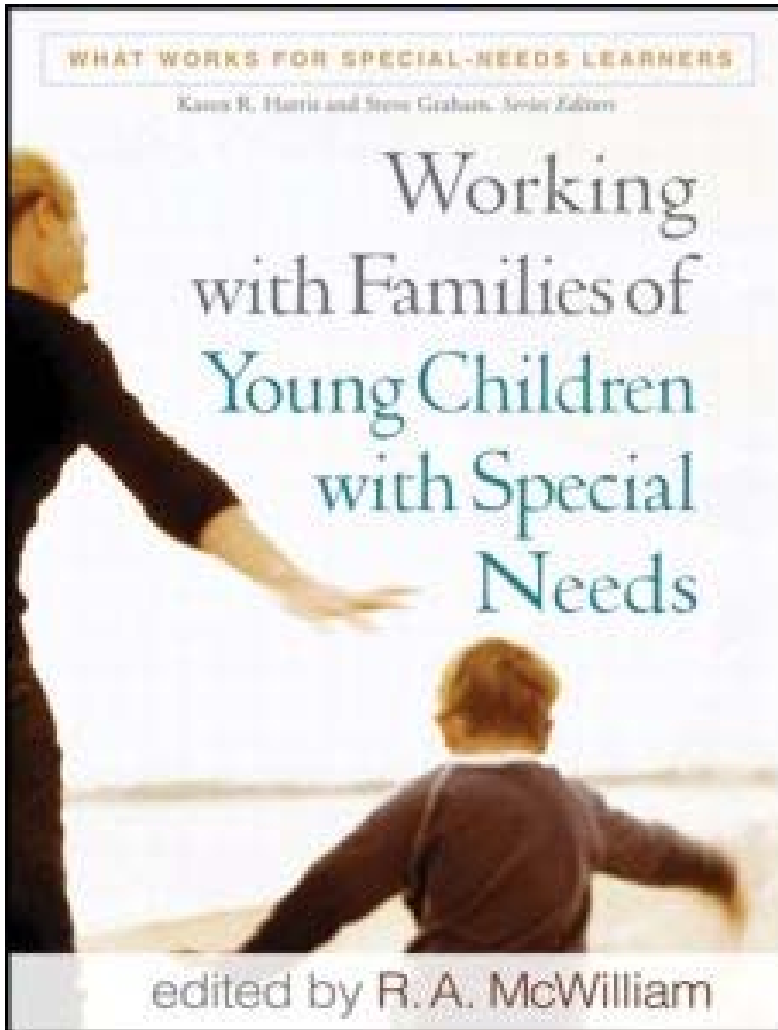
# Critical Interview Behaviors

- Appropriately natural and informal;
- Put the parent at ease;
- Look the talking parent in the eye;
- Avoid the use of jargon;;
- Affirm what the parent is saying;
- express admiration for what parent does;
- Acknowledge or ask about feelings;
- Place papers being written on flat;
- Use “self-disclosure” or “therapeutic use of self”;
- Handle crying appropriately;

# More Interview Behaviors

- Handle emotional topics sensitively;
- Don't engage in judgmental talk about the other parent;
- Jump to later routines, if necessary;
- Ask detailed questions at the beginning
- Keep structure of 6 questions *per routine*:
  1. What's everyone doing?
  2. What's this child doing?
  3. What's this child's engagement like?
  4. What's this child's independence like?
  5. What are this child's social relationships like?
  6. How satisfactory is this time of day)?

# Critical Values



1. Interventions with children in everyday routines
2. A family-friendly manner
3. Concentrate on family quality of life

# 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 the 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 up  
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")

# Follow-Up Questions

- Everything hinges on follow-up questions
  - Getting details of child functioning
  - Getting details of family functioning
  - Credibility demonstrated by salience of questions
  - Goal: Rich picture of routine

# 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

# Noting Concerns

- Write down, in short notes, important information
- Especially note concerns (mostly parents' but can be yours)
  - 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 concerns.
- The family selects 6-12 outcomes (goals)
- The family put outcomes into priority order

# Kinds of Goals

- Child-level
  - Home context
  - Classroom context
- Child-related family goal
  - E.g., know about the child's disability
- Family-level
  - E.g., mother find employment

# 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

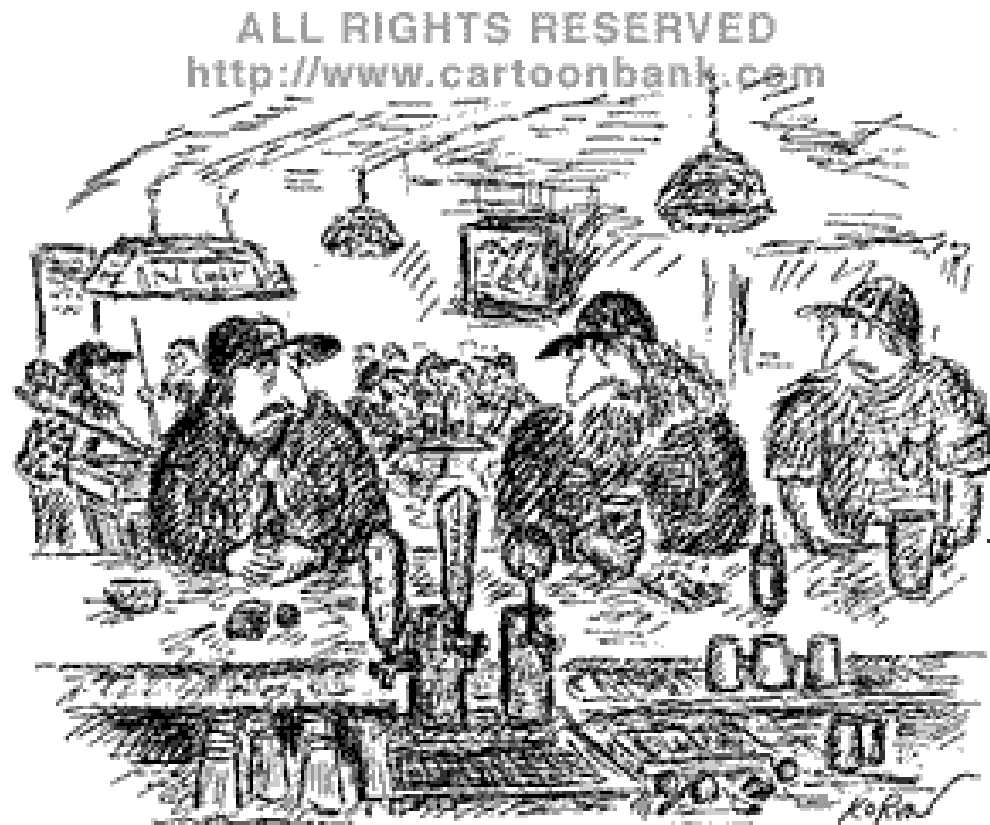
- Lasts a minimum of 1 hour
- Produces a minimum of 6 outcomes

“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?”

# Research Results



“Are you just pissing and moaning, or can you verify what you’re saying with data?”



*“Are you just pissing and moaning, or can you verify what you’re saying with data?”*

# Preliminary Study

- McWilliam, R. A., Casey, A. M., & Sims, J. (2009). The routines-based interview: A method for assessing needs and developing IFSPs. *Infants & Young Children, 22*, 224-233.

# The RBI and Outcome Functionality

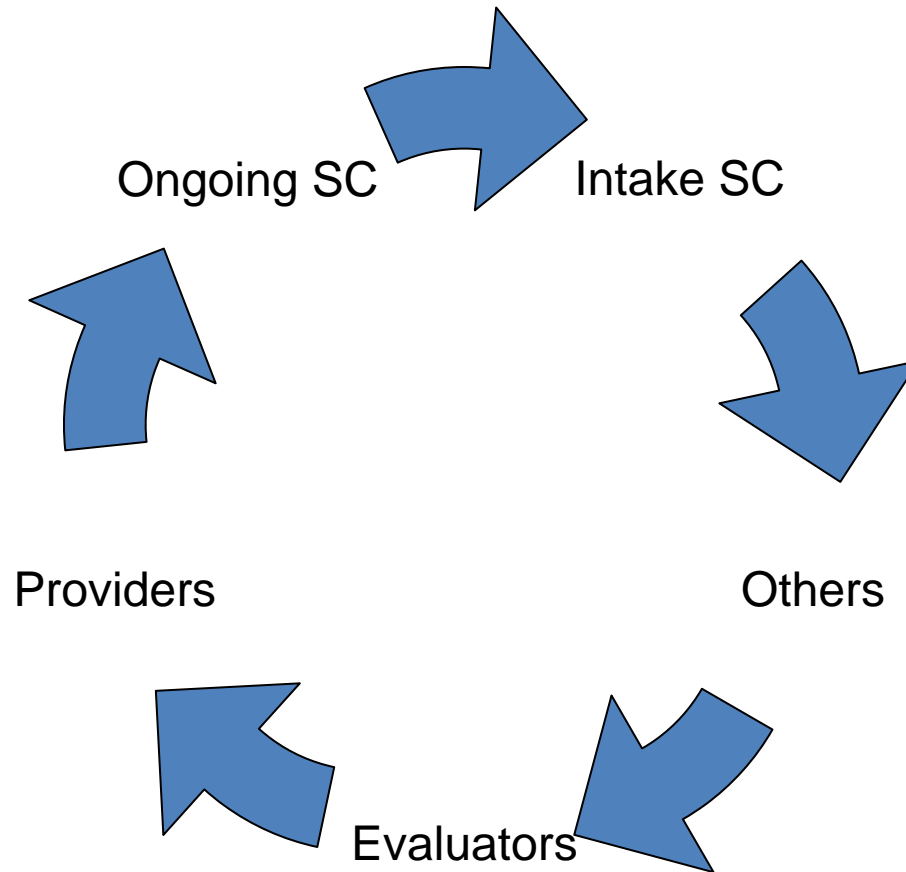
- The RBI does lead to more functional outcomes, meaning
  - They **specify** what the child or family will do
  - The contextual need has been identified (i.e., what makes it functional)
  - It's important to the primary caregivers

**LOGISTICS**

# 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



# Logistics Questions

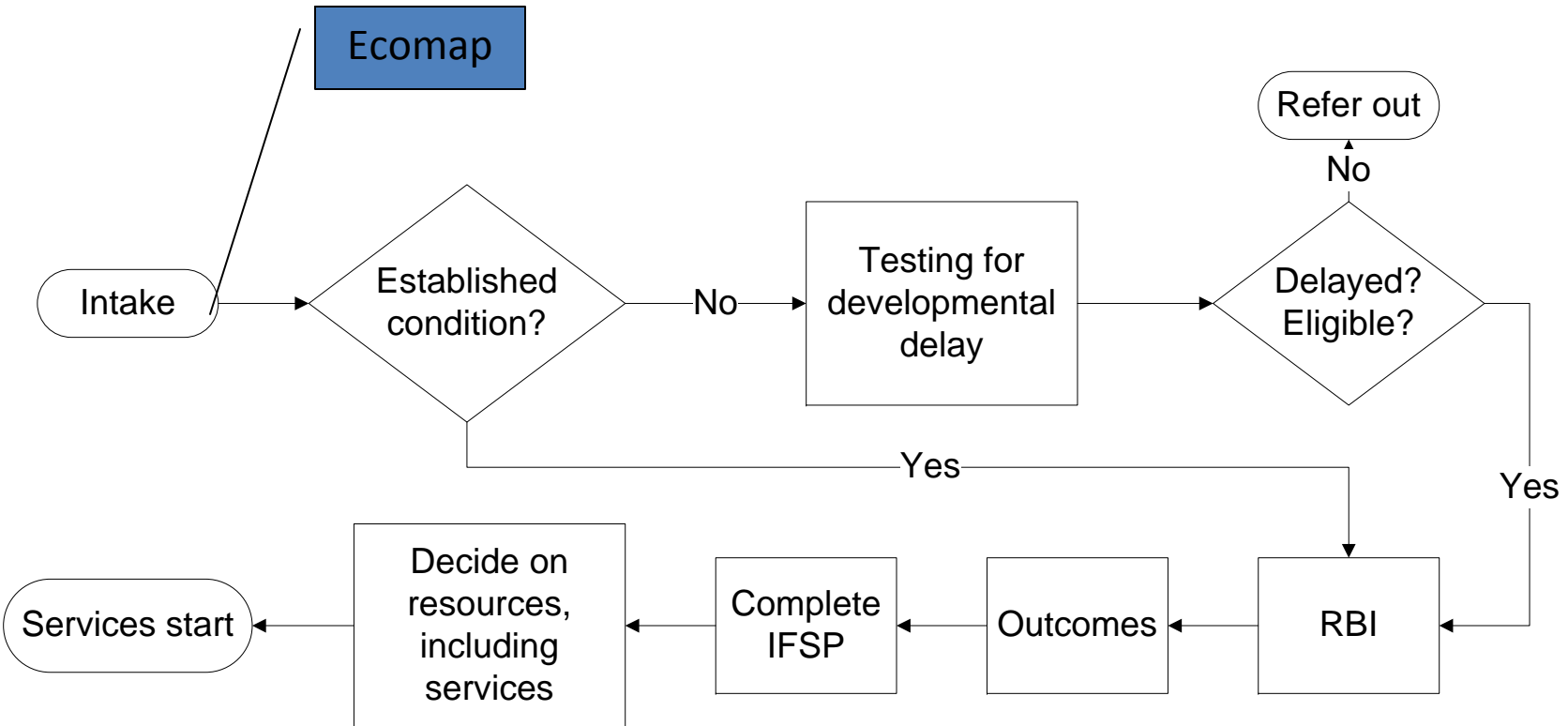
- Who should be there? Why?
- When should the RBI be done?

Intake

Evaluation

IFSP Meeting

# Process



# 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?

# Intervention Versus Service

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

# Families' cultures are often different from our professional culture



*"Before we begin this family meeting, how about we go around and say our names and a little something about ourselves."*

# Day 2

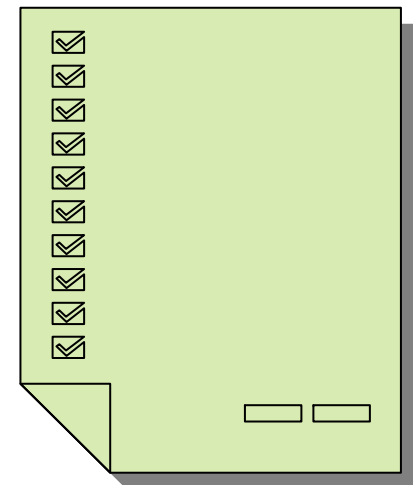
- Outcome writing from the RBI
- Service delivery considerations
- Home-based consultation
- Team planning

# In Groups

- Where would we conduct the RBI?
  - What professionals would be there?

# 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

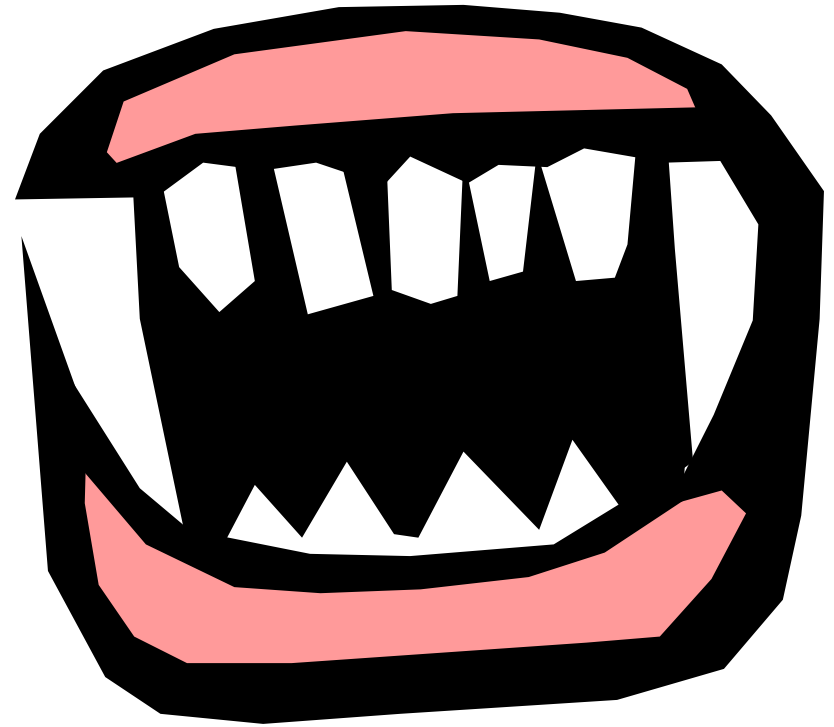


# Problematic Outcomes

Outcome	Problem
Child will use word and short phrases to communicate during daily activities by age 3	Nonspecific. Measurement?
Child will access her environment while walking in her walker including negotiating up and down inclines and over uneven rough &/or grassy surfaces	Jargon; not specific enough. Measurement?
Child will increase his articulation skills and intelligibility by 50% by his third birthday	“Increase” outcome: What’s the goal? Developmental appropriateness of artic outcome? Measurement?
By her third birthday, Child will choose a book, climb onto the couch with mom/dad and be able to identify pictures/actions with two word phrases	Time frame? Only 1 or 2 goals (other about kicking a ball): More needed. “Mom,” “Dad.” Measurement?

# 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

- Across routines, people, materials, places, etc.
- Over time (see following step)
- Rate of behavior

- One time at lunch, one time at dinner, and one time at a restaurant

# 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

In school and finish and decide what to do	Dulcie will stay in school for 1 year
--	---------------------------------------

# 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

# 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

# Dulcie's Goals

1. Natalie know colors (meals, dressing, school)
2. Stay in bed, including through the night
3. Play independently or in parallel play
4. Talk clearly to be understood
5. Consistency between Dulcie's and children's dad's
6. Natalie play and talk back and forth with others
7. Dulcie in school and finish and decide what to do
8. Natalie pulling up pants
9. Follow rules at supper
10. Natalie and Blake busy longer at dinner prep
11. Natalie recognize name in writing
12. Kids play in bath with little splashing

# 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”)

# Carina's and Justin's Outcomes (OK)

1. Anna's feeding/amount (should she get more when she acts hungry?)
2. Fussing/soothing (how to soothe her when she acts hungry)
3. Head control
4. Sitting (dressing, bath, meals, play)
5. Sleeping through night
6. Back-and-forth play
7. Eating from spoon
8. Looking, reaching, and grabbing
9. Alison to nursery
10. Info about pillows in crib
11. Monitor language development
12. Husband-wife time

# Incremental Decision Making

1. Start with a primary provider (primary service provider, generalist home visitor or consultant to child care)
2. Remember the child is getting intervention from regular caregivers (parents, teachers)
3. Only add services needed to address outcomes the primary provider and the regular caregivers need help with
  - Example: Child is delayed in talking, but primary provider and parent know how to teach him to talk, there is no need to add an ongoing service
4. When you do add a service, you plan for the intensity needed to ensure the regular caregivers and the primary provider have information necessary
  - It's not about working directly with the child

Selections From  
**Why We Should Apologize for Too  
Much Early Intervention Service**

Robin McWilliam, Ph.D.  
Siskin Children's Institute  
Chattanooga, TN

# The Conversation



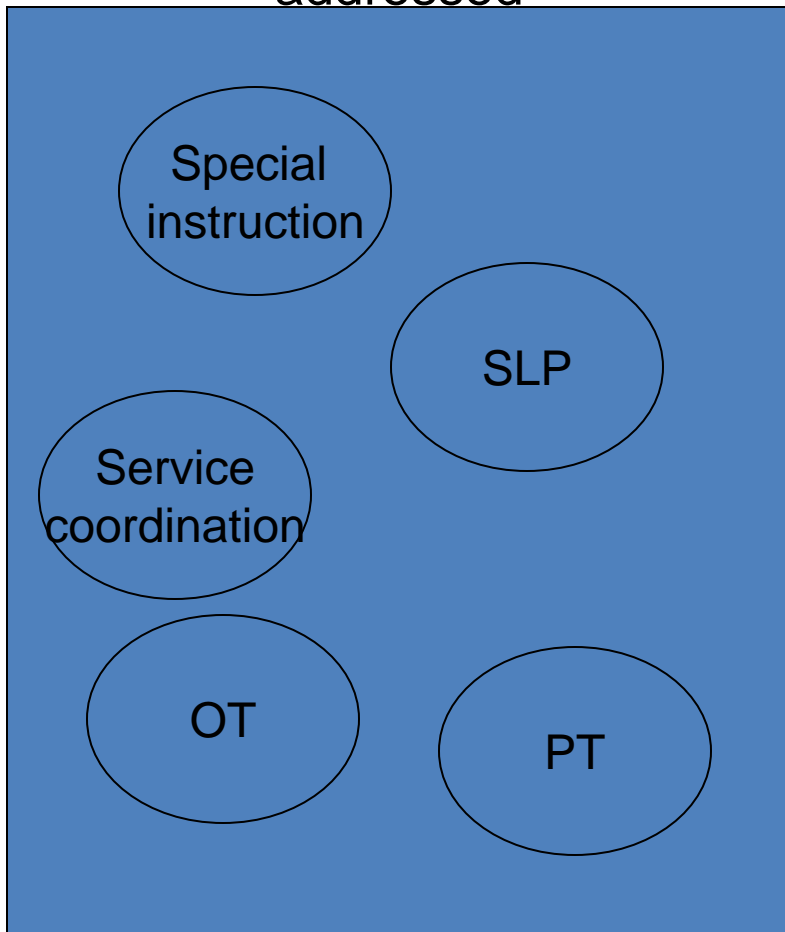
- I've just moved here and I'm having difficulty getting all the services my child needs. Where I came from, he got speech twice a week, PT twice a week, OT once a week, and he had a service coordinator.



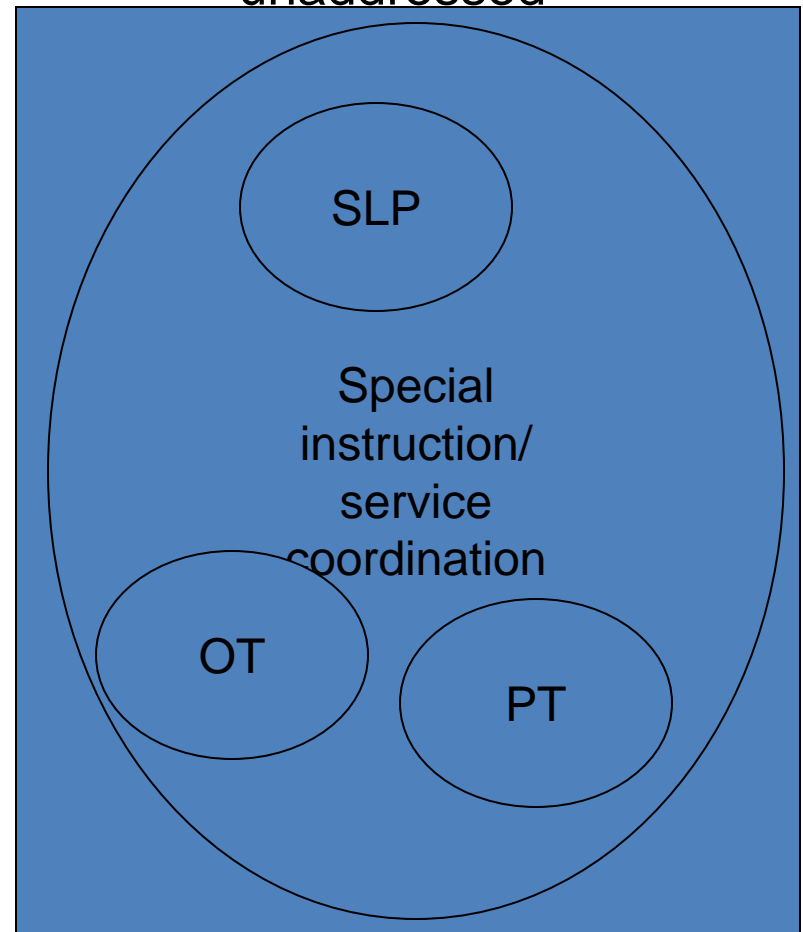
- Oh, I'm so sorry.
- No. You don't understand. This was a good thing.
- But your child deserves so much more than that.
- Even more service. Um, OK. Cool, I guess.
- No. Less service, more intervention.

# The Whole Child and Family

Look how much is not addressed



Look how little is left unaddressed



# Multidisciplinary Child-Directed Services

Child-Directed  
Speech  
Therapy

Child-Directed  
Occupational  
Therapy

Child-Directed  
Physical  
Therapy

Child-Directed  
ECSE

**The Child's Week**

General Parenting, Leaving "Intervention" to the Specialists

# Multidisciplinary Family-Directed Services

Family-Directed  
Speech  
Therapy

Family-Directed  
Occupational  
Therapy

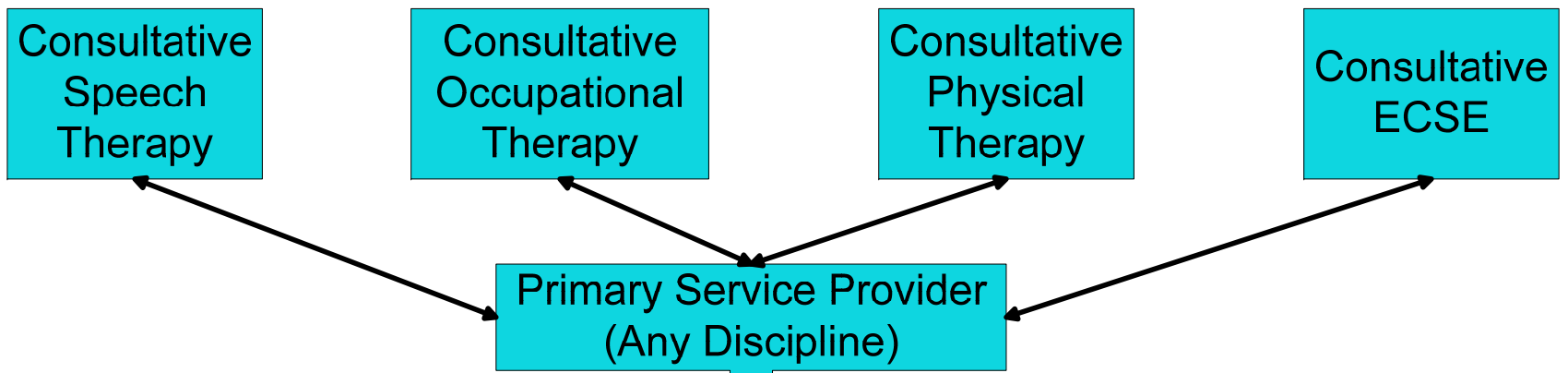
Family-Directed  
Physical  
Therapy

Family-Directed  
ECSE

Interventional Parenting, Incorporating Specialists' Strategies Into Everyday Routines

# The Child's Week

# Transdisciplinary Family-Directed Services



Interventional Parenting, Incorporating Specialists' Strategies Into Everyday Routines

# The Child's Week

Family Needs

# The Premise

- We still have early interventionists dumping a clinical model on the living room floor.
- Worse, some therapists refuse to see children outside the clinic
- This refusal holds hostage the early intervention community

# The State of Current Part C Practice

- Vendor models
- Program models
- Therapy-heavy communities
- Generalist-heavy communities
- Home-based services
  - Child care consultation
- Other classroom-based services
  - Early Head Start classrooms
  - Specialized, self-contained
  - Specialized, reverse inclusion

# What Happened to Early Intervention?

- Early intervention was not supposed to be a program to provide direct intervention to children.
- It was supposed to support those who already are in place to do so— parents, caregivers, teachers.
- It was supposed to be a consultative/technical assistance/adult education program.
- We messed up. Because we plonked our programs in education and health, instead of, say, community resources, we
  - Followed a rehab model
  - Followed a special ed model
  - Followed a therapeutic-preschool model
- Can we return to the conceptual roots of early intervention? Does anyone want to? Which one, theoretically (since there are no data to determine which is better), would lead to better outcomes for families, including children?

# Top 10 Mistakes in Early Intervention

Presented at  
2008 DEC  
conference

1. Doing all the talking at intake visits
2. Asking families about daily routines at every meeting leading up to the IFSP
3. Basing goals just on what parents say they want
4. Ignoring the *participation* purpose of child-level goals and skimping on measurability of goals
5. Matching services to deficits
6. Working directly with the child on home visits
7. Modeling/demonstrating blindly
8. Using the same home visiting approach for all families
9. Focusing exclusively on the child's well-being and quality of life
10. Working just with children in classrooms

**AGREED UPON MISSION AND KEY PRINCIPLES  
FOR PROVIDING EARLY INTERVENTION SERVICES  
IN NATURAL ENVIRONMENTS**

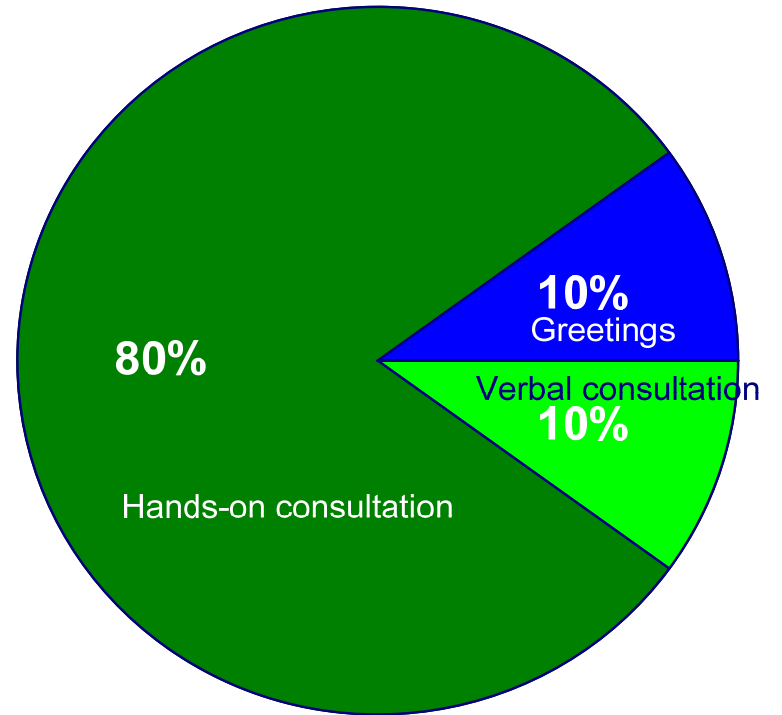
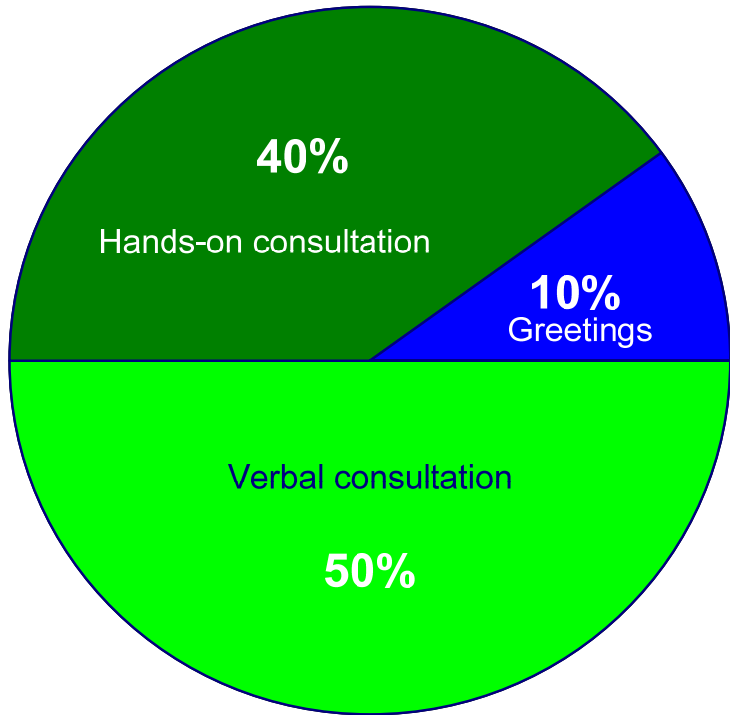
**Developed by the  
Workgroup on Principles and Practices in Natural  
Environments**

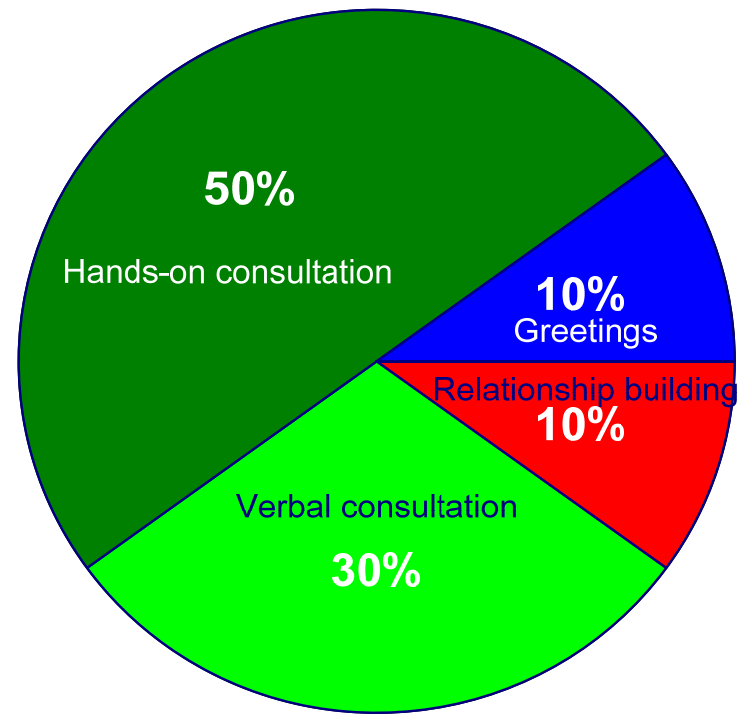
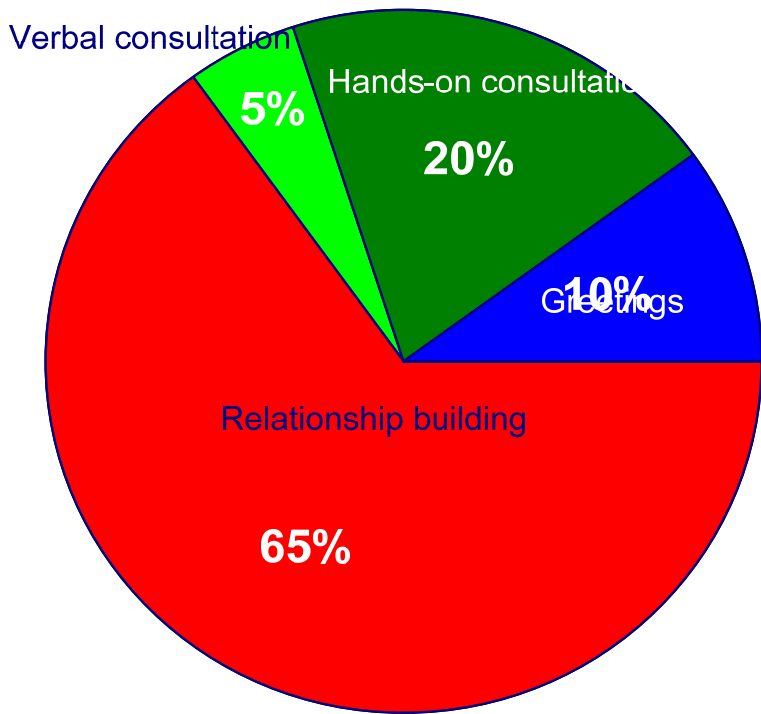
**Workgroup Members:**

Susan Addision, Betsy Ayankoya, Mary Beth Bruder,  
Carl Dunst, Larry Edelman, Andy Gomm, Barbara  
Hanft, Cori Hill, Joicey Hurth, Grace Kelley, Anne  
Lucas, Robin McWilliam, Stephanie Moss, Lynda  
Pletcher, Dathan Rush, M'Lisa Shelden, Mary  
Steenberg, Judy Swett, Nora Thompson, Julianne  
Woods, and Naomi Younggren.

# **MISSION**

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.





# How to Use Functional Outcomes

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



# 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

# Home-Based Integrated Services

- We need an alternative to dumping clinic-based models on the living room floor.
- What's wrong with the toy bag?
- We need to attend to the complex, interrelated needs of developing children and their families.
- We can achieve these by having *support* as the goal of services: emotional, material, informational.

# Influences

- Bruder
- Campbell
- Dunst & Trivette
- Guralnick
- Peterson & McBride
- Roberts & Innocenti
- Robinson & Edelman
- Shelden & Rush
  - See [www.coachinginearlychildhood.org](http://www.coachinginearlychildhood.org)
- Woods

# Support-Based Home Visits

- Emotional Support
  - Positiveness
  - Responsiveness
  - Orientation to the whole family
  - Friendliness
  - Sensitivity
- Material Support
  - Equipment and materials
  - Financial resources
- Informational Support
  - Child development
  - Child's disability
  - Services and resources
  - What to do with the child



*"Your mother and I are feeling overwhelmed, so you'll have to bring yourselves up."*

# The Vanderbilt Home Visit Script

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]?

# Behavioral Consultation in Home Visits

How's it going w/ each outcome?

