



Giving Families A Chance To Talk So They Can Plan

Vol. 8, No. 3

2003

News Exchange

By R. A. McWilliam
Director, Center for Child Development
Vanderbilt University Medical Center

The **routines-based interview (RBI)** is part of a functional intervention planning process, described in a book I wrote in 1992. This article explains its purposes, the components of it, and frequently asked questions.

The Purpose

The three reasons for conducting an RBI are to get to know the family, to assess family needs, and to set priorities.

Getting to Know the Family

Early contacts in infant-toddler services with families are heavily bogged down in paperwork: family rights, description of the early intervention program, permissions for evaluation, requests for release of information, and so on. Forming a bond with the family can get lost in this process. As the description of the interview will show, this conversation with the family provides a short-cut to much information.

Assessing Family Needs

Many studies of Individualized Family Service Plans (IFSPs) and Individual Education Programs (IEPs) show that family outcomes or goals are still not showing up on these documents, which is different from what was predicted when PL 99-457 was passed and when the Individuals with Disabilities Education Act (IDEA) was strengthened vis-à-vis families. This interview results in family outcomes to an extent much greater than found with traditional IFSP processes.

Setting Priorities

Not only do we get to know what families perceive they need, but also the process provides a structure for families to determine for themselves what they want written on the plan. In addition to the benefits of self-determination for consumer families, the process includes the family's establishing their priority order, which helps the team to focus on what's most important. The following section shows how the RBI is conducted.

The Structure

The RBI should feel to the parent like an informal conversation with an interested neighbor who happens to know a lot about child development and family functioning. For the interviewer, however, there is a considerable structure.

General Concerns

First, tell the family that the purposes of the RBI are for you to get enough information so that you can make good sensible recommendations and for the family to be able to decide on a plan of action. The first question should be about general matters, such as, "What are your main concerns related to your child or your family right now?"

Home Routines

Once the main concerns have been written down, tell the family you will now ask about their day-to-day life. Routines are simply activities or events during the day; they do not

See **RBI** on Page 4

necessarily happen in all families in routine fashion. The questioning about them often starts with, "Tell me how your day begins." Note that you're asking the parent about his or her day, not the child's. ("Parent" will be used to avoid the awkwardness of "adult family member," but I recognize that the primary family caregiver being interviewed might not actually be a parent.) At first, parents will go through routines too quickly, so slow them down to talk about waking up time, diaper changing, going to breakfast, breakfast, and so on as separate routines.

The Five Areas

Within each routine ask about the following:

1. What is everyone else doing?
2. How does this child participate in the routine? The technical term is *engagement*, but you shouldn't use that with families who might not know what it means.
3. How independent is the child in this routine?
4. What kinds of social relationships are revealed in this routine? This means social behavior, including communication.
5. How well is the routine working for the parent?

Other Community Routines

If there's time, it's worth asking about other common places and events such as going shopping, going to religious services (if relevant), going to other people's homes, and going to the park or library.

Classroom Routines

If the child is in another setting for over 15 hours a week, it is helpful to have that caregiver provide a description of those routines. For example, if a child is in child care, the child care teacher would be interviewed about arrival, free play, circle time, other teacher-led activities, centers, outside play, and so on. The five areas described above still apply.

The Two Red-Hot Questions

Once all the discussion of routines has ended, you have the option of asking two questions that can be quite emotional. Some early interventionists are more comfortable with overt expressions of parents' emotions (i.e., crying) than are others. Be warned! These questions sometimes bring on the tears. Parents tell me they're emotional because (a) they're about the most important things to them, and (b) they don't often get asked about them. The questions are

If you could change anything about your life, what would it be?

When you lie awake at night worrying, what is it you worry about?

Review

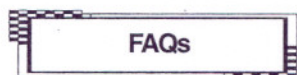
During the discussion of routines and other issues, someone takes brief notes, marking clearly those areas that sound like potential priorities for the parent. The review consists of going over those marked areas, simply to remind the parent about them and to ensure they were captured accurately. Then, you ask the family to pick the things they would like the team, which includes them of course, to focus on. This is the time when the capacity of every single parent to make decisions is revealed. After having talked about daily life and, possibly, heard about child care routines, any parent can identify functional things they would like the child to do. It is a great moment!

Setting Priorities

You aim for 6-10 outcomes, which is more than most early interventionists report having on the IFSPs they use. The two main reasons for the longer list of outcomes are that we pick quite specific behaviors and family-level needs are more likely to be on the list. The specific behaviors would be something like "Billy will eat with a spoon with minimal assistance at breakfast and lunch, with little spilling," rather than "Billy will improve in his self-help [or his eating] skills." Family-level needs might be the mother having time for herself, one of the parents getting a job, or the parents' getting to know the neighbors better. You then ask the parent to put the list of outcomes into order of importance.

Next Steps

Once you have the priority-ordered list of outcomes, you are done with the routines-based assessment. But you still have to finish the IFSP by developing strategies for each outcome and deciding on services. Service decisions are best made by (a) having one primary service provider, and (b) the team determining what supports the home visitor needs to meet the family's goal. Primary service providers are capable of handling many functional outcomes with only occasional guidance!



What if the mother is basically nonverbal?

The process (the structure of the interview) is the same. You just have to ask more questions, some of them yes-no questions.

What about all the interruptions on a home visit?

They make the interview longer and require you to be focused as you get back on topic. It's helpful to have a second person to help deal with some of the interruptions. Let the family know ahead of time that this is quite an intense conversation, so, unlike regular home visits, it might be helpful to prevent some interruptions.

What if parents pick an unrealistic outcome?

Affirm that it's good to aim high and ask the parents, given the child's current level of functioning, what they might

RBI continued from Page 4

expect him or her to do in six months or a year. Most families will come up with developmentally appropriate targets.

What if parents don't pick a goal related to delay?

You can remind them of any functional problems the delay might cause, based on the report of routines, and you can remind them of the evaluation results. But, if the delay actually doesn't cause any problems in participating in routines, it might not be the family's priority that should be questioned. There's little point in setting up a service for something the family doesn't see the need for: Intervention between home visits would be unlikely. Furthermore, the RBI is just the beginning of a relationship; professionals can provide the family with information about how attention to delay areas could be helpful for the future—if indeed that's the case. Professionals do need to remember that (a) we know very little about how early different strategies have to begin to be effective, (b) we have very few strategies that are so powerful that a delay in implementation would be detrimental, and (c) families have to determine their own priorities for what they will deal with.

What if you see the family every week?

The RBI can be used at 6-month reviews and, of course, at annual revisions of the IFSP. If the interviewer has seen the family weekly, the basic structure of going through the family's routines is still worthwhile. But the conversation is likely to be shorter.

What if the family has no routines?

This question reveals a misunderstanding of "routines" as used in this process. Every family wakes up, feeds the child, cleans the child, changes diapers, hangs out, goes places, goes to sleep, and so on. They differ in the timing and frequency with which they do them, but there is still enough consistency for an interview.

What if the child is a newborn?

Although the child's routines might seem like pooping, drinking, and sleeping, in their awake times they display emergent engagement, independence, and social relationships. Moreover, the parents' routines involve (a little!) more than pooping, drinking, and sleeping. And the point of the RBI is to develop a *family* support plan.

What if it's a foster child? Who do we interview?

The RBI is designed to gain the perspective of the people living with the child—those who will be carrying out interventions in naturally occurring routines.

What if the child is reportedly doing everything, so there are no concerns?

Ask the parent, "What do you think Consuela will learn to do next, when it comes to eating breakfast?" If the parent says the child will be holding the spoon herself next, then that can be marked as a potential priority. This issue is

quite common with families referred to early intervention by social services.

What parts of the IFSP can you complete with this information?

A good interview can provide information on "present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development" (IDEA 97, Section 636, [d] [1]). Although developmental ages or quotients, which the RBI does not produce, are usually necessary for documenting delay, most states require a description, which the RBI does produce. Some evaluators actually use the information the parent provides during the RBI to score instruments in which parent report is acceptable. The interview can provide information about strengths and needs and about the concerns, priorities, and resources. Finally, the RBI is specifically designed to provide outcomes.

When in the process is the best time to conduct an RBI?

After intake and before selection of services, which is usually at the IFSP meeting. For children entering the system because of suspected delay, the RBI is best done after evaluation for eligibility.

How often should you conduct an RBI?

Ideally, every three months. More realistically, every six months. Definitely, every year.

How widespread is its use?

My colleagues and I have provided training on the RBI in at least 19 states or territories. In Texas, Colorado, New Mexico, and Nevada, the Part C office has invested considerable resources to implement it and provide training in it.

Isn't this intrusive?

One parent pointed out that everything in early intervention is intrusive; this is no different from having someone come into your house every week and ask about your baby. Most parents are happy to tell about their lives to someone who cares. Furthermore, you should state the obvious at the beginning of the interview—that the family doesn't have to tell you anything they don't want to.

Who should do RBIs?

Most programs trained in the RBI have chosen to have all home visitors do it. It is especially useful to have primary service providers who will be working with the family, weekly, get to know families this way.

How do you evaluate the use of the RBI?

We evaluate it through three means. First, families' satisfaction with routines is expected to increase, and to measure that we have an instrument called the SAFER.

See RBI on Page 6

All supplemental materials can be found at www.VanderbiltChildDevelopment.us; click on Outreach Services. Second, the functionality of outcomes is expected to improve, and this is measured with the McWilliam Scale of Goal Functionality. Third, families' sense of self-confidence and self-efficacy is expected to increase, and this is assessed through semi-structured interviews.

How do you get trained in it?

Anyone who's good at listening to others can do the RBI, although it helps to have solid knowledge about child development and family functioning. It is also true that some people are better at interviewing families than are others, but I still don't know how much training changes this. From programs using the RBI, we have heard that practice makes perfect. The first few attempts might feel awkward, but you should persist. To help along the way, I recommend you use the RBI checklist. Also available is the original manual, available through the Web site given above.

Bibliography

- Bailey, D. B., Jr., McWilliam, R. A., Darkes, L. A., Hebbler, K., Simeonsson, R. J., Spiker, D., & Wagner, M. (1998). Family outcomes in early intervention: A framework for program evaluation and efficacy research. *Exceptional Children, 64*, 313-328.
- Dennis, R. E., & Giangreco, M. F. (1996). Creating conversation: Reflections on cultural sensitivity in family interviewing. *Exceptional Children, 63*, 103-116.
- Dunst, C. J., Hamby, D., Trivette, C. M., Raab, M., & Bruder, M. B. (2000). Everyday family and community life and children's naturally occurring learning opportunities. *Journal of Early Intervention, 23*, 151-164.
- Lynch, E. (1988). Ecological interview form for infants and preschoolers. In M. J. Hanson and E. W. Lynch, *Early*

intervention: Implementing child and family services for infants and toddlers who are at-risk or disabled (pp. 420-427). Austin, TX: PRO-ED.

- McWilliam, R. A., & Scott, S. (2001). A support approach to early intervention: A three-part framework. *Infants & Young Children, 13*(4), 55-66.
- McWilliam, R. A., Ferguson, A., Harbin, G. L., Porter, P., Munn, D., & Vandiviere, P. (1998). The family-centeredness of individualized family service plans. *Topics in Early Childhood Special Education, 18*, 69-82.
- McWilliam, R. A., Snyder, P., Harbin, G. L., Porter, P., & Munn, D. (2000). Professionals' and families' perceptions of family-centered practices in infant-toddler services. *Early Education and Development, 11* (Special Issue: Families and Exceptionality), 519-538.
- McWilliam, R. A., Tocci, L., & Harbin, G. L. (1998). Family-centered services: Service providers' discourse and behavior. *Topics in Early Childhood Special Education, 18*, 206-221.
- Pomerantz, B. R. (1984). Collaborative interviewing: A family-centered approach to pediatric care. *Health and Social Work, 9*(1), 66-73.
- Siegel-Causey, E. (1990). Examining the individualized family service plan process: What are family and practitioner preferences? *Topics in Early Childhood Special Education, 10*(1), 78-99.
- Summers, J. A., Dell'Oliver, C., Turnbull, A. P., Benson, H. A., Santelli, E., Campbell, M., & Siegel-Causey, E. (1990). Examining the individualized family service plan process: What are family and practitioner preferences? *Topics in Early Childhood Special Education, 10*(1), 78-99.

Dr. McWilliam began his early intervention career as a home visitor in Johnston Co., NC, and has since conducted research and done extensive writing and presenting on natural environments.

A New Financial Resource Booklet for Parents

A *Financial Resource Book for Parents of Children with Disabilities* is a new booklet produced by the Parent Advocacy Coalition for Educational Rights (PACER) Center and the National Endowment For Financial Education (NEFE). This is a simple, straightforward guide to money management and financial resources targeted for parents of children with disabilities. The booklet outlines step-by-step financial management techniques and provides clear information and leads on resources addressing the following issues:

- Organizing
- Insurance
- Planning for the future
- Resources

The booklet is available for purchase through the PACER Center for \$3. To purchase the booklet or for more information, contact the PACER Center at (952) 838-9000.

Links:

Parent Advocacy Coalition for Educational Rights (PACER) Center, <http://www.pacer.org>
National Endowment for Financial Education (NEFE), <http://www.nefe.org>

