

Routines Based Interview Process

Introduction (read paragraph word for word)

ECO Map- Draw it out

ROUTINES

- 3 Critical Elements**
- Independence
- Engagement
- Social Relatedness

- "How does it sound when..."
- "Describe how he gets into..."
- "What are she and siblings doing..."
- "Paint a picture of how play looks"
- "When he gets stuck, what does he do"
- "How does he hold the..."

Going Well?

Rate it

Not going well?



Wish & Worry Questions (Read paragraph from script; no deviations)

SUMMARIZE THE FACTS (2ND Interviewer) Simplified notes; just facts heard

PARENT PRIORITIZE FOCUS ITEMS FOR OUTCOMES Clean paper; list

PARENT RANKS PRIORITY

Pre-Test RBI

This form is to assess the knowledge you have regarding the RBI process prior to the April 4th, 2016 Secondary Interviewer Training. This is an assessment from Robin McWilliam's Routines-Based Early Intervention. (McWilliam, R. A. (2010). Routines-based early intervention: Supporting young children and their families. Baltimore, MD: Paul H. Brookes.)

* Required

1. In early intervention, RBI stands for *

Mark only one oval.

- Runs batted in
- Routines-based intervention
- Robust basting implement
- Routines-Based Interview

2. The RBI addresses children's functioning in *

Mark only one oval.

- Home routines
- Classroom (e.g., child care) routines
- Community (e.g., stores, playground, library)
- All of the above

3. Research on the RBI shows that *

Mark only one oval.

- Families are more satisfied with the IFSP process when an RBI is used than when it is not
- It leads to better child outcomes than when it is not used
- The IFSP process is quicker with the RBI than without it
- It leads to the same number of outcomes/goals as non-RBI IFSPs

4. In the context of RBI, routines are *

Mark only one oval.

- Procedures the early interventionist suggests the family carry out
- What the family naturally does in a typical day
- Those times of the day that are always done the same way
- A series of tricks on apparatus in a gym

5. To prepare families for the RBI, professionals can *

Mark only one oval.

- Bring child evaluation results
- Give them the Family Preparation Form
- Rehearse going through the day with them
- Give them the IFSP form

6. The RBI *

Mark only one oval.

- Is an unstructured conversation
- Is a questionnaire administered orally
- Is a semistructured interview
- Is a structured interview

7. To proceed through the day, using the RBI, the interviewer should *

Mark only one oval.

- Ask what happens next
- Have a list of routines to ask families about
- Let the family talk about their day in any order they want
- Allot 10 minutes per routine

8. During discussion of each routine, the interviewer should find out about each child's *

Mark only one oval.

- Independence
- Social Relationships
- Engagement
- All of the above

9. Information from the interview should be captured *

Mark only one oval.

- On the daily routines form
- In narrative notes, with concerns starred
- On the IFSP, in the family assessment section
- On a tape recorder

10. The family's satisfaction with home routines *

Mark only one oval.

- Is not recorded; the interviewer must listen carefully
- Is rated by the family on a 1-10 scale
- Is rated by the family on a 1-5 scale
- Is rated by the interviewer, based on the interviewer's best guess, on a 1-5 scale

11. The worry and change questions *

Mark only one oval.

- Are too intrusive to ask most families
- Should not be asked by professionals who dislike dealing with families' emotions
- Can produce very important information related to families' desires
- Are an indulgence by a nosy interviewer

12. The recap *

Mark only one oval.

- Is a listing of concerns that emerged during the interview
- Is a reminder of what was discussed during the interview
- Is a review of outcomes/goals chosen during the interview
- Is the replacement of a top on a bottle

13. With the RBI, outcomes and goals *

Mark only one oval.

- Are chosen by the team
- Are chosen by the child
- Are selected from a bank of state-approved outcomes and goals
- Are chosen by the family

14. Which of the following is not true about conducting interviews? *

Mark only one oval.

- Be natural and as informal as is appropriate
- Use professional language to establish credibility
- Look the parent in the eye when he or she is talking
- Nod and in other ways affirm what the parent is saying

15. If the interviewer fails to ask about something *

Mark only one oval.

- The RBI needs to be redone
- Fewer than six outcomes are allowed
- Is it to be expected and should not affect the outcome of the interview
- He or she should always go back to try to ask about it

16. If the parent does not select an outcome/goal related to a documented deficit *

Mark only one oval.

- The deficit can still be addressed while addressing other family priorities
- The team should propose an outcome/goal addressing that deficit
- The family should be referred to social services
- The parent should be convinced to add such an outcome/goal

17. The RBI is best implemented *

Mark only one oval.

- At intake, before evaluation
- After eligibility has been determined but before the completion of the IFSP
- Immediately after the IFSP has been developed
- One month into services, so rapport can be established with the family

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RBI Second-Interviewer Checklist

Did the second interviewer	
1. Keep notes organized by routines?	
2. Help with questions when necessary and appropriate, especially to get enough detail about child and family functioning during the routine?	
3. Put stars next to concerns, either of the family's or of the interviewers'?	
4. Keep the notes short (i.e., focused primarily on concerns, phrases instead of sentences)?	
5. Write the rating for each routine, if necessary reminding the first interviewer to get the rating?	
6. If necessary, remind the first interviewer about the necessary stages of the interview (e.g., main concerns, worry and change questions)?	
7. Sit beside one of the parents during the recap?	
8. During the recap, quickly go over the concerns ("bam-bam-bam")?	
9. Optional: Keep track of child skills for a formal assessment?	
10. Handle interruptions to allow the first interviewer to keep conducting the interview?	

✓ Done ± Partially done ✗ Missed

R. A. McWilliam (2013)

RBI notes sample 2

Morning Routine: 4 Wake up at 7:30 -8:00 Sally will hear girls particularly Twin, 2 separate cribs same rooms. Twin making cooing awing louder with sounds. KINZIE is growling more. Twin will get upset if doesn't get right away. KINZIE won't cry for anger. Parent will come get them, girls both smile when they walk in. Twin will roll back and forth. Out of beds then diaper changes: Twin moves around a lot tries to get away. KINZIE lays easily. Not lifting legs Twin cries when diaper is wet. Kinzie not yet. KINZIE is laid back. Stay in jammies 3 year old up at 8.

Exercise Time: 3-4 girls out In the living room. Kinzie will do PT exercises tummy time, on tummy pulling head up for 30 sec- able to get 1:30. Sit her upright 12 weeks sit upright. Last exercise lower extremities- putting weight on legs KINZIE does really well, from July until now, her stamina has increased. When she is done she will growl, to Joe this sounds different than wake up. Her eyes go down Sometimes during therapy she will Twin rolls tummy to back and has done back to tummy before. Arm seems to be getting stuck. Tortelcolis – doesn't favor one side anymore. Not maintaining sitting. Twin is pretty close If you sat Kinzie up she would pancake over. No fear of falling. Goes 1x a week to PT weekly. Twin playing doing the same thing. Will push off a little with her hands. Changing her support as she masters it.

Cries for hungry but might take a long time.

Breakfast Time: 4 3 year old starts making request for food, will go to freezer to pull out what she wants. Breakfast is quick so Joe can get to work and girls to daycare. Joe and 3 year old will have breakfast

Faster nursing time- still takes longer, quantity is improving used to be less than 3 oz now at least 4 at daycare takes bottle is leaky and choking with the bottle, not with nursing. Palate is triangular. No swallow study. Increased risk for aspiration but no swallow study. Have started cereal with Twin. Likes cereal. Not tried with KINZIE- worry is enough time to watch her. Dr. said to be very cautious and make it really thin. In swing she will tilt her head back too far.

Positioning for food is a concern/question. Twin sits in high chair for eating. If she eats right before a drive she will throw up. Other times just a small amount. When she throws up she gets deer in headlights look but wont cry. Soothed by Sallys voice "it's okay it's okay" prefid for acid reflux- helping.

Car Rides:

Car seats somedays just fine other days she starts growling cry. She would persist until her car seat is picked up and moved. KINZIE falls asleep fairly easy for them.

Play Time:

If Sally is home, girls will play. Twin will suck her thumb to show she is tired. KINZIE will rub her eyes and weak growl to show she is tired. KINZIE is rocked to sleep in lap or swing. Both like the swing. Twin can lay down awake and fall asleep.

KINZIE will reach up for toys above her with both hands. At grandparents house she will look to see where noises are coming from. Turns and looks when says KINZIE"

Likes the snail, touching it, Playmate playing with giraffe, chewing it. Looks at speaker when they say her name. Caterpillar on midline and she'll play with it. At first wasn't tracking but now tracking. KINZIE followed Dr. moved from one end of the other across the room she followed. Pretty close to tracking. Sometimes her tracking is lagging slightly. If she dropped toy she would not seek it out she is done with it. Twin will smile and laugh with peekaboo KINZIE just stares. Will stick tongue out imitating not as much from. Twin will watch 3 year old No concerns with hearing. B.c of hypertonia ear canals are smaller will need a hearing test yearly. If 3 year old gets upset the twins will also get upset. Twin and KINZIE like to interact with older sister. If one is crying she is able to comfort them. She'll say "boo" and sees what they do. 3 year old likes to try to "teach" the kids- Singing to them Twin will make noise along with it- KINZIE might make her growling sounds.

During the day nursing doesn't go as well- Twin gets distracted by 3 year old or other noises. Kinzie- fine with weight 23% Not regressing on scale so dr is fine. Head to length ratio- 63% head length 57% Follow up with Dr. B – every 6 months.. Sometimes gets tired and 2oz or she is napping. Sally was concerned but they are doing pre and post weights- 24 oz a day. Little tub on the sink. KINZIE not kicking or splashing. Twin- kick and splash.

Supper: 3 can be challenging. 3 year old is content during this time will play on her own or help Sally with the babies or something. Nice if girls could entertain themselves for a little while during that time.

Bath Time: 4- Underssing or dressed- doesn't bother KINZIE. She used to be sensitive to clothes off, diaper changes, but that looks better- she is more relaxed. Grunting when shirt gets stuck. twins like bathtime gets them calm. Most difficult time of day is evening super to bedtime. Both seem to be uncomfortable, they cry, needy, want to be held. If held they are sometimes content. Twin more than KINZIE. Bath is the calming force.

2 naps during the day- Twin 2 hr afternoon KINZIE- 15mins to an hour Morning hour nap No teeth yet- but chewing on lots of things.

Bedtime routine: 4 feed one last time. Put them in their sleep sack. Twin will be asleep or close to. Will rock with them and then lay her down. Not Sleeping through the night. KINZIE was up, then Twin up. Hit and miss depending down between 10-11 good until 7am. If they wake up they are pretty easy to get back to sleep. Twin is a thumb sucker. KINZIE does a pacifier and whole hand.

At first concerned about feet- no longer an issue. Hip dysplasia but for now just keep watching. Knees out on back . Hip huggers on body suits.

Twin will respond with cry when harsher voice, KINZIE doesn't have a startle cry. Grumbling more some of the cooing noises are coming. She will talk at some point. Being proactive. In language and communication. Growling voice is typical.

1 interear infection with both girls.

Holidays, family functions- both families know whats going on

Worry- if she going to stop breathing. Diagnosis of exclusion are they doing everything they can
Illnesses what can we do.

Change-patience.

RBI notes sample 1:

Vesta would like Jack to go to preschool. Open house is in March.

Vesta has to use a walker due to her ankles so now they can't walk to the post office anymore or walk and play at the park.

They like schedules. When they get off schedule he might get shy (leave) and then come back. He will do the same thing when his brothers get too crazy. He will go play in his room or the office.

Jack knows what he should and shouldn't do and what the boundaries are.

*not talking

*Potty training (he will say "I poopy" after he has gone)

When he gets something he can figure out how it works very quickly. Jack knows lots of letters, numbers, shapes and colors.

Jack is an early riser. He is usually up by 5:30. Jack will climb in bed with Vesta and Bob some nights and other nights stay in his toddler bed. He knows how to put the chess pieces on the board and wants to take turns like he is playing. Jack will tap on Vesta to wake her up. IF she ignores it he will say "mama" "mama." Jack will step alternating his feet going up. When Jack goes down the steps it is one foot, one foot and holds the railing.

Jack and Vesta will try to use the bathroom. He is dry when he wakes up usually. He will sit on the potty but doesn't typically go. He may try to get up but Vesta encourages him to stay until he seems frustrated. Jack then puts on a pull up. Then within an hour he has gone. Once Jack has gone, she will say you are wet but he does not seem to realize it. They have tried a potty chair but he didn't like that. He uses the big potty. Jack can pull up and take off his pull up. He can dress and undress himself. Pajamas are the easiest. He can do the zipper himself. She will hold it and he can step in. Vesta will hold the shirt and he will put his arms in and head in. Jack likes to wash his hands after he tries going potty. He will even remind Vesta if she forgets. He knows how to put the soap on. Vesta turns the water on and off for him.

Jack hates the bath and shower. Jack also hates the pool. Jack will hide when they go to the pool. He likes a sprinkler as long as he can control it. Even as a baby Jack hated it. As soon as Vesta says time to take a bath he gets a sad face and shakes and seems scared. They do a bath 1-2 times a week. Bob will hold him in the shower while Vesta washes him and they do it as quick as they can. Jack will be screaming. Jack can climb out of the tub on his own.

Rate getting up time: 3

Rate potty training: 1 (not progressing)

Rate bath time: 0

If Vesta gets sad then Jack will be sad.

When Jack is playing he likes the sand and water table and he will play in the water then. They tried a baby pool with just an inch of water and he did ok.

Jack loves cars and his dump truck. Jack is not really making the car sounds when he is playing. Jack loves books. The one toy he will talk with is his toy computer. It will say repeat: and he will. It is not always clear. His repeat may be missing the front/end of a word.

He will play play-dough and likes it as long as Vesta cleans his hands when he done.

When he plays with his brothers his favorite thing is to read books. He will build towers with his legos and tear it down. He will put the cars down the track so they can race.

Jack gets his own water out of the jug.

When they are looking at books he will try to name pictures but she can't always understand him. Jack will want her to ask. Jack will point to the pictures in the order of the story. Sometimes, Vesta will skip parts and he will know she missed. Jack will point to the pictures and want Vesta to name them. Jack stacks 5 cubes. Vesta will ask or say is that a "train" and knows what is what. Jack loves to watch cartoons and will try to answer Dora. If the TV is on, Dora will catch his attention. Jack loves Thomas the Train. Jack loves trains more than cars.

When he is playing and he wants something he will take Vesta's hand and pull her to it. If he wants to sit with Vesta he will sit in her chair and pat it to tell her to sit down. Jack will try to tackle or rough house with Bob. Jack will crawl around and pant like his is a puppy. Jack was giving the teddy bear bites of food.

They will ask "where's the one or the two?" and he will point to it. He will say anything is blue but if you ask him to point to the colors he can then point to the correct one. He even knows pink, grey, and aqua. He will say "a" for aqua.

Rate playtime: He is very independent. Rating-5

Jack can play his little toy computer up to an hour. They rotate toys and books once a week, and he helps pick what they keep and what they put out.

Getting the boys up and ready and out the door in the morning can be very stressful. They are able to do their own things but Vesta may be helping them and Jack doesn't like that as much and wants Vesta to sit down. Jack will follow them around and then wants to go with them when they leave for school.

At meals he will go get what he wants. He will point to his plate or hand Vesta his plate. He will use gestures more than words. He will say "m" or "ick" for milk. He can say "cup". If there are times when he wants something and Vesta can't understand him, he will try to take Vesta to show her. If she still can't figure it out he may get more frustrated he gets "UGH" and tries to take Vesta's hand to help her more with understanding. Jack will put his hands on her face to get her to look at him. Sometimes he will just give up. Jack's brothers seem to figure out what he wants pretty well. If one person can't figure it out, Jack may try someone else. Bob has a harder time figuring out what he wants.

Meal time: Jack will eat breakfast with everyone else. Jack can use a spoon and says "oon" for spoon. Jack does ok with eating his yogurt with a spoon. Jack uses a fork too. For Lunch it is Jack and Vesta and they tend to eat at the table or in the living room. Jack will pick what he wants at lunch. He really likes eggs. Jack loves fruit. Jack will pick what he wants by opening the fridge and grabbing what he wants. Jack has a good "internal" schedule. When Jack is done he will get down on his own and may take his plate to the sink.

For supper they tend to eat at the table together. Jack eats about anything. Jack drinks usually from like a coffee mug. Jack can drink from an open cup pretty well too.

Rate: 5

Jack will bring Vesta a wipe to wash his hands/face. He may try to do it himself but if the mess is not coming off quickly enough he will want Vesta to help.

Rate the boys getting up and getting ready: 5 (Vesta tries to do too much so that's the only "problem")

Evenings/bedtime:

Time to go to bed and they will just go. Jack will grab his blanket and go to bed on his own sometimes when he is tired.

If the older boys have activities a lot of time Vesta and Jack will stay home because of Vesta's ankles. Jack does well wherever they go and seems to adapt. Jack is usually pretty attached to his brothers or his Bob. Jack does well riding in the car. He will say "oh man" and "really". Jack will squat and play for a long time.

Rate: 5

Jack will put his own toothpaste on. He wants to put the stuff on his own sandwich to make it. Jack will slap Vesta's hand if she tries to put something on his sandwich or he will say "uh-uh" .

Jack can jump with two feet off the floor.

Jack can nod his head yes.

Jack says "please." And "thank you"

Worry:

Everything. Needs to write it down and then feels better.

Vesta gets anxious.

Has friend she calls everyday.

Change:

Ankles