Family Directed Assessment Process & Training Module

New RBC administrators use this form until certified by Up to 3 consultant.

Watch

**ROUNTINES BASED INTERVIEW OVERVIEW (13 min.)** *Robin McWilliam*

An overview of the Routines Based Interview and how it fits into the overall scheme of early intervention. <https://www.youtube.com/watch?v=yhcUotSkYAY>

Introduction

The Routines-Based InterviewTM (RBI) is a semi-structured clinical interview designed to help families decide on outcomes/goals for their individualized plans, to provide a rich and thick description of child and family functioning, and to establish an immediately positive relationship between the family and the professional. Ideally, interviewers are trained to conduct the RBI. On the other hand, with the use of this protocol, a professional who is knowledgeable about child development, knowledgeable about child and family functioning, and who has good interview skills should be able to conduct a successful RBI.

Space is provided for the professional to write down information at the different stages of the interview. When a process uses elements from the RBI, Robin McWilliams recommends this be called a Routine Based Conversation (RBC). The RBC is a needs assessment as well as a descriptive assessment of child participation in routines/ times of day and the family satisfaction with the routines or the “Goodness of Fit” as rated by the family.

The protocol is organized by the order in which steps in the process should happen. ***Spoken statements, which of course the interviewer can modify, are in bold italics***. The document is organized as a fillable pdf to protect the original version. It can be completed by hand or with typing.

**Arrangements**

1. When scheduling the RBI, tell the family,
   1. “**The meeting will last 60-90 minutes;**
   2. “**It’s a discussion about your day-to-day living or as much of it as you want to tell us;**
   3. “**The main purpose is to help you identify your priorities to go on the intervention plan we’ll be developing;**
   4. **“The meeting works best if there aren’t too many distractions.**
   5. **“Remember, we’ll need 1 ½ hours, but we do this only twice a year.”**
2. Decide on location. It can be the home or another quiet place, as the family chooses. The child will need to be present for completion of the direct administration of the ASQ-3.
3. Decide on a time.

**Set Up**

1. Seat primary interviewee (e.g., mother) at 45 degrees to primary interviewer.
2. Seat family members together.
3. If given a choice, a kitchen or dining room table is slightly better than living room furniture, but it’s not worth insisting.
4. Introductions: Make sure everyone knows who everyone is and why he or she is there.

Child’s Name: Date: Service Coordinator:

Present for Interview

|  |  |
| --- | --- |
| Name | Role |
|  |  |
|  |  |
|  |  |

Introduction to Family-Directed Interview

## The purpose of today’s meeting is to discuss your family activities, routines or times of day and how (child’s name) participates in those routines.

* 1. **“I’d like to play with (child’s name) and assess his/her skills using the Ages & Stages developmental screening tool to better understand (child’s name) developmental areas.”**

## “While I play, please complete this rating scale regarding typical routines and family activities. You can circle N/A for any of the routines that don’t apply to your child or family.”

* 1. Complete ASQ-SE and Satisfaction with Home Routines Evaluation (SHoRE) form.

## Let me begin by asking who lives in your home.

|  |  |
| --- | --- |
| Who Lives in the Home | Ages of Children |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Satisfaction with Home Routines Evaluation (SHoRE)**

Directions

1 Rate how satisfied you are with each routine by circling one number beside each routine. A routine is an event activity or time of day, as listed below. The specific time of day is unimportant.

2. Write N/A next to routines that do not apply to your family.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Routine* |  | Not at all  Satisfied |  | Satisfied |  | Very  Satisfied |
| 1.Waking Up | N/A | 1 | 2 | 3 | 4 | 5 |
| 2.Diaper Change/toileting | N/A | 1 | 2 | 3 | 4 | 5 |
| 3.Meals/Feeding | N/A | 1 | 2 | 3 | 4 | 5 |
| 4.Dressing | N/A | 1 | 2 | 3 | 4 | 5 |
| 5.Play Time | N/A | 1 | 2 | 3 | 4 | 5 |
| 6.In the car | N/A | 1 | 2 | 3 | 4 | 5 |
| 7. At the store | N/A | 1 | 2 | 3 | 4 | 5 |
| 8. Hanging out | N/A | 1 | 2 | 3 | 4 | 5 |
| 9. Dinner preparation time | N/A | 1 | 2 | 3 | 4 | 5 |
| 10. Bath | N/A | 1 | 2 | 3 | 4 | 5 |
| 11. Bed time | N/A | 1 | 2 | 3 | 4 | 5 |
| 12. Child care | N/A | 1 | 2 | 3 | 4 | 5 |
| *What activities are specific to your family? And how satisfied*  *are you with the ones below?* |  | | | | | |
| Church | N/A | 1 | 2 | 3 | 4 | 5 |
| Family sports | N/A | 1 | 2 | 3 | 4 | 5 |
| Visit relatives | N/A | 1 | 2 | 3 | 4 | 5 |
| Friend gatherings | N/A | 1 | 2 | 3 | 4 | 5 |

What are four or five things your child really LOVES to do:

## Before we start talking about your family routines and activities, please tell me what your main concerns for your child and family are. This information will help me to stay

**focused on your concerns as we talk.**

Right now, show interest but do not seek much elaborations. That will come later.

## How is sleep going for the child? How is sleep going for the parents?

1. **Who would you call to celebrate something your child did?**

## Who would you call to help while you run an errand or in an emergency? Record answers to questions a & b in btots informal resource section.

1. **What resources do you have? For example, Medicaid, insurance, pediatricians/specialists, WIC, daycare, family, support groups. What resources don’t you have but need?**

*If parents get uncomfortable with the questions, explain why we are asking. “These can be emotional responses and sensitive questions. Remember you don’t NEED to answer them. You can just answer what you feel comfortable with. We ask about different resources because some families are aware of them and some are not. We just want to understand.*

Record answers to C in BTOTS formal resource section

## Refer back to the SHoRE with parents: You’ve rated (#) activities or routines as not going well (name the activities e.g. dressing, in the car). Can we discuss these further to get a better understanding of the struggles (child’s name) has with engagement, independence and social relationships during these routines and activities? Anything you don’t want to say, don’t say! You can end this at any time. OK? At the end, we’ll have a list of items that you may want the team to work on. Write in the box additional descriptions parents give.

**Directions for service coordinator:**

The RBI-SAFER Combo was designed to be used to report the findings from the McWilliam model of conducting a routines-based interview. Two versions of the routines page exist: (1) an “open” form that does not specify the routine being discussed nor specific questions to ask about; and (2) a “structured” form, on which home routines and specific questions are specified. This structured form is a combination of the Scale for Assessment of Family Enjoyment within Routines (SAFER; Scott & McWilliam, 2000).

1. Either select the structured form for the routines identified by the parent as having less satisfaction or select the “open” form and write a short phrase defining the routine (e.g., waking up, breakfast, hanging out, circle, snack, centers).
2. Write brief descriptions about the child’s engagement in the **Engagement box** (e.g., Participates with breakfast routine, banging spoon on the high chair or Pays attention to the teacher; names songs when asked; often leaves circle before it has ended).
3. Write brief descriptions about the child’s independence in the **Independence box** (e.g., Feeds herself with a spoon; drinks from a cup but spills a lot or Sings all the songs with the group, but needs prompting to speak loudly enough)
4. Write brief descriptions about the child’s communication and social competence in the **Social Relationships box** (e.g., Looks parent in the eye when pointing to things in the kitchen or Pays attention to the teacher at circle but can’t stand touching other children).
5. *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well, **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. This helps with retrieval during recap.
6. *Rate parents’ satisfaction* with the routine (How well is it going, how happy are parents with that time of day).

# RBI-SAFER Combo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

Combination of the Routines-Based Interview Report Form (McWilliam, 2003) and the Scale for Assessment of Family Enjoyment within Routines (Scott & McWilliam, 2000)

R. A. McWilliam (2006)

|  |  |
| --- | --- |
| **Routine:** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * Could you describe what this time is like? * Who usually starts this activity? * Where does this routine happen? * How does your child let you know what she wants? * Or is she content by herself for a few minutes? What does she do? * What is the rest of the family doing at this time? * Is this a good time of day? If not, what would you like to be different? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

# RBI-SAFER Combo

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R. A. McWilliam (2006)

|  |  |
| --- | --- |
| **Routine: Waking Up** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well, **b)** they would like to be different, **c)** they think the child will be able to  do next, or **d)** that raises a red flag for the interviewer. |
| * Could you describe what wake up time is like? * Who usually wakes up first? * Where does your child sleep? * How does your child let you know she is awake? * Does she want to be picked up right away? If so, is she happy when picked up? * Or is she content by herself for a few minutes? What does she do? * What is the rest of the family doing at this time? * Is this a good time of day? If not, what would you like to be different? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

# RBI-SAFER Combo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

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R. A. McWilliam (2006)

|  |  |
| --- | --- |
| **Routine: Feeding/ Meals** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * What are feedings/mealtimes like? * Does anyone help feed your child? Who? * How often does she eat? * How much can she do on her own? * How involved is she with meals? * Where does your child usually eat? * What are other family members doing at this time? * How does your child let you know what she wants or whether she is finished? * Does she like mealtimes? How do you know? * What would make mealtimes more enjoyable for you? * What are mealtimes like for your child when under the care of others? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

# RBI-SAFER Combo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

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R. A. McWilliam (2006)

|  |  |
| --- | --- |
| **Routine: Diapering/ Dressing** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * What about dressing? How does that go? * Who helps your child dress? * Does he help with dressing? How? What can he do on his own? * What is his mood like? * What is communication like? * Does your child wear diapers? * Are there any problems with diapering? * What does your child do while you are changing him? * Does your child use the toilet? How independently? * How does he let you know when he needs to use the toilet? * How satisfied are you with this routine? Is there anything you would like to be different? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

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|  |  |
| --- | --- |
| **Routine: Getting Ready to go/ Traveling** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * How do things go when you are getting ready to go somewhere with your child? * Who usually helps your child get ready? * How much can he do on his own? * How involved is he in the whole process of getting ready to go? * What is communication like at this time? * Does your child like outings? How do you know? * Is this a stressful activity? What would make this time easier for you? * What are drop-off and pick-up times like for your child? Do you or other caregivers have any concerns? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

# RBI-SAFER Combo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

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|  |  |
| --- | --- |
| **Routine: Hanging**  **Out/ Watching TV/ Play** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * What does your family do when relaxing at home? * How is your child involved in this activity? * How does your child interact with other family members? * Does your family watch V? Will your child watch TV? * What does he like to watch? How long will he watch TV? * Do you have a favorite show? * Is there anything you would like to do in the evening but can’t? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

# RBI-SAFER Combo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

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|  |  |
| --- | --- |
| **Routine: Bath Time** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * What is bath time like? * Who usually helps your child bathe? * How is she positioned in the bathtub? * Does she like the water? How do you know? * How involved is your child in bathing herself or playing in the water? * Does she kick or splash in the water? * What toys does she like to play with in the tub? * How does she communicate with you? What do you talk about? * Is bath time usually a good time? If not, what would make it better? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

# RBI-SAFER Combo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

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|  |  |
| --- | --- |
| **Routine: Nap/ Bed Time** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * How does bed time go? * Who usually puts your child to bed? * Do you read books or have some type of ritual at this time? * How does he fall asleep? * How does your child calm himself? * Does he sleep through the night? What happens if he wakes up? Who gets up withhim? * Is bedtime an easy or stressful time for your family? * Does he take naps for other caregivers? How does that go? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

# RBI-SAFER Combo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

Combination of the Routines-Based Interview Report Form (McWilliam, 2003) and the Scale for Assessment of Family Enjoyment within Routines (Scott & McWilliam, 2000)

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|  |  |
| --- | --- |
| **Routine: Grocery Store** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * How are trips to the grocery? Do you bring your child with you? * Does she sit in a shopping cart? * Does she like being at the store? * How is she involved in shopping? Do you have to occupy her or is she pretty content? * How does she react to other people in the store? * How is she involved in shopping? Do you have to occupy her or is she pretty content? * How does she react to other people in the store? * How does she communicate with you and others at this time? * Is there anything that would make shopping with your child easier? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

# RBI-SAFER Combo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1  not satisfied | 2 | 3  satisfied | 4 | 5  very satisfied |

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|  |  |
| --- | --- |
| **Routine: Outdoors** | *Star concerns*. The service coordinator should make notes and star items when the family mentions something that **a)** not going well,  **b)** they would like to be different, **c)** they think the child will be able to do next, or **d)** that raises a red flag for the interviewer. |
| * Does your family spend much time outdoors? What do you do? * What does your child do? * Does your child like (the activity)? * How does he get around? * How does he interact with others? * Are there any toys or games he engages with/in? * How does your child let you know when he wants to do something different? * What things does your child like or notice outside? * Is this usually an enjoyable time? Would anything help make this time easier? * What kinds of outdoor activities does she participate in? How much assistance does he need? How does he interact with his peers? | |
| **Notes** |  |
| **Engagement** | No information |
| **Independence** | No information |
| **Social Relationships** | No information |
| Satisfaction with routine (CIRCLE ONE). How well this routine is going and how satisfied the parents are with that time of day/routine. | |

### End of Interview

13)[After the last routine,] ***“Is there another typical event or activity we should discuss?”*** If yes, do another page with family. If no, ask “**What typical events or activities does your family especially enjoy where we might encourage you to embed learning activities because your child enjoys them?**

**Events family especially enjoys:**

**What makes them especially enjoyable?**

1. ***“Now let me ask you a (couple of) general question(s). When you lie awake at night, what do you worry about?”*** [Write down the answer, marking it as a concern, if appropriate.]

**Worry:**

1. ***“If there’s anything you’d like to change about your life, what is it?” (***Write down the answer, marking it as a concern, if appropriate.]

**Change**

**Directions:**

*Recap*. This is the summary of the important information emanating from the interview. It will include **child-level needs**, such as for the child to sit independently at different times of the day; **child-related family needs**, such as the family wanting to learn a way to figure out a child’s preferences at meals and playtimes; and/or **family-level needs,** such as the parents making time for each other without the child. The interviewer quickly goes through all the starred items.

### “Now I’ll go back through and remind you of the concerns you mentioned.”

* 1. Review the list of marked items so the parent can see them. The parent is looking at the notes with the interviewer. This is symbolically important as well as pragmatic.
  2. Which routines are the hardest?
  3. What would make them less hard? In other words, how would you like these times of day to be different?

**Which routines are hardest?**

**How would you like these times to be different?**

**Entering CPR in BTOTS:** Open the IFSP tab and the Family CPR tab. Select **A Routines-based Assessment** and enter date CPR/Family-Directed Interview was completed. Use the IFSP Note Tab for any information that doesn’t fit into the Family CPR tab fields.

**In Family Concerns Section**: Enter this list of concerns in BTOTS Concerns box. It should include child-level needs, child-related family needs, and family level needs identified during the recap.

**In Family Priority Section**: This area should remain blank and will be filled out during the initial conversation at the IFSP meeting with the family.

**In Family Resources Section**: This should include formal resources (like Insurance, doctor, agencies, etc.) and informal resources (e.g., who family calls to celebrate or ask for help, toys that the child really enjoys, things built into routines that help – car ride, movie).

**In Daily Routines:** This should include 1) routines the family wanted to discuss during Family-Directed Interview, 2) routines where the family has high satisfaction, 3) the places they say they go, and the activities in which the family is involved.

At the IFSP start with step 16 again and review all the concerns identified through the Family-Directed Interview and during assessment visits with team members. This review starts the discussion about priorities and where to start.

1. Talking to the parent: ***“Now tell us what you would like us to focus on.*”**
   1. Write down what the parent chooses. If necessary, refer to the marked items to remind the parent.
   2. If the parent mentions a skill with no reference to the context or function (e.g., “I just want him to be able to talk”), ask during which “times of the day” it would be helpful for the child to be able to have that skill.
   3. If the parent mentions a service with no reference to the function (e.g., “I just want him to have physical therapy”), ask what skill that would be helpful for, and then, if necessary, during which times of the day it would the skill would be helpful.

**In Family Priority Section**: List these in the priorities box in BTOTS.

1. Once priorities have been listed and no more seem to be forthcoming, ***“Now let’s put this list into order of importance. Which one is the most important one to you?”*** Put a 1 next to that priority. ***“Which is next?”*** Continue for the whole list.

***Outcomes****:*

Develop functional routine-based outcomes about these concerns.