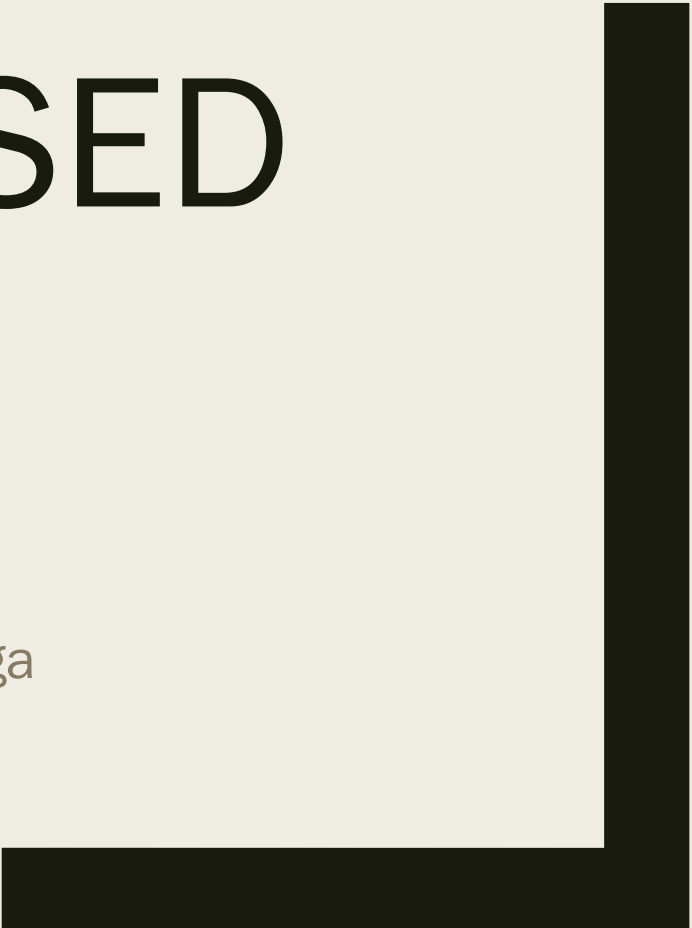




ROUTINES-BASED MODEL

From Policy to Practice or Vice Versa
Professor Robin McWilliam
University of Tennessee at Chattanooga

Asunción, Paraguay, 11/16/15,
11/17/15



Contact and Resources

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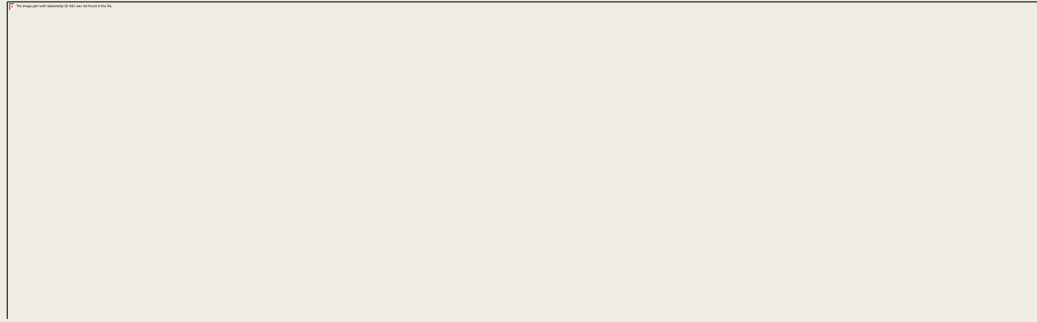
Routines-Based Model

- A method of organizing human services to promote
 - *Child functioning*
 - *Family well-being*
 - *Professional efficacy*

Why “Routines-Based”?

- The natural segmentation of people’s lives is by the routines of their day
 - *This helps assess functional needs*
 - *It’s a meaningful way to talk to caregivers about the child’s and their needs*
 - *It breaks intervention into functional, manageable units*

Why?



Child is with regular caregivers 14
hours a day x 7 days a week = 98
hours a week

Versus 1-3 hours a week from early
intervention professionals



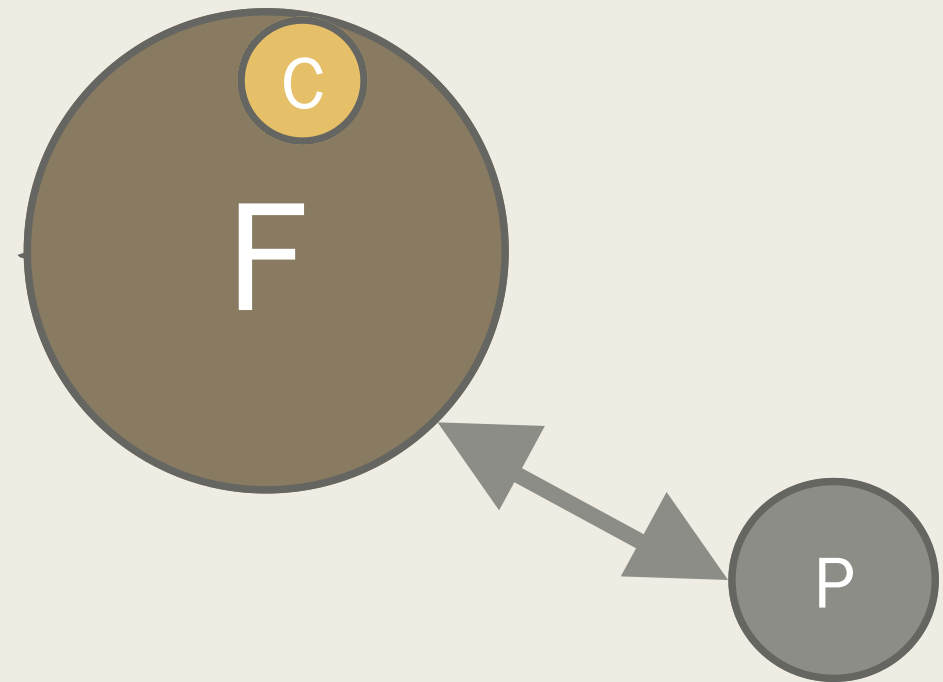
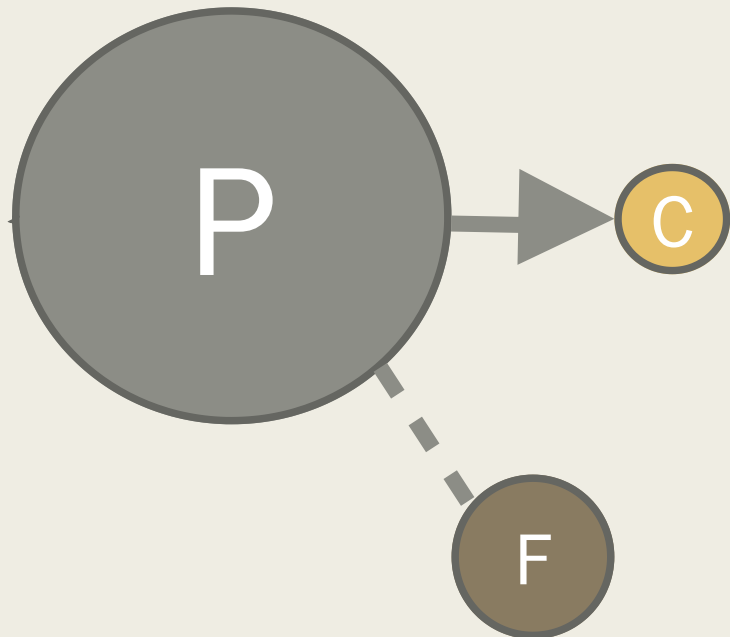
98 vs. 3

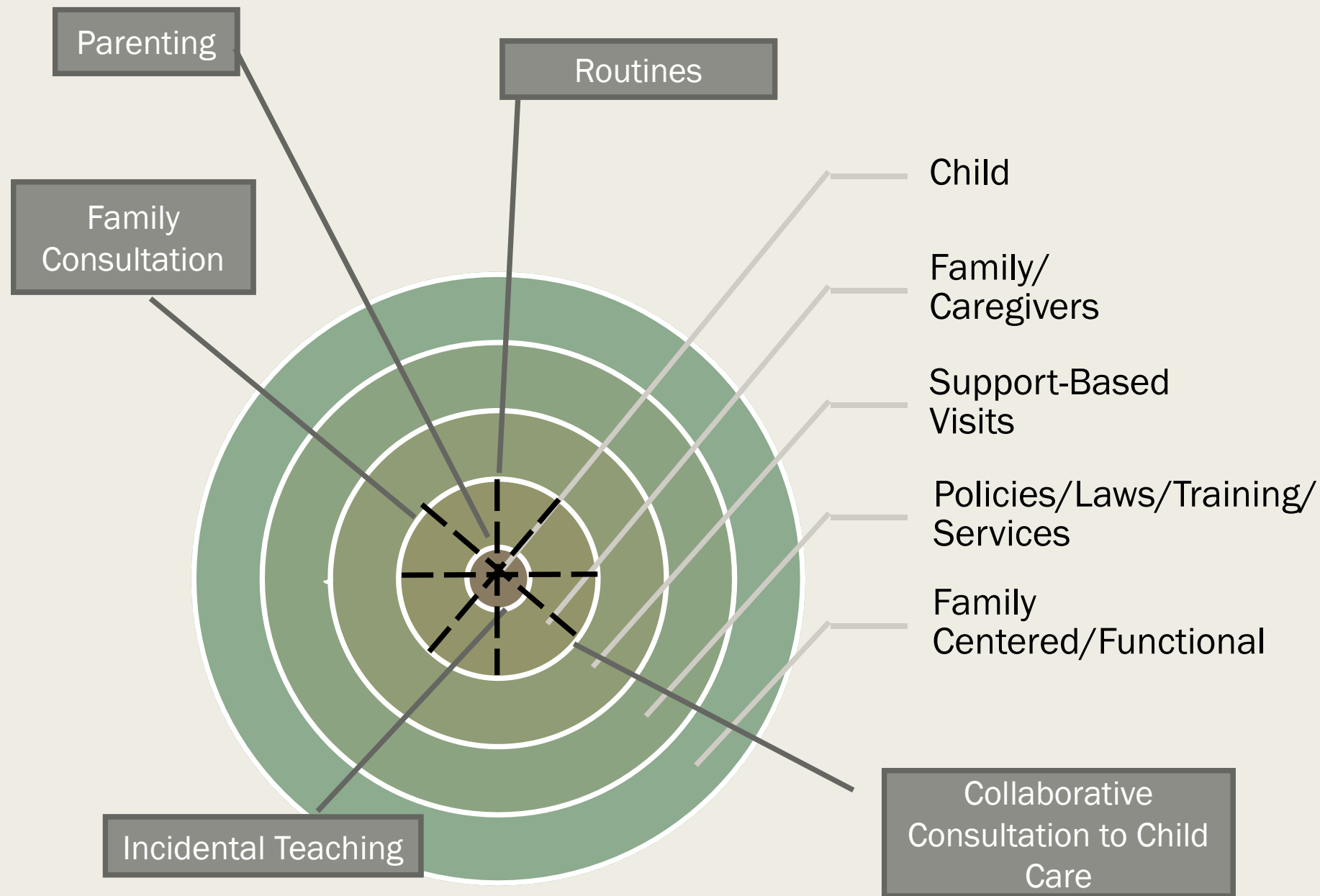
- + Building family capacity
- Child learning skills where needed
- Family developing competence and confidence
- Family contributing their existing assets

So many advantages...
Why would one **NOT** use
the **Routines-Based
Model?!**

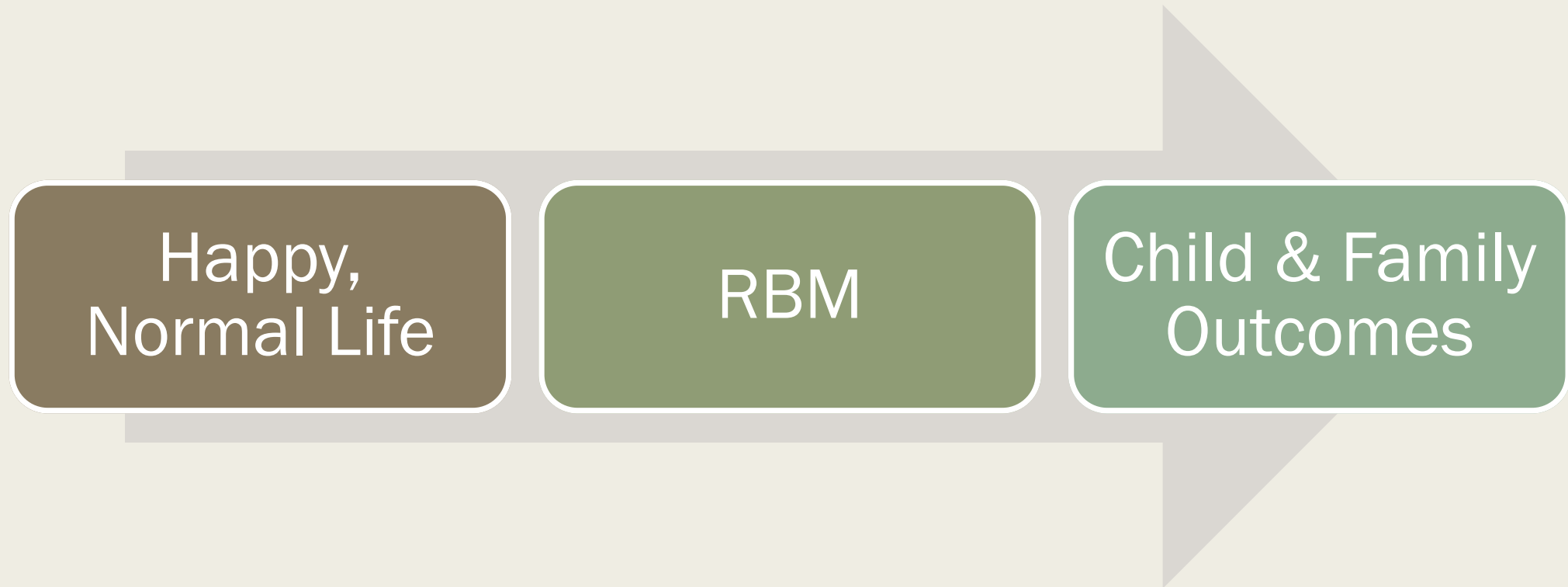


Focus





From Outlook to Outcomes



Happy, Normal Life

■ Children

- *Playing, not being in therapy/services*
- *Making friends, not dealing with adults only*
- *Participating in family life, not learning domain skills*

■ Parents

- *Working if desired, not taking child to therapy*
- *Happy routines, not having incompetent child*
- *Time for friends and families, not sitting in waiting room or therapy room or working on skills*

Routines-Based Model

1. Empowering families to identify their needs (RBI)
2. Empowering families to see they have assets (ecomap + family consultation)
3. Emphasizing child engagement in routines of life
4. Replacing rehabilitation mindset of therapists with habilitation (i.e., development and learning) mindset
5. Fostering family relationship with a key worker (primary/comprehensive service provider)
6. Fostering teamwork among professionals (PSP)
7. Collaboratively consulting with families (family consultation) and child care providers (CC2CC)
8. Promoting evidence-based, contingent, context-based interventions (incidental teaching)
9. Articulating expected practices and training staff to fidelity (checklists)
10. Measuring efficacy (child progress, MEISR, GAS; family quality of life, FaQoL)

Structure & Coaching

Planning

- Ecomap
- Routines-Based Interview
- Participation-Based & Family Goals

Support

- Family Consultation During Visits
- Collaborative Consultation to Child Care

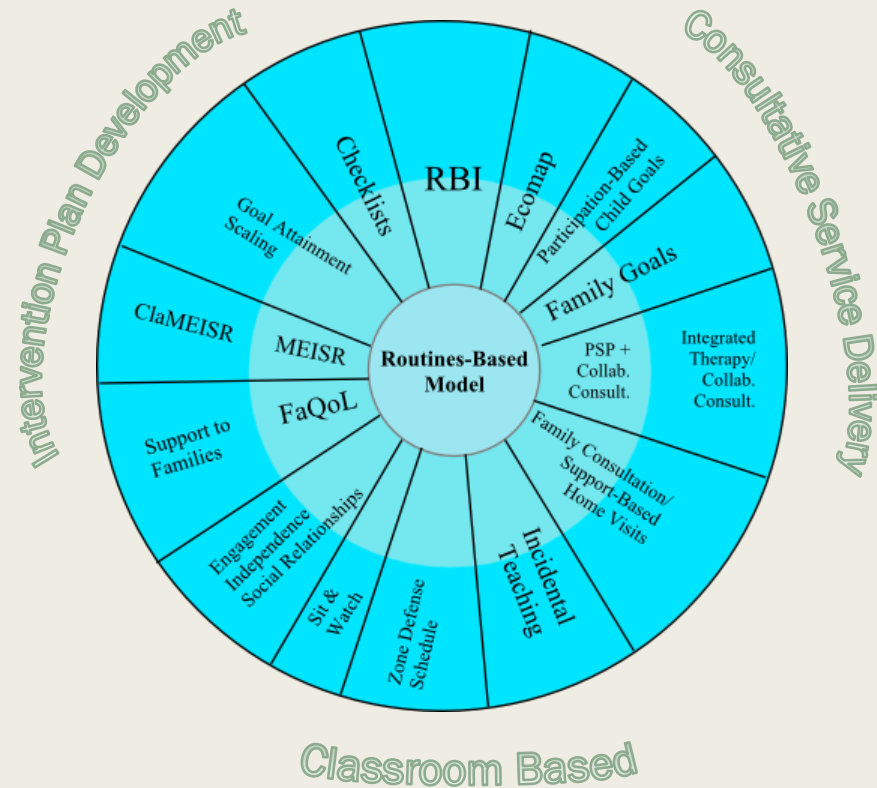
Outcomes

- Engagement
- Independence
- Social Relationships
- Family Quality of Life
- Family Competence & Confidence

Simplified Overview of the Model

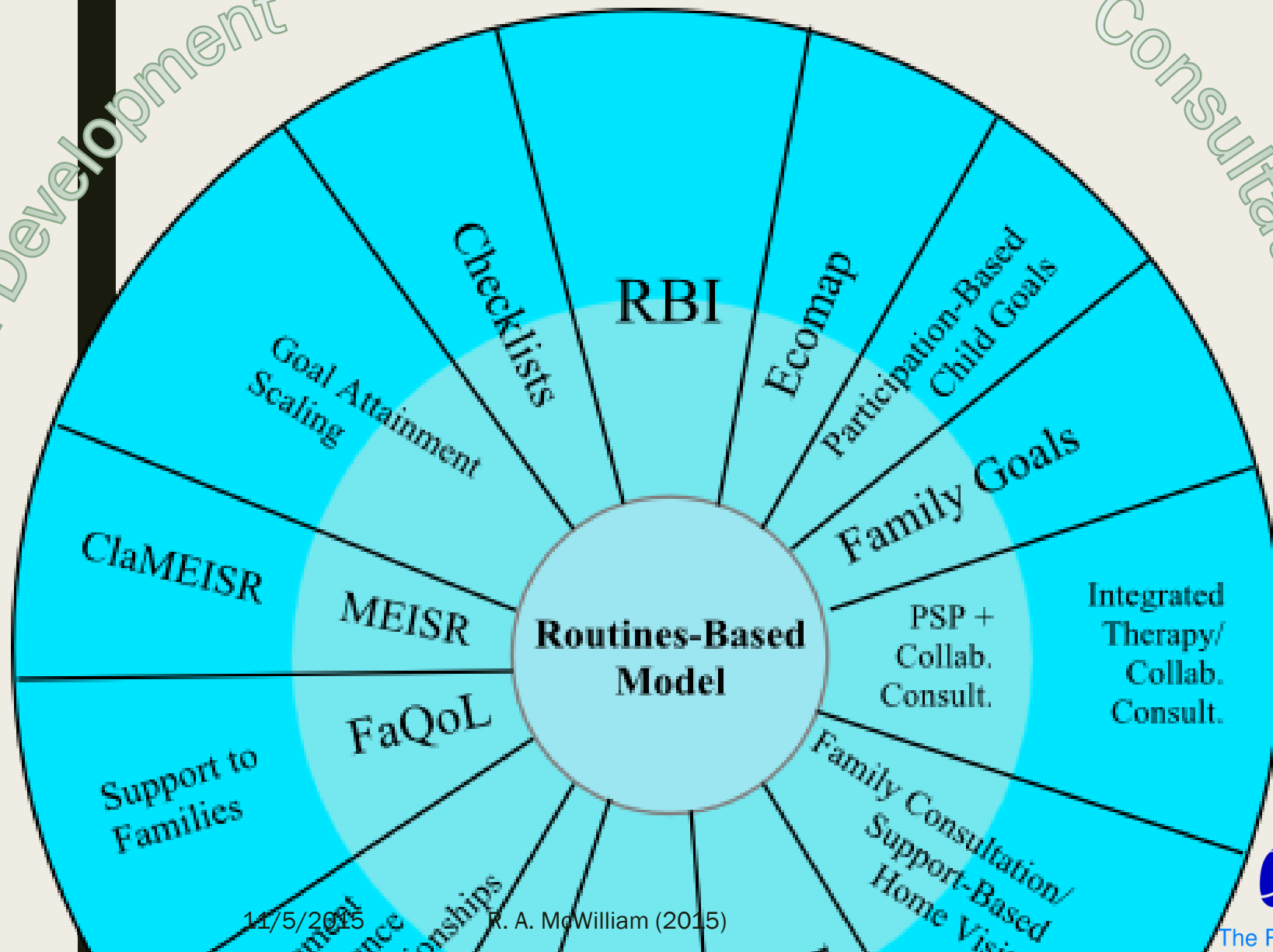
Routines-Based Model

for Early Intervention 0-5

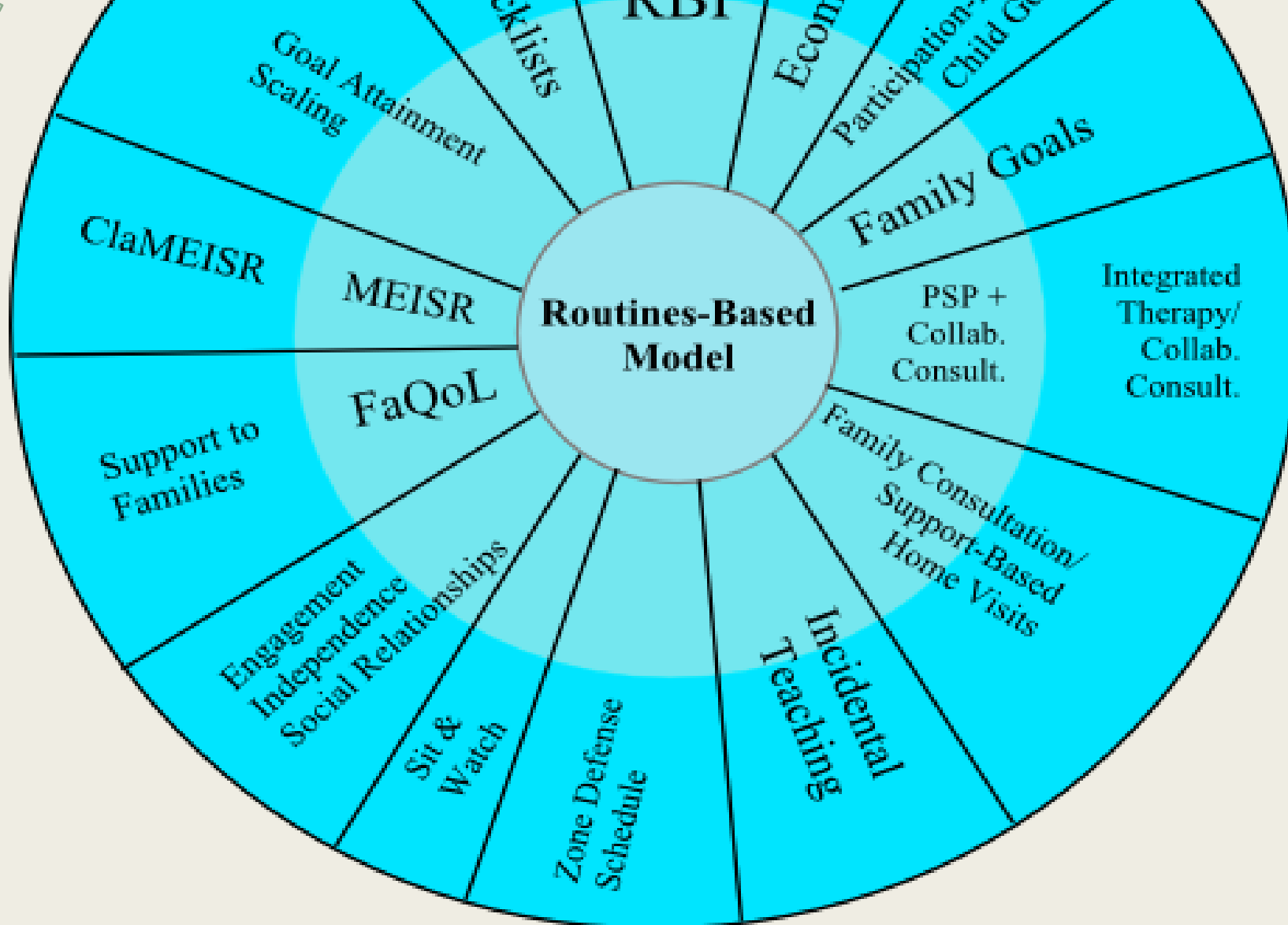


Development

Consultative Service Delivery



Intervention Plan



Service Delivery

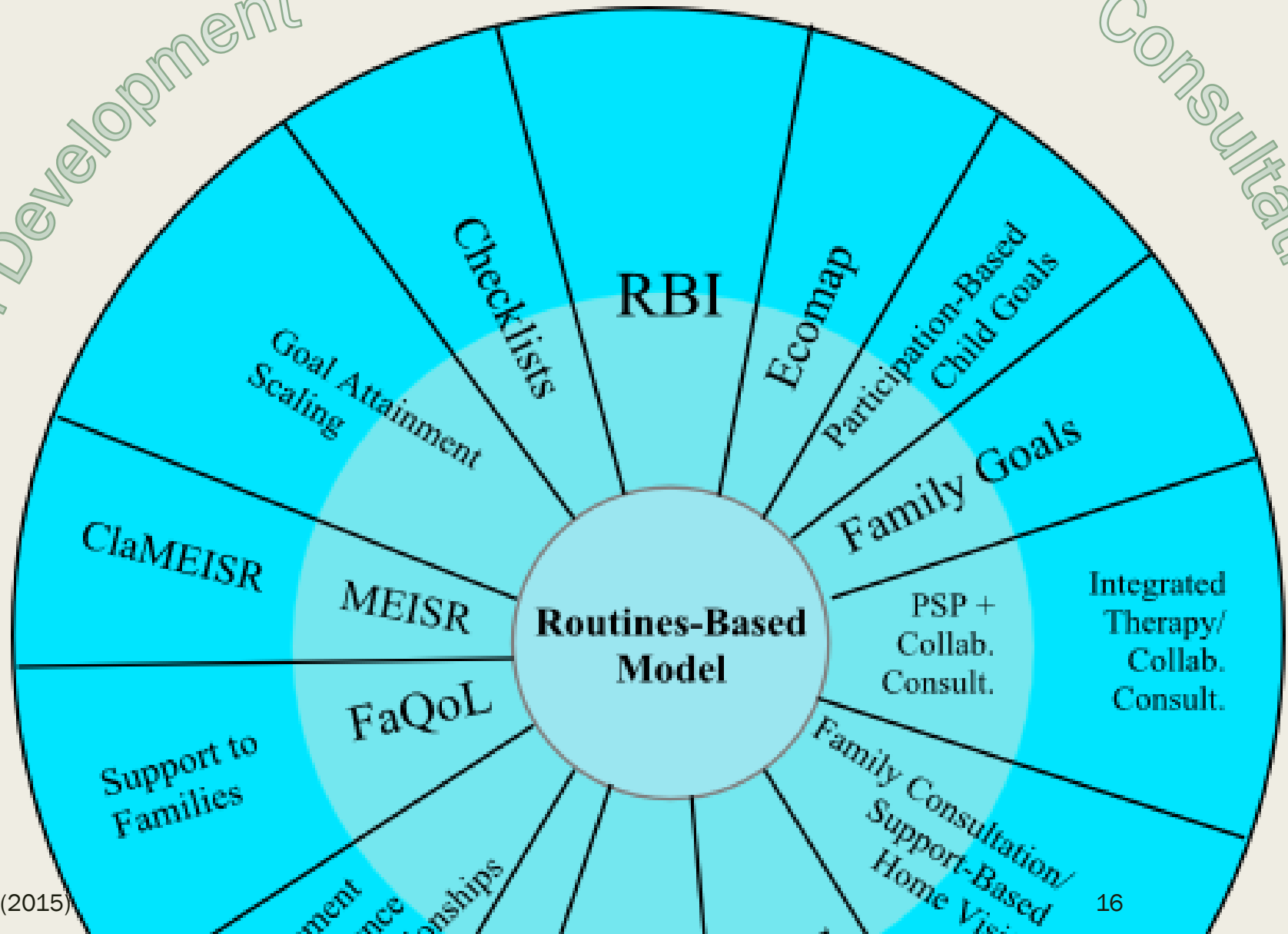
Classroom Based



The RAM Group

Intervention Plan Development

Consultative



Characteristics

■ Principles

- *All the intervention occurs between visits*
- *Caregivers are competent adults*
- *Function = participation = engagement*
- *Avoid non-evidence-based, highly popular treatments*

■ Characteristics

- *Family centered*
- *Naturalistic*
- *Functional*
- *Research-based*
- *Contextual*
- *Consultative*
- *Streamlined*
- *Individualized*
- *Comprehensive*

What Do Others Say



Contents lists available at [SciVerse ScienceDirect](#)

Research in Developmental Disabilities

A randomized controlled trial of routines-based early intervention for children with or at risk for developmental delay[☆]

Ai-Wen Hwang^{a,*}, Mei-Yuan Chao^b, Shu-Wen Liu^c

^a Graduate Institute of Early Intervention, College of Medicine, Chang Gung University, Tao-Yuan, Taiwan

^b Department of Rehabilitation, Wei Gong Memorial Hospital, Miaoli, Taiwan

^c Teacher Education Center, Taipei Physical Education College, Taipei, Taiwan

Hwang et al. results

- RBEI more effective for progress in self-care abilities and decrease in parental assistance in social functions
- No Group x Time interaction in the functional motor domain
- Higher GAS for RBEI. No difference in “parental perceived satisfaction and performance” in children’s functioning (COPM)

Preliminary Evaluation of the Implementation of a Routines-Based Early Childhood Intervention Model in Australia: Practitioners' Perspectives

Topics in Early Childhood Special Education
1-13

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Carolyn H. Hughes-Scholes, PhD¹, Sarah L. Gatt, BAppSc(Hons)¹, Kate Davis, DPsy², Nicole Mahar, MA², and Susana Gavidia-Payne, PhD¹

Abstract

The aim of the current pilot study was to evaluate the implementation of a *routines-based early childhood intervention* (RBECI) model by Australian Early Childhood Intervention (ECI) professionals. The RBECI model consisted of four key components: (a) Routines-Based Interviews (RBIs), (b) participation-based goals, (c) home visits, and (d) community consultations. Five ECI professionals and nine families were recruited from an Australian ECI service. Professionals' ability to implement the model was assessed immediately before and 6 months after receiving training in the model. Individual in-depth interviews elicited professionals' perspectives on implementing the model. Results revealed that professionals' knowledge, understanding, confidence, and home visiting skills increased from pre- to post-intervention, but community consultation skills did not. There were limitations in the quality of RBIs and participation-based goals produced. Overall, professionals were positive about the implementation of the model. The findings provide support for the adoption of the RBECI model in ECI more broadly.

Keywords

What Do Others Say?

- *RBEI is a massive step in the right direction. Again I believe the principles around RBEI are creating urgency, sustainability, synergy and forward momentum (Service Manager, Ministry of Education, 2014, New Zealand)*

Routines-Based Model

Family Centered

Functional

3 Types of
Support

Opportunities
for
meaningful
decision
making

Meet *family*
needs

In routines

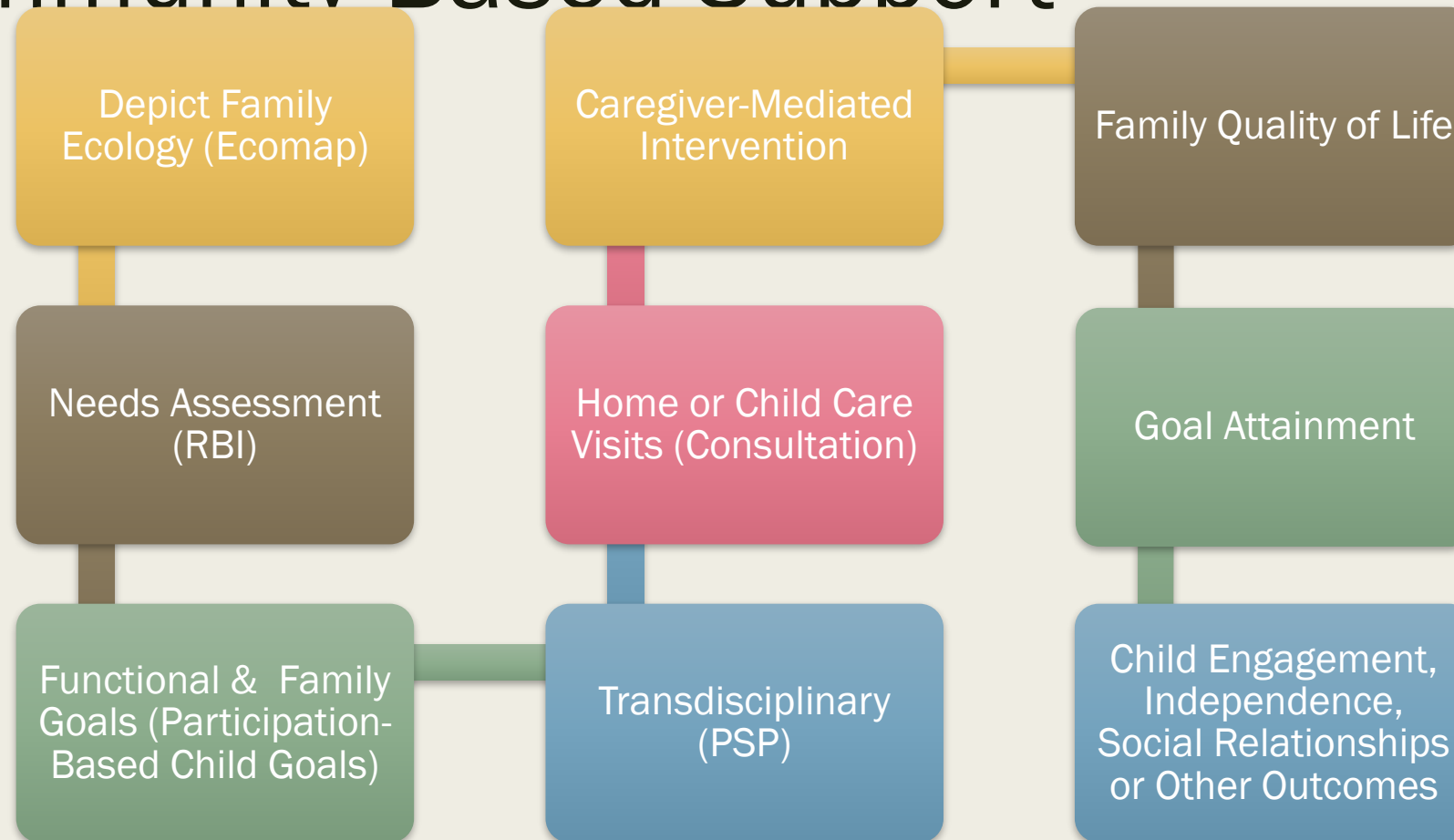
Interventions
by caregivers

Routines-Based Model of Early Intervention 0-5

Routines-Based Early Intervention	Both	Engagement Classroom Model
Ecomaps, Informal Supports	RBI, Functional Goals	Integrated Therapy
Support-Based Home Visits	Engagement, Independence, Social Relationships	Incidental Teaching
Primary Service Provider	Organization by Routines	Inclusion
	Behavior Management	Zones
	Family/Collaborative Consultation	
	Data	
	Checklist Training	



RBM Process for Home- and Community-Based Support



- Informal supports
- Levels of support
- Whipping it out



RBI

- Digging deeper (details)—
2 hours
- 10-12 family-chosen
outcomes
- Child AND FAMILY-LEVEL
outcomes



Participation-Based Outcomes

- Participation in routines, not behaviors or treatments
- Functional skills
- Measurable



Primary Service Provider

- Address whole child and family
- This IS direct service
- Other services are also provided



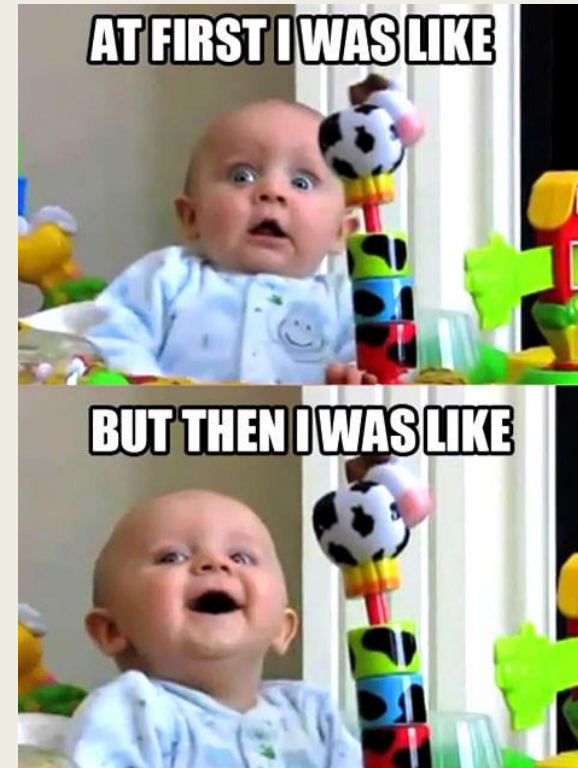
Support-Based Home Visits

- Family consultation:
JOINT solution finding
- Family agenda
- Matrix
- Next-Steps Form



Collaborative Consultation to Child Care (CC2CC)

- Visiting TEACHING STAFF/CAREGIVERS
- In their context
- Conjoint behavioral consultation



What's special about special Education

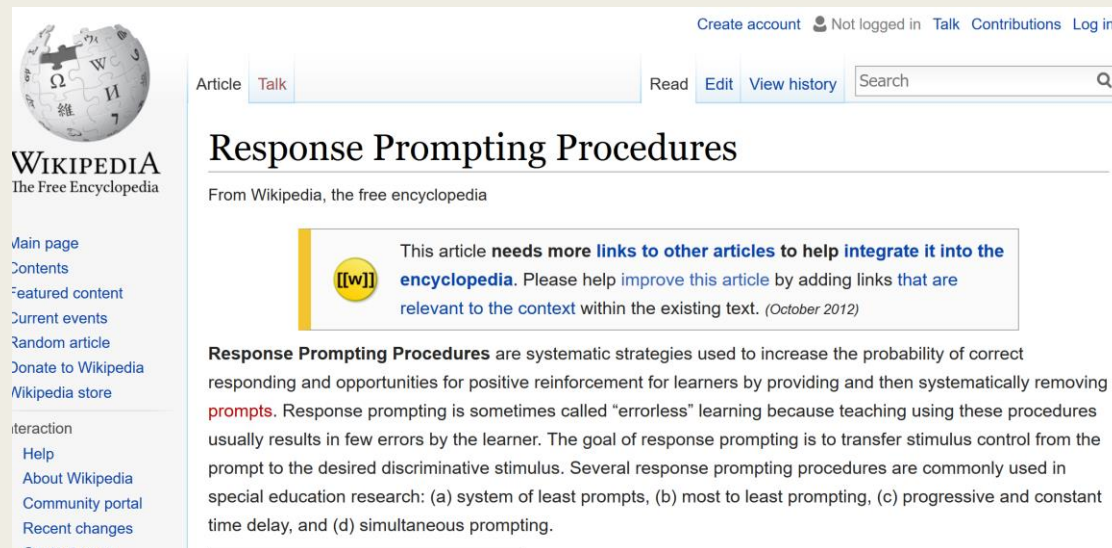


- Instruction: Rate and quality
- Prompting procedures
 - *Incidental teaching*
 - Engage
 - Respond
 - ELICIT
 - Reinforce
- Flexibility about role release/acceptance
- Readily adopts CPS role

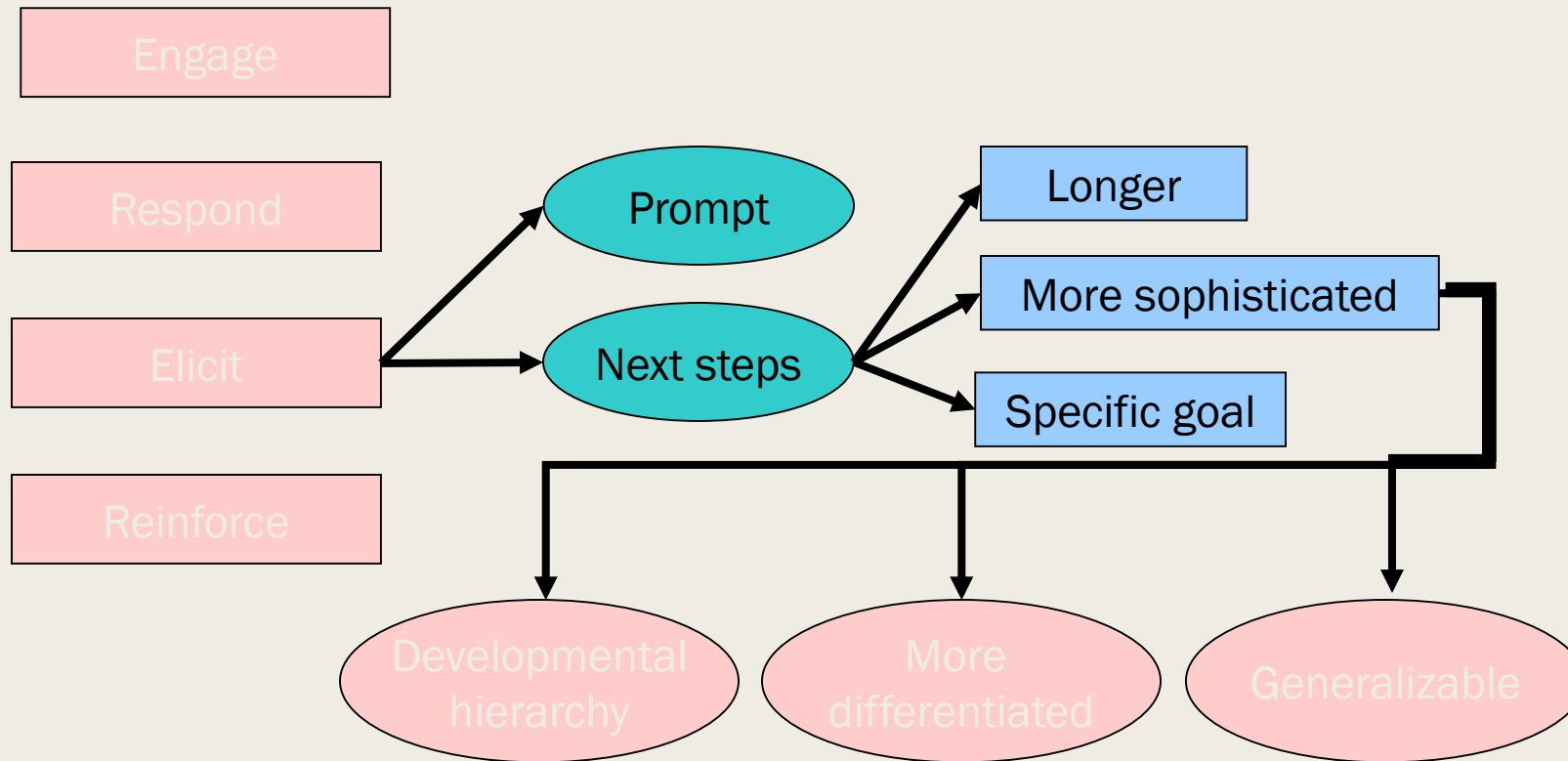
BTW, educators also have ethics and licensure (certification) rules!

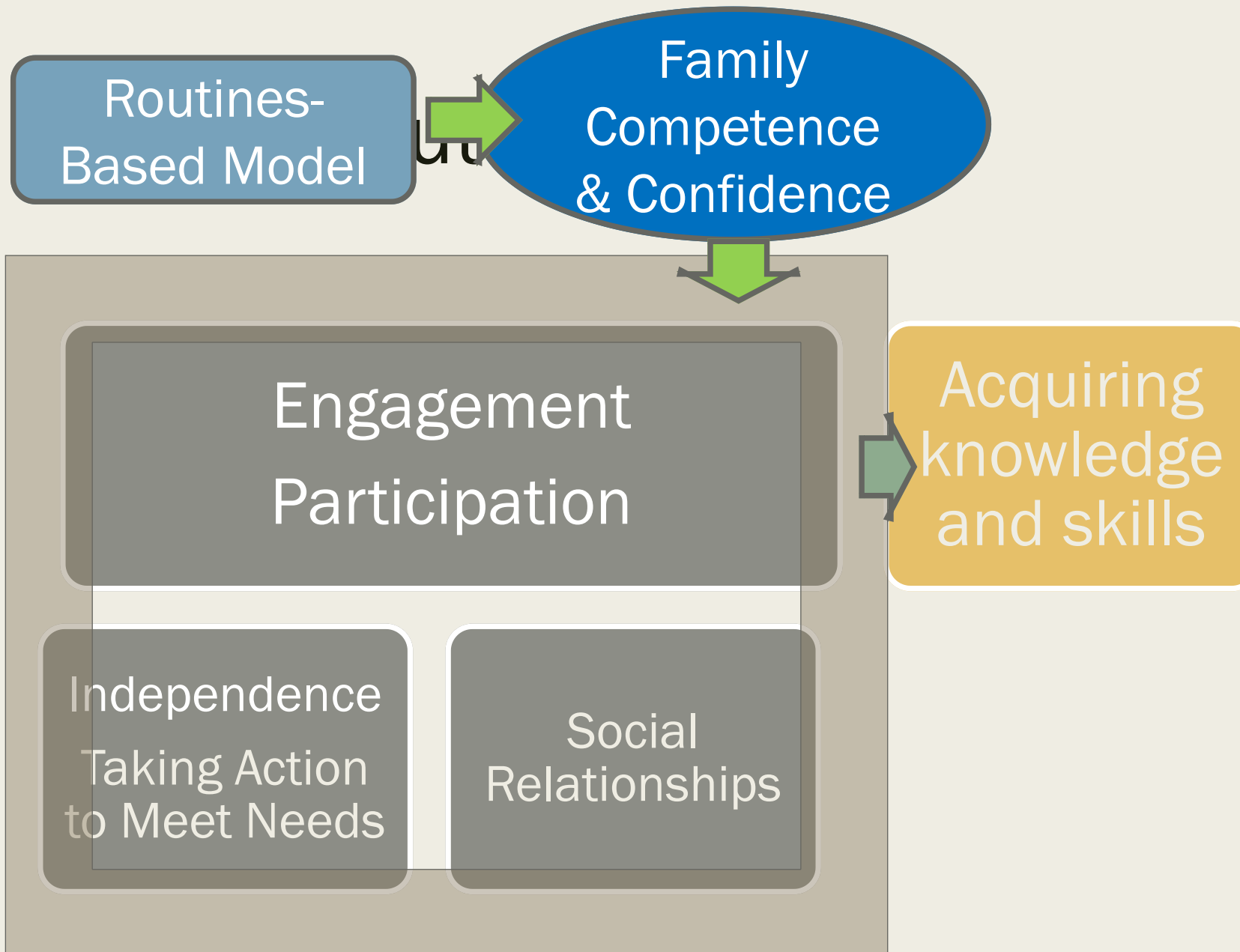
Prompting Procedures

- Types of Prompts
- Levels of Prompts
- Timing of Prompts



Systematic Incidental Teaching





New Practices ⇨ New Paradigm

Do	Don't Do
Work with caregivers during the session	Work directly with the child, with family only observing
Determine families' functional priorities, by routines	Determine child deficits with tests or other professional assessments
Use a primary or comprehensive service provider	Have different professionals working separately with the child
Develop a plan of family-chosen goals	Develop a plan of professional-chosen goals
Build on families' existing strengths	Assume families need to be told what to do
Ask 4 questions before you give a suggestion	Give suggestions quickly
Use demonstration to augment your ideas (coach from behind)	Use demonstration to instruct parents on what they should do (coach from in front)

For more information

- www.ramgroup.info
- www.mcwilliamconsulting.com



