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Support-Based Home Visits

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Outline

1. Family consultation
2. Primary/comprehensive service provider
3. Implementation of Routines-Based Home Visits
4. Monitoring Progress
5. Program Evaluation

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The Routines-Based Early Intervention Approach

Component	Practice
Understanding the family ecology	Ecomap
Functional, family-centered intervention plan	Routines-Based Interview (+ participation-based outcomes)
Integrated services	Primary service provider
Support-based home visits	Family consultation + 3 supports
Collaborative consultation to child care	Integrated therapy + coaching

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Routines-Based Model

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

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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

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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
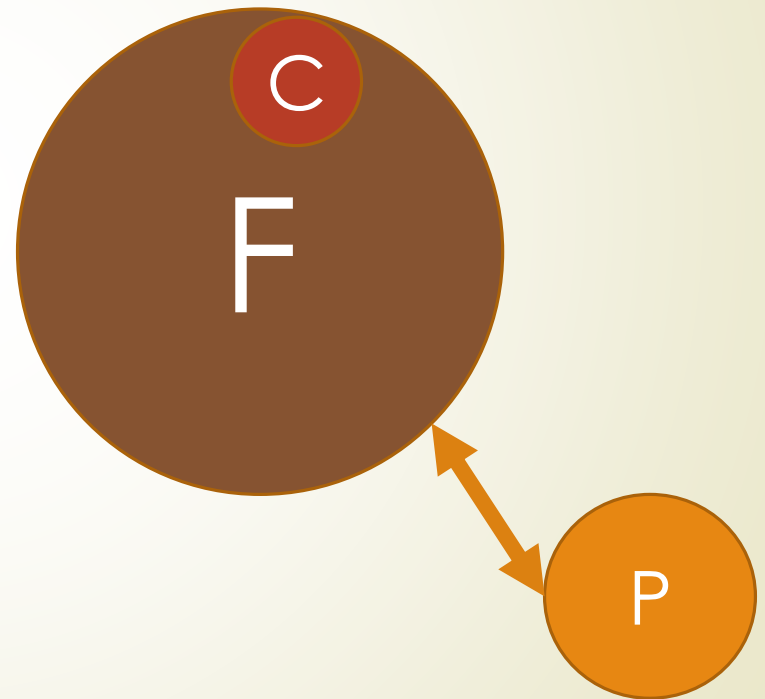
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98 vs. 3

+ 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?!
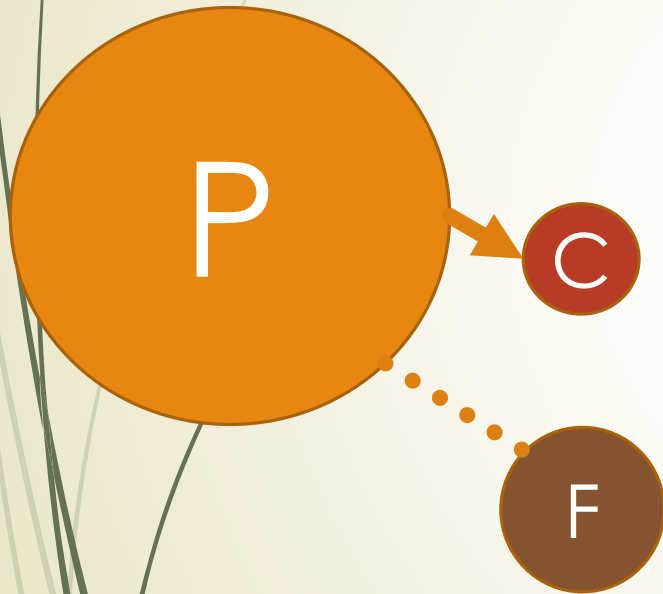
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Focus

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From Outlook to Outcomes

Happy, Normal Life → RBM → Child & Family Outcomes

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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

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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 (incident 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
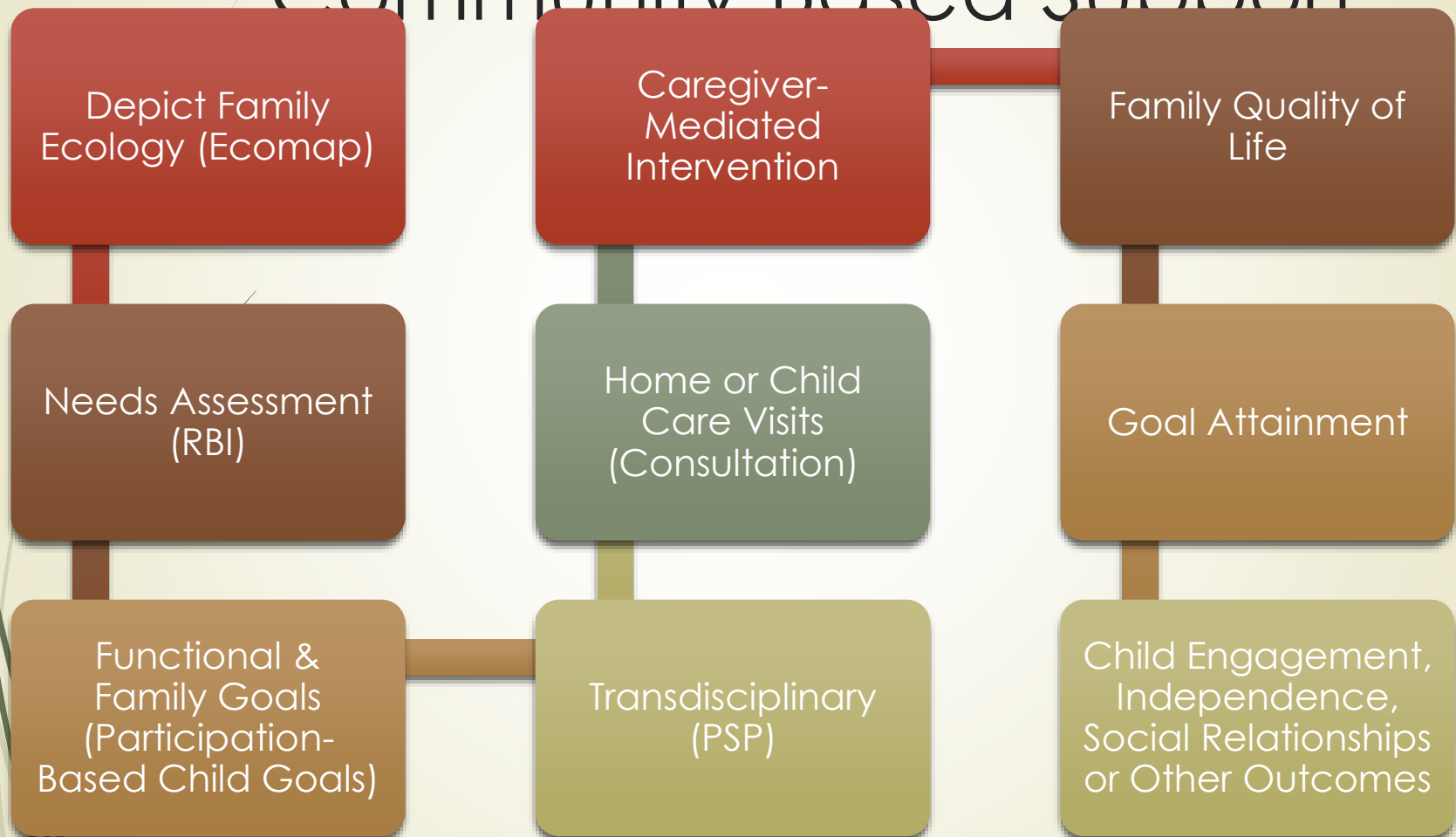- Participation-Based & Family Goals

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

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Context of My Observations

- Conducting implementation science with entities around the U.S. and overseas

- 30 years of research on engagement in classrooms

- Following the literature

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Key Practices

1. Use family consultation (instead of expert consultation);

   - Keep discussion of child functioning centered on routines
   - Work with details of child functioning (EISR; "dig deeper")
   - Joint problem solving/solution finding rather than suggestions
   - Hoosiers rule

2. Use functional, family-chosen child- and family-level outcomes as the home-visiting agenda;

3. Respond to families' priorities of the day;

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4. Prepare families for parenting during the rest of the week;

5. Help families with parenting skills (reading, talking, playing, teaching, managing behavior);

6. Use informal and community supports to meet needs;

7. Address family-level needs also with family consultation

8. Provide or ensure emotional support

9. Document what happened and what will happen and leave with family

10. Use routines-based assessment to help families choose 10-12 outcomes to be addressed on home visit

11. Support families in all areas of child and family functioning, using additional "team members" as necessary

Tools

- Routines-Based Home Visiting Checklist
    - Family Consultation Checklist
    - Vanderbilt Home-Visit Script-Expanded
- Next-Steps Form
- *Routines-Based Early Intervention*
    - *Brookespublishing.com*
- *Working With Families of Young Children With Special Needs*
    - *Guilford.com*

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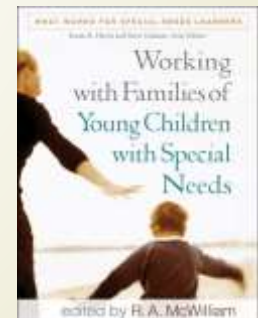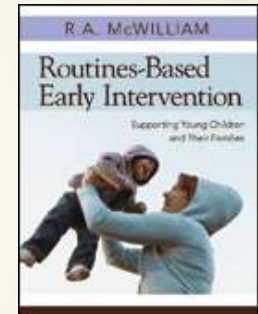
Model Includes

- Preparing for the visit
- Demonstration
- Transitions to next topic (matrix)
- Emotional support
- Use of informal network
- Documenting progress on goals (GAS)

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What a Home Visit Looks Like

- Conversation
- Demonstration by you or the family
- Planning for the between-visit time

Variability of Visits
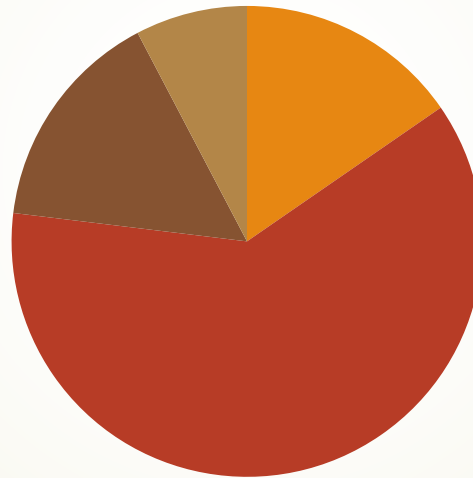
HV Content

Legend: ■ Rel Bldg ■ Intvt Talk ■ Demo ■ Fam Needs

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Variability of Visits
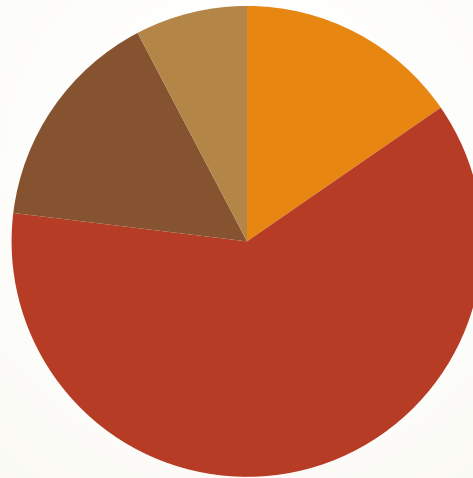
HV Content

■ Rel Bldg ■ Intvt Talk ■ Demo ■ Fam Needs ■

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Variability of Visits

HV Content
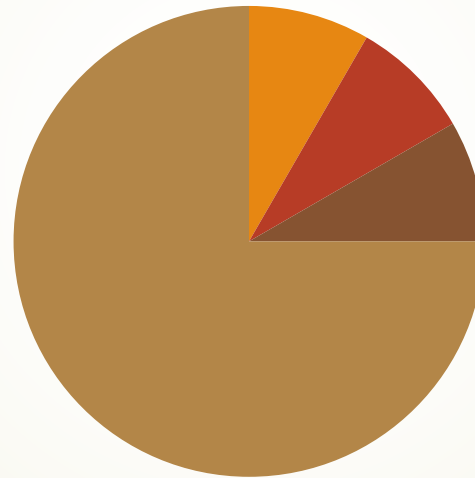
■ Rel Bldg ■ Intvt Talk ■ Demo ■ Fam Needs

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To Review: RBHVs are preceded by

- **Ecomap**
  - To understand the family's ecology
- **RBI**
  - To get 10-12 functional child goals and family goalss
- **Participation-Based Child Goals**
  - To emphasize engagement in routines

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How to Be Effective With Children: Work With Families

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How to Be Effective With Children: Work With Families

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Antidote to Toy Bag Addiction

- What's wrong with the toy bag?
- Why's it still used?

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Replacing the Toy Bag

Toy Bag

- Limited to the home visit

- Irrelevant to everyday life

- Assumes visitor is the teacher

- Implies their materials aren't good enough

Routines

- Many opportunities

- Relevant

- Assumes family is the teacher

- Nonjudgmental about family materials

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Who We Work With on HVs

- Adults
  - Parents
  - Other caregivers
  - Teachers/child care providers

    ## Why?

Working With Adults

- Family systems theory

- Enablement and empowerment

- Programming for generalization (from the HV)

- In U.S., legislation (to some extent)

What Is the Future of Family Outcomes and Family-Centered Services?

- Bailey, Raspa, & Fox (2012)
- "The authors show that early intervention and preschool programs are not held accountable for family outcomes; instead, they are limited only to showing that families are satisfied with services. The authors predict that family outcomes will not be part of any national accountability effort in the near future until research clearly shows that such outcomes ultimately will benefit children, and they suggest several lines of work needed to advance the field toward making an informed policy decision about documenting family benefit."

Why Not Just Give Suggestions?

- Your input should be added value…

- So you need to know background

- You should not be the hero of the visit

- Think about feasibility and implementation

- Partners work together

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Collaborative Consultation

- Homes
  - VHVS Expanded (now in RBHV Checklist)
  - Hoosiers rule
  - Demo?
  - Practice?
- Classrooms
  - Rules of consultation
  - Something personal
  - Integrated-therapy findings

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Routines-Based Home Visit Checklist

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Family Consultation

- Joint problem solving (solution finding) with the family
  - Ask questions to get
    - Background
    - Already tried
    - Context
    - Immediately desired behavior
    - Reason
  - Offer possibilities ("ask to suggest": *Have you ever tried _____?*)

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Family Consultation

1. Family chooses agenda (you can give options)
2. You get background (at least 4 questions, including routine)
3. You might ask if family wants to show you
4. You make suggestion by asking if family has tried it
5. You ask if family wants to try it (you or them)
6. You ask family if this intervention is feasible
7. You ask if they want to do this (on Next-Steps Form)

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Completed Matrix

	Dressing	Meals	Outside	Play	Before dinner	Bath	Bedtime
Persist	X	X		X			
Follow 2-step directions				X	X		X
Mother resume education							
Use 3 different pieces of playground equipment			X				
Use fork with little spilling		X					
Parents info about Fragile X syndrome							
Wait for others' turns				X			
Put on shirt and pants	X					X	
Parents time for themselves							

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Matrix

Outcomes/Goals		Routines								
	A	B	C	D	E	F	G	H	I	
1.		X		X		X				
2.	X		X		X		X			
3.								X		
4.		X	X	X						
5.					X	X	X			
6.	X			X				X	X	
7.		X			X					
8.										
9.										
10.		X		X	X			X		
11.										

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Next-Steps Form

Home- and Community-Based Early Intervention Program

Siskin Children's Institute

Family Name: — **Date:**

What we did today: | What we will do from now until the next visit:

Plan for next visit:

Name of EI:

Phone #: — Date of Next visit:

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Family Consultation in Home Visits

R. A. McWilliam © 2009

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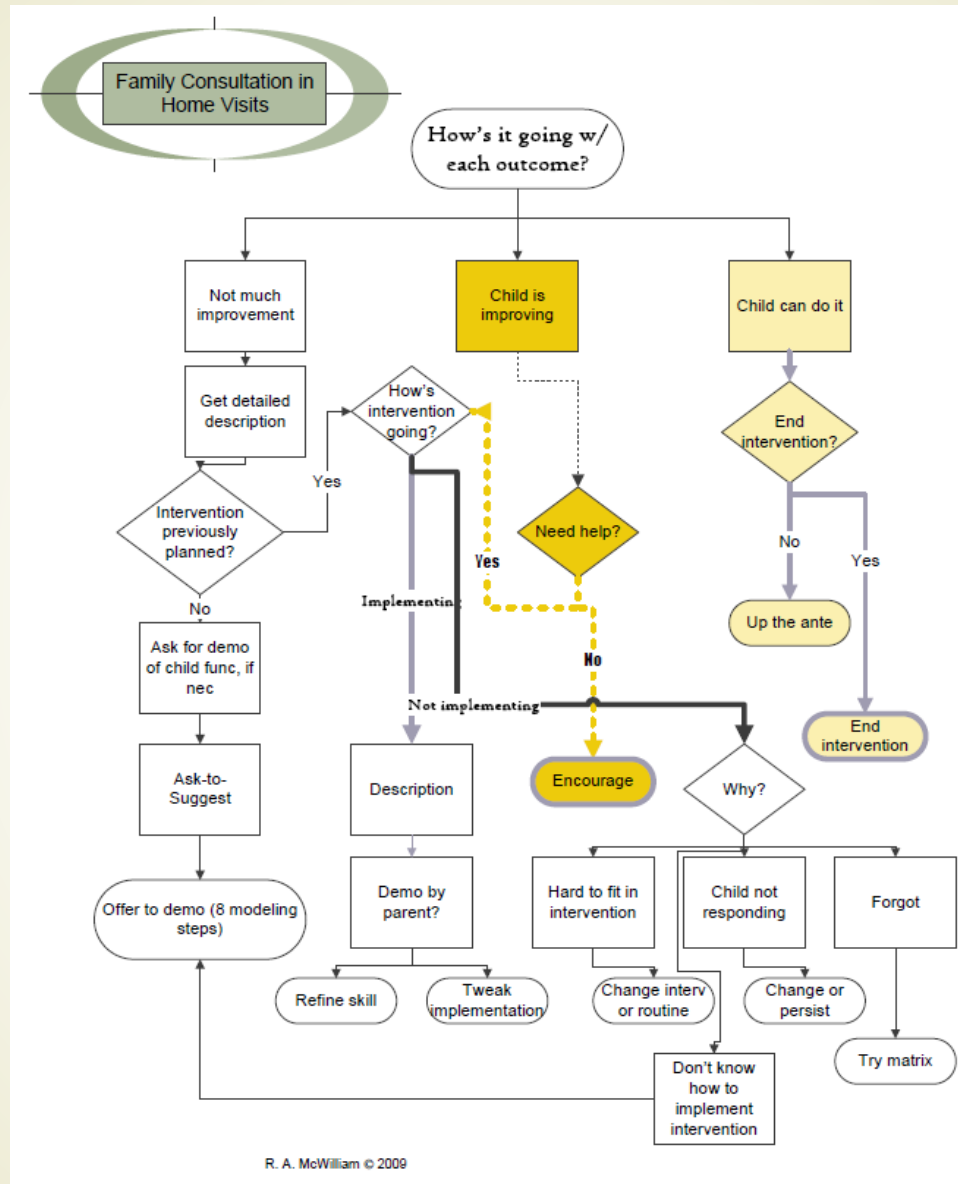
5 Rules of Family Consultation

1. Ask about a target skill or a routine
2. Get description with 4+ questions
3. Work with family to *find a solution* (i.e., solve a problem)
4. Ask whether feasible
5. Ask whether family is confident in carrying out the intervention (i.e., the solution)

Demo + Practice?

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Pass four times before every shot!

Critical Elements of a Support Visit

1. The professional works with the adult, not the child

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Critical Elements of a Support Visit

2. Caregiver has opportunity to set agenda

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Critical Elements of a Support Visit

3. Requires a list of family-chosen child and family goals

RBI

Paul Cesar Helleu: A Family Dinner at the Ritz New York

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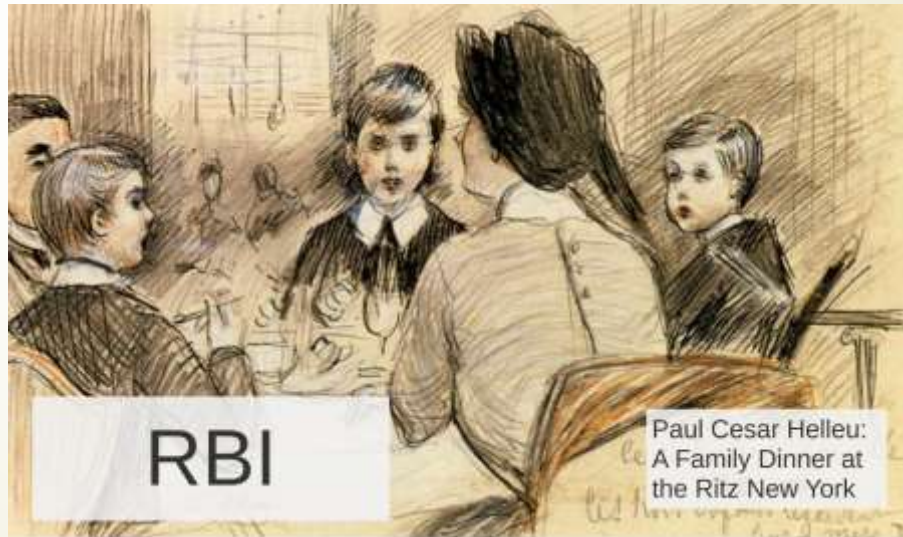
Critical Elements of a Support Visit

4. Focus of the visit: Building capacity of family to "intervene" with child or meet family-level needs

Murillo: The Holy Family (1650)

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Critical Elements of a Support Visit

5. Professional uses "family consultation" to work with family to arrive at solution/ intervention/ strategy

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Critical Elements of a Support Visit

6. Professional refers to family's informal supports before formal supports, for helping with some solutions

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Critical Elements of a Support Visit

7. Professional always concerned about the primary caregiver's well-being

Emotional Support

Franz von Defregger: The Happy Family

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Critical Elements of a Support Visit

8. Professional frequently checks on family's emotional support

Intact Family

John Dickson Batten:
The Family 1886

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Critical Elements of a Support Visit

9. Professional attends to basic needs before anything else

Material Support

Bernard Hoog: A Family in an Interior

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Critical Elements of a Support Visit

10. Professional prepared to provide or help find information:

child development,

disability,

resources,

intervention

Informational Support
Eugenio Zampighi: The Family Gathering

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Crticial Elements of a Support Visit

11. Child functioning always discussed in context of a routine

Routines

Bernardus Johannes Blommers: The Family Meal

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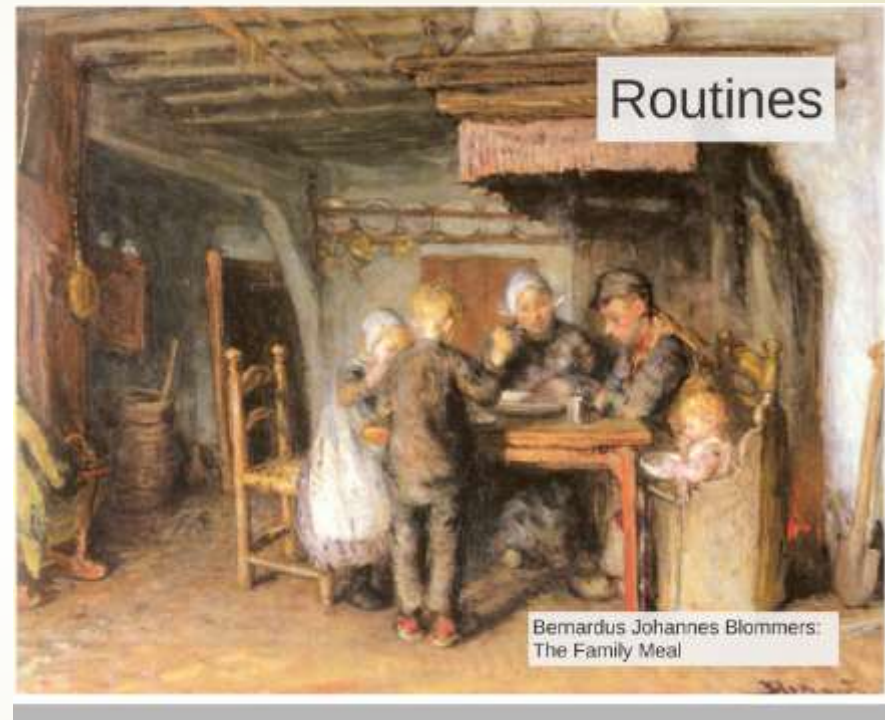
Critical Elements of a Support Visit

12. Professional looks for opportunities to encourage evidence-based (and fun) parenting

Francesco Bergamini:
Family Time in the Kitchen

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7. Twenty-first-century early interventionists should be consultants well-versed in adult learning theory and have expertise in early childhood development and disability.

Knowles' 4 Principles Of Andragogy

- Adults need to be involved in the planning and evaluation of their instruction
- Experience including mistakes provides the basis for the learning activities

1. Involved Adult Learners
2. Adult Learners' Experience
4. Problem-Centered
3. Relevance & Impact to Learners' Lives

- Adult learning is problem-centered rather than content-oriented
- Adults are most interested in learning subjects that have immediate and impact to their job or personal life

- Meaning?
  - Joint solution finding
- Implications
  - Hoosiers rule

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9. Early intervention is a parenting program.

Parentresourcecentre.com

- Meaning?
  - Prevention & the future
- Implications?
  - Talk
  - Read
  - Play
  - Teach

No more multidisciplinary service delivery

- ➡ What's the problem?
- ➡ What's the alternative?

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"New" Paradigm

Direct, hands-on "treatment"

Sup
ch
na
care

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Key Features

1. Using the family's informal support network;

2. Helping the family identify the functional needs of the child in everyday routines;

3. Helping them identify what they want to be able to do, as adults;

4. Emphasizing the child's engagement or meaningful participation throughout the day;

5. Using a comprehensive service provider, so someone is looking at the whole child and family;

6. Working collaboratively with families and teachers—not acting like experts or, worse, like healers;c

7. Having quality control built into the system (e.g., checklist training); and

8. Collecting data on process and product.

4 Models of Service Delivery

1. Multidisciplinary
2. Interdisciplinary
3. Transdisciplinary (primary service provider)
4. Comprehensive service provider

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Multidisciplinary

ED

PT

OT

PSY

ST

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Models of Service Delivery

ED

PT

OT

ST

Psy

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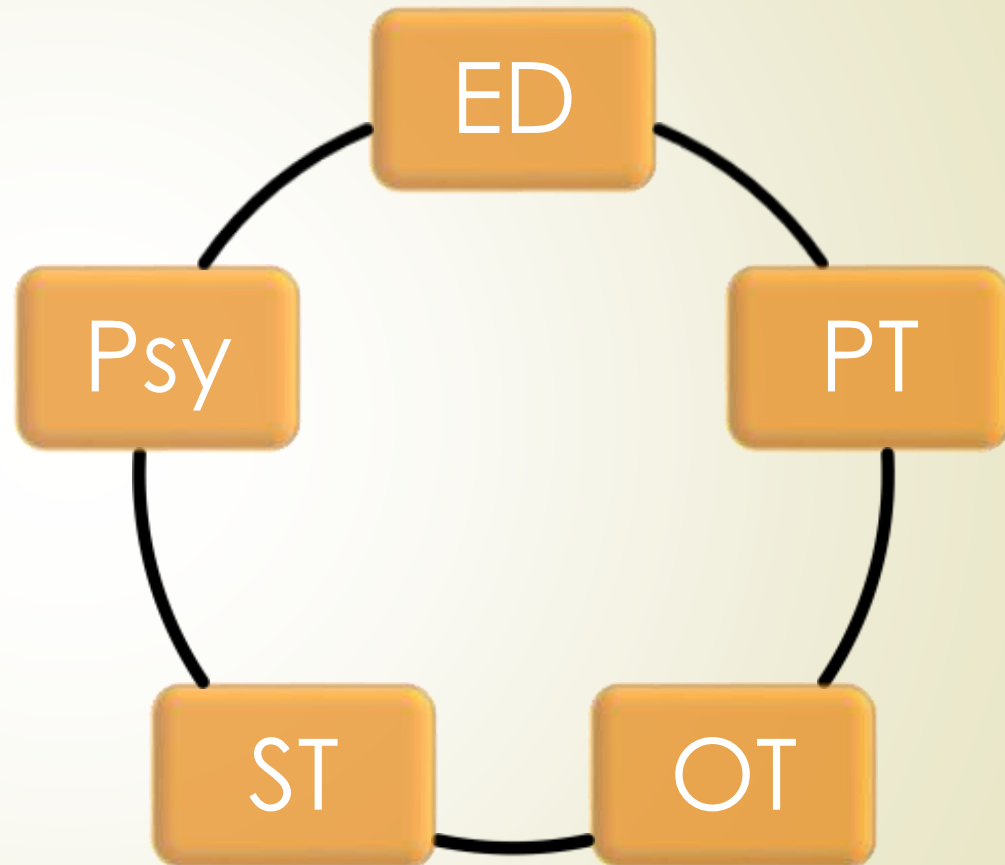
Transdisciplinary (Primary Service Provider)

- WHOLE TEAMS
- NECESSARY-PEOPLE TEAMS

PT

OT

SLP

Educator

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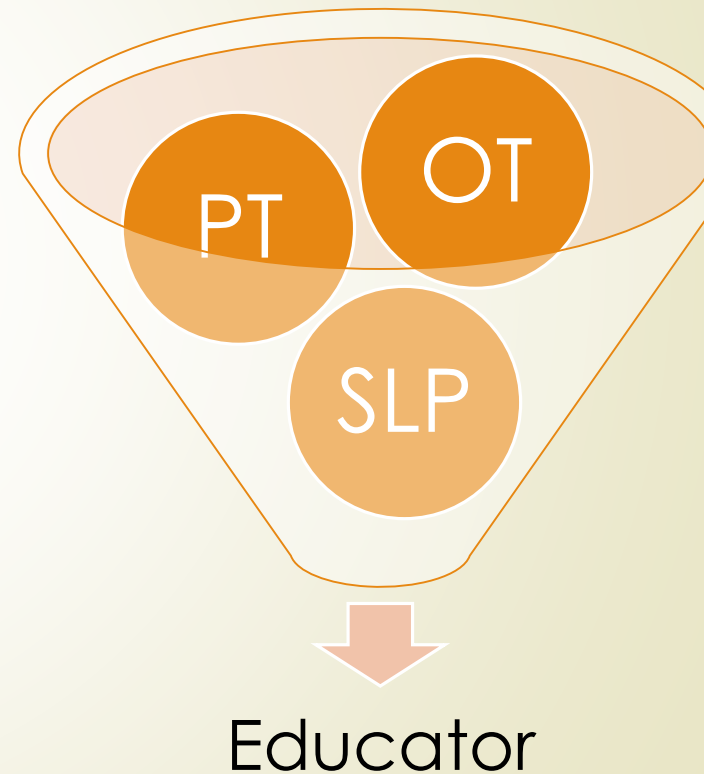
Holistic Family Approach

- One professional needs to help the family with interventions for the whole child and family.

- Not service coordination/case management

- Ideally, PSP

- If not, one of the so-called team must function as the **comprehensive service provider (CSP)**

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Comprehensive Service Provider

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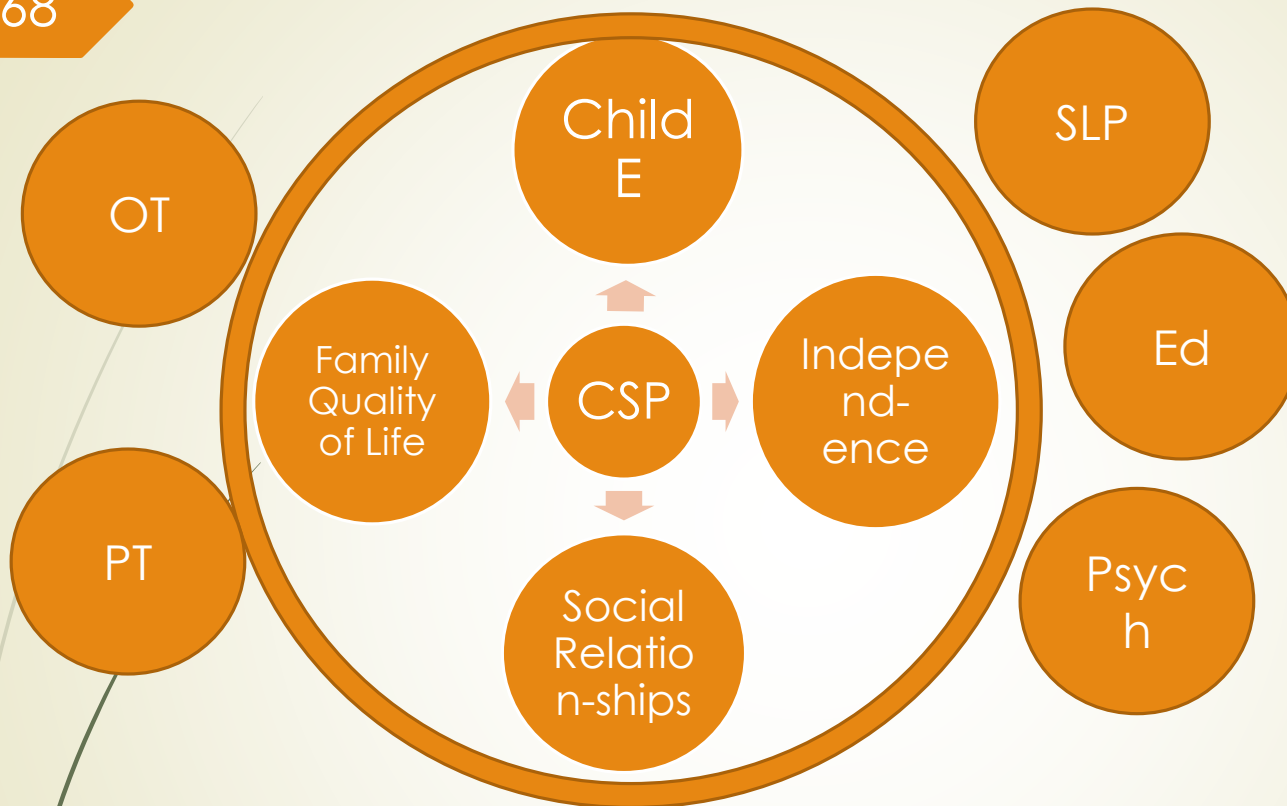
Paths to Get There

Awareness

Installation

Full Implement-ation of CSP

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PATHS TO Get There

Functional Child Goals

Family Goals

Cooperative Teammates

Additive Service Decisions

Administrative Support

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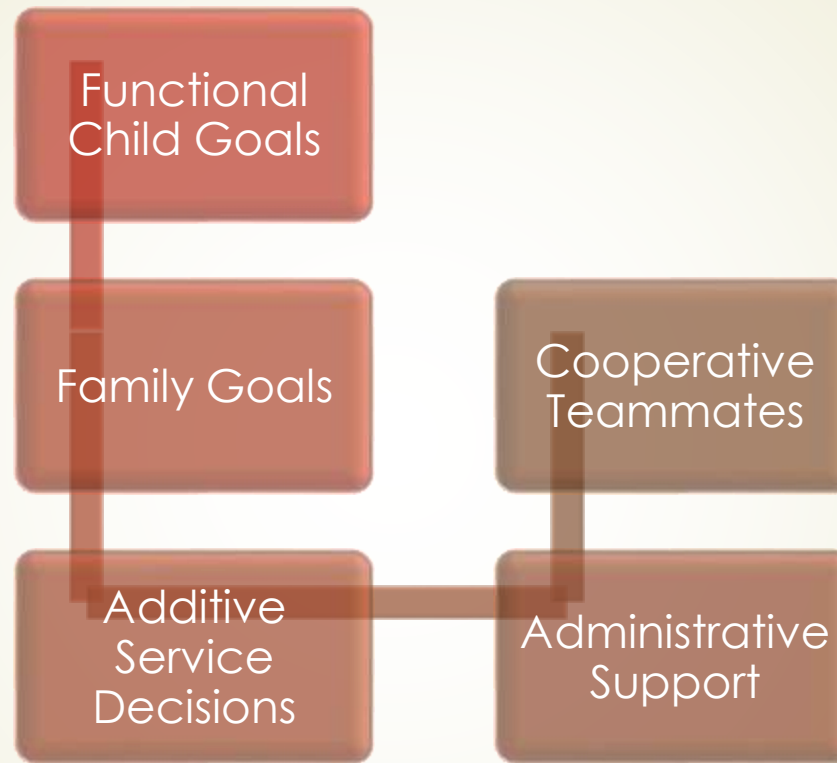
Functional Child Goals

- Developed from functional needs
- …assessed from RBI
  - Necessary for participation in routines
  - Addressing engagement, independence, or social relationships
  - Feasible for family/other caregivers

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Family Goals

- Child-related
- Basic needs
- Self-actualized needs

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Additive Service decisions

- Look at goal list
- Consider who would potentially be added to individualized team re: functional needs

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Administrative Support

- Management endorses, actively supports CSP

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Cooperative Teammates

- Role release
- Role acceptance

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What CSP Does during Visits

- Items from
  - Routines-Based Home Visit Checklist
  - Clinic Checklist

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What CSP Does During Visits

- Greeting
  - New or Top Issues
  - Next-Steps Form
- Child Goal
  - Questions
  - Intervention Agreement
  - Parent Demonstration (before questions or after intervention agreement)
  - Professional Demonstration
  - Transition to Next Goal

- Family Goal
  - Questions
  - Intervention Agreement
- Wrap Up
  - Next-Steps Form
- Throughout the Visit, as Appropriate
  - Emotional Support
  - Material Support
  - Informational Support
  - Parenting

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Key to Change

- Performance feedback with checklists
- Anders Ericsson: 10,000-hour rule (practice)
- In Daniel Goleman's *Focus: The Hidden Driver of Excellence*, Ericsson says not mechanical repetition.
- In addition to practice, pay attention "with full concentration on improving a particular aspect of their performance that a master teacher identified."

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6. Evidence-based practices rule the day.

- "Professionally, the term "evidence-based practice" is used both as a noun and as a verb. As a noun an evidence-based practice is an intervention that is based in science. As a verb evidence-based practice is the disposition of a practitioner to base the selection of their [sic.] interventions in science." (https://www.cec.sped.org/Standards/Evidence-Based-Practice-Resources-Original)

- Evidence-based practices.
- Potentially evidence-based practices.
- Having mixed effects.
- Having negative effects.
- Having insufficient evidence to categorize their effectiveness.

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EBPS

Spedpro.org

- Meaning?
    - Use incidental teaching and, when appropriate, operant conditioning IN CONTEXT

- Implications
    - No more sensory integration treatment, psychopathologizing, nonfunctional interventions

For children with ASD, WHIch are EBPs?

- Music therapy
- Time delay
- Sensory diet
- Parent-implemented intervention
- Sensory integration
- Naturalistic intervention

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No more early interventionists' going for months, years, with no feedback

- What's the problem?
- What's the alternative?

Care Personally

RUINOUS EMPATHY

RADICAL CANDOR

MANIPULATIVE INSINCERITY

OBNOXIOUS AGGRESSION

Challenge Directly

Kim Scott
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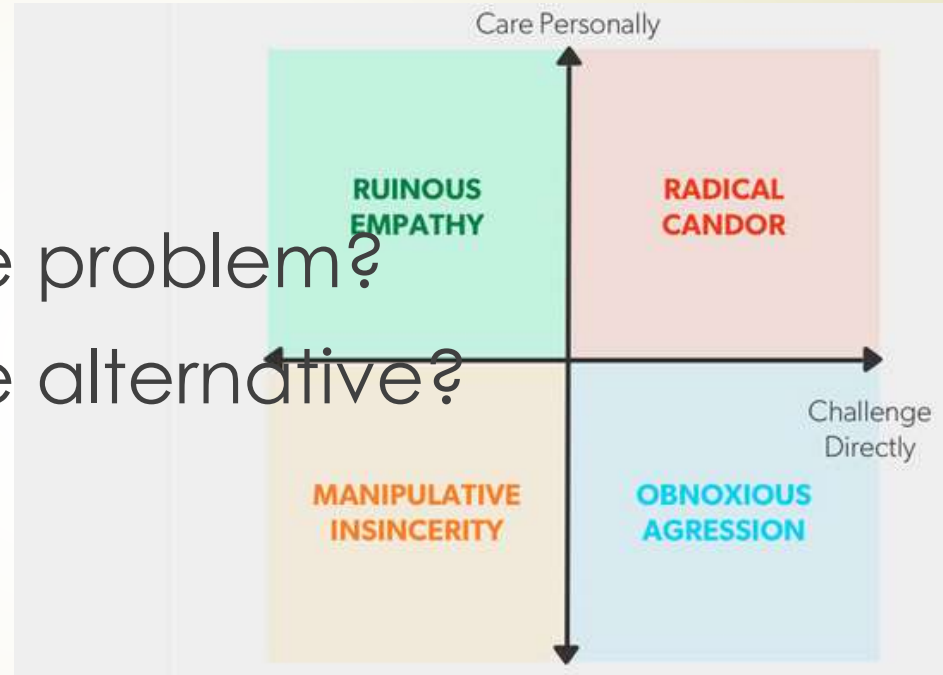
How Do We Make This Happen?

- Performance-based feedback, with checklists
  - Ecomap and RBI Checklist
  - Service Decision-Making Checklist
  - Home-Visiting Checklist
  - Collaborative Consultation Checklist

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What Would Be the Results?

- Children functioning better
  - MEISR
  - ClaMEISR
- Families' quality of life improved
  - Access to information and services
  - Perceptions of child functioning
- These should result in federal outcomes improving

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Child Functioning

- **Engagement**
- Independence
- Social relationships

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Engagement

- Meaningful participation in
  - Home
  - School
  - Community
  routines

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Key Interventions

- With families
  - ***Family consultation*** (Hoosier's Rule)
  - In routines
- With teachers
  - ***Collaborative consultation/integrated therapy***
  - In routines
- Caregivers with children
  - ***Incidental teaching***

Scary Reality

- Most early interventionists don't know much about *prompting procedures, reinforcement principles, or adult-learning theory!*

- How can they transmit interventions to families?!

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New Era

- We'll help them
  - We'll teach them about
    - Prompting procedures
    - Reinforcement principles
    - Adult-learning theory
  - We'll teach them how to use family and collaborative consultation
  - We'll give them performance feedback and keep data on their performance

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We'll Do This With Implementation Science

RESEARCH   IMPLEMENTATION   PRACTICE

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RBM Process for Home- and Community-Based Support

Depict Family Ecology (Ecomap)

Caregiver-Mediated Intervention

Family Quality of Life

Needs Assessment (RBI)

Home or Child Care Visits (Consultation)

Goal Attainment

Functional & Family Goals (Participation-Based Child Goals)

Transdisciplinary (PSP)

Child Engagement, Independence, Social Relationships or Other Outcomes

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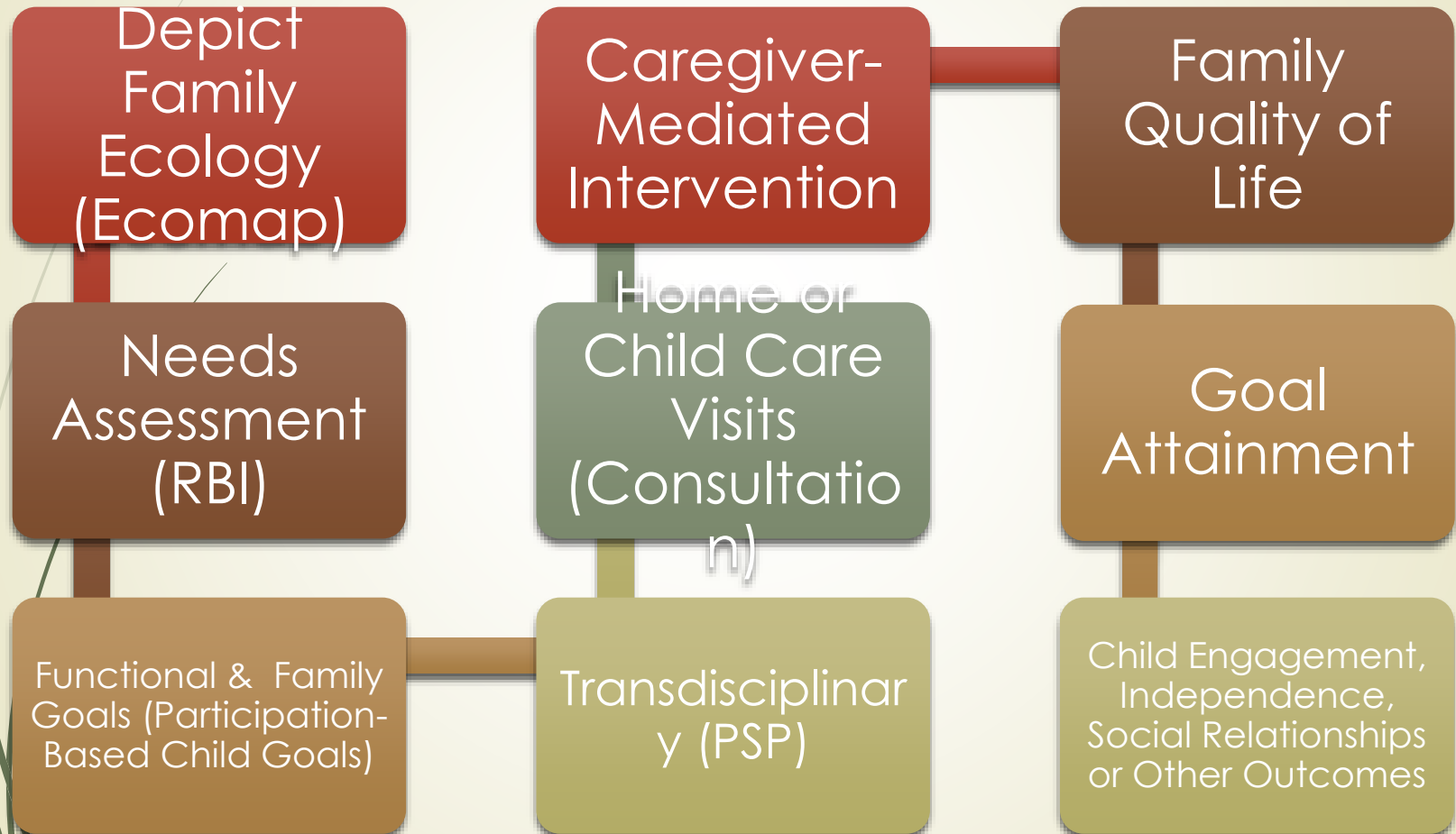
Implementation the McWilliam Way

1. Implementation planning
2. Implementation of practices incrementally
3. Lead up, intensive training, maintenance

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Implementation Planning

- What are the components of the Routines-Based Model?
- What do we need to improve or change?
- Which improvement/change items can be addressed with the RBM?
- Which components do we want to implement?
- What other efforts are or will be occurring?
- What timelines for the components and other efforts?
- Who will define action steps for each components
  - Lead up
  - Intensive training
  - Follow up

Checklists

- Specify desired professional behaviors

- Provide a structure for focused guidance (i.e., feedback)

- Give you data on (a) professional competence and (b) implementation fidelity

- Require observation… by whom?!

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Support-Based Home Visit Checklist

From McWilliam, R. A. (2010). Support-based home visiting. In R. A. McWilliam (Ed.), Working with families of young children with special needs (pp. 27-59). New York: Guildford Press. Also in Routines-Based Early Intervention: Supporting Young Children and Their Families by R. A. McWilliam (2010. Paul H. Brookes Publishing Co., Inc.)

Support-Based Home Visiting Checklist

R. A. McWilliam, A. Jenkins
2010 (Revised 2012)

Home Visitor: _____ Date: _____

Observer: _____

Did the home visitor

	✓ ✗ ? NA[1]	Notes
Emotional Support		
1. Make positive statements about the child?		
2. Make positive statements about the adult family members?		
3. Address any family concerns?		
4. Ask about/show concern for family members other than the target child?		
5. Treat the family in a friendly manner, as one would treat a neighbor?		
6. Demonstrate sensitivity to the family's situation?		
7. Listen to the family?		
8. Demonstrate respect for the family?		
The Visit		
9. Show that the visit is to the parent, not the child?		
10. Let caregiver lead discussion for visit?		
11. Provide support/information within context of daily routines or activities?		
12. Appropriately offer to show the family a technique?		
13. Jointly with the family, arrive at strategies or solutions?		

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14. Offer the opportunity for the caregiver to practice a strategy so specific feedback can be given?		
15. Discuss how to monitor progress?		
16. Praise/encourage family?		
Vanderbilt Home Visiting Script		
17. Ask an open-ended question to give the family an opportunity to set the agenda for the visit (e.g., "How have things been going?")?		
18. Ask the family whether they have anything new they want to discuss?		
19. Ask the family how things have been going with the outcomes or goals on the Individualized Family Service Plan?		
20. Ask the family if there is a time of day that is not going well for them? (Optional)		
21. Ask about other family members besides the child? (Optional)		
22. Ask about any appointments since the previous visit or before the next visit? (Optional)		
23. Ask if the family has too much or not enough to do with their child? (Optional)		
Family Consultation		
24. Get a detailed description of progress?		
25. Ask what family has been doing so far?		
26. Ask for a demonstration of child functioning, if necessary?		
27. Ask questions before beginning "Ask to Suggest" (e.g. Have you tried this, have you tried that?)?		
28. Ask the family if they would like to show what they have been doing with the child?		
29. Helped family to see themselves rather than you as the problem solver?		
30. Suggest Intervention Matrix?		
31. Ask caregivers if they had any questions or anything else they want to discuss?		

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MEISR

- 300 items
- Completed by parents
- 0-3 home routines
- 3-5 classroom routines
- Excellent psychometrics
- Crosswalked

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Meal Times *Lucas (24 months)*	Starting Age	N	S	O	Outcomes	
2.14 Uses pincer grasp to pick up small pieces of food	10			✓	3	A
2.15 Follow simple requests with gestures (e.g., *come here, throw it*)	12			✓	2	K
2.16 Uses words or signs to ask for "eat" and "drink"	12		✓		3	A
2.17 Drinks from a sippy cup by him- or herself	12			✓	3	A
2.18 Eats meals on a fairly regular schedule	12			✓	3	A
2.19 Follows pointing and points to indicate food preference	12			✓	3	A
2.20 Says "no" meaningfully	13			✓	2	K
2.21 Uses a spoon with moderate success	15			✓	3	A
2.22 Drinks from a cup without a lid by him- or herself	18	✓			3	A
2.23 Uses a spoon independently	18			✓	3	A
2.24 Drinks an appropriate amount from open cup at one time	18	✓			3	A
2.25 Stays seated for entire meal (duration appropriate for child's age)	18	✓			1	S
2.26 Uses words or signs to ask for *specific* foods or drink	18		✓		3	A
2.27 Indicates when hungry or thirsty	15		✓		3	A
2.28 Communicates "more"	18	✓			3	A
2.29 Communicates "finished"	18	✓			3	A
2.30 Puts an appropriate amount of food in the mouth at one time	18			✓	3	A
2.31 Sits in a regular (can be child-sized) chair	18		✓		3	A
2.32 Eats a variety of foods	23	✓			3	A
2.33 Removes wrappers and peels before eating	23	✓			3	A
2.34 Waits for something for 10 minutes, without fussing	24	✓			1	S
2.35 Pays attention to others around him or her	24			✓	1	S
2.36 Communicates in any appropriate manner the need for help	24	✓			3	A
2.37 Obeys 2-part commands (e.g., *put down your spoon & give me your*)	24	✓			2	K
2.38 Refers to self with pronoun (i.e., *I, me*)	27	✓			2	K

	Outdoors *Lucas (24 months)*	Starting Age	N	S	O	Outcomes	
12.2	Walks	13			✓	3	A
12.3	Runs	18			✓	3	A
12.4	Moves ride-on toys without pedals	18	*Not observed*			3	A
12.5	Jumps	22			✓	3	A
12.6	Uses slides (i.e., goes up and down small slide)	23			✓	3	A
12.7	Plays appropriately with sandbox toys	24	*Not observed*			2	K
12.8	Plays with a variety of toys outdoors	24			✓	2	K
12.9	Plays outdoors for 30 minutes without fussing	24	*Not observed*			1	S
13.0	Shows interest in the playground	24			✓	2	K
13.1	Regains balance	24			✓	3	A
13.2	Walks up stairs alone (both feet on each step)	24			✓	3	A
13.3	Walks downstairs alone (both feet on each step)	25	*Not observed*			3	A
13.4	Jumps from bottom step, no assistance, both feet together	27			✓	3	A
13.5	Walks forward and backward	28				3	A
13.6	Walks upstairs alone (alternating feet)	30			✓	3	A
13.7	Uses pedals on tricycle; goes 4-6 feet	32	*Not observed*			3	A
13.8	Climbs jungle gym and ladders; swings by hands	34		✓		3	A
13.9	Walks downstairs alone (alternating feet)	34	*Not observed*			3	A
14.0	Plays appropriately on playground equipment	34			✓	2	K
14.1	Stays in the playground area, does not run away/climb fence	36	✓			3	A
14.2	Follows directions given at a distance	36	*Not observed*			2	K

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Getting Dressed *Lucas (24 months)*		Starting Age	N	S	O	Outcomes
3.8	Assists with dressing by extending an arm/leg for a sleeve/pants	10.5			✓	A
3.9	Points to body parts on self when asked	13			✓	K
3.10	Removes articles of clothing by him- or herself	15			✓	**A**
3.11	Indicates he/she understands the names of articles of clothing	15		✓		**K**
3.12	Identifies self in mirror	15			✓	**K**
3.13	Indicates what he or she wants to wear	15		✓		**A**
3.14	Undoes fasteners (zippers, snaps, buttons)	18			✓	**A**
3.15	Helps undress self	18			✓	**A**
3.16	Uses signs or words for body parts	18		✓		**K**
3.17	Uses signs or words during dressing	18		✓		**K**
3.18	Uses signs or words for articles of clothing	18	✓			**K**
3.19	Uses signs or words for 1-6 body parts	18		✓		**K**
3.20	Uses signs or words for more than 6 body parts	24	✓			**K**
3.21	Persists with complex tasks (e.g., putting on shoes, other clothes)	24	✓			**K**
3.22	Helps dress self	28	✓			**A**
3.23	Fastens zippers, snaps, buttons	30	✓			**A**
3.24	Puts on coat with assistance	30	✓			**A**
3.25	Puts on articles of clothing by him- or herself	32	✓			A

MEISR

MEISR Average Percentage of Correct Items over Multiple Assesments

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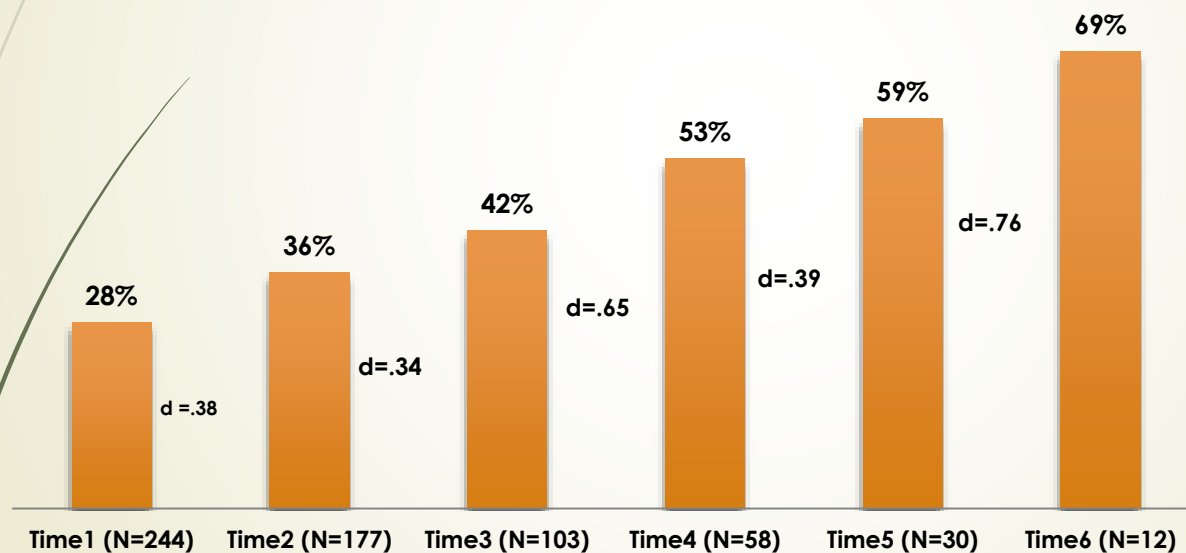
GOAL-ATTAINMENT SCALING

+2 …5 meters, going to meals, outside time, and to   the car 2x a day

+1 …5 meters….

0   Walk independently 3 meters, going to meals (3)   and outside time

-1 Walk independently 3 meters at outside time

-2 Walk only with two hands held

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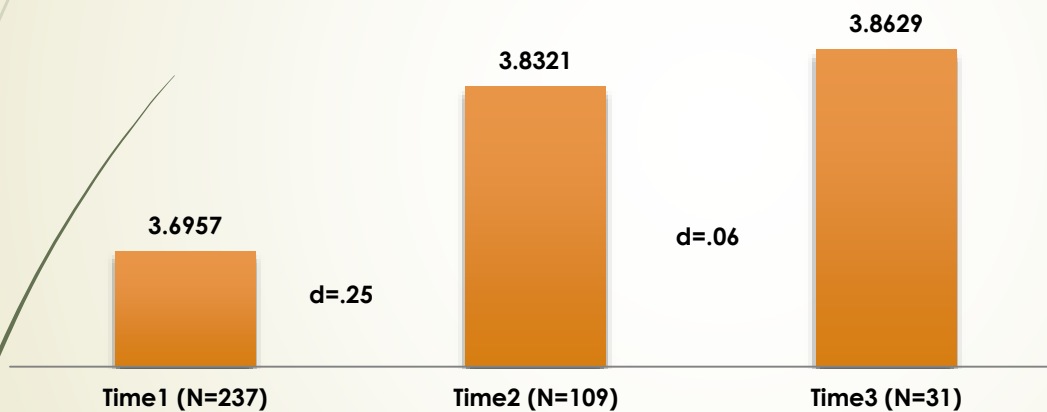6/2/2016

Program Evaluation

Implementation fidelity: Checklists

Proximal outcomes: Goal attainment, functioning

Distal outcomes: Global outcomes, developmental scores, FQoL

FaQoL

FaQoL Average Mean Score Over Multiple Assesments (Score Possibilities: 1-5)

YOU CAN'T REACH
FOR ANYTHING NEW IF
YOUR HANDS ARE STILL FULL
OF YESTERDAY'S JUNK.

collective
EVOLUTION

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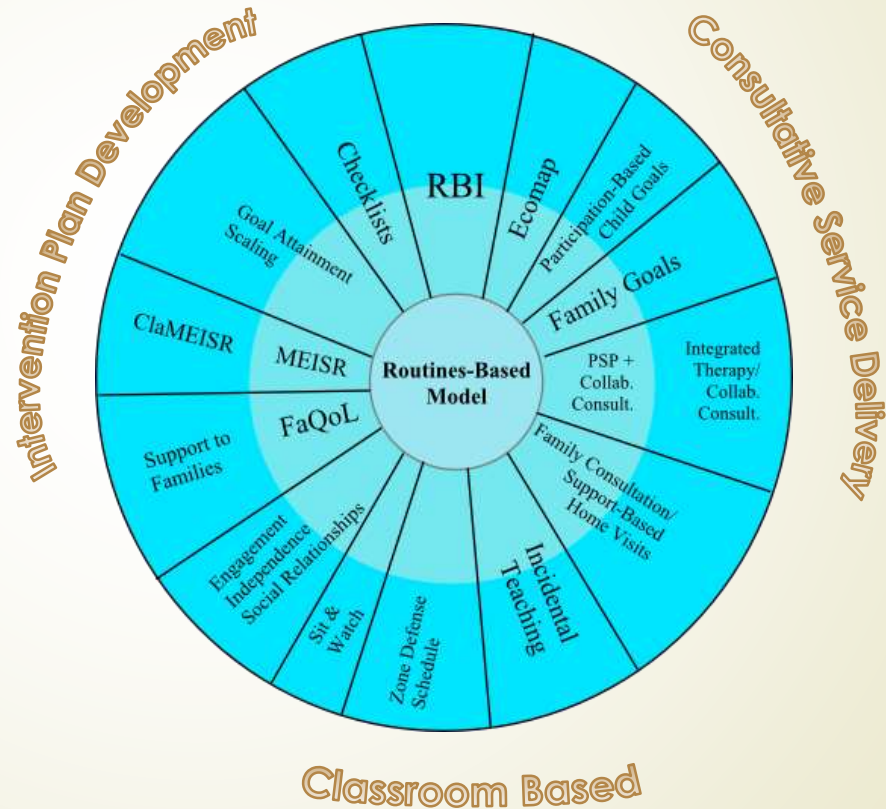# Best Words About Using a Routines-Based Approach

"It didn't only make me a better professional. It made me a better person."

2016,

Gràcies!

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Routines-Based Model
for Early Intervention 0-5

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From Functional Assessment to Effective Home Visits

Participation/ engagement needs in routines

Joint solution finding with caregivers

Caregivers implement solutions between visit

Assessed by interviewing regular caregivers

Goals with context and measurement criteria to home

Caregivers report child functioning

Caregivers select goals to increase participation/ engagement

Measurable goals on plan

Professionals monitor functioning reports (data

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- International group of > 25 experts on the Routines-Based Model
  - Dr. Hasan Zaghlawan, Middle East (Jordan) member
- Available to coach implementers
- See www.RamGroup.info

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6/2/2016

Certification in Routines-Based Home Visiting

- Every spring, 10 people begin training in RBHVs to become certified trainers.

- Contact me, if you'd like to be considered for the 2017 training

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