

Routines-Based Visit in the Clinic Checklist

Early intervention does not belong in clinics. It is ideally conducted in natural environments, in places where the child would be if he or she did not have a disability. That principle in the U.S. law, Individuals with Disabilities Education Act, Part C, for Infants, Toddlers, and Families, however is a holdover from the days of classroom-based services, as are often found in special education for children ages 3-21 years. In fact, good, consultative (or “coaching”) early intervention can occur anywhere that’s comfortable for the family. We have seen that simply locating services in homes and communities does not ensure high-quality early intervention, and now we are exploring the possibility that high-quality early intervention (i.e., aimed at supporting the caregivers to “intervene” with the child during nonclinic time) can occur in a clinic visit.

Advocates of clinic-based services will be quick to agree with this last point, but I still maintain that the clinic setting is not as good as the natural-environment setting for demonstration by the parent, demonstration by the professional, observation of the child, convenience to the family, comfort for the family, and involvement of other people in the family’s network. Clinic visits are more lucrative for professionals. The argument about specialized equipment being readily available usually has no traction in the Routines-Based Model, because, if the equipment can’t be used outside the clinic, it won’t do the child much good.

So why encourage clinic-based practices by developing a checklist? In some entrenched systems, a stumbling block to support- and routines-based early intervention has been the understanding that the Routines-Based Model required services to be provided in natural environments. Because potential implementers could not foresee abandoning their clinic- (sometimes called “center-”) based services, they were reluctant to adopt any of the components of the model. The RAM Group, a community of experts on the Routines-Based Model, decided it would be better to guide clinicians to provide routines-based visits, so they could adopt the ecomap, RBI, functional child goals, family goals, the comprehensive service provider, support-based visits, family consultation, checklist training, and documentation of child functioning (i.e., key components of the model), even while remaining in their clinics. We also hope that the relentless focus on child functioning in the real world (i.e., not the clinic), will prompt clinicians to shift the location of their services, eventually.

Clinician’s Name: _____ Date: _____

Observer’s Name: _____

Routines-Based Visit in the Clinic Checklist

Did the clinician	✓ ± -
Greeting	
1. Greet everyone who came to the visit in a friendly way?	
2. Make brief small talk (i.e., off task)?	
3. Make the parent feel at home in clinic (e.g., show her ¹ where to sit, in a comfortable chair near the clinician)?	
New or Top Issues	
4. Ask parent how things have been going?	
5. If parent brings up an issue to discuss, continue this conversation thread?	
6. If parent does not bring up an issue, prompt one more time by asking if anything new has come up since the last visit?	
Next-Steps Form	
7. Consult Next-Steps Form to see what family wanted this visit to concentrate on?	
Child Goal	
Questions	
8. Ask at least four questions before making a suggestion, such as	
a. What does your child do now (related to the goal or issue)?	
b. When and where does this occur?	
c. What do you do?	
d. What would you like your child to do?	
e. What happens if you ____? (Almost a suggestion.)	
f. Have you ever tried ____? (A suggestion.)	
Intervention Agreement	
9. If the parent seemed interested in an intervention (i.e., a solution), get confirmation (e.g., "Is this something you might want to do?")?	

¹ "Parent" will be used for the host adult, recognizing that this could be another relative, a foster parent, and so on. Also the feminine pronoun will be used for the parent, recognizing that the adult could be a father, grandfather, or other male.

10. After the demonstrations, check on the feasibility of the intervention's working (e.g., "Do you think this will work?")?	
11. Check on the feasibility of the parent's being able to carry out the intervention (e.g., "With everything else you do at this time of the day, do you think you'll be able to do this?" or "I'm not sure I've described this very well. Do you feel you can do this?")?	
Parent Demonstration	
<i>Before Questions</i>	
12. When a child issue had been brought up, if appropriate, ask the parent if she'd like to show the home visitor what the child does or what she herself does?	
<i>After Intervention Agreement</i>	
13. Ask the parent if she'd like to try doing the intervention?	
Clinician Demonstration (the well-known Eight Steps of Modeling)	
20. Speak to the adult about her ² , the clinician's, suggestion?	
21. If it seemed as though the parent didn't understand, ask her if she wants the clinician to demonstrate?	
22. Tell the parent what she was going to do?	
23. Do it?	
24. Tell the parent what she did and point out the result of the strategy?	
25. Ask the parent if she would like to try it?	
26. If the parent said yes, observe; if no, didn't insist on it?	
27. If the parent said yes, praise the parent and give her a limited amount of constructive feedback?	
Transition to Next Goal	
28. Once the work on an intervention had ended, ask the parent, using the matrix, whether she'd like to discuss other skills in that routine or other times of day when that skill is needed?	
<i>Questions About Routine</i>	
29. Ask the parent what she'd like to see different about this time of the day, beyond her child performing the skill just discussed?	
30. Ask the parent about any goals designated for that routine?	

² Feminine pronoun is used to save space, recognizing clinicians can be men.

31. Ask the parent if she'd like to talk about one of these goals (i.e., focus on a goal)?	
Questions About Child Skill	
32. Ask the parent how it's going with the skill just discussed at other times of the day, especially those targeted on the plan and therefore on the matrix?	
33. Ask the parent which other time of the day she'd like to discuss (i.e., focus on a new context)?	
Family Goal	
Questions	
34. Ask at least four questions before making a suggestion, such as	
a. What's been going on?	
b. What have you been doing?	
c. What have you done towards what you'd like to have happen?	
d. What would you like to have happen?	
e. What do you think you need to do?	
f. What would happen if you _____? (Almost a suggestion.)	
g. Have you ever tried _____? (A suggestion.)	
Intervention Agreement	
35. Ask if there's anything you can do to help?	
36. If appropriate, tell parent how she can get help rather than your giving her direct help?	
Wrap Up	
Next-Steps Form	
37. Review the three main parts with the parent?	
a. What we did today	
b. What we will do between now and the next visit	
c. What we will focus on during the next visit	
Throughout the Visit, as Appropriate (every item might not be appropriate at every visit)	
Emotional Support	
38. Be overtly positive about the child and the parent?	

39. Respond to family concerns; read between the lines, but check her assumptions?	
40. Orient herself to the whole family, including extended family; didn't focus just on the child?	
a. Especially focused on the well-being of the primary caregiver?	
41. Be friendly, not formal?	
42. Be sensitive, walking in the family's shoes?	
Material Support	
43. Ensure basic needs (e.g., shelter, food, clothing) were available?	
44. Ensure equipment to promote the child's functioning, including adaptive equipment and especially communication devices, were available?	
Informational Support	
45. Ensure family had access to information about the child's disability?	
46. Ensure family had access to information about child development?	
47. Ensure family had access to information about resources including services?	
48. Ensure family had access to information about interventions (i.e., what they can do with the child)?	
Parenting	
49. Encourage the family to talk often and positively to the child?	
50. Encourage the family to read often and in a shared way with the child?	
51. Encourage the family to play often, responsively, and in a silly way with the child?	
52. Encourage the family to teach the child, using incidental teaching, prompting strategies, and reinforcement principles?	
TOTAL ✓s	
TOTAL ITEMS CHECKED	
% CORRECT	