The initial Routines-Based Interview (RBI) is an in-depth exploration of the child’s functioning in everyday routines, with caregivers providing information about the child’s engagement, independence, and social relationships (Hughes-Scholes, Gavidia-Payne, Davis, & Mahar, 2017). It lasts 2 hours, producing 10-12 outcomes/goals, a strong relationship between the interviewer and the caregivers, and a rich and thick description of child and family functioning. In the U.S., for children under three years of age in Part C services, the team must review the individualized family service plan where these outcomes/goals are listed. The review is supposed to revisit outcomes/goals as well as the services on the plan to address those outcomes/goals. Regardless of the country or program (i.e., this applies also to preschoolers), it is a good idea to revisit the plan half-way through the year, if not more often. So do we redo the RBI?

What’s Needed

Although the Routines-Based Model includes both (a) home- and community-based early intervention and (b) classroom-based early intervention, which is the running of inclusive classrooms, here we address only home- and community-based early intervention (0-5). This type of service involves an early interventionist visiting the family in a home—the family’s, a relative’s, or a babysitter’s—or the child in a “classroom” program such as a child care program, a Head Start Classroom, or a preschool (McWilliam, 2011).

An important difference between an initial RBI for developing the first plan and a review after 6 months is that an early interventionist¹ has been working with the child or family (McWilliam, 2014b). If that professional has been functioning as a primary or comprehensive service provider, addressing all needs of the child and family, according to the Routines-Based Model, the professional has been discussing functioning in routines at every visit. During home visits, the professional discusses child and family functioning during home and community routines. During visits to classrooms—what we call Collaborative Consultation to Children’s Classroom (CC2CC)—the professional discusses child functioning during classroom routines, with the teaching staff. Because of these frequent discussions about functioning in routines, the review doesn’t need to have all the detailed questions the initial RBI needs. The professional and caregivers don’t need a whole RBI, they need a mini-RBI—one that lasts only an hour!

How and Who to Do It

The framework for the mini-RBI is reviewing how things are going in the child’s and family’s routines—especially as related to the goals addressed during the previous 6 months. We recommend this discussion occur within the 30 days leading up to the official review or annual-renewal date. Three pieces of information can guide the discussion.

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¹ I use the term to refer to any qualified professional working with the child and family until the child turns 6 years of age or goes to kindergarten (in the U.S.—i.e., big school).
Matrix

The Outcomes x Routines matrix lists the child and family outcomes/goals down the left-hand column, in the order of importance to the family they stated at the end of the RBI (McWilliam, 2010). Across the top of the matrix are the family routines. For children in classroom programs but also receiving home visits, sometimes a matrix is created for each setting and sometimes simply “classroom” or “school” is listed as one routine. The team does not develop separate outcomes/goals for each setting: It’s one child, and the RBI process results in one set of outcomes/goals, even if the professional conducted one RBI with the family and another RBI with the teacher. The family still chooses outcomes/goals.

The professional asks the family how things are going with each routine. They discuss skills the child has acquired and skills the child still hasn’t accomplished. The professional directs the conversation to outcomes/goals on the plan to be addressed in that routine, reviewing progress. If they completed goal attainment scaling (GAS), they can review those data.

At this point, the family might decide whether to continue working on a skill for that routine or they might decide after they’ve reviewed all routines.

Other Routines

The matrix probably doesn’t have all the routines the family typically has—especially out-of-home and weekend routines. This omission often occurs when the interviewer can’t get through all the routines in the two hours allocated to the initial RBI. So, during this review, the professional can ask the family about other routines: how things are going, what the family would like the child to be doing that the child isn’t currently doing, what the caregivers would like to see different about this time of day, and so on.

MEISR/ClaMEISR

The Measure of Engagement, Independence, and Social Relationships (McWilliam & Younggren, in press) and the classroom version (McWilliam, 2014a) are ideally completed every 6 months. This information can also help the family decide on what outcomes/goals to put on the plan. The professional should, therefore, review the MEISR and ClaMEISR in the 30 days leading up to the plan review.

Three Magical Questions

Because of the high importance of addressing families’ needs, we ask the three questions asked after routines in the full RBI:

1. *Do you have enough time for yourself or yourself and another person?*

2. *When you lie awake at night, worrying, what do you worry about?*

3. *If there’s anything you could change in your life, what would it be?*

Who?

The ideal person to help the family is the one who has been working in an ongoing way (e.g., weekly) with the child and family. This could be a home- and community-based early interventionist or an itinerant early childhood special educator (preschool teacher). Sometimes, occupational therapists, physical therapists, speech-language pathologists, or psychologists function as primary service providers.
or comprehensive service providers. In the U.S., for infants and toddlers, the service coordinator has a role that needs to be worked out with the comprehensive/primary service provider because the service coordinator is responsible for the development of the new or revised plan. Because the service provider has detailed knowledge about the functioning of the child and family, seeing them more often than the service coordinator did, the service provider should review progress and discuss next steps with the family and, with the family, present the family’s choices of outcomes/goals to the service coordinator.

**Outcome/Goal Selection**

Similar to the full RBI, in the mini-RBI, the early interventionist takes notes during the matrix-based conversation and the MEISR/ClaMEISR conversation and reviews ideas the caregivers or teacher had about things to address in the next six months. He or she asks the family what they would like to work on; see the Protocol (McWilliam, 2009) or the RBI With Ecomap Checklist (McWilliam, 2016) for these procedures. Once the family has chosen 10-12 outcomes/goals, the early interventionist asks the family to put them in order of importance. As with the full RBI, the professional needs to write down exactly what the family wants and, if it’s a child skill, the routines they say the child needs or could benefit from the skill. In some systems, the professional will write the outcomes/goals. In other systems, the service coordinator will.

**Results**

The results of this process are, again, a list of functional child outcomes/goals and of family goals, some of which are related to the child and some might not be. This list will be 10-12 outcomes/goals long and organized by the family’s order of importance. The matrix-based conversation should take 30-60 minutes (one visit). The MEISR discussion might also take a whole visit. The more important one is the matrix-based one, because it’s more interactive with the family, it gives the family more opportunity to evaluate how things are going, and it’s more focused on what the team has been working on for the previous 6 months.

The important principles to follow in the mini-RBI, like most components of the model are

- Professionals function as collaborative consultants with the family, helping them make decisions;
- We concentrate on children’s meaningful participation in everyday routines—their engagement, independence, and social relationships;
- The two-bucket principle: A parent can fill the child’s bucket only to the extent that the parent’s bucket is full.

**Mini-RBI Steps for Home- and Community Based Supports**

The following steps include the kind of wording one might use in conducting the mini-RBI at review time. The RBI Review Checklist should be used for training.

1. Conduct this review with the family, even if visits occur in the classroom.
2. Conduct this review also with a teacher, if visits occur in the child’s classroom.
3. Conduct this review within 30 days before the plan has to be reviewed or updated.
4. Inform the service coordinator that you are conducting this review with caregivers (including teachers).

   Just letting you know I’ll be going over child functioning and family needs and priorities before the meeting to review the plan. The family will have their selected outcomes/goals before then.

5. Show the matrix to the caregiver.

   Here’s the matrix we look at every week. This will help us organize this review.

6. Ask the family how things are going with each routine on the matrix.

   How have things been going at breakfast time?

7. Remind the family of anything related to that routine the family has mentioned in visits before.

   Remember you said you wanted him to sit in a child’s chair instead of the high chair? Is that still something you want?

8. Mention the child’s accomplishments.

   You said that, at breakfast, he’s using some words now!

9. Mention skills the child hasn’t accomplished.

   He’s still not feeding himself with a spoon, right?

10. Direct the conversation to outcomes/goals on the plan to be addressed in that routine, reviewing progress.

    You worked on his making choices. How do you feel about his ability to make choices?

11. Consult goal attainment scaling data, if available.

    You know how we’ve been rating how well he can do this on the infamously named GAS? Let’s see what our ratings have been lately.

12. After all routines on the matrix have been reviewed, ask about other routines

    Are there other times of the day, such as outside the home or on the weekend, you’d like to think about, in terms of your child’s participating the way you want him to?

13. Schedule a time to review the MEISR with the family.

    Remember this incredibly interesting long list of things children do at different times of the day? Can you please complete it, and we’ll go over it next week, to see if there are things you want us to work on?

14. Schedule a time to review the ClaMEISR with the teacher.

    Remember this incredibly interesting long list of things children do in different classroom activities? Can you please complete it, and we’ll go over it next week, for me to see if the family wants to change the plan?

15. Ask the three magical questions

    - Do you have enough time for yourself or yourself and another person?
    - When you lie awake at night, worrying, what do you worry about?

R. A. McWilliam (2018)
• *If there’s anything you could change in your life, what would it be?*

16. Take notes during the matrix-based conversation.

17. Take notes during the MEISR/ClaMEISR conversation.

18. Review ideas the caregivers or teachers had about things to address in the next 6 months (i.e., recap).

19. Ask the family what they would like the team (including them) to work on.

20. Keep prompting the family for outcomes/goals until they have chosen 10-12.

21. Ask the family to put the outcomes/goals into order of importance.

22. Write down exactly what the family wants.

23. For child skills, include the routines in which they are needed or would be beneficial.


