In this third newsletter, we let you know about the second edition of one of my books, presentations, “trainings”/workshops, symposia, and DEI efforts.

**Second Edition of RBEI**
Cami Stevenson and Robin are working on the second edition of the book *Routines-Based Early Intervention*. Naturally, it will incorporate the tweaks we have made in the past 12 years, including attention to diversity, equity, and inclusion (DEI), which we discuss later in this newsletter.

**Presentations**

**Inclusion Institute**
At the 2021 Inclusion Institute, hosted by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, but this year virtually, we presented an international panel on itinerant services to children’s classrooms. Participants were Robin McWilliam, Stephen Carberry (Victoria/Canberra, Australia), Katherine Reilly (Auckland, New Zealand), Pau García Grau (Spain), and Cami Stevenson (Portland, OR, USA). A critical and often overlooked practice in inclusion is the consultation between an early intervention/early childhood special education professional and the classroom teacher (including child care providers).

**37th Alabama Early Intervention and Preschool Conference**
In October 2021, Robin presented on “Caregivers’ Teaching Any Skill to Any Child in Any Routine: Incidental Teaching,”

**Michigan**
In November, Robin presented on “Centering Assessment and Intervention Around Routines” to Michigan’s service coordinators—over 800 of them.

**TACDEI**
Also in November, Robin presented on “Routines-Based Visits and Telepractice: How to Get Started” to the Taiwan Association of Child Development and Early Intervention.
Upcoming University of Silesia Course

Robin is preparing to teach the course Working With Children With a Functional, Family-Centered, Fun Framework at the University of Silesia, Poland. This course will run from March to May 2022.

Trainings

Illinois CC2CC
Robin and Cami presented a series of sessions on Collaborative Consultation to Children’s Classrooms to Illinois early intervention professionals. This series was organized by our colleague, Maria Kastanis, of the Illinois Early Intervention Training Program. Illinois is now considered an emerging implementation site of the Routines-Based Model.

Alabama BRHV Bootcamps
Robin has completed the 16-hour course on Routines-Based Home Visits with Alabama early intervention providers. Comments from participants indicated they now understood the value of letting families set the agenda for visits, of asking many questions for context before making suggestions, and of the Next-Steps Form for summarizing the visit and setting up the next visit.

MEISR for Alabama
Robin reprised a session on the Measure of Engagement, Independence, and Social Relationships for Alabama professionals. He emphasized the usefulness in preparing for the Routines-Based Interview (RBI), in understanding developmental progression, in monitoring progress, and in preparing for reviews and annuals.

RBI Refresher 1 and 2
Robin repeated workshops on the RBI, focusing on (1) how to conduct and RBI and (2) how to develop and write participation-based child outcomes.

MECP
With Cami’s coordination, Robin led sessions for Multnomah Early Childhood Program, a highly effective implementation site in Portland, OR, in October and November. Cohorts range from those initially trained three years ago to those new this year. In addition, Robin is working with a new set of coaches and with classroom teachers.

Symposia Series
Since our last newsletter, we have hosted symposia from Poland, New Zealand, Australia, the United States, and Singapore. All sessions addressed which components of the Routines-Based Model (RBM) they implemented and their successes. They also addressed challenges to implementation. Robin presented a final symposium, pulling together themes we have learned from these disparate but unified implementers. A strong theme has been the importance of leadership: Without flag-bearers, implementation wouldn’t happen. Implementation is more successful when a group of people are committed to the model adoption, rather than a single person. Even though the model is not expensive to implement, resource limitations were the most common barriers. This barrier is especially true for funding coaches to fidelity. In fact, follow-up to fidelity is still perhaps the most precarious dimension to sustainability. Those implementers who are observing with performance checklists and monitoring fidelity are in the strongest position to continue successful model adoption.
DEI, Trauma, and the RBM

Cami and Robin have been learning and thinking about the relevance of the RBM to diversity, equity, and inclusion as well as to trauma-informed early intervention birth-5. We believe the model contributes to equity and, of course, inclusion, even though we recognize we need to understand more. The understanding process has made us question our practices and, more revealingly, common practices in EI/ECSE. One of our most glaring examples of potentially colonialist practices in the field is the use of an expert approach with families. This approach is honed in clinics but then transferred to home visits and community classroom visits, as clinicians take jobs in those settings. The medical model is so accepted and pervasive that well-meaning professionals don’t even realize how they might be perpetuating a disenfranchisement of the families and teachers we work with. The “educational” model isn’t any better, with a historically judgmental and antagonistic view of “difficult” or “uninvolved” families.

We have come to realize that a dialectical understanding of an expert approach and a collaborative approach supports the family and collaborative consultation approach we use in the RBM. Both expertise and partnership with caregivers are necessary, but the approach needs to bend to collaboration.

We are determined to keep the RBM relevant to issues of equity and to continue to examine our assumptions, our biases, and our values. We are conscious of the performative nature of statements like this, so we welcome challenges to our practices and our writings. We also consciously encourage our students and implementers to show grace, forgiveness, and forbearance, as people navigate the journey to greater awareness and understanding of the complex issues in DEI. The occasional slip-up or uninformed opinion doesn’t give us permission to ostracize or condemn the person who is still learning. Our philosophy in the RBM is that we are focused on the well-being of the children and families we serve, so we need to be kind to the people serving them and to trainers helping to move the field forward.