The Routines-Based Interview
A Method for Gathering Information and Assessing Needs

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There are multiple ways to gather information from families receiving early intervention services (J. J. Woods & D. P. Lindeman, 2008). In this article, we discuss a specific strategy for doing this through information-gathering conversations with families. The routines-based interview (RBI; R. A. McWilliam, 1992, 2005a) was developed to meet a number of needs, including information gathering and planning interventions. A set of 6 steps and 10 quality indicators that comprise the RBI are described, as are findings from a preliminary study on RBI implementation. The discussion contains plans for further research and implementation fidelity criteria. **Key words:** *assessment*, *family*, *IFSP*, *interview*

AS suggested by many in the field of early intervention (Bailey & Blasco, 1990; Bailey & Simeonsson, 1988; Woods & Lindeman, 2008), there are numerous ways to assess family needs and priorities when planning intervention. Gathering information from families to understand their needs and priorities is the foundation for providing quality early intervention (McWilliam, 2005a; Trivette & Dunst, 2005). Researchers and practitioners continue to use and evaluate various techniques for gathering information from families. For example, questionnaires about needs (Sexton, Snyder, Rheams, Barron-Sharp, & Perez, 1991) and resources

(Thompson et al., 1997) are used, as are various "mapping" strategies (Woods & Lindeman, 2008). Community mapping is one example in which families describe the natural learning opportunities occurring within communities and identify other opportunities for inclusion (Dunst, Herter, Shields, & Bennis, 2001). Many early interventionists simply ask families about their concerns, priorities, and resources, as part of the development of the individualized family service plan (IFSP).

Various interview methods are also used to gather information from families, ranging from more structured methods to informal conversations (Bailey et al., 1986; McWilliam, 1992; Winton & Bailey, 1988; Woods & Lindeman, 2008). For example, proponents of positive psychology are focused on 24 empirically based strengths and virtues needed for a good life (Seligman & Csikszentmihalyi, 2000). This focus on assets has led to the development of tools such as the Asset-Based Context Matrix, which is used to design interventions in natural environments and is based on conversations with family members (Wilson, Mott, & Batman, 2004). Another interview process has been developed by proponents of solution-focused therapy, who concentrate on current resources and the

development of goals rather than on a history of problems and a diagnosis (Iveson, 2002).

Regardless of the process used to gather information for early intervention from families, the construct of family centeredness should always be considered. Family centeredness is a construct in early intervention that addresses 2 issues: How to interact with families and what to do with them. Family-centered interactions have been found to be positive, responsive, oriented to the whole family, friendly, and sensitive (McWilliam, Tocci, & Harbin, 1998) as well as enabling and empowering (Dunst, Trivette, & Deal, 1988). Family-centered actions include assessing families' needs and helping them meet those needs (Bailey et al., 1998).

In addition to family centeredness, functionality has been identified as a desired attribute of intervention planning with families (McWilliam et al., 1998). Child assessments with more functional (ie, routines-based) items are more helpful than those with nonfunctional items. One method that can capture needs, resources, functional task demands, family-level needs, and family priorities is the routines-based interview (RBI; McWilliam 1992, 2005a). The purpose of this article is to describe the RBI in detail for use in early intervention.

The RBI is a specific application of the principles described by Woods and Lindeman (2008). It is a semi-structured interview with 3 purposes: To develop a list of functional outcomes, to assess child and family functioning, and to establish a positive relationship with the family. The basic structure is questions about daily routines, from the beginning of a typical day to the end of the day. At the beginning of the interview, families are asked what their main concerns for their child and family are. Then the interviewer asks the family to proceed through a discussion of a typical day. The follow-up questions *within each routine* are to find out what the whole family does, what the child in question does, what the child's engagement or participation is like, what the child's independence is like, what the child's social relationships are like, and

how satisfied the adult family members are with the routine. These follow-up questions require considerable knowledge of child development and family functioning and require the interviewer to have good people skills.

The RBI was developed to meet a number of needs, including gathering information and planning interventions. The purpose of structuring the interview around family routines is to identify what the family already does and what the family wants to do (ie, family outcome setting). Attention is paid to the needs of all family members and the needs of everyday life. The stress on routines is because of the behavioral-ecological notion that routines are the context in which the need for intervention is "authentically" determined (Gallimore, Weisner, Bernheimer, Guthrie, & Nihira, 1992). Horner, Sugai, Todd, and Lewis-Palmer (1999) have written that routines are especially important when working with young children with challenging behaviors, but the principle is the same as it is with children with other developmental disabilities. In the field of positive behavior support, identification of problem routines is a central feature of the functional behavior interview that occurs as part of the functional behavior assessment. Although they did not consciously mature together, it has been interesting to see the parallels between the fields of positive behavior support and early intervention in natural environments. They both focus on support to natural caregivers, guiding caregivers to embed interventions in naturally occurring home activities and assessing the goodness of fit between the child and the demands of the routine.

Assessment of goodness of fit and family needs is what is missing in traditional early intervention practice. The use of an interview to assess needs has been undertaken by Wing, Leekam, Libby, Gould, and Larcombe (2002) in their development of the Diagnostic Interview for Social and Communication Disorders. Unlike the RBI, however, the Diagnostic Interview for Social and Communication Disorders includes scores for the child's abilities and is used for diagnosis. It includes not only

some routines for self-care items (eg, feeding, dressing, personal hygiene) but also general nonroutine domains (eg, receptive communication, imitation, imagination). The RBI, on the other hand, can assist with the "quintuple effort" described by Turnbull and Turnbull (2001, p. 59). They have found that it is necessary to maximize individual and family quality of life by (1) taking "stock of what is important to them in terms of individual and family quality of life across all domains" (p. 59), (2) deciding what is currently available, (3) determining what needs to change "to create a better match" between child and family characteristics "and what currently exists" (p. 59), (4) developing action plans, and (5) securing individualized funding. It explicitly elicits what is important to the family, in priority order, and it addresses quality of life in terms of families' satisfaction with their routines. The needs assessment embedded in the interview is about the goodness of fit between the child and the demands of the routine, which is parallel to the third point in the Turnbulls' list. The RBI, therefore, is more than a tool for gathering information about family needs and priorities: It is also a method for assessing and measuring the family's quality of life.

DESCRIPTION OF THE RBI

The RBI has evolved in the 14 years since the publication of *Family-Centered Intervention Planning* (McWilliam, 1992) to a set of well-articulated steps and quality indicators. The 6 steps are as follows and are contained in Table 1.

Beginning statements

Starting the RBI, the interviewer should know, minimally, who lives in the home with the child. The interview is generally with 1 or more adults in the parent role, living with the child, and it is conducted by 1 or 2 professionals. One interviewer takes the lead, and the other might take notes, help with child care and distractions, or check off items on a developmental assessment. Ideally, the interviewer would have conducted an ecomap or

Table 1. Six steps for completing a routines-based interview

1. Beginning statements
2. Routines as the agenda
3. Information from routines
4. Satisfaction with routines
5. Concerns and priorities
6. Outcome writing

otherwise discovered who was in the family's ecology (Bronfenbrenner, 1979). The family should be prepared before the RBI about the process and understand the reason for participating in the conversation (Woods & Lindeman, 2008). Nevertheless, before asking questions, the interviewer introduces the process with a statement such as

Today, I would like to ask you about your day-to-day life to get a picture of what Raúl and the rest of your family need, so, at the end of the discussion, you can decide what you want the team to focus on. If there's anything you don't want to say, then don't say it. It's all right. Going through your day-to-day life will also help us make suggestions that make sense in your life. Is this okay by you?

The first question in the RBI is *What are your main concerns for Raúl and your family?* These concerns are written down, and the interviewer tells the family that details about them will be addressed as routines are discussed. These concerns are often similar to what service coordinators use for actual outcomes, because they derive them from the same question. *Notably, outcomes emanating from the RBI are often markedly different from the main concerns, suggesting that main concerns are superficial, compared with a more analytic look by the family at their needs.*

Routines as the agenda

After main concerns have been identified, the majority of the 90-minute conversation is about routines, which in this process are defined as typically occurring daily events. The times when they occur are not important.

Having predictable routines has been identified as decreasing the need for new decision making in families (McCubbin & McCubbin, 1988). In many families, the daily routine begins with waking up (parents' and children's), diaper changing, and breakfast. The first routines-based question is, *How does your day start?* The way to move on to a new routine is to ask the parent what happens next. This avoids revealing any preconception about normal routines and allows the family to tell their own story in the order their routines typically occur.

The RBI always consists of an interview of home routines. If the child attends a classroom-based program, such as child care or preschool, a significant portion of his or her week (eg, >15 hours) consists of extrafamilial learning opportunities. The interview then includes information from that child care provider or teacher. If the teacher can be present during the interview, he or she is interviewed immediately after the home routines interview and before outcomes are selected. If the teacher cannot be present, he or she is interviewed before the family RBI, so that the interviewers can report what the teacher said. The interview with the teacher is equally detailed as the one about home routines: Teachers are asked what the other children do during the routine, what this child does, how this child is typically engaged in the routine or activity, and his or her independence and social relationships. The final question for each routine is *How well does this routine work for Raúl?*

Information from routines

In the discussion of each routine, the interviewers obtain information about 6 items:

1. What everyone does at this time; this provides the normative information and an idea about the task demands of the routine.
2. What this child does; this begins the assessment of ecological congruence (Thurman, 1985) or goodness of fit (Simeonsson, Bailey, Huntington, & Comfort, 1986), which is the interaction of the child's interests or abilities with the demands of the routine.
3. What the child's engagement is like; this includes the extent to which and the quality with which the child participates in the routine.
4. What the child's independence is like; obviously, this is the extent to which the child can perform the demands of the routine by himself or herself.
5. What the child's social relationships are like; this consists of information about how the child communicates and gets along with others.
6. How satisfied the family is with this routine or how well the teacher perceives the routine to work for the child. Satisfaction with routines is discussed next.

As the interviewers proceed through the times of the day, seeking this information, they complete the RBI Report Form (McWilliam, 2003) or keep running notes, organized by routines. The RBI Report Form is a tool to guide interviewers through the process and to record information. It has space for main concerns and the other components of the interview described here. Because concerns or other possible intervention targets are mentioned, interviewers mark them, such as with an asterisk or a star, for easy retrieval later in the interview.

Satisfaction with routines

Asking families about their satisfaction with each routine is very important, because (a) it helps them solidify how much they really want to change it and (b) it provides some insight into the family's quality of life. In recent years, we have been asking families to rate their satisfaction on a scale of 1 to 5, which is included in the RBI Report Form. The most common way of asking for this rating is now, *On a scale of 1 to 5, how well is this time of day working for you?* Note that the term "routine," which has connotations of invariability or structure, is not used, and the question is asked in terms of "working for you," rather than for Raúl. This reflects the orientation of the RBI in family systems theory (Bronfenbrenner, 1986) and

quality of life theory (Mitchell, 1993), in which it is understood that Raúl's development and behavior are inextricably linked to the emotional well-being of his family. This is a critical area for the suspension of judgment in the interview. Sometimes, families are very satisfied with routines that might seem dysfunctional or chaotic to the interviewer. It is important to remember whose routines these are and never to pit the parent's satisfaction with the routine against what is "in the child's best interest." If families mention some level of dissatisfaction with the routine, such as a child's inability to do something independently, it opens the door for discussing changes to the routine. But, in general, interventionists need to respect how families manage their daily activities. Research shows that families find a homeostasis that works for them (Gallimore, Bernheimer, & Weisner, 1999).

If all is going well for the family, that is cause for celebration, except an IFSP still needs to be developed! In such situations, the interviewer asks what the family would like the child to be able to do, in the routine, next (ie, what should be learned in the next 6 months). If the family does not know, the interviewer can give some options. Thus, families' high satisfaction with the routine is maintained but families' aspirations for their children are still identified. This is one of the ways the RBI is asset not deficit driven.

Ratings of satisfaction with routines can be used for program evaluation, in that a goal of early intervention is to improve families' quality of life. Teams should therefore revisit ratings of satisfaction with routines (not satisfaction with early intervention) every 6 months. If such ratings are desired outside the context of the RBI, the Satisfaction with Home Routines Evaluation (McWilliam, 2005c) can be used. Ratings have therefore proven useful for understanding families' priorities and for program evaluation.

In classroom routines, the question is about the goodness of fit, rather than satisfaction, because the goal is not to improve the teacher's quality of life but it is to help make every routine the best type of learning opportunity for the child. The goodness of fit question is asked in terms of how well the routine is working for the child. The rationale is that problems with engagement, independence, and social relationships can be considered a mismatch (ie, poor fit) between the abilities or interests of the child and the demands of the routine. This is a more positive stance than assuming there is something wrong with the child. After all, the intervention options are to teach the child, to change how the routine is managed, and to change expectations for the child. The goodness of fit question is very helpful to the family in identifying what to work on—outcomes.

Concerns and priorities

After routines have been discussed, focusing on the 6 items described earlier, the interviewer reminds the family what concerns and aspirations the family identified during the discussion of routines (ie, the items marked with a star). This list can be quite long, such as 15 concerns and aspirations, sometimes with repetitions. It is important that this not be considered the list of potential outcomes. That selection is what happens next: After the summarizing of concerns, the family is asked to choose "things they would like the team to help with." Families already receiving early intervention sometimes hesitate to list family-level concerns, because they consider these concerns outside the bounds of early intervention. Interviewers might need to reassure them that it is the family's plan and that all concerns and aspirations can be listed. The interviewer encourages the family to choose 6 to 10 informal outcomes, which are written down more or less verbatim. Once chosen, the family is asked to put the outcomes (goals) into priority order. The concerns and priorities component of the RBI therefore consists of summarizing concerns, listing informal outcomes, and putting the outcomes into priority order.

Outcome writing

The interview and outcome selection are now over. Next, one team member is responsible for turning the informal outcomes into

formal ones. For child outcomes, numerous measurable criteria for completion should be included. For family outcomes, usually one measurable criterion suffices. Measurability is important, so the team knows what it is aiming for and so it has some method for judging progress, but it is also something that does not require obsession. The professional converting the informal outcomes into formal ones uses judgment, on the basis of listening to the interview answers. It is practical to write these outcomes back at the office and present them to the family at the beginning of the next meeting, which might be considered "the IFSP meeting." That is somewhat of a misnomer, however, because the development of the IFSP begins with the gathering of relevant information, which includes the RBI, if not before. Regardless, it is important to note that the common rule of not writing outcomes (goals) in advance of the meeting is designed to ensure that professionals do not predetermine outcomes. When using an RBI correctly, the outcomes are clearly the families', and converting the families' priorities to formal outcomes is merely an administrative step to ensure the outcomes meet accountability standards.

QUALITY INDICATORS OF INTERVIEW

As the use of the RBI has become more widespread, treatment fidelity has had to be balanced with local-preference variation. The following are key indicators of acceptable-quality interviews and frequently made mistakes. These also are listed in Table 2.

Active listening

The interviewer repeats what the parent has said to ensure that he or she understands and to let the parent know he or she is being listened to. The interviewer does not simply say, "Okay," in response to the parent's answers.

In-depth follow-up questions

The richness of the interview comes from the within-routines discussion as described

Table 2. Key indicators of quality interviews

1. Active listening
2. In-depth follow-up questions
3. Continuing the conversation
4. Proactive questioning about child development
5. "Smart questions"
6. Nonverbal behaviors
7. Social milieu of routines
8. Seeking evaluative and interpretive opinions
9. Managing the conversation
10. Empathizing

above. The interviewer helps the parent paint a picture of the routine and the child's functioning in the routine. He or she does not simply listen to the parent's initial description and then move on to the next routine.

Continuing the conversation

Despite the name (routines-based *interview*), we agree with Woods and Lindeman (2008) that conversations are better strategies for gathering information from families than are structured interviews. The RBI should have almost no pauses, and definitely not while the interviewer writes. It should continue as though it were a conversation with a new neighbor, without any forms. Avoid the sequence of ask, listen, write, ask, listen, write. The parts of the sequence focused on writing should be eliminated, which is why it is often helpful to have a second interviewer.

Proactive questioning about child development

When all is going well, the interviewer asks about the future—what the child is likely to do next. This makes the RBI inclusive for all children, including those without disabilities. The interviewer does not confuse all going well with no opportunity for outcomes.

"Smart questions"

Smart questions reveal understanding about family functioning. When parents hear

the interviewer ask a question that shows he or she really "gets" families, they feel more confident about the help they are receiving. Some of these questions might be *What's it like when your husband comes back in—is it a relief or like you have another child on your hands? When she lifts her arms to you in the morning, does this make you feel great as a mother?* and *When do you have time for your shower?* All these questions have to be asked with friendly informality, so that the family feels the interviewer understands them, not that he or she is intrusive. As Woods and Lindeman (2008) suggest, families' feelings of being intruded upon are a concern when using conversations to gather information from families; however, feelings of intrusion are typically a failure of the interviewer's social nuance in establishing relationships.

Nonverbal

The interviewer uses nonverbal messages as much as verbal ones to convey acceptance and interest, which requires a high rate of smiling and nodding. Nonverbal language conveys informality and friendliness more strongly than verbal language. The interviewer who does not convey amiability by his or her style is less likely to gain the family's trust.

Social milieu of routines

The context of the child's engagement, especially with adults and peers, is important for needs assessment and then for intervention. The presence of other people can affect how well the routine goes, so it is important to determine who is typically present in each routine. The interviewer who asks only about the child and perhaps the mother could miss vital topics to discuss with the family.

Seeking evaluative and interpretive opinions

What takes an RBI beyond a simple description of a typical day into a form of conjoint behavioral consultation (Sheridan, 1997) is the interviewer's ascertaining the family's opin-ions about the child's and family's functioning. Examples would be asking why a child does something the parent has reported and asking how the parent feels about a routine.

Managing the conversation

The interviewer needs to maintain control of the conversation, skipping over routines to speed it up or asking detailed questions to slow it down. The interviewer who does not control the pace will wind up with a very long (eg, over 2 hours) or very short (eg, less than 1 hour) interview. Management of the conversation also involves dealing with distractions and putting the conversation back on track.

Empathizing

Ultimately, the RBI is an intense, solution-finding (see Iveson, 2002) clinical interview. Establishing a bond with the parent is essential, and this occurs with a combination of the above indicators along with empathy. Although it is important to remain neutral when the family reports surprising information, it is equally important to convey understanding and emotional connection with both hardships and successes. The interviewer who remains "professionally objective" is unlikely to engender connection with the family.

PRELIMINARY EVIDENCE

The RBI has existed in one form or another for over 20 years (McWilliam & Dunst, 1986) and has gradually become widespread. Presentations on the RBI have been made in about half the states, and a number of these programs have incorporated it into their Part C services. In Kentucky and Tennessee, for example, the RBI is now part of the official IFSP process. Similarly, in a number of states and communities, it is used with varying amounts of treatment fidelity.

In addition to this model-adoption support (Hall & Loucks, 1977), empirical support for the RBI is beginning to emerge. We recently completed the first study on the efficacy of using the RBI for IFSP development. We hypothesized that the RBI would result in

greater family satisfaction with the IFSP development process, more outcomes, and more functional outcomes than traditional IFSP development procedures. Sixteen families participated; they were randomly assigned either to receive the RBI or to receive the business-as-usual IFSP development process. In the state where this study was undertaken, service coordinators are dedicated solely to the service coordination role. They were the professionals doing the interview in this study, so they received training from the authors.

This preliminary study showed that an RBI produced better outcomes than did the traditional approach to IFSP development. As planned, when service coordinators worked with the experimental group, they implemented the steps in the RBI process ($M = 16.29$, SD $= 3.25$), whereas when they worked with the contrast group, they did not ($M = 12.63$, SD $= 2.20$, $d = 1.34$). This difference was found by examining the number of steps correct on the Routines-Based Assessment and Intervention Planning Checklist (Individualizing Inclusion in Child Care Project, 2001). The families in the RBI group were more satisfied with the IFSP development process ($M = 61.80$, SD $= 3.83$) than were the families in the contrast group ($M = 55.43$, SD $= 8.30$, $d = 1.05$), and the contrast group had more variable responses, as indicated by the larger standard deviation. The number of outcomes was greater, as expected, as a result of the RBI ($M = 4.25$, SD $= 1.04$) than as a result of an IFSP developed without an RBI ($M = 2.63$, SD $= 1.30$, $d = 1.38$). Finally, outcomes written because of the RBI were more functional ($M = 3.21$, SD $= 0.83$) than outcomes written because of the standard process ($M = 1.65$, SD $= 1.16$, $d = 1.57$), as measured by the Goal Functionality Scale (McWilliam, 2005b).

NEXT STEPS AND APPLICATION TO THE FIELD

The future of the RBI requires 3 efforts: research, the development of training materials, and definition of implementation criteria. Studies of the efficacy of the RBI need to be conducted to provide the evidence base for this particular practice: The empirical validity needs to catch up with the face validity. In terms of the fidelity of the implementation of the process, training materials need to be refined and validated. Currently, training requires investment by a relatively small number of people with the requisite experience to provide intensive training. A larger cadre of trainers with materials is needed. Finally, the RBI is not a quick discussion of a family's typical day; to make matters difficult, it is a semi-structured but detailed interview with 6 components or steps and 10 quality indicators; these should be invisible. In other words, when it is conducted as designed, the family perceives it as a conversation that almost magically results in a list of concrete, functional goals (outcomes) for the child and family. The minimum criteria for implementation fidelity need to be discovered.

The RBI is a promising method for gathering information on the everyday routines, activities, and events of children and families, which is important for outcomes and interventions that make a difference for children and families (McWilliam, 2005a; Trivette & Dunst, 2005; Woods & Lindeman, 2008). Furthermore, early intervention professionals have said that the RBI has given them a structure for refocusing their professional activities. Once they conduct these interviews (with high fidelity), they connect better with the family and attend to more meaningful interventions.

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