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Assessing Family Needs by Going Through Their Day... and Their Worries and Desires for Change

DANIELLE WEBBER:

Welcome everyone, this is Danielle Webber from AUCD. We are just waiting for everyone who is in the waiting room. We are excited we have great interest. This is a webinar that is sponsored by the AUCD.

We are excited to have her introduce our speaker for today and the topic for the session. I'm going to turn it over to her, because we have plenty of content again through.

Feel welcome to send questions through the chat box throughout the presentation. We will have some time dedicated at the end and to try to get through all of the questions that we can. Right, Mary Beth.

MARY BETH BRUDER:

Thank you Daniel, it is my great pleasure to introduce a very good friend of mine, old friend of mine. Meaning, we have been together for a long time as friends.

Robin McWilliam is known as the Routines-Based Model for early intervention, and is known worldwide. He has other professional interests which include child engagement, inclusion, and he is trading doctoral students. He is at the University of Alabama and -- at Tuscaloosa and previously at Vanderbilt, and at the University of North Carolina. He is a doting granddad, and that tells it all. I will turn it over to Robin, and we will have time for questions, and you can put questions into the chat.

ROBIN McWILLIAM:

Thank you Mary Beth for that introduction. But there's nothing I like better than being introduced by you. Do you remember, Mary Beth, that we once presented in the Vail Colorado? We had to drink a lot of water because of the altitude. You kept having to run offstage (Laughs) To get more water and to pee as a result of all of the water you are drinking.

It is my great pleasure to talk to you guys, connected with AUCD about assessing family needs by going through their day? And their worries and desires for change. Right now, I'm doing a lot of professional development and it has become so easy on zoom, that I have a lot going on, including working with some people from a state that will remain nameless.

I'm going to be talking to you guys about the routine based interview.

The state that I'm working with right now is all up in arms, because they are going to have to give up the idea that their evaluation team for determining a child's eligibility for services it gets to set the goals.

My comment to that is, when are you going to fill out the adoption papers for these children that you are setting the goals for? Because, we believe families should be able to set the goals and professionals come in to help determine why the child cannot do something or is doing something and what to do about it.

Let's move on to our stuff before I lose any sense of time.

Danielle, if you see some questions that are timely, I do not mind answering questions as we go along, in case I run out of time at the end.

Today, I am hoping to address family assessment as it is determined in IDA. -- IDEA. The goals or outcomes, that we get as a result of the RBI, which does not stand for runs batted in. And scholarship.

Family assessment ? this is included in part C. As you can see, this is language directly from IDEA, and many of you will be familiar with this part. A family directed assessment conducted by qualified personnel to enhance the family's capacity.

To meet the developmental needs of the families infant or toddler with a disability. By voluntarily, based on information obtained through an assessment tool and also do an interview with those family members who elect to participate. When the regs came out, following this legislation, it specifically said that it can include a routines based interview. At which point, my email exploded with people saying "how did you get the RBI into federal guidance?" I didn't. (Laughs) Had nothing to do with me.

But I think that the recognition of the routines based interview may be a good way to assess families needs.

Including the family's description of its CPR, concerns, priorities, resources.

That is part C. We all know that part C is supposed to be family oriented, with the IFSP makes it clear that the families are there. When the child turns three years old, all of a sudden, the children are helicopters and from the orphanage to the preschools. The family has somewhat disappeared.

We know that of course, families are still mentioned in IDEA, part B section 619, which is the preschool of section, part B. In South Dakota, the description of preschool special ed ? "LEAs should collaborate with the service coordinators to provide parents with information about services available through school districts and support parent and family involvement in the transition planning process."

In the transition, families are important members of the team. The Center for parent information and resources in New Jersey talks about as the IEP meeting comes to a close, you, the parents, will probably asked to sign the IEP documents. This is an important part, depending on the state that you live in, your signature on the IEP will mean different things. In some school systems, the parent signature on the IEP means that you agree with the IEP. In other states, a parent signature on the form simply means that the parent attended the IEP meeting.

We often hear people say "if you don't agree, do not sign the IEP." In some cases, that is not going to actually indicate disagreement. So, we always say, if you actually disagree with the IEP, write something. You can write it on the IEP.

The main point here is that families roles and services for children's, 3-21 or 22 years old, have really changed, and are very different from birth to three years old.

The involvement with the families of the participation with the plan, is a good model for older services.

The Routines-Based Model that Mary Beth referred to, is actually designed for children birth through five. That is because we do a lot of international work as Mary Beth mentioned, and in civilized societies, we do not have this great cut off at age 3, that we have in this country.

Services tend to be more continuous and from birth through five until they hear big school. -- Hit big school. The big difference is, even internationally, when you change from home based to classroom-based services.

In our model, the visitor to the home provides supports and the visitor to classrooms, provides support there. We are completely in favor of inclusion and so the services of four children just with disabilities are almost not on our radar.

We really are trying to promote inclusive practices. So, where does -- what does this mean for the RBI? It means that we need to assess children's functioning in their everyday routines, wherever those routines are.

Let's go -- into this a little bit more. Going beyond the concerns, priorities, resources ? or maybe we extend the definition of CPR. We want to look at:

Functioning by the child.

Child related family needs.

Family level needs.

Let's dive into this a little bit.

The functioning is well-defined in the international classification of functioning, health and disability. Popularly known as the ICF. This is really well known in many places outside of the United States.

Taiwan is one of the leading countries ? I say countries, but don't tell China I said that. The ICF report is required in Portugal. Other countries, also, acknowledge that the international classification of functioning is really a game changer in thinking about disability.

In the old days, remember we had international classification of disease, which included disabilities? Where we had a certain disability, that would defined you. Which is not. People with the same disability, might function very differently.

This is very graphic portrayal that the ICF uses. We do have a body function and structure, which would typically be the disability. It can also be the health condition, because sometimes they are not

disabilities as much as they are health conditions. But the extent to which the person participates in different activities, it really defines the functioning of that person.

That participation in that level of activity is sometimes defined by environmental factors.

So what kind of supports does the person have to be able to participate actively in homework, school and community? Then there are personal factors. Individuals with disabilities have their different levels of motivation, different self-perceptions of who they want to be, and what they want to be, and what they want to be doing.

Those things out into the contributors to a person's ability to function in everyday routines. Which is called "act activity" in the ICF. Now we have really gone outside beyond this idea that the disability characterizes the person.

What does this have to do with infants, toddlers, preschoolers with disabilities? It has to do with their ability to function in their everyday routines.

This is where the routines based interview comes in. When we are doing an RBI, we are getting information about the child's engagement, including independence and social relationships. I will talk a little bit more about those as we go along.

I first started doing research for engagement with Carl Dunst in the early 1980s. This has always been an interest of mine. The idea about how children spend their time, which is engagement and at different levels of sophistication of engagement.

We wrote, way back then in our first engagement publication in 1985. A child cannot learn unless a child is engaged. It is a prerequisite for learning. Why doesn't engagement have more prominence in our field? I think it is because we are so test oriented in early intervention and preschool special ed, that if it is not a developmental domain, which is what tests are usually broken down into, people don't acknowledge it.

Acknowledge cognitive information, motor, social, adaptive, because those are departmental domains and actually, that is the part C legislation.

Engagement, it isn't something that you can test by administering items to a child. Engagement requires knowing how the child typically performs.

Especially, across time in different situations from waking up time all the way through to bedtime, regardless of where the child is in those times between. The assessment of engagement, we will talk about it in just a minute.

We also understood that independence and social relationships are really important components of engagement. Independence is self-explanatory. But, we also make the really important point that independence of all of these three things, is the one that is the most culturally sensitive.

That is the extent to which independence is important in a child's functioning. It really varies quite a bit by culture. We know that in many Southeast Asian families and many Latino families, that the definition of a good mother is someone who does things for her child.

Whereas, in traditional American and West European cultures, we are very strong on promoting children doing things for themselves.

We absolutely have to acknowledge the cultural areas of the family. Social relationships include communication and getting along with others. We like to put those two together because nobody cares what a child can do in a therapy room with a speech language pathologist. What we really care about is, can the child understand and express him or herself in everyday routines?

OK. Look at this logic model for a second. It is for the foundations of learning, which is what we call engagement independence for social relationships. And we can look at how they are linked eventually to the federal child outcomes. So, once we have assessed ME ISR, engagement, independence, social relationships. We have goals that address those things that the family has chosen.

In talking about the -- individualize goals. We also have action during visits, where we might ask the family of the teacher to show us what the child can do or we observe the child. We also have the caregiver, maybe show us what he or she is doing with the child. We also might demonstrate for the caregiver.

In these days where we have had the last two years where we had many virtual visits. Of course, that last one has been a little more complicated.

But, I'm going to turn my screen around, and that thing back there, that blob back there is a stuffed dog that I use when I have to show caregivers what they might do with a child.

We also have an instrument called the measure of engagement, independence, social relationships. We call it the meiser.?

The federal child outcomes which were supposed to be, but there were all kind of weird ways that people are assessing the federal child outcomes, which as you know, consists of acquiring knowledge and skills, taking action to meet needs, social relationships.

You can see that these match up, somewhat with engagement, independence, social relationships.

A little anecdote is that, for two glorious weeks, engagement independence and social relationships were actually the federal child outcomes. I was on the (unknown term) advisory board and proposed those. And people thought that they were great, until committees started debating them.

They improved on my two things and came up with these three that I find hard to understand each one, anyway.

So, looking at functioning.

We can summarize the data as meaningful participation in everyday routines.

Remember I talked about the child needs? Does our -- are for functioning. Those are also child related family needs. Put the -- emphasis on the correct words. "Child needs".

A parent might want information about sleep problems in children with autism.

That would be information that is related to their child.

Let me also talk about strategies for a second.

Families might want to know sign language, so they can use signing with their child.

That does not have to be as you all know, just because a child might have hearing impairment, signing? I have two children who is one who is hard of hearing, and one is hard of listening. We were signing with her family because our older daughter for a while, and we signed almost all the time with her family.

My younger daughter who is not hard of hearing, her first word was "bath".

When did you hear a child who ever had the first word ending with a T letter H sound? She never had a oral word, but she had the signs for it.

The child related family needs are quite common, but let's go on to something that is a little more interesting.

Family level needs. For family members not -- needs that are not directly related to the child. One time that I was giving a talk for all of the service coordinators for mid Atlantic states. I was talking about the importance of doing, having family level needs including in the IFSP. On the IEP, it is much harder. For the I FSP.

When is giving this top -- talk, a hand shot up. When a hand shoots up that fast, you are in for trouble. Someone has a challenge for you.

So, I acknowledge the person whose hand shot up and I said "yes, you have a question?" And so, she said, yes. If the parent says, they need a new car, or be expected to buy a car for that family?

So I pause for a minute and said "yes, of course." Which of course, the half of the room broke into laughter, and the other half was aghast because they thought I was serious. Naturally, the answer is not "no, we do not have to buy a car for the family. But, we can help them get information on where they might get a car that accommodates their child's travel chair." Which was the situation that I had just proposed.

So, the family level needs might be for adults in the family. Things that they want to do for themselves. It could also be for siblings. Since, we do not really right -- write child goals for siblings, but we might want to have the families have strategies to meet the needs for the siblings for the target child.

I got challenged on this actually. I was helping a state, and explaining that time for yourself or yourself and another person is a good question to ask. If the family wants time for themselves, such as a date night between the partners, parents of the child. That is a legitimate outcome to put on and IFSP. IEP would be a little different.

Anyway, a monitor from (unknown term) went to the state and said "you cannot have a date night as an outcome." They told me that, so I contacted them, and said "why are you saying that?" And they said, "because it is not related to the needs of the child." And I tried to make the point, this is actually the two bucket principle.

The extent to which a parent can fill his or her child's bucket depends on how full his or her bucket is.

So, if you fail parents buckets, and you actually meet their needs for themselves, they are then in a better position to meet their children's needs. If their buckets are empty, they have nothing, or little to give their children. So we completely believe that helping families enroll in college, finish their GED or have a date night, have time to go to the gym, have time to go have coffee with someone else. Those are all legitimate outcomes or goals when we are taking a truly, family centered approach.

Here's how the RBI works. Mary Beth once said to me, many years ago, "the only thing you are famous for is the RBI." And I thought I was at least famous for one thing, so that is good. (Laughs)

I have relished that comment from Mary Beth.

The three purposes of the RBI are "to establish a positive relationship with the family".

This works very well.

If you're going to be that intimate with the family, you might want to get to know them first. But, it works the other way around. If you have this family, supportive, conversation with the family, it actually kickstart the relationship very well. By the end of the RBI, families love you and I always fall in love with

the family doing and RBI. It is almost impossible not to when you hear them talking about their day-to-day life.

Second purpose, "to get a rich and thick description of child functioning and family life." To some extent, it is important for us professionals to have that. But, what it really does is to set -- of the parents up to come up with a meaty list of child, family outcomes and goals.

The structure of the RPI is as follows. -- RBI. First, we do an eco-map. I will show you one of those in a second.

The most important part of the eco-map is that it allows us to find out who the informal supports are for a family. I'm going to show you this in just a second. Often, our assessments and evaluations, and all the things that we do with families, often don't get at the informal supports.

Let me recommend that you meet yourself, so we do not get interference. Thank you.

After the eco-map, we ask families about their main concerns. Then, we dig deep into engagement independence, social relationships, in the different times of the day.

Then, we ask of the time, worry, change questions.

We then recap what has been going on, because the RBI takes two hours and it is a two hour investment by the family and by us.

Then, the families decide on their goals.

Here is a picture of an eco-map. This is one that I did with a family.

I will show you the different parts of it. These are the informal supports across the top. They are extended family, friends, neighbors.

There is one partner's family that is the mothers side. Here's the father's side.

Then we have intermediate supports, which consist of work, any kind of religious organization that they participate in, recreation.

Then at the bottom are the formal supports. The people who are paid to be nice to the family. They are professionals and financial resources that the family gets.

This is the eco-map. This takes 15 minutes to develop with the family at the beginning of the RBI.

Then we ask families about their main concerns. For example, we will say, "now we'll move into understanding how your child and family function everyday?" (Reads)

We except more or less anything that the family says.

Try not to have a long description of the concern or the history since birth.

We really want to or three things. Whatever their main concerns are. Families don't really know what we are looking for, so sometimes we are going to help them with that.

We might need to emphasize it today on how your child is doing now.

Then we say, "I'll ask you more about these as we go through the day." We are not trying to cut them off, we are trying to say, I will put those things into context as you go through the day. And then remember to do so.

As we get to the next question ? how does your they began? As we go through each routine, we try to get context. For example, how does diaper change go?

We ask an open-ended question to see a description we get. We have families who give long nice descriptions, and then very short ones, in which case we have to ask a lot of follow-up questions.

One of the questions we want to know about is what is anyone else doing at this time of the day and where is this happening?

When we get into chat function ? we ask about the child's E ISR, engagement, independence, social relationships. We also want to get the impression of the caregiver we are interviewing. Why do you think he does this? How do you feel about this? One of our aphorisms for the model is "acknowledge feelings before facts."

Once we have gone to the day, I will tell you, I will never get one routine of the day. If you really dig a deep, you get lots of detail information about each routine. To respect the time that the family has set aside for this, you might have to skip over some routines. It is better to dig deep into few routines than to just get shallow information across routines.

I miss the middle of the day because I jumped into the evening routines because they often have a lot of needs that the families want to talk about.

We also ask that time, worry, change questions. These used to be optional. I was just amazed that many early intervention is, birth through five, would be -- find these questions awkward. We would then have to script them, and tell people "don't make up the words, just read the script the way that we have done them for you." So, they do not stumble over them. I don't know what people's problems is, but they didn't like to ask these questions. So, tough ? you have to ask them.

Do you have enough time for yourself, yourself and another person? This often gets the answer, "no, I do not have time for myself or myself and another person." Their parents with young children. They have no time. Second, when you awake at night worrying, what do you worry about?

The most common worry that we hear about parents of young children with special needs? Is finances. This is hardly surprising there, because usually young families, that they are actually are additional expenses related to having a child with disabilities even though a number of services and other resources may be provided through public funds.

The change question is ? is there anything that you would like to change in your life, and what would that be?

I was once doing an interview in the Midwestern state, and the mother was quite reserved. I wasn't connecting with her, quite the way that I used -- usually do during an RBI. She was very formal. I was trying to loosen her up with humor and other things like that. It was really working very well. She talked about, at various times of the day, her husband smoked in the house while the child is on oxygen.

You know that is a real no, no. So I said at the end, during this change question ? if there's anything that you would like to change in your life, what would it be? She said "I'd like to divorce the son of a bitch." So I wrote that down. Thank goodness she didn't actually choose as an outcome, but we call this the three juicy questions. Something way beyond the routines come out with these questions. These are very important, and nonnegotiable. You have to ask them.

Then we have to go through the notes that we have been taking all along, and marking down that were concerns or things that the child isn't doing, and so on.

Because, at this point we have been talking for one and half hours ? this is for a quick reminder. It will be 5-7 minutes, for the reminder of the parent for things that he or she mentioned during RBI.

Then we say ? get a blank piece of paper and said "OK, so now that you had that reminder, what would you like to work on?"

This is still a filling time for me, because at the beginning when you ask what your main concerns are? They mention five or six things right off the bat. We write those down, and then we slide our notes over to them or in virtual, we share our screens, so they can look through the notes. At which point, they had three or four.

We also then say "I heard you talking a lot about this. Is this something that you would want to do?" And there was a "oh yeah? I forgot about that?" Or "it sounded like this was really important to you?" And they would say, "can we put that on the plan?" And you can put whatever you want on the plan.

Then, they added up. We then add up to 10-12 goals and results of the RBI. Across the United States, on IFSP's, the average number of goals used to be around 3. And if we consider that we get 10-12, it really tells you that what was happening is that people are asking families "what are your main concerns?" And those are the things that got put onto the IFSP. They didn't actually go into the real assessment of needs.

In IEP, it is a little more competitive. Some cases have goal of banks, goals of the child's failures of the eligibility tests and so it is a varied a lot from a small number to a really big number of goals. One of our studies, actually that we did in Portugal, showed that the RBI reduced the number of calls of IEP's from 20 something down to 10-12.

So, after the family has just listed what they want their child and family to be able to do. We ask them to put that list in order of priority by importance. It doesn't always correspond to main concerns. I did an RBI a couple of weeks ago, where the family's main concern was the child's communication.

If you understand that if we had just stopped at 3, four, five, we might have not gotten to other priorities. Also, sometimes when they list everything down, the high-priority is down at the bottom somewhere. So, as they are thinking about goals, they look at it and they realize, that the last thing that they said is there real top priority. If we stopped asking and have not gotten that many, we would not have gotten to their top priority.

Here are some examples of informal goals decided in an RBI. This was done with an interpreter. It is always an interesting challenge. I will just let you look at this, if you can see them.

You can see that Selena is the child. Susanna is the mother. Have more self-esteem.

That is not a measurable thing, so we would have to write the family stuff. Susanna will have strategies to help Selena gain weight. A child goal is something that you can teach the child. You cannot teach the child to gain weight, but you can help the family to shredded -- with strategies to help the calorie intake for the child.

(Reads)

We have a bit more specific terms when we had to write a plan for a few goals. For child goes, we have taken to writing these as participation based goals. I learned about this from Pitt Campbell, a well-known occupational therapist in early intervention. We added some measurement criteria to what she, the method that she used for writing participation based goals. Here's one. (Reads)

The parents probably said "I wanted to know her colors." Knowing your colors is not unobservable or measurable scale. So, we had to say "do you want her to name the colors correctly or point to the car -- right colors when you name them?"

We will know she can do this when she correctly names the color of three different colored objects at breakfast. That is the acquisition criteria. At breakfast, one playtime, just-in-time, that is the generalization criteria. In one day for four consecutive days ? that is the maintenance criteria. For all of our functional goals, we have almost all of them, we have these three measurement criteria. The measurement is going to not be as counting, so whoever the caregiver is in these routines is going to be the one who estimates.

I will give you two more examples just so you get the general gist of how this works.

"Rose will participate in car ride home, circle, centers?" (Reads)

"We know she will use three true two word combinations during these, three times of the day on five consecutive days."

The generalization is a three times a day, and the maintenance of criteria is five consecutive days.

"Sam will participate in going to school, going to the bathroom at school and outside play by walking with his walker." (Reads)

To monitor progress, from these kind of goals, we have something called the TGIF. It originally stood for Therapy Goals Information Form. We don't think there is such thing as "therapy goals" but a cute name like TGIF, could not be bypassed.

So I will show you the ratings in just a second.

Each skill has two ratings. One, on participation based goals, we look at what comes after the "by" in the first part of the goal expressed?"

This skill is using two word combinations.

You rate the frequency and independence of that skill.

Here you see the two ratings.

Frequency is from never to all of the time. Independence is "needs total assistance" up to "with no help".

These two ratings are pretty applicable.

When we talk about whether the child has attained the goal, we have to go back to that criteria that is on the plan. The acquisition, generalization, maintenance criteria. For monitoring progress, for every six weeks, which is what we do at some of our implementation sites. The caregiver and the earlier intervention professional or ECS E professional get together and determine these ratings for each child goal.

I won't go into this very much, because I'm watching the time. But, we have been very interested in looking at issues of equity in our model. Mostly, in many cases, to make sure that we are not doing things that actually do not reflect equity and diversity and inclusion. But, also to try to identify things that actually might be helping with equity.

For looking at equity problems, we really use Freire's pedagogy of the oppressed.

We realize that the two bucket principal, a parent can only fill the bucket of the child to the extent that the parents bucket is full. It actually does help and include the issue that for people who fall into the oppressed category, that families are more at risk for poverty, prejudice, other challenges to equity. That they might not have the resources to be able to fill up their own pockets to the extent of more privileged people do. So, we need to be really careful to ensure that we are really attending to all families ability to fill up their pockets. -- Buckets.

I will jump into trauma informed practices. Social connections, and concrete support are important for strengthening families. Collaborative consultation, which is a way of developing strategies with caregivers. We have paid a lot of attention to this on the expert versus collaborative method of working with families.

We still find a lot of professionals telling parents and teachers what they should do. They put in the form of 'I recommend' or 'I suggest you do this'. But for caregivers, they are not as confident as other caregivers, and they feel like they have been given homework or told what to do. That does not fit our concept of equity.

Adult learning theory ? let's go to trauma informed supporting problem solving skills. Banking is what Freire calls depositing knowledge in a child's head, like a piggy bank. We ask you want to help build families and other caregivers problem-solving skills and not just feed them the information that doesn't help develop their capacity.

Family chosen goals for needs to help and teacher determines what it is important, when not asked. You want to make sure that the family's role is not served (?)

So, we have more on this if any of you are interested in those issues. I'm going to breeze through the scholarship part. I wrote something in 2011 about the top 10 mistakes, and that included for singles only on what parents said that they want -- say what they want.

Training on the RBI had a very large effect on improvement of goals. We measure the quality of goals with something called the "goal functionality scale 3".

Rasch analysis of the RBI checklist showed that it did produce reliable scores. It was a psychometric study.

The Routines-Based Model implemented in 10 countries.

This long statement here is talking about the fact that we wrote this in 2021, after looking at a lot of information. There are still a lot of places where the quality of the goals is not very good.

Noteworthy changes in performance and satisfaction. That is the Canadian occupational performance measure, scores were found after training on the RBI. We did that study in Australia.

For my concluding thoughts ? I'm going to see if there are any questions after.

RBI is an evidence-based, theoretically sound method to assess child and family needs.

There are implementation challenges. It does take two hours and it also takes training to fidelity.

We prefer that if people do not do an RBI to fidelity, they don't even call it an RBI.

It provides the structure to bring out families concerns and priorities and resources in order of how they like.

I want to thank my right hand person in this endeavor, Kami Stevenson, who works in Portland Oregon. I encourage you to write to me at ramcwilliam@ua.com.

Or you can go to www.eieio.ua.edu.

This is an acronym for the evidence-based international early intervention office.

OK. So I am open to any questions. We have 94 people on here, and you can raise your virtual hand, go down to reactions and click on raise hand and that will show up near my picture. Or, you can put a question into the chat. Or you can blurt it out.

OK. Here we go.

QUESTION FROM FLOOR:

Thank you so much for doing this presentation. I wanted to know for the slide that you use with your maps. The bubble map. I was trying to see if there is any way to get a copy of that? To me, that would be the most practical item to have when doing those situations to reference to.

These are things that go deeper and I really agree with you, especially for single parents, being able to get out and do things outside of work and home is almost impossible.

Another thing that I do want more information on ? how can we get them rested care (?) how can we provide that if we get that set as a goal? How can we get that follow-through with that family?

It is important and it directly affects the child. If the parents are too full and they cannot function well, then it is going to affect their child in the way that they are treating their child, responding to them.

ROBIN McWILLIAM:

Let me just put this back up here for just one second, and make sure that you go to this website. We have a lot of free information on there. So, you can get more about the eco-map. On the issue of respite, that depends on local resources. But, what we want is that we do want the family to have someone that they can problem solve with to try and find babysitting. We would like to call it respite, because it sounds fancier.

Someone also put into the chat about this PowerPoint.

Danielle, you are still on here?

DANIELLE WEBBER:

Yes, I am here.

ROBIN McWILLIAM:

Can this be made available for people? It

DANIELLE WEBBER:

Yes, it absolutely can be. The slides, recording, and anything else that you share with us, we will send out to all registrants, and it will be under event page for the event.

ROBIN McWILLIAM:

That will answer your question, and it will also answer your question, Hagan, the information is there.

QUESTION FROM FLOOR:

My question was about the fidelity piece. That is the most critical, but how do we ensure that staff are appropriately trained to do this to fidelity? To do it right, given the two hours that it needs. How do we do that?

ROBIN McWILLIAM:

The way that we do it, it is pretty time intensive. We provide a lot of training with practice in between, especially virtually now. The virtual trainings that people have time to practice between sessions rather than being compressed in a boot camp. They would send in a recording of their RBI and we check it on the RBI checklist with eco-map. That is on this website that I was showing you. That is our measure of fidelity. It is 80% on all of the items +6 out of the EISR questions. That is what we are using.

Any other questions? Jessica, your hand is kind of up? I cannot always?

Are you trying to ask a question, Jessica Martinez?

QUESTION FROM FLOOR:

I wanted to make a couple of comments. Me being myself, being trauma informed, I am new. But what I have heard throughout your trainings I have done, it does make it easier if you are trauma informed.

You can engage better with that family, and then you can piggyback off those key things that they say. Sometimes they say so quickly, but if you're really paying attention, you can piggy back off of that and chosen empathy. When you should and empathy, then they are more open to open up.

ROBIN McWILLIAM:

You are exactly right. That is why this is a semistructured interview. We just ask "what happens at lunchtime" or whatever. And the follow-up question is exactly what you're talking about. Piggybacking on what they say.

COMMENT FROM FLOOR:

Another important thing that you said, because it really touched me being a single parent. It is important for parents to have time for themselves as a form of self-care. Once they have that self-care, then they are able to better take care? To be able to deal with the challenges of parenting a little bit more.

ROBIN McWILLIAM:

That is exactly what the two bucket principle is. Good. I'm looking at the time, Danielle, I think we are at the witching hour, aren't we?

MARY BETH BRUDER:

I have a quick question, and I know you're not going to have enough time, Robin, to expand on it. But, can you just say, about one minutes worth about the application to preschool? I think this model is used in birth to three, and people understand it, and they are with families. But, it is hard for preschool teachers to understand how to apply this.

ROBIN McWILLIAM:

What we do with the child in a classroom. We interview the teacher. Teachers often don't have a lot of time to do that. So, we interview them around for routines.

Again, we ask about the child's engagement, independence, social relationships with these times of the day. Anything else that the children -- teacher want to tell us. We then take that back to the parent, make sure that the parent -- reports with the teacher say, and we are using collaborative consultation. We are not going in there to give the teachers what to do. We are trying to make the routines more easier. In the other nine countries where we were, we have a lot of preschool settings.

Our site is full of hazards and other preschool settings.

MARY BETH BRUDER:

Thank you. I just wanted to make sure that people understood the application from birth to five. Robin, thank you for taking the time. I appreciate him, always. He is not just famous at that, he is always -- is also very famous for being an honorary uncle to my kids. Since I am a single mom. Thank you all, Danielle, do you want to remind people about the evaluation?

We have another webinar scheduled next month. We'll talk about PD, professional development systems with the state of Iowa.

DANIELLE WEBBER:

I think you Mary Beth, and Robin, of course thank you for spending the time with us today. We appreciate you pulling this presentation together. We also appreciate the people who attended for

spending an hour with us today. These webinars are happening every month, so if you're interested on what you have heard today, and want to join us for the future months, those topics will come up, and we will post on the AUCD website. You are looking for the recording, or the slide deck from the presentation today, we will get those out to registrants as soon as possible. Thank you all for being with us this afternoon.

ROBIN McWILLIAM:

Bye.

MARY BETH BRUDER:

Thanks, Robin.

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