



True or False?

- T F 1. All families have routines.
- T F 2. Designing interventions that recognize and build on family strengths will be effective.
- T F 3. Routines are affected by family, personal, and cultural values.
- T F 4. One advantage of embedding intervention in routines is that routines remain stable and consistent.
- T F 5. Child centered assessment is insufficient for implementation of a Family-guided Activity Based Intervention approach.
- T F 6. Children with severe or multiple disabilities are the least likely to have sufficient routines for intervention to be effective.
- T F 7. To ensure adequate numbers of opportunities for responses, the early interventionist should design the family's or careprovider's routine embedding opportunities for practice.
- T F 8. Generally, family members and careproviders do not use effective intervention strategies within daily routines without modeling and demonstration by early intervention personnel.
- T F 9. Family members do not follow-up with early intervention recommendations or activities because they prefer the professionals to deliver the services.
- T F 10. The daily routines of care providers in child care settings afford similar opportunities for embedding intervention.

FACETS
True or False?

- T F 1. All families have routines.
- The daily routine is composed of the common “stuff” of family life--both things done and not done. Some family’s routines may appear chaotic, and others are rigid, but the contexts for intervention are available (Bernheimer & Keogh, 1995). Routines should not be equated with schedules. The routine is the “what”; a schedule identifies “when”.
- T F 2. Designing interventions that recognize and build on family strengths will be effective.
- Intervention must be implemented to be effective; therefore, they must be consistent with and embedded into the everyday business of family life. Intervention designed by service providers without family input are less likely to be implemented (Kochanek & Buka, 1998).
- T F 3. Routines are affected by family, personal, and cultural values.
- Definitely, and in addition, the constraints, pressure, and resources in the environment affect daily routines (Gallimore, Weismen, Kaufman, & Bernheimer, 1989). Daily routines reflect the parents’ beliefs about their children and their goals for the child’s future. One family may perceive their child will need assistance from family members throughout life and therefore seek to increase independence and adaptive living skills early to decrease the impact on siblings as the child becomes an adult. In contrast, another family believes that with enough help, their child will be “normal” and therefore focuses on pre-academics (Bernheimer & Keogh, 1995).
- T F 4. One advantage of embedding intervention in routines is that routines remain stable and consistent.
- Routines, while provided a framework, are really quite fluid because they reflect day to day reality. They change as child and family circumstances change. As a child learns to dress independently, the dressing routine changes and has a domino effect on other routines...more time for eating or maybe a later wake-up time. Family visitors, holidays, birth of another child, grandma staying or leaving, new jobs, a job loss, school year or summer time, and illnesses are all variables that affect the stability of routines (Cripe & Venn, 1997). It’s essential for team members to “keep up” with child and family changes and update routine intervention as needed.
- T F 5. Child centered assessment is insufficient for implementation of a Family-guided Activity Based Intervention approach.
- While knowledge about the child’s skills is essential, much more information is needed. To plan or implement routines based intervention, knowledge of the child’s preferred activities, routines, events, play and care partners, materials, and environments is important. Knowing the family’s concerns, priorities, and interests also helps to identify outcomes. Observing careprovider-child interactions provides knowledge of the routines and activities already occurring. Identifying formal and informal supports and the roles and responsibilities of careproviders enables the team to include all key partners within the community context (Cripe, Hanline & Daley, 1997).
- T F 6. Children with severe or multiple disabilities are the least likely to have sufficient routines for intervention to be effective.
- Most of the day for children with severe or multiple disabilities is spent within routines, especially daily living routines. The familiar framework with frequent repetition of routines supports learning for children with significant needs. Predictability increases the child’s ability to participate independently (Thompson, 1994).

Family-guided Approaches to Collaborative Early-intervention Training and Services



- T (F) 7. To ensure adequate numbers of opportunities for responses, the early interventionist should design the family's or careprovider's routine, embedding opportunities for practice.
- The family or careprovider must identify routines for intervention and the times, places, and frequency of opportunities to embed training. Families participate when they can see their goals/outcomes incorporated within the routine-not necessarily "more," but definitely "better" (Cripe & Venn, 1997).
- T (F) 8. Generally, family members and careproviders do not use effective intervention strategies within daily routines without modeling and demonstration by early intervention personnel.
- Family members and careproviders use various strategies naturally within interactions as described in the literature of "motherese." This wide range of facilitation strategies can be used as a starting point to enhance careproviders' competence. Beginning where the careprovider is enhances their confidence with the approach. Introduction of new strategies can be "scaffolded" within the familiar routine (Owens, 1995; Smith, Miller, & Bredekamp, 1998).
- T (F) 9. Family members do not follow-up with early intervention recommendations or activities because they prefer the professionals to deliver the services.
- Family members report the reasons they do not follow through primarily relate to their feelings that their goals and priorities have not been included (Kochanek & Buka, 1998; Gallimore, et. al., 1989).
- (T) F 10. The daily routines of care providers in child care settings afford similar opportunities for embedding intervention.
- Child care settings are very routines driven. Accommodating the schedules, interests, and comfort level of child care providers enhances their interest in participating. Beginning with their strengths enhances their competence and confidence. The identification of routines and activities for intervention should be determined by the careprovider with the team (Bruder & Staff, 1998).

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