

## DOs AND DON'Ts OF HOME VISITING ACCORDING TO THE ROUTINES-BASED MODEL

Do	Don't
Discuss child and family functioning and other family concerns	Take a toy bag into the home
Ask general questions at the beginning of the visit	Jump straight to your agenda
Build the parent's capacity to teach the child	Teach the child directly
Use the eight steps of modeling (demonstration)	Model (demonstrate) without explanation
Involve other family members present in the discussion	Ignore other family members
Use <i>family consultation</i> (i.e., collaborative consultation or coaching) when helping with child-level goals	Use expert consultation, (i.e., just tell parents what to do, without back and forth discussion)
Ask four questions before giving a suggestion	Give a suggestion as soon as you hear the problem
Ensure there are 6-12 functional, family-chosen, measurable goals	Be satisfied with a few general goals
Ensure the goals are in the family's priority order	Assume what's most important or treat every goal as equally important
Approach the home visiting as help with parenting, including parental self-efficacy	Approach the home visit as help with child performance
Talk to the parent, demonstrating with the child, as necessary	Work with the child, with the parent watching
Find opportunities to be emotionally supportive to adult family members	Restrict your positive affect to the child
Ensure that families have access to information about materials (e.g., equipment, financial resources) they might need	Assume the service coordinator has taken care of material needs or ignore material needs
Put families' basic needs ahead of child functioning, if that's the family's choice	Proceed with a discussion of child functioning if the family is in distress about basic needs
Provide families with information about child development, the child's disability (if appropriate), and resources	Assume the family is getting information about these things elsewhere
Provide families with information about what they can do with their child	"Treat" or "teach" the child directly
Give families information about general play ideas, if necessary	Ignore plain old play with children (not "therapeutic," "intervention," or "educational" activities)
Encourage families to play in a silly way with their children	Treat play like a semi-formal educational activity
Encourage families to talk a lot and positively to their children	Assume all families use many words and understand the importance of positive affect and language
Teach parents about incidental teaching	Treat every intervention as a separate type of teaching
Document child and family progress on their goals	Focus on activities without concern for progress
Summarize what occurred during the visit	Leave without having done something useful
Summarize what you understand parents want to do before the next visit	Leave without summarizing or give homework to parents
Plan intervention strategies to recommend for the goals likely to be addressed on the home visit	Plan to conduct activities on the visit

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Do	Don't
Plan the content of home visits to be (a) family consultation on (b) functional skills (c) occurring in everyday routines	Plan the content of home visits from a curriculum
Give families suggestions about instructional methods to address child-level goals (e.g., teach chewing skills; teach walking without falling)	Give families indirect "interventions" purportedly to address child-level goals (e.g., oral-motor exercises for chewing; proprioceptive swing for balance integration)
Give families suggestions for evidence-based practices, such as contingent learning (e.g., incidental teaching)	Give families suggestions for non-evidence-based practices, especially sensory integration strategies