

HELP Family-Centered Interview Birth to Three

By: Stephanie Parks Warshaw

"The First Step Toward Individualizing Family-Centered Services"

Links directly to *Inside HELP*

Child: _____ DOB: _____

Family present: _____

Interviewer: _____ Date: _____

The HELP Family-Centered Interview provides a flexible and meaningful structure for conducting a family-centered assessment. The Interview builds upon everyday activities relevant to families with infants and toddlers. It focuses on the family's assessment of their child's development and their primary concerns, priorities, and resources as they relate to the development of their child.

Instructions:

1. The Interview can be conducted in coordination with the child's direct developmental assessment as well as during the pre-assessment process with the family, beginning with your very first contact.
2. Begin your interview with identifying pertinent health, history, and family preferences on pages 2 and 3.
3. Move forward to pages 4-7 to help assess the child and family's values, concerns, priorities, and resources as they relate to the development of their child during everyday activities, Column 1, Key Daily Activities.
4. Column 2 provides "prompts" to help you formulate pertinent questions related to the child's development. Start with open-ended questions listed in the first row before asking more specific or closed ended questions listed in the remaining rows under column 2. For example, in the first row, one open-ended question is, "Can you tell me a little about how <activity> is going at home?" You could begin your interview with, "Can you tell me a little about how mealtime is going with your child at home?" Then move on with more specific questions as needed to help identify issues such as food preference or sensory needs. Family responses can be recorded in the 3rd "Family Report" column.
5. Columns 4 and 5 provide prompts to help identify family values, concerns, priorities, and resources as they relate to the development of their child. Again, start with the general prompts from Row 1 before moving on to more specific prompts in the remaining rows.
6. Use the last column, "Possible Functional Outcomes Statements" to draft functional outcomes with the family based upon their primary concerns and priorities.
7. This interview can be linked to the HELP Stands and Inside HELP for more comprehensive assessment and planning. See related HELP Strand #'s listed in the 1st column, Key Daily Activities.

! Remember, family concerns, priorities and resources can change frequently. Family-centered assessment is an on-going process that occurs naturally during formal and informal encounters.

Published by: VORT Corporation © 1994-2006

www.vort.com

All rights reserved. Printed in the U.S.A.

Reproduction in any form or in any manner is prohibited.

General Health and History Questions

1. **Pertinent Health/History** (e.g., history of long term IV., prematurity, anoxia, BPD, casting)

2. **Current Health** (note doctors who are treating for collaboration):
 - **Respiratory and/or cardiac difficulties**
 - **Medications**
 - **Surgeries**
 - **Seizures**
 - **Medical equipment:** (e.g., use of G-tubes; colostomy bag, oxygen, apnea monitor)
 - **Other**

3. **Suspected or known allergies:**

4. **Any concerns about hearing? Any history of hearing loss in family? History of ear infections? Upset with certain sounds?**

5. **Any concerns about vision?**

6. **Any painful, traumatic events?**

7. **Significant separations from you or other family members:**

8. **Native language? Languages child is exposed to:**

9. **Family members and history of disabilities or delays:**

Family Preferences

10. Who parents define as their family:

11. Who would parents like to be involved in assessments/on-going interventions:

12. Role family members would like to take in assessment/on-going interventions:

13. What other professionals/agencies parents would like staff to collaborate with:

14. Assessment items (activities, messy foods) family prefers not be used:

15. Best times and places for assessment and on-going interventions
(be sure to explore natural environments and family activities):

16. Best times and telephone number(s) to reach parents:

17. Best method for family to receive information, home programs, reports
(e.g., print, pictures, video):

18. Interest in meeting other families:

19. How else can we help?

Key Daily Activities <small>HELP Strand #'s</small>	Prompts for Family Assessment of Child's Skills and Behaviors	Family Report: Child's Skills and Behaviors
<p><i>General open-ended questions</i> →</p>	<p><i>Can you tell me a little about how <key daily activity> is going at home?</i> <i>Are there any other aspects about your child's <key daily activity> that you feel are important for us to know?</i> <i>Has your child ever...</i></p>	<p><i>Can you think of some examples?</i> <i>When does this usually occur?</i> <i>About how often?</i></p>
<p>Meal-time</p> <p>6-3 3-3 4-2,4-3, 4-4, 4-5 6-1 2-1,2-2,2-3,2-4</p> <p>0.0 5-4</p>	<p><u>History & current:</u> tube, bottle, breast, cup, straw, allergies, duration of feeding. <u>Likes & dislikes:</u> formula, milk, drinks, solids. <u>Independence:</u> bottle, spoon, cup, finger feed (type of grasp). <u>Motor:</u> highchair (any slumping), lap, propping bottle, using both hands-bottle. <u>Oral motor:</u> sucking, swallowing, gagging, choking; dripping from mouth, reflux, chewing. <u>Communication:</u> How does he let you know when he: wants to eat or drink? wants more? is finished? likes or dislikes? Follows any directions at mealtime? <u>Sensory:</u> cravings, upset with any textures: touching, on face, in mouth. <u>Behavior:</u> messy, throwing, refusal, rules.</p>	
<p>Dressing/Diapering</p> <p>3-2 0.0 5-3 2-1,2-2, 2-3</p> <p>1-7</p> <p>6-2 4-2, 4-5</p>	<p><u>Diapering:</u> any difficulty, supine-resists, touches feet, positions during dressing. <u>Sensory:</u> gets upset, stiffens, pulls away, when dressed or undressed avoids certain clothes or textures. <u>Behavior:</u> cooperation. <u>Communication:</u> points to any clothing/diaper if named, follows simple directions, e.g., gets shoes/from another room, says any names of clothing or body parts. <u>Older toddler: Cognition:</u> seems to associate certain types of clothes with certain activities, e.g., bathing suit with going to the pool. <u>Independence:</u> how much help to put on-take off: hat, shirt, pants, socks, etc.; grasp-buttons, zippers.</p>	
<p>Bedtime/Sleeping</p> <p>6-4 5-4 3-1,3-2 5-1</p>	<p><u>Typical sleep patterns:</u> naps; getting and staying asleep. Where does he sleep? Any bedtime routines; nightmares. <u>Behavior:</u> cries when put to bed...how long? <u>Safety issues:</u> understanding of safe sleep positions; attachment objects.</p>	
<p>Bath-time</p> <p>0.0 2-2,2-3 3-3, 3-5 6-2, 6-5</p>	<p><u>Sensory:</u> gets upset, startles, pulls away, or stiffens up when given a bath?...dried with a towel?...face washed. <u>Communication:</u> follows any directions related to bath-time? says any bath-time words, body parts. <u>Motor:</u> needs help sitting, getting in tub, any special equipment needed, used. <u>Safety issues:</u> supervision, hot water. <u>Independence:</u> helps in washing and drying self, dressing, undressing.</p>	
<p>Toileting</p> <p>6-6 2-4 2-2 2-3 3-3</p>	<p>Indicates has wet/soiled diapers? Toilet trained-how long? Describe how he communicates toileting needs? Other signs? Medications, traumas, stresses, changes which may influence? Degree of help with dressing/undressing to toilet and wash up. <u>Communication:</u> follows any simple directions with potty, e.g., go to the potty; any word labels for potty, bowel, urination? <u>Motor:</u> sits alone? needs special seating?</p>	
<p>Other:</p>		

Family Values, Concerns and Priorities	Family Resources and Strategies	Possible Functional Outcome Statements
<p><i>Do you have any questions or concerns about... What do you think is the best way for us to evaluate your child in this area?</i></p>	<p><i>Have you discussed this with your doctor, friend or other professionals? What advice have you been given? What have you tried so far that has been helpful? Do you have family or friends nearby that can help with...</i></p>	<p><i>Imagine ___ months from now... what are the kinds of things that you'd like to see your child do better... be able to do... would make life easier...</i></p>
<p>Resource needs? highchair, formula, food, WIC, nutritionist; any concerns about child's weight or eating habits?</p>	<p>Who feeds; where (home, day care, etc.)</p>	
<p>Are you interested in your child is becoming more independent with dressing at this time? Resource needs: diapers, clothing?</p>	<p>Who helps your child get dressed in the morning...get undressed at bedtime? Are there certain times that are better than others to let your child practice learning dressing skills?</p>	
<p>Does your child's sleep routine 'fit' with your family's? Are you able to get enough sleep? Who gets up: to feed; when child cries?</p>	<p>What has helped your child get to sleep? Any respite resources? Resources for crib; private sleep area; monitor?</p>	
<p>Resource needs: adaptive bathchair; positioning instructions; consultations for fear or aversion?</p>	<p>Resources available: who helps bathe, adaptive seating; special bath routine.</p>	
<p>What are your family's beliefs about toilet training? Expectations?</p>	<p>Resources for potty chair or toilet seat; who helps with training.</p>	

Key Daily Activities <i>HELP Strand #'s</i>	Prompts for Family Assessment of Child's Skills and Behaviors	Family Report: Child's Skills and Behavior
General open-ended questions →	<p><i>Can you tell me a little about how <key daily activity> is going at home?</i></p> <p><i>Are there any other aspects about your child's <key daily activity> that you feel are important for us to know? Has your child ever...</i></p>	<p><i>Can you think of some examples? When does this usually occur? About how often?</i></p>
Playing with Toys 1-1 0.0 1-4 6-7 2-1, 2-3, 2-2, 2-6 3-3, 3-6	<p><u>Favorite toys</u>/things to play with? Play positions-likes/dislikes, resists? Describe his: play-rattles, books, dolls, blocks, crayons, dough, cars, balls, shape sorters, puzzles, dress-up. <u>Uses props</u>: e.g., tea set, broom, cloth; mouthing, shaking, putting together. Attention span; upset by any toy's texture sound or action? <u>Behavior</u> when frustrated? What he does to: obtain toy out of reach, get help to make a toy work? Helps put toys away? <u>Communication</u>: names of toys he understands and can say, example of direction he can follow with a toy, e.g., get the ball; any "talking" to toys? Sits by self without worrying during play? Sits alone and uses both hands with toy?</p>	
Playing and getting along with others 5-1, 5-5 0.0 2-2 2-3, 2-4, 2-7 5-2	<p><u>Social</u>: Who are the people your child feels closest to? What are his responses to cuddling, holding? Things you/others do that make him smile, laugh, become upset? Favorite games you play with him? Does he like rough housing, swinging in air, peek-a-boo, siblings, peers? <u>Communication</u>: How does he: communicate with others, let you know when he wants to be picked up? Can he name any family members, self, or friends; animals or pets.</p>	
Getting/moving around 3.0, all strands 0.0	<p>Approx. ages of <u>motor milestones</u>: rolling, crawling, pulling up to stand, walking, running, stairs, Tyke bike. Falls often? Clumsy? Uses: assistive devices, walkers, bouncers? Reactions if he falls or bumps into things?</p>	
Day care/ play groups 5-1, 5-4, 5-5, 0.0, 3-7, 5-2	<p>Has separation anxiety? Follows rules, routines? How many hours/day? Attention in structured activities. Enjoys or avoids certain playground equipment, behavior, parallel play? Over 18 mos: participates in circle games, defends possessions, takes pride in achievements.</p>	
Outings (e.g., shopping) 3-3 0.0, 2-4, 2-1 5-4, 5-7	<p>Posture/position in car seat, shopping cart, stroller? Needs special adaptations; tolerance of car-ride. <u>Behavior</u>: tantrums? trying to get out of seat? How <u>communicates</u> when he wants to get out? Says or understands "Bye-Bye." <u>Following rules</u>: staying away from danger, holding adult hand; reaction to strangers.</p>	
General Behavior & Temperament 0.0 5-1, 5-2, 5-3, 5-4	<p>How would you describe your child's personality? Is this a typical day for your child? Dealing with transitions; examples of when your child "misbehaved:" any biting, hitting, tantrums-what circumstances; expresses affection; fears; frustration level.</p>	
Other:		

Family Values, Concerns and Priorities	Family Resources and Strategies	Possible Functional Outcome Statements
<p><i>Do you have any questions or concerns about... What do you think is the best way for us to evaluate your child in this area?</i></p>	<p><i>Have you discussed this with your doctor, friend or other professionals? What advice have you been given? What have you tried so far that has been helpful? Do you have family or friends nearby that can help with...</i></p>	<p><i>Imagine ___ months from now... what are the kinds of things that you'd like to see your child do better... be able to do... would make life easier...</i></p>
<p>Toys you wish he could play with better; toys you want him to avoid? Resource needs: developmentally appropriate toys; ideas for using household items in play.</p>	<p>Resources for safe toys, books; time and people available for interactive play, modeling, teaching.</p>	
<p>Are there any names of family members or friends you wish he could say?</p>	<p>Availability of peers and sensitive adults: play groups, friends, family, etc.</p>	
<p>Do you have any concerns about how your child is learning to move about? What does it mean for you to see your child learning to move around so much?</p>	<p>Knows body mechanics for proper lifting? Help with carrying? Safety gates? Childproof play areas?</p>	
<p>Consultation priorities to other caregivers (e.g., behavior, positioning, activities)</p>	<p>Any available play groups, nursery schools, day care, child care providers your family is comfortable, satisfied with?</p>	
<p>Respite needs for parent to shop? Equipment priorities: car seat, stroller; Instruction priorities: Positioning in car seat, stroller, grocery cart. Dealing with tantrums in public; public reactions.</p>	<p>Access to parks, playgrounds, shopping.</p>	
<p>Do any of your child's behaviors concern or worry you? What are your beliefs about the best ways to discipline? Who are the primary people who discipline your child?</p>	<p>Strategies that help?</p>	

Home address: _____

Directions to Home: _____

Telephone: _____ Home Language: _____

Siblings: _____

Transportation available: _____

Car seat available: _____

Day care provider: _____ Telephone: _____

Day care address: _____

Parent Comments:

Notes:

Note to the professional: Since there are no neutral words to designate male and female children, we were faced with the long standing editorial "she/he" issue. To avoid redundancy and confusion, all children are referred to as "he" throughout this interview form. No gender bias is intended.

Publisher's Note: We are pleased to have the opportunity to publish this important resource. It is concise and comprehensive, yet we cannot anticipate the circumstances under which a reader may apply its contents. Each child is unique and masters skills and develops at a rate and an age often different from other children. We therefore urge that you seek additional professional advice if you have any concerns about a child's health or development. We expressly decline liability for the techniques, activities, or the results of conclusions you may reach about a child or family after reading and applying the contents of this Booklet. VORT products and publications are intended for use under the guidance of professionals.