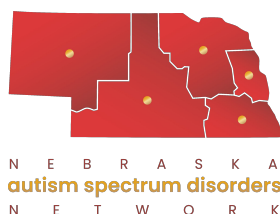


Enhancing Early Autism Support Through Routines Based Early Intervention

Jamie Lewis, Mikki Bohling, & Tina Kilgore



Learning Outcomes

1. Describe the core components of Routines-Based Early Intervention (RBEI), including the Routines-Based Interview (RBI) and the Getting Ready Approach.
2. Identify ways in which autism-related traits can be observed within daily routines to inform goal-setting and support planning.
3. View video examples to recognize effective family-provider collaboration during home visits that supports skill-building and family empowerment.
4. Apply principles of RBEI to enhance alignment with IDEA Part C requirements and improve outcomes for children and families.

Autism and Development

- Autism impacts all areas of development and is present throughout the lifespan of the individual.
- Autistic children develop in their own unique way, their individual profile is typically a blend of strengths and areas where they may need more support.
- A core value of the autism community is that autism is a difference, not a disorder to be cured, and the language we use should reflect that.

Autism and the Young Child

The characteristics of ASD can be present within the the first year of life in most children. - [CDC, 2026](#)

The median age of diagnosis of ASD in the U.S. is 47 months - [CDC, 2026](#)

“Early intervention” is important because research shows that the first three years are the most important time for learning in a child's life. - [Nebraska EDN, 2026](#)

Defining Autism Traits

Social Communication	Social Interactions	Restrictive Interests and Repetitive Behaviors
• Limited gestures (pointing, waving, showing, nodding) • Delayed speech or limited social babbling • Unusual tone or repetitive sounds • Difficulty combining eye contact, gestures & words • Limited pretend play or imitation • Loss of previously used words	• Limited eye contact • Reduced shared joyful expressions • Inconsistent response to name • Does not show or point to share interest • Limited sharing of enjoyment • Uses another person's hand as a tool • Limited back-and-forth interaction • Reduced initiation of interaction • Limited awareness of others' focus • Difficulty engaging in shared experiences	• Repetitive hand, finger, or body movements • Rituals (lining up objects, repeating actions) • Strong attachment to unusual objects • Highly focused interests interfering with interaction • Unusual sensory interests • Over- or under-response to sensory input



Identifying Autism in Young Children: The Earlier the Better

- Allows professionals to provide lifelong beneficial services and support. (OCALI, Center for the Young Child)
- Benefits individuals ... and supports families in accessing appropriate services and reducing stress. It can lead to more targeted interventions, better social outcomes, and increased independence in adulthood.” (Okoye, et al 2023)
- ...is associated with marked improvement in social symptoms within 1-2 years,” (Gabbay-Dizdar et al, 2021)

Resources



Index: 16 Early Signs of Autism by 16 Months

1. Hard to Get Your Baby to Look at You
2. Rarely Shares Enjoyment with You
3. Rarely Shares Their Interests with You
4. Rarely Responds to Their Name or Other Bids
5. Limited Use of Gestures such as Show and Point
6. Hard to Look at You and Use a Gesture and Sound
7. Little or No Imitating Other People or Pretending
8. Uses Your Hand as a Tool
9. More Interested in Objects than People
10. Unusual Ways of Moving Their Fingers, Hands, or Body
11. Repeats Unusual Movements with Objects
12. Develops Rituals and May Get Very Upset Over Change
13. Excessive Interest in Particular Objects or Activities
14. Very Focused on or Attached to Unusual Objects
15. Unusual Reaction to Sounds, Sights, or Textures
16. Strong Interest in Unusual Sensory Experiences

[PDF](#)
[Look Book Series](#)

Resources

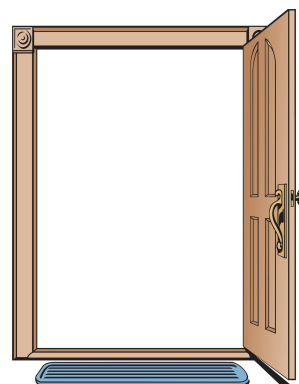
- [EDN Early Intervention Ongoing Assessment Guidance, 2022](#)
- [Differences in ASD & DD](#)

Expanded Learning Opportunities

- Signs and Symptoms of Autism Spectrum Disorder, CDC [English](#) [Spanish](#)
- [CDC Milestones Developmental Checklists](#)
- [ASD Network Early Childhood](#)

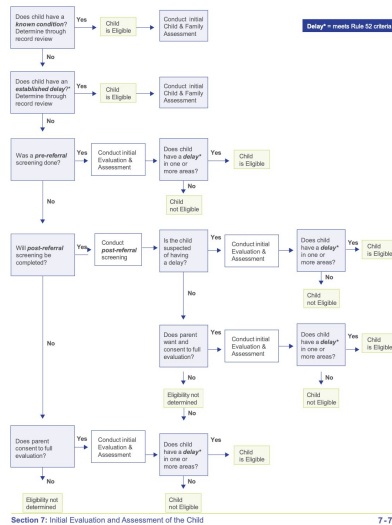
3 Pathways to Eligibility in Early Intervention in Nebraska

1. Does the child have a diagnosed physical or mental condition? (006.04A1) or Do the medical records indicate delay? (006.05B)
2. School team administers an evaluation instrument. Do results indicate delay? (006.06A)
3. Utilize informed clinical opinion: Is the child eligible for services? (006.05B2)



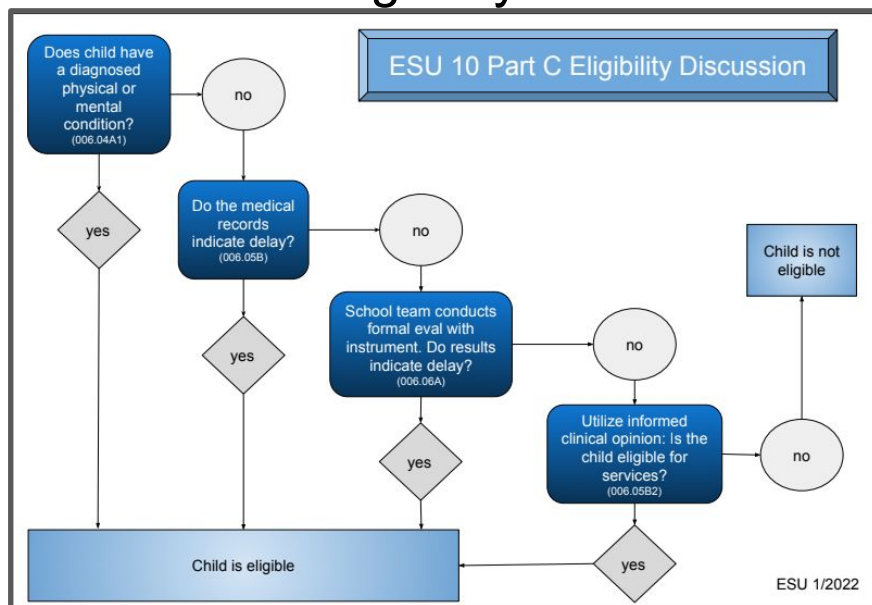
Evaluation of Very Young Children: Part C (Birth to age 3)

Eligibility Determination Decision Flowchart

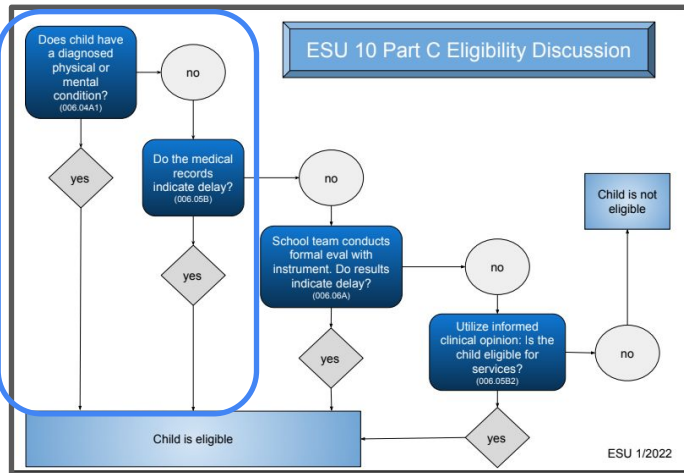


Nebraska EDN
Technical Assistance
Guidebook

Part C- Eligibility Flowchart



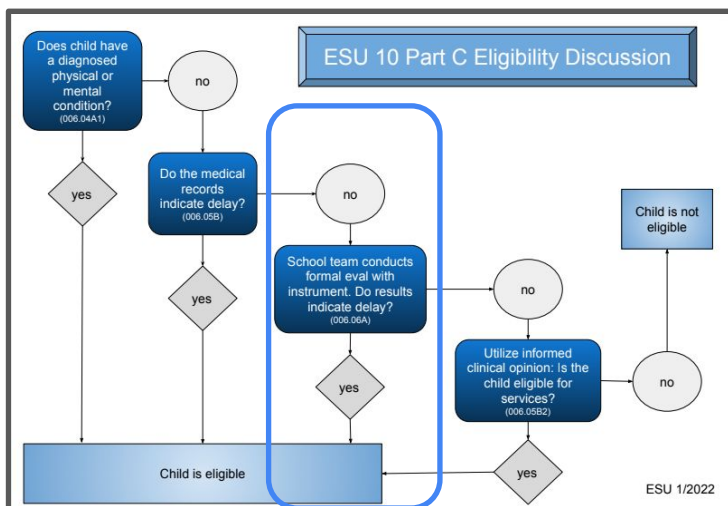
Pathway 1 Example



Starting point

- Medical records indicate delays in the triad OR a medical diagnosis of ASD (MCHAT-R, ASQ-3) [Common Screeners](#)
- RBI
- Possible use of DAY-C for the 5 developmental domains (info gathered from RBI)

Pathway 2 Example

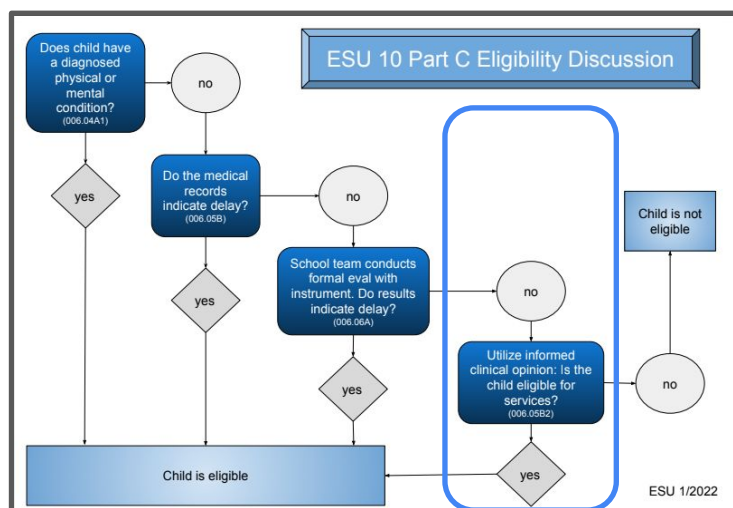


Options for layering in other assessments &/or ongoing assessment

- RBI
- DAY-C
- Language
- Joint Attention
- Social interactions
- Rating scales
- ASRS
- SCQ
- SRS-2
- ADOS-2 Toddler



Pathway 3 Example



Informed Clinical Opinion may be used on an independent basis to establish a child's eligibility; however, **in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility** [92 NAC 52-006.05B2].

Informed Clinical Opinion means the integration of the results of evaluations, direct observations in various settings, and varied activities with the experience, knowledge, and skills, of qualified personnel [303.321(3)(ii)].

Early Intervention Services in Nebraska

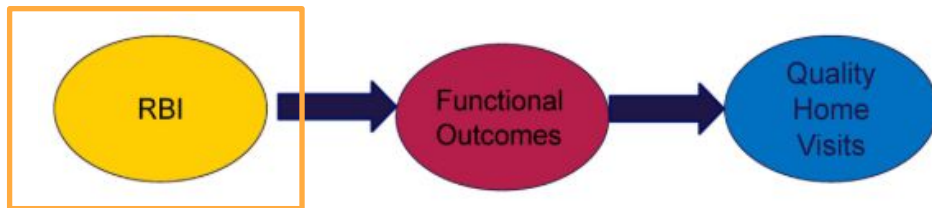
The **Nebraska Early Development Network (EDN)** provides early intervention services for children birth to age three with developmental delays or health care needs, connecting families to needed supports. It is a collaboration between the Nebraska Departments of Education and Health & Human Services.

Under **Results Driven Accountability (RDA)**, the **Office of Special Education Programs (OSEP)** requires states to annually report on statewide and local Early Intervention (Part C) program performance.

Routines Based Early Intervention

The mission of **Routines-based Early Intervention** is to promote the growth and development of infants and toddlers with disabilities, ages birth to three years, by helping families build upon activities they do every day to meet their own needs and support their child's learning.

3 Improvement Strategies Utilized



Routines Based Interview (RBI) and Autism

Focus on everyday activities:

- How a child functions during typical routines like mealtimes, bath time, getting dressed, or playing with toys, providing a more naturalistic view of their behavior.

Information gathering:

- Through detailed questions about the child's engagement, independence, social interactions, communication methods, and any challenges they might face within these routines.

Identifying potential signs of autism:

- By closely examining how a child interacts with their environment and others during everyday routines, professionals can identify potential indicators of autism and prioritize those areas for intervention.

Family-centered approach:

- By prioritizing open communication with parents and caregivers, allowing them to share their concerns and perspectives on the child's behavior, which can be crucial for accurate assessment and intervention priorities.

Meet Isaac

Isaac is a currently an 18-month-old boy who was referred to Early Intervention at 13 months due to initial concerns with hearing (not responding to his name) and not making sounds and using words.

Isaac's parents also say that he has limited play and use of toys. He doesn't interact consistently with others during play. He may use some vowel sounds and is only using a few gestures. When asked to do something, he doesn't seem to understand.

He is a picky eater, preferring crunchy food and only drinks milk. Messy hands upset him.

Isaac's family would like to see growth in:

- Play
- Babbling and saying words
- Being able to tell an adult what he wants
- Following simple directions
- Eating different types of foods

Isaac's Evaluation Results

Pathway 1

Medical records

Pathway 2

Isaac's DAYC-2 Results

Cognition 75
Communication – Receptive 70
Communication – Expressive 65
Social-Emotional 68
Adaptive 72
Physical 95
Composite: 84

Pathway 3

Informed clinical opinion

Autism Indicators within the DAY-C

The DAYC-2 measures developmental skill acquisition.

Autism determination requires identifying a qualitative pattern of:

1. Social communication differences
2. Restricted/repetitive behaviors
3. Sensory differences
4. Early developmental onset

The DAYC-2 alone does not diagnose autism, but it may reveal a developmental pattern consistent with autism characteristics.

Child & Family Assessment using the RBI

Sample Questions for Playtime - Isaac

- Paint a picture of what he does with toys by himself and with others.
- Tell me about his connection with others.
- What are your favorite things to do together?
- How does he let you know he wants to keep playing/keep the interaction going or stop the interaction?
- How does he show or share with you when he's excited about a toy?
- If you try to play with his toys in a way other than how he plays with them, how does he respond to that?
- How does he let you know he needs help?
- If you don't understand him, what do you do?
- In what ways do you know he understands you?

Priorities from RBI

Order	Routine	Family Priority
1	Park	Respond when we call his name
2	Morning and outside playtime	Play with toys and in new ways
3		Isaac to be around other kids
4	Play with siblings	Increase joy while playing back and forth or turn taking activities
5	Bedtime	Follow simple directions
6	Book reading	Imitate or make sounds (animals, cars, trucks)
7	Cuddle Time	Say simple words (momma, dadda, milk)
8	Snack	Use different ways to express himself (gestures, sounds)
9	Breakfast	Handle it when his hands are messy or dirty

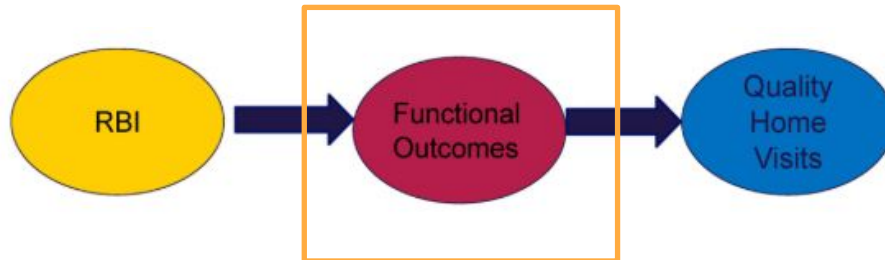
GOLD Entry Data - Example for Isaac

Developmental Area	DAYC-2 Domain	GOLD Objectives Most Impacted
Play & Flexibility	Cognitive	11, 14
Expressive Language	Expressive Communication	9
Receptive Language	Receptive Communication	8
Social Reciprocity	Social-Emotional	2
Adaptive/Feeding	Adaptive Behavior	1

Routines Based Early Intervention

The mission of **Routines-based Early Intervention** is to promote the growth and development of infants and toddlers with disabilities, ages birth to three years, by helping families build upon activities they do every day to meet their own needs and support their child's learning.

3 Improvement Strategies Utilized



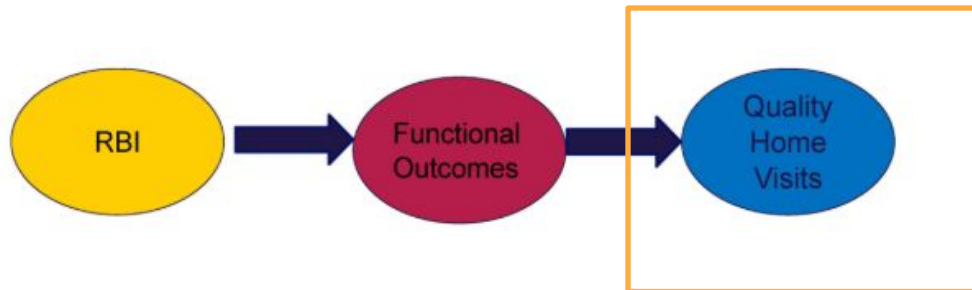
Isaac's & Family's Outcomes

- ❑ Isaac will participate in playtime at the park by responding to his name. We will know he can do this when he will stop what he is doing when his name is called to show he is listening 2 times per outing for 4 outings in a row. (Child)
- ❑ During morning and outside playtime, Isaac will play with toys in new ways. We will know he can do this when he plays with at least 2 toys in more than one way either inside or outside daily for 1 week. (Child)
- ❑ Isaac will participate in book time by making noises. We will know he can do this when he imitates or make a noise on his own for something he sees in the book, such as vroom for car 3 times per week for 2 weeks in a row. (Child)
- ❑ Isaac's parents will set up a weekly playdate for Isaac by the start of school. (Family)

Routines Based Early Intervention

The mission of **Routines-based Early Intervention** is to promote the growth and development of infants and toddlers with disabilities, ages birth to three years, by helping families build upon activities they do every day to meet their own needs and support their child's learning.

3 Improvement Strategies Utilized



Nebraska Early
Development Network
Babies can't wait

Recommendations for Children with ASD Under Age 3

- Begin as early as possible
- Active caregiver/family involvement
- Combination of developmental and behavioral approaches
- Address specific social communication delays and other difficulties
- Consider co-occurring medical factors that may impact behavior and response to intervention

There are well-conducted studies that show children with autism thrive when naturalistic strategies are embedded within daily routines.



High Leverage Practices

Naturalistic Developmental Behavioral Interventions (NBDIs)

Teams are trained in NBDIs

Caregiver Training & Support

Active caregiver training, support and engagement

Teaming that includes:

- Provider(s)
- Purposeful collaboration
- Agreed upon evidence-based interventions (EBPs)

Nebraska's Getting Ready Home Visitor Approach uses all of these practices as well as placing an emphasis on the Caregiver/Parent Child Interactions,

Getting Ready Strategies

Strengthen Relationships

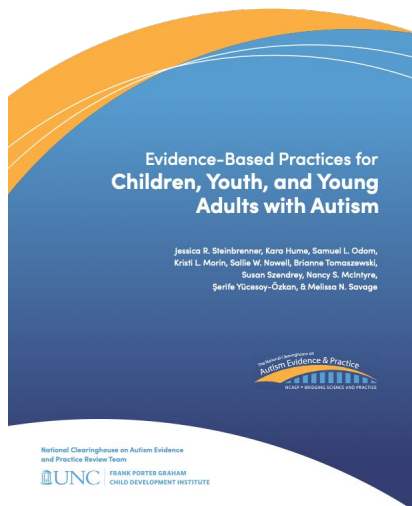
- Communicate openly and clearly
- Encourage parent-child interaction
- Affirm parent competencies
- Make mutual/joint decisions

Build Competencies

- Focus parents' attention on child strengths
- Share developmental information and resources
- Use observations and data
- Model and/or suggest

Intervention Priorities in Autism with Young Children

- Active Engagement and Connectedness
- Joint Attention
- Imitation
- Functional Communication
- Sensorimotor
- Play Skills and Social Interaction
- Behavior Skills



<https://ncaep.fpg.unc.edu/>

Basing Early Intervention for Young Children with Autism on Evidence-based Practices



EBP: Naturalistic Intervention (NI)

Name of EBP		Naturalistic Intervention (NI)					
Definition of EBP		Naturalistic Intervention (NI) is a collection of practices including environmental arrangement and interaction techniques implemented during everyday routines and activities in the learner's classroom or home environment. These practices are designed to encourage specific target behaviors based on learners' interests by building more complex skills that are naturally reinforcing and appropriate to the interaction. NIs are embedded in typical activities and/or routines in which the learner participates. The NI practices emerge from behavioral (e.g., applied behavior analysis) and/or developmental approaches to learning, and encompass interventions that have been noted as naturalistic developmental behavioral interventions (NDBIs; Schreibman et al., 2015) in recent literature. Manualized Interventions Meeting Criteria: Joint Attention Symbolic Play and Emotion Regulation (JASPER), Milieu Teaching (also includes Enhanced Milieu Teaching, Prelinguistic Milieu Teaching), and Pivotal Response Treatment (PRT).					
Outcome Areas		Age Ranges					
		0-2 Toddlers	3-5 Preschoolers	6-11 Elementary School	12-14 Middle School	15-18 High School	19-22 Young Adults
	Communication	✓	✓	✓	✓		
	Social	✓	✓	✓	✓	✓	✓
	Joint attention	✓	✓	✓	✓		
	Play	✓	✓	✓	✓	✓	✓
	Cognitive		✓	✓			
	School readiness	✓	✓	✓			
	Academic/ Pre-academic	✓	✓				
	Adaptive/ self-help	✓	✓				
	Challenging/ Interfering behavior	✓	✓	✓	✓	✓	✓
	Vocational						
	Motor		✓	✓			
	Mental health	✓	✓	✓			
	Self-determination						

EBP: Parent-Implemented Intervention (PII)

Name of EBP		Parent-Implemented Intervention (PII)					
Definition of EBP		In Parent-Implemented Intervention (PII), parents are the primary person using an intervention practice with their own child. Practitioners teach parents in individual or in group formats in home or community settings. Methods for teaching parents vary, but may include didactic instruction, discussions, modeling, coaching, or performance feedback. The parent's role is to use the intervention practice to teach their child new skills, such as communication, play or self-help, engage their child in social communication and interactions, and/or to decrease challenging behavior. Once parents are trained, they implement all or part of the intervention(s) with their child. Parents are often implementing other EBPs included in this report including naturalistic interventions, video modeling, or social narratives. Manualized Interventions Meeting Criteria: Project ImPACT (Improving Parents as Communication Teachers); Stepping Stones Triple P (SSTP)/Primary Care SSTP.					
Outcome Areas		Age Ranges					
		0-2 Toddlers	3-5 Preschoolers	6-11 Elementary School	12-14 Middle School	15-18 High School	19-22 Young Adults
	Communication	✓	✓	✓	✓	✓	
	Social	✓	✓	✓	✓	✓	
	Joint attention	✓	✓				
	Play	✓	✓	✓			
	Cognitive	✓	✓				
	School readiness	✓	✓	✓			
	Academic/ Pre-academic	✓	✓				
	Adaptive/ self-help	✓	✓	✓	✓		
	Challenging/ Interfering behavior	✓	✓	✓	✓	✓	
	Vocational						
	Motor	✓	✓				
	Mental health	✓	✓	✓	✓		
	Self-determination						

EBP: Prompting (PP)

Name of EBP		Prompting (PP)					
Definition of EBP		Prompting (PP) procedures include support given to learners that assist them in using a specific skill. Verbal, gestural, or physical assistance is given to learners to help them in acquiring or engaging in a targeted behavior or skill. Prompts are generally given by an adult or peer before or as a learner attempts to use a skill. These procedures are often used in conjunction with other evidence-based practices including time delay and reinforcement or are part of protocols for the use of other evidence-based practices such as social skills training, discrete trial teaching, and video modeling. Thus, prompting procedures are considered foundational to the use of many other evidence-based practices.					
Outcome Areas		Age Ranges					
		0-2 Toddlers	3-5 Preschoolers	6-11 Elementary School	12-14 Middle School	15-18 High School	19-22 Young Adults
	Communication	✓	✓	✓	✓	✓	✓
	Social	✓	✓	✓	✓	✓	
	Joint attention	✓	✓	✓	✓		
	Play	✓	✓	✓	✓	✓	
	Cognitive						
	School readiness		✓	✓	✓		✓
	Academic/ Pre-academic		✓	✓	✓	✓	✓
	Adaptive/ self-help		✓	✓	✓	✓	
	Challenging/ Interfering behavior		✓	✓		✓	✓
	Vocational				✓	✓	✓
	Motor	✓	✓	✓			
	Mental health						
	Self-determination						

EBP: Reinforcement (R)

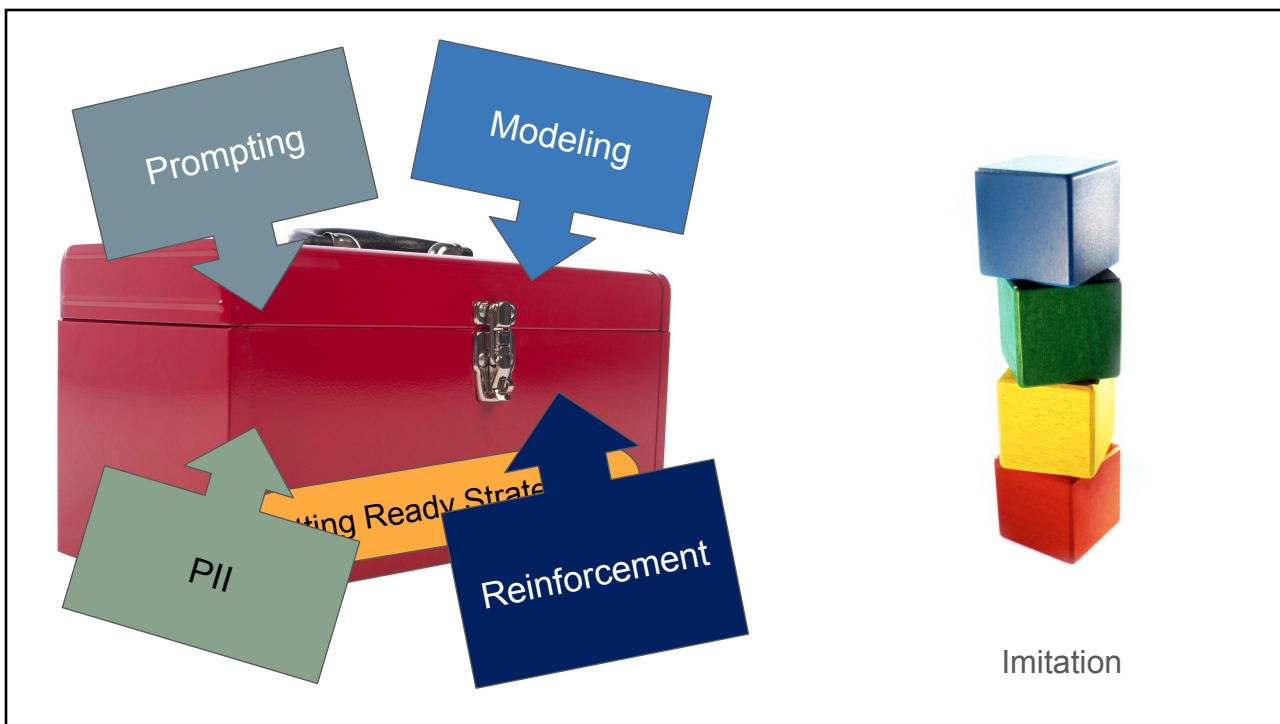
Name of EBP		Reinforcement (R)					
Definition of EBP		Reinforcement (R) is the application of consequences after a skills or behavior occurs that increases the learner's use of the skills or behavior in future situations. Reinforcement includes positive reinforcement, negative reinforcement (different than punishment), non-contingent reinforcement, and token economy. Reinforcement is a foundational evidence-based practice in that it is almost always used with other evidence-based practices including prompting, discrete trial teaching, functional communication training, naturalistic intervention.					
Outcome Areas		Age Ranges					
		0-2 Toddlers	3-5 Preschoolers	6-11 Elementary School	12-14 Middle School	15-18 High School	19-22 Young Adults
	Communication	✓	✓	✓	✓	✓	✓
	Social	✓	✓	✓	✓	✓	✓
	Joint attention	✓	✓	✓		✓	✓
	Play		✓	✓		✓	✓
	Cognitive			✓			
	School readiness	✓	✓	✓	✓	✓	
	Academic/ Pre-academic		✓	✓	✓	✓	
	Adaptive/ self-help	✓	✓	✓	✓	✓	✓
	Challenging/ Interfering behavior	✓	✓	✓	✓	✓	
	Vocational				✓	✓	✓
	Motor	✓	✓	✓			
	Mental health						
	Self-determination						

EBP: Modeling (MD)

Name of EBP		Modeling (MD)					
Definition of EBP		Modeling (MD) involves the demonstration of a desired target behavior that results in use of the behavior by the learner and that leads to the acquisition of the target behavior. Thus, the learner is picking up on a targeted skill through observational learning. MD is often combined with other strategies such as prompting and reinforcement.					
Outcome Areas		Age Ranges					
		0-2 Toddlers	3-5 Preschoolers	6-11 Elementary School	12-14 Middle School	15-18 High School	19-22 Young Adults
	Communication	✓	✓	✓	✓	✓	✓
	Social	✓	✓	✓	✓	✓	✓
	Joint attention		✓				
	Play		✓	✓			
	Cognitive						
	School readiness		✓	✓	✓		
	Academic/ Pre-academic		✓	✓	✓	✓	
	Adaptive/ self-help		✓	✓			
	Challenging/ Interfering behavior		✓	✓			
	Vocational						✓
	Motor	✓	✓				
	Mental health						
	Self-determination						

EBP: Time Delay (TD)

Name of EBP		Time Delay (TD)					
Definition of EBP		Time delay (TD) is a practice used to systematically fade the use of prompts during instructional activities. With this procedure, a brief delay is provided between the initial instruction and any additional instructions or prompts. The evidence-based research focuses on two types of time delay procedures: progressive and constant. With progressive time delay, the practitioner gradually increases the waiting time between an instruction and any prompts that might be used to elicit a response from a learner. As the learner becomes more proficient at using the skill, the practitioner gradually increases the waiting time between the instruction and the prompt. In constant time delay, a fixed amount of time is always used between the instruction and the prompt as the learner becomes more proficient at using the new skill. Time delay is always used in conjunction with a prompting procedure (e.g., least-to-most prompting, simultaneous prompting, graduated guidance).					
Outcome Areas		Age Ranges					
		0-2 Toddlers	3-5 Preschoolers	6-11 Elementary School	12-14 Middle School	15-18 High School	19-22 Young Adults
	Communication		✓	✓	✓		✓
	Social	✓	✓	✓	✓		
	Joint attention	✓	✓	✓			
	Play		✓	✓			
	Cognitive		✓	✓			
	School readiness		✓	✓		✓	✓
	Academic/ Pre-academic		✓	✓	✓		✓
	Adaptive/ self-help		✓	✓	✓	✓	✓
	Challenging/ Interfering behavior		✓	✓			
	Vocational			✓	✓	✓	✓
	Motor		✓				
	Mental health						
	Self-determination						



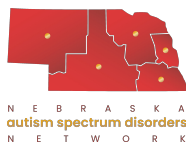
Resources and Extended Learning

[AFFIRM for Toddlers](#)

Nebraska ASD Network Early Childhood [Part C](#)

[A Guide to Getting Started with Young Learners with Autism](#)

[Autism Navigator Courses](#)



The Getting Ready Approach

The *Getting Ready Approach*, as it was adopted by Nebraska Part C programs, utilizes early intervention home visits as the context for implementation. The Approach is a child and parent-focused intervention focused on improving child outcomes.

Key components include:

1. Strengthening relationships between parent and child, and parent and professional; and
2. Building parent competencies for enhancing parent-child interactions.




This GUIDE is for use after the initial family home visit.

GUIDE - Ongoing

A Guide for Interactions between Families and Providers in Structured Contacts

Child's Name _____

Parent's Name _____

Professional's Name _____

Child Age _____

Date of Contact _____

I. Opening

Establish/Re-establish the Partnership

- Engage in mutual social talk with parent/family.

Discuss Child/Family Strengths/Developments & Concerns

- Discuss the child's strengths, new interests.
- Discuss new family developments since last visit.
- Discuss any concerns and what has been tried.

(Actively listen for possible priorities for the visit)

Discuss Observations/Information since Last Visit

- Discuss family observations of learning opportunities to support child development since the last visit. *(Both new and previously targeted child skills)*

Co-Establish Purpose for Visit

- Explore your ideas and parent ideas for today's visit, including a review of information from opening, and ideas from previous visit.
- Determine/acknowledge parent-child-provider roles. *

*As appropriate to how visits have been provided, i.e. first few visits may need more time for discussion.

II. Main Agenda

- Using the previous Home Visit Plan, discuss with parent if not addressed in opening or provide recap:
 - child's progress (include routines and skills) since the last visit specific to the IFSP outcome addressed.
 - what strategies worked and/or what did not work based on parent observation of the child within routines. This could include demonstration by the parent.
 - measurement of the selected outcome(s).
- Consider the IFSP outcome(s) to be addressed at this visit*:
 - Continue with the same IFSP outcome OR
 - Select another IFSP outcome.

*If priority does not match a current IFSP outcome, determine if new IFSP outcome will be needed or if priority can be addressed in limited visits.

- Record selected outcome(s).

Getting Ready Strategies:

- Communicate Openly and Clearly
- Encourage Parent-Child Interaction
- Affirm Parent Competencies
- Make Mutual/Joint Decisions
- Focus Parent's Attention on Child's Strengths
- Share Developmental Information and Resources
- Use Observations and Data from Parents and Professionals
- Model and/or Suggest

Notes:

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REV June 22

Let's Try It!

Determine practice opportunity for visit

- Brainstorm how parent-child can **practice a skill or strategy** to support the selected outcome.
- Decide on a **routine**.
- What **materials** will we need?
- **Where** will we try this?
- What **role** will parent, professional play?

Practice

Parent and professional discuss/debrief practice opportunity

(choose reflective question(s) or use your own)

How did it go?

What did child do?

What were challenges?

What went well?

What would you do differently?

Isaac- Interventions to Prioritize

- Joint attention
- Imitation
- Functional communication
- Play and social
- Active engagement
- Connectedness

All within natural routines using a caregiver capacity building model.

High Leverage and EBP within Isaac's Morning Play Routine

Getting Ready Strategies	Target Skills	EBP(s)
• Mutual decision making • Use observations & data • Encourage parent-child interaction • Affirm competencies • Focus on child's strengths • Share developmental info • Encourage parent/child interaction	• Imitate actions with toys • Functional play • Joint attention • Active engagement • Social Connectedness	• Naturalistic Intervention • Modeling: simple action (push), single words • Prompting: Provide gentle, then physical prompt if needed • Reinforcement: Celebrate attempts

Outcome: During morning & outside playtime, Isaac will play with toys in new ways. We will know he can do this when he plays with at least 2 toys in more than one way either inside or outside daily for 1 week.



Outcome: Isaac will participate in book time by making noises. We will know he can do this when he imitates or makes a noise on his own for something he sees in a book, such as vroom for a car 3 times per week for 2 weeks in a row.



High Leverage and EBP within Isaac's Book Reading Routine

Getting Ready Strategies	Target Skills	EBP(s)
• Communicate openly & clearly • Model and/or Suggest • Encourage parent/child interactions • Affirm parent competencies	• Functional Communication • Functional play • Joint attention • Active engagement • Social Connectedness	• Naturalistic Intervention • Modeling: simple action (push car, sounds, single words) • Prompting: gestural • Reinforcement: Celebrate attempts

Develop a HOME VISIT PLAN



Discuss what will happen between now and next visit.

- ☐ **Co-determine what skill/behavior** you will see child demonstrate by next visit
- ☐ Determine **routines** that provide the best opportunity for practice.
- ☐ Determine the **strategies** that will support child progress towards the selected outcome.

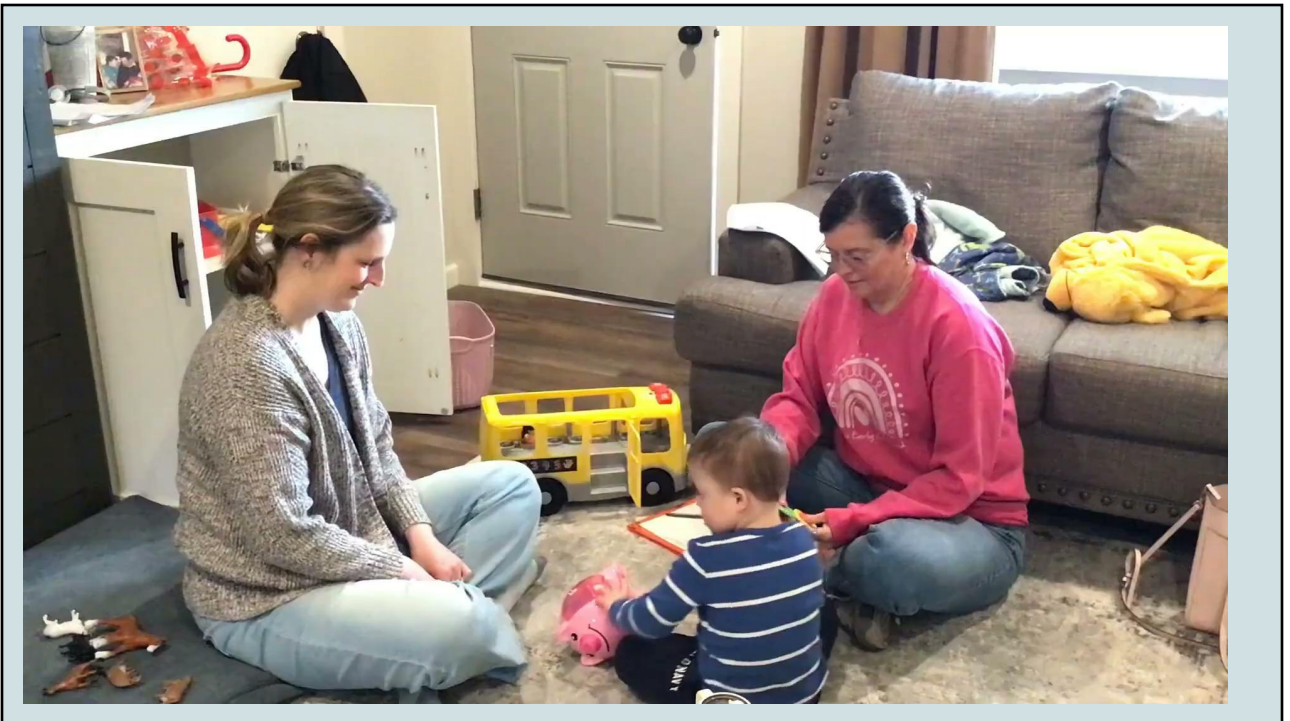
Discuss how we will communicate between visits.

Discuss parent and provider roles in implementing HV plan as appropriate.

Check on other outcomes as appropriate.

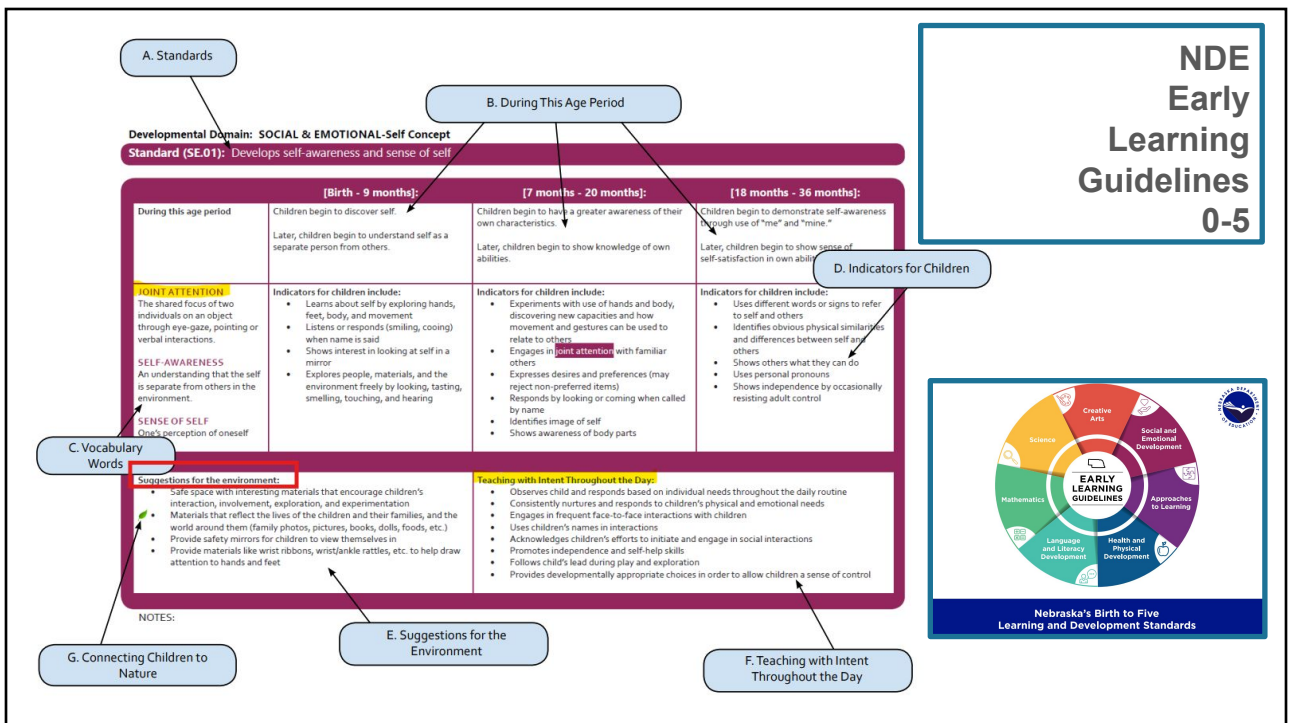
Isaac- HOME VISIT PLAN

- Isaac will copy something mom does with a toy
- Parent will model ways to play with toys during morning playtime and bathtime.
- Provider will check in next week via text to see how this plan is going



Home Visit Plan during Bath Time Routine

Getting Ready Strategies	Target Skills	EBP(s)- Strategies that will support progress
- Communicate openly and clearly - Model and/or Suggest - Affirm parent competencies - Mutual/ Joint decisions	- Functional Communication- dinosaur sounds - Functional play- imitate splashing - Imitation- cleaning dinosaurs with soap and washcloth - Joint attention	- Naturalistic Intervention - Modeling: simple action (push car, sounds, single words) - Prompting: gestural, physical - Reinforcement: Celebrate attempts



Evidence-Based Manualized Programs 0-3

Early Start Denver Model (ESDM)

Naturalistic Developmental Behavioral Intervention (12–48 months) integrating developmental and behavioral strategies within play and routines.

Evidence: RCT (Dawson et al., 2010) demonstrated significant gains in IQ, language, and adaptive behavior; systematic reviews support improvements across domains.

Citations: Dawson et al., 2010, Pediatrics; Ryberg, 2015, JAPNA.

Project ImPACT

Manualized caregiver-mediated intervention coaching parents to support social communication and engagement.

Evidence: Research shows improved parent responsiveness and child social-communication outcomes; effective in community and telehealth formats.

Citations: Stahmer et al., 2019, Community-based study (PMC).

The Balance Program

If referencing a specific autism birth–3 manualized intervention, ensure peer-reviewed research is clearly identified.

Evidence: Currently limited widely cited peer-reviewed evidence identifying a manualized autism-specific birth–3 model under this name.

Citations: Add verified manual or peer-reviewed publication as applicable.

Questions





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Thank You

Please give feedback about this presentation with the evaluation survey. Upon completion, you will receive a certificate of attendance.

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