

Infant Toddler Development Training

Module 2

Module Description

This module presents basic information about typical child development. Child development theories, causes and characteristics of prevalent developmental disabilities and disorders, and their effect on child development and families are addressed throughout the module. It is important that Infant Toddler Developmental Specialists are knowledgeable about the various factors that impede child growth and development, and the effect developmental disabilities and disorders have on the child, family, and others.

Required Readings

The required text for this module is: Sandall, S., McLean, M.E., Smith, B.J. (Eds.) (2000) *DEC Recommended Practices in Early Intervention/Early Childhood Special Education*. Denver, CO: Division of Early Childhood. Learners will also need to access the Resource Bank for Adobe Acrobat (PDF) documents and website material. Learners should be aware that links to websites and additional articles are likely included within the various lessons of this module. Participants are expected to carefully read assigned materials and be prepared to answer questions regarding all content during the self-assessments and final evaluation.

Module Objectives and Corresponding Florida Department of Health (FDOH)

Competencies

1. Describe prenatal development and birth process. Demonstrate awareness of the critical development that occurs during the prenatal period to three years of age. (FDOH B-1)
2. Define, discuss, and apply major theories of human growth and development (e.g., Erikson, Vygotsky, Piaget) and the interrelatedness of the developmental domains. (FDOH B-2)
3. Distinguish between differences related to cultural practices (ethnic and regional) and educational delays, as these differences relate to coaching families in ways to help their children make developmental progress. (FDOH B-3, B-14)
4. Describe the etiology and symptomology of common developmental disabilities or conditions in young children and their developmental effect, including disorders of central and peripheral nervous system; bones muscles and joints; genetics, metabolic and gastrointestinal tract; heart, lungs, and circulation; chronic illness; sensory systems; and learning disabilities/cognitive delay. (FDOH B-3, B-4, B-5, B-7)
5. Identify characteristics of physical contexts influencing development and learning. (FDOH B-7, B-3, B-4)
6. Describe sequences, characteristics, and interrelationships in development across domains, including attachment and social/emotional development, sensory perceptual and motor development, development of knowledge and understanding, development of communication and language. (FDOH B-14, B-7, B-6, B-5, B-4)
7. Describe theoretical and research models regarding interactions between disabilities, risk factors, environments, and development. (FDOH B-14, B-6, B-7, B-5, B-4, B-3)
8. Identify potential effects of general and specific disabilities, delays, or risk factors of parent-child interactions and on different domains of development. These include attachment and social/emotional development, sensory perceptual and motor development, development of knowledge and understanding, development of communication and language,

- environmental/cultural, abuse and/or neglect, biological, prematurity, birth trauma, and parental involvement. (FDOH B-3, B-14, B-7, B-4)
9. Explain variations in development that may be the result of a disability or health condition and their potential effect on future development. (FDOH B-7, B-4, B-6)

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Introduction

This lesson presents basic information about the benefits of teaming in all stages of early intervention. The team is conceptualized as a dynamic system working toward a common goal. The basic tenets of systems theory, as applied to early intervention teams, are reviewed. Multidisciplinary, interdisciplinary, and transdisciplinary teams are compared. McWilliam and Scott (2001) describe a model that emphasizes the support functions of early intervention professionals. Participants are encouraged to consider the importance of teaming in the provision of informational, material, and emotional supports to families. The use of ecomaps during first contacts is discussed. Lastly, the 'Goose Story' is used as metaphor for early intervention teams and systems.

Learning Objectives

Upon completion of this lesson, you will be able to:

1. Define teams and teaming
2. Explain why teaming is important
3. Describe how teaming benefits both practitioners and families
4. Describe the basic tenets of systems theory, as applied to early intervention teams
5. Discuss the teaming process in all stages of early intervention, from first contacts to transition
6. Describe different types of teams (multidisciplinary, interdisciplinary, and transdisciplinary)
7. Understand the importance of 'enablement'
8. Discuss the five components of the EINE model
9. Understand how ecomaps can be used as relationship-building tools
10. Appreciate the 'The Goose Story' as a metaphor for teams and systems

Resources

The following resource is necessary for completing this lesson. Learners may wish to access and print a hard copy of the resource prior to beginning the lesson and for future reference.

- [Early Intervention in Natural Environments: A Five Component Model](#)

Key Words

Definitions of key words are found in the glossary.

- Team
- Multidisciplinary team
- Interdisciplinary team
- Transdisciplinary team

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What is a Team?

Teams have been defined in many ways by many authors. Consider the following definitions:

- A team is a group of people who are working together and share a common philosophy and common goal for which they hold themselves mutually accountable (Florida Department of Health, Service Delivery Policy and Guidance, 2004).
- A team is an organized group of professionals from different disciplines who have unique skills and a common goal of cooperative problem solving (Pfeiffer, 1980).
- A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable (Katzenbach & Smith, 1999).
- A team is a group of individuals who are committed to a shared purpose, to each other, and to working together to achieve common goals (Briggs, 1997).

In sum, the characteristics that define a team include commitment to a cause, common goals, and accountability. The Florida Department of Health, Service Delivery Policy and Guidance document (2004) describes early intervention teams as "sharing a family-centered philosophy and working together in evaluation, assessment, development, implementation and review of the IFSP" (p. 51).

Why is Teaming Important?

Teaming in early intervention programs is important for a number of reasons.

First, federal law dictates a team-based approach to early intervention. In Part C of IDEA, parents are designated as active and involved team members. The parent (or primary caregiver) is expected to participate in all stages of the early intervention process. The law emphasizes the need for collaborative partnerships and coordinated early intervention services (Individuals with Disabilities Education Act, 1997).

In accordance with federal regulations, Florida's Early Steps System emphasizes the role of service providers in "consulting, training, and team participation in assessment, IFSP development and implementation" (Florida Department of Health, 2004, Service Delivery Policy and Guidance, 2004, p. 10).

Perhaps the most important reason for teaming involves the enormous and lasting benefits to both early intervention professionals and families of children with special needs.

In a truly effective team, members share knowledge, skills, and resources. Over time, team members become more competent and more skilled. A highly functioning team can help produce positive outcomes much more than a single individual.

Families of infants and toddlers with special needs benefit both directly and indirectly from the teaming process. They benefit directly from accurate information, appropriate interventions, and timely referrals. They benefit indirectly by the efficiency and effectiveness of a cohesive, committed, and collaborative effort.



It is therefore vitally important to learn teaming skills. Throughout this Module, theoretical, empirical, and practical information about the teaming process will be presented.

Teams as Systems **Systems Theory**

General Systems Theory was first described in 1968 by the German biologist Ludwig von Bertalanffy. In his classic text (1968), von Bertalanffy defines systems as "complexes of elements standing in interaction" (p. 33).

Throughout the 1970s and 1980s, systems theory was used to describe phenomena occurring in numerous fields of study, such as biology, physics, management, and family therapy. Systems theory can also be used to describe early intervention teams.

Systems share a number of common properties. Below is a partial listing of characteristics that define systems.

- **Holistic:** Systems are wholes. You have probably heard the expression 'the whole is greater than the sum of the parts.' Similarly, systems such as families, sports teams, and early intervention teams are more than just a collection of individuals. The team functions as a whole, not as a collection of separate parts. This is known as 'holism.'
- **Interdependent:** Since systems operate as wholes, an individual component of a system cannot be understood in isolation. It must be viewed within the larger context of the system. Think of yourself. Could anyone fully understand you without knowing something about your family system? Elements within a system are interdependent - they *influence* and *respond* to one another.
- **Dynamic:** Systems are dynamic and changing. Yet, within all systems, there is a strong tendency to maintain balance or *homeostasis*. This is why systems such as families and work teams tend to resist change. There is a tendency to maintain the 'status quo.' The status quo is both familiar and comfortable. Yet changes can and do occur. Because system components are interdependent, a change in one component will affect all other components in the system. Think of a 3-person family as a system consisting of a devoted mother, an alcoholic father, and a depressed adolescent daughter. One day the father decides to stop drinking 'cold turkey.' He checks himself into an inpatient unit and complies with all follow-up recommendations. This change, although positive, will completely disrupt the family system. In fact, family members may even try to sabotage the father's recovery in order to preserve the old, familiar patterns of family life. This is an example of the tendency of human systems to maintain balance or homeostasis. If the father perseveres in his efforts to live clean and sober, the remaining system components (mother and daughter) will also change and a new homeostatic balance will eventually emerge within the family system.
- **Complex and Non-linear:** Systems are often described as complex and non-linear. The interactions and patterns of behavior among system components cannot be described in simple terms. Linear, cause and effect explanations are not sufficient to describe system events. In order to discuss systems, we must instead examine complex cycles and patterns of behavior over time (Briggs, 1997). This makes the study of systems especially challenging for researchers.

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The Early Intervention Team as a System

Early intervention teams are systems. They are complex entities that function as a whole. A change that occurs in one component of the team will affect all other components. To illustrate this point, consider how the following changes might affect your work team:

- A valuable and reliable team member leaves the team
- A team member becomes pregnant
- A typically reliable team member begins to arrive late, miss meetings and/or neglect his or her usual duties
- A new member is added to your team. The new member is friendly, knowledgeable and resourceful.

- A new member is added to your team. This time, the new member is shy, introverted, and reluctant to express her views.
- A pervasive conflict develops between two or more team members

All of these events would affect not just the person directly involved, but all members of the team. Depending on the team's response to these changes, services to families may be maintained at a high level or possibly hindered. It is therefore important to be aware of your team's level of functioning. Is open communication and information-sharing the norm in your team? What problems interfere with healthy team functioning?

Family involvement is expected to occur in all stages of early intervention - from first contacts to transition. Family members and/or caregivers are the most important members of the Early Steps team. It is important to note that family involvement and participation will vary. Different families will show different levels of participation. Moreover, the level of participation within a given family may change over time depending on needs and circumstances. Professionals on the Early Steps team should remain as flexible as possible and make every effort to include and involve families every step of the way.

Meetings to develop the Individualized Family Support Plan (IFSP) should not be confused with regular work-related or employee meetings. Families will participate in all Early Steps meetings to develop the IFSP; however, they would rarely attend a work-related or organizational meeting. For example, your workplace may hold staff meetings or retreats for employee only. You may also participate in small group projects, council meetings or committee work. In such cases, the 'team' consists of a subset of employees. You will see that the principles of teaming can be applied to all types of teams and settings. Moreover, many traditional conceptualizations of the professional work team can be applied to early intervention teams with families as central team members.

Teaming in All Stages of the Early Steps Process

Effective teaming and collaboration is expected to occur in all stages of the Florida Early Steps system. From first contacts to transition, family members and early intervention professionals are expected to consult with one another on regular basis. Although the members of a particular early intervention team will change over time, the teaming and collaboration process will remain constant. In the Early Steps system, one team member will be designated as the primary service provider. This team member will coordinate the services that are provided to a family.

Florida's Early Steps system emphasizes teaming, family-centered practices and provision of services in everyday routines, activities and places. In the following paragraphs, typical team activities within each stage of the system are described.

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First Contacts

First contacts with a family should take place face-to-face, in a typical setting. A service coordinator and/or another trained team member meets with one or more family members and conducts a family assessment. Emphasis is placed on gathering information about the family's everyday routines and activities. What are the family's strengths and challenges? What are the family's concerns? What are the family's goals? The types of information gathered must be with the concurrence of the family. McWilliam and Scott (2001) suggest



that developing an ecomap may help professionals build rapport with families during first contacts.

For children without an established condition, a developmental screening instrument is administered at this time. If the child appears to be functioning at age level, the family may decide against further participation in Early Steps. If possible, delays are detected, the family may decide to participate in a more in-depth evaluation and assessment.

At this stage, teaming occurs primarily between the family and the service coordinator. Both the results of the screening and the family's stated concerns are used to build the evaluation and assessment team. Members of the evaluation and assessment team will receive summaries of the information collected during first contacts. These summaries will be used to help team members prepare for the evaluation and assessment.

Evaluation and Assessment

Evaluation and assessment have two distinct purposes. The purpose of the evaluation is to determine eligibility for early intervention services. The purpose of assessment is to obtain detailed information about a child's unique strengths and needs. The results of the assessment are used for intervention planning.

During evaluation and assessment, team participants will ascertain valuable information for use during the IFSP meeting. At this stage, family members may be unsure about the role they should play on the team. A team member familiar to the family, perhaps a service coordinator, should take time at this stage to clarify role expectations. They should emphasize the central role that families play as a team member during evaluation and assessment.

Family involvement and participation is vital in all stages of the early intervention process. During evaluation and assessment, family members are not silent observers. They do not sit passively and watch the team at work. Instead, they share information and observations with their fellow team members throughout the evaluation and assessment period. Input from family members has special value and family members should be made aware of this.

During assessment, families and professionals come together with the purpose of determining the child's strengths and challenges. Observations are shared and processed, and a great deal of information is exchanged.

In the field of early intervention, three primary types of teams have been described in the literature. These include the *multidisciplinary team*, the *interdisciplinary team*, and the *transdisciplinary team*. Below is a description of how these different types of teams operate during the assessment process.

The Multidisciplinary Team

In the multidisciplinary approach, different professionals evaluate the child independently. For example, a psychologist, a physical therapist, and a speech/language pathologist may all conduct separate evaluations of the same child. Information from the separate evaluations is reported to a single 'leader' or 'coordinator' and discussed with the family. In most cases, the various evaluators do not share information or discuss results with one another (Thomas, Correa & Morsink, 2001).

One benefit that families derive from this approach is the opportunity to meet with various professionals individually. Family members are able to express their observations, opinions and concerns with each evaluator and hear each professional's perspective.

However, the multidisciplinary approach presents a number of pragmatic problems for families. Typically, the family travels to the evaluator rather than the evaluator meeting the family in a natural setting. In addition, families must provide similar information to two or

more evaluators on two or more occasions. This can be exhausting, exasperating and time consuming for families.

The outcome of multidisciplinary evaluations can also be problematic. The various evaluation reports often contain redundant background information. Worse yet, conflicting results and contradictory treatment recommendations can occur. This puts family members in the awkward position of having to decide which recommendation is 'best.'

Finally, because evaluators do not discuss their observations, they are not able to benefit from an open exchange of knowledge. This may result in a narrow, discipline-specific understanding of the child's development.

Interdisciplinary Teams

Like members of a multidisciplinary team, members of an interdisciplinary team conduct their evaluations independently. Family members are able to privately consult with the different evaluators. The main difference between the multidisciplinary and interdisciplinary approaches lies in the exchange of information among evaluators. Members of a multidisciplinary team do not typically share information with one another, but members of an interdisciplinary team do. The interdisciplinary team meets to share and discuss the results of the various evaluations. Family members are included in this discussion. The team then produces an integrated evaluation report.

The opportunity to share information in the interdisciplinary team model is a vast improvement over the rather fragmented multidisciplinary approach. However, since the evaluations are conducted separately by different members of the interdisciplinary team, the process remains quite time-consuming for families. Moreover, Briggs (1997) has observed that contributions from the various professionals on an interdisciplinary team tend to be isolated and discrete. The lack of true cohesion can sometimes result in a fragmentation of services (Briggs, 1997, p. 94).

Transdisciplinary Teams

Transdisciplinary teams are unique to the field of early intervention (Briggs, 1997). The transdisciplinary approach is fundamentally different from the multidisciplinary and interdisciplinary approaches. The foundation of the transdisciplinary team is collaboration. One assessment is performed by the team and one integrated report is written by the team. This minimizes the inconvenience to families.

An appropriate transdisciplinary team is organized prior to the evaluation and assessment. The selection of particular team members is based on the family's reported concerns. For example, if a family expressed concern with their son's language development, sociability and behavior, the assessment team might include a parent, a service coordinator, an Infant Toddler Development Specialist, a psychologist, and a speech/language pathologist.

In the transdisciplinary model, family involvement is key. Families actively participate in the assessment process and play a central role in the development of the IFSP, intervention planning and evaluation.

Transdisciplinary teams typically conduct *arena-style assessments*. In an arena assessment, a single primary facilitator interacts with the child while parents and other team members observe and assist. Details of the arena assessment are presented in the Observation and Assessment Module (Module 3).

Members of transdisciplinary teams tend to have flexible boundaries. They are comfortable exchanging roles, providing information and sharing observations (Stepans, Thompson & Buchanan, 2002). Collaboration, consensus building and the transfer of information across disciplines are central to the transdisciplinary approach. Because the assessment process is

collaborative and integrated, service planning and implementation tends to be cohesive as well.

The Florida Early Steps system advocates the use of transdisciplinary teams and arena assessments. Pilkington and Malinowski (2002) offer the following guidelines for members of transdisciplinary teams:

- The team should adopt a "strengths over deficits" approach
- Assessments should be conducted over time, in natural environments
- Emphasis should be placed on the process vs. the product
- Emphasis should be placed on building and maintaining positive relationships with families

Transdisciplinary assessments culminate in a single integrated report. The contents of the report incorporate information from many sources including 1) the family's stated concerns, priorities, and resources, 2) observations of the child's behavior during the assessment, 3) the family's statements about what the child is able to do, 4) the results of the assessment instrument that is utilized, and 5) professional opinions and recommendations. The report is created through a process of dialogue, observation, and collaborative exchange among team members, the most important of which is the caregiver.

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Developing the IFSP

Teaming continues during the development of the IFSP. Ideally, the IFSP is written by the same team of individuals that conducts the assessment. The IFSP includes information about the child's strengths and challenges, the family's goals and priorities, and strategies for addressing the family's stated concerns. The IFSP should also include functional outcomes that are based on the family's priorities and resources. Functional outcomes help the team monitor progress and determine the extent to which particular goals have been achieved.

The process of developing the IFSP involves continued collaboration and dialogue among team members. When developing goals and strategies, it is important to attend to the family's lifestyle. Practical matters such as work schedules, transportation issues, and the personal needs, preferences and priorities of family members must be considered. Respect for the family's culture is essential. The objective is to create a plan that works for the whole family.



Whenever possible, services should be creatively embedded in everyday routines, activities, and places. Interventions that are meaningful and easy to execute are most likely to be successful (Pilkington & Malinowski, 2002). Moreover, when parents provide interventions in daily routines, they are more likely to attribute progress to what *they do between* home visits, rather than to what the professional does during home visits (McWilliam & Scott, 2001).

Implementation of Services

Services should be provided by the same team of professionals that participated in the evaluation, assessment, and development of the IFSP. This ensures continuity of care. A primary service provider is designated to be responsible for facilitating communication among the various team members. The team meets on a regular basis, keeps progress notes, and conducts periodic reassessments. Progress is evaluated and appropriate

adjustments to the IFSP are made. Annually, an assessment of the child in all developmental domains occurs, along with development of a new IFSP by the participants in the IFSP meeting. However, a formal transdisciplinary assessment is not conducted annually unless deemed necessary by both the family and the team.

During the implementation stage:

1. Use a child's strengths to enhance learning in the natural environment
2. Remember that the relationship with the family is the context for intervention
3. Offer appropriate anticipatory guidance with respect to social, emotional, and behavioral issues
4. Work cooperatively across disciplines. Be partners, not competitors (Pilkington & Malinowski, 2002).

Transition

The teaming process continues, but with a slightly different focus as the child prepares to enter a new educational setting. The same strengths-based, family-centered philosophy that guided activities during the early stages also operates when planning for transition. The team continues to honor family preferences and implement strategies in typical settings. When developing goals and strategies related to transition, the team continues to collaborate with each other and with various community agencies. Focused meetings and effective communication with community agencies (such as Head Start or a local preschool) are especially important during transition. During this stage, an effective team will provide opportunities for the child and his/her family to visit the new facility.

Enablement

According to McWilliam and Scott (2001) who built on the enablement work of Dunst, Trivette and Deal (1988), one important goal of early intervention is to "enhance the competence and confidence of caregivers" so that children have "the greatest likelihood of developing to their maximal potential" (McWilliam & Scott, 2001, p.55). This process is known as *enablement*. The goal of enablement is to increase caregiver self-sufficiency. The concept is analogous to teaching a hungry person how to fish, rather than simply supplying food (Dunst, Trivette & Deal, 1988). Enablement can occur at any stage of the early intervention process; however, it is probably most likely to occur during the implementation of services.

Andrews and Andrews (1993) discuss techniques for enabling caregivers. They suggest that early intervention providers make a conscious effort to notice the resources that are already present and available in the family system. Providers can initiate conversations about these resources by asking simple questions such as:

1. How did you figure out how to feed her so well? (p. 43)
2. Where did you get that game idea? (p. 43)
3. Or statements such as:
You did a wonderful job engaging his attention just now. Tell me what seems to work best.

Notice how these statements are empowering to the caregiver. They encourage confidence and competence rather than dependency and passivity. This is the hallmark of enablement.

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Activity #1

When working on an early intervention team, it is important to maintain a clear understanding of your role. McWilliam (2004) emphasizes the support functions of early

intervention professionals in his Early Intervention in Natural Environments (EINE) model. He raises a number of issues that are relevant to teaming and the provision of informational, material, and emotional supports to families.

Please read *Early Intervention in Natural Environments: A Five Component Model* by Robin McWilliam. This article is available in the Resource Bank.

After reading and studying this article, you should be able to:

1. Conceptualize early intervention professionals as providers of support
2. Describe different types of support (informational, material, and emotional)
3. Give examples of each type of support
4. Consider the importance of teaming in the provision of informational, material, and emotional supports
5. Understand the importance of relationship building during First Contacts (intake)
6. Discuss the advantages of routines-based interviews
7. Discuss the Primary Service Provider (PSP) approach

Activity #2

In *Early Intervention in Natural Environments: A Five Component Model* (McWilliam, 2004) describes the use of the ecomap as a relationship-building tool that can be particularly effective during first contacts (intake). Since teaming begins at first contacts, the development of an ecomap can be a positive and helpful strategy. It allows the family an opportunity to share information, visualize the family network, and become acquainted with one or more fellow team members. It is a good way to encourage the active involvement and participation of family members.

An ecomap is a graphical illustration of a family and its connections. One design might look like the following description. The names of the members of the immediate family are drawn in the center circle of the map. The names of each close contact (for example, a neighbor, a grandparent, a good friend) are placed in separate circles above the larger family circle. The names of each important agency or community contact (doctors, therapists, community supports) are placed in separate circles below the center.

The end result is a large circle in the center of the map (with the names of the immediate family members), a number of smaller circles above it and a number of smaller circles below it. Lines then are drawn from each of the upper and lower circles to the center circle.

Heavy lines are used to indicate strong, supportive relationships. Medium lines are used to indicate moderately strong relationships. Faint lines are used to indicate weak relationships. Broken lines are used to indicate problematic relationships.

An example of an ecomap is presented in the McWilliam (2004) article.

Construct an ecomap of your family.

When your ecomap is finished, think about the following questions:

1. What was it like to produce an ecomap of your family? Was it enjoyable? Boring? Uncomfortable? Did anything about this process surprise you?
2. Would you be comfortable doing this exercise during first contacts with a family? Why or why not?
3. Under what circumstances might it be inappropriate to do an exercise like this with a family?
4. Do you think that developing an ecomap during first contacts might help professionals team with families? Why or why not?

Activity #3

Read Chapter 5, Recommended Practices in Interdisciplinary Models, in DEC Recommended Practices in Early Intervention/Early Childhood Special Education. Pay particular attention to the four theoretical creeds which summarize the practices.

Do you agree with the recommendation for transdisciplinary practices? What are some reasons why this model is recommended?

Activity #4

The Goose Story

Step 1

"The Goose Story" (author unknown) appears on numerous websites related to team functioning. Some of you may already be familiar with the story. It is a nice metaphor for teamwork in general. Take a minute now to read this short story.

The Goose Story

Author Unknown

When you see geese flying along in "V" formation, you might consider what science has discovered as to why they fly that way:

As each bird flaps its wings, it creates an uplift for the bird immediately following. By flying in "V" formation, the whole flock adds at least 71 percent greater flying range than if each bird flew on its own.

People who share a common direction and sense of community can get where they are going more quickly and easily because they are traveling on the thrust of one another.

When a goose falls out of formation, it suddenly feels the drag and resistance of trying to go it alone, and quickly gets back into formation to take advantage of the lifting power of the bird in front.

If we have as much sense as a goose, we will stay in formation with those people who are headed the same way we are.

When the leading goose gets tired, it rotates back in the wing and another goose flies point.

It is sensible to take turns doing demanding jobs, whether with people or with geese flying south.

Geese honk from behind to encourage those up front to keep up their speed.

What messages do we give when we honk from behind?

Finally ... and this is important ... when a goose gets sick or is wounded by gunshot, and falls out of formation, two other geese fall out with that goose and follow it down to lend help and protection. They stay with the fallen goose until it is able to fly or until it dies, and only then do they launch out on their own, or with another formation to catch up with their group.

If we have the sense of a goose, we will stand by each other like that.

Step 2

Using the following outline as a guide, consider how the Goose Story applies to 1) teams in general, 2) transdisciplinary teams, and 3) teams as systems. As you go through this exercise, write down any additional thoughts you have.

1. Teams in general:
 - a. the power of teamwork
 - b. the importance of support and encouragement
 - c. doing your share

- d. helping your fellow team members
- 2. Transdisciplinary teams in particular:
 - a. all members (including caregivers) are equally important
 - b. more progress is made by sharing resources than by 'going it alone'
 - c. the 'leader' (primary service provider) is the person who is most involved as the facilitator for the "flock" at a particular time.
 - d. team members may play different roles at different times
- 3. The team (or flock) as a system
 - a. the whole formation is greater than the sum of the parts
 - b. the whole cannot be defined or described by the individual members
 - c. changes in one part of the system (a goose falls out of formation) affect the system as a whole (other birds fly down to assist)
 - d. there is a tendency toward homeostasis (the birds always seek to rejoin the flock)

Lesson 1 Highlights

This lesson presented an overview of teaming in Florida's Early Steps system. Various definitions of 'teams' were offered and the importance of teaming to children, families and practitioners was emphasized. The basic tenets of systems theory were described, and early intervention teams were conceptualized as dynamic, interdependent, complex systems.

This lesson presented examples of teaming within all of the major stages of Florida's Early Steps system. Distinctions were made between multidisciplinary, interdisciplinary, and transdisciplinary teams. Discussions of teaming emphasized a strengths-based, family-centered approach. Collaboration with family members and fellow team members was also emphasized.

McWilliam (2004) conceptualizes early intervention professionals in terms of their numerous support functions. Participants were given the task of reading and studying the main points of this professional article. Participants were encouraged to consider the use of the Ecomap as a relationship-building tool during first contacts. Lastly, The Goose Story was presented as a metaphor for teaming and systemic process.

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Websites

- Individuals with Disabilities Education Act
- IFSP web
This website compares multidisciplinary, interdisciplinary, and transdisciplinary approaches in terms of team philosophy, the role of the family, lines of communication, staff development, assessment processes, IFSP development, and IFSP implementation.
This website presents advantages and disadvantages of multidisciplinary, interdisciplinary, and transdisciplinary approaches.

Infant Toddler Development Training Module 2, Lesson 2

Introduction

In Lesson 1, you learned about the importance of teaming in all stages of the Early Steps system. This lesson presents in-depth information about the people who make up the Early Steps team.

Lesson 2 begins with a brief review of the various early intervention professions. Models for understanding common team roles and styles are then presented. The influence of personal experiences, attitudes, beliefs, and values on team behavior is discussed, with emphasis on the importance of self-awareness.

The lesson continues with a discussion of coaching and adult learning styles. As an Infant Toddler Developmental Specialist (ITDS) you will be coaching the families of young children with special needs. The components of effective coaching are outlined in an informative article by Sheldon & Rush (2004). This article will serve as a springboard for your work as a coach. When coaching caregivers, it is helpful to have some background in adult learning styles. You will gain familiarity with the principles of adult learning and complete an online questionnaire to determine your own learning style. Felder and Silverman's Index of Learning Styles will be presented in this Lesson.

Learning Objectives

Upon completion of this lesson, the participant will be able to:

1. Describe the professional responsibilities of the people that comprise early intervention teams (e.g., caregiver, service coordinator, ITDS, occupational therapist, physical therapist, speech/language pathologist, psychologist)

2. Discuss team roles and styles (contributor, collaborator, communicator, challenger; task-oriented, group-building, and dysfunctional roles)
3. Describe the role(s) that you typically play when working on a team.
4. Discuss how preconceptions, attitudes and beliefs influence team behavior
5. Define "ethnocentrism"
6. Discuss the five components of effective coaching (Shelden & Rush, 2004)
7. Explain why coaches should have a basic understanding of adult learning styles
8. Describe your own learning style and consider how your particular style affects your work with families
9. Discuss strategies for working with adults that have different learning styles

Resources

The following resources are necessary for the completion of this lesson. Learners may wish to access and print a hard copy of the resources prior to beginning the lesson and for future reference. Some resource documents can be found in the Resource Bank. Others are available online.

- [Learning Styles and Strategies](#)
- [Practitioner as Coach: Our Role in Early Intervention](#)
- [Principles of Adult Learning](#)
- [The Index of Learning Styles](#)

Key Words

Definitions of key words are found in the glossary.

- Ethnocentrism
- Coaching

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Who is on the team?

Most of you are probably already familiar with the types of professionals that comprise early intervention teams. In addition to the caregiver, members of the team could include such members as a nurse, a psychologist, an occupational therapist, a physical therapist, a speech/language pathologist, a service coordinator or an ITDS, in assorted combinations.

It is important to remember that all team members serve two basic functions:

1. To provide direct services, and
2. To serve as a collaborator (Thomas, Correa & Morsink, 2001).

Direct services include "hands-on" work with the family and/or the child. Collaboration is an example of an **indirect service** that involves sharing expert knowledge with team members and consulting with team members during planning, implementation, and evaluation of services. Collaboration and consultation are particularly important functions of team members in the Early Steps system.

Below is a brief summary of the main functions of individuals on early intervention teams:

Caregivers: Caregivers (usually but not always, parents or family members) are the most important people on the early intervention team. They are the constant force in the child's life, and they possess expert knowledge about the child, his/her behaviors, and abilities. The caregiver's needs, priorities and preferences must be taken into consideration during planning, implementation, and evaluation of services.

Service Coordinator: Performs service coordination and administrative functions that support the family in all stages of the Early Steps process. Gathers important background information about the family during first contacts; coordinates evaluation and assessment appointments; plays important role in the development of a family centered IFSP; helps identify needed resources, conducts home visits and follow-up meetings with the family.

Infant Toddler Developmental Specialist (ITDS): Consults with the early intervention team on a regular basis in order to assist with the delivery of services in natural settings. The ITDS frequently has an academic degree in early childhood education, early childhood special education or a related human services field. He/she may also function as the primary provider on the Early Steps team. In that role, the ITDS maintains regular contact with the team and serves as a 'coach' to caregivers. The ITDS works with the family in the most convenient, natural setting (e.g., library, daycare center, park, home).

Nurse: Provides information about basic medical and nutritional needs, physical development, and use of medical equipment. Nurses are very important resources for families with medically fragile, medically complex, and premature infants.

Allied Health Professionals: Physical therapy, occupational therapy and speech therapy are collectively called the 'allied health professions.' Physical and occupational therapists are concerned with the development of motor skills. Physical therapists are particularly concerned with the large muscle groups and gross motor activity (e.g., holding head up, sitting, walking, jumping). Occupational therapists address the small muscle groups and fine motor skills (e.g., grasping, midline play, picking up and manipulating objects). Many occupational therapists also address oral-motor problems and issues. Speech therapists provide expertise on the development of expressive and receptive language skills. They may also address articulation concerns and oral-motor problems.

Psychologist: Psychologists on early intervention teams may be clinical, developmental, or school psychologists. They are trained in the administration and interpretation of formal assessment instruments, such as IQ tests. They are often asked to assist with the assessment of cognitive, social, or emotional functioning. They are able to diagnose emotional and behavioral problems such as Reactive Attachment Disorder, Autistic Disorder, and Attention Deficit/Hyperactivity Disorder. Psychologists are also able to provide individual or family therapy for specific needs (e.g., bereavement, family problems, behavioral problems).

Other professions: Several other professions may be represented on the early intervention team. Examples include social workers, nutritionists, behavior specialists, vision specialists and audiologists. As you come into contact with people in professions that are less familiar to you, take the time to ask them about their training and expertise. Tell them about your background and your role on the team. Your team will be more effective if you can openly share information and knowledge.

In sum, early intervention teams are comprised of a variety of professionals, each of whom possesses specific skills. Members of early intervention teams have very different educational backgrounds and very different perspectives; however, they are united by the common goal of supporting and enabling families of children with special needs.

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Roles and Styles

Researchers who have studied team development and team process over time have described typical patterns of group behavior called 'roles,' or 'styles.' For example, Parker (1994) outlined four major styles: Contributor, Collaborator, Communicator, and Challenger. In the following paragraphs, these four styles are briefly described. As you review these styles, consider your own behavior in teams. Which role or style best matches your behavior? Can you recognize any of these styles in your fellow team-members? How do you think your fellow team members would describe you?

- **Contributor:** The Contributor is described as a task-oriented team member who is willing and able to share knowledge and information. Contributors like to provide technical and clinical information to team members. The Contributor may frequently

take on the role of 'trainer' or 'mentor' to new members. They are described as dependable, responsible, and helpful.

- **Collaborator:** The Collaborator is described as a goal-directed team member who helps others remain focused on the overall purpose, mission, and goal of the team. Collaborators are "willing to extend themselves beyond their traditional boundaries or comfort areas." They will "do whatever is necessary to get the job done" (Briggs, 1997, p. 42). Collaborators do not mind working behind the scenes. They are willing to take on a variety of jobs and duties in order to meet a goal. They are hard-working, flexible, open-minded, and enthusiastic team members.
- **Communicator:** The Communicator is described as a process-oriented team member. Communicators care more about team process than the end product. Communicators monitor the interpersonal climate of the team and take measures to improve relationships among team members. Communicators take an active role in facilitating consensus building and conflict-resolution. They show concern for integrating new members and maintaining positive interactions among existing members. They take steps to ensure a supportive team environment.
- **Challenger:** Challengers are described as questioning and critical. They express their opinions honestly and directly. They are very concerned with maintaining high ethical standards and high standards of quality. They are not afraid to express a dissenting opinion if they perceive a 'higher good' in doing so. Challengers are willing to question authority "and will not accept decisions simply because 'that's the way it's always been done'" (Briggs, 1997, p. 45). Challengers force the team to think in new ways. Principled and candid, they have been described as the 'conscience' of the team (Briggs, 1997, p.45).

Keep in mind that these categories are in no way fixed. A given person may show different behaviors in different groups, or different behaviors in the same group at different points in time. However, Parker (1994) contends that most people tend to favor one of the four styles.

Team Roles

Several other approaches to the study of team roles and styles have been developed. Many authors have made distinctions between task roles, group-building roles, and dysfunctional roles. A review of the research in this area appears in Berger's 2004 text. Below is a brief description of task-oriented, group-building, and dysfunctional roles, as summarized by Berger (2004).

Task Oriented Roles: Task-oriented team members tend to initiate discussions, provide information, ask questions, and clarify information. They provide opinions and ask others for their opinions. In sum, they "bring out facts, ideas and suggestions made by the group in an attempt to clarify the group's position" (Berger, 2004, p. 251).

Group-Building Roles: Team members who fall into this category are good observers and good listeners. They encourage other members, mediate misunderstandings, and negotiate compromises. They seek to establish harmony within the group. They relieve tension in the group through the use of humor and clarifying statements.

Dysfunctional Roles: Dysfunction can take many forms including dominating or monopolizing a team meeting, criticizing, or denigrating others, displaying constant pessimism, rejecting all new ideas, and/or attempting to manipulate opinions. Tuning out, doodling, appearing uninterested or engaging in some other off-task behavior is another form of dysfunction. In sum, "dysfunctional roles interfere with achievement of the goals of the group" (Berger, 2004, p. 252).

The above categories are meant to be general descriptive guides. A given team member will show behaviors from all 3 categories at different points in time. However, as with Parker's (1994) model, individual team members tend to show a preference for the behaviors in one of the 3 categories. Which of these categories best describes your behavior in teams? Do

you ever slip into a dysfunctional role? Which one? What particular skills would you like to develop further? If you notice that a team member has fallen into a dysfunctional role, how might you respond?

Self-Awareness

In the previous description of team roles and styles, you were asked to consider your own behavior in teams. What are you doing well? What challenges do you face?

Cultivating awareness of your own behavior is an important part of being an effective team member. If you know yourself, you will be better able to build on your strengths and address your shortcomings.

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Beliefs, Values and Preconceptions

Individual attitudes, beliefs, and values inevitably affect our perceptions of the world, including our perceptions of children and families. Our perceptions, in turn, influence team behavior.

Take a moment to reflect on how the following factors have shaped your attitudes, beliefs, values, and behavior:

- Your upbringing: The place and time of your birth. The attitudes and beliefs of your family of origin. The dynamics, which were present within your family of origin.
- Your education: The concepts, ideas, and skills that you have learned through both formal and informal education. The teachers who have influenced you.
- Your religious beliefs
- Your political beliefs
- Your culture and your ethnicity
- Your close relationships
- Your most powerful personal experiences (positive and negative)

Think about how the above factors have influenced your views about -

- child development
- typical vs. atypical child behavior,
- healthy vs. dysfunctional families
- appropriate methods of disciplining children
- appropriate teaching methods
- appropriate boundaries between children and adults
- the expression of emotion
- the expression of physical affection
- the importance (or lack of importance) of extended family
- the relative importance of educational pursuits, creative pursuits, social networks, personal development, etc...

People in general have a tendency to regard their own culture and their own beliefs as 'normal' and 'right.' Being comfortable with your own ways of perceiving and understanding the world is fine - as long as you maintain a healthy respect for differences.

"Ethnocentrism" is defined as the process of seeing the world only through the lens of one's own particular culture. Believing his/her own culture to be "normal," the ethnocentric person disregards other cultures, traditions, and belief systems (Hooper & Umansky, 2004). In our multicultural society, it is especially important to honor and respect differences. It is therefore crucial that we all make a conscious effort to avoid ethnocentric thinking and ethnocentric behavior.



Our attitudes, beliefs and values and experiences influence not only how we perceive families, but also how we behave toward our fellow team members.

Consider the following scenarios:

Scenario #1: Team member A had a single negative experience with team member B. This experience changed member A's perception of member B. Member A's behavior toward member B was once positive but now, it is guarded and distrustful.

Scenario #2: Member C has very liberal religious and political beliefs. One day, Member C discovers that Member D holds equally strong, but opposing views. Member C's perception of member D changes. Member C is no longer as able to objectively 'hear' member D's team contributions. She is more critical of member D than she used to be.

Scenario #3: Member B was raised in a racially segregated, rural white community. Member B's parents did not understand or accept people from other cultures. Member B went to college and made a tremendous effort to gain knowledge and overcome biases. Yet, she occasionally struggles with culturally sensitive communication. Without realizing it, she makes an insensitive remark to team member E. Member E is offended and hurt but says nothing. Communication between members B and E is distant and formal from that point forward.

These examples show how our personal history can affect team process. Sometimes, we are not even aware that a problem exists. Member D in scenario 2 may not understand why Member C now questions her contributions. Member B in scenario 3 was not even aware that she offended Member E. Yet, in all these scenarios, the teaming process suffered.

Keep in mind that in each of these scenarios, the highlighted member may be a parent. For example, Member C in Scenario #2 or Member E in Scenario #3 could be a parent. Like the other members of the early intervention team, caregivers have their own unique values, beliefs, and preconceptions. All these factors will influence team process.

It is important to recognize that families are continually flowing into and out of early intervention teams as they begin services and later transition out of the Early Steps system. Under such circumstances, it is possible for the remaining team members to develop their own 'culture,' with shared beliefs and norms. One unfortunate consequence of seeing so many families come and go is that a team may begin to make unfair judgments and comparisons. For example, a team may begin to regard a particular caregiver as excessively demanding, needy, hostile, or uncooperative. If the team does not stop and consider the caregiver's perspective, very detrimental effects can occur (Thomas, Correa & Morsink, 2001). It is therefore the responsibility of all team members, including the caregiver, to ensure that the family's stated needs are recognized, respected, and supported.

When values and preconceptions interfere with team process, the resulting problems are often unique. However, some general comments about how to handle such situations can be made. For example, Harris (1996) outlined a set of recommendations for facilitating

communication in a multicultural society. Harris's recommendations can be broadly applied to many problems. When faced with a challenging situation, Harris (1996) recommends

1. Making a sincere effort to see things from the other person's viewpoint
2. Being open to learning new things
3. Approaching others with a desire to learn
4. Being willing to share information about yourself
5. Being flexible
6. Keeping your sense of humor
7. Learning to tolerate ambiguity

The issue of culturally sensitive communication is addressed in greater detail in Lesson 3 of this Module.

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Your Role as Coach

We will now move into a more in-depth discussion of your role on the Early Steps team. As an ITDS, you will be coaching the caregivers of young children with special needs.

The guiding principles of effective coaching are outlined in an informative article by Shelden and Rush (2004). This article will serve as a springboard for your work as a coach. In the article, the authors state that "our role clearly emerges as a coach to the adults in the child's life to maximize their confidence and abilities so that child learning and development of new skills occurs naturally as a part of everyday life" (p. 9). The authors emphasize that coaching occurs throughout the early intervention process.

Interventionists are encouraged to shift their focus from "expert-driven" to "learner-focused" service (Rush, Shelden & Hanft, 2003, p.35). The 'learner' in early intervention could be the primary caregiver, other family members, a childcare provider, or members of the early intervention team. In coaching, the emphasis is on working side by side with the learner, to facilitate skill building in natural settings. Coaching always involves a process of orientation, personal discovery, and meaningful performance.

Please read: Practitioner as Coach: Our Role in Early Intervention by Shelden and Rush, (2004). This article can be found in the Resource Bank.

As you read this article, please attend to the following points:

1. How the mental models and practices of the two therapists have changed over time
2. The authors questions for reflection on evidence-based practices
3. The benefits of coaching
4. The 5 components of the coaching process
5. The coach's goal

Questions about these points may appear on the self-assessment and/or final evaluation.

Coaching and Adult Learning

In your role as coach, you will be collaborating with your fellow team members, childcare providers, and families. Your work will focus on building the confidence and competence of caregivers. Ultimately, children with special needs will benefit as their caregivers become more knowledgeable, capable, involved, and resourceful.

Because you will be working with adults, it is important to have a basic understanding of how adults learn. In recent years, there has been a proliferation of research in adult learning styles and characteristics. Much of the work in this area pertains to mid-career adults who are pursuing university degrees in flexible, online programs. However, many of the same principles apply to the adults that you will be coaching.

For example, both adult learners in universities and caregivers of children with special needs are often accomplished, experienced individuals. Both are interested in learning practical skills. Both are 'relevancy-oriented;' that is, they want to know why they are being asked to do tasks and activities.

As an introduction to the topic of adult learning, please read Principles of Adult Learning by Stephen Lieb. As you read this article, think about how these principles might be applied to the people with whom you work.

Questions from this article may appear on the self-assessment and/or final evaluation.

Adult Learning Styles

Another approach to studying adult learning is to delineate different types of learners. Many theorists have proposed models for understanding how cognitive and personality styles interact in the learning process.



One such model, the Index of Learning Styles, was developed by Felder and Silverman. Felder and Silverman describe learners along the following four dimensions:

1. Active -- Reflective
2. Sensing -- Intuitive
3. Visual -- Verbal
4. Sequential -- Global

Please read Learning Styles and Strategies by Felder and Solomon. This article is available in the Resource Bank. As you read the article, take note of:

1. the characteristics of each learning style, and
2. strategies that assist different types of learners.

Questions from this article may appear on the self-assessment and/or final evaluation.

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Activity #1

Use Felder and Silverman's Index to determine your own learning style. Complete the 44-item online questionnaire and print out the results. This is a free service. To access the questionnaire, go to: [The Index of Learning Styles](#)

If this link does not work, go to North Carolina State University, and click on 'Index of Learning Styles.' Then select 'ILS Questionnaire.'

After printing your results, please reflect on the following questions:

1. Do the results accurately describe your learning style? Why or why not?
2. As a coach, why is it important for you to know your own learning style?
3. Think about how you typically present information to co-workers and families. Does your method of presentation reflect your learning style? For example, if you are an

active learner, do you favor the use of active strategies such as discussing ideas and practicing skills? How can you avoid being biased?

Activity #2

Shannon is a 22-year-old single parent of an 18-month-old son named 'Joey.' Joey is friendly, active, and sociable. He is performing well in all areas, apart from a moderate delay in speech and language development. Shannon dropped out of high school "because it was boring" and obtained her GED at age 19. She is now working part-time for an insurance company. She is a good problem-solver and is described by her coworkers as "sharp and efficient." She is very interested in helping her son improve his communication skills. On Felder and Silverman's scale, Shannon's learning style is Active, Sensing, Verbal and Sequential. Use your knowledge of adult learning styles and child development to complete this exercise:

1. Imagine that you are in the process of planning services for this family. The Early Steps team includes Shannon, you (ITDS), a service coordinator and a speech therapist. Given Shannon's learning style and Joey's challenges, how would you begin? What strategies and/or materials might be helpful?
2. What kinds of activities and/or materials would you avoid using?
3. How would your approach change if Shannon were a visual learner?
4. How would your approach change if Shannon were a reflective learner?

Lesson 2 Highlights

Information about the people on early intervention teams was presented, with particular attention to the ITDS's role as 'coach.' An article on effective coaching was assigned, and basic information about adult learning styles was presented. Common team roles (contributor, collaborator, communicator, challenger; task-oriented, group-building, and dysfunctional roles) were described and the influence of values, beliefs and preconceptions on team behavior was discussed. Throughout the Lesson, the importance of self-awareness was emphasized.

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Websites

- Coaching in Natural Environments
- Learning Styles and Strategies
- Principles of Adult Learning
- The Index of Learning Styles

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Introduction

When working in teams, there is perhaps no more valuable skill than the ability to communicate effectively. This lesson explores the topic of communication in teams. Information about verbal and non-verbal communication strategies, barriers to effective communication, and culturally sensitive communication is presented.

The Early Steps system is based on a model called 'collaborative consultation.' Collaborative consultation cannot occur without good communication among team members. This lesson outlines the basic tenets of collaborative consultation and discusses the advanced communication skills associated with role exchange, role release and role support. You will be challenged to envision your early intervention team considering this model.

Learning Objectives

Upon completion of this lesson, the participant will be able to:

1. Discuss the importance of communication, diplomacy and relationship building in the Early Steps system
2. Describe the components of effective verbal communication (listening, paraphrasing, acknowledging, asking questions, summarizing, giving, and receiving feedback)
3. Describe the components of effective non-verbal communication (posture, eye contact, facial expression, tone of voice)
4. Discuss barriers to effective communication
5. Summarize the research on communicating information to caregivers
6. Discuss culturally sensitive communication
7. Describe the collaborative consultation model
8. Explain higher level communication processes, including role release
9. Understand transdisciplinary teams and the role of the primary service provider

Resources

The following resources are necessary for the completion of this lesson. Learners may wish to access and print a hard copy of the resources prior to beginning the lesson and for future reference. These resource documents can be found in the Resource Bank.

- [Listening to Others in Meetings](#)
- [Working with Culturally and Linguistically Diverse Families](#)

Key Words

Definitions of key words are found in the glossary.

- Culturally sensitive communication
- Role release
- Collaborative consultation

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The Importance of Good Communication

One of the most valuable skills that you can develop is the ability to communicate clearly and sensitively. Effective communication is a complex process that takes time and practice. Among other things, good communication involves

- approaching interactions positively, with an open mind
- listening attentively to your fellow team members
- maintaining awareness of your internal state and body language
- accurately interpreting the non-verbal communications of others
- using the proper tone of voice
- choosing the right words
- delivering your message at the appropriate time

It is important to avoid taking communication skills for granted. While some people are naturally good communicators, most of us need to practice certain skills. Effective communication involves using your whole being to convey complex thoughts and feelings to another individual.

There are several good reasons for improving your communication skills. If you have good communication skills, you will be more likely to help children and families. You will have the ability to listen to families and 'hear' their messages - both verbal and non-verbal. You will be better able to express your observations to your fellow team members. You will be able to ask questions appropriately and provide feedback more effectively. You will also be better able to 'take in' information that is offered by your fellow team members.



If you can express your thoughts and feelings clearly, you will contribute more to your team. Others will have a better understanding of your perspective. You will set an example for others on your team. If several team members exhibit good communication skills, then the whole team benefits. The team will be closer, more cohesive, and more knowledgeable due to the exchange of information across disciplines.

Lastly, communication skills are important to most all life endeavors, be they professional or personal. Good communication skills transfer across settings.

Basic Communication Strategies

- **Listening**

Listening is perhaps the most difficult and the most necessary component of communication. It is important to turn off your internal dialogue and simply listen to what others have to say. To listen well, you must remain open-minded and non-judgmental. Avoid anticipating the speaker's questions and concerns. Don't worry about what you are going to say next. Simply attend to the speaker's message - verbal and nonverbal. This process is known as cultivating 'moment to moment awareness' or 'presence.'

- Paraphrasing**

It is often helpful to restate or rephrase what the speaker says, just to make sure that you heard them correctly. Most people really appreciate it when we take the time to clarify information. When paraphrasing, attend to both the content of speaker's message *and* the emotional tone of the message. Your statement should be an accurate reflection of both content and feeling.

For example, you might say, "If I understood you correctly, you are delighted by Jimmy's progress, but also concerned about the possibility of losing services next year..." Or, "I'm hearing you say that you are frustrated by this strategy and that you would like to discuss some alternatives.

Of course, there are an infinite number of ways to rephrase, reword and reflect messages. Use your own style of expression. Your communication should be natural, not stilted.
- Acknowledging**

It is also extremely important to simply acknowledge the various communications of your fellow team members. When you acknowledge another person's experience, you communicate that you noticed and understood the significance of a particular thought or act. For example, you might say "Thank you for setting up the appointment today. I know you were very busy, and I appreciate you making an extra effort to help." When acknowledging a parent, you might say, "Thank you for sharing that information about your morning routine. I can see that it has been quite a challenge." Acknowledgement can also be communicated by smiling, nodding the head, and by expressions such as 'uh huh,' which communicate understanding and agreement (Briggs, 1997).
- Asking Questions**

In teamwork, it is often necessary and appropriate to ask questions. For example, you may need to gather additional information, clarify information, or pursue a topic in greater depth. When asking questions, exercise caution and avoid "going overboard." When too many questions are asked in rapid succession, the person on the receiving end may feel they are being grilled (Beckman, 1996).

It is also preferable to ask, "open-ended questions", rather than closed-ended questions. Closed-ended questions require brief responses, such as yes or no. They do not encourage elaboration. In contrast, open-ended questions allow the person an opportunity to provide as much information as they choose. For example, a service coordinator might ask a parent, "How many children do you have?" That is a closed-ended question that requires a simple answer, such as "none" or "two." Instead, the service coordinator might have said "Can you tell me about your children?" This is an open-ended question. The parent is free to reveal whatever he/she wants. This type of question facilitates both information gathering and rapport building.
- Summarizing**

Summarizing statements 'recap' important points of a discussion. Such statements help the team to see more clearly what has transpired in a meeting. Summarizing statements help the team pull together the main issues so that decisions can be made. For example, a team member might say "Let's take a moment to review some of the strategies we have discussed, so that we can decide what is most important." Or "It seems like we have identified at least three different concerns..." Another variation is "Let's review what we have agreed on today..." (Briggs, 1993).

Summarizing statements are useful because they shift the group's perspective to the 'big picture.' This is often a very important part of consensus building.

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Giving and Receiving Feedback

It is often a challenge to give constructive feedback to a fellow team member. Receiving feedback can be equally challenging. Many authors have discussed methods of giving and receiving feedback. Below is a summary of the most common recommendations.

When giving feedback, it is important to have a positive attitude. Give feedback with the intent of helping the individual or the team. Be sure you are calm, composed, and above all, respectful. Do not attempt to give feedback when you are hurt or angry. Be sure your message is clear and specific. Focus on the behavior that you would like to see changed, rather than on the person who engages in the behavior. If possible, include a positive message along with your feedback. Be brief and to the point. For example, "Jane, you did a wonderful job interviewing the Smith family this morning. However, I was a little bit hurt that you did not introduce me right away. For a while, I did not really feel like I was part of the team..." Ideally, a productive discussion will ensue, and the team members will function more effectively in the future.

Keep in mind that sometimes, feedback is given in private and sometimes it is given during a team meeting. The above example would probably have been given in private. An example of feedback that might be given during a team meeting would be, "Matt, I really appreciate your organization, but sometimes I feel as though our team follows the agenda a little too strictly. Sometimes, I am reluctant to express ideas because there is no place for them on the agenda. What do some of the rests of you think?"

When giving feedback, it is important to do so in a non-judgmental way. If the person receiving the feedback feels attacked, your message will not be heard.

When receiving feedback, it is important to remain calm and open-minded. Make a genuine effort to understand what your fellow team member is saying. Respect the speaker's right to express his or her views. Make a sincere attempt to 'take in' the message.

Problems can occur when the person receiving feedback refuses to listen, denies the validity of the feedback, dismisses the feedback without due consideration, argues, becomes defensive or belligerent. Instead of regarding the feedback as criticism, try to see it as an opportunity to learn and improve.

Your team cannot thrive without the open exchange of opinions and viewpoints. At some point in time, you will probably have the experience of giving feedback to another team member, and hopefully, that member will take your feedback seriously. Likewise, when you find yourself in the position of receiving feedback from a team member, show that team member respect by carefully considering his/her message.

If you find yourself confused, ask questions, and seek clarification. Openly discuss your perceptions, ideas, and feelings with the team. Try to agree on a workable solution to the problem (Briggs, 1997).

Infant Toddler Development Training Module 2, Lesson 3

Non-Verbal Skills

Experts contend that most (indeed, up to 90%) of the content of a message is non-verbal. Imagine yourself in the role of 'caregiver' to a toddler with special needs. You are meeting with the Early Steps team to discuss strategies for implementing services. While the results of the evaluation report are reviewed, you notice a shocked expression on the face of one of

the team members. The team member becomes aware of her expression and tries to reassure you that everything is fine.

Facial expressions often communicate much more than words. In fact, research shows that when there is a discrepancy between verbal and non-verbal messages, we tend to discredit the verbal message before discrediting the non-verbal (Hepworth & Larsen, 1986). Consider how the following behaviors would affect you:

1. Your primary service provider looks at her watch 2 or 3 times while meeting with you (the caregiver) in your home
2. During a meeting, a team member yawns and sighs while you express an opinion that you consider to be very important.
3. You notice the parent/caregiver gazing out the window as you try to explain an important intervention strategy. Obviously, he/she is not engaged, and you wonder if they are thinking about other things or discounting your message. What now?
4. During a meeting, a fellow team member fidgets, shakes her foot and shifts position constantly while you summarize the transition plan for a family.

In each of these cases, the non-verbal behavior of the person in question reveals a great deal. These examples highlight the importance of 1) becoming aware of your own body language and 2) tuning into the body language displayed by others. As we discuss non-verbal behaviors and expressions, keep in mind that such acts are culturally dependent. For example, a firm handshake is usually valued in Western cultures, but it is considered inappropriate by some Native American individuals.

- **Posture**

Your posture is one expression of your level of interest and attention. In Western cultures, interest is expressed by facing the person that you are speaking to, maintaining an 'open' posture, and leaning forward slightly (Egan, 1986).

- **Eye Contact**

In Western cultures, regular eye contact is an expression of sincerity, interest, and attention. Very little eye contact usually conveys a reluctance to 'connect' with someone, while a fixed gaze is usually interpreted as aggressive or intimidating. Keep in mind that eye contact can be interpreted as a sign of disrespect in some cultures (Beckman, 1996). Be sure to attend to the person that you are talking to and ask for clarification if you think you might be inadvertently offending them.

- **Facial Expression**

Facial expressions are very powerful indicators of our thoughts and feelings. In general, your facial expression should reflect the content of the discussion. It should be appropriate to the emotional tone of the discussion.

- **Tone of Voice**

Your tone of voice and the intonation of the words that you use can communicate a great deal. Consider the following examples:

- "You did a great job." (Said kindly, with a friendly tone)
- "You did a great job." (Said sarcastically, with a cutting tone)
- "Thanks a lot." (Said kindly)
- "Thanks a lot." (Said sarcastically)

In the above examples, the tone of voice completely changes the meaning of the message. Make sure your tone of voice matches your intent.

Thus far, we have discussed verbal and non-verbal components of effective communication. In the paragraphs that follow, *barriers* to effective communication will be described. As you read this section, consider your own personal challenges and the challenges that are present in your early intervention team.

Barriers to Effective Communication

Both verbal and non-verbal behaviors can interfere with communication. In the previous section on non-verbal communication, we saw how behaviors such as yawning or looking at one's watch can negatively impact interactions. Several other team behaviors can be destructive to the communication process. Examples of some counterproductive behaviors are listed below.

- **Moralizing:** Telling team members what they 'should' or 'ought' to do. Such statements usually have a critical tone. Rather than moralizing, offer suggestions for behaviors that might work better.
- **Offering advice prematurely:** It is often tempting to jump in with solutions and answers to other peoples' problems. Some team members feel a certain 'pressure' to quickly solve problems for families. In most cases, such advice is not welcome. Unsolicited, premature advice "frequently ignores strengths in the family, inadvertently conveys an attitude of superiority, and encourages dependence" (Beckman, 1996, p. 42). Instead of offering advice, work with your team to generate several possible solutions.
- **Judging, criticizing, and blaming:** Whether communicated verbally or non-verbally, these behaviors are clearly unproductive. Most people know when someone approaches them with a judgmental attitude. Immediately, the person on the receiving end feels threatened, disrespected, and belittled. Future collaborative efforts will be jeopardized.
- **Humor:** Humor is a wonderful tool for building relationships, but when dealing with sensitive situations, it is best to use humor judiciously. Excessive use of humor can be offensive and inappropriate (Hepworth & Larsen, 1986). Ridiculing and teasing are almost always inappropriate team behaviors (Briggs, 1997). Such behaviors often result in hurt feelings or counterattacks.
- **Dominating:** A team member can dominate meetings by talking too much, interrupting others, asking rapid-fire closed-ended questions, giving 'expert' advice, or presenting lengthy arguments (Hepworth & Larsen, 1986). Such behavior shuts out contributions from other team members.
- **Reassurances and diminishing responses:** Statements such as "cheer up," "it's not that bad," and "everything is going to be fine" are usually well intentioned but inappropriate (Briggs, 1997). Often, the person on the receiving end feels resentful and slighted by such comments. When someone is experiencing deep pain, sadness, or disappointment, it does not help to hear such light, flippant chatter.
- **Jargon:** Overuse of professional jargon can result in several communication problems. Each professional discipline has its own unique set of expressions and phrases. Professional jargon may facilitate communication among people in the same discipline, but it hinders communication in teams composed of people from different disciplines. Excessive use of jargon will result in misunderstandings. It will also leave some team members feeling 'out of the loop,' because they do not understand the terms that are being used. The same problem occurs with excessive use of acronyms.

Having reviewed the basic components of communication in teams, we now move into a more specific form of communication - imparting information to caregivers. The following section summarizes the research in this area.

Infant Toddler Development Training Module 2, Lesson 3

Providing Information to Caregivers

Studies have shown that parents of children with disabilities report a strong need for information (Hartshorne, 2002). Many parents want to learn all about their child's disability. They want to know medical, psychological, developmental, and nutritional issues. They want

to know how to help their child and what to expect in the future. As an Infant Toddler Developmental Specialist (ITDS) you can play an important role in 1) providing information and 2) helping parents access information in libraries and on the internet.

When you provide information, it is helpful to do so in a clear and concise manner, and to repeat the information several times if necessary (DeMarle & le Roux, 2001). When caregivers are first learning about their child's disability, they often become confused, overwhelmed, and anxious. In such a state, it is difficult to attend to information. That is why clarity and repetition are so very important.

It is important to ask the family member if they fully understand their role or have questions.

Another helpful strategy involves asking caregivers to paraphrase what you have said. By asking caregivers to paraphrase, you can be certain that your message is accurately understood. Misunderstandings can be quickly corrected. For example, you might ask a family member to paraphrase back points you are making regarding their involvement in a certain activity (e.g., promoting language development during bath time routines, completing an activity matrix which you and the parent have developed together). Paraphrasing helps confirm that family members understand that you are there to help and support them in their important role on the Early Steps team. Research indicates that people are more likely to retain information when they are asked to paraphrase.

Whenever possible, information should be provided *both orally and in writing* (DeMarle & le Roux, 2001). Medical information and results from developmental evaluations are hard to digest all at once. It helps to have a written summary to refer to later. A written list of resources (classes, support groups, services) is also helpful. Caregivers can then decide if and when they are ready to utilize these resources.

Researchers caution against overwhelming the family with too many facts and details in the early stages of learning about the disability (DeMarle & le Roux, 2001). If you provide too much detail too soon, confusion and anxiety may result. The caregiver may not be prepared to 'take in' so much information all at once. It is better to provide only the most important information first. Other, less pressing issues can be addressed in future meetings and conferences.

Culturally Sensitive Communication

When working with your team, it is important to be aware of cultural differences. In the previous discussion of non-verbal behavior, we saw that the same gesture (a handshake or eye-contact) can have different meanings to different people. It is therefore important for all of us to learn as much as we can about different cultures and traditions.

When working with someone from a different culture, approach that person as an individual. Avoid stereotyping. Do not draw conclusions about a person based on their appearance or their language. People vary tremendously in terms of their identification with their culture. Some people closely adhere to the traditions of their culture, while others do not. Recognize that most people have been influenced by more than one culture, and that levels of acculturation vary from person to person.

One of the most common barriers to communication among team members is the language barrier. Finding an appropriate translator is sometimes very challenging. In the absence of an appropriate professional, older children are sometimes asked to serve as translators. This practice should be avoided if possible as it tends to create role confusion and result in miscommunication.

Even with an appropriate professional translator, important nuances and subtleties in communication can be lost. Early intervention providers must therefore make an extra effort

to dialogue with the translator to understand the caregiver's (or another team member's) meaning.

Several websites have been created to address the issues involved in cultural competence and culturally sensitive communication. These websites are listed in the Reference section at the end of this Lesson.

Take a few minutes now to read [Working with Culturally and Linguistically Diverse Families](#). When reading this article, pay particular attention to the "Strategies for Working Together in Early Education."

Infant Toddler Development Training Module 2, Lesson 3

Collaborative Consultation

One of the foundations for Florida's Early Steps system is a model called "Collaborative Consultation." In describing the model, Fine and Gardner (1994) state:

The concept of collaboration seems applicable to describing parents and professionals forming a working relationship. The concept of consultation speaks to the involved professionals as possessing expert skills in communicating and problem-solving and in bringing those skills in a respectful and caring way to the development of a collaborative relationship (p.295).

Collaborative consultation involves 1) the formation of a collaborative team which consists of the caregiver and various early intervention professionals, and 2) a process of professional consultation, whereby early intervention professionals share knowledge and skills with each other and with the caregiver.

Fine and Gardner (1994) contend that through such collaboration, caregivers can increase their confidence and their skills. Professionals on the team also increase their knowledge and skills through information-sharing across disciplines.

In this model, all team members, including the caregiver, are on equal footing. The team generates goals and intervention strategies. All team members share resources and are equally accountable for outcomes (Fine & Gardner, 1994). Moreover, the model requires that team members assume multiple roles. In discussing this issue, Fine and Gardner (1994) state: There is a tendency for professionals to narrowly define themselves in terms of roles and functions. 'Turf issues' then get created as one discipline steps across a line into someone else's territory. While some boundaries to service are reasonable based on competencies, service needs, and time constraints, it may be more useful for professionals working with families to be willing to broaden and diversify their roles (p. 298).



In other words, there is little room for rigid professional roles or boundaries in this model. Professionals working within this model must be flexible, willing to share information, willing to learn information, and willing to assume different roles. At any given time, professionals on the team may function as 1) mediators between the family and an outside contact, 2) experts who impart information, knowledge, and skills, or 3) counselors who provide support and advocacy (Fine & Gardner, 1994). Collaborative communication is used extensively by transdisciplinary teams (see Lesson 1).

Advanced Communication Skills

For collaborative consultation to work, team members must develop advanced personal and communication skills. Some of the more challenging skills include the ability to learn from each other, role exchange, role release, and role support. These concepts are outlined below. Keep in mind that these skills are usually practiced by members of transdisciplinary teams, consisting of one primary service provider, the primary caregiver, and various early intervention professionals.

- **Learning from each other:** Team members must be willing to give and receive information. They must be willing to expand their knowledge bases beyond their own discipline-specific boundaries. For example, a physical therapist who focuses mostly on gross motor development must be willing to learn about fine motor development from an occupational therapist, speech and language development from a speech/language pathologist, and cognitive and behavioral concepts from a psychologist. They must also be willing to share information about gross motor skills with the other team members. This process can be challenging for people who are inclined to protect their professional domain. They must be willing to relinquish 'exclusive rights' to discipline-specific knowledge.
- **Role exchange:** According to Briggs (1997), role exchange occurs when "team members, equipped with the knowledge and skills from other professions...implement intervention strategies under that discipline representative's supervision" (p. 96). During role exchange, supervised practice occurs. For example, an ITDS acting as the primary service provider may work with a speech/language pathologist on issues related to cleft palate. The ITDS would provide information and support to the caregiver. The speech/language pathologist would function as a supervisor and a consultant to the ITDS.
- **Role release:** Over time, team members will gain confidence in the knowledge and skills that they have acquired from other disciplines. At that point, role release occurs, and the team member can function independently. Frequent consultation among team members continues. There is an ongoing exchange of information across disciplines.
- **Role support:** It is *very important* to note that there will always be some skills which cannot be easily transferred across disciplinary boundaries. There are clearly some roles and responsibilities that professionals cannot and should not release. "Specialized training acquired by one discipline member may dictate that certain treatments only be performed by that person" (Briggs, 1997, p. 97). In those instances, role support is provided to the primary service provider. The team member with the expertise will step in and provide the appropriate intervention or procedure.

Closing Thoughts

Early intervention professionals have worked very hard to acquire the knowledge and skills of their disciplines. It is not always easy to step aside and allow others access to this knowledge. To do so, the professional must be able to see the big picture; that is, they must understand that the *caregiver* is the primary person in a child's life. As Hobbs observed nearly three decades ago, "it is the parent who truly bears the responsibility for the child...and the parent cannot be replaced by episodic professional service (Hobbs, 1975, pp. 228-229)".

The goal of the team is to enhance the confidence and competence of the caregiver. Collaborative consultation and transdisciplinary teams offer a means for achieving that goal. The primary service provider establishes a special relationship with the caregiver, enabling the



caregiver to implement useful strategies in natural settings. The family has the dual advantage of a primary contact person, and a supportive team of early intervention professionals to consult when needed.

Infant Toddler Development Training Module 2, Lesson 3

Activity #1

Read [Listening to Others in Meetings](#) by Christopher Avery, Ph.D. As you read this article, take note of the

- characteristics of a good listener, and
- strategies for improving your listening skills.

Activity #2

The following quotations were taken from the International Listening Association's website. As you will see, people have long recognized the value of listening. Consider the meaning of the quotations.

- Which quotation or quotations do you like best?
- Why do you suppose that listening is such a challenging task for most people?
- *Education is the ability to listen to almost anything without losing your temper or your self-confidence.*
Robert Frost
- *The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them.*
Ralph Nichols
- *A wise man listening to a fool will learn more than a fool listening to a wise man.*
Anonymous
- *I like to listen. I have learned a great deal from listening carefully. Most people never listen.*
Ernest Hemingway
- *I make progress by having people around me who are smarter than I am and listening to them. And I assume that everyone is smarter about something than I am.*
Henry J. Kaiser
- *I feel like a terribly slow learner in acknowledging that only in recent years have I come to learn that listening is a primary way by which I can become a significant person in my own eyes and in the eyes of others. And I must continually relearn it.*
Earl Koile
- *If in all our practices of life we could learn to listen...if we could grasp what the other persons are saying as they themselves understand what they are saying, the major hostilities of life would disappear for the simplest reason that misunderstanding would disappear.*
Harry Overstreet

Infant Toddler Development Training Module 2, Lesson 3

Activity #3

Step 1

Read the following scenario and take note of communication barriers and teaming problems.

Scenario

Tom and Mandy have recently discovered that their 15-month-old son John has some serious developmental delays. Following first contacts, an Early Steps team was formed. The team members included the family, an ITDS (Ms. Carter), a speech/language pathologist, and a clinical psychologist. The team conducted an evaluation and an assessment in the family's home. It was time for the first IFSP meeting.



Tom and Mandy were still trying to come to terms with their son's delays. They had not had a lot of time to absorb the seriousness of John's problems. Ms. Carter informed Tom and Mandy that during the IFSP meeting, the team would discuss the family's goals and develop strategies for addressing their concerns. Still, both Tom and Mandy were unsure of what exactly to expect at the IFSP meeting.

The IFSP meeting was scheduled for 2:00 pm on Tuesday at the family's home. All the team members were informed of the meeting, but only the family and Ms. Carter came. Last minute emergencies prevented the other team members from attending the meeting. Ms. Carter had arranged the meeting several weeks ago. She was irritated that her fellow team members were not there to help, and she decided to go ahead with the IFSP meeting in their absence.

Because the appointment had been scheduled during the first part of summer vacation, Tom and Mandy's other children were out of school and at home. During the IFSP meeting, Mandy was preoccupied with her other children and relied on Tom to answer many of the questions that Ms. Carter asked. Tom soon became flustered. He explained that since he was not home with John every day, he simply could not answer many of Ms. Carter's questions. He did not understand her questions and he wasn't sure what the family's priorities were. He explained that John was only 15 months old and that he did not interact with other children very often. John seemed to enjoy being around his siblings but did not necessarily join in with their play. He didn't think this was very unusual and saw no need to change things. Tom was confused and exasperated by Ms. Carter's questions. He felt that he was not providing the kind of information that she wanted.

Aware of Tom's frustration, Ms. Carter did her best to explain how important it was to understand the family's needs. She began to feel nervous and confused. She had never had a parent question her questions. She asked to speak with Mandy, requesting that Tom attend to the other children for a while. Ms. Carter started over with Mandy but found that some of the information that Mandy provided contradicted that provided by her husband.

After over an hour of disjointed discussion, Ms. Carter completed an IFSP with the family. Tom and Mandy felt more confused and isolated than ever before. They didn't know anyone who had been through a similar situation, and they didn't know where to turn for help. They were looking for answers that no one seemed to be able to give them. They needed to know whom they could ask for help, and whom they could contact for more information on their son's specific problems.

Step 2

What went wrong here? Re-read the scenario and write all your observations on a piece of paper. When you think you have covered all the important issues, read the suggested answers below.

Lesson 3 Highlights

Lesson 3 explored many facets of communication in early intervention teams. Basic verbal and non-verbal strategies for effective communication were presented, along with a description of behaviors that hinder the communication process. An overview of the

research on communicating with caregivers was presented, followed by a discussion of the importance of culturally sensitive communication. Web resources for increasing cultural competence were offered. The lesson concluded with a description of collaborative consultation and a discussion of the complex communication skills required by this model. Transdisciplinary teams typically practice collaborative consultation. Early intervention professionals on such teams must possess a great deal of personal and professional maturity.

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Websites

- Center for Effective Collaboration and Practice (CECP)
- Culturally and Linguistically Appropriate Services (CLAS) Early Childhood Research Institute
- International Listening Association
- [Listening to Others in Meetings](#)

Infant Toddler Development Training Module 2, Lesson 4

Introduction

The focus of this lesson is on effective vs. ineffective team processes. Since most all teamwork occurs during meetings, the lesson begins with a presentation of guidelines for conducting a successful team meeting. Teams are known to evolve and change over time. The four 'classic' stages of team development (forming, storming, norming and performing) are discussed, along with the defining features of the fifth stage, known as 'transforming.' Problems can occur at any stage of team development. Common problems, including Groupthink, are presented, and discussed. In the Activities of this Lesson, participants are encouraged to evaluate the functioning of their own teams, and to analyze teaming issues in a transition scenario.

Learning Objectives

Upon completion of this lesson, the participant will be able to:

1. Describe the components of a successful team meeting
2. Describe the stages of team development (forming, storming, norming, performing, transforming)
3. Discuss the defining features of the transforming team
4. Discuss problems that can occur during the early stages of team development
5. Summarize the research on qualities of effective teams
6. Discuss helpful and harmful team processes
7. Define Groupthink, describe its symptoms and discuss strategies for preventing its occurrence

Resources

The following resources are necessary for the completion of this lesson. Learners may wish to access and print a hard copy of the resources prior to beginning the lesson and for future reference. Some resource documents can be found in the Resource Bank. Others are available online.

- [Building a Collaborative Team Environment](#)
- [Groupthink of Irving Janis](#)
- [Tuckman's Model](#)

Key Words

Definitions of key words are found in the glossary.

- Ground Rules
- Groupthink

Infant Toddler Development Training

Module 2, Lesson 4

The Team Meeting

Although collaboration among team members can occur at any time, a great deal of teamwork occurs routine staff meetings and meetings with families. Most of us have attended meetings that were long, tedious, and completely unproductive. Indeed, it is all too easy for teams to lose focus and become 'derailed.'

As you read about team meetings, keep in mind that much of the literature in this area pertains to staff meetings for employees only; however, many of the principles can be readily applied to meetings with families.

On some teams, a particular person is designated as the facilitator or leader. However, on other teams, members take turns being the facilitator. Still other teams have no designated facilitator. Usually, teams function best when there is a regular leader. That person is typically responsible for planning the meeting, monitoring the discussion, maintaining an objective stance, and bringing the meeting to a close. Structured meetings are nearly always more productive than unstructured meetings.



The components of a successful meeting have been described by many experts (Beckman, 1996; Briggs, 1997; Thomas, Correa & Morsink, 2001). These components are summarized in the following paragraphs.

- **Establishing Ground Rules:** Successful team meetings begin with the establishment of ground rules. Ground rules are guidelines that all members agree to follow. Ground rules vary from team to team. They are developed through discussion and consensus. Examples of common rules include:
 - Members must attend all meetings
 - Members must arrive on time
 - Members must demonstrate respect for each other's views
 - Members must communicate directly and honestly
 - Members must complete tasks that they agree to perform

Ground rules should be posted on a bulletin board in a room accessible to all members. New team members should be informed of the ground rules, and the team should discuss and revise the ground rules periodically.

One of the greatest difficulties with ground rules involves their enforcement. Ground rules are of little value if they are consistently ignored and neglected. It is often difficult for teams to figure out what to do when members break the rules. To overcome this obstacle, teams must discuss a) how to appropriately call attention to a violation, b) the consequences of violations. In other words, the team should anticipate problems and develop a strategy for addressing them.

- **Planning:** If a meeting is to be successful, a good deal of planning and preparation must be done in advance. Typically, an agenda with specific objectives is prepared. Team members should have ample opportunity to contribute to the items on the agenda. For example, a team member may wish to make a brief presentation or initiate discussion of a particular problem. In addition to developing an agenda, copies of important documents should be made. For example, copies of assessment results and recommendations should be made so that all team members have access to the information that will be discussed at the meeting.

When planning an early intervention team meeting, certain obstacles may arise. For example, members of the team may work at different agencies or different locations. It may not be practical for team members to meet face-to-face all the time. Scheduling problems and unforeseen events can make the task of organizing a meeting even more difficult. Team members should remain flexible and open to alternatives to the traditional face-to-face meeting in the office, home, or center. Occasionally, teams may need to meet over a quick meal at an agreed upon location if they can establish enough privacy for discussion.

While most meetings will be in-person, creative alternatives such as phone conferences, e-mail communication, or online discussions may sometimes be necessary. For example, if team member A cannot be physically present for a meeting, the agenda and other important documents could be sent to Member A electronically. Member A could then refer to these materials during a conference call with the remaining team members.

- **Opening the meeting:** Whatever format is used; the meeting should begin on time. Introductions of team members who do not know each other should be made. The agenda and other relevant paperwork should be distributed.
- **Conducting the meeting:** Meetings can be conducted in a variety of ways. Typical formats include reviewing the agenda, adding, or deleting items as needed, prioritizing agenda items, following up on issues from the previous meeting, addressing old and new business, etc... The format that you use should encourage a structured and meaningful dialogue among team members. During meetings it is important that all members participate in some way. If some members tend to dominate and others remain silent, a procedure for sharing viewpoints should be established so that everyone can be heard.

It is important for the team to remain on track and on schedule. The facilitator is usually given the task of monitoring interactions, but *all* members should assume some degree of responsibility. If Member A Notices Members B and C drifting hopelessly away from the main point, Member A should make his/her observation known, even if he/she is not the leader. It is often helpful to develop a formal process for handling tangential topics. For example, a designated team member can keep a record of topics and issues that seem important but not necessarily relevant to the current meeting. These topics can then be addressed in future meetings.

In most cases, it is advisable for a particular team member to take on the role of 'recorder.' When the team makes an important decision or assigns a specific task to a member, this information should be put in writing. Assignment details should be made explicit. A team might develop a specific form that lists the name of the person who will complete the task, the precise nature of the task, the deadline, and a plan for reporting back to the team (Briggs, 1997).

Sometimes, very sensitive information must be shared and discussed during early intervention meetings. When discussing assessment results, intervention planning or progress, it is important to be sensitive yet honest (Beckman, 1996). Other tips to remember when providing feedback to caregivers include:



- Be straightforward. Do not be evasive. The caregiver should not be put in the position of having to guess what you mean.
- Recognize the limitations of your own knowledge. It is acceptable to say, "I don't know." When this occurs, use the team process to address the issue or problem
- Avoid the use of professional jargon.
- Allow sufficient time for caregivers to ask questions and discuss their concerns

Many early intervention meetings involve discussing and developing an action plan. Action plans specify goals, strategies for achieving those goals, the roles of team members, a timeframe for achieving each goal, and a method of reviewing progress.

- **Closing the meeting:** A brief review of the main points of discussion is helpful at the conclusion of a meeting. Members should have an opportunity to voice concerns and/or issues that were not addressed during the meeting. Members should leave the meeting with a clear sense of what was discussed and decided.
- **Following the meeting:** A few days after the meeting, the facilitator may wish to send out a brief e-mail or memo summarizing the main points and reminding team members of their responsibilities. This is a nice way of keeping the team on track between meetings. In early intervention settings, it is often helpful if the primary provider calls the family a few days after the meeting to clarify the plan and answer any remaining questions. Such follow-up procedures are usually very much appreciated.

Infant Toddler Development Training Module 2, Lesson 4

Stages of Team Development

The four stages of small group development that were first described by Tuckman (1965) are still used as a basis for understanding teams today. Teams seem to go through predictable stages of change. Tuckman's (1965) four stages are briefly summarized below:

1. **Forming:** A new group forms. Members are anxious and unsure of themselves. An atmosphere of uncertainty prevails.
2. **Storming:** The team experiences conflict and tension as team members discard the superficial roles that characterized the Forming stage. Members struggle to define their roles in the group. Control issues are central.
3. **Norming:** The team settles into a normative pattern. Ground rules and procedures have been established. The team is now much better able to focus on accomplishing specific tasks
4. **Performing:** The team has become self-regulating and productive. There is pride in membership. The team is collaborating and meeting its goals.

Go to Tuckman's Model to follow the tutorial.

If this link does not work, go to the New York State Governor's Office of Employee Relations: home page Then, click 'next' to go to page 2. Then select 'Stages of Team Development.'

Please follow the tutorial through page 7. As you read the tutorial, take note of 1) the characteristics of each stage of team development and 2) procedures for addressing the team at each stage. Consider the applicability of this model to

1. staff only work groups
2. early intervention teams that include families.

Researchers have described a fifth stage of team development called 'Transforming.' According to Briggs (1997) Transforming teams are like Performing teams in that they show pride in membership and consistently demonstrate progress and productivity. What distinguishes the Transforming team is its response to change. Transforming teams "have a system in place to accommodate the departure of old members and the arrival of new ones" (Briggs, 1997, p. 82). Rather than disrupting the team, such transitions are short and smooth. For example, a team may have a 'buddy' system for helping new members become acquainted with the group. A Transforming team can maintain a high level of functioning as its members come and go. Briggs notes that the Transforming stage cannot really be considered an 'end point' since teams are constantly changing. Only the most mature and dedicated teams can be described as Transforming.

Problems During Team Development

As the team progresses through various stages of development, several problems can arise. For example, during the Forming stage, there is a prevailing sense of ambiguity and uncertainty. As a result, the team members look for leadership. "Dependence on authority characterizes the forming stage of a team" (Briggs, 1997, p. 67). At this point, a leader emerges. If a person was not already assigned as 'leader,' then one or more team members will fill the role. If leadership is not strong at this stage, the team may become disorganized and flounder. Members will not know what they are supposed to do, and a lot of time will be wasted. At this stage, the team benefits from having clear roles and responsibilities (Landerholm, 1990). Strong leadership is not in itself sufficient. A leader must also be conscientious and competent. A strong leader can pull a group together, but without competence and conscience, he/she might lead the team in a negative direction.

Problems can also arise in the Storming stage. Professional differences tend to manifest during this stage. There must be a mechanism in place for voicing and resolving such differences. "Problems occur when some people on the team are afraid of conflict and sweep it under the rug" (Landerholm, 1990, p. 68). As a solution to this problem, Landerholm (1990) suggests that organizations provide training in basic communication skills (Lesson 3) and methods of conflict resolution (Lesson 5).

During any stage of team development, staff turnover can be disruptive. It is important to remember that teams are always changing. A team may progress to a certain stage and then slip back to a previous stage. For example, if a Performing team loses one or two key members, a return to the Norming stage may occur. The team will have to regroup and rebuild. Moreover, when a new task is undertaken, teams often experience a period of disequilibrium followed by a 're-forming' or 're-grouping' process. In any team, these kinds of changes are inevitable.

Another more insidious problem for organizations is providing sufficient time for team building. Teaming takes time. Members must get to know one another both formally and informally. If an organization does not recognize and honor this process, team development can suffer.

Infant Toddler Development Training

Module 2, Lesson 4

Qualities of Effective Teams

Experts in organizational development and management have compiled myriad lists and descriptions of the qualities of effective teams. Much of this work applies to teams working in corporate settings where the focus is on increasing productivity and performance. Although the structure and function of corporate teams differs greatly from that of early intervention teams, there is some degree of similarity when it comes to the basic elements of a successful group. The qualities that are most relevant to early intervention teams fall in one of two categories: team characteristics and organizational characteristics.

Team Characteristics

1. The team has a clear mission. Members of effective teams have a clear sense of purpose. They know "where they are going, why, and how to get there" (Briggs, 1997, p. 49). A good mission statement, reflecting the overall goal and intent of the team, can help keep members focused on the big picture.
2. The team members are committed. Team members show commitment to both product and process. They work hard to deliver the best service (product) to children and families, in the most effective way (process). Collaborative, strengths-based, family centered processes are most highly valued on early intervention teams.
3. The team members share ownership and responsibility. Members of effective teams hold themselves accountable for outcomes. Every team member pulls his or her own weight.
4. Team members are competent. There is a high level of expertise and experience among team members. Members have experience in their disciplines and in teaming. Members have different but complementary skills.
5. Team members are good communicators. Members of effective teams practice healthy communication, as described in Lesson 3. They practice active listening, paraphrasing, acknowledging, and clarifying. They can give and receive feedback in a constructive manner. They are also able to resolve conflicts and build consensus. These processes will be described in detail in Lesson 5.
6. Team members trust one another. If a team's climate is characterized by honesty and respect, trust will develop over time. Researchers believe that trust is a necessary pre-condition for healthy communication, risk taking and creativity in early intervention teams (Antoniadis & Videlock, 1991). Because there is trust, there is a lot of discussion. All members participate. Members feel free to express both ideas and feelings.
7. The team atmosphere is warm, welcoming, and open to having fun together. Researchers have noted that on effective teams, the atmosphere is informal, comfortable, and relaxed (Parker, 1990).
8. The team is 'self-conscious' about its own operations. This means that the team has explicitly discussed and agreed upon a set of operating procedures. The team monitors its own adherence to the rules and procedures. When problems arise, they are addressed promptly.
9. The team has clear goals and objectives. Effective teams know what their task is and how to accomplish it.
10. Disagreements do occur and they are viewed in a positive light. Disagreements are viewed as opportunities to learn. They are addressed directly. The team attempts to resolve differences.

Please read [Building a Collaborative Team Environment](#)

Organizational Characteristics

1. Effective teams have adequate resources. The most basic resources include a comfortable place to meet, sufficient time for collaboration, informational resources (articles and brochures), developmentally appropriate toys and materials, and a method for staff development and continuing education (Briggs, 1997).
2. Effective teams have strong, supportive leadership. Leadership is important both within the group itself, and at higher administrative ranks. Effective teams are given the authority to use their expertise in day-to-day decision-making processes. "Administrators can demonstrate their support by trusting their professionals to make informed decisions that will best serve their clients and at the same time does not violate practices and procedures of the agencies they represent" (Briggs, 1997, p. 57).

Infant Toddler Development Training Module 2, Lesson 4

Activity #1

In this activity, you will evaluate your own team.

Step 1: Return to the previous section of this Module, entitled *Qualities of Effective Teams*. Review the 10 Team Characteristics and the 2 Organizational Characteristics.

Step 2: On each of the 12 Characteristics, rate your own team's performance on a scale of 1-5

1= extremely poor performance in this area

2= poor performance in this area

3=adequate performance in this area

4= good performance in this area

5=excellent performance in this area

Step 3: Now review your results. Does your team seem to be operating effectively? What specific areas of concern do you have? What can you do to make your team more effective? How might a family member evaluate the team?

Activity #2

Groupthink

Groupthink was originally described by Janis (1972). Groupthink is a faulty decision-making process that can occur in high-functioning, cohesive groups. When groups become strong and cohesive, a norm of harmony and agreement often prevails. While this is good in many respects, it can also exert a negative effect. Groupthink occurs when the group's motivation to preserve harmony overrides basic common sense and good judgment. It is as if the group wishes to maintain harmony at all costs. To maintain consensus and agreement, the group acts unwisely. In such cases the group's decision is inferior to the decisions that would have been made by each member individually. Examples of Groupthink have been documented by various writers. For example, many people believe that Groupthink contributed to the *Challenger* shuttle disaster.

As you read about Groupthink, take note of:

- The definition of Groupthink
- The symptoms of Groupthink
- Examples of Groupthink
- Strategies for avoiding Groupthink

Please read [Groupthink of Irving Janis](#) and reflect on these questions.

1. Can you think of any examples of Groupthink in your personal or professional life?

2. How can you as an individual avoid drifting into Groupthink when working with your team?
3. Do you think your team could experience Groupthink?
4. What are some possible solutions to help teams avoid Groupthink?

Activity #3

Transition Meeting

Step 1

The following scenario was written by a parent of a child with special needs. It describes a transition meeting from the perspective of the parent. Transition meetings are very different from staff meetings, yet some of the same concepts apply to both types of meetings. As you read the scenario, pay particular attention to teaming and communication issues. For example: How did the parent and the parent advocate prepare for this meeting? Did the team members show respect for one another? How did the parent feel about the outcome of the meeting?

Transition Scenario

The transition meeting had been set for tomorrow afternoon. I sat and worried about it all day. What if they didn't listen to what I want for my son? How am I going to get them to understand what he needs when I get so emotional? I don't know how I'm going to get through this meeting! As I sit and contemplate all these questions in my head, the phone rings. A friend is on the other end. She wants to know how things are going. I tell her about my dilemma. She suggests that I call a Parent Advocate and have her come to the meeting with me. What is a Parent Advocate? How much does it cost? Can I contact someone and get them to come with such short notice?

A Parent Advocate is a parent who (probably) has a child with special needs and has been through transition meetings with their child and can offer support, advice, and make sure that YOUR desires for your son are listened to and responded to. "Parent to Parent" offers parent advocates at no charge. I have the name and number of the parent that I used when we had our transition meeting. I'm sure she will be willing to talk to you tonight and be there with you tomorrow.

After hanging up the phone, I called the parent advocate who was recommended by my friend. She talked to me for a long time on the phone discussing what my son's problems were, what I thought was best for him, and what I wanted for him. She suggested that I make a list of his strengths, weaknesses, needs, and anything else that I thought was important for the Team to know about him. I told her I would work on it and e-mail it to her so she could review it before the meeting the next afternoon.

Making the list of strengths and weaknesses really helped me put my son's disability into perspective. He's not stupid, he just can't verbally communicate. He understands simple commands and can follow simple instructions. Does he need to be in an isolated room with children who are just like him? NO! He needs to be challenged by typically developing children his age, he needs exposure to "normal" activities that have been modified to meet his needs, and he needs a curriculum that will encourage him to achieve without frustrating him along the way.

At the transition meeting, I meet briefly with my Parent Advocate. She makes copies of my list to give to the members of the Team. They take a few minutes to review my list. Once the meeting begins and we all talk about what is best for my son, I begin to relax a little because I know that we all want what is best for him. We discuss our options, and I must make the decision on what we do next. Even though I am having a hard time with the "label" and wondering how it will affect him in the future, I know that I have chosen the best possible environment for my son.

Step 2

What went right in this scenario? Re-read the scenario and write all your observations on a piece of paper. Then reflect on the following questions:

1. How did the advocate help this parent prepare for the transition meeting?
2. When the transition meeting took place, how did the parent respond? Did she appear comfortable?
3. Do you think the parent's response would have been different had the advocate not been involved? How so?
4. Are you familiar with parent advocate services in your community?
5. When might a parent advocate be most helpful?
6. How might you involve parent advocates as members of your team?

Lesson 4 Highlights

The lesson began by describing the elements of an effective team meeting. Effective meetings are both structured and meaningful. Techniques for achieving success in meetings were described. Teams seem to follow a predictable progression over time. The four 'classic' stages of team development (forming, storming, norming and performing) were discussed, along with the defining features of the fifth stage, known as "transforming." Problems can occur at any phase of team development. Some examples of problems that can occur include lack of strong leadership during the forming stage, problems with conflict resolution, insufficient time for team building, disruptive influences such as frequent staff turnover, and Groupthink - a faulty decision-making process that can emerge in highly cohesive teams. The characteristics of effective and ineffective teams were described in detail and participants were asked to evaluate the functioning of their own teams.

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Websites

- Building a Collaborative Team Environment
- Characteristics of Effective Teams
- Characteristics of Ineffective Teams
- Groupthink of Irving Janis
- Tuckman's (1965) Stages of Team Development

Infant Toddler Development Training

Module 2, Lesson 5

Introduction

Conflict is an inevitable part of teamwork. Research has shown that some conflict is desirable, as it stimulates the sharing of different perspectives and ideas. This lesson begins by taking a closer look at the advantages of occasional team conflict. Conflict resolution is a complicated topic, because there are different types of conflict and different people have different styles of managing conflict. These issues are discussed, and basic conflict resolution techniques are presented. Successful teams have learned not only how to manage conflict, but also how to build consensus or agreement on difficult issues. Techniques for building consensus are discussed, with an emphasis on the use of brainstorming.

Learning Objectives

Upon completion of this lesson, the participant will be able to:

1. Discuss the inevitability of conflict
2. Describe the advantages of occasional team conflict
3. Describe different types of conflict (task vs. relationship; cognitive vs. affective)
4. Describe different styles of conflict management (competing, accommodating, avoiding, compromising, collaborating)
5. Describe your own style of conflict management
6. Understand how different types of conflict may require different management strategies
7. Explain basic conflict resolution procedures
8. Define consensus building
9. Discuss techniques for building consensus, such as brainstorming

Resources

The following resources are necessary for the completion of this lesson. Learners may wish to access and print a hard copy of the resources prior to beginning the lesson and for future reference. The resource documents listed below can be found in the Resource Bank. Please note that the activities section includes a video which you will access online.

- [Conflict Management Style](#)
- [8 Eight Steps for Conflict Resolution Overview](#)
 1. ["Know Thyself" and Take Care of Self](#)
 2. [Clarify Personal Needs Threatened by the Dispute](#)
 3. [Identify a Safe Place for Negotiation](#)
 4. [Take a Listening Stance into the Interaction](#)
 5. [Assert Your Needs Clearly and Specifically](#)
 6. [Approach Problem-Solving with Flexibility](#)
 7. [Manage Impasse with Calm, Patience, and Respect](#)
 8. [Build an Agreement that Works](#)

Key Words

Definitions of key words are found in the glossary.

- Task conflict
- Conflict resolution
- Relationship conflict
- Consensus building

Infant Toddler Development Training

Module 2, Lesson 5

The Inevitability of Conflict

Teams that work closely together daily are bound to experience conflict. "Conflict is really a byproduct of open communication. Rather than a sign of problems and dysfunction, conflict is normal and natural, to be expected" (Briggs, 1997, p.250).



The Advantages of Occasional Conflict

Conflict is not only inevitable, but also *necessary* for effective team functioning. The word "conflict" is generally associated with a host of unpleasant sensations, thoughts, and feelings. But team conflict generates several healthy processes. For example, conflict can:

- Energize a team
- Motivate team members to clarify their individual viewpoints
- Allow team members the opportunity to hear different perspectives
- Broaden awareness by stimulating discussion, debate, and reflection
- Encourage creative problem-solving among team members

When conflict is managed properly, the team benefits. Relationships are strengthened and communication improves. The team learns that conflict is acceptable and that problems can be solved through collaboration. Moreover, a little conflict helps safeguard against *GroupThink* (Lesson 4). Recall that Group Think involves faulty decision-making that arises from a team's collective desire to maintain agreement and harmony at all costs (Janis, 1972).

Different Types of Conflict

Conflict is not a one-dimensional construct. Researchers have identified at least two different types of conflict.

One type of conflict is called *task conflict*. Task conflict is not personal. It is issue related. Examples include "conflict about the distribution of resources, about procedures and policies, and about judgments and the interpretation of facts" (DeDreu & VanVianen, 2001, p.313). Task conflicts are relatively non-threatening to one's personal identity. As such, they are less intense and generate less negative emotion than do personal conflicts. Task conflict has also been described as *Type C* or *cognitive* conflict (Amason, et. al., 1995). Such conflicts are relatively easy to manage.

Another type of conflict is *relationship* conflict. Relationship conflict is personal. Such conflicts are about personal issues, personal preferences, values, morals, and beliefs. "Relationship conflicts...involve negative emotions and threaten one's personal identity and feelings of self-worth" (DeDreu & VanVianen, 2001, p.310). Such conflicts are characterized by high intensity. They tend to be very difficult to manage. This type of conflict has also been described as *Type A* or *affective* conflict (Amason, et. al., 1995).

Later, we shall see that different types of conflict may require different management strategies.

Infant Toddler Development Training Module 2, Lesson 5

Conflict Management Styles

It has long been recognized that different individuals deal with conflict in different ways. When conflict arises and tension builds, some people give in immediately while others assert their position ever more forcefully. It helps to be aware of your own behavior in conflict situations so that extreme or unhelpful tendencies can be tempered. Below is a description of conflict management styles, based on the *Thomas-Kilman Conflict Mode Instrument*.



- **Competing:** The *Competing* style describes someone who forces their own point without much consideration of the views of others. When tension escalates, the person pushes harder and harder. This is an assertive, but uncooperative style. Conflicts are viewed as 'win or lose' situations. With the *Competing* style, the goal is winning.
- **Accommodating:** At the other end of the spectrum is the *Accommodating* style. The *Accommodating* person also sees conflict as a 'win or lose' situation, but instead of intending to win, this person is resigned to losing. They will give in easily, just to end the conflict. This type of person is very yielding and quick to make concessions. The style is described as non-assertive, but cooperative.
- **Avoiding:** The *Avoiding* style is described as both non-assertive and uncooperative. Such a person is uncomfortable with conflict and inclined to avoid it. The *Avoiding* type of person tends to sweep conflict 'under the rug' and pretend that it does not exist.
- **Compromising:** This style is characterized by a preference for bargaining. A person who uses this style prefers to meet the other party halfway. They are willing to give a little and expects others to do so also. This style is described as 'intermediate' in terms of both level of cooperation and degree of assertiveness.
- **Collaborating:** As you may have guessed, the *Collaborating* style is both highly cooperative and highly assertive. People who use this style look for 'win-win' solutions to conflicts. Creative problem solving is valued. Equal participation is the norm. The goal is to resolve the conflict together, so that all parties are satisfied.

Conflict Types and Conflict Styles

Research is beginning to examine how different types of conflict can be most effectively managed. On the surface, it may be tempting to conclude that the *Collaborative* style should be used in all situations. But this does not always appear to be the case. Studies have shown that when dealing with *task-related or cognitive conflicts*, collaboration is in fact, the ideal strategy. Collaboration facilitates communication by encouraging the expression of different philosophies and viewpoints. It generates creative solutions to problems and results in more effective decision-making (Amason, et. al., 1995). Unlike task conflicts, *relationship or affective conflicts* involve deep-seeded personal differences. Such conflicts are usually not work-related, but they creep into work situations, nonetheless. They tend to decrease team cohesiveness and erode trust. When relationship conflicts involve fundamental personal values, it is often best to simply 'agree to disagree.'

Extensive discussion is not likely to change the situation. But isn't 'agreeing to disagree' a form of avoidance? In a way, it is. But in this context, *avoidance* involves putting personal differences aside so that more relevant work-related issues can be addressed.

Infant Toddler Development Training Module 2, Lesson 5

Conflict Resolution Procedures

Most experts agree that conflicts are best resolved by following a specific procedure. The team should meet with the goal of exploring and resolving the problem at hand. Conflicts should be addressed soon - so that they do not escalate and damage relationships among team members.

Briggs (1997) has synthesized the research on conflict resolution, outlining a six-step process.

- **Step 1: Be Prepared**
Take time to mentally prepare yourself before the meeting. Conflicts should be approached with an open and flexible attitude. Write down the main points that you want to communicate. Reflect on the conflict prior to the meeting. Think about other perspectives. Demonstrate *positive intentionality* - "the assumption that the other party means well and is not trying to cause a conflict" (Wisinski, 1993, p. 27).
- **Step 2: Be a Good Communicator**
During the meeting, begin by openly acknowledging the problem. Discuss the problem in a constructive, non-blaming way. Whenever possible, use 'I' statements to express your thoughts and feelings. Listen attentively to others on your team.
- **Step 3: Clarify the Conflict**
Explore the issue in depth. Allow everyone to express his/her views, so that each person's underlying issues and motivations become clear. Identify the crux of the problem and how it relates to the overall mission of the team. In your discussions, "attack the issue, not the person" (Briggs, 1997, p. 256).
- **Step 4: Generate Alternative Solutions**
Once the main problems have been identified and clarified, generate as many alternative solutions as you can. In so doing, emphasize the positive outcomes that you would like to see. Collaborate with your team. Combine ideas and look for novel, creative solutions. Continue with this process until the team agrees on a course of action.
- **Step 5: Commit to Action**
Write down the proposed resolution to the conflict. Create an action plan for change. Team members should commit to following the plan and discussing the outcome in future meetings.
- **Step 6: When All Else Fails**
Sometimes, a resolution to the conflict cannot be found. A discussion might become very intense or go off track. When that happens, Briggs (1997) suggests the following:
 - Allow team members to take a brief time-out from the meeting
 - Agree to let the issue rest, and continue the discussion in another meeting
 - Agree to call in a supervisor or consultant. An outside person can offer an objective perspective on the situation. Briggs (1997) contends that caution should be exercised when calling in supervisors or consultants. While outside support is sometimes appropriate, it is important that the team learn to solve its own problems and not grow dependent upon outside assistance.

For another perspective on conflict resolution, read the following material which is available in the Resource Bank.

- [8 Eight Steps for Conflict Resolution Overview](#)
 1. ["Know Thyself" and Take Care of Self](#)
 2. [Clarify Personal Needs Threatened by the Dispute](#)
 3. [Identify a Safe Place for Negotiation](#)
 4. [Take a Listening Stance into the Interaction](#)
 5. [Assert Your Needs Clearly and Specifically](#)
 6. [Approach Problem-Solving with Flexibility](#)
 7. [Manage Impasse with Calm, Patience, and Respect](#)
 8. [Build an Agreement that Works](#)

As you are reading this material, please do the following.

- Pay particular attention to Step 1 - Know Thyself and Take Care of Self, and Step 2 - Clarify Personal Needs Threatened by Dispute.
- Also, be sure that you understand the value of considering BATNA, WATNA and MLATNA. These terms are defined and explained in the article.

Information and questions from the readings above may appear on the self-assessment and/or final evaluation.

Infant Toddler Development Training Module 2, Lesson 5

Consensus Building

A consensus is an agreement that is made among team members. Consensus building is a step-by-step decision-making process. Consensus building does not result in everyone getting his/her way. Instead, the result is an agreement that all team members can support.

Consensus building does not suggest the presence of a conflict. A team may need to build consensus on a variety of topics and issues. Some examples include:

- Determining work schedules
- Establishing a procedure for purchasing supplies
- Deciding when and where to have a retreat
- Determining the 'ground rules' for meetings (see Lesson 4)
- Creating a team slogan or motto

Consensus building does not consist of voting or majority rule. Voting results in winners and losers. That is not the goal of consensus building. Consensus building involves an active, collaborative discussion among team members with the aim of arriving at a mutually acceptable agreement.

Experts agree that consensus is most likely to be achieved when a team follows a step-by-step process. Following a specific procedure helps the team stay focused and on track. Briggs (1997) has detailed the following steps for building consensus:

1. *Problem Definition*: Gather all the facts about the problem or issue. Sometimes, it helps to frame the issue as a question. For example, "How can we get our reports done more quickly?" (Briggs, 1997, p. 204).
2. *Generation of Alternative Solutions*: Use a technique such as brainstorming to generate as many solutions as possible. In brainstorming, team members voice all possible solutions to a problem. At first, members are not allowed to criticize or

judge each other's ideas. One team member records all the suggestions on a whiteboard or on sheets of newsprint. Creativity and divergent thinking are encouraged. When the team has generated every thinkable solution to the dilemma, then the list is reviewed, and the items are grouped by similarity. Each solution is carefully reviewed and considered. The advantages and disadvantages are discussed until the best option is identified.

Once the team has agreed on a solution, then a detailed action plan is developed. The plan should describe the solution, state the roles and responsibilities of each team member, identify needed resources, establish deadlines, and outline a method for monitoring progress. Team members should commit to following through on the plan.

3. *Implementation*: The action plan is carried out.
4. *Monitoring*: The plan is monitored, evaluated, and modified as needed.

The Big Picture

When building consensus and resolving conflicts, it is important to keep the overall mission and purpose of your team in mind. When the big picture is considered, many seemingly important differences become insignificant. This shift in perspective helps the team focus on what is important.



Infant Toddler Development Training Module 2, Lesson 5

Activity #1

Go to the [Conflict Management Style](#) document in the Resource Bank.

1. Read each question carefully and respond to 'A' or 'B'.
2. Tally each column. For ease of doing this, you may want to print out this material in hard copy.
3. Review your results. The column with the highest score represents your preferred conflict management style.

After reading the rest of the information on the website, reflect on the following questions:

1. What is your conflict management style? Did the results surprise you in any way?
2. What are the advantages of your approach to conflict?
3. What are the disadvantages?
4. How might knowing your conflict management style help you work better in your early intervention team?
5. How does your conflict management style relate to your style of communicating in general?
6. How did your family of origin handle conflict? Is your current conflict management style like or different from that of your family of origin?

Lesson 5 Highlights

The final lesson of this module discussed two related processes - conflict resolution and consensus building. The process of conflict resolution is complicated by the fact that there are different types of conflict and different conflict management styles. Research studies show that one size does not fit all; that is, different types of conflict are probably best handled by different management strategies. Prescribed step-by-step methods exist for resolving conflicts and building consensus. These procedures work in most but not all instances. Teams should be open to taking breaks, re-visiting problem areas, and soliciting

outside assistance when needed. Problems should be viewed as opportunities for team building and approached with the goal of arriving at a win-win solution. The overall mission or purpose of the team should always be considered when solving problems and making decisions.

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Websites

- [CADRE: Consortium for Appropriate Dispute Resolution in Special Education](#)
- [8 Steps to Conflict Resolution Overview](#)

Infant Toddler Development Training Module 2

Congratulations!

You have completed Module 2. You may want to review the Module before taking the [Module 2 Final Assessment on TRAIN](#). **Please contact your local Early Steps TRAIN to enroll you in these modules through the TRAIN learning management system**

Module 2 Resources

- [Early Intervention in Natural Environments: A Five-Component Model](#)
- [Individuals with Disabilities Education Act](#)
- [Learning Styles and Strategies](#)
- [Practitioner as Coach: Our Role in Early Intervention](#)
- [Principles of Adult Learning](#)
- [Listening to Others in Meetings](#)
- [Working with Culturally and Linguistically Diverse Families](#)
- [Building a Collaborative Team Environment](#)
- [Groupthink of Irving Janis](#)
- [8 Eight Steps for Conflict Resolution Overview](#)
- ["Know Thyself" and Take Care of Self](#)
- [Clarify Personal Needs Threatened by the Dispute](#)
- [Identify a Safe Place for Negotiation](#)
- [Take a Listening Stance into the Interaction](#)
- [Assert Your Needs Clearly and Specifically](#)
- [Approach Problem-Solving with Flexibility](#)
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