

Infant Toddler Development Training Module 5

Module Description

This module explores the importance of building relationships with families and other professionals with whom we work to maximize outcomes for children. Requirements for collaboration and partnerships within the Early Steps system necessitate the need for providers to possess the understanding and skills to build and sustain relationships, not only with families, but with other professionals in the community. Information about family ecology, the impact of cultural issues on establishing relationships and techniques for supporting partnerships with families and the community are provided. Relationship building is explored over various components of the Early Steps system. Development of meaningful, functional outcomes that meet the child and family's needs and link to developmental skills are highlighted.

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 be prepared to link to websites included within the various lessons of this module. The learner will need to access a community college or university library for a required journal article. 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. Demonstrate an understanding of what IDEA Federal legislation and Florida's Early Steps policy require regarding family and community partnerships, service coordination, family assessment and IFSP development and implementation. (FDOH A1, A4, A6, A8)
2. Understand the importance of building relationships throughout the Early Steps System - from first contacts, through evaluation and assessment during the development of the IFSP, and the provision of supports and services. (FDOH C10)
3. Demonstrate knowledge of the importance of the role that families play in their child's life, understanding that parents are authentic experts about their children's history, strengths, needs, progress, and potential. (FDOH B13, C1)
4. Describe the importance of partnerships with families as well as professionals. (FDOH C12, D5-7, E2, E6)
5. Understand the impacts of cultures, ethnicities, and family experiences in all areas, building partnerships, and communicating with families and the community. (FDOH B9, C4, E11, F1)
6. Discuss the important role which our attitudes and beliefs about families as well as cultural diversity play in developing effective parent and professional partnerships. (FDOH B9, H1, H5)
7. Describe common family ecologies i.e., characteristics, stresses and perspectives that impact them. (FDOH B10, B12)
8. Demonstrate awareness of the variety of community resources (including Family Resource Specialists), services, and supports that are available to families. (FDOH B11, F4)
9. Demonstrate the ability to effectively communicate with a variety of teaming partners (e.g., families, service providers, community providers) in a jargon-free and culturally sensitive manner. (FDOH D2, E1-3, E-6, H1, H2)
10. Understand the components of effective team meetings and team members' particular roles in these meetings, including the process of information sharing among team members, including families. (FDOH D2, D5, E1, E3, E12)
11. Understand how to develop functional, routine-based outcomes with families and other professionals which are appropriately linked to assessments and developmental skills. (FDOH E13, F2, F5)
12. Discuss adult learning principles that promote maximum involvement and engagement of families and other professionals. (FDOH C12)

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Lesson 1

Introduction

Lesson 1 examines the perspectives and characteristics of families of young children with disabilities. Understanding these can help assure that families and children in the Early Steps service delivery system receive services that meet their unique needs. Viewing families from a "strength-based" perspective and acknowledging the family's expertise regarding their child sets the framework for working with them in a family-centered manner.

Learning Objectives

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

1. Identify IDEA federal and state policies regarding family and community partnerships in all areas of the Early Steps system.
2. Recognize families as authentic experts about their children's history, strengths, needs, progress, and potential.
3. Describe common ecologies and characteristics of families who have young children with disabilities.
4. Determine the effect of family stressors.
5. Describe the roles of family members - fathers, siblings, extended family, etc.
6. Identify how the cultures, ethnicities and experiences of families affect their interactions and view of the world.
7. Describe the concept of "family adjustment."
8. View families from a "strengths-based perspective."

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.

Note: One article for this lesson is only available in a hard-copy professional journal. It is suggested that the learner visit a community college or university in their area to obtain the article. See Activity 1 for details.

- [A Partnership in Providing Support](#)
- [Family Characteristics within a Cultural Framework](#)
- [Fathers are Caregivers Too!](#)
- [Meeting the Unique Concerns of Brothers and Sisters of Children with Special Needs](#)
- [My Three Wishes](#)
- [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)
- [Parent Perspective: Strategies that Support Family-Professional Partnerships](#)
- [Understanding Family Characteristics](#)

Key Words

Definitions of key words are found in the glossary.

- Family Systems Theory
- Maslow's Hierarchy of Needs
- Cultural Reciprocity

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Family and Community Partnerships in Policy and Regulation

In 1975 the first piece of major federal legislation related to special education was written. The legislation contained language addressing the need for family involvement. With every re-authorization of the law since then, the language regarding family involvement has become more defined and strengthened the role of families. The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 significantly increased the role of families as partners by emphasizing their role in planning and coordination of services for children with disabilities (Reyes, 1999; Sileo, Sileo &



Prater, 1998; IDEA, 1997). It not only strengthened families' involvement but also stressed the many levels needed for their involvement, including families viewed as partners with professionals. Family participation is viewed by policy makers as crucial to develop appropriate interventions and services for children as well as to achieve full implementation of the law.

The No Child Left Behind Act of 2001 is another significant piece of legislation that has strengthened the role of families in services and education. This legislation furthers the commitment to family-professional partnerships and contains many requirements for school-family communication and engagement leading to a deeper, more meaningful collaboration between families and professionals.

The role of families is also clearly articulated in Florida's Early Steps system (Department of Health, 2005) In the section titled "Key Role of Families", the document states, "Families play a key role in the successful implementation of the new Early Steps service delivery system." In further explaining this role, the document emphasizes "...the important role families play as a member of the team throughout the process" (p. 26).

The Early Steps service delivery system has shifted the focus from providing services primarily to the child to involving and supporting families and other caregivers in services provided within the context of everyday routines, activities, and places. Within this context, families and caregivers play an enhanced role as partners with professionals working together to meet the child's developmental needs and achieve desired outcomes. The family is an active participant on the early intervention team.

Families as Experts about Their Children

To work effectively with families, professionals who work in Early Steps must appreciate and value the knowledge families have of their children with disabilities. Parents have knowledge and understandings about their children that are unique to their family and can add a new dimension to the professional's perspectives. By respecting and building on this knowledge, professionals can move a step further in developing collaborative relationships with families that help assure positive outcomes for children. Families can be viewed in the context of advisors to professionals because of their special understanding of their child. The following are some of the assumptions we need to have to foster family/professional partnerships:

1. Families are essential allies working with us toward the goal of maximizing their children's potential.
2. Families are the experts regarding their child. They have important information and perspectives professionals can use to help children succeed.
3. All of us want what is best for the child. Understanding family perspectives will help us reach common goals.
4. There is a common ground from which we can work with families if we seek to understand and respect their perspectives. Judgmental behavior and bias interfere with this process.

Throughout this module you will be asked to refer to a document entitled "Our Journey with Families: Service Delivery in Natural Environments in Rural Areas". This was developed in New Mexico and is a series of vignettes about the developing relationship between a family in early intervention and the professionals with whom they work. It will give you a glimpse of a family from a diverse culture living in a rural area. You may find some of the strategies used by the professionals helpful if you work in rural areas and in your encounters with families from cultures other than your own.

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Access and read pages 1 - 6 of the Resource Bank document, [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#). Reflect on how the developmental specialist interacted with Isabel. Did she honor Isabel as an expert on her child?

Characteristics of Families of Young Children with Disabilities What is a family?

In our society today, the makeup of family membership deviates from the more traditional concept of a father, a mother and one or more children. For this lesson, we will define family in the broadest terms. It includes traditional families together with blended families; single parent families; families with a single parent and a significant other; extended families (grandparents, aunts and uncles, cousins); families with the grandparent in a parental role; same-sex parent families; and families of adopted and foster children. This definition includes blood relatives as well as caregivers who may or may not be legal guardians. It is important to understand that with the variations in family makeup, that only those individuals who have legal custody of the child have the legal right to sign documents and receive confidential information from the child's record file. Make sure that you know who this person or these persons are from the very beginning of your relationship with the family.

Early intervention professionals need to be aware of the characteristics of each family and understand the family's support system to work collaboratively with them. It is also important to be aware of the characteristics of and stressors on families that may affect their involvement. Family members must also be viewed within the context of the larger family unit. What affects one family member will affect all family members. A family is a complex social system in which no member can be viewed in isolation.



Family Systems Approach

According to the literature, *family systems theory* refers to an examination of family functioning from the viewpoint that all members of the family impact on each other and affect how the family functions. Family systems theory is often used in early intervention and special education. This "family system approach" to viewing a family requires that professionals understand the important effect all family members have on each other and the child. The family, not just the child, is the unit with which the professional works.

Positive changes made in and for the family maximize potential benefits for the child. This approach is supported in the Early Steps service delivery system in its family-centered emphasis, and in the use of ecological assessments which view children in the context of their families and support the family's assessment of their own concerns, priorities, and resources as it relates to their child and their needs. When looking at families from a family systems approach, four areas of family life are examined. These are:

- **Family structure** - the structure and makeup of the family - its characteristics and organization. Ask yourself what might affect the family's characteristics and organization.
- **Family interaction** - ways family members interact to meet their needs and the role parents play. Think for a minute about the father and the mother. List some factors and questions you might consider that contribute to family interactions.
- **Family functions** - activities the family engages in to meet its needs. What functions does each family member perform? List some ideas and questions you might consider that impact family functioning.
- **Family life-cycle** - involves changes the family goes through that may alter structure as well as how the family deals with changes in children as they grow and mature? What are some things to think about when you look at the family life cycle?

Note: When looking at family life, it is very important to view it from the perspective of the family. What does the family see? What is important to the family?

The interaction among and between family members is the process of family relationship building. All these things contribute to the entity we know as "family". The family systems approach defines several interaction sub-systems within families that affect the family's functioning. These include:

- **Marital Interactions** - between husband and wife. (These interactions would also be found between a single parent and a significant other with whom the parent shares his/her life).

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- **Parent and Child Interactions** - parent-child and child-parent.
- **Sibling Interactions** - child-child.
- **Extended Family Interactions** - extra-familial, friends, community.

Reflect back on pages 1 to 6 in [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#) Think about how the family systems approach is evident in this case study.

Within the Early Steps service delivery system, children are viewed in conjunction with their families and not in isolation. Just as the family systems approach looks at the interrelatedness of family members, families should also be viewed within the context of their relationship to the community. This community includes friends, co-workers, agencies, schools, childcare, the medical services, etc. It is the wider system that influences families and can support family functioning in a positive manner. The advantage of using a systems perspective is that we are viewing family members, mindful of the interactions and relationships occurring within the family as well as looking beyond the immediate family to the outside interactions and supports that affect them.



Family Stress

The stress that may accompany raising a child with disabilities can be greater on those families than in the general population (Hendriks, DeMoor, Oud, & Savelberg, 2001; Smith, Oliver, & Innocenti, 2001). Many variables impact family stress. The age at diagnosis, specific disability and culture are among these variables. Some children are diagnosed at birth, others when they are one or two years old and occasionally, even older. Some disabilities require intense medical intervention and support, others require adaptive equipment and/or accommodations, while still others need intensive behavioral interventions (Lessenberry & Rehfeldt, 2004). Cultural views of disabilities can also add to stress.

Whatever the disability, the impact on the family occurs daily with differing degrees of intensity. It is important to be aware of the implications, not only of disabilities' effects on development and learning, but also potential limitations in lifestyle and options for these families. For example, consider some of the following questions:

1. How does having a child who is medically fragile and confined to a wheelchair affect family outings and vacations?
2. How does having a child with severe emotional disturbance affect the family interactions among all its members?
3. How does the stress families experience in raising a child with disabilities affect the child's development and sense of self?
4. How does having a child with any disability that is covered by insurance affect the degree of mobility parents have to leave current positions and pursue new work with different employers?
5. What challenges do families who have children with disabilities face when looking for childcare?

Hierarchy of Needs

The stress a family is under may have nothing to do with the disability. Whatever its source, stress may get in the way of what a professional hope to achieve. Many times, the source of the stress must be dealt with before interventions can begin. For instance, if the mother is concerned about her ability to pay her electric bill due to medical expenses, she may not be receptive to the latest technology her service provider brings to her house to try with her son. Even if the provider tells her it will help with her son's ability to communicate, her attention is focused elsewhere.

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It is good to think about Maslow's Hierarchy of Needs when we are trying to understand what is important for families when they don't seem to be open to our suggestions. Maslow theorized that human beings have needs for certain things and these needs are hierarchical in nature. In other words, basic needs must be met before we can pay attention to higher order needs. The model he used was a pyramid. At the base are physiological needs (food, water, shelter, warmth), followed by needs for safety (security, stability, freedom from fear), then needs for belonging/love (friends, family, spouse, lover), self-esteem needs (achievement, recognition, mastery, respect), and finally at the top, needs for self-actualization (pursuing inner ability, fulfillment, creativity).

Families may be stressed because they are focusing on the physiological and safety levels in their lives, while we are suggesting an intervention or service that they can't begin to think about until more pressing needs are dealt with. Families are at different places for a variety of reasons.

What do parents share as their concerns or worries and how is this affected by culture and values? What does Maslow's Hierarchy of Needs tell us about families' competing needs, concerns, and priorities?



Extended Family

When looking at families in the Early Steps system, the importance of the extended family can't be overlooked. The extended family may offer the family support in many ways - financially, emotionally, and physically. They can provide encouragement, respite, support, and representation at meetings. They are often the only individuals with whom the parents feel safe entrusting the care of their children. They include blood relatives as well as close family friends. Today, many grandparents are raising their grandchildren. In many cultures, the extended family plays a vital role in the family ecosystem. If the extended family is important to the family with whom you work, make sure you understand their role in the family system and how to work with them.

Reflect back on pages 1 to 6 in [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#) Do you think the extended family was important to Isabel and Ramon?

Siblings

Brothers and sisters are also very significant in the lives of children with disabilities and are, in turn, affected by them. The stress the family is under can spill over into their relationships with their parents. If their siblings have severe disabilities or behavior issues, much of their parents' time and energy can be spent on the child with a disability, leaving limited opportunities for the other children. Unless relationships are brought into some type of balance, the siblings of children with disabilities can feel unsupported during crucial times in their own lives. This is a place where extended family members can play an important role. There are many programs and support groups for siblings of children with disabilities. It is noteworthy that many children cite the advantages of growing up with a brother or sister who had a disability. They learn tolerance and compassion at an early age and often provide their sibling with the normalcy of a relationship, taking the lead in involving them in community activities.



Access and read pages 7 to 10 of the resource bank document, [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)

How important do you think Billy is in the family dynamics and interactions with Kim?

Fathers

Although professionals often focus on mothers of children with disabilities, fathers play an important role in the lives of their children. How they interact with their children is often the result of how they were raised as males in the culture in which they grew up. Fathers may have different ways of coping with stress than do mothers. Men tend to internalize their feelings and, if they cannot communicate intense feelings about having a child with special needs to their wives, tensions can occur as they express these feelings in other ways. The friction caused by these differences can add greater stress to the couple's

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relationship. If the result is a divorce, the issues and stressors facing the single parent/primary caregiver can be exacerbated when one or more of the children have a disability. At other times, the problems couples face together around their child's disability can strengthen the marriage and improve communication. All these factors are inter-related and can affect your role as an Infant Toddler Developmental Specialist (ITDS) as you are building your relationship with the child and the family.

Cultural Considerations

The increasingly multicultural nature of American society presents a broad range of values and beliefs among families with whom you work, and the entry of new immigrants has increased the number of languages spoken. Here in Florida, that is especially true. Often professionals in early intervention settings come from cultures very different than the families with whom they work.

Members of diverse cultures may vary in child-rearing practices, in their views about disabilities, and in their responses to working with professionals. The culture and ethnicity of a family impact the degree and kind of participation the family will engage in with professionals. As the professionals in this relationship, we need to respect the families and their cultures and respond to their needs and values considering their culture. Kalyanpur and Harry (1999)

state, "Awareness of cultural differences provides the scaffolding for building collaborative relationships"(p.118).



Ways of thinking and behaving that enable members of one cultural, ethnic, or linguistic group to work effectively with members of another is called "cultural reciprocity". Lynch and Hanson (1997) use the term "cross cultural competence" (p. 492). Cultural reciprocity and cross-cultural competence have several components (Kalyanpur & Harry, 1999; Lynch & Hanson, 1997):

1. Awareness of one's own cultural limitations
2. Openness, appreciation, and respect for cultural differences, including subtle differences between cultures
3. Avoidance of stereotyping
4. Ability to apply cultural awareness universally to all situations
5. A view of intercultural interactions as learning opportunities
6. Ability to use cultural resources in interventions
7. Empowerment of both families and professionals as each learns from the other
8. Acknowledgement of the integrity and value of all cultures

To work effectively with families of diverse backgrounds, it is also important to know how their specific cultures view disabilities. Some cultures place great value on cooperation, cohesiveness, and interdependence - characteristics that differ from what we generally think of as American culture. If the perspectives of racially/culturally diverse families are not respected, they may become only marginally involved in the collaboration or may not participate at all. For example, Latino parents of a child with mental retardation may view their child's disability differently from Native American parents. The Latino parents may attribute mental retardation to something the mother did during her pregnancy.

The Native American parents, on the other hand, may view the disability of their child as the result of a supernatural cause and employ the use of a tribal healer to intervene (Kalyanpur & Harry, 1999). Both cultures view disabilities very differently than a Caucasian middle-class individual whose family roots go back one or two hundred years in America.



How do you reach out to families from different cultures? A study by Sanders and Herting (2000) found that programs that recognize, respect, and address cultural and class

differences were effective in engaging diverse families. Given the increasing cultural diversity of our nation, this skill is critical for successful partnerships. Many parents do not speak or read English well enough to communicate with professionals or understand written documents. Because of cultural differences, many parents are not familiar with expectations for them within the Early Steps system. These facts, coupled with how different cultures view and react to disabilities, make the collaborative process more challenging for early intervention personnel.

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Another consideration when we are talking about cultures is to think about cultures outside the context of ethnicity. Think about the unique differences between families in rural and urban cultures. Could there be differences in what is valued in each of these cultures? There are also some distinct differences between the military and civilian cultures in the United States. For instance, military families of children with disabilities may not appear to be as strong advocates for their children as their civilian peers when differences of opinion arise with the professional with whom they are working. This may be because of the strong emphasis in the military on the importance of staying within the "chain of command". This may be due to the prevailing sense that to request due process or mediation could negatively affect one's military career.

Family Adjustments

Raising children in a family in which there is a child with a disability adds another dimension to the complexity and challenges of parenting. It is important to recognize that families of children with disabilities may go through a series of feelings and cycles when they learn of their child's disability and as they grow and adjust with their child. It is also important not to attribute problems communicating with and involving these families solely to what is often called the 'cycle of grief' (Kubler-Ross, 1969). Kubler-Ross identified several stages individuals experience when dealing with death in what she called the grief cycle. These stages include:



- initial shock
- disbelief and denial
- anger and resentment
- depression and discouragement
- bargaining and
- acceptance.

This stage model has been extensively applied to families of children with disabilities upon learning at birth or later of a disability in their child and as they grow to accept the disability. Caution must be used by professionals when using this model, however, lest attributions of families being "in denial" or "still in the grieving cycle" be used to explain a perceived lack of cooperation and involvement by these families. Many families find this judgment by professionals to be "condescending and patronizing" (Ulrich & Bauer, 2003, p. 20) and a clear barrier to effective communication and partnership. Often, they express the need for support and information, not the need to be taken care of (Diamond & Kontos, 2004).

While there is certainly a period of adjustment upon learning of a diagnosis, families tell us their needs and conditions change over time. Their lives are a series of reactions and adaptations - a series of transitions and re-adjustments necessitated by their child's developmental stages, age, severity of disability, and ongoing medical issues (Lin, 2000; Snow, 2001; Turnbull & Turnbull, 2001). It is cyclical rather than sequential. It is important, therefore, for the ITDS and other professionals to view families' adaptations to living with a child with disabilities as a growth process and seek to recognize the strengths these families bring to that process.

Activity #1

Read the article by Vacca and Feinberg listed below. This article offers interesting insight into perceptions professionals sometimes have of families. It demonstrates the importance of establishing common ground and working with families as true partners.

Vacca, J. & Feinberg, E. (2000). Why can't families be more like us? Henry Higgins confronts Eliza Doolittle in the world of early intervention. *Infants and Young Children*, 13(1), 40-48. Note: You will need to access a hard copy of the journal, *Infants and Young Children*, which contains the article. This can be done through a community college or university in your area. Most Florida institutions of higher education will provide access to resources with proof of Florida residency (e.g., driver's license). If the library in your area does not have this journal article in their collection, they can help you obtain it through inter-library loan.

Think and consider how your expectations/perceptions of, and attitudes about a family can help or hinder collaboration and partnership.

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How would you develop a list of questions to ask the family at an initial visit? What questions would you ask that aren't contained in the sample questions on pages 43 and 44 of the articles?

Consider how you can help the family define concrete, measurable outcomes for their child that meets their needs.

Activity #2

The following articles were written by family members and are included in the Resource Bank. They are required reading for this module.

- [A Partnership in Providing Support](#)
- [Fathers are Caregivers Too!](#)
- [My Three Wishes](#)
- [aren't Perspective: Strategies that Support Family-Professional Partnerships](#)
- [Meeting the Unique Concerns of Brothers and Sisters of Children with Special Needs](#)

Think and consider:

1. Are there common themes you can identify in the articles? List at least two.
2. How can families help us as professionals?
3. Is there anything that parents talked about that you also sometimes feel? Can you relate to those feelings?

Activity #3

Print a copy of the following two documents from the Resource Bank for use in the exercise below.

[Family Characteristics within a Cultural Framework](#) [Understanding Family Characteristics](#)

1. Read the descriptions of some features of four minority cultures in the United States.
2. Choose two of the four cultures featured that are different from your own.
3. Think about how families from these cultural groups would view a child born with Down syndrome.
4. Think about how you would feel if a child with Down syndrome were born in your family.
5. Complete the chart listing Family Characteristics, Personal Characteristics, and Special Challenges. Complete the columns with illustrations from your own family and then for each of the two families you have chosen.
6. What would you need to be aware of to work effectively with these parents?

Lesson 1 Highlights

This lesson focused specifically on families in the Early Steps system. We examined the concept of why families should be viewed by professionals as experts regarding their children. We discussed family systems theory, components that make up families and the effect of cultural perspectives on families' views of disabilities and interactions with professionals. Finally, we looked at families from a strengths-based perspective.

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Websites

- [American Association for Home Based Early Interventionists](#) - An organization that serves families and those working in the field of early intervention with infants, toddlers, and preschoolers with special needs with an emphasis on the home as a beneficial environment for early intervention. The site includes information and linkages for families and professionals.
- [CADRE - Consortium for Appropriate Dispute Resolution in Special Education](#) - A National Center on Dispute Resolution funded by the U.S. Office of Special Education Programs. Specifically designed to address dispute resolution, mediation, and collaborative strategies to resolve disagreements in special education and early intervention.
- [Culturally and Linguistically Appropriate Services \(CLAS\) - Early Childhood Research Institute](#) - Identifies, evaluates, and promotes effective and appropriate early intervention and preschool practices for children and families from culturally and linguistically diverse backgrounds. The site includes a resource bank for effective materials and strategies.
- [Fiesta Educativa](#) - Works to educate Latino families in obtaining services and in caring for their children with special needs. The site provides information, training, technical assistance, and referral services.
- [Hmong Homepage](#) - Provides online community and organization resources, translation services, history and demographic data, referrals, and links to publications.
- [National Center for Fathering](#) - Provides research and resources on fathering, practical tips, and suggestions. The site includes a many helpful hints on fatherhood and education.
- [National Multicultural Institute \(NMCI\)](#) - Addresses issues of multiculturalism. The site attempts to increase communication, understanding, and respect among people from diverse

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backgrounds.

- [The National Information Center for Children and Youth with Disabilities](#) - National information and referral center that provides information on disabilities and disability-related issues for families, educators and other professionals including collaboration.

Lesson 2

Introduction

Now that we have looked at an overview of families in the Early Steps system, we will explore the importance of developing partnerships with them. Effective family-centered information gathering techniques and the importance of good communication and listening skills will be explained.

Learning Objectives

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

1. Describe the importance of developing partnerships with families.
2. Recognize the effect that cultures, ethnicities, and family experiences have on communication with families.
3. Articulate the role that attitudes and beliefs about families and cultural diversity play in developing effective parent partnerships.
4. Identify key components of a family-centered information gathering process.
 - First Contacts
 - Evaluation and assessment
 - Services in everyday routines, activities, and places
 - Identifying priorities, issues, and concerns
5. Demonstrate an understanding of:
 - The importance of first impressions
 - Family information gathering strategies
6. Discuss the impact of personal styles on communication and interaction with families.

Resources

The following resources are those necessary for the completion of this lesson. Learners may want to access and print hard copies 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.

- [Cultural Awareness and Interactions with Families](#)
- [Different Perspectives Worksheet](#)
- [Dimensions Of Family and Professional Partnerships: Constructive Guidelines for Collaboration](#)
- [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)

Key Words

Definitions of key words are found in the glossary.

- Services in everyday routines, activities, and places (ERAP)
- Collaboration
- Communication
- Low and High Context Cultures

Family Partnerships Are Important

As stated in the previous lesson, partnerships with families are not only mandated by law, but they are a positive force in ensuring optimal outcomes for infants and young children with disabilities. Given the emphasis on family participation and collaboration in the Early Steps service delivery system, early intervention professionals need the skills to communicate and work well with not only their peers in the community, but with families as well.

It is important for families and professionals to develop strong interpersonal relationships as a basis for collaboration. A study by Blue-Banning, Summers, Frankland, Nelson, and Beegle (2004) looked at

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family/professional partnerships for collaboration in early intervention. The authors state that "...forging supportive relationships between parents and professionals appears to be at the heart of a collaborative partnership" (p. 168). The authors examined indicators of professional behavior which facilitated collaboration with families. They identified these six indicators as crucial for collaboration:

1. Communication
2. Commitment
3. Equality
4. Skills
5. Trust
6. Respect

These are like what Christenson and Sheridan (2001) have identified as important components of collaboration. Families and professionals each have an important role to play. Their roles do not replace each other's but rather compliment and reinforce each other as partners. The key to making collaboration work is the ability to build relationships. By emphasizing the relationship between two individuals, the need to define specific roles lessens. Building a strong relationship between two people and among members of a team maximizes the potential for collaborations to be strong and have a positive impact on the family/professional partnership. (Bruns & Corso, 2001; Christenson & Sheridan, 2001; Klass, 2004; Thorp, 1999).

Reflect back on pages 7-10 of the Resource Bank document, [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)

Can you see the service provider developing a relationship and partnership with the family? Can you identify where any of the six indicators mentioned above in the Blue-Banning et al. material are illustrated in the scenarios?

Communicating with Families

As a review and extension of your learning from Modules 2 and 3, this section will emphasize the critical importance of communication with families in establishing relationships. To collaborate, we need to understand each other and articulate our goals. Communication plays a vital role in this. When we use critical communication skills, we convey concern and an attempt to understand the other person. It is a building block of collaborating and trust-building. Some important components of communication for collaboration include the following. (Banks, Santos, & Roof, 2003; Briggs, 1997; Dunst, 2002; Jordan, 2001; Rush, Sheldon, & Hanft, 2003)

- Accepting the other person and his/her perspectives and differences. Your own frame of reference may interfere with your understanding of someone else's communication message.
- Listening is the key to a positive conversation - listening effectively to truly hear the message and being able to ask clarifying questions ("how", "what", "tell me about", etc.) in a tone of acceptance that allows a full range of responses. Listening is an active endeavor. Gather additional information to clarify what the issue is. ("What other things are bothering you?"; "I'm not sure I understand. Can you explain it again?"; "Tell me what was said and then tell me what you believe.")
 - Active listening also includes hearing the unspoken messages someone may be transmitting. Often, we are so intent on making sure others understand us that we throw up barriers to hearing what they are saying. This interferes with good collaboration.
- Restating and allowing the other person to confirm or correct our perceptions. Validate the other person's perceptions. ("I understand your concern...", "I heard you say...")
- Providing honest but tactful interchanges.
- Staying focused on the goal of the collaboration. Focus on and communicate the positive as often as possible. Avoid divisiveness and a "blaming" attitude. Use 'we', 'us', and 'our' words versus 'you', 'I', 'yours', and 'mine' words.
- Giving concrete examples such as, "What I've observed is..." or "I've noticed that when...then this occurs."

Read page 12 of the Resource Bank document, [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)

Reflect on how the service provider uses good communication and listening skills in doing joint problem-solving with Isabel.

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Why Is Good Communication Important?

When we communicate with families, what are we trying to find out? Hopefully, we are attempting to understand what their concerns, priorities and issues are and to jointly develop goals and outcomes that are realistic for their child. Why is it important to do this? Good communication with families:

- leads to the establishment of a positive relationship based on trust and confidence.
- allows you to get to know families and lets them get to know you.
- gathers critical information the family wants you to know about their child.
- gives them a chance to share their wants, needs, concerns, and fears.
- helps you determine motivation and expectations - yours and theirs.
- clarifies cultural and family values that are important to the family.

Obstacles to Good Communication

What are some obstacles to communication? Can you see where the factors listed below could be barriers to communication and establishing collaborative relationships?

1. Ego
2. Differences in degree of knowledge
3. Differing purposes for communicating
4. The use of jargon and technical language
5. One-way communication
6. Emotional distance
7. Assuming you know what, the other person is going to say, or is feeling
8. Feeling defensive
9. Letting your mind wander
10. Being in a hurry. The pressure of time.

Culture Differences and Communication

Think about how cultural differences between families and professionals might lead to miscommunication and conflict. Be aware of the different styles of interactions between families and professionals in various cultures. Consider the impact on conflict resolution when differences arise between the family and the professional. Some issues to be aware of:

- Importance of saving face in some cultures
- Importance of preserving harmony - not being confrontational
- Emphasis on indirectness and subtlety

The cultural frame of reference you have may prevent you from understanding someone else's method of communication. The culture we were raised in carries with it a set of expectations and norms about how we function in the world - how we interact with family and community members, our feelings about higher authority, how we deal with conflicts and communication, etc. "Verbal communication, including voice tone, the pace of speech, modulation, pauses in conversation, how interruptions are perceived, or how quickly one gets the point in a conversation are all derivatives of cultural learning" (Jordan, 2001, p.13) It is important when dealing with others from cultures different than our own to suspend assumptions about how someone is acting or speaking and consider some alternative meanings of what they are doing or saying. It is important to examine our own perceptions and avoid making premature judgments or conclusions. (Bruns & Corso, 2001; Chen, McLean, Corso & Bruns, 2001; Friend & Cook, 2003; Thorp, 1999)



While the United States is viewed as an individualistic culture, most of the world's cultures and most immigrant groups in America are more collectivistic. Other collectivistic groups in the U.S. are African American, Native American, and Alaskan Native cultures.

Different cultures value different attributes in individuals. These attributes or value orientations usually exist along a continuum, from individualism to collectivism (Friend & Cook, 2003). Individualistic cultures place emphasis on individual goals, personal

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achievements, fulfillment, and competition. Collectivistic cultures value interdependence and the cohesion of the group. Differences occur in many arenas of everyday life - communication, social interactions, family lifestyle, child rearing techniques, etc.

Another cultural consideration important for communication is whether the culture is "low" or "high" context. Low-context cultures communicate in direct, concise, verbal ways where detail and logic are valued. The United States is considered a low-context culture. High-context cultures, on the other hand, "rely less on verbal communication than on understanding through shared experience, history, and implicit messages. Fewer words are spoken, and less emphasis is placed on verbal interactions" (Lynch & Hanson, 1997, p. 68). More emphasis is placed on nonverbal cues and messages. Native American, African American, Latino and Asian cultures are considered high-context cultures. This has implications for effective communication between low and high-context cultures. Let's look at some cultural features among four minority cultures. Notice ways in which they may differ from the dominant U.S. Anglo-European culture. Remember that these are general characteristics on a continuum and may not apply all the time to all families (Kalyanpur & Harry, 1999; Lynch & Hanson, 1997; Sharp & Yamauchi, 1994).

Individualistic	Collectivistic
Low-context: Direct, explicit communication - "get to the point."	High context: Indirect cues, communication relies on context of the conversation and experience.
Talk: Self-assertion is achieved through talk; talk used to achieve comfort in a group.	Silence: Silence is valued and used communicatively; comfort derived from silence.
Directness: Individuality and uniqueness are asserted; opinions are expressed to disagree, persuade, and avoid ambiguity.	Indirectness: Hints and subtle cues are used, and ambiguity tolerated to maintain harmony.
Uneven turn-taking: One party may dominate; both parties may introduce topics and speak at length about them.	Balanced turn-taking: Turns distributed evenly; each party takes short turns and does not randomly shift topics.

Based on Watkins, R., & Eatman, J. (2001). *An Introduction to cross-cultural communication*. (Technical Report #14; Chapter 2). Champaign-Urbana, IL: Culturally and Linguistically Appropriate Services for Early Childhood Research (CLAS) Institute.

Harry, Kalyanpur and Day (1999) propose a model of cultural reciprocity to assure families are actively engaged in the special education process. This model can be effective in early intervention also. The four steps in the model have been adapted for early intervention and include:

1. Identify what cultural values are embedded in the professional's interpretation of a child's developmental issues or in the recommendation for services.
2. Find out whether these values are recognized by the family, and if not, how their view differs.
3. Acknowledge and respect any identified cultural differences, and fully explain to the family the cultural basis of the professional assumption.

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4. Through discussion and collaboration between the family and the professional, determine the most effective way of adapting professional interpretations or recommendations to the value system of the family (pp.1-12).

Go to the Resource Bank to read the document, [Different Perspectives Worksheet](#) This compares some possible differing perspectives between families and professionals about the child.

After reading the lesson up to this point and looking at the chart, answer the following three questions.

1. How can these differences increase the distance between families and professionals?
2. Have these differences caused negative attitudes toward "un-involved", "non-compliant" parents? Toward professionals who "don't understand" or "are trying to tell me what to do"?
3. How can you minimize these differences?

Family-Centered Information Gathering

Lesson 3 in Module 3 looked at the assessment process and the importance of family information gathering. We will expand on that concept in this lesson.

Families try to strike a balance between hope for the maximum that their children can achieve and acceptance of realities and limitations. They are never completely certain whether their children are reaching full potential, and they often feel pressed to obtain services for their children "before it's too late." At the same time, early interventionists face requirements of accountability and procedures that families experience less directly.

Although parents and professionals may have differing perspectives, trusting relationships can be developed. The challenge is to develop mutual frames of reference and common goals between families and professionals. This is done through building effective parent-professional teams in which family members truly participate and can have an impact on their children's progress.

What was once known as "family assessment" is now termed "family-centered information gathering." Family-centered information gathering reflects a new perspective and refers to the process of the professional and family talking together to identify the family's concerns, priorities, and resources (CPR) (IDEA, 1997). This is an ongoing process that begins with first contacts, continues through the evaluation and assessment process, and on to development and implementation of the Individualized Family Support Plan (IFSP) in natural environments.

Professionals should strive to build a strong relationship with families based on mutual trust and respect and supported by cultural competence, while they attempt to understand the family's concerns, priorities, and resources. It is important to note that the family's participation in this information gathering is strictly voluntary and is not required under Part C of IDEA. Federal guidance indicates that it must be with the concurrence of the family.



Helping Families Prepare for Assessment of Their Child

How do you help families prepare for the assessment process? Explaining the steps in that process and what to expect can allay families' concerns and fears. Make sure information about the assessment is complete and accurate and presented in such a way as to maximize understanding. Explanations may need to be given several times and in different formats. Written material following a verbal conference gives the family time to study what was said and process the information. Ask

families if they have any questions they would like to see answered during the assessment. Also remember the family has valuable information to share about their child. They know the best time of day for the child, his or her issues with other adults, the best way to interact with the child, the child's likes and dislikes, and other factors that may positively affect the assessment process and gather the best information from the child. Families may choose to be actively involved in the evaluation and assessment process or they may prefer a more passive role. The choice should be up to them.



Sharing Assessment and Evaluation Results with Families

How are assessment and evaluation results shared with families? If families are active participants in the process, it can make sharing information about the results easier. Whatever is shared must be in a

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format that is useful to the family. Discussions can occur during the process of the assessment and evaluation or a meeting with the family can be held afterwards to discuss the results. Follow up either by phone or in person to answer any questions can also occur and a written report for the family (in their primary language) is vital. As a member of the team, the family needs the same information as other team members. Results of assessments and evaluations should be shared as soon as possible with families.

Culturally Sensitive Assessments and Evaluations

Standardized evaluations and assessments may be culturally incompatible for some families and their children. Are there assessment protocols in the family's primary method of communication? Are the assessments culturally sensitive? For instance, in some countries, like Turkey, young children are held and carried by adults for a much longer time than American babies. A child from that culture may not meet the normal developmental milestone for walking as soon as other children. Many children from Hispanic families are fed by adults long after an Anglo-Euro-American child has begun self-feeding.

Reflect back on pages 7-10 of the Resource Bank document, [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)

Focus especially on the assessment/evaluation portion. How did the developmental specialist gather important information about Kim? Do you agree with the statement on page 10, "Assessment is intervention."?

Family Impact on Everyday Routines, Activities, and Places (ERAP)

Florida's Early Steps system supports services to children in "everyday routines, activities, and places." This is also known as ERAP. This terminology was adapted from the more formal federal language calling for services in "natural environments". While this has been discussed in other modules, the important concept to remember here is that, to provide services to children in ERAP, we need to communicate and listen to what families want as far as the routines, activities and places for interventions and services for their child. We need to ask ourselves and the families "Why is this the best routine, activity or place in which to address the intervention? What will be accomplished by providing services here? Who will provide the services (primary service provider, parents, others)? When will they occur? How will they be provided?" Whatever decision is made for ERAP, families must be involved from the beginning and all options, pros and cons discussed. If for some reason, services are not provided in ERAP (natural environments), a clear and valid justification must be provided.



Engaging Families to Learn About Their Concerns, Priorities, and Resources

The words "concerns, priorities, and resources" (CPR) are used to define the process by which information is gathered from families about what they want for their children and themselves and how professionals can help them achieve their goals. Based on identification of the CPR of the family, the team can begin to develop the outcomes, strategies, and activities on the IFSP that help families meet the needs for their child. The family is the only entity in this relationship that can identify their concerns, priorities, and resources and say what is relevant to them. A concern for a family only exists if the family itself identifies it as a concern. Their priority for their child may not be the one the professional has for the child. That is why it is crucial for professionals to engage families as partners in the process and respect their decisions.

Family Information Gathering Strategies

Family information gathering can be accomplished in a variety of ways (Banks, Santos, & Roof, 2003; Sandall, McLean, & Smith, 2000). The most basic (and perhaps most important) is a simple communication approach as the relationship between family and professional builds. This informal approach is fostered through conversations and sharing stories. The importance of first impressions can't be emphasized enough when we are beginning to work with families. A professional who first approaches families in a respectful manner that reflects an understanding of their culture, and their situation is



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laying the groundwork for a strong partnership to follow. This should occur at the first visit with the family. It can take a long time to "undo" the damage made by a negative first experience between a family and a professional. Think for a minute about a negative first experience you've had with someone. Did it take you long to change that original viewpoint? Have you changed it at all?

It is much easier to work toward creating a positive first experience with families than having to spend a lot of time afterwards correcting negative impressions. The personal style of the professional should enable him/her to develop patience and act non-judgmentally with families. Remember to share power with the family. Let them do the talking. Focus on strengths and successes. Approach families from the perspective of wanting to understand what is important to them. Begin the journey with them by sharing information with them that will allow them to become knowledgeable decision-makers on the team. Share information about yourself to show your willingness to form an equal partnership.

In Lesson 5, we'll talk about the use of information gathering strategies such as, observations and surveys to illicit information from families when determining functional outcomes on the IFSP.

Communication Styles

Communication is more than just something we do verbally. We must consider the impact of tone of voice and body language on communication. Our body language affects how we communicate and may give rise to misunderstandings. We may be indicating verbally that we are in support of what another person is saying, while hands on our hips, our arms crossed over our chest and our posture of pulling back from the table indicate quite another message. Cultural differences in communication and body language can also impact communication.

"How" we communicate with others is as important as "what" we communicate and can help or hinder our ability to communicate and build relationships. Being aware of our own style of communication helps the collaboration process. For instance, if you are someone who gets to the point quickly and doesn't see the need for long discussions about a topic when it's obvious to you what the solution could be, you might find yourself being impatient with someone who needs to look at an issue from a broad perspective, weighing all the possibilities before deciding. That person, on the other hand, may feel you are rushing things and haven't carefully considered all the options.

Here are some common communication styles that you might encounter (Briggs, 1997). Can you see yourself in one of these?

- **Direct** - To the point. Need to get to the bottom line quickly.
- **Indirect** - "Global" thinker. Looks at the big picture. May take more time to come to a decision.
- **Dominating** - In charge. May not always absorb input from another. Has a plan and wants to move it forward.
- **Cooperative** - Non-judgmental. Can serve in peacemaker role and bring others to consensus. May shy away from confrontation.
- **Non-verbal** - Does not actively engage in discussions, but silence may be the way they express themselves. Watch for body language.

Reflect on what you have read up to this point in [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#) Can you identify times when the service providers communicated well with the family? To what would you ascribe their good communication skills? Experience? Cultural understanding? Education?

Activity #1

Access and read the Resource Bank article, [Dimensions Of Family and Professional Partnerships: Constructive Guidelines for Collaboration](#) by Blue-Banning, Summers, Frankland, Nelson and Beegle (2004). In reading the article you will learn that the effect of the professional's behavior in the realm of interpersonal relationships can be a roadblock to developing collaborative partnerships with families. Blue-Banning et al. illustrate indicators of professional behavior that help us to develop collaborative relationships with families. In the article, you will see how the authors illustrate six themes that are indicators contributing to collaborative partnerships. After reading the article, do the following:



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1. Compare and contrast the similarities and differences between professionals and families in each of the six themes (Communication, Commitment, Equality, Skills, Trust, and Respect).
2. From the viewpoint of a professional, make a list of five actions or perceptions that contribute to "positive partnerships" with families. Now do the same thing from the viewpoint of a family member regarding "positive partnerships" with professionals.

Now that you have gone through this exercise, reflect on whether you think professionals and parents share similar perspectives more often than opposite perspectives?

Activity #2

Access the Resource Bank and read [Cultural Awareness and Interactions with Families](#). This is a scenario about the Rivers family. It illustrates some issues that may arise if professionals don't take the time to understand the cultures of families with whom they work. We see again, the importance of sensitivity and effective communication.

Take a few minutes to consider and answer the following questions.

1. What could Mrs. Small have done differently at that first meeting to begin to build a bridge with the family?
2. How should she approach the next meeting?
3. What should she do about the scheduled assessments?
4. What can Mrs. Small do to address behavior issues that may arise with Janice in the childcare setting?

Activity #3

Read Chapter 4, "Recommended Practices in Family-Based Practices" by Trivette and Dunst, in the DEC Recommended Practices in Early Intervention/Early Childhood Special Education text (pp. 39-46). This chapter describes four major themes found in the 17 family-based practices. These themes are:

1. Families and professionals share responsibility and work collaboratively.
2. Practices strengthen family functioning.
3. Practices are individualized and flexible.
4. Practices are strengths and assets based.

After reading the chapter, provide one example of how you would address each of the themes with the Rivers family you learned about in activity 2.

- *Theme 1:* Families and professionals share responsibility and work collaboratively.
- *Theme 2:* Practices strengthen family functioning.
- *Theme 3:* Practices are individualized and flexible.
- *Theme 4:* Practices are strengths and assets based.

Lesson 2 Highlights

In this lesson, you have looked at the process of relationship building with families as a means of developing effective partnerships. The effect of cultures on the process of communication and our attitudes and beliefs about families and other cultures was examined. The importance of first impressions in the process of family-centered information gathering was discussed in-depth, and how our personal communication styles affect interpersonal relationships was examined.

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Websites

- [Culturally and Linguistically Appropriate Services \(CLAS\) - Early Childhood Research Institute](#) - Identifies, evaluates, and promotes effective and appropriate early intervention and preschool practices for children and families from culturally and linguistically diverse backgrounds.
- [The National Information Center for Children and Youth with Disabilities](#) - National information and referral center that provides information on disabilities and disability-related issues for families, educators and other professionals including collaboration.

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Lesson 3

Introduction

In Lesson 2 we examined how effective partnerships with families in Early Steps are formed. The other people we partner with in the Early Steps system are our fellow professionals, either in our own agencies, or other agencies and organizations that make up the provider base in Early Steps. Just as it is important to form solid relationships with families, it is also important to do the same with our colleagues. Once again, good communication and collaboration skills are crucial, as well as in-depth knowledge of all the other participants in the community who can contribute to maximizing outcomes for children and families.

Learning Objectives

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

1. Describe the importance of knowing who your community partners are and developing partnerships with them.
2. Describe the role of Family Resource Specialists (FRS).
3. Discuss the impact of personal styles on communication and interaction with other professionals.
4. Describe the importance of collegial, professional relationships and what impacts them. Discuss the process of understanding different perspectives and priorities of professional colleagues.
5. Describe the effect that cultures, ethnicities, experiences, attitudes, and beliefs have on interactions, communication, and partnerships with other professionals in the community.
6. Discuss the importance of interagency collaboration and the components that contribute to its success.

Resources

The following resources are those necessary for the completion of this lesson. Learners may want to access and print hard copies 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.

- [A Partnership in Providing Support](#)
- [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)
- [The Early Steps Service Delivery Policy and Guidance: Delivering Services in the Routines and Daily Activities of Children with Disabilities and their Families](#)
- [Where Do My Values Come From?](#)

Key Words

Definitions of key words are found in the glossary.

- Family Resource Specialists (FRS)
- Interagency collaboration
- Service coordination
- Primary Service Provider (PSP)
- Supplanting

Importance of Community Partnerships

As we saw in the last lesson, one of the biggest differences between the previous service delivery system and the enhanced Early Steps system is that most supports and services provided to the child and family happen now in the family's everyday routines, activities, and places (ERAP). Places can be the home, childcare, neighborhood play group, community settings, etc. In addition, informal community resources and supports are identified and utilized for services. Another difference is the use of the Primary Service Provider (PSP). The use of this model of service delivery requires strong working relationships among all the professionals who are



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listed on the Individualized Family Support Plan (IFSP).

In Lesson 2 we learned that families vary in make-up, stability, socio-economic levels, and education. They have various expectations for their children. It is important to realize that the family functions in the surrounding community. Communities vary in size, history, geography, and socio-economic levels. Within these communities are entities that care for and/or have contact with families in the Early Steps service delivery system. They need to work in partnership with the other important people in children's lives. The "whole child" must be considered as well as all the factors that may affect this child - in the community as well as the home.

Collaborating with Other Professionals

Why Is Good Communication within the Community Important?

As stated in Lesson 2, it is critically important to communicate effectively with families to establish relationships. This is also true to establish good working relationships and build collaborative partnerships with our professional peers. The same critical communication skills to enhance collaboration with families also apply to professionals. (Banks, Santos, & Roof, 2003; Briggs, 1997; Dunst, 2002; Jordan, 2001; Rush, Sheldon, & Hanft, 2003) This is a requirement of the Early Steps service delivery system. Florida's *Early Steps Service Delivery and Guidance: Delivering Services in the Routines and Daily Activities of Young Children with Disabilities and Their Families* (2005), states, "It is intended that each provider will interact with all other service providers... (p. 19)".

In the section on Team Considerations the paper states: The primary purpose of the team based primary service provider approach is to pool and integrate the expertise of team members so that more efficient and comprehensive assessment and intervention services may be provided. The communication style in this type of team involves continuous give and take between all members (especially the family) on a regular, planned basis. (p. 17)

Go back and re-read the important components of communication for collaboration with families in the "Communicating with Families" section of Lesson 2. Instead of putting the statements in the context of building relationships through communication with families, think about building relationships with your professional peers. Do the same communication components apply?

Can you think of other components that apply?

Perhaps the most important skill professionals can have when working in collaborative relationships is to stay focused on the goal of the collaboration. By focusing on and communicating the positive as often as possible and emphasizing the areas of common purpose, professionals can be a powerful force to bring about positive changes for families as they negotiate the often-confusing terrain of early intervention. Developing a team attitude with professional peers is the key.

It is also important to maintain regular, on-going contact with other early intervention professionals. This serves two purposes. One is to keep everyone informed about funding options, program characteristics, or changing family issues (priorities, concerns, or circumstances). Another is to develop and enhance our working relationships to do our jobs more effectively and support ourselves. Working together as a team requires many skills and necessitates many interactions with others. At times, you can feel overwhelmed by all there is to do and what is still undone. Take time to support and communicate with one another. Talk with fellow team members to see if they are feeling the same things, you are. Don't hesitate to ask for help or advice when you don't know what to do.

Access and read pages 22-24 in the Resource Bank document,

Reflect on how interactions between Isabel, the interventionist and the childcare provider occurred. How was communication handled? How was the childcare provider supported?



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Who Are Some of Our Community Partners?

The Role of the Family Resource Specialist (FRS) in Early Steps

Family Resource Specialists (FRS) are funded by the Florida Department of Health, Children's Medical Services, to assist families of children with disabilities, ages birth to three, in accessing services within the Early Steps system. They serve as a community link to support family-centered efforts and activities within Early Steps and work under the general supervision of the Early Steps Director/Coordinator. They are parents of children with disabilities who are involved in the community and have knowledge of local resources. They are often the family's first contact with the Early Steps system, and as such, play a vital role in giving families a good start in Early Steps. They can be a valuable resource for you, as well. [FRS staff](#) are located in 16 regions of the state corresponding to [Early Steps local programs](#) and cover all 67 Florida counties.

The FRS helps ensure that families are supported within the system. Some of their responsibilities include:

- **Family Centered Assurance Activities** - Enhancing and advocating for family-centered services and efforts within community agencies, including soliciting feedback from families receiving Early Steps services.
- **Interagency and Community Networking** - This includes working closely with local and state parent organizations and exchanging information about programs and initiatives for children among community programs and agencies. It also includes working with other community agencies on transitions.
- **Personnel Development** - Participating in local and state informational meetings and trainings on issues relevant to families of children with special needs.
- **Training and Education** - Participating in staff and provider training, workshops and other activities as presenters and participants to ensure a family sensitive focus, in addition to providing technical assistance, training, and leadership for families. Facilitating playgroups and distributing newsletters are two additional activities they may provide.
- **Family Support** - Determining the need for and developing parent-to-parent support resources. Heightening awareness of family-centered services and organizations within the community and state.



Critical Partnerships for Collaboration with the Early Steps System

Who are the other professionals with whom you might possibly work in Florida? While children with disabilities, birth to age three, are served primarily through the Early Steps service delivery system, there are many public and private entities and agencies that also provide some services to children with special needs and their families. Some of these are listed below. How many do you work with?

- **Head Start.** There are four components in the Head Start system providing programming and services to low-income families with children birth to five years old. In addition to the Head Start Preschool program, there is also Early Head Start, which focuses on expectant parents and infants and toddlers, Redlands Christian Migrant Association, and American Indian Head Start.
- **The Florida Partnership for School Readiness.** This project funds the local Early Learning Coalitions around the state. It was established to ensure that all children are emotionally, physically, socially, and intellectually ready to enter school, ready to learn. Additionally, the crucial role of parents as the child's first teachers is recognized. The target population is children birth to five in childcare settings.
- **Florida Transition Project.** This project trains and provides technical assistance to community teams to build community-wide transition systems and interagency

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agreements to support the transition of children from Early Steps into the Section 619 Prekindergarten (Pre-K) Program for children with disabilities and from Pre-K to regular or special education in the schools. This Project is now part of the Technical Assistance and Training System (TATS) funded by the Florida Department of Education.

- **Florida Diagnostic and Learning Resources System (FDLRS)** Supports state and local initiatives in partnership with communities and families of children with disabilities. FDLRS is responsible for the birth through 21 Child Find efforts within Florida. This includes providing developmental screening and, when appropriate, comprehensive, multi-disciplinary evaluations for children birth to five.
- **Family Network on Disabilities (FND)** This is one of Florida's Parent Training and Information Centers (PTIC). Each state has at least one parent center, and states with large populations may have more. There are approximately 100 parent centers in the U.S. Parent Centers train and inform parents and professionals, help families obtain appropriate education and services for their children with disabilities, work to improve educational results for all children, resolve problems between families and schools or other agencies and connect children with disabilities to community resources that address their needs.

Communication and Collaboration

Obstacles to Good Communication

Again, please review the "Obstacles to Good Communication" section of Lesson 2. The ten barriers to communication and establishing collaborative relationships with families listed are the same ones that affect our interactions with professionals in the community.

Are there additional ones you can think of?

Professional Relationships within Early Steps

Personal, Professional, and Agency Values and Beliefs

With the emphasis in the Early Steps system on collaboration and shared roles, it is very important that professionals in the system have a good understanding of their respective roles and varying perspectives. Three sets of values come into play when we look at perspectives.

First, there is our own personal set of values and beliefs that is derived from our upbringing and culture. This would include our beliefs about child rearing, our definition of "family", how we communicate, etc.

Second are those that make up what, in the case of early intervention professions, is seen as important. For example, family centeredness, acceptance of varied parenting styles, and the importance of natural environments.

Third are the agency's values - the distinct beliefs and perspectives of individual agencies. These may include how they cooperate with other agencies, how information is shared, how service coordination is managed, etc. The more these value sets overlap and intersect, the easier it is for a collaborative group to work together (Nelson, 2000).

If there isn't overlap, there must at least be an awareness and respect for varying values and beliefs among all the participants. For example, an Infant Toddler Developmental Specialist (ITDS) may go into a home where it appears to him/her that the family is not following through on his/her recommendations for intervention with the child when she isn't there. He/She may surmise that the family isn't interested or motivated. The family, on the other hand, sees little value in their daily life for using the specific recommendations, but they would not directly raise the issue with the EI professional. The value sets here aren't overlapping.



In another scenario, a seasoned ITDS feels he/she has had great success with families through the years by "taking care of them" and he/she feels he/she often knows what's best for families, even if the families may sometimes want something else. He/She doesn't understand the emphasis in Early Steps on families articulating what they want and working as equal partners with professionals. That doesn't feel right to the ITDS because he/she is convinced that families with young

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children with disabilities really don't know what they need and are mainly dealing with their "grief" over having a child with disabilities. In this case, the values of the ITDS conflict with the agency and professional values.

Can you see how important it is in this system for us to be aware of our own values and beliefs and the perspectives of our respective professions and the agencies and organizations with whom we work?

Characteristics of the Early Intervention Community System

The Early Steps system is composed of many organizations and agencies. Each has its own culture, complete with a mission and rules and restrictions about what it can and cannot do. To work effectively in the system, we must understand what the culture and rules are for all the community agencies with which we come in contact. It's important to know how an organization works to be able to work effectively with it.

Reflect for a moment. How someone in Early Steps views a family may be very different than how someone from Child Protective Services views that same family. Workers from both agencies may want to maximize outcomes for that family. Because of their differing perspectives, mission, and rules and regulations, the ITDS and the Child Protective Services caseworker may interact differently with the family and view positive outcomes very differently. For instance, the ITDS may be viewed as a support by the family. He/she may feel the family has made positive progress in embedding motor activities into their ERAP. The Child Protective Services caseworker, on the other hand, may be viewed in a more negative perspective by the family who may fear the child's removal from the home. The caseworker may consider the family hasn't made any progress if his/her goal is for the father to become employed and that hasn't occurred. Each would have a different idea on whether that family was "successful". The key to good collaboration with other professionals is to find the common ground from which you can all work together. You need to work hard to make sure your own frame of reference doesn't interfere with collaboration and good communication.

As discussed in Lesson 2, all the different organizations and agencies that work within Early Steps, with their varying perspectives and missions, are also part of that system and are viewed in a larger context by the family as "the early intervention system". So, in addition to understanding our unique differences, we must also recognize our commonality within the larger context. This is illustrated during legislative sessions where you might see two very different organizations working together to procure funding for infants and toddlers with disabilities. The families and the children with disabilities are what bind different organizations together.

Culture Differences

Different cultures value different attributes in individuals and in the culture. These attributes or value orientations usually exist along a continuum, from individualism to collectivism (Friend & Cook, 2003). was explained in detail in Lesson

2. As a quick review, individualistic cultures place emphasis on individual goals, personal achievements, fulfillment, and competition. Collectivist cultures value interdependence and the cohesion of the group. Differences occur in many arenas of everyday life - communication, social interaction, family lifestyle, child rearing techniques, etc. The United States is viewed as an individualistic culture, while most of the world's cultures and most immigrant groups in America are more collectivistic. We need to think about this, not only when we are working with families, but also when working with our professional peers. What are their cultural backgrounds and how does this affect our communication?



Interagency Collaboration

Strong collaborative relationships are built upon mutual trust and respect. Once trust and respect are established, collaborative partners can work effectively during problem solving and goal setting. When differences and disagreements occur, they can be pro-actively addressed. Christenson (2001) states "...trust building creates a climate that fosters participation and a positive working partnership" (p. 23). Trust building doesn't occur by chance or quickly; however, it develops over time through actions that

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promote and support it. Trust building should be the responsibility of all parties involved. This may be difficult if professionals are wary about working with each other or there has been animosity in the past between agencies.

Interagency Agreements

One way to formalize the process of collaboration is through the development of interagency agreements. Ideally these agreements will be among all the agencies and organizations in a community that work with a particular population. In the case of Early Steps, that will be children birth to three, who have disabilities, and their families as well as sending and receiving programs. The critical partners for collaboration listed in the beginning of the lesson are some of the entities that should participate in an interagency agreement.



Why have interagency agreements? First, they are mandated by the Individuals with Disabilities Education Act. One of the important aspects of the law has to do with something called "non-supplanting" of funds. In other words, the drafters of the legislation wanted to ensure that the Part C early intervention dollars were not used to supplant services and funding that was already in place and provided by other public agencies. An example might be that the local Association for Retarded Citizens provides funding for respite care, Early Head Start provides inclusive center-based services, and Part C pays for the ITDS to do home visiting in the Primary Service Provider model. Because there is the awareness that families probably need an array of services from many different agencies, interagency agreements are required to ensure that multiple funding sources are put into play so that families are not denied services for which they are eligible.

Interagency agreements can be effective roadmaps to accessing services. They should be viewed as part of the process of collaboration and should change and evolve as funding sources and agencies enter and leave the system. Interagency agreements can cover specific components of early intervention such as transition of service provision, or they can be written to address all the components of the system. Families of young children with disabilities will experience a transition of services among providers in the Part C system (from the hospital Neonatal Intensive Care Unit to Early Steps services, for instance) and between the Part C and the Sec. 619 Pre-K programs for children with disabilities. Effective agreements result in a smooth process for families and strong collegial relationships among agencies.

Activity #1

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Access the Resource Bank for the activity [Where Do My Values Come From?](#)

Provide three (3) value statements for each of the components of the early intervention system - a child, a family, an ITDS, and the Early Steps system. Next to the statement, indicate how you came to establish this value.

Activity #2

Access the Resource Bank for [The Early Steps Service Delivery Policy and Guidance: Delivering Services in the Routines and Daily Activities of Children with Disabilities and their Families](#)

Read the section "Utilize a Team Based Primary Service Provider Model" on pages 16 to 22. This section of the Policy and Guidance document discusses the concept of how teams' function in the Early Steps system and how teams work together to provide integrated, collaborative service delivery. Not only will you be working with the therapists in your own program, but you may also be exploring options for placements in childcare, Head Start settings, etc. When the time for transition arrives, procedures should be in place to facilitate a smooth transition from Early Steps. It is important for you to know about and build relationships with other providers in your community.

Access the web sites of the five programs or organizations listed below:

1. [The Florida Head Start Association](#)
2. [Florida Partnership for School Readiness](#)
3. [Florida's Transition Project](#)
4. [Florida Diagnostic and Learning Resources System \(FDLRS\)](#)
5. [Family Network on Disabilities](#)
6. [Parent Education Network \(PEN\)](#)

After reviewing each web site, make a list of two (2) ways you think each of these critical community partners can contribute to supporting the families in Early Steps.

Lesson 3 Highlights

The importance of building essential relationships with your community peers was explored in this lesson. For this to occur, you need to know who the community partners are in your area. The supporting role of the Family Resource Specialists in Early Steps was explained and some of the State organizations that are key players in the system were presented.

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Websites

- [Culturally and Linguistically Appropriate Services \(CLAS\) - Early Childhood Research Institute](#) - Identifies, evaluates, and promotes effective and appropriate early intervention and preschool practices for children and families from culturally and linguistically diverse backgrounds.
- [National Multicultural Institute \(NMCI\)](#) - Addresses issues of multiculturalism. Attempts to increase communication, understanding, and respect among people from diverse backgrounds.
- [The National Information Center for Children and Youth with Disabilities](#) - National information and referral center that provides information on disabilities and disability-related issues for families, educators and other professionals including collaboration.

Lesson 4

Introduction

We have discussed building relationships with families and with our professional peers. Now it's time to look at how we work within those relationships as a collaborative team. This lesson will focus on how information is shared in various contexts. Planning for team meetings is one way to illustrate the importance of sharing information by preparing team members to be informed to make the best decisions for the child and the family. Sharing information with families about community supports and connecting them with other families will also be discussed.

Learning Objectives

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

1. Discuss the importance of team meetings and roles of team participants.
2. Identify the components of effective team meetings, including:
 - How to prepare families for team meetings.
 - How to prepare other professionals for team meetings.
3. Describe how families can relate to other families within the Early Steps system.

Resources

The following resources are those necessary for the completion of this lesson. Learners may want to access and print hard copies 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.

- [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)
- [Planning Worksheet for an IFSP Meeting.](#)
- [Simpson Scenario](#)

Key Words

Definitions of key words are found in the glossary.

- Pre-planning
- Family networks

Team Meetings in Early Steps

Although there are many times when a team may come together, for the purposes of our discussion here, we will focus on teaming around the development of the Individualized Family Support Plan (IFSP). In Early Steps, this is where conversations take place and decisions about services are made. This occurs as a team decision-making process and while each member of the team may provide significant input into service decisions, the ultimate responsibility for determining appropriate services rests with the participants at the IFSP meeting. In Early Steps, the membership at the IFSP meeting can consist of some or all the following, depending upon the needs of the child and the family:

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- Family
- Infant Toddler Developmental Specialist
- Occupational Therapist
- Speech Language Pathologist
- Physical Therapist
- Nurse
- Service Coordinator
- Specialty Providers: SHINE Provider, Hearing Specialist, Vision Specialist, Behavior Analyst, Nutritionist, Psychologist, Clinical Social Worker, Orientation and Mobility Specialist, etc.

The Early Steps (Department of Health, 2005), discusses the important roles of team members in the section on "A Team Written IFSP":

...Decisions regarding specific services to be included in the IFSP are made through team collaboration and must take into consideration the integration of all areas of development. The level of direct involvement of providers will vary depending on the individualized needs of each child and family. The first consideration must be the family's priorities and their desired functional outcomes for their child and the needs of the family in relation to enhancing their child's development...Ultimately, teams must work collaboratively to develop a comprehensive plan of services that supports the child's ability to function in their natural environment (p. 18).

Purposes of Team Meetings and Participant Roles Module 2

discusses teaming and collaboration in-depth. It might be a good idea to look over that module again to refresh your knowledge about teams as we begin to explore the development of an effective team meeting. To be an active participant in a team meeting, each member must understand the purpose of the meeting, be able to use group processes such as collaboration, decision by consensus, open communication, and be accountable and committed to the process. In addition, each member must understand his/her role and there must be mutual trust in and respect for all members. Flexibility and a sense of humor are also valuable assets. This may seem like a daunting task! Careful pre-planning before the meeting and sharing of pertinent information in a timely manner will help facilitate the process and assure success.



It is important to remember that team meetings are a part of the early intervention system. They are not single, unique events, but rather are important processes in ensuring that the right outcomes are attained. Team members must not only cooperate and share information, but they must also actively seek solutions and share resources.

Planning and Conducting an Effective Team Meeting

The next sections of this lesson will illustrate some components of a team meeting for writing the initial IFSP. You will find answers to the following questions.

1. What planning needs to occur to ensure a successful team meeting?
2. How do we encourage active family participation in the process?
3. What strategies can we use to enhance the success of the meeting?

While the purpose for IFSP meetings is straightforward (to make decisions about child and family outcomes and services), the process requires good planning to ensure appropriate results. It is important to consider some general components to make your meeting successful. You might want to ask yourself the following:

1. What is the purpose of the meeting?
2. Who should be involved?
3. What are the roles and responsibilities of each team member at the meeting?
4. When should it occur? And where?
5. How much pre-meeting planning should occur?
6. How does the meeting itself go? Do I need an agenda?
7. What needs to occur for follow-up?

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Planning With and Preparing Families for the Meeting

Since families are key participants in IFSP meetings, it is essential that they are prepared to share their concerns, priorities, and issues with the rest of the team at the meeting. They also need to understand their role and the responsibilities which accompany that role. They need to understand the process of building consensus and how to handle disagreements if they arise. How can you help them prepare?

Planning With and Preparing Your Professional Peers for the Meeting

While families are key participants in IFSP meetings, they are members on a team that is also comprised of early intervention professionals. Team decisions should be just that - not made solely by families or professionals, but rather together in collaborative partnership. According to the *Early Steps Service Delivery and Policy and Guidance* (2005), "While each participant in the IFSP meeting provides significant input regarding the provision of appropriate early intervention services, the ultimate responsibility for determining what services are appropriate for a particular infant or toddler, including the location and approach of such services, rests with the participants in the IFSP meeting" (pp. 15-16). It is, therefore, essential that professionals be well prepared for team meetings and understand their roles and the responsibilities. They too need to understand the process of building consensus and how to handle disagreements if they arise. Professionals attending an IFSP meeting should include persons who have evaluated or worked with the child and family directly. The team is composed of persons who have been the most involved with the child and family in the past six to twelve months; or, at the initial IFSP meeting, have just evaluated the child and family. Hopefully, it would not be a high number of people, and it would not include persons whom the family does not know.



Ensuring an Effective Meeting Requires Planning with Both Families and Professionals

We're going to spend some time looking carefully at the meeting planning process for an IFSP meeting. Important decisions are made here, and all participants should be well prepared.

Logistics

First, let's look at the logistics of the meeting. Considering the family's preferences when planning logistics is a critical component.

- Where will the meeting be held?
- What time of day is best for families to meet? And what day of the week?
- How long will the meeting be expected to last?
- Who should be there?
- What is each person's role?
- Who will facilitate the meeting? Has pre-planning been completed?



Purpose of the Meeting

Make sure the family and the professionals know what they are there to discuss.

- What is the purpose/specific outcome of the meeting? Initial IFSP? IFSP review?
- What will be the agenda?

Before the Meeting

Pre-planning with the family and the other team members for the day of the meeting is crucial.

- Will special accommodations or supports be needed by the family at the meeting? If so, what might they be?
- What can you do to help ensure families are prepared and informed?
- How will you help the family understand how team decisions are made?

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During the Meeting

Much has been done to prepare families and other participants for the meeting. Now that we have reached the actual meeting, there is still more to consider.

- How can you create an environment in which everyone feels welcome and supported?
- What facilitative elements will help the meeting go smoothly?

After the Meeting

Although the meeting may have ended, it is important to look at what comes next.

- What happens after the meeting to make sure families and professionals learn from and value the experience. What happens with the paperwork?

There certainly is a lot to think about, isn't there? Because there are many details to deal with when planning an IFSP meeting, having a checklist or worksheet to assist you can make the process go smoother and assure that you don't miss something or, more importantly, someone! You will be asked to do an activity at the end of this lesson using an IFSP meeting planning worksheet.

We've talked about preparing both families and other professionals to participate in an IFSP meeting. The table below might assist all team members as they prepare for meetings and think about their role as active participants at the IFSP meeting.

Questions for Professionals and Families about IFSP Meeting Participation



Professionals	Families
Do I truly believe parents are the experts with respect to their children?	Do I feel I am a partner with the professionals on my team?
Do I place the same value on the family's time as my own? Do I educate myself about the family and child prior to meetings?	Do I accept my share of the responsibility for making team decisions for my child?
Do I avoid jargon and speak plainly?	Do I articulate my issues, priorities, and concerns to professionals clearly and assertively?
Do I ensure that families understand written material and verbal discussions? Are materials in the family's native language or other mode of communication? Are interpreters used when necessary?	Do I treat team members as individuals and work on establishing good working relationships?

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Do I schedule appointments at times and places convenient to families?	Do I follow through when I have agreed to participate in a plan of action?
Do I share information with other professionals to assure there is no duplication of services and key players have key information to maximize outcomes for the family and child?	Are my expectations of myself, my team, and my child realistic?
Do I communicate effectively with families and other professionals? Do I truly listen? Do I encourage questions and dialogue?	Do I keep team members informed? Do I communicate quickly with professionals when something significant happens?
Am I sensitive to cultural differences? If family members and other team members are from a culture other than my own, do I know how to communicate effectively with them?	Am I sensitive to cultural differences? If other team members are from a culture other than my own, do I know how to communicate effectively with them?

Can you think of other aspects of team collaboration of which professionals and families need to be aware?

When Differences Arise

How do you handle the meeting when competing outcomes or goals emerge among team members (including families)? First, assume that this will happen from time to time as the needs and perspectives of families and other team members evolve. Conflict is a natural occurrence of working together as partners and is inevitable. It shouldn't necessarily be viewed as negative. If team members have developed a level of trust and respect for one another and can communicate well, it can lead to the growth and maturity of the team.

It is important when resolving conflicts to focus on solutions, not only the problems. Keeping the goal in mind helps individuals focus on what is important. Below is a list of necessary skills family members developed for professionals to manage conflict with families (Patrin & Donovan, 1998):

1. Acknowledge that a conflict exists.
2. Seek to understand before being understood.
3. Develop self-awareness of your motives.
4. Find positive points of agreement.
5. Define and clarify issues and agree to work toward shared goals.
6. Stay focused on today's issue - stay in the present.
7. Set a level playing field.
8. Know your own skill level.
9. Build a reciprocal emotional bank account (relationship) with the parent.



Building Consensus

Reaching consensus is vital to collaboration during IFSP meetings and assures that everyone, including the family, supports the final decision. (Friend & Cook, 2003) Consensus occurs when the concerns of all are addressed in a manner that satisfies each. When consensus is reached, everyone goes away with the feeling that they can live with the decision, even if it's not exactly what they wanted.

Cultural Considerations in Managing Conflict

Think about how cultural differences between families and professionals on the early intervention team

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might lead to conflict if there is a "disconnect" between the family and professionals' cultural values. Families may not see the value of outcomes that don't match their cultural values. Strategies that don't make sense to families stand a good chance of not being implemented by them at home.

It is especially important for you, as the professional, to understand your "cultural frame of reference" and that of the family. The culture we were raised in carries with it a set of expectations and norms around how we function in the world - how we interact with family and community members, our feelings about higher authority, how we deal with conflicts and communication, etc. Successful outcomes and strategies will reflect the family's cultural frame of reference as well as that of professionals.

Also, if disagreements arise in team meetings, be aware of how various cultures react to conflict when seeking consensus and making decisions. Some issues to be aware of include:

- The importance of saving face in some cultures.
- The importance of preserving harmony - not being confrontational.
- Emphasis on indirectness and subtlety.

When working with others from cultures different than our own, it is helpful to suspend assumptions about how someone is acting or speaking and consider some alternative meanings of what they are doing or saying. It is important to examine our own perceptions and avoid making premature judgments or conclusions (Bruns & Corso, 2001; Chen, McLean, Corso & Bruns, 2001; Friend & Cook, 2003; Thorp, 1999).

Be aware that an individual's level of comfort in a team meeting can be affected by his/her culture and style of interacting. If you don't understand cultural differences, you may make assumptions about families or your professional peers by misinterpreting their behaviors (Banks, Santos, & Roof, 2003). For instance, parents from some cultures would not feel comfortable disagreeing with the professionals in a team meeting and might appear to agree to a plan of services that they do not agree with. This may result in their not being home when the provider arrives at the appointed time, or they may not follow through on intervention. Often, they become labeled "non-compliant parents" when the real issue is the professionals' misinterpretation of behaviors and communication.

Not all cultures adhere to the family-centered approach used in the United States. Some cultures view professionals as having the final word in decisions about services. For some professionals, it may require a change in mindset to work in the "American" culture of early intervention where differences are valued and sensitivity to families is crucial.

Family Networks

Families of school age children with disabilities can connect with each other for information and support at school functions and organizations such as school open houses, sports events, and the Parent Teacher Association. They may have been in the early intervention/special education systems for a long time and know where and who to go to for information. Families in the early intervention system have fewer opportunities for these interactions with other families, and because they are just beginning the journey with their child, may not know what resources are available. There are numerous family information and networking resources in Florida and the nation that can connect families within the Early Steps system. The ITDS should be aware of them and be able to provide them as resources for families with whom they work. The following is a brief list of some that address family issues in general while others may focus on specific disabilities.

State Organizations

[Florida Institute for Family Involvement \(FIFI\)](#) publishes "A Resource Guide for Florida Families of Children with Special Needs". It is an excellent compilation of resources for families and includes brief descriptions of the organizations, phone numbers and web sites. FIFI is a family organized and directed organization that facilitates creative solutions, strong partnerships, and community collaboration on behalf of children with special needs and their families.

[Family Network on Disabilities, Inc. \(FND\)](#) was discussed in Lesson 3 but is also included here as a family network organization. You may want to refer to Lesson 3 for a review of the scope of their work. [Parent to Parent of Miami](#) is a Community Parent Resource Center and is part of the same national network as the PTICs which you learned about in Lesson 3. Parent to Parent of Miami serves the two

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most southern counties in Florida and provides information, educational training, support, and emergency assistance, to families with adults or children with special needs. Services are provided in English, Spanish, or Creole.

[Association for Retarded Citizens of Florida \(ARC\)](#) This state non-profit organization was organized by parents to address the needs of all people with mental retardation and other developmental disabilities. They provide strong leadership in training families of children with disabilities and adults with disabilities to be self-advocates. Their mission includes opportunities for choice in how individuals with disabilities learn, live, work and access leisure activities. ARC is made up of local chapters throughout Florida.

National Organizations

[Parent Advocacy Coalition for Educational Rights \(PACER\) Center](#), is Minnesota's PTIC, but it is also the national PTIC. PACER sponsors several national projects supporting families who have children with disabilities, provides information and web links, training and technical assistance and family advocacy. If you are not already familiar with these organizations, take some time now to look at what they have to offer by accessing the web sites.

Activity #1

Go to the Resource Bank to access the document [Planning Worksheet for an IFSP Meeting](#). Re-read the scenario on pages 5 and 6 about Kim and her family in [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#). Imagine that you are planning an initial IFSP meeting with Isabel and Ramon, Kim's parents, and complete the worksheet based upon what you have learned in this lesson about planning meetings. Keep in mind the rural setting in which they live. Does this have an impact on planning?

Activity #2

Access the Resource Bank to read the [Simpson Scenario](#). This scenario illustrates what might happen if family concerns, priorities and resources aren't truly addressed by professionals and how poor communication impedes the process of building partnerships. Think about how things might have gone differently if Ms. Simpson had been considered a true partner in the process.

Answer the following questions:

1. What do you think Ms. Simpson wants for her son?
2. What do you think the Service Coordinator, Mrs. Jones, hopes for Brian?
3. Is Ms. Simpson in a partnership with Mrs. Jones and the other professionals working with Brian? What would need to change to make it a true partnership?
4. What assumptions about Ms. Simpson need to change?
5. What should happen at the IFSP meeting?

Lesson 4 Highlights

This lesson took an in-depth look at team meetings and the role of members on the team. Using an IFSP meeting as a sample, the process of preparing for a meeting was discussed. The components crucial to the success of a team meeting were examined as well as strategies to assure both families and other professionals come prepared to utilize the meeting time efficiently and effectively. Family support networks and organizations in Florida and nationwide were presented as important resources with which the ITDS should become familiar.



References

- Banks, R., Santos, R. M., & Roof, V. (2003). Discovering family Concerns, priorities, and resources: Sensitive family information gathering. *Young Exceptional Children*, 6(2), 11-19.
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- Florida Department of Health-Children's Medical Services-Early Steps. Tallahassee, FL.
- Nelson, B.M. (2000). Professionalism in early intervention: A facilitator's guide for training – Level II Module. Babies Can't Wait Program, Georgia Department of Human Resources.

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Related Resources

- Barrera, I., & Corso, R.M. (2002). Cultural competency as skilled dialogue. Topics in Early Childhood Special Education, 22(2), 103-113.
- McWilliam, R. A. (2004). Early Intervention in Natural Environments: A Five-Component Model. Unpublished manuscript.
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Websites

- [Beach Center on Disability](#) - Under the Family section there is a component on Family and Professional Partnerships and links to other sites.
- [Individuals with Disabilities Education Act Amendments of 1997](#) - Contains resources and information about the law as well as the text of the law and regulations.
- [Individuals with Disabilities Education Improvement Act of 2004 -- Public Law 108- 446](#) - Contains the reauthorized law effective July 1, 2005.
- [PACER Center](#) - Created by parents of children and youth with disabilities to assist other families and is staffed primarily with parents of children with disabilities. It has extensive links and information to family involvement in school and the education system for children and youth with disabilities.
- [The Technical Assistance Alliance for Parent Centers \(the Alliance\)](#) - Funded by OSEP, the Alliance provides information and technical assistance for Parent Training, Information Projects, and Community Parent Resource Centers under the IDEA.

Lesson 5

Introduction

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Building good relationships with families and professionals is the key to developing collaborative partnerships. The benefits of these partnerships are no more evident than when the team meets to develop the outcomes for the Individualized Family Support Plan (IFSP). If there is good communication, the family can express the concerns and priorities they want addressed. If professionals can listen to those and can incorporate them into functional outcomes, then services will be provided in such a way that the family, the professionals, and the child will be involved in positive and productive growth.

Learning Objectives

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

1. Articulate the family's role in developing/determining outcomes.
2. Discuss the importance of 'strength-based' perspectives.
3. Describe the responsibilities of families and professionals in the development of outcomes.
4. Recognize functional, routine-based outcomes with families and other professionals linked to assessments and developmental skills.
5. Describe:
 - o Information gathering techniques
 - o Observations
 - o Surveys and rating scales.
6. Describe criteria for evaluating functional outcomes for the child and the family.
7. Discuss strategies when competing outcomes or goals emerge among team members (including families).
8. Describe the skills necessary to be an effective listener.

Resources

The following resources are those necessary for the completion of this lesson. Learners may want to access and print hard copies 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.

- [Discovering Family Concerns, Priorities and Resources: Sensitive Family Information Gathering.](#)
- [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)
- [Scenarios - Writing Functional Outcomes](#)
- [Strategies to Support Functional Outcomes](#)

Key Words

Definitions of key words are found in the glossary.

- Functional outcomes
- Everyday routines, activities, and places (ERAP)
- Strategies

The Family's Role in Developing Outcomes

With the focus in Early Steps on everyday routines, activities, and places (known as ERAP), the collaborative role of families on the team becomes even more crucial in developing outcomes. We need to know much more about what families do and what is important to them when services are provided in the ERAP model than we ever did when families came to us for services. The strategies to achieve the outcomes are designed to build upon the routines and activities of the family's everyday life. Therefore, professionals must look at how interventions can be incorporated into daily activities.

These activities include play (playing with pots and pans in the oven drawer, block play, following the figures on a mobile, etc.), daily routines (bath time, changing diapers, eating, reading stories, etc.), and planned activities (grocery shopping, going to the park, activities at childcare, etc.) (Cripe & Venn, 1997; Rugg, 2000). Functional outcomes are achieved using functional strategies which, in turn, lead to the development of functional skills.



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Through the Looking Glass - Strength Based Perspectives

In the story of Alice in Wonderland, Alice went through a looking glass (mirror) and found herself in a very strange world on the other side. She struggled very hard to make sense of a place where all the rules that applied in her world did not apply in this strange place. The characters she encountered often made her feel uninformed and weren't very helpful.

When children and families in the early intervention system were regarded as "consumers of therapy services" with professionals assessing the child and recommending treatment, they often felt like Alice in a strange, new world. The role of the family and their perceived competence was very different than it is in the enhanced Early Steps system. If families are viewed as experts about their children and share equally in the decision-making process with professionals, they then set the priorities for outcomes and services. They begin to make sense of a world into which they have some input. They are viewed from a "strength-based" perspective rather than entities needing to be "fixed". Because children are to receive services in ERAP, it is important for professionals to actively engage families in service delivery and interventions and understand the contributions they make to the process of their child's development (Department of Health, 2005; Vacca & Feinberg, 2000).



Partnering to Develop Outcomes

In the old service delivery system, outcomes for children were often stated on the IFSP as therapies. In the enhanced Early Steps system, they are stated as basic functional outcomes. This promotes developmental skills that are important to the family and other primary caregivers. Because these outcomes will change as the child develops, it is important to keep in mind that team members will need to discuss child outcomes and progress on a regular and ongoing basis. It is especially important to talk with families about what they are seeing in the way of progress in the home setting.

Functional outcomes are a result of the information gathering process with families to determine their concerns, priorities, and resources. Once these have been determined they should be prioritized. The family and primary service provider can then focus on a few at a time. A recommended practice is to develop less than five outcomes on an IFSP to concentrate on those most important to the team. The IFSP can be reviewed by the Service Coordinator or Primary Service Provider every three months and adjustments made and/or new outcomes added by the team (Shelden & Rush, 2004).

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Read "Recommended Practice Number Three" on pages 13 -16 of the Resource Bank document, [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)

Consider how the child outcome information on page 14 reflects the natural settings within Kim's family.

Developing Functional Outcomes

Just what is a functional outcome? A functional outcome is what a family wants to see their child do because of an intervention. It may also be what they want to see for themselves in relation to the child's development. It can focus on any area of the child's development or family functioning that the family feels are related to its ability to enhance the child's development. They are positive action statements that outline what changes will occur. They are not focused on the deficits, but rather what can be. Functional outcomes become the foundation for developing strategies, activities, and services to bring about those outcomes. These are some components of functional outcomes:



- They are practical and meaningful to families and the language used to describe them is understood by all.
- They are not written to "stop" something, but rather to promote an outcome that will be helpful to the child and family.
- They reflect the priorities and activities of the family.
- They link a developmental skill with what is important to the family. Answers the "What will be different?" question.
- They improve the child's performance of a skill over many different settings. Questions to ask families to help determine outcomes (Adapted from Pam Winton):
 1. If you were to focus your energies on one or two things for your child, what would it/they be?
 2. If you could change one thing about (event or area of importance), what would that be?
 3. Imagine six months down the road. What would you like to be different in terms of (event or area of importance)? Are there some things you would like to remain the same?
 4. What would you like to accomplish in 6 weeks? In six months? A functional outcome is stated in terms of:
 1. What is to occur (the process)?
 2. What is the expected result (the product)?

The table below contains some samples of outcomes done the "old" way and how they would sound as functional outcomes in the enhanced system. Which sounds more "doable" to you?

Old Style Outcome Statements	Functional Outcomes
Mary will follow a 2-step direction, such as: "put the ball in the box and bring it here."	Mary will put on her shoes and get her sweater when her Mrs. Smith asks her.
Katy will crawl using a hand/knee pattern for 3 feet when placed in the correct position.	For her to be more independent, I would like Katy to be able to get to the kitchen table from the living room.
Beth will put 5 small pellets into a small neck bottle within 60 seconds.	Beth will be able to pick up and eat Cheerios with her fingers by herself.
John will produce consonant/vowel combinations with 80% accuracy.	John will call "mama" or "dada" when he wants their attention.
Joseph will be able to recognize himself as the cause of an event.	Joseph will play with his pop-up toy by himself.

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Here are more samples of functional outcome statements:

1. Shandell will begin walking on his own so he can increase his independence and exploring.
2. Joel will learn to sit without help so he can play with the other children better.
3. Maria will use single words to ask for things she wants in order make it easier for others to know what she wants.
4. Julie will learn toileting skills so she can attend play group.
5. Joan will learn sign language so she can communicate with Zoe better.

Strategies

Strategies are activities used to accomplish outcomes and should be developed based on family routines and daily activities. Strategies should be what families are already doing. They should fit in with their life and family activities. For instance, if an outcome was to "help Susie walk better so she could play outside with her friends", a strategy might be that the child would accompany the mother or father on an errand to a store and help push the cart to help increase her stability. This activity could also use strategies to address outcomes of improving communication, small motor ability, large motor ability, etc. by having the parents engage the child in conversation about what they see at the store, reaching for items, etc.

Questions to ask families and others to help determine strategies (Adapted from Pam Winton):

1. What are some ways of getting to where you want to go?
2. Who needs to be involved in getting done what you want to do?
3. What would each of you need to accomplish what you want?

Next, you will explore a valuable web resource to aid in your understanding (through pictures) of strategies that work for children and families in the framework of natural environments. This research-based resource is the Puckett Institute with physical locations across the United States. The Puckett Institute has served as a national leader in conducting research studies on functional outcomes and strategies in natural environments. Go to [The Puckett Institute](#) and complete the following steps:

1. Click on "The Power of the Ordinary" on the right navigation menu.
2. This screen will give you options to explore.
3. Click on slide show - then click to view either the small or large version. Both are very brief. The difference is primarily in the download time. Remember that you have used "Real Player" for videos in earlier modules and that will work here as well. The short video you are about to see will reinforce what you learned earlier about natural environments in planning functional outcomes and strategies. This will take less than one minute to view.
4. Next, click on "Everyday Times" to see a listing of visual Newsletters.
5. View the following for some fun and interesting ideas:
 - o Dig In!
 - o To Market, To Market...for Super Learning Fun
 - o Social Butterfly Babies
 - o Someone's in the Kitchen
 - o Splish Splash

Gathering Information to Develop Functional Outcomes

Several methods can be used effectively to gather information that can be used when developing functional outcomes. These include interviews of families and caregivers, observing the child and family in daily routines, and family surveys and rating scales.

Information Sharing

When a good relationship has been established with the family, they will feel comfortable sharing information. The exchange of information should be very informal, and when questions are asked during these conversations, they should always be open ended. The professionals should be aware of the family's comfort level. It is important to have a conversation with the family - not an unnecessarily intrusive interview. Don't ask questions about areas of the family's life for which you have no need of information. Rather, ask yourself, "What do I need to know in order to help this family?" As the relationship grows, so will the level of trust and more in-depth conversations can take place. The purpose of this information gathering is to gain more insight and be able to assist the family in

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identifying concerns, priorities, and resources.

Observations

The use of observations during evaluation and assessment has been discussed in detail in Lesson 2 of Module 3. Please review that section again before proceeding. Observations can be used to look at the relationship between the family and the child and can provide very helpful information about their routines to use when developing functional outcomes for the child and family. A formal tool may be used to do this, or observations can be done informally. Whatever method is used, it is crucial that the observer not make judgments about the family based on what they have seen. Practitioners must be very aware of the family's perspective and the possibility for their own prejudices.

Surveys and Rating Scales

Surveys and rating scales are additional methods of gathering information from families (Trivette & Dunst, 2003; Murphy, Lee, Turberville, Turnbull & Summers, 1991). If these are used, it is important to be aware of the readability level of the tool and the primary language of the person completing it. Also, make sure they are asking questions that are relevant to the kind of information you are gathering. "Formal interviewing, observation, and surveys should be used cautiously and only if that is the family preference. The important concept to remember is that family information gathering efforts serve to focus attention on concerns and issues identified by family members, and to communicate to family members that they are important and that their perceptions of their child are important" (Banks, Santos, & Roof, 2003, p. 17.) If we look upon families as partners in this process, it is important to use methods of information gathering that meet the families' comfort levels and are viewed as the least intrusive.

Everyday Routines, Activities, and Places (ERAP) Functional outcomes should be achieved with strategies used in the natural environment or the everyday routines, activities, and places in which the child and family live. Young children learn informally throughout the course of their day, wherever they are and whatever they are doing. Everyday experiences, events, and situations provide children with many learning opportunities that promote and enhance their development. These everyday experiences are naturally occurring learning opportunities. For example, having a child reach for and grasp a cup or a toy with both hands is something that most children would attempt without prompting, if the materials were within sight and reach.



Services provided in ERAP using the Early Steps Primary Service Provider model will require close collaboration between professionals to assure that the family member or caregiver will be given complimentary guidance on a procedure. In other words, the ITDS won't tell the caregiver to do one procedure while the physical therapist recommends another. This is illustrated in the *Early Steps Service Delivery Policy and Guidance* document (2005).

Therapists in early intervention programs must consider a variety of options and strategies to address therapeutic goals within the context of a family's desired outcomes for their child and the family. As functional outcomes change, frequent communication between team members will assist in this exchange of information (p. 21).

All members of the team should understand the caregiver activities so they can select appropriate activities to be embedded into daily routines. This should be done in a manner that is supportive, complimentary, or at least not at cross purposes to other developmentally beneficial activities (e.g., if increased vocalization during diapering is a functional outcome related to communication, the physical therapist can incorporate the technique of waiting for a verbal response as she assists the caregiver in also embedding techniques to address movement issues during the parent-child diapering interactions).

Linking Outcomes to Assessment and Developmental Skills

The type of system now in place in Early Steps uses a "linked systems approach". This approach uses information gathered from families and professionals during assessments to develop the functional outcomes. These outcomes, in turn, determine interventions and strategies. The child's development

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and progress based on the use of these interventions and strategies is a means of evaluating the outcomes. "Using a linked systems approach, an early intervention specialist implements a very fluid and dynamic assessment-intervention model to meet the needs of rapidly developing infants and toddlers and their families in early intervention settings" (Rugg, 2000, p.2).

Strategies for functional outcomes should help promote generalization of those outcomes in many different environments - at home, at the store, at the beach, at childcare, etc. Interventions can target several outcomes in one activity. For example, when a child is eating, several developmental skills can be addressed - fine motor, verbal, and social skills, etc. Effective activities will be child directed and support their interest. These strategies should help the child become more independent.

Evaluating Functional Outcomes

Developmental gains are one indicator that functional outcomes have been met. If the functional outcomes and the strategies to reach them are well written, we will be able to evaluate them by answering these questions:

- "How will you know when you have accomplished the outcome?"
- "What will be different for the child (and/or the family) as a result of these strategies?"
- "What is the child doing differently?"

The use of criterion-referenced measures lends itself well to this approach (Cohen & Spenciner, 1994; Cook, 2003).

Facilitating a Smooth Process

It will fall to the team leader to ensure that good functional outcomes are developed through the best possible communication among the team members. Team leaders should possess good communication skills and know how to listen. Take a minute to review the list of communication skills in Lesson 2 in the section on "Communicating with Families". Four of the most important communication skills are:

- Listening skills - focusing on what the person is saying.
- Reflection skills - Accurately and sensitively reflecting a person's feelings.
- Restating - Ability to briefly restate what was said.
- Questioning skills - Ability to ask clarifying questions in an accepting manner.

Activity #1

Learners are to complete the following activities. Information and questions from these activities may appear on the self-assessment and/or final evaluation.

Access the Resource Bank to read the article, [Discovering Family Concerns, Priorities and Resources: Sensitive Family Information Gathering](#), by Banks, Santos, and Roof. In this article, the authors illustrate the importance of truly "hearing" and respecting what families identify as their concerns, priorities, and resources.

After reading the article, answer the following questions:

1. What are the four factors that impact how a provider individualizes his/her family information gathering approach to assure he/she addresses the family's needs?
2. Why is it good to ask open-ended questions of families?

Identify two family information gathering strategies. List the advantages and disadvantages of both in the table below.

Information Gathering Strategies	Advantages	Disadvantages
1.		
2.		



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Activity #2

Go to the Resource Bank to access the document [Strategies to Support Functional Outcomes](#). Develop one or two strategies for achieving the functional outcomes listed. Check your list with those below.

Lesson 5 Highlights

Lesson 5 examined the development of functional outcomes for IFSPs and strategies to support those outcomes. Functional outcomes were explored that may necessitate a change in how outcomes are written on IFSPs. Examples of functional outcomes and activities around developing them were provided. We also looked at the process of gathering information from families to develop these outcomes.

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Related Resources

- Barrera, I., & Corso, R.M. (2002). Cultural competency as skilled dialogue. *Topics in Early Childhood Special Education*, 22(2), 103-113.
- Cripe, J.W., & Venn, M.L. (1997). Family-guided routines for early intervention services. *Young Exceptional Children*, 18-26.

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- McWilliam, R. A. (2004). Early Intervention in Natural Environments: A Five- Component Model. Unpublished manuscript.
- Sandall, S., McLean, M., & Smith, B. (Eds.) (2000) DEC Recommended Practices in Early Intervention/Early Childhood Special Education. Division for Early Childhood, Council for Exceptional Children.

Websites

- [Puckett Institute](#) - a not-for-profit organization engaging in activities that enhance and promote healthy child, parent, and family functioning. Their goal is to foster adoption of evidence-based practices that build on the capacities and strengths of children, parents and families, communities, and public and private organizations.

Congratulations! You have completed Module 5.

You may want to review the Module before taking the [Module 5 Final Assessment on TRAIN](#). **Please contact your local Early Steps TRAIN to enroll you in these modules through the TRAIN learning management system**

Module 5 Resources

- [A Partnership in Providing Support](#)
- [Family Characteristics within a Cultural Framework](#)
- [Fathers are Caregivers Too!](#)
- [Meeting the Unique Concerns of Brothers and Sisters of Children with Special Needs](#)
- [My Three Wishes](#)
- [Parent Perspective: Strategies that Support Family-Professional Partnerships](#)
- [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)
- [Understanding Family Characteristics](#)
- [Cultural Awareness and Interactions with Families](#)
- [Different Perspectives Worksheet](#)
- [Dimensions of Family and Professional Partnerships: Constructive Guidelines for Collaboration](#)
- [Our Journey with Families: Service Delivery in Natural Environments in Rural Areas](#)
- [The Early Steps Service Delivery Policy and Guidance: Delivering Services in the Routines and Daily Activities of Children with Disabilities and their Families](#)
- [Where Do My Values Come From?](#)
- [Planning Worksheet for an IFSP Meeting](#)
- [Simpson Scenario](#)
- [Discovering Family Concerns, Priorities and Resources: Sensitive Family Information Gathering.](#)
- [Scenarios - Writing Functional Outcomes](#)
- [Strategies to Support Functional Outcomes](#)