

Standard 3

Coordination of Family, School and Community



Standard 3 requires the student:

- A. Understand the evolving nature of establishing a relationship with a family.
- B. Understand how to effectively communicate with families.
- C. Understand the process and states of grieving.
- D. Understand how to collaborate and coordinate with schools.
- E. Understand how to coordinate with other support services.

Key Terms for Standard 3:

Grieving: The process whereby an individual separates from a significant lost dream, illusion, fantasy, or projection into the future.

Meta-communication: What we say or imply by body language about our values, perspective, and roles.

A. Understand the evolving nature of establishing a relationship with a family.

If services are to be family and child centered then the DS must have the necessary skills to work with and for a family. Oftentimes, professionals may have been trained to work with children but have not had the prerequisite training to collaborate and form a working partnership with families. There are specific collaborative strategies that can help the DS form a positive and productive relationship. These include forming basic values and attitudes about collaboration, understanding the evolving nature of the parent–professional relationship, understanding parent and professional roles, and developing effective communication skills.

In an effort to have a working relationship with a family it is important for the DS to have some basic values and attitudes. These values emphasize equality, cooperation, partnership, and the incorporation of a family-centered focus as a part of the relationship. Difficulties can arise when the professional does not consider the family a partner and coequal in the achievement of their goals. Diverse values and beliefs and/or personality can also affect the parent-professional relationship. A successful partnership requires mutual trust and respect and an effort to be flexible and create a share vision (Walker and Singer, 1993).

The Evolving Nature of a Parent-Professional Relationship

Looking at a parent-professional relationship as evolving over time can help the DS create a framework for managing the progressive changes that take place in his or her relationship with a family. Trusting and working relationships rarely happen overnight. The DS and the parent have the power to influence the development of the relationship. Some relationships evolve in a typical way and respond to the normal amount of care and attention. Other relationships evolve in less typical ways and need to be carefully nurtured on a regular basis.

Walker & Singer (1993) suggest a developmental framework for understanding parent-professional relationships.

These stages include:

- 1) **Getting acquainted and identifying a purpose** – the initial ways that a parent and a professional reaction to one another's concerns can influence the kind of working relationship.
- 2) **Setting ground rules** – initial contact can also set the ground rules for how a parent and a professional will interact with one another (e.g., demanding, controlling).
- 3) **Testing the relationship** – at some point a demand is placed on the relationship and the ground rules are tested. The demand tests the relationship's ability to serve the needs of the parent and the professional.

4) **Modifying ground rules** – reactions to demands will differ depending on a variety of situational, cultural, class, and personality factors. After a conflict the relationship may return to the existing ground rules and other times the ground rules may be redefined to meet the needs of the parent or the professional.

A relationship will also be affected by how much time the parent and the professional spend with one another and the individual investment each person has in the relationship.

Parent and Professional Roles

Another way the DS can help parents is to be clear in presenting the role they expect to play in the relationship. Role clarification may include information about the Developmental Specialist's mission, the extent and the limits of his or her training, experience, and individual work style.

Research has shown that parents want a clear understanding of the professional's mission (Singer & Walker, 1991). The DS must be able to define for parents the purpose of their work and the nature of the relationship they want to have with the family. For example, one teacher working with a child with a developmental disability might define his/her role as working with the parents to teach skills and create opportunities for the child to interact with individuals in school, home, and the community. Another teacher might view his or her role as only creating a safe, caring environment for the child.

The DSs' mission, training, experience, and work style cannot always be defined in individual terms. These factors are defined by the DDA's or the school district. At the same time, it is important for the DS to clarify their role within the DDA or the school and to help a family understand the mission as well as the limitations of the agency.

The DS who has a clear understanding of his or her role is better able to identify situations when it is necessary to refer parents to other organizations. "When professionals clearly explain their ability to be helpful within the parameters defining their professional roles, they are better able to assist families in seeking the desired help from appropriately trained professionals or other helpers" (Walker & Singer, p. 294).

B. Understand how to effectively communicate with families.

There are a variety of training programs that are available to help professionals acquire effective communication skills. There are also various problem-solving strategies that have been developed to address issues that may arise between parents and professionals. Acquiring skills in both of these areas is important in creating and maintaining a collaborative relationship with a child's family.

Singer and Walker (1993) suggest that it is helpful to understand the complexity of communication in parent-professional relationships by thinking about communication occurring at several levels. These levels include the meta-level, intermediate-level, and the micro-level of communication. It is necessary to acquire and implement communication skills at all three levels in order to develop a family-centered, collaborative approach in parent-professional relationships.

Meta-Communication

Meta-communication is what we say or imply by body language about our values, perspective, and roles. We all communicate a great deal about our interests, attitudes and intentions via meta-communication. These kinds of messages can affect the initial, and the long-term, relationship between a parent and a professional. These messages can be verbal or nonverbal and can provide information to the parent about how invested a professional is in the relationship. It is the responsibility of the DS to examine their attitudes and behaviors that may influence his/her interaction with a family.

Meta-messages can reveal a professional's :

1) Understanding of the influence of cultural, class, and personality differences.

Because parents and professionals can have different cultures, class, or personalities it is important for the DS to find a **common point of reference** that can assist him or her in developing a working relationship with a family. Parents want and need a professional to recognize and value their perspective. The DS can be helpful by acknowledging these differences and creating a climate that is safe and comfortable for the parent to express their thoughts and feelings. Meta-communication messages create a respectful and relaxed manner so that the parent(s) feels welcome.

A verbal message might include statements such as:

We probably have some different thoughts on how we understand your child's needs. I am interested in finding out what you think is important and how you think I can help you and your child. I hope we can find ways to work together so we accomplish what we both think is important.

The DS should be sensitive and open to listening to the parent even though there may be cultural and additional value differences in the relationship.

2) Understanding and accepting the different ways parents and professionals communicate.

Parents and professionals often speak from very different perspectives, have different reasons for behaving as they do, and use different language. For example, a doctor will

typically ask a parent closed-ended questions (e.g., Where does it hurt?) whereas the patient would like to tell the story of the pain and explain how they feel. Walker (1989) conducted a study of parent-teacher phone calls and found that teachers tended to be highly focused, more business like, and spoke about students in terms of goals, objectives and progress. Parents, on the other hand, talked about their children in more personal terms.

Each method of interacting is important and provides critical pieces of information about the child. The skilled DS should be able to use both systems of communication so that the family's voice is not dominated by the professional's voice. The DS can use a meta-message in the form of a statement that orients the parents to a professional way of talking about their child. The DS might acknowledge that their professional view is different.

For example, a DS who can switch between the two modes of communication might say:

I want to let you know that Jamie did so well during snack time today. She pointed to the picture of the bagel and was able to push down the toaster button with very little help from me.

I do need to switch gears a little bit and ask you a question about how Jamie is doing with his community goal of reading street signs. I want to make sure I keep you up to date. It's important to me that you know what he is learning because I hope he will practice reading these same signs when you are with him.

In this example, the DS is aware of the two different kinds of conversations and has employed a meta-communication skill to transition from one form of discourse to another.

Intermediate-Level Communication

Intermediate-level communication addresses more of the concrete issues of developing a relationship between a child's parents and a professional. These include environmental factors, how and when a relationship is initiated, and strategies for ongoing communication between the parent and the DS.

Environmental factors such as meeting times can have an impact on the parent-professional relationship. If the DS is working in a school it is important to decide when and how meetings are arranged and who is in attendance at the meetings. Are the parents able to get to the meetings – is there ever a problem with transportation? Is there any flexibility in scheduling meetings and phone conversations? Are meetings scheduled at a time that is equally convenient for the parents and the DS? Are the parents prepared for the array of professionals that might be attending a particular meeting? Has the meeting agenda been discussed with the parents prior to

the meeting so they can formulate questions in advance? Have the parents been given the opportunity to invite support people to the meeting? All of these questions should be considered so that the parents feel on an equal level with professionals and is encouraged to participate as an active member of their child's team.

The DS can also use **intermediate-level communication strategies** to let the parents know that they are interested in establishing a collaborative relationship.

These kinds of techniques include:

- 1) **Contacting parents early** in a relationship to show interest and availability to questions and concerns. Establishing early contacts can help ease a parents' anxieties and begin building a relationship.
- 2) **Establishing regular communication** with parents is a way to reassure them that the relationship is important. Regular communication also helps prevent misconceptions about the child's program and of one another.

Micro-Communication

Micro-communication messages address the immediate needs of the parent-professional relationship. They should help the DS increase their own understanding of parents' interests and intentions as well as help the parents take advantage of professional input.

Using micro-level communication skills requires the DS to conduct a self-assessment on their current interpersonal skills. Making good use of these skills requires continual re-evaluation, practice, and feedback. This exercise should be viewed as a way to make collaboration with a parent or even another professional more effective. Micro-communication skills include both listening skills and influencing skills.

1) Listening Skills

Developing effective listening skills can enhance collaboration and parental input during interactions with parents. If done properly, listening provides a supportive environment in which parents can express their thoughts and feelings. Listening behaviors are grouped into three categories: *signaling openness, reflecting, and intentional inquiry*.

a) Signaling Openness

This concept requires that the DS give their **full attention** to parents. Key behaviors include: being friendly, having relaxed facial expressions, open and relaxed physical posture, being oriented toward the speaker (avoiding clenched fists, crossed arms), having eye contact, occasionally using visual and/or vocal encouragement with nods of the head, having a consistent, friendly demeanor and tone of voice. The goal in signaling

openness is to be receptive and interested and allow the conversation to be controlled by the parents. "Any behaviors by professionals that change the topic or take the focus of interest away from parents will interfere with efforts to signal openness to parental input" (Walker and Singer, 1993, p.303).

b) Reflecting Messages

Reflecting is a more active form of listening. A professional who listens reflectively will use a statement that will mirror, paraphrase, or summarize what the parents are saying by using words that closely match those used by the parents. **Mirroring** is a simple kind of a reflecting message. It consists of simple repetition of the words just spoken. It is especially effective when a parent is rushed or confused and the DS is having difficulty understanding exactly what the parent is trying to say.

For example, here is how a DS might mirror a parent's words:

Parent: I'm sorry I'm late, but I have so much to do at work, and the car, you know. I'm just so scattered. (Pause...)

DS: You have so much to do at work and you are having trouble with your car. You're feeling scattered these days.

The goal of a mirroring statement is to allow a parent to hear what they have said so they can have a chance to elaborate. Mirroring statements should never be "mechanical" or condescending, but should reflect the interest of the DS in why the parent is having a difficult time.

Empathetic statements should only be used when a DS senses that a parent would benefit from such a statement. Empathetic listening is powerful and can help build rapport with a parent. It should be used when the DS is sure that he or she has a clear understanding of what is happening to the parent. The parent in the above example is probably using nonverbal behaviors to indicate her frustration—agitated facial expression, waving her arms and, her tone of voice. After using other reflecting strategies the DS might say something like, "It must be frustrating to have so much happening at the same time." Empathetic statements should be chosen carefully and used sparingly. They are used to validate a parent's thoughts and feelings. If used inappropriately they can feel uncomfortable and intrusive to a parent.

Paraphrasing involves reflecting the highlights of a longer conversation. It consists of restating what a parent has said and using language similar to the parent and not inserting professional terms. The point of paraphrasing is to recount what the parent has said and let them correct any inaccuracies in the developmental specialist's understanding of the message.

For example:

Parent: I am not sure what to do about Todd's behavior when we go downtown. Every time we go into a store he starts hitting his head. I want to be able to eat in a restaurant but I don't know how we can manage him. I'm upset about it all the time but I feel like I need to get out of the house.

In paraphrasing this statement the DS might say:

You want to be able to go into stores and eat in a restaurant without worrying about Todd's behavior.

Paraphrasing increases understanding of what a parent is saying and lays the ground work for problem-solving solutions. It is useful when a parent has finished talking and before the conversation moves to another topic.

c) Intentional Inquiry

Intentional inquiry is used to gather additional information when the DS is confused about what a parent is trying to tell them.

Closed-ended questions are a way to get specific pieces of information such as, "When do you like to go to a restaurant?" These kinds of questions provide a way for the DS to obtain information quickly, but they can also be seen by a parent, as a way to control the conversation. The DS might wait to ask closed-ended kinds of questions until there is a natural pause in the conversation and then only to ask questions that supply important details about the topic.

Direct, open-ended questions usually begin with words like "what" or "how" and are meant to elicit greater detail. They are designed to encourage parents to talk more about an issue. For the above example they might include, "What time do you usually take Todd downtown?" or "How do you usually manage Todd's behavior?" Sometimes open-ended questions can help a parent begin to problem-solve and find a solution.

Indirect questions are useful when a parent seems to react defensively to a direct question. Questions like, "Tell me more about...", or "I wonder what...?" invite parents to talk more about their concern and not feel defensive.

Perception-checking questions allow a DS to check the accuracy of their understanding of a situation a parent is describing. These kinds of questions are useful when the story is complicated or the DS is confused. "Am I understanding you to say....," is an example of a perception-checking questions. It confirms or corrects the DSs' perceptions of a conversation.

2) Influencing Skills

Listening skills can assist a DS in understanding parent perspectives. They also demonstrate interest in developing a collaborative relationship with a family. Additionally, it is also critical that the DS be able to present their perspectives to impact the outcome of a conversation.

Influencing messages (Ivey, 1988) include different kind of messages that guide a conversation with a parent. Depending upon the goal of the interaction, a DS can choose different influencing skills. The parent, at some point, expects the professional to present his/her view about the child's needs, specific interventions, developmental goals, etc. Influencing messages are meant to be used constructively, allow the DS to introduce his/her perspective, and strengthen the parent-professional relationship. Some of the influencing skills that promote collaborative partnerships with parents include: 1) providing information, 2) providing support, 3) focusing attention, and 4) offering help (Walker & Singer, 1993).

- 1) **Providing Information** – One of the roles of a professional is to give information to a parent. The way information is presented can influence how a parent understands their child's disability and the services that are available to them. A DS needs to be aware of his/her use of technical terms that may not be familiar to parents. It is important to be clear, and take the time to explain information that may be confusing regarding a child's intervention. Parents should be given enough time to evaluate different options as they make decisions. The DS should provide information to parents that inform and empower them to become good advocates for their child. A DS should be able to organize information for parents that describe the value and perhaps the limitations of an intervention as well as define any technical terms that are relevant to the discussion.
- 2) **Provide support** – One of the most important things a professional can do is to provide micro-level communication that acknowledges the contributions and efforts of parents. A DS can enhance a relationship by letting a child's parents know that they are important members of the team and that their work and their input is valued. Phrases like, "You spend so much time with Maria. What a good idea for you to take a trip this weekend " or "Susie is using her communication board a lot more at school. You must be using it more at home." Statements should always be sincere and positive. They should be specific and make a clear reference to the parent's contribution.
- 3) **Focus attention** - There are several statements and questions that can help the DS focus attention on a particular topic of interest. The DS might refer to something a parent has said to guide the conversation in a certain direction. For example, if the DS is interested in focusing the conversation on a child's behavior in the community (rather than a trip the parent is going to take), he or she could focus the parent's attention on that topic by saying, " So, Susie has trouble every time you go downtown?" If the DS wanted to help the parent begin problem-solving he or she could guide the parent in that direction by saying, " What are the best times of the day for Susie?" or " Does anyone ever go downtown with you?"

- 4) **Offer help** – It is critical that the DS understand how to offer help to parents in a positive and collaborative manner. Professionals oftentimes express a desire to control, persuade, feel sorry for, and rescue parents of children with disabilities. They may use statements like “you should” or “you need to” and discount parent experience over professional expertise. The DS can state his/her ability to help in ways that offer parents choices rather than giving them directions. “What can I do to help?” is a more powerful statement than “This is what you need.” The DS should be able to give parents information that can help them problem-solve and choose appropriate options.

C. Understand the process and states of grieving.

When parents first learn that their child has a disability they may experience a profound sense of grief. Grief, and the different states of grieving, are normal reactions to the loss of the child that the parents expected to bring into the world. Grieving is not “a sign of nonacceptance or devaluing of the family member with a disability” (Powers, 1993, p. 123). **The focus is on what is lost, not the child with the disability.** It is also important to remember that all parents react differently, depending upon the severity of their child’s disability, their support systems, their life experiences, and their personalities in general.

People attach to other people, values, ideals and beliefs through dreams, fantasies, illusions, or projections into the future. Losses are defined as occurrences or events that shatter dreams that are core to a person’s existence. Grieving is the process whereby an individual separates from a significant lost dream, illusion, fantasy, or projection into the future. It is an unlearned, spontaneous feeling process that facilitates both the letting go of old shattered dreams, and the acquisition of new, more attainable dreams (Whiting, 1999).

The **feeling states of grieving** are typically labeled as: denial, anxiety, fear, guilt, depression, and anger. There is no particular order to these states and not everyone experiences all of the states. Grieving has historically been viewed as a “problem” rather than a natural reaction to a loss. Professionals have been taught strategies to “confront the denying, calm the anxious, reassure the fearful, dissuade the guilty, uplift the depressed, and defuse the angry” (Whiting, 1999). These kinds of techniques see the reaction to a loss as the problem, not the loss itself.

An **alternate approach** to defining grieving as a problem is to see the different states of grieving as the solution. Therefore it is critical that people are allowed to go through the grieving states and have an opportunity to share their feelings. This kind of an approach can offer supports that enable them to grow and, ultimately, build new dreams for themselves and for their child.

It is important for the DS to remember that grieving is a complex and personal process. It happens to all of us, not just parents who have children with disabilities. People process and grieve in different ways. Grieving is also an ongoing process. Parents will continue to cycle and recycle through different phases of the grief process. There will be things that trigger a grief

stage – a graduation, an illness, music, siblings, etc. The DS should respect the parents state of grieving and offer their support and guidance as they discover new dreams.

D. Understand how to collaborate and coordinate with schools.

According to **part C** of the Developmental Disabilities Determination Guidelines/Checklist, Idaho Code 66-402, a child is eligible for developmental therapy because the child's disability "reflects the needs for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of life-long or extended duration and individually planned and **coordinated**."

The Individuals with Disabilities Education Act (IDEA) also requires that a child's program is developed using a **multidisciplinary team** approach and that parents/caregivers are always included as part of the team. As a result, it is important that the DDA **coordinate activities** with a child's family and the school. Coordinating activities is beneficial for children and families and critical for creating positive inter-agency relationships.

The following areas are key in creating an effective system:

- 1) **Coordinating services** – Children and adolescents (ages 3-17) with developmental disabilities should be able to depend on agencies that work for them to coordinate services. The DDA and the school should develop a system that creates consistency across programs. Children with developmental disabilities sometimes have unique communication systems, instructional strategies, methods of reinforcement and schedules. Children and families will benefit by having the school and the DDA ensure that instruction and strategies are consistent across environments. Children and families may have service coordinators or case manager who assist them in coordinating services and supports.
- 2) **Climate** – Both the school and the DDA have expertise and information to share with one another. Creating a system that "works" for children and families requires that agencies work together in a collaborative manner. It requires that both school and DDA personnel are good listeners and value each person's contribution to a child's program.
- 3) **Shared Vision** – The goal of a school and a DDA is to provide the best services to children with developmental disabilities. It is this common purpose that becomes the guide for teachers and the DDA to work as a team in an effort to create a meaningful program for a child.
- 4) **Resources** -Another factor in creating positive inter-agency relationships is that agencies are willing to share their resources. As resources become tighter it is to the advantage of the school and the DDA to use their resources in a responsible and equitable manner.

Being creative with resources can benefit children with disabilities, their families, and the agencies themselves.

- 5) **Policies/Procedures** – Delivering services in a seamless manner is always a goal of service providers. It is important for the school and the DDA to problem-solve around issues and come up with solutions that create consistent and well-managed programs and services for children and their families.
- 6) **Communication** - Communicating in a respectful, professional manner is the key to any coordinated activity. Using effective listening skills, placing value on other people's opinions and contributions, remembering that the school and the DDA are both advocates for children and families are several of the factors that are critical in coordinating and maintaining effective services for children.

E. Understand how to coordinate with other support services.

Children with developmental disabilities and their families typically interact with many service providers. The DDA should coordinate and communicate with not only the school, but also other community support services. For example, if a child and their family are being served by a service coordinator or case manager that person will usually contact the DDA and school if the child receives services from both agencies. If the service coordinator or case manager has not made contact with the DDA, the DS should contact that person to let them know what programs are being implemented and find out what other services the child may be receiving.

Points to Remember

- ✓ Establishing a relationship with a family is an evolving process.
- ✓ Developing effective listening skills can enhance collaboration with a family and other professionals.
- ✓ Grieving is a normal response to loss.



Student Project:

- 1) Use the "Problem-Solving Capsule" strategy with a colleague or a parent of a child with or without a disability. Complete the questions as stated and turn in a detailed description of each task and any changes you would make in the future. Please remember to respect the parent's privacy, and do not turn in any identifiable information.
- 2) Make a list of service providers, including schools a DDA coordinates with. Describe:
 - a) How and when another service provider or agency is contacted,
 - b) How communication is maintained, and
 - c) What process is currently in place to assure consistency in program planning and implementation for a child?
- 3) If the DDA does not coordinate with other service providers explain why there is no coordination of services.

References

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Keys to Creating an Effective System

1. Coordinating Services
2. Climate
3. Shared Vision
4. Resources
5. Policies/Procedures
6. Communication

Grieving

People attach to other people, values, ideals and beliefs through dreams, fantasies, illusions, or projections into the future.

Losses are defined as occurrences or events that shatter dreams that are core to a person's existence.

Grieving is the process whereby an individual separates from a significant lost dream, illusion, fantasy, or projection into the future.

It is an unlearned, spontaneous feeling process that facilitates both the letting go of old shattered dreams, and the acquisition of new, more attainable dreams (Whiting, 1999).

PROBLEM-SOLVING CAPSULE

Each person will have one cycle as "helpee" and two cycles as "helper."

1

Helpee describes the problem situation they're interested in solving.

(5 minutes)

Helpee describes problem; helpers LISTEN.

2

Helpers ask clarifying questions about the described situation and the desired goal.

(5 minutes)

Helpers ask inventory questions of helpee.

3

Helpee writes description of situation and goal statement on guidesheet.

Helpers reflect on strategies, solution alternatives.

(5 minutes)

Silent time is reserved for helpee to capture the existing situation and the identified goal. concurrent silent time is used by each helper to jot down ideas, strategies, solution alternatives to the problem.

(NO SHARING/TALKING AT THIS TIME!)

4

Helpers brainstorm solution alternatives.

(5 minutes)

During this period, helpers report their ideas and strategies to the helpee. Helpee records ideas. Keep to a brainstorming format. No "Yeah, but...!!"

5

Helpee clarifies alternatives.

(5 minutes)

The helpee can now go through the list of brainstormed alternatives and ask for clarification on any ideas of specific interest. The helpers can then elaborate on alternatives.

6

Helpee reflects on alternatives and identifies some next steps.

(5 minutes)

This is time reserved for the helpee to reflect on solution alternatives and to identify possible courses of action. Helpers may assist in the development of plans.

PROBLEM-SOLVING CAPSULE

Each person will have one cycle as "helpee" and two cycles as "helper."

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(5 minutes)

Helpee describes problem; helpers LISTEN.

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Helpee reflects on alternatives and identifies some next steps.

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COLLABORATION CAN BOGGLE YOUR MIND!

The object of this game is to identify as many words as possible that can be made by combining adjoining letters. How many words can you find?

T	O	B	A	N
I	R	T	O	C
O	L	C	I	A
B	A	L	N	O
L	T	I	A	R

