

**CONTEMPORARY THERAPY PRACTICES IN EARLY INTERVENTION:
Second Annual Institute
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Why don't you try it this way? Giving and taking advice

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AGENDA

- 12:30-12:45 Opening and Introductions
- 12:45-1:00 Interview assessment
- 1:00-1:20 Newspaper ad
- 1:20-1:30 Present and discuss ads.
- 1:30-2:00 Lecture – Paradigm Shift
- 2:00-2:15 Break
- 2:15-2:30 Quiz
- 2:30-3:00 Video – Family perceptions (culture)
- 3:00-3:15 Discussion
- 3:15-3:45 Lecture – parenting
- 3:45-4:15 Team Collaboration
- 4:15-4:30 Evaluations



STRATEGIES



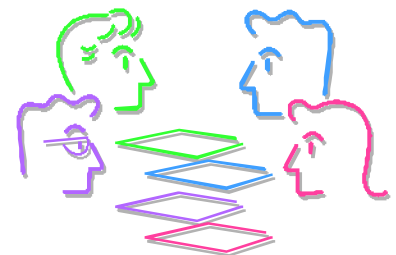
BASIC BELIEFS ABOUT FAMILY

- **The family has real power in this relationship as the center of concern for the child.** They can facilitate or sabotage the intervention process.
- **Professionals need to be concerned with the expectations and responsibilities that they impose on families.** Depending on the frame of reference chosen, professionals need to be realistic in the role that the family has in the intervention process. Further, they need to recognize that family members do not have the expertise to use the profession's legitimate tools.
- **Professionals must be willing to accept that they do not have all the answers and be willing to adjust their interventions to meet realistic goals of the families.** The professional needs to be open enough to discuss this with the family members. This may require an adjustment or change in the frame of reference being applied.
- **When interventions are not working, professionals need to examine several areas.** Reasons for this may be the choice of the frame of reference; the cultural influence which may impact on the demands of the particular intervention; unrealistic expectations by either the professional or the family; or, the fit between the personalities of the professional and family members.
- **Professionals need to be aware of the position of authority** implied to some families by their role as professional, and they have to be careful not abuse that power.

A GOOD LISTENER:

- shows he or she is interested in what the speaker is saying: by keeping eye contact, nodding, making encouraging noises, and so on
- is not distracted by other things that are going on around, but concentrates on the speaker
- is not afraid to ask the speaker to explain something he or she has not understood
- knows when the speaker wants him/her to respond or to keep quiet
- encourages the speaker to carry on if he or she hesitates
- does not discriminate, and listens equally carefully to men and women, children, and old people, relations and strangers, people he or she likes or does not like
- really tries to listen to what the speaker wants to say, rather than always trying to change the topic to what he or she wants to talk about
- tries to figure out not only what the speaker is saying, but why
- tries to empathize with the speaker, to the point where he or she would be able to finish a sentence for the speaker, if the speaker were suddenly lost for words
- when it is his/her turn to speak, shows he or she has been listening because he or she starts off by referring to or saying more about what the previous speaker has said
- is too good to be true, if he or she can do all these things at once!

Reprinted with permission from: White, G. (1998). *Listening*. Oxford ; New York: Oxford University Press. Page 29.



BASIC GUIDELINES FOR EFFECTIVE PARENT-PROFESSIONAL COMMUNICATION:

- Professionals must be an ally of the family, not only the child's advocate.
 - Be clear with "I" versus "we". First person singular indicates clear responsibility for ideas and feelings. (People do not like to be included in "we" unless they have defined the "we".)
 - Make all your messages clear, complete and specific.
 - Be redundant.
 - Watch verbal and non-verbal messages.
 - Ask for feedback (perception check) from the parents and other members of the team.
 - Communicate at the appropriate level. It is best to be straight forward, honest and to give all the facts.
 - Describe your feelings (not their feelings).
 - Describe people's behavior without evaluating or interpreting.
 - Professionals must be willing to accept that they do not have all the answers and be willing to adjust their interventions to meet realistic goals of the family;
 - not judgmental: seeing the situation from the parent's perspective,
 - considering realistic economic, personal limitations,
 - be objective with one's own values, expectations and roles.
 - Listen to parents - explore their concerns, their hopes, and their fears. Do not assume that the more intelligent or educated the parents are, that they will understand professional jargon or be more objective with their child.
 - Respect parent and patient rights and limitations. Watch the amount of demands you place on parents/family: home programs, etc.
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MCGREGOR'S (1960) ELEVEN CHARACTERISTICS OF AN EFFECTIVE GROUP

PROCESS:

- An informal atmosphere.
- Discussion with virtually every team member participating.
- A well understood group objective.
- Members who listen to each other.
- Comfortable disagreement within the group.
- Decisions reached by consensus.
- Criticism that is frank and relatively comfortable.
- Members who are free to express feelings and opinions.
- Clear assignments that are made and accepted when action is taken.
- A team leader who does not dominate.
- A team that is aware of how it functions.

McGregor, D. (1960). *The human side of enterprise*. New York: McGraw-Hill.



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